



***NURSING STUDENT***

***HANDBOOK***

***2017-2018***



Grays Harbor College Nursing Program is accredited by the Accreditation Commission for Education in Nursing, Inc.

The Commission can be contacted at:

3343 Peachtree Road NE, Suite 850

Atlanta GA 30326

404-975-5000

[www.acenursing.org](http://www.acenursing.org)



September 22, 2017

Dear Grays Harbor College Nursing Students:

On behalf of the nursing faculty and staff, I would like to welcome you to the nursing program. Nursing is an exciting career. Nursing is thinking work. It's not about doing a series of tasks; it's about identifying and solving problems using scientific evidence to support our actions.

This is a time of tremendous change in healthcare. With passage of the 2010 Affordable Care Act, millions of Americans will have access to healthcare who previously only sought care in the throes of a major health crisis. The lack of affordable health insurance put the focus on paying for serious illness rather than on prevention of illness and maintenance and improvement of health. The Act changes this focus. It also acknowledges the pivotal role that nurses play in helping people prevent illness and stay well.

There have been several studies published recently that call for significant change in the preparation of the "Nurse of the Future." Improving patient outcomes is a function of a well-educated nursing workforce. A national effort is underway to increase the percentage of nurses with bachelor's degrees, in what has become known as the "80/20" target. This refers to meeting a goal of 80% of nurses with bachelor's degrees or higher by the year 2020. What this means for you is that you need to plan to enter a BSN program designed specifically for RNs after completing this program. There are many of them, some are very good, others not so much. We can advise you about what to look for in an RN to BSN completion program.

You will hear us talk about patient-centered care, teamwork and collaboration, evidence-based practice, professional nursing identity, quality improvement, safety, and use of informatics. We must recognize the patient and their significant others as full partners with us by respecting their preferences, values, and needs. Nurses must function as full partners of the interdisciplinary healthcare team who all work together respectfully to achieve quality patient care. We must integrate the best and most current evidence from research findings and knowledge of clinical experts for delivery of optimal health care. We must use data to monitor outcomes of care to inform us about what needs to change to improve quality and safety of health care. And finally, we must use information and technology to communicate, manage knowledge, alleviate error, and support decision-making.

The nursing faculty, staff, and I are committed to socializing you to the roles and responsibilities of professional nursing. We will challenge you to think differently and more critically than you have in the past. We will test your ability to adapt and to prioritize the complex responsibilities you will have as nurses. We will ask you to reach high to absorb the breadth and depth of knowledge needed for success in your nursing career. Be bold in stepping out of your comfort zone. Let go of the urge to require perfection in yourselves and others. Perfection is not possible but excellence is. Strive for excellence in everything you do but recognize when things are "good enough" given the circumstances.

Again, welcome to the nursing program. Please do not hesitate to contact us if there is any way we can be of assistance to you. Exchange of ideas and information between students, faculty, and staff is essential. Your success is very important to us. Have fun, work hard, and enjoy the journey!

Carol O'Neal, RN, MN  
Assistant Dean of Nursing  
360-538-4147 [carol.oneal@ghc.edu](mailto:carol.oneal@ghc.edu)

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**GHC  
NURSING DEPARTMENT  
STUDENT HANDBOOK  
2017-2018**

**Purpose of Student Handbook**

The Student Handbook contains the policies and guidelines of the nursing program. It is the student's responsibility to become familiar with this handbook. You and the faculty will refer to it throughout your educational process.

**Brief History and Background of the LPN and ADN Programs**

The associate degree nursing program at Grays Harbor College has been operating since 1986. Prior to 1986, a practical nursing certificate was offered. In 1991, the college chose to continue offering only an associate degree program option based on examination of the current and projected future needs for practical nurses locally and throughout Washington State and the Pacific Northwest at that time.

However, because of the significant changes occurring in health care, the college reinstated the practical nursing program in the fall of 1996 which operated concurrently with the associate degree nursing program. In 2002, a "ladder" concept began in which the first year is the PN program and the second year completes the ADN program. Because of the current shortage of registered nurses and the desire of students to focus on registered nursing practice, the nursing program began a new concept based curriculum in 2015 in which students complete an associate of applied sciences degree in nursing. Students also have the option at the end of the fourth quarter to take the licensure exam to become licensed practical nurses. In 2015, the first students pursuing the new concept based Associate of Applied Sciences – Transfer Degree Nursing entered the program. All non-nursing courses in this new degree are transferable to other colleges and universities.

The Washington State Nursing Quality Assurance Commission approves the nursing program. See <http://www.doh.wa.gov/hsqa/Professions/Nursing/default.htm>

The Associate of Applied Sciences – Transfer Degree Nursing Program is nationally accredited by the Accreditation Commission for Education in Nursing, Inc. Initial accreditation was granted 1993 and continuing accreditation was granted in 2016. The Commission can be contacted at:

Accreditation Commission for Education in Nursing  
3343 Peachtree Road NE, Suite 850  
Atlanta, Georgia 30326  
P. (404) 975-5000 | F. (404) 975-5020  
[info@acenursing.org](mailto:info@acenursing.org) | [www.acenursing.org](http://www.acenursing.org)



## CONTACT INFORMATION

### ***Assistant Dean of Nursing and Health Sciences Division Chair***

<u>Name</u>	<u>Office</u>	<u>Telephone</u>	<u>e-mail</u>
Carol O'Neal, MN, RN	SIB 4216	360-538-4147	<a href="mailto:carol.oneal@ghc.edu">carol.oneal@ghc.edu</a>

### ***Nursing Faculty***

<u>Name</u>	<u>Office</u>	<u>Telephone</u>	<u>e-mail</u>
Debi Brogan, BSN, RNC	SIB 4220	360-538-4144	<a href="mailto:debi.brogan@ghc.edu">debi.brogan@ghc.edu</a>
Kim Cristobal, MSN-Ed, RN	SIB 4221	360-538-4213	<a href="mailto:kim.cristobal@ghc.edu">kim.cristobal@ghc.edu</a>
Julie Miller, MSN-Ed, RN	SIB 4219	360-538-4075	<a href="mailto:julie.miller@ghc.edu">julie.miller@ghc.edu</a>
Matt Poisso MSN, RN	SIB 4222	360-538-4148	<a href="mailto:matt.poisso@ghc.edu">matt.poisso@ghc.edu</a>
Monica Todd, MN, RN, CNE	SIB 4218	360-538-4150	<a href="mailto:monica.todd@ghc.edu">monica.todd@ghc.edu</a>

Nursing faculty teach theory classes and clinical in the campus skills lab and at the clinical facilities. Because they are frequently off campus, students are encouraged to contact them during their posted office hours or by e-mail.

### ***Program Assistant***

<u>Name</u>	<u>Office</u>	<u>Telephone</u>	<u>e-mail</u>
Karen Carriker	SIB 4215	360-538-4244	<a href="mailto:karen.carriker@ghc.edu">karen.carriker@ghc.edu</a>

### ***Fax Number***

Nursing Program Office	360-538-4112
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### ***Frequently Requested Telephone Numbers***

Admissions and Records	360-538-4026	Library	360-538-4050
Bookstore	360-538-4105	Circulation	360-538-4050
Cashier	360-538-4032	Media Services	360-538-4057
Childcare Center	360-538-4190	Reference	360-538-4054
Student Support Center	360-538-4099	TRiO	360-538-4076
Financial Aid	360-538-4081		
Learning Center	360-538-4129		



# GHC NURSING PROGRAM

## MISSION STATEMENT

The mission of the GHC Nursing Education Program is to serve the health care needs of local communities and beyond by preparing graduates for long-term, acute care, and ambulatory care positions as licensed practical and registered nurses.

## GHC NURSING PROGRAM PHILOSOPHY

### Beliefs about Nursing

Nursing is a dynamic and evolving profession founded on the arts and sciences. Its focus is the patient who may be an individual, family, group or community. As an art, nurses provide caring and compassion for others to ensure **patient-centered care**. As a science, nurses implement this care based on current evidence derived from experience and research; nurses use science to inform their **clinical judgment**.

Nursing is a **collaborative** endeavor, which involves an interpersonal partnership with patients, their support system, and other healthcare providers to help the patient achieve optimal health outcomes. **Collaboration** requires effective communication, using **informatics and technology**, to facilitate improved patient care.

Nursing practice encompasses a broad spectrum of roles and competencies, in a variety of settings when caring for patients across the lifespan. All levels of nursing are responsible and accountable to the healthcare consumer for **safe, quality** nursing practice.

Professional practice involves adhering to the nursing scope of practice, code of ethics, and regulatory and legal guidelines. Nurses are **leaders and managers** who coordinate care to improve and change clinical practices.

### Beliefs about Teaching and Learning

Adults need to be involved in the planning and evaluation of their own instruction. Experience (including mistakes) provides the basis for learning activities. Adults are most interested in learning about subjects that have immediate application to their job or personal life. Adult learning is problem-centered rather than content-oriented. Adults are motivated to learn by internal factors rather than external factors. They want to take initiative and responsibility for their own learning (Knowles, 1984).

Adults learn best if encouraged to construct their own understanding and knowledge through observation, experimentation and reflection. A well-planned learning environment helps students learn how to learn. Broad concepts are introduced and applied to a variety of exemplars (Constructivism). (Piaget, Dewey)

The faculty working with adults facilitate learning by designing learning activities that are experiential and reality based. Bringing realistic scenarios into the learning environment allows immediate application of clinical judgment to solve reality based problems using **evidence of best practice**. Deep learning in nursing involves developing a clinical imagination and a **patient-centered** focus of **care** (Benner, 2013).

# GHC CONCEPT-BASED CURRICULUM

## PROGRAM ORGANIZERS

Patient Centered Care

Collaboration & Teamwork

Clinical Judgement & Evidence based Practice

Informatics & Technology

Safety & Quality

Professional Nursing Identity & Leadership

### Program Organizers Definitions

Patient Centered Care	Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s diversity preferences, values, cultures and needs. (QSEN Institute, 2005-2014 & ACEN, 2013).
Clinical Judgment / Evidence Based Practice	Integrate best current evidence with clinical expertise and patient / family preferences and values for delivery of optimal health care (QSEN Institute, 2005-2014).
Quality / Safety	Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems; Minimizes risk of harm to patients and providers through both system effectiveness and individual performance. (QSEN Institute, 2005-2014).
Collaboration / Teamwork	Function effectively within nursing and inter-professional teams, fostering open communication and common purpose, mutual respect, and shared decision-making to achieve quality patient care. (QSEN Institute, 2005-2014 & ACEN, 2013).
Informatics / Technology	Effective use of information and technology and used to access, evaluate, and to communicate, manage knowledge, mitigate error, and support decision making for specific purpose. (QSEN Institute, 2005-2014 & ACEN, 2013).
Professional Identity/ Leadership	Embraces (adopts) the roles and responsibilities of leadership in providing and managing ethical and evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.

References:

Accreditation Commission for Education in Nursing (2013). ACEN Accreditation Manual Glossary Retrieved May 12, 2014  
From: <http://www.acenursing.net/manuals/Glossary.pdf>

National League for Nursing [NLN] (2013). Competencies for Graduates of Associate Degree and Diploma Programs Retrieved May 13, 2014 from: [http://www.nln.org/facultyprograms/competencies/comp\\_ad\\_dp.htm](http://www.nln.org/facultyprograms/competencies/comp_ad_dp.htm)

QSEN Institute (2005-2014). Definitions and Pre-Licensure KSAS. Retrieved May 12, 2014  
From: <http://qsen.org/competencies/pre-licensure-ksas/>

## PROGRAM DEGREE OUTCOMES ASSOCIATE IN APPLIED SCIENCE NURSING

Students will demonstrate outcomes in each of the following areas:

### Nursing

After successfully completing the Nursing requirements, students will:

1. Demonstrate compassionate, **patient centered care** to patients across the lifespan while integrating patient preferences, values and needs.
2. Utilize best **current evidence** to make appropriate and timely **clinical judgment**
3. Provide **quality** care by minimizing risk of harm to patients and utilizing standardized **safe** practices
4. Collaborate with patients, their support systems and the health care team to achieve optimal health outcomes
5. Integrate **information and technology** into practice to communicate, enhance knowledge, decrease errors and support decision making
6. Implement one's role with accountability, commitment to caring, legal and ethical responsibility and respect while adhering to standards of **professional practice** as a **leader and manager** of care.

### Communication

After successfully completing the written communication requirement, students will:

1. Demonstrate literal and inferential comprehension.
2. Communicate clearly and effectively in appropriate contexts.

### Computation

Students successfully completing one or more of the MATH courses satisfying the Quantitative Skills requirement at GHC will:

1. Apply algebraic, analytic, geometric or statistical reasoning to solve abstract and applied problems appropriate to an individual discipline.
2. Interpret mathematical, quantitative or symbolic models such as formulas, graphs and tables and draw inferences from them.
3. Employ basic symbolic or quantitative reasoning to support a position or conclusion.
4. Calculate drug dosages accurately prior to administration of medications.

### Human Relations

After successfully completing the human relations requirement, students will:

1. Understand, articulate, and evaluate how various factors (e.g. social and personal/individual) influence human behavior.
2. Understand, articulate and evaluate the applicability of significant theoretical perspectives (e.g. conflict theory, feminist theory, cognitive behavioral theory) as they relate to contemporary social issues.
3. Identify, understand, evaluate, and apply research literature from multiple social science disciplines.

## GRAYS HARBOR COLLEGE NURSING PROGRAM

### CHARACTERISTICS OF THE GRADUATE

Competency	Upon graduation from Grays Harbor College Nursing Program		
	First Year Outcomes	Second Year Outcomes	End of Program Outcomes
<b>Patient Centered Care</b>	Utilize effective communication techniques to provide quality, patient centered care to diverse populations. Analyze assessment data for common health alterations for diverse patients in an acute setting across the lifespan.	Synthesize essential nursing concepts in preparation for the NCLEX-RN®. Manage care for a group of patients in a variety of healthcare settings. (supervise, delegate)	Demonstrate compassionate, patient centered care to patients across the lifespan while integrating patient preferences, values and needs.
<b>Clinical Judgement &amp; Evidence based Practice</b>	Use evidence based practices to compose a plan identifying actual and potential patient problems to make clinical judgments in care delivery. Analyze an identified topic and critique application strategies using best current evidence in acute patient care settings.	Synthesize essential nursing concepts in preparation for the NCLEX-RN®.	Utilize best current evidence to make appropriate and timely clinical judgment
<b>Safety &amp; Quality</b>	Utilize effective communication techniques to provide quality, patient centered care to diverse populations.	Utilize best current evidence to develop a quality improvement plan.	Provide quality care by minimizing risk of harm to patients and utilizing standardized safe practices
<b>Collaboration &amp; Teamwork</b>	Utilize nursing judgment and current evidence to develop a professional teaching plan for a diverse population in collaboration with peers and college community.	Manage care for a group of patients in a variety of healthcare settings. (supervise, delegate)	Collaborate with patients, their support systems and the health care team to achieve optimal health outcomes.
<b>Informatics &amp; Technology</b>	Analyze an identified topic and critique application strategies using best current evidence in acute patient care settings.	Utilize best current evidence to develop a quality improvement plan.	Integrate information and technology into practice to communicate, enhance knowledge, decrease errors and support decision making.
<b>Professional Nursing Identity &amp; Leadership</b>	Utilize nursing judgment and current evidence to develop a professional teaching plan for a diverse population in collaboration with peers and college community.	Analyze own personal strengths and knowledge gaps to develop a personal NCLEX-RN® study plan. Manage care for a group of patients in a variety of healthcare settings. (supervise, delegate) Evaluate the culture of an organization to determine best fit for potential professional employment.	Implement one's role with accountability, commitment to caring, legal and ethical responsibility and respect while adhering to standards of professional practice as a leader and manager of care.

## PROGRAM COMMUNICATION

### Communication between Students and GHC Personnel

All faculty, staff, and administrators of Grays Harbor College are available by phone or e-mail (see contact list or nursing program phone list). Faculty is generally on campus on Mondays and Tuesdays; they are frequently off campus involved in clinical the rest of the week. Please check the Grays Harbor College web site for their office hours.

### Phone List

A list of phone numbers, addresses, and e-mail addresses is compiled quarterly and distributed to nursing faculty and students. Students may decline publication of any or all of this information. Student or faculty information may not be released to others without oral or written consent of the individual.

### Change in Contact Information

Students who change their name, address, e-mail address, or phone number must report the change to the Nursing Program Assistant and Admissions and Records

### Student Mailboxes

Each student is provided with a locking mailbox for confidential documents. Instructors will use the mailboxes to return papers, test results and other confidential information. Students will be issued one mailbox key. Students will be charged a fee for replacing lost keys. **Upon exit from the program, it is the responsibility of the student to return their mailbox key.** A fee will be charged for unreturned keys. Please check mailboxes regularly and respect the privacy of other students.

### Faculty Files/Boxes

Each clinical faculty member has a file, located in the program assistant's office, which is to be used to turn in assignments.

### Canvas

All nursing students are required to log on to canvas regularly to access course requirements, assignments, and other information of importance to the students, faculty and staff of the nursing program. Students who do not have access to the internet from home may use the Grays Harbor College computer labs or computers at the public library. When setting up your canvas account you do have the option to receive messages by text message or email. Students are accountable for all information posted on Canvas.

The nursing faculty considers Canvas an extension of the classroom. It is a forum for communication, discussion, and learning. It is not a chat room. Because nursing students' time in the nursing program is designed to socialize them to the profession of nursing, the faculty expects students to use the principles of professionalism in their postings.

- Postings must be written using correct grammar, spelling, and punctuation.
- Students will apply principles of critical thinking in their postings.
- Discussions must reflect breadth and depth of knowledge about the topic.
- Discussions will be respectful of others.
- Derogatory remarks or language will not be tolerated.
- Students will apply principles of confidentiality when participating in discussions: using names of clients or facility staff is unacceptable.

### **Participation in Nursing Program Governance**

Class representatives of both years of the program will be selected by the class to attend the Nursing Faculty Organization meetings held on most Monday afternoons. Representatives bring issues of concern of their fellow students regarding policies and practices of the nursing program for discussion and resolution by the faculty group. The faculty values student participation and feedback for improvement. Complaints about nursing program personnel are inappropriate for this forum and should be brought in private to the person involved.

### **Printing Materials (Conserving Paper)**

Faculty members post resource materials on canvas for student use in their classes. Faculty are asked to conserve paper by not posting full PowerPoint files; please post PowerPoint files as word documents saved in rich text format. Students may use the printers in the computer labs in the MIB, SIB, or in the Library to print materials for class. *Remember to print only what you need and don't waste paper.* There is a computer and printer reserved for nursing student use in SIB learning center in the mornings.

### **Personal References**

The nursing faculty is happy to provide personal references for nursing students. In order to comply with FERPA regulations, the nursing faculty will ask the student making the request to complete, sign, and submit the STUDENT REFERENCE and FERPA RELEASE form on page 51.

### **Communication at Clinical Facilities**

Although students assume responsibility for their assigned patients while in clinical setting, the agency never relinquishes total patient responsibility. In most agencies, the student is required to obtain information from the staff nurse regarding a patient before giving care. Prior to leaving the agency, students are required to "report off" which means to describe and explain their client care to the staff nurse who is assigned to that patient and to the clinical instructor. Students must maintain confidentiality of information acquired in the role of nursing student. Students are expected to conduct themselves according to the policies of the clinical agency. All of the agency's rules and regulations apply to Grays Harbor College students. Nursing students are held to the same standard as the professional nurse performing within their scope of practice.

## **PROFESSIONAL CLIMATE**

The nursing faculty at Grays Harbor College uses the National Student Nurses' Association Code as a guide to develop academic and clinical conduct policies.

### **NATIONAL STUDENT NURSES' ASSOCIATION, INC., CODE OF ACADEMIC AND CLINICAL CONDUCT - PREAMBLE**

Students of nursing have a responsibility to society in learning the academic theory and clinical skills needed to provide nursing care. The clinical setting presents unique challenges and responsibilities while caring for human beings in a variety of health care environments.

The Code of Academic and Clinical Conduct is based on an understanding that to practice nursing as a student is an agreement to uphold the trust which society has placed in us. The statements of the Code provide guidance for the nursing student in the personal development of an ethical foundation and need not be limited strictly to the academic or clinical environment but can assist in the holistic development of the person.

## **A CODE FOR NURSING STUDENTS**

As students involved in the clinical and academic environments we believe that ethical principles are a necessary guide to professional development. Therefore within these environments we:

1. Advocate for the rights of clients.
2. Maintain client confidentiality.
3. Take appropriate action to ensure the safety of clients, self, and others.
4. Provide care for the client in a timely, compassionate, and professional manner.
5. Communicate client care in a truthful, timely, and accurate manner.
6. Actively promote the highest level of moral and ethical principles and accept responsibility for our actions.
7. Promote excellence in nursing by encouraging life-long learning and professional development.
8. Treat others with respect and promote an environment that respects human rights, values, and choice of cultural and spiritual beliefs.
9. Collaborate in every reasonable manner with the academic faculty and clinical staff to ensure the highest quality of client care.
10. Use every opportunity to improve faculty and clinical staff understanding of the learning needs of nursing students.
11. Encourage faculty, clinical staff, and peers to mentor nursing students.
12. Refrain from performing any technique or procedure for which the student has not been adequately trained.
13. Refrain from any deliberate action or omission of care in the academic or clinical setting that creates unnecessary risk of injury to the client, self, or others.
14. Assist the staff nurse or preceptor in ensuring that there is full disclosure and that proper authorizations are obtained from clients regarding any form of treatment or research.
15. Abstain from the use of alcoholic beverages or any substances in the academic and clinical setting that impair judgment.
16. Strive to achieve and maintain an optimal level of personal health.
17. Support access to treatment and rehabilitation for students who are experiencing impairments related to substance abuse and mental or physical health issues.
18. Uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.

*Adopted by NSNA Board of Directors October 27, 2009 in Phoenix AZ*

## **STUDENT RIGHTS AND RESPONSIBILITIES**

### *Academic freedom:*

- Students have the right to free inquiry, expression, and peaceful assembly within nursing facilities according to program policies.
- Students have the right to a learning environment that is free of unlawful discrimination and sexual harassment.
- Students are protected from academic evaluation that is arbitrary, prejudiced or capricious, and are responsible for meeting the standard of academic performance established by the nursing program faculty.
- Students have the right to be treated with respect and dignity as a unique human person.
- Students have the right to make mistakes and be responsible for them.
- Students have the right to privacy of personal information.
- Students have the right to be free of discrimination on the basis of age, color, creed, disability, gender, marital status, national origin or ancestry, race, religion, sexual orientation, or veteran status.
- Students have the right to participate in nursing program planning.

*Information and feedback:*

- Students have the right to receive timely feedback about their progress in the program.
- Students have the right to clear directions about assignments and expectations.
- Students have the right to have paperwork graded and returned promptly.
- Students have the right to review exams after grading.

*Due process:*

- Students have the right of due process. No disciplinary action may be imposed without written documentation of the nature of the charges.
- Students have the right to be informed of the due process procedures of the nursing program.
- Students have the right to read documentation kept in their program files (clinical appraisal tools, memos regarding concerns, quality assurance memos, etc.).

*Grievances:*

- Students have the right to express and resolve misunderstandings, complaints, and grievances according to the nursing program grievance procedures on page 17.

**STUDENT APPLICATION OF THE AMERICAN NURSES ASSOCIATION CODE OF ETHICS**

Grays Harbor College nursing students are expected to observe and adhere to the American Nurses Association Code of Ethics.

- The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
- The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
- The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
- The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
- The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
- The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
- The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
- The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
- The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

**Examples of application of the American Nurses Association Code of Ethics are:**

- Demonstrating respect for others, including peers, faculty, staff, patients, and other members of the healthcare team.
- Keep in confidence all information about the client, peers, college faculty and staff. Information shall *not be shared* with classmates, friends, family, or anyone outside of the work environment.
- Demonstrate professional behavior.
- Achieve and maintain competence at the level of a nursing student.



Violations of appropriate ethical behavior will result in documentation of the event on the *Program Attendance, Participation, and Performance Document* (page 47) and may result in dismissal from the nursing program.

#### **BEHAVIORS THAT REPRESENT PROFESSIONAL VALUES**

*Placing the patient's welfare first.* The student:

- Is accessible and prompt in answering the patient's requests.
- Sets priority of activities reflecting the patient's needs.
- Explains treatments and procedures; keeps patients well informed.
- Is responsive and reliable when needs are identified by patients, staff, or faculty.
- Calls and makes appropriate arrangements if unable to be on time or present for scheduled clinical experience.

*Commitment to nursing and to Nursing Program Policies.* The student:

- Is present and willing to learn; complies voluntarily with rules and policies of the Nursing Program.
- Demonstrates enthusiasm for the clinical experience; appears to enjoy nursing.
- Looks and acts in a professional manner; e.g. is neat and clean, behaves professionally.
- Is pleasant to staff, peers, and faculty.
- Gives appropriate information to other nurses.
- Completes charts and records.

*Cooperation.* The student:

- Is able to disagree diplomatically.
- Knows when to stop arguing and start helping.
- Takes criticism constructively.
- Accepts the roles of others and works in appropriate capacity in response to others.
- Deals with stress and frustration without taking it out on others.
- Objectively handles conflict with others; tries to see both sides of issues.

*Intellectual and personal integrity.* The student:

- Readily admits mistakes and oversights.
- Is forthright with peers, staff, and faculty.
- Selects appropriate responses to patients.
- Always observes safe techniques.
- Accepts responsibility for errors and tries to take appropriate corrective action.
- Makes statements that are based on fact; does not provide information or facts unless known to be correct.
- Does own work and does not represent the work of others as being original.
- Is respectful of staff, peers, patients, and faculty.

#### **BEHAVIORS THAT REPRESENT THE ABSENCE OF PROFESSIONAL VALUES**

*Placing the patient's welfare first.* The student:

- Is unreliable in completing tasks.
- Is difficult to find when needed.
- Elicits hostility from patients and others.
- Displays hostility toward demanding patients.
- Justifies doing things "just for the experience", without taking the patient's needs into consideration.
- Displays an attitude of "who's right" rather than "what's right".
- Fails to make appropriate arrangements if unable to be on time or present for the clinical experience.

*Commitment to nursing and to Nursing Program Policies.* The student:

- Is chronically tardy or absent.
- Skips the clinical experience or other obligations if not supervised.
- Passes assignments or tasks to others when possible.
- Is a chronic malcontent and complainer.
- Is sloppy.
- Gives inappropriate information to others.
- Is chronically deficient on upkeep of charts and records.
- Feels existing policies are irrelevant, unimportant, or nonobligatory.

*Cooperation.* The student:

- Is argumentative or stubborn.
- Is sullen or arrogant with faculty, peers, staff, and patients.
- Is uncommunicative with staff and faculty.
- Responds in a hostile manner to frustrating situations.
- Exhibits passive-aggressive behaviors when dissatisfied.

*Intellectual and personal integrity.* The student:

- Lies or fabricates data when needed to cover up mistakes and oversights.
- Fails to use safe techniques when not being supervised.
- Blames others for own shortcomings.
- Provides data without appropriate checks for correctness.
- Sneaks away or does not show up if unsupervised.
- Represents the work of others as being original.
- Is disrespectful and rude to faculty, staff, peers, and patients.

#### **UNPROFESSIONAL AND/OR UNACCEPTABLE BEHAVIOR**

Unacceptable behavior or conduct includes but is not limited to:

- Interference with the learning of others.
- Smoking at clinical sites and/or in a Grays Harbor College nursing student uniform.
- Tardiness.
- Interruptions or inappropriate talking during class.
- Intimidation of students and/or faculty (angry, hostile, or violent behavior).
- Unapproved use of cell phones during class or clinical time.
- Inappropriate or provocative dress or appearance.
- Fabrication of data.
- Sleeping in class.
- Sexual harassment or inappropriate sexual comments.
- Use of vulgar or obscene language.
- Any other behavior deemed by nursing faculty as unacceptable and which interferes with the learning or safety of others.

## ACADEMIC AND CONDUCT POLICIES

The Grays Harbor College Nursing Program Policies reflect standards that have been adopted by nursing programs throughout the country. Students are required to adhere to the policies as published in the Handbook. The Nursing Program reserves the right to make changes to any of its policies. Students will be informed of changes as they occur. *The information in this Handbook replaces any information contained in previous handbooks.*

### STATEMENT OF NON-DISCRIMINATION

Grays Harbor College does not discriminate on the basis of race, color, creed, religion, national origin, gender, sexual orientation, age, marital status, disability, or status as a veteran.

### ACADEMIC STANDARDS POLICY

A minimum grade of “C” (not C-) is required in all required support courses and a B- (not C+) in all nursing courses.

### ASSESSMENT TECHNOLOGIES INSTITUTE (ATI)<sup>®</sup> COMPREHENSIVE ASSESSMENT REVIEW PROGRAM (CARP)<sup>®</sup> POLICY

The Grays Harbor College Nursing Program has adopted the use of Assessment Technologies Institute (ATI)<sup>®</sup> Comprehensive Assessment Review Program (CARP)<sup>®</sup>. CARP<sup>®</sup> will be used throughout the program to promote program success and to support student learning. Students will receive testing and support resources such as on-line practice assessments, proctored assessments, and NCLEX-RN<sup>®</sup> preparatory assessments. Students pay a quarterly fee for the services of Assessment Technologies Institute (ATI).

Students will be informed of the testing schedule via the quarterly course calendar.

### TYPES OF TESTS PROVIDED BY ATI<sup>®</sup>

- Critical Thinking Entrance/Exit
- Assessments-
  - fundamentals, pharmacology, adult medical-surgical, care of children, maternal-newborn, mental health, community health, leadership
  - Non-Proctored
  - Proctored
- Medical Surgical Focused Assessments
- Comprehensive Predictor

### CRITICAL THINKING ENTRANCE/EXIT

- The goal of both assessments is to provide data for program evaluation. There is no minimum score required.

### NON-PROCTORED ASSESSMENT TESTS

- Non-proctored assessments in fundamentals, adult medical-surgical, and pharmacology shall be completed with a minimum score of 90% prior to the scheduled proctored exam. Use your CDN codes to access the practice tests as follows:

- Fundamental practice test will be posted the end of winter quarter of first year. The proctored exam will be scheduled for the end of that spring quarter.
- The Pharmacology practice test will be posted during the summer between first and second year.
- The proctored exam will be scheduled for the end of fall quarter of second year.
- The Medical-Surgical practice test will be posted late in fall quarter of second year. The proctored test will be scheduled during winter quarter.
- Students may take the practice tests as often as necessary to achieve the required score. However, they must be spaced at least 72 hours (3 days) apart.
- Students will not be permitted to take the related proctored exam without evidence of successful completion of the non-proctored test in the above content areas.
- Students are encouraged to review the ATI® books and DVDs prior to the proctored exams in other content areas.

PROCTORED ASSESSMENT TESTS

- The benchmark for the Grays Harbor College Nursing Program is Level 2 Proficiency\*. Proficiency Levels are re-evaluated annually by ATI®.

<u>Performance Level</u>	<u>Description of Performance Level</u>	<u>Remediation</u>
Below Level 1	<ul style="list-style-type: none"> <li>• Unlikely to meet minimum NCLEX-RN® standards</li> <li>• Does not meet the benchmark</li> </ul>	Required*
Level 1	<ul style="list-style-type: none"> <li>• Just meets NCLEX-RN® standards</li> <li>• Does not meet the benchmark</li> </ul>	Required*
Level 2	<ul style="list-style-type: none"> <li>• Expected to readily meet NCLEX-RN® standards</li> <li>• Meets the GHC benchmark</li> </ul>	Optional
Level 3	<ul style="list-style-type: none"> <li>• Expected to exceed NCLEX-RN® standards</li> <li>• Exceeds GHC benchmark</li> </ul>	Optional

- Proctored assessment tests are timed with one minute per question.
- Attendance is mandatory for ATI proctored tests. In the event of absence, students who fail to make up the test within 2 days of the scheduled test date will receive a reduction of 2% points on their final course grade for each test missed.
- Students must meet the benchmark of an individual score at Level 2 or higher on all proctored exams. Levels of achievement are determined annually by ATI® and will appear on the student’s performance profile at the end of the exam.
- If the Level 2 benchmark is not met, a remediation plan is required within 2 days. Please adhere to the 72 hour lock-out between remediation testing attempts. See “Remediation” on page 15.

MEDICAL/SURGICAL FOCUSED ASSESSMENTS

- Assessments are provided at the discretion of the nursing faculty content expert.

COMPREHENSIVE PREDICTOR

- The Comprehensive Predictor is given during spring quarter second year. Grays Harbor College nursing faculty has established a benchmark of 74% or Level 2 on this assessment.
- Students who score lower than 74% or Level 2 are required to remediate as noted above.

- Students who have either met the benchmark of 74% or Level 2 or successfully completed the remediation plan will be added to the list of program completers that is sent to the Nursing Commission by the program administrator.

#### GLOSSARY OF ATI® TERMINOLOGY

- Criterion Referenced Test - a test intended to measure how well a person has learned a specific body of knowledge and skills. The standard is established by a panel of nurse educator content experts from across the country.
- NCLEX® Blueprint Information – every assessment item on a proctored assessment test reflects the content areas defined in the NCLEX®. For details see: <https://www.ncsbn.org/1287.htm>
- Proctored Assessment Test – a diagnostic tool of on-line multiple choice questions designed in accordance with the NCLEX® blueprint which provides scores for mastery of nursing content areas, nursing process, critical thinking, therapeutic intervention, communication skills, and cognitive levels. The proctored assessments are provided in a computer lab proctored by a nursing instructor and timed to allow one minute per question. Assessments include Fundamentals of Nursing Practice, Adult Medical-Surgical Nursing, Maternal-Newborn Nursing, Nursing Care of Children, Mental Health Nursing, Nursing Pharmacology, Nutrition, Community Health Nursing, and Nursing Leadership. In addition, a Comprehensive Predictor provides information about readiness for success on NCLEX-RN®.
- Non-proctored, On-line Practice Assessment Test – on-line multiple choice questions designed to assess the effectiveness of the student’s preparation and knowledge of a content area. When used from remediation, rationales for each response/option are provided to help the student better understand the material.
- Remediation – to strengthen the identified weak content areas, students will refer to course materials, textbooks, and the ATI® review modules and resource materials. Remediation form is on page 52.
  - Failure to meet the benchmark requires remediation. A plan for remediation will be turned in to the student’s clinical instructor **within 2 days** of proctored testing. The plan must detail the areas that need to be reviewed and a specific plan about how to do this.
  - When the student has completed the plan as approved by the instructor, the student must take an assigned practice test with a score of 98% or higher.
  - Students must wait 72 hours between testing attempts to remediate.
  - Students must meet the benchmark of Level 2 on the proctored exam or 98% on the practice exam to receive a grade for the course. Students failing to meet the benchmark by the end of the quarter will receive an *incomplete* for the course.
  - Grades of *incomplete* must be resolved before the next quarter starts to continue in the program.
- Review Modules – ATI® provides soft covered books which are unit-based teaching guides covering nursing topics to facilitate review. Resources are also available on the ATI web site [www.atitesting.com](http://www.atitesting.com).
- NCLEX® Preparation Module – a booklet that includes NCLEX® test-taking skills and testing procedures.
- Comprehensive Predictor – an assessment written to mirror the NCLEX® blueprint that evaluates the students’ preparedness for the NCLEX®-RN and directs students’ remediation plan in areas of identified weaknesses.

- Percentage Score (“Adjusted Individual Score”) – the number of items answered correctly, divided by the total number of questions. The benchmark for each test is based on this statistic
  - Mean – National – the average of the individual scores of all test takers from all RN programs.
  - Mean – Program – the average of the individual scores of all test takers from Associate Degree Nursing Programs.
  - Percentile Rank – a value (1-99) used for ranking students against a sample of similar students taking the assessment.
  - Percentile Rank – National – a value that reflects how the student ranked in comparison to all test takers from all RN programs.
  - Percentile Rank – Program – a value that reflects how the student ranked in comparison to all test takers from Associate Degree Nursing Programs.

#### **ATTENDANCE POLICY**

There is high correlation between attendance and academic success. Therefore students are strongly encouraged to attend all learning experiences.

THEORY - Students are expected to attend all theory classes. At the discretion of the instructor, some classes may be mandatory and students are required to attend. Make-up assignments will be made at the discretion of the nursing instructor. Students will be provided with a calendar for theory and clinical at the beginning of the course.

CLINICAL - Attendance is required at all scheduled campus and clinical labs. Students may miss the equivalent of one clinical shift per quarter. Students are required to notify their clinical instructor and the facility (if applicable) prior to the beginning of the experience. There is no opportunity to make-up missed campus or clinical lab experiences. The student who misses more than allowed by this policy may be subject to dismissal. Clinical can be mornings, evenings, or nights Monday through Sunday. We are not able to always accommodate work, travel, or daycare needs. Students who do not bring the Pocket Checklist to clinical will be dismissed from clinical and will result in a missed clinical day.

*Students who miss a clinical day will be required to complete a case study. The case study does not constitute a make-up for the missed day nor does it waive the attendance policy.* Students who wish to appeal the attendance requirement must submit to the Assistant Dean of Nursing within **two days** a formal request for an exception that details the circumstances.

Students are expected to be on time and to be present for the entire scheduled clinical/lab time. Students will NOT be excused from required courses for routine medical or dental appointments. Please make appointments for times that do not conflict classroom or clinical obligations.

At the discretion of the clinical instructor, arriving late or leaving early may be counted as an absence. Students who are unprepared for the clinical experience or who are inappropriately dressed may be sent home and it will be considered an absence.

The clinical instructor reserves the right to dismiss the student from a clinical experience if his/her apparent condition may interfere with ability to perform safe nursing care or put his/her own health at risk. Students are reminded of the importance of staying home when ill especially if there is a possibility of transmitting infectious disease. This will be counted as an absence. **Unexcused absences are unacceptable**; one occurrence may result in the student being dismissed from the program.

**AUDIO/VIDEO RECORDING POLICY**

Audio and/or video recording of any class, lecture, or meeting is allowed *only with the written permission* of the instructor. At no time may electronic devices be used during testing. Failure to comply with this policy may result in disciplinary action.

**BAD WEATHER CANCELLATION**

During periods of inclement weather, it may be necessary to cancel or alter the start time of campus classes. Nursing classes will be cancelled when Grays Harbor College is closed for inclement weather. Students are encouraged to sign up for GHC Alert, and emergency notification system at <http://www.ghc.edu/alerts>.

The nursing faculty may also choose to cancel or alter the start time of clinical during inclement weather and students will be notified by their clinical instructors in that case. Be sure the nursing program has your current phone number. Your phone number will be released with your written consent only.

**CELLULAR PHONE USE**

Cell Phones are not allowed in the classroom or in the clinical setting; kindly silence them before class or clinical.

**CHILDREN IN NURSING LABORATORY AND CLASSROOMS**

Children are not allowed in classrooms, campus lab, health care facilities, or resource areas. It is dangerous and there is no one to watch them when you are busy. Only individuals officially registered for a course may attend classes, labs, or clinics. *It is your responsibility to obtain alternate care for your children.*

**COMPLAINT AND GRIEVANCE PROCESS**

The purpose of this process is to provide guidelines that enable students to express and resolve misunderstandings, complaints, or grievances in a fair and equitable manner.

Students have a right to receive clear information and fair applications of nursing program policies, standards, rules and requirements and are responsible for complying with them in their relationships with nursing program personnel. These procedures emphasize informal resolution that promotes constructive dialogue and understanding.

THE COMPLAINT PROCESS. A complaint is an expression of dissatisfaction with the performance of a nursing program instructor or with the implementation of policy and procedure. The goal is to informally resolve the complaint with the instructor most closely responsible for the policy, procedure or action. The instructor and student shall make a good faith effort to resolve the issue on a one-to-one basis.

Both parties should openly discuss the concern, attempt to understand the other's perspective, explore alternatives and attempt to arrive at a satisfactory resolution. The nursing program recognizes that in some cases, the student will be unwilling or unable to speak directly with the instructor. In such cases, the student may proceed to step 1 of the Grievance Process.

In general, a student wishing to express a complaint should do so in writing (not by email), no later than one week from the time the student became aware of the concern.

THE GRIEVANCE PROCESS. A grievance is a formal procedure instituted when a complaint is not resolved through the informal complaint process. It involves taking the concern to the Nursing Program Director.

STEP 1 IS A DISCUSSION with the Assistant Dean who shall attempt to resolve the matter promptly and fairly. The student may be asked to express the grievance in writing. Written grievances should include an explanation of what has happened, the nature of the student's concern, what the student and/or others have done about it to date and what resolution the student seeks.

STEP 2 IS THE INVESTIGATION AND DECISION. The Assistant Dean will investigate and may: a) render an immediate decision; b) ask the instructor for a written response; c) request a meeting of one or both parties individually or together; or d) request supporting materials prior to rendering a decision. In the case of a written grievance, the Assistant Dean will provide a written decision within 15 instructional days of receipt of the written grievance.

STEP 3 IS THE APPEAL PROCESS. If the student feels a satisfactory resolution was not achieved, s/he may appeal to the Associate Dean for Workforce Education. He may amend, modify, reverse, amend, or accept the recommendations of the Assistant Dean. If the student still is not satisfied with the decision, s/he may appeal to either the Vice President for Instruction (instructional issues) or the Vice President of Students Services (student rights and responsibility issues). See the GHC Student Handbook available at <http://www.ghc.edu/content/student-handbook>

#### **DEPARTURE/WITHDRAWAL**

A student may exit the Nursing Program at any quarter and return to the Program the following year on a space available basis for *one* readmission only. If the student withdraws mid-quarter, s/he must formally withdraw to avoid earning a "V" in the course, which will jeopardize their good standing in the program.

Students *in good standing* who must exit the program for personal reasons must submit a letter to the Nursing Program Director regarding their intent to leave the program. Students who leave the program for longer than one year after exiting must restart the program.

An exit for any reason is leaving the Program. Reasons for leaving the Program may include academic or clinical failure, family emergency, or entering the workforce as an LPN.

#### **DISMISSAL & RE-ADMISSION POLICY**

##### **DISMISSAL FROM THE PROGRAM**

Students who fail to achieve and maintain the nursing program Grade Requirements will be dismissed from the program. Grades of "Incomplete" must be resolved prior to the start of the next quarter to enable the student to remain in the program. In the event that a nursing student fails a nursing core or support course, they will be dismissed from the program. Students may also be dismissed from the program for violations of ethical, legal, or safety standards of the profession when these violations are such that they could result in actual or potential harm to an individual. (See Program Attendance, Participation and Performance Tool-Nursing Handbook page 47).

##### **RE-ADMISSION TO THE PROGRAM - AFTER ACADEMIC/CLINICAL FAILURE OR LEAVE REQUEST**

The student must send a letter to the Nursing Program Assistant Dean indicating their intent to seek readmission to the program and to repeat a course by the designated date. Upon receipt of the letter, a slot in the course offered during the next academic year will be held for the student on a space available basis. The student will have one opportunity for re-admission into the Nursing Program. Students who leave the program for longer than one year after exiting must restart the entire program. In the event that more than one student is seeking re-admittance during a quarter, students will be accepted in rank order using their most recent successfully completed Nursing course grade; therefore, admitting the students with highest course grade first. Students dismissed for unprofessional behavior will be assessed and re-admitted on a case by case basis. Permanent points given during the program will still apply when re-entering.



**DRESS CODE**

All students are expected to adhere to the following dress code which reflects the standards of the nursing profession.

**UNIFORM:**

- **1ST YEAR STUDENTS** - White shirts/tops and full-length navy blue pants or skirts are of official uniform type and of good quality opaque fabrics. White tops must be solid color without pattern or textures. White colored undergarments are to be worn under the white scrub top.

White lab coat worn over professional business attire\*.

Grays Harbor College nursing patch (available from the bookstore) is attached securely (not pinned), on the left sleeve of the uniform and lab coat.

- **2ND YEAR STUDENTS** - Navy blue shirts/tops and full-length navy blue pants or skirts are of official uniform type and of good quality opaque fabrics. Navy blue tops must be solid color without pattern or textures. White colored undergarments are to be worn under the Navy blue scrub top.

White lab coat worn over professional business attire\*.

Grays Harbor College nursing patch (available from the bookstore) is attached securely (not pinned), on the left sleeve of the uniform and lab coat.

**OTHER UNIFORM REQUIREMENTS:**

- Uniforms only in a scheduled lab/clinical on campus.
- Uniforms and professional business attire are clean and wrinkle free.
- A watch with a second hand must be worn with the uniform.
- White or mostly white leather shoes that completely cover the feet are worn. Shoes are kept clean and polished. Clogs with open heels or canvas shoes are unacceptable.
- Sweaters and socks are white; hosiery is white or light colored.
- Official GHC nursing student name pin is worn at all times (picture ID).
- \*Professional business attire along with a white lab coat with name pin and nursing program patch consists of Khaki's, slacks, crisp cotton shirt with a collar or a plain colored polo shirt and sturdy closed-toe shoes (no boots) are appropriate. Casual clothing such as shorts, jeans, denim material, leggings, t-shirts, or sweats is unacceptable.
- Students follow clinical facility dress code policies in settings where uniforms are not worn.

**GROOMING AND JEWELRY:**

- Hair is clean, neatly groomed, and restrained off the collar. Hair must also be a natural hair color. Facial hair must be kept neatly trimmed. Beards and mustaches must be sufficiently short to be fully covered when assigned to the operating room or other environments where masks are worn.
- Fingernails are no more than 1/8<sup>th</sup> inch above the fingertip, clean, and well groomed. If polish is used, it is clear or neutral and without chipping or peeling. Acrylic or other artificial nails are unacceptable.
- Odors such as cigarette smoke or strong perfume that is offensive to others may result in the student being sent home. Students are encouraged not to smoke when wearing the uniform or lab coat.
- Jewelry is limited to one pair of *small earrings* in the earlobe and one ring or ring set. Gauges must be neutral colored or clear.
- Studs or other jewelry in other visible body parts (nose, tongue, eyebrows, pinna of the ear, etc.) are unacceptable and must be removed prior to entering clinical facilities or the campus skills lab.
- Visible tattoos must be covered while in clinical facilities or campus lab.
- Gum chewing is unacceptable during clinical preparation in a clinical facility or during clinical and campus lab.
- Violations of the dress code will be written up on the Program Attendance, Participation, & Performance Form.

### **DRUG SCREENING REQUIREMENT**

Drug Screening is required of all employees at some clinical facilities, including visiting students. The requirement is a 5-panel drug screen, done at least four (4) weeks prior to attending clinical at Mary Bridge/Multi-Care Facility in Tacoma. This test is good for 2 years. Students are responsible for the cost of the drug screen (approx. \$25.00). Students are responsible to complete and submit results to the clinical placement coordinator at Mary Bridge/Multi-Care via fax at (253) 864-4011 ATTN Onboarding. **At no time will Grays Harbor College be informed of drug test results.** Students with a positive drug screen will be denied access to this clinical facility by clinical placement coordinator. A denial to attend from the clinical placement coordinator will result in an unexcused absence from clinical.

### **EATING AND DRINKING POLICY**

Students are allowed to eat and drink in the classroom at the discretion of the instructor. Failure to keep the environment clean will result in the loss of this privilege. Food and drinks are **not** allowed in the skills lab at any time or during classroom testing.

### **EVALUATION AND TESTING - THEORY**

Learning outcomes (competencies) for every nursing course will be found in the course syllabus. Unit exams are developed to evaluate achievement of these competencies.

CALCULATING GRADES. The following procedure is used by all faculty members when calculating grades: unit and final course grades are recorded as they are earned and rounded to tenths (e.g. 86.5). Exams grades comprise 100% of the unit grade\*. Homework, attendance or any other points available in a unit of study will be awarded only after the student achieves 80% on the unit exam. The maximum grade that can be earned for a unit of study is 100%. \*Each quarter, except 6<sup>th</sup> quarter, the grade for one unit of study will include a unit exam worth 70% and a written scholarly paper worth 30%.

Grades are available within seven (7) days of an exam. All grades are posted on Canvas, and placed in the student's locked mailbox or hand-delivered. Students will be given an opportunity to review exams after grades are posted and all students have completed the exam. Method of test review is at the discretion of each individual faculty member.

### GRADING SCALE

<i>Passing</i>		<i>Not passing</i>	
A =	94-100%	C+ =	77-79.9%
A- =	90-93.9%	C =	74-76.9%
B+ =	87-89.9%	C- =	70-73.9%
B =	84-86.9%	D =	65-69.9%
B- =	80-83.9%	F =	64.9% or lower

### REQUIREMENTS

1. Average of 80% (B-) or higher in theory in order to progress to the next quarter of the program which correlates well with the minimum passing standard on the licensure exam.
2. Passing grade in clinical in order to progress to the next quarter of the program.
3. Failure in clinical will result in a maximum grade of C- (failure) for the course. Failure for Unprofessional behavior will result in an "F", see page 47 Program Attendance, Participation, and Performance Tool.
4. Active class participation.

5. Satisfactory completion of any assigned written and/or presentation projects as directed by the instructor. The instructor reserves the right to deduct points or assign a grade of "0" from assignments turned in late.
6. Assigned homework, papers and other projects are required. Failure to complete and turn in assigned work will result in a grade of *incomplete* for the course.
7. Grades of *incomplete* must be resolved before the next quarter starts to continue in the program.
8. The theory grade for the quarter is an average of the unit grade and final exam grades. Each quarter, except 6<sup>th</sup> quarter, the grade for one unit of study will include a unit exam worth 70% and a written scholarly paper worth 30%.

Students are reminded that the nursing program is demanding. Success may require readjusting work schedules and other demands on their time to allow adequate study time. Clinical can be mornings, evenings, or nights Monday through Sunday. We are not able to always accommodate work, travel, or daycare needs.

TESTING CONDUCT - specific rules governing exams will be provided as appropriate. The policies that govern testing include:

- Be on time. Students who arrive after testing has started will be penalized as follows: The penalties apply for each quarter and are not cumulative. The first time a student is late for a test within a quarter will result in a 5% reduction in the grade. The second time a student is late for a test will result in a 10% reduction. The third time a student is late for a test will result in a grade of 0%.
- Once the exam begins you may not leave the room. Take care of personal needs prior to the start of the test.
- If you do leave the room, you may not return.
- Call the department and leave notice if you are not able to be present for the test.
- Bags and all other personal items will be stored at the back or front of the room.
- Do not talk with others during exams.
- Raise your hand and wait for the instructor if you have questions.
- Return your test and answer sheet to the instructor before leaving the room.
- Avoid disturbing others when leaving the room.
- When testing on laptops, leave computer on table when done testing while others are testing.
- Do not congregate outside the classroom, as this is disturbing to those still completing the exam.
- Take-home exams must be completed as instructed and returned no later than the designated time.
- The instructor reserves the right to deduct points or assign a grade of "0" for take home exams turned in late.
- If a calculator is necessary, you may only use a standard calculator. No phones, PDAs, scientific calculators, or other electronic equipment may be used during an examination unless authorized by Disabled Student Services.
- Students found in non-compliance with any testing conduct requirement will be subjected to professional points and will receive a Zero on the test.
- Tests are timed; for unit exams, one and one-half (1 ½) minutes are allowed per question; for the comprehensive final exam, a maximum of two (2) hours is allowed.

TEST REVIEW - All students are entitled to review the results of their examinations. The date, time, and method used to review the examinations will be at the discretion of each individual instructor. Disputes, questions, or concerns about an exam must be resolved within seven (7) days of test review; one week after test review, exam grades will be final.

CHALLENGING TEST QUESTIONS – Challenged questions must be accompanied by a rationale and APA formatted resources supporting your answer, before instructors will consider the request. All questions requesting review

must be submitted in writing to faculty within 72 hours of test review. The faculty member responsible for the unit of study has the right to accept or deny the request.

MAKE-UP EXAMS - The testing schedule is published by the first day of the quarter. If a test is not taken on the scheduled date, penalties will be imposed as follows. The penalties apply for each quarter and are not cumulative. The first missed test within a quarter will receive a 5% reduction. The second missed test will receive a 10% reduction. The third missed test will result in a grade of 0%. An arrangement to make up a test is the student's responsibility. Tests must be made up within 2 days of the scheduled date. Students who believe they have extenuating circumstances may appeal this policy in writing within 2 days of the original scheduled test date to the instructor involved. Please provide adequate documentation to enable the Nursing Faculty Organization to make a reasonable decision. Each appeal will be considered on a case by case basis.

HIGH SCHOLARSHIP - A student who completes twelve or more credits hours of courses and earns a grade point average of 3.5 or higher in any one quarter will be placed on the President's List. The student's transcript will be endorsed HONOR ROLL for that quarter.

AT RISK- THEORY – students who achieve below the passing standard for unit and course grades will be identified as At Risk. The purpose of this procedure is to assist students by addressing areas of deficiency and enhancing the potential for success.

*Procedures:*

1. Students who have fallen below 80% average after the 2<sup>nd</sup> unit exam will be identified as At Risk and will be continued to be monitored until above 80%.
2. Students are expected to follow up with their on campus clinical instructor and/or designee to identify factors contributing to their poor classroom performance.
3. Factors affecting performance will be listed in writing and a plan for remediation will be initiated using the "At Risk- Theory Nursing Student Contract." *page 46*
4. The remediation plan will be developed jointly by the student and the faculty/designee.
  - Measurable goal/s
  - Hours of study
  - Topics, content,
  - Mentor, support person, study group, assistance of faculty
  - Methods of stress relief
  - Resources as described in #6
5. Implementation and evaluation of the plan will be tracked by the clinical instructor/designee with documentation of student's compliance with the plan and any modifications necessary to further assist the student to be successful.
6. Examples of resources to assist students:
  - Student Support Center - personal counseling, test anxiety, time management
  - Disability Services – accommodations
  - Tutoring Center - study skills, math, writing assistance
  - Financial Aid - Financial Aid Office
  - Opportunity Grant – WorkFirst Office
  - GHC Foundation – scholarship information
  - TRiO STEM Grant – academic support

**EVALUATION – CLINICAL**

CLINICAL FOLDERS - Students will keep a pocket folder to hold clinical paperwork, clinical appraisal tool, and skills checklist.

- *Clinical Paperwork*: Paperwork assigned in clinical will be turned in, in the clinical folder (**no 3-ring binders**), to the clinical instructor **on time** as directed; graded paperwork will be returned to the student on or before the next clinical experience. Clinical paperwork is to **remain in the folder until the end of the quarter**.
- *Clinical Appraisal Tool (CAT)*: Each clinical course has a CAT that provides the student with a picture of the learning outcomes/competencies that will need to be achieved to earn a passing grade. Each section of the CAT will be scored weekly by the clinical instructor to keep the student informed about their progress toward achieving the learning outcomes. The CAT remains in the clinical folder (unless submitting electronically) until the end of the quarter, at which time it is secured in the student's file in the Nursing Office. The student and clinical instructor are reminded that the CAT is a legal document that can be called into evidence in the event of legal action. Principles of quality documentation apply.
- *Skills Checklist/Pocket Checklist of Nursing Procedures*: It is the responsibility of the student to maintain the accuracy and currency of the skills checklist. At the discretion of the clinical instructor, staff nurses at clinical facilities may observe student's performance of skills and initial the skills checklist. However, only the clinical instructor can document competency in the skill. Students may not perform skills independently until the instructor has "signed off" the skill on the checklist as competent.

#### COMMUNICATION AND DOCUMENTATION –

- CLINICAL APPRAISAL TOOL - student evaluation is documented weekly, at midterm and at the end of each clinical course using the Clinical Appraisal Tool (CAT) for that course. Students receive informal feedback from the instructor on an ongoing basis while in the clinical setting. Significant concerns about the student's clinical practice are addressed in a conference between the instructor and student. Formal evaluation consists of a midterm and evaluation conference that would include a summary of the student's strengths and accomplishments as well as a review of deficiencies and areas that need improvement. The student receives a copy of the CAT at the beginning of the quarter. CATs for each clinical course are used to assign a pass or fail grade for clinical. Both the instructor and student sign the form and it is filed in the student's program file in the nursing office. CATs are kept in the nursing office until the student graduates from the program and passes NCLEX. The forms are then archived along with other student information in accordance with Grays Harbor College policy. Files of students who have successfully completed the program are shredded after the student passes NCLEX-RN and becomes licensed. Records about immunizations, insurance, CPR, and criminal background are returned to the students upon graduation.
- PROGRAM ATTENDANCE, PARTICIPATION AND PERFORMANCE TOOL – performance that falls below the standard is documented on the Program Attendance, Participation and Performance Tool. Points will be accrued based on specific criteria detailed on the tool (see page 47). Tardiness and Absence occurrences are measured per quarter. Unprofessional and/or Unsafe Behaviors will accumulate throughout the entire nursing program. A student who accumulated **5 or more points** must meet with the clinical faculty member and/or Assistant Dean of Nursing to complete a Performance Improvement Plan and submit the signed Performance Improvement Plan *within 7 calendar days* of the occurrence. The student who accumulates **9 or more points** will receive an "F" in the nursing course. Each case will be reviewed by faculty before a student is dismissed from the program. There will be no option to withdraw from the course to prevent receiving a failing grade.

COMPETENCY EVALUATION - Instructors evaluate the student according to the competencies identified in the Clinical Appraisal Tool, the essential abilities, and the following critical elements:

1. Appropriate hand washing
2. Application of standard precautions
3. Proper identification of clients

4. Assessment and reporting of significant changes in clients' conditions
5. Validation with instructor when nursing actions vary from what has been presented in classroom or textbook theory
6. Recognition and reporting of unsafe environmental conditions
7. Application of principles of safety to prevent injury to self and others
8. Protection of the right to privacy by maintaining confidentiality of information
9. Correct administration of medications
10. Maintenance of appropriate medical and surgical asepsis
11. Recognition of own limitations and abilities

ESSENTIAL ABILITIES - The nursing program curriculum requires the student to participate in a broad range of experiences essential to learning the skills and functions of nursing. In order to satisfactorily acquire and perform the functions of the nurse, certain abilities are essential to complete the program requirements. In addition, these abilities are essential to ensure the health and safety of patients, peers, facility staff, and faculty. The essential abilities include but are not limited to the following:

MOTOR SKILLS. *The student must:*

- Be able to stand, stoop, squat, sit, and/or bend for adequate time periods to complete essential nursing functions.
- Have sufficient motor skills to assist patients in moving, for example from bed or gurney to chair, bedside commode and/or wheelchair.
- Have sufficient motor skills to perform all nursing skills correctly, accurately, and safely.
- Have sufficient motor skills to assist patients in emergency situations in which basic life support, including CPR, must be performed.

SENSORY/OBSERVATIONAL. *The student must:*

- Be able to acquire information from demonstrations and experiences in campus and clinical laboratory learning environments.
- Be able to make accurate observations of patients using sight, hearing, smell, and touch.

COMMUNICATION. *The student must:*

- Be able to communicate effectively in writing and orally with patients and their families, peers, faculty, and other professionals.
- Be able to clearly express ideas and feelings and to read and write in English.

COGNITION. *The student must:*

- Be able to accurately measure, calculate, and reason.
- Be able to read, understand, and apply complex and extensive written materials.
- Be able to apply principles of critical thinking in the classroom and clinical settings.

BEHAVIORAL/EMOTIONAL. *The student must:*

- Have the emotional stability to maintain effective relationships with patients and their families, peers, faculty and staff, and other professionals.
- Be able to function under stress and to adapt to unexpected situations.
- Be able to display and express empathy for others.
- Have insight about his/her values, attitudes, and beliefs.
- Be willing to examine and change his/her behavior when it is disruptive to maintaining effective relationships with others.

PROFESSIONAL CONDUCT. *The student must:*

- Possess the professional values of compassion, empathy, integrity, honesty, responsibility, and tolerance.
- Be able and willing to provide nursing care for all persons regardless of gender, race, creed, religion, color, national origin, age, marital status, sexual preference, disability, medical condition, or setting.

REASONABLE ACCOMMODATIONS FOR DISABILITIES - The student who discloses a disability and requests accommodation is asked to provide documentation of the disability. Please contact Disability Support Services at 360-538-4068 for further information.

IMMEDIATE SUSPENSION FROM CLINICAL - Instructors have the responsibility to remove any student from the clinical setting who is unable to consistently demonstrate the competencies, the critical elements or the essential abilities listed above. Students *will* be suspended **immediately** from the clinical area for any of the following:

- Dishonesty
- Chemical abuse
- Unprofessional behavior
- Inadequate preparation for clinical assignment
- Action that causes actual or potential harm to any person

At the discretion of the instructor in collaboration with the Nursing Program Director, a failing grade may be assigned at the time of suspension for any of the reasons listed above that are deemed serious enough to warrant permanent removal from the clinical course. Students who choose to drop the course instead of having a failing grade posted on their transcript will be subject to the “Repeating Courses” policy.

LEGAL LIABILITY FOR CARE DELIVERY - Student nurses are entrusted with the responsibility of providing nursing care to patients. When liability is assessed, a student nurse serving at a hospital/other facility is considered an agent of the facility. This is true even if the student is at the facility on an affiliation basis. Student nurses are personally liable for their own negligent acts, and the contracted facility is liable for their acts on the basis of *respondent superior*. Students must be supervised by a registered professional nurse who is either the direct agent of the student’s nursing school or one who has been designated by the school to serve in that capacity.

A student nurse is held to the same standard of a competent professional nurse when performing nursing duties. The courts, in several decisions, have taken the position that anyone who performs duties customarily performed by professional nurses is held to the standards of the professional nurses. Each and every patient has the right to expect competent nursing services even if the care is provided by students as part of their clinical training. It would be unfair to deprive the patient of compensation for an injury merely because a student was responsible for a negligent act. Until it is demonstrated clearly that student nurses are competent to render nursing services without increasing the risks of injury to patients, they must be supervised more closely than graduated nurses (Pozgar, 1993)

*Pozgar, G. D. (1993). Legal aspects of healthcare administration (5th ed.). Gaithersburg, MD: Aspen.*

MONITORING AND EVALUATING NURSING STUDENT COMPETENCIES - Learning outcomes also referred to as competencies, provide direction for learning and evaluation of learning. At Grays Harbor College, nursing competencies are organized around the abilities of nursing students to *provide care*, to *manage care*, and to function as a *member of the discipline* of nursing. Faculty members guide students in achieving these competencies by providing repeated opportunities to practice nursing skills and demonstrate professional behaviors. Through observation of students’ performance, faculty members determine whether students have gained the competency necessary to advance to the next level of the program and ultimately whether the student is ready to enter nursing practice. Clinical Appraisal Tools (CAT) for each clinical course list the competencies necessary for advancement and graduation.

Pat Benner in her classic work *From Novice to Expert* (1984) identifies the new graduate of a nursing program as a NOVICE. This is a nurse with no nursing experience who needs rules to follow and close supervision and assistance to guide actions. Graduates of the Grays Harbor College nursing program are prepared to enter nursing practice at the NOVICE level. As nurses gain experience in practice, they grow and develop from novice to advanced beginner to competent to expert.

Competency is defined as practice at a minimum standard that protects the public. Competency is gained with repeated opportunities to perform cognitive, affective or behavioral skills. One opportunity to demonstrate does not ensure competence. Therefore, students' performance must be monitored and documented repeatedly during the process of learning. Nursing students are expected to demonstrate competence for entry into practice at the NOVICE level.

It is the responsibility of the student to maintain their own personal Skills Checklist. These forms are provided at the beginning of the first quarter of the program and are utilized throughout the program to document skills performance. Prospective employers are interested in seeing what types of experiences you have had in school and may ask to see your Skills Checklist during interviews.

#### TYPES OF SUPERVISION FOR CLINICALS - WAC DEFINITIONS AND GUIDELINES FOR STUDENTS DURING CLINICAL ROTATIONS

SUPERVISION. The provision of guidance and evaluation by a licensed registered nurse for the accomplishment of a nursing task or activity, as outlined in this protocol, including the initial direction of the task or activity with periodic inspection of tasks. Students who are in a preceptorship, leadership, and/or observation clinical may be under the supervision of the RN on duty and may perform all procedures for which he/she has been competency validated positively by an instructor. Instructors visit the site and observe student competencies.

IMMEDIATE SUPERVISION/CLINICAL. The licensed registered nurse is on the premises and is within audible and visual range of the patient and the patient has been assessed by the licensed registered nurse prior to the delegation of duties to any caregiver. Instructors are in the clinical area and are immediately available. Students may not commence patient care, passing medications, doing procedures etc. until an instructor is on site. Once the clinical day is over and the instructor leaves the facility, students are to be observers only and will follow the guidelines for indirect supervision.

INDIRECT SUPERVISION/OBSERVATIONAL. The instructor is not on the premises, yet is quickly and easily available. The student will have previously been given written instructions for the care and treatment of the patient and the patient has been assessed by a licensed registered nurse prior to student participation. If oral clarification of the written instructions is required, page the instructor who will respond promptly. Observational experiences are structured so that students may "shadow" licensed nurses and perform basic, noninvasive procedures such as vital signs, assessments, therapeutic communication interviews etc. Taking responsibility for patient care and documentation is not part of the observational experience and students will not participate in care unless an instructor is visiting the site at the time.

#### **EXPOSURES/INJURIES IN CLINICAL ROTATION OR CAMPUS LABORATORY**

Nursing students are at risk of harm from exposure to infectious diseases, radiation, hazardous equipment, and environments in which accidents can occur. Because students are not employees of clinical facilities to which they are assigned, they are required to carry appropriate insurance to cover medical care in the event of an accidental exposure or injury.



Students are expected to adhere to the following protocol upon accidental exposure or injury during a clinical or campus lab experience. The student will:

- Access emergent care immediately as the accident dictates.
- Notify clinical instructor, who will assist in following the policy of the clinical facility/college.
- If urgent care is required, seek evaluation and medical care to the emergency department at the closest hospital. If on campus, call “0” and direct the operator to call 911.
- If urgent care is not required, seek evaluation and medical care at one’s Primary Care Provider’s office.
- Complete the facility specific event report and route to the appropriate personnel.
- Complete a Grays Harbor College Safety and Security Department Incident Report and submit it to the Nursing Program Director.

The nursing instructor will notify the Nursing Program Director on the day of the incident and will provide written documentation, in narrative form, within 24 hours. The Nursing Program Director will attach written documentation, in narrative form, and the GHC Safety and Security Department Incident Report and submit to the Safety and Security Department within 24 hours. The instructor and director will follow up with the student.

#### **FERPA (FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT) AND PERSONAL REFERENCES REQUESTS**

Academic records, or information from disciplinary or counseling files, shall not be available to unauthorized persons on campus, or to individuals off campus, without written consent of the student involved, except under legal compulsion or in cases where the safety of persons or property is involved.

In order to comply with the provisions of FERPA, please submit a request for a reference *in writing*, preferably one month in advance of the date it is needed. Include the person to which the letter is to be addressed, the nature of the reference (for a scholarship application, position in nursing, admission to a baccalaureate program, etc.), your consent for release of information, and whether you want the letter sent directly or returned to you to send.

#### **GIFTS**

Professional relationships require that appropriate boundaries be maintained to ensure objectivity so that services are delivered in an unbiased manner. The nurse-client relationship is not a social one. Therefore, professional nurses do not accept gratuities from clients for their services. Likewise, students and nursing faculty work closely together in a professional relationship. The student-faculty relationship is not social. Students often wish to express their appreciation to the faculty and staff at the end of a quarter. **Small tokens of appreciation such as a greeting card are acceptable but we kindly request that students not give gifts to individual nursing faculty members.** Again our goal is to be objective in providing a service to the student in an unbiased manner. Thank you for respecting this professional principle.

#### **GRADUATION AND LICENSING**

**REQUIREMENTS FOR GRADUATION.** All students who believe they have met the requirements of a degree or certificate from Grays Harbor College are required to submit an *Application for Degree* to the Admissions Office at least one quarter before graduating. The college transcript evaluator will conduct a degree audit to determine whether the student has earned the degree or certificate for which he/she is applying. Upon completion of the program requirements, an Associate of Applied Science – Transfer Degree Nursing is awarded to students successfully completing both years of the program. A Certificate of Completion in Practical Nursing is awarded to students who successfully complete the fourth quarter of the program and take the optional NURS 198 course.

LICENSING. In order to minimize potential problems nursing graduates might experience in obtaining a nursing license, it is important to understand the relationship of nursing programs to the licensing process. Schools of nursing do not have the power to grant licensure as a Licensed Practical Nurse (LPN) or Registered Nurse (RN). The nursing program is approved by the Washington State Nursing Care Quality Assurance Commission (NCQAC) to provide education and training, which qualifies graduates to take a state licensing examination. In addition to completing a nursing education program, the Nursing Commission also has the right to inquire about aspects of your personal life that might have a bearing on your ability to practice as a licensed nurse. When you near completion of the nursing education program you will make application to the NCQAC to take your licensing examination. One part of this application asks you to answer “yes” or “no” to the following questions:

1. Do you have any medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?
2. Do you currently use chemical substance (s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety?
3. Have you been diagnosed with or treated for, pedophilia, exhibitionism, voyeurism, or frotteurism?
4. Are you currently engaged in the illegal use of controlled substances?
5. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or juvenile in any state or jurisdiction?
6. Are you now subject to criminal conviction or pending charges of a crime in any state or jurisdiction?
7. Have you ever been found in any civil, administrative or criminal proceeding to have possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? Diverted controlled substances or legend drugs? Violated any drug law? Prescribed controlled substances for yourself?
8. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession?
9. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?
10. Have you ever surrendered a credential like those listed above in connection with or to avoid action by a state, federal, or foreign authority?
11. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?

Failure to answer these questions honestly may result in a charge of perjury. If you answered “yes” to any of the above, full details must be furnished to the Nursing Commission. The laws of Washington State do not allow community college programs to discriminate in their admission process based on difficulties in any of the areas covered by these questions. Therefore, it is possible that a student could be admitted to, and successfully complete the programs and not be eligible for licensure.

The Nursing Commission will not discuss the possible action it might take regarding eligibility for licensure until the time that the candidate makes official application for the examination. Therefore, if you have any questions regarding this requirement, it is recommended that you discuss these with the Program Director prior to entering the Nursing Program.

LICENSURE REQUIREMENTS. The nursing program will assist students who are in the final quarter of the nursing program to complete two applications necessary to become licensed as LPNs or RNs. You must apply to the Washington State Nursing Care Quality Assurance Commission (NCQAC) to become licensed in this state.

Application forms are available at <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission.aspx> . If you wish initial licensure in another state, you can find contact information about boards of nursing on the National Council of State Boards of Nursing webpage at <http://www.ncsbn.org>. You must also apply to take the licensure exam (NCLEX-PN or RN) either online at the <http://www.ncsbn.org> , by phone, or by mail. It is your responsibility to authorize an official Grays Harbor College transcript to be sent to NCQAC as directed in the application. Please note: transcripts sent to the NCQAC must show the degree or certificate earned. The petition to graduate cues Admissions and Records to record the degree/certificate on the transcript.

**RESPONSIBILITY OF NURSING PROGRAM UPON GRADUATION.** The program director is responsible to send a Certification of Completion form to the NCQAC. The form will be sent once documentation of program completion has been received from the college transcript evaluator. Students are reminded that they are responsible for authorizing the college Admissions Office to send an official transcript to the NCQAC after the degree is posted. Forms are available in the Admissions Office for this purpose. Grays Harbor College will not release transcripts of any student with outstanding financial obligations to the college.

**PINNING CEREMONY.** Graduating Grays Harbor College nursing students celebrate their achievement by planning and participating in a special pinning ceremony at the end of the program. Pinning ceremonies are time-honored celebrations in nursing programs throughout our country. These ceremonies mark a milestone in the education of students as they transition from students to practicing nurses. The nursing pin has its origins in the military, which has had a strong influence on the traditions of nursing. Each school has a specific pin worn by its graduates to reflect pride in their program. The ceremony also includes candle lighting and recitation of the Nightingale Pledge which honor the founder of modern nursing, Florence Nightingale. Please note that the pinning does not replace the Grays Harbor College graduation ceremony and students are encouraged to participate in both. See page 40 for Guidelines for Planning Pinning.

#### **HEALTH HISTORY**

It is the student's responsibility to advise the Assistant Dean and/or clinical instructor of any health concerns which may interfere with clinical performance. This information will remain confidential. To ensure the safety of the student, their patient, and/or others, the student may be asked to submit to the Assistant Dean a written and signed statement from the student's health care provider verifying that the student is safe for clinical practice and can safely perform the functions of nursing. It is your responsibility to contact the office of Disability Services at 538-4068 if accommodations are necessary for your health.

#### **HONOR CODE POLICY**

All students and faculty are expected to uphold the highest standards of professional honesty and integrity. This includes expecting students to act on their honor. Students and faculty accept responsibility for acting in an ethical manner which creates an atmosphere conducive to professional integrity.

Students and faculty are expected to report to the Nursing Program Director within 24 hours, if possible, any unethical conduct that violates the standards of professional safety, honesty, and integrity. Students who have knowledge of unethical behavior and choose not to report it will be considered in violation of these policies and will be subject to immediate dismissal from the program. The college reserves the right to dismiss students for unprofessional behavior with adequate cause.

Students are required to abide by the policies and procedures outlined in the Nursing Student Handbook available on the Nursing Webpage. In addition, each student receives a personal copy of the handbook.

#### **NOTIFICATION OF ABSENCE**

When a student cannot be present or will be late for a campus laboratory or clinical assignment, the following is required:

- Notify the clinical instructor *and* the clinical agency at least **one hour** prior to clinical assignment. Instructors will notify you at the beginning of the course if there are other expectations.
- Notify the nursing department at least **one hour** prior to the time you are scheduled for campus lab.

#### **NURSING CAMPUS LABORATORY POLICY**

The nursing lab located in Room 4235 is available for skill demonstration, practice, and testing. Students are *required* to attend campus lab activities as noted in the quarterly clinical schedule and on Canvas. The lab simulates an actual patient care environment in which the same standards of practice and behavior are expected. Students and faculty are expected to follow these guidelines:

- **No food or drinks are allowed in the Campus laboratory.**
- Professional behavior is expected at all times.
- Cell phones must be turned off.
- Professional business attire with lab coat and sturdy shoes or full uniform is required attire.
- Basic safety rules must be followed.
- Confidentiality must be maintained.
- The area is maintained in a neat and orderly manner; it is the responsibility of every student and faculty member to take care of the equipment and supplies so they are available for future use.
- Faculty members are required to log out *and* in any equipment removed from the lab for use in another learning facility. The log will be kept on a clip board at the Program Assistant's desk.
- All items used in the lab must be returned to their proper storage location.
- Respect the manikins just as we would patients. All manikins will have gowns on, all parts attached and in working order, and will be lying supine in the bed, under the covers. The call light will be within reach of the manikin.
- Beds are made with bottom sheet, incontinence pad, top sheet, and spread and will have mitered corners. The bed will have one (or two) pillows with pillow case/s. The bed will be in the low position with the over bed table over the foot of the bed.
- All accidents must be reported as noted in the Exposures/Injuries policy (see page 26).
- All students are expected to use the lab on a frequent basis, outside of clinical hours for skills proficiency and optimal learning. Students are encouraged to spend at least two (2) hours every week of each academic quarter practicing skills.
- Failure to comply with lab standards may result in disciplinary action.
- All medications and invasive equipment, to include needles, tubes, & syringes are unsafe for human use.

**LAB SECURITY.** The lab must be secured to reduce the risk of theft and vandalism. Students must obtain permission to access the lab for any purpose. Students are required to sign in and out on a clip board kept in the lab. The last student leaving the lab is kindly requested to inform staff or faculty so the door can be locked.

**LAB HOURS.** Students may use the lab for skills practice during the following times: Monday – Friday 0800-1600 (**except during class time**) **these hours are subject to change if staff/faculty are not available.** Use of the lab at other times is by permission only.

NON INVASIVE PROCEDURES POLICY. Students *may not* do injections or other skills on each other, nursing instructors or health care facility staff in which the skin or mucous membrane are penetrated.

NURSING LAB KIT. Students will purchase a Nursing Lab Kit from the bookstore. The supplies will be used for student practice in the lab. Skills lab testing supplies will be provided by Grays Harbor College.

#### **NURSE LEGISLATIVE DAY**

During NURS 262 students will be required to attend an event in Olympia to experience the power of the political process. This state wide event sponsored by WSNA is attended by most nursing schools, the additional cost is \$25 per student and includes lunch.

#### **NURSING TECHNICIAN**

After completion of Nursing 161, Nursing Students may be eligible to work as a Nursing technician. Criteria for this are in the Washington Administrative Code (WAC) 246-840-860 and 246-840-870 described below.

#### NURSING TECHNICIAN CRITERIA (WAC 246-840-860)

To be eligible for employment as a Nursing technician a student must meet the following criteria:

1. Satisfactory completion of at least one academic term (quarter or semester) of a Nursing program approved by a commission or board of Nursing (ADN, diploma, or BSN). The term must have included a clinical component.
2. Currently enrolled in a Nursing commission-approved program will be considered to include:
  - a. All periods of regularly planned educational programs and all school scheduled vacations and holidays.
  - b. The period of notification to the commission of completion of Nursing education, following graduation and application for examination, not to exceed ninety days from the date of graduation.
  - c. Current enrollment will not be construed to include:
    - i. Leaves of absence or withdrawal, temporary or permanent, from the Nursing educational program.
    - ii. Students enrolled in Nursing department classes who are solely enrolled in academic non-Nursing supporting course work, whether or not those courses are required for the Nursing degree.
    - iii. Students who are awaiting the opportunity to re-enroll in Nursing courses.

#### FUNCTIONS OF THE NURSING TECHNICIAN (WAC 246-840-870)

The Nursing technician:

1. Shall function only under the supervision of the registered nurse.
2. May gather information about patients and administer care to patients.
3. Shall not be responsible for performing the ongoing assessment, planning, implementation, and evaluation of the care of patients.
4. Shall never function as an independent practitioner, as a team leader, charge nurse, or in a supervisory capacity.

5. May administer medications only under the direct supervision of a registered nurse and within the limits described in this section. "Direct supervision" means that the registered nurse is on the premises, is quickly and easily available, and that the patients have been assessed by the registered nurse prior to the delegation of the medication duties to the Nursing technician. The Nursing technician shall not administer chemotherapy, blood or blood products, intravenous medications, scheduled drugs, nor carry out procedures on central lines.

There shall be written documentation from the Nursing education program attesting to the Nursing technician's preparation in the procedures of medication administration.

#### **PREGNANCY POLICY**

The student is responsible to:

1. Advise the instructors and Nursing Program Assistant Dean of the pregnancy;
2. Be under a doctor's supervision;
3. Use every precaution to avoid exposure to radiation and other hazards while in school/clinical.

The pregnant student who is in good health may continue clinical Nursing courses as long as, in the judgement of the student's primary care provider, the requirements of the course will not interfere with her health or her pregnancy and the state of her health does not interfere with meeting course objectives. The student must provide, in writing, a letter from their primary care provider stating the student has no limitations. Depending upon the circumstances, the student may need to withdraw with a "W".

#### **PROTECTION OF PATIENTS**

Students who have infectious conditions that may be transmitted to clients must notify their instructor prior to entering the health care facility in order that appropriate arrangements can be made.

#### **REPEATING COURSES**

It is the policy of the program that nursing theory and clinical components of courses must be taken concurrently. In the event that a student should pass theory and fail clinical or vice versa, the entire course must be retaken.

#### **RETURN TO CLINICAL AFTER ILLNESS**

Medical conditions that may arise during a student's enrollment in the nursing program can pose a safety issue for the student, patients, and/or others. Therefore, to ensure the safety of the student, their patient, and/or others, the student may be asked to submit to the program director a written and signed statement from the student's health care provider verifying that the student is safe to return to clinical practice and can safely perform the functions of nursing. The statement will be maintained in a confidential file in the Nursing Office and must be submitted before the student can resume clinical practice and/or returns to the program after illness. Students may appeal this requirement by submitting a written request to the Dean for Workforce Education. See "Grievance Procedure" on page 17 of the Handbook.

### **SAFE MEDICATION ADMINISTRATION BY NURSING STUDENTS**

As stated in the GHC Nursing Program Conceptual Framework, the concept of **Safety** is overarching and integrated throughout the six foundational concept areas of nursing practice. Patient safety is the primary concern for any

medication administration performed by nursing students. As such, the following procedures will be followed to ensure safe medication administration.

#### **ORIENTATION TO SAFE MEDICATION ADMINISTRATION**

Students will be provided with both theory and clinical learning experiences related to safe medication administration appropriate to their level of education. Simulated experiences with medication administration skills will be satisfactorily completed in the Skills Practice Lab before a student is allowed to administer medications in the clinical environment with supervision. Students must always be supervised by a licensed nurse/licensed respiratory therapist for any medication administration to a patient. Student orientation to safe medication administration will include, but is not limited to, the following simulated learning experiences:

1. Correct reading and interpretation of a medication order
2. Safe identification of the patient
3. Routes of medication administration, including the nursing judgment required to safely implement the routes of medication administration
4. Safe use of Automated Drug Delivery Devices (ADDDs) and other medication dispensing systems
5. Processes for administration of controlled substances, medication wastage, and monitoring for drug diversion
6. Medication reconciliation procedures
7. Accurate dosage calculation
8. Correct documentation of medication administration

Students will complete training on Automated Drug Delivery Devices (ADDDs), by online tutorial, prior to the use of such in the clinical setting. In addition, students will receive on-site orientation(s) to agency-specific ADDDs, with supervision, by a licensed nurse (instructor or preceptor). Information regarding safe medication administration procedures will be provided in the instructor's Clinical Expectations document and/or on the online Learning Management System (e.g., Canvas), and will be available via the clinical agency's Policies and Procedures.

#### **EVALUATION OF MEDICATION ADMINISTRATION COMPETENCY**

Students will be evaluated each quarter of the Nursing Program to determine medication administration proficiency by the use of exams that measure knowledge of pharmacology, medication administration techniques, and safe dosage calculation.

#### **DOCUMENTATION OF STUDENT MEDICATION ERRORS AND ALLEGED DIVERSION**

As mandated by the Washington State Nursing Care Quality Assurance Commission (NCQAC), the Nursing Program will complete documentation of student medication errors and alleged diversion of drugs and report these errors to the NCQAC as required. All student medication errors will be documented on the GHC "Unusual Occurrence/Practicum Incident Report" form by the student and supervising clinical instructor and will be kept in a confidential file in the Nursing Program Office. This form may be replaced by forms provided for this purpose by the NCQAC.

Documentation of Medication Administration Errors or Alleged Drug Diversion must include:

1. The date and nature of the event;
2. The names of the student or faculty member involved;
3. The name of the clinical faculty member responsible for the student's clinical experience;
4. Assessment of findings and suspected causes related to the incident or root cause analysis;
5. Nursing education program corrective action; and
6. Remediation plan, if applicable.

### **PRINCIPLES OF “JUST CULTURE,” FAIRNESS, AND ACCOUNTABILITY IMPLEMENTED IN THE NURSING PROGRAM RESPONSE TO MEDICATION ADMINISTRATION ERRORS OR ALLEGED DRUG DIVERSION**

Open reporting and participation in error prevention and improvement is facilitated by use of the principles of “Just Culture.” Most medication administration errors are unintentional behavioral choices where risk is not recognized. However, there are rare instances where a student makes the conscious behavioral choice to disregard a substantial and unjustifiable risk which results in a medication administration error. Careful review of mistakes, errors, and “near misses” facilitates learning from such occurrences and identifies opportunities for process and system improvement. (See “Just Culture” Rubric at <http://www.ncbon.com/myfiles/downloads/just-culture-speet.pdf>)

With this in mind, all error incidents will be reviewed by the Nursing Program with the intent of:

1. Determining the cause and contributing factors of the incident;
2. Preventing future occurrences;
3. Facilitating student learning; and
4. Using the results of incident assessments for on-going program improvement.

### **NURSING PROGRAM RESPONSES TO MEDICATION ADMINISTRATION ERRORS OR ALLEGED DRUG DIVERSION**

1. Nursing Program responses to medication administration mistakes are dependent on the student’s level in the Nursing Program and most often are in the form of system improvement or individual coaching, education, counseling, and/or remediation in the Skills Practice Lab environment. The response focuses on the behavioral choice of the individual, not merely the fact that an error occurred.
2. Disciplinary actions, up to dismissal from the Nursing Program, may be taken for a student who either:
  - a. recklessly disregards patient safety with medication administration, or
  - b. has an incident of confirmed drug diversion

### **SOCIAL MEDIA USE: THE ETHICAL, LEGAL AND PROFESSIONAL IMPLICATIONS**

The Internet has created the ability for individuals to communicate and share information quickly and to reach millions of people easily. Participating in social networking and other similar Internet opportunities can support nursing students’ personal expression and foster collegiality and camaraderie among other nursing students both in our program and throughout the country. Social networks, blogs, and other forms of communication online also create new challenges. Nursing students should weigh a number of considerations when maintaining a presence online:

1. Be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.
2. Be aware that the individual, whether it is a patient, a colleague, an instructor, a peer, etc. has a right to privacy. The individual whose privacy is violated may have grounds for civil litigation for invasion of privacy, slander, or libel.
3. Use privacy settings to safeguard personal information and content to the extent possible, but realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, nursing students should routinely monitor their own Internet presence to ensure that the personal and professional information is accurate and appropriate.
4. Speak privately to the individual whose posting appears unprofessional and suggest the posting be removed. Report serious violations of the Code of Ethics to the Grays Harbor College Vice President for Student Services.
5. Recognize that actions online and content posted may negatively affect one’s reputation among potential employers which may have consequences for future nursing careers and can undermine public trust in the nursing profession.
6. Be aware that direct communication with instructors regarding assignments is more professional, more effective and more accurate than debating what the assignment requires with each other via social media.



### **SMOKING POLICY**

Smoking is allowed in *designated smoking areas only* at both clinical sites and on campus. Students are strongly encouraged to refrain from smoking while wearing the nursing student uniform or lab coat with nursing program patch. Smoking cessation resources are available for those who decide to stop smoking.

### **TIME LIMITS POLICY**

Students entering the program have a maximum of three (3) years to complete the program from entry to completion.

### **TRANSPORTATION**

Students are required to provide their own transportation to clinical. The college van is **not** available for this purpose. Parking is limited in most clinical sites so students are encouraged to carpool and share costs. Grays Harbor Community Hospital does not allow students or faculty to park near the hospital. The hospital shuttle bus is used. Clinical instructors will orient their groups to the details.

## **STUDENT SERVICES AND ORGANIZATIONS**

**STUDENT SUPPORT CENTER** - The goal of the Student Support Center is to provide a positive and approachable environment for all students and members of the College community. Personal counseling is available for up to 4 sessions. In cases where more is needed, the center refers students out if possible. Students can make appointments with counselors by calling 538-4099 or drop in between 9-3 daily. All counseling is confidential unless the student is a clear and present danger to self or another person or the center learns of sexual abuse to a minor or elderly person. Counseling offices are located across from Admissions and Records near the bookstore. Examples of issues for which counselors can provide assistance:

#### Academic Counseling

- time management
- transfer to another college
- test anxiety
- academic difficulties
- conflict with a faculty member

#### Career Counseling –

- undecided about a major
- career directions

#### Personal Counseling

- a difficult living situation
- marital issues
- general anxiety and stress
- grieving a loss
- depression

### **DISABLED STUDENT SERVICES**

Any individual who has a documented disability, which might interfere with his or her ability to fully participate in a class, may be eligible for accommodations. Feel free to contact the instructors as soon as possible or contact the Disability Support Program located on campus in Student Support Center (HUB), Room 140. Any information regarding disability will be kept confidential.

### **FINANCIAL AID**

All financial aid information and transactions are handled through the Financial Aid office located in the HUB. Contact that office as early as possible to initiate the application process. Numerous nursing scholarships are available. Information is available from the Financial Aid office or from the Nursing Office.

## **LIBRARY**

The library staff is available to assist the student to find the resources available to complete assignments. The instructors place articles, audiovisuals, and other references on closed reserve for student use in the library. Ask the library staff for assistance. Several databases to search for reference material are available online at the Grays Harbor College library web site, <http://www.ghc.edu/library/home/index.htm>.

## **TUTORING**

Tutoring is available for most nursing program support courses. Tutoring services are located in the Learning Center on the first floor of the library. We are committed to working with you as you progress toward successful completion of your goals as a professional nurse. **Please seek help immediately if you are having any problems.**

## **OTHER ACADEMIC AND PERSONAL ASSISTANCE**

Childcare is available on campus Monday through Friday from 7:00 a.m. to 9:30 p.m. Students needing assistance with job placement or with job search skills will find that help is available in the Job Placement Office. For further information on these and others services refer to the current Grays Harbor College Catalog.

## **STUDENT NURSES' ASSOCIATION OF GRAYS HARBOR COLLEGE**

The Student Nurses' Associations & National Student Nurses' Association are the official student nursing organizations at Grays Harbor College. All nursing students are encouraged to be members of the SNA & NSNA. Information about meetings and activities are posted on the SNA/NSNA bulletin board located outside the classrooms and on Canvas.

### THE PURPOSE OF THESE ASSOCIATIONS IS:

- To assume responsibility for contributing to nursing education in order to provide for the highest quality health care.
- To provide programs representative of fundamental and current professional interest and concerns.
- To aid in the development of the whole person, and his/her professional role, and his/her responsibility for the health care of people in all walks of life.

### THE FUNCTION SHALL INCLUDE:

- To have direct input into the standards of nursing education process.
- To influence health care, nursing education, and practice through legislative activities as appropriate.
- To promote and encourage participation in community affairs towards improved health care and the resolution of related social issues.
- To represent nursing students to the consumer, to institutions, and to other organizations.
- Promote and encourage student's participation in interdisciplinary activities.
- To promote and encourage recruitment efforts, participation in student activities, and educational opportunities regardless of person's race, color, creed, sex, lifestyle, national origin, age, or economic status.
- To promote and encourage collaborative relationships with nursing and related health organizations.

## NURSING STUDENT REQUIREMENTS UPON ADMISSION

### PURPOSE FOR IMMUNIZATION AND HEALTH REQUIREMENTS

It is essential to the role of the healthcare student/provider to be current in health requirements/immunizations as you will be working with populations that are at risk/susceptible to infectious disease processes. An important point to recognize is that most infectious diseases are contagious before a person is symptomatic. As a healthcare professional, the responsibility is yours to know and keep up with these requirements.

Please familiarize yourself with the information provided here. There is essential information that could save you time, money and avoid unneeded additional studies/tests. We recommend you check out costs at different locations as immunizations can be costly.

Potential problematic areas:

- In obtaining vaccines it is important to note that all live vaccines (MMR, Varicella, LAIV (Nasal flu) have to be given on the same day or separated by 28 days.
- If a student is getting a ppd (tuberculin skin test) and a live vaccine it has to be done on the same day or they have to be separated by 30 days. If done sooner, there is a potential for a false positive, resulting in increased cost, treatment (chest-x-rays) when not needed.
- MMR-You are required to have **2 MMR's or proof of immunity via titer** (of all three – measles, mumps, and rubella).
- Varicella- You are required to have **2 Varicella immunizations or proof of immunity via titer**. If a student has the first Varicella vaccine and then has the disease they have two options- to do the second Varicella vaccine or to have a titer drawn. (Note that with Live Vaccines titers will remain positive)
- Tetanus- it is important that the student inform their health care provider that they require the **Tdap Not the Td**. The rationale for this immunization is that it protects vulnerable patients and the student in the event of a Pertussis outbreak.
- PPD/TB skin test: - The standard for reading PPDs is to record the result in mm's. Students who have not had a PPD/TB skin test within the past year are required to have a 2-step PPD. This means that you will have the first skin test performed and read and then in 7 – 10 days later, have a second skin test performed and read. The rationale for this procedure is that it reduces the occurrence of false positive results.
- Hepatitis B-
  - If you received the 3 doses as an adult here is the recommended procedure:
    - The student should get 1 booster immunization and then have a titer drawn in 30-60 days. If negative then the student should complete a 2<sup>nd</sup> and 3<sup>rd</sup> dose and repeat titer, if then negative they are considered a non-responder.
    - It is important to note that the Titer levels are only valid for 30-60 days after last Hepatitis B dose. A negative titer > 60 days after the last dose does NOT mean a person is immune. Titers are checked 30-60 days after the last dose to check for vaccine response. A positive titer represents immunity.

**REQUIREMENTS.** These requirements are in place for the health and safety of Washington State health care students and their patients. By contract with your academic institution, all students participating in patient care in this healthcare institution must meet the following health and safety requirements. Records will be kept at the academic institution and random review by the healthcare institutions will occur on a regular basis. All documentation must meet requirements at all times during the clinical course.

#### **SUBMITTED ONCE**

##### TB Skin Test

- 2-step PPD (reported in MM) if no test in prior 12 months, otherwise 1 step PPD OR
- Quantiferon (QFT) serum test OR
- If New +TB Test results → F/U by healthcare provider (chest X-ray, symptoms check and possible treatment,) may need to complete health questionnaire OR
- If History of +TB results → provide proof of chest X-ray and submit negative symptom check from health care provider in past 12 months OR
- If no proof of +TB Test available, then chest X-ray OR
- If History of BCG vaccination → 2-Step TB Test or QFT OR
- If history of +TB Test and +chest X-ray and symptoms: must see healthcare provider for treatment before school entry

##### Hepatitis B

- Proof of immunity by vaccination **and** titer OR
- IF Negative titer → must repeat vaccine series. Student will be allowed in clinical during repeat series and considered a non-responder to vaccination after 2 complete vaccine series and negative titer.
- Signed waiver for students who decline vaccination

##### MMR (Measles, Mumps, Rubella)

- Proof of vaccination (2 doses) OR
- Proof of immunity by titer

##### Varicella (Chicken Pox)

- Proof of vaccination (2 doses) OR
- Proof of immunity by titer.

##### Tetanus, Diphtheria, Pertussis

- Tdap required one time prior to admission.

##### CPR

- HealthCare provider or BLS provider (adult, infant, child, AED) American Heart Association only

#### **SUBMITTED EVERY YEAR**

##### TB Skin Test

- New one-step PPD (reported in MM) OR
- New Quantiferon Serum Test OR
- If New + TB Test results → F/U with healthcare provider, chest X-ray, & symptom check OR
- Known +TB skin results and prior negative chest X-ray results: submit annual symptom check from healthcare provider

##### Background Checks (Upon admission and every year)

- National Criminal Background Check covering WA State – CertifiedBackground.com (*paid by fee with fall quarter tuition*)

##### Influenza

- Proof of annual vaccination(s) OR
- Signed waiver for students who decline vaccination – *student will be required to wear a face mask in all clinical sites*

##### Insurance

- Professional Liability \$1,000,000/3,000,000 policy (*paid by fee with fall quarter tuition*)

##### Nursing Program Specific

- Personal Health Insurance – low cost plan information available upon request
- Drug Screening – 5 panel drug screen – *required by some clinical sites*



## Order Instructions for Grays Harbor College - Nursing Program

1. Go to <https://mycb.castlebranch.com/>
2. In the upper right hand corner, enter the Package Code that is below.

Package Code **GA19**: Background Check - Medical  
Document Manager **1st Year Students**

Package Code **GA19bg**: Background Check **2nd Year Students**

### About

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#### About CastleBranch

Grays Harbor College - Nursing Program has partnered with CastleBranch, one of the top ten background check and compliance management companies in the nation to provide you a secure account to manage your time sensitive school and clinical requirements. After you complete the order process and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements.

You will return to your account by logging into [castlebranch.com](https://castlebranch.com) and entering your username (**email used during order placement**) and your secure password.

### Order Summary

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#### Payment Information

During the online order process you will be prompted to enter your Personal Identification Number (PIN). Last 4 digits of your SID

#### Accessing Your Account

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

#### Contact Us

For additional assistance, please contact the Service Desk at 888-723-4263 or visit <https://mycb.castlebranch.com/help> for further information.

## GUIDELINES FOR PLANNING PINNING CEREMONIES

A pinning ceremony is held in the final quarter of the program. A committee of students in the graduating class is responsible for planning the event with the assistance of a faculty advisor. In addition, the college has a graduation ceremony for students receiving associate degrees. This ceremony takes place at the end of spring quarter only. All students are encouraged to participate in the ceremony in addition to the pinning celebration.

Pinning ceremonies are time-honored celebrations in nursing programs throughout our country. These ceremonies mark a milestone in the education of a student. There have been changes over the years as the culture of nursing has changed. Caps are no longer worn but pins representing one's nursing program continue to be an important part of the nurse's uniform.

The nursing pin has its origins in the military, which has had a strong influence on the traditions of nursing. Each school has a specific pin worn by its graduates to reflect pride in their program. Grays Harbor College has both a practical nursing and a registered nursing pin. Most students choose to purchase and wear the Grays Harbor College nursing pin. The *Pinning Ceremony* continues to be a significant tradition in the end-of-program celebrations.

Another important tradition celebrated at the end of the program is *Candle Lighting*. Florence Nightingale, who is the founder of modern nursing, carried a lamp during the Crimean War as she went from bed to bed helping injured soldiers. Candle lighting and reciting the *Nurses' Pledge* acknowledge Ms. Nightingale's significance to nursing today.

These traditional ceremonies are recognition of significant accomplishments of the graduates. They are wonderful opportunities to share a time of celebration with family, friends, and the college and health care communities. The nursing faculty has developed the following guidelines to assist students in planning the ceremonies.

**PLANNING COMMITTEE:** selected no later than the end of fall quarter to provide leadership to:

- find class volunteers to help with each element of the planning
- facilitate decisions by the group
- communicate on a monthly basis with the nursing program director the group's progress in planning the ceremony

### TASKS TO BE ACCOMPLISHED MAY INCLUDE:

- \_\_\_\_\_ Develop a budget and identify ways to finance the costs.
- \_\_\_\_\_ Submit the proposed budget to the SNA treasurer no later than February 1<sup>st</sup>.
- \_\_\_\_\_ Purchase requisitions for items to be purchased must be completed *prior* to the purchase of *any* Pinning supplies.
- \_\_\_\_\_ Purchases made with personal funds will not be reimbursed.
- \_\_\_\_\_ Purchase requisitions must be signed by the SNA advisor or Nursing Program Director.
- \_\_\_\_\_ Determine the date and time of the ceremony; The Saturday afternoon before Graduation is preferred.
- \_\_\_\_\_ Determine where the ceremony and reception will be held; Reserve the space as early as possible; The Bishop Center is the usual venue for Pinning. To reserve this space submit a Facility Use Application, available in the Nursing Office.
- \_\_\_\_\_ The reception may be scheduled in the Bishop Center lobby or in the HUB. A Facility Use Application must be submitted to reserve the HUB.

- \_\_\_\_\_ Establish a preliminary program – what will be included and where will it happen during the ceremony.
- \_\_\_\_\_ Find a speaker (if desired – this is optional and up to each class to decide).
- \_\_\_\_\_ Choose the attire: pins go on either uniforms or lab coats worn over professional attire that would be appropriate for a job interview. No other attire is appropriate.
- \_\_\_\_\_ Select appropriate music (live or recorded – this is optional but adds a great deal to the ceremony).
- \_\_\_\_\_ Order pins through the GHC Bookstore.
- \_\_\_\_\_ Assign a master of ceremony who will keep the program on track – this is usually a student or a faculty member but could be someone else.
- \_\_\_\_\_ Choose a person to welcome honored guests:
  - college administration
  - board of trustees
  - college faculty
  - health care facility employees
  - preceptors
  - others?
- \_\_\_\_\_ Decide where graduates and nursing faculty will sit: On stage? In the audience?
- \_\_\_\_\_ Decide who will pin the graduate: A friend or family member? Nursing faculty members?
- \_\_\_\_\_ Decide who will announce each graduate as they come forward.
- \_\_\_\_\_ Will there be something read during pinning/capping? A thank you written by the student? A description of the unique accomplishments of each student?
- \_\_\_\_\_ Will there be a processional/recessional? What will it look like?
- \_\_\_\_\_ Develop an invitation to send to:
  - all college administrators
  - board of trustees members
  - nursing and support faculty
  - family and friends
  - all clinical facilities/departments/offices used for experiences by the class preceptors

**Please note: There are blank invitations and envelopes in the nursing program office.** More can be ordered from Dunsire's Printing.

- \_\_\_\_\_ Assign nursing instructors for various roles
  - Welcome honored guests
  - Talk about the traditions of pinning and candle lighting
  - Read graduate names (Nursing Program Assistant Dean)
  - Lead the candle lighting and Nurses Pledge
- \_\_\_\_\_ Develop a program and arrange to have it copied or printed; use the printing facilities at the college; student clubs have a printer account number.
  - Include an order of the ceremony
  - Include an acknowledgement to honored persons
  - Include the Nightingale Pledge
  - All nurses in the audience are invited to stand and recite the pledge with the graduates
- \_\_\_\_\_ Plan the reception: food, beverages, decorations
- \_\_\_\_\_ Ask pre-nursing and first year nursing students to help during the ceremony and reception
  - Seat guests with special needs
  - Distribute programs at the door
  - Run errands as needed
  - Arrange and serve refreshments
  - Other jobs as needed
- \_\_\_\_\_ Arrange for photographs of the class; a group picture is given to the school for its archives

## WRITING REQUIREMENTS

Written Scholarly Papers. Students are required to write one formal scholarly paper each quarter. The paper will be tied to one unit of study during the quarter. The paper is worth 30% of the unit grade to which it is tied.

Purpose of Written Paper Assignments. Professional nursing is grounded in the use of scientific evidence to inform our practices. Evidence based practice involves both the *use* of scholarly writing and the *dissemination* of credible evidence by sharing findings with the interdisciplinary healthcare team. Scholarly writing involves a rigorous, systematic process of gaining knowledge. The ability to write in a scholarly manner is essential for the professional nurse.

The nursing faculty values lifelong learning and encourages students to continue their nursing education at baccalaureate and higher levels. We believe that lifelong learning is an essential component of professional development and continuing competence. Requiring written papers provides the opportunity for students to build skills in scholarly writing to facilitate their transition to university nursing education where writing is required extensively.

APA formatting is required for all formal papers and reference citations in the nursing program. Please see pages 43-44 for the “APA Checklist” and “Rubric/Criteria for Nursing Papers”. All nursing faculty use these rubrics to grade required papers.

APA and Writing Rubric Forms. Students are encouraged to use the APA and Writing Rubric forms as checklists for preparing the paper. Each item on the rubrics will be required to receive full points for the paper.

Writing Portfolio. Students will maintain a **Writing Portfolio** in which every formal written paper along with the instructors’ completed APA and Writing Rubric forms are collected throughout the program. All written papers are submitted to the assigning instructor in the Portfolio and returned in the Portfolio after grading. Faculty will be tracking students’ progress in improving their writing by reviewing previously graded papers.



## RUBRIC/CRITERIA FOR NURSING PAPERS

Criteria and qualities	Poor (0- 4 points)	Good (5 – 8 points)	Excellent (9 - 10 points)	Multiplier	Points
<b>Introducing the idea: Problem statement</b>  <i>Literacy</i>	Neither implicit nor explicit reference is made to the topic that is to be examined.	Readers are aware of the overall problem, challenge, or topic that is to be examined.	The topic is introduced, and groundwork is laid as to the direction of the report.	x 1	/10
<b>Body: Flow of the report</b>	The report appears to have no direction, with subtopics appearing disjointed.	There is a basic flow from one section to the next, but not all sections or paragraphs follow in a natural or logical order.	The report goes from general ideas to specific conclusions. Transitions tie sections together, as well as adjacent paragraphs.	x 2	/20
<b>Coverage of content</b>  <i>Disciplinary Learning</i>	Major sections of pertinent content have been omitted or greatly run-on. The topic/discussion is of little significance to nursing..	All major sections of the pertinent content are included, but not covered in as much depth, or as explicit, as expected. Significance to nursing is evident.	The appropriate content in consideration is covered in depth without being redundant. Sources are cited when specific statements are made. Significance to nursing is unquestionable.	x 3	/30
<b>Clarity of writing and writing technique</b>  <i>Literacy</i>	It is hard to know what the writer is trying to express. Writing is convoluted. Misspelled words, incorrect grammar, and improper punctuation are evident.	Writing is generally clear, but unnecessary words are occasionally used. Meaning is sometimes hidden. Paragraph or sentence structure is too repetitive.	Writing is crisp, clear, and succinct. The writer incorporates the active voice when appropriate. The use of pronouns, modifiers, parallel construction, and non-sexist language are appropriate.	x 1	/10
<b>Conclusion: A synthesis of ideas and hypothesis or research question</b>  <i>Disciplinary Learning; Literacy</i>	There is no indication the author tried to synthesize the information or make a conclusion based on the literature under review. No hypothesis or research question is provided.	The author provides concluding remarks that show an analysis and synthesis of ideas occurred. Some of the conclusions, however, were not supported in the body of the report. The hypothesis or research question is stated.	The author was able to make succinct and precise conclusions based on the review. Insights into the problem are appropriate. Conclusions and the hypothesis or research question are strongly supported in the report.	x 1	/10
<b>Citations/References: Proper APA format</b>  <b>APA checklist attached</b>  <i>Information Use</i>	Significant problems in Format, Title Page, Text Citations, Quotations, and References (see APA checklist for specifics)	Some problems exist, or components were missing in Format, Title Page, Text Citations, Quotations and References (see APA checklist for specifics).	Format, Title Page, Text Citations, Quotations, and References met GHC Nursing Program expectations (see APA checklist for specifics)..	x 1	/10
	All materials, including writing portfolio, were submitted more than one hour late.	All materials, including writing portfolio, were submitted up to one hour late.	All materials, including writing portfolio, were submitted on time.	x 1	
<b>No late papers will be accepted unless arrangements have been made in advance with the instructor.</b>					
<b>Evidence of Plagiarism will result in a grade of "0" for the paper.</b>					
				<b>Total Points Earned</b>	<b>/100 = %</b>

## APA CHECKLIST

<b>Formatting – 4 points (EACH SELECTION WORTH 0.4)</b>	<b>Yes ✓</b>
One inch margins, text flush left with uneven right margin	
Double spaced throughout including reference page, no extra spaces between paragraphs	
Copy double sided with back of title page blank	
Headings used as appropriate to assignment	
Do not use picture, tables, or bullets	
Font 12 pt. Times New Roman, 5-7 space indent at the beginning of each paragraph	
Page Header flush left: FULL TITLE AS IT APPEARS ON TITLE PAGE, upper case; page number flush right, top of page	
Use of active voice, third person, and current tense throughout the paper	
No contraction use (don't, can't, etc...) in formal writing	
Follows APA guidelines related to number use (when to spell out number vs writing the actual number)	
<i>Total Formatting</i>	/4
<b>Title Page – 2 points (EACH SELECTION WORTH 0.4)</b>	
Running head: FULL TITLE OF PAPER upper case flush left top of page	
Title – title case/Author/ Course – title case/ instructor/ Date	
Page number right margin of header	
Centered in middle of the page	
Double spaced	
<i>Total Title Page</i>	/2
<b>Text Citations and Quotations - 2 points (EACH SELECTION WORTH 0.4)</b>	
A balanced presentation of the ideas from all references is required. Citations from one source exclusively with brief mention of several others are not acceptable.	
All source material, whether paraphrased in your own words or quoted, must be documented in the body of the paper by citing the author(s) and date(s) but no page number unless a direct quote.	
Failure to include citations within the body of the text is an example of plagiarism and is unacceptable	
If you must quote the author and the quotation is less than 40 words, encase the quote in “...” followed by (Author, year, page #). <b>Block quotations (quotations of 40 words or more) are not allowed.</b>	
<b>In-text citations are formatted correctly in the manner in which they are being used and make use of proper punctuation.</b>	
<i>Total Text Citations and Quotations</i>	/2
<b>References – 2 points (EACH SELECTION WORTH 0.4)</b>	
All sources cited in the body of the paper must be listed on the reference list and all references on the reference list must be cited in the paper.	
Reference section begins on a new page.	
Sources meet the requirements of the assignment <b>and have all required information</b> (number, type, publication date, <b>volume, issue, etc.</b> )	
Proper capitalization of reference materials according to type (book, journal, article, etc.)	
Formatting of references follow assigned requirements (such as centered header, listed alphabetically, use of hanging indent, <b>italics</b> )	
<i>Total References</i>	/2
<b>TOTAL SCORE 10 Points Possible</b>	<b>/10</b>

APA Checklist Revised 6/12/17

## **FORMS – EVENT DOCUMENTATION**

The following forms have been developed to provide systematic and consistent documentation of specific situations that require student/faculty communication.

**GRAYS HARBOR COLLEGE NURSING PROGRAM  
ACADEMIC AT RISK – THEORY & CLINICAL  
NURSING STUDENT CONTRACT**

Student Name \_\_\_\_\_

Quarter \_\_\_\_\_

Your instructor(s) has determined that you are a student at risk. Concerns have been identified that warrant a Nursing Student Contract, which identifies behaviors that must be present, behaviors that must change, or remediation that must occur in order for you to progress in the Nursing Program. The following statement(s) describe the concern:

---

---

**Student Responsibilities** - Identified behavior expected to change or remediation plan:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Instructor Responsibilities** – Identify how the instructor will assist/ monitor student improvement.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The following consequences(s) will result for failure to comply with this Agreement:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I understand that this Agreement will be placed in my nursing file.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nursing Program Director

\_\_\_\_\_  
Date

## Grays Harbor College Nursing Program

Student Name:

<b>Program Attendance, Participation, and Performance Tool</b>			
Point Values (Circle)	Points will be accrued as noted below. Tardiness and Absence occurrences are measured <i>per quarter</i> . Unprofessional and/or Unsafe Behaviors <i>will accumulate throughout the entire nursing program</i> . See Nursing Student Handbook for more info.		
	<b>Tardiness/Clinical</b> (quarterly points)		
1	5 – 14 minutes late		
2	15-29 minutes late		
3	30 or more minutes late		
4	1 hour or more minutes late		
2	Late Assignment		
3	Failing to follow the dress code.		
	<b>Absence/Clinical</b>		
6	Absence from clinical – instructor notified concerning the reason for the absence at least ½ hour prior to clinical start time. **Student must do a case study.		
7	No Call/No Show/ or student has not notified instructor concerning the reason for the absence at least ½ hour prior to clinical start time. **Student must do a case study.		
6	Student is sent home by instructor for <i>any reason</i> . **Student must do a case study.		
	<b>Unsafe Behavior</b> ( <i>permanent points</i> )		
6	Actions that create potential for harm through negligence or willfulness. This can include proceeding with patient care <i>without</i> proper preparation, or clinical instructor’s knowledge and/or approval to give care.		
8	Lying, covering up, or failing to report a mistake in any setting. This would also include falsifying any documentation.		
	<b>Unprofessional Behavior</b> ( <i>see Nursing Student Handbook for more information</i> ) ( <i>permanent points</i> )		
3	Insubordination: non-compliance or disrespect to those in leadership or authority: director, classroom faculty, clinical instructor, clinical site nurse, preceptor, or an agency manager.		
3	Impolite/disrespectful to patients, agency staff, faculty, peers, family or visitors.		
3	3+ Tardiness/Clinical, late assignments or dress code violations.		
2	Unapproved or unauthorized use of cell phone or other electronic device.		
3-6*	HIPAA violation. *Points assigned at faculty discretion.		
	<b>Action</b>		
<u>5</u> or greater	Written contract in the form of a Performance Improvement Plan. A student who accumulated <u>5</u> or more points must meet with the clinical faculty member and/or Nursing director to complete a Performance Improvement Plan and submit the signed Performance Improvement Plan <i>within 7 calendar days</i> of the occurrence.		
<u>9</u> or greater	Failure of clinical. The student who accumulates 9 or more points will receive an “F” in the nursing course associated with the clinical. There will be no option to withdraw from the course to prevent receiving a failing grade. *Nursing Faculty will review each situation as appropriate.		
<b>Total Points given today:</b>		<b>Date:</b>	<b>Instructor:</b>
<b>Student Notified</b> (circle) yes no	<b>How</b> (circle) In person phone e-mail	<b>Date Notified:</b>	
Student Signature/Date		Faculty Signature/Date	

## Grays Harbor College Nursing Program

### Program Attendance, Participation, and Performance Agreement Form

*(This form is to be initialed & signed by the student prior to beginning each quarter)*

\_\_\_\_\_ I understand that Program Attendance and Participation are mandatory to progress in the Nursing Program.

\_\_\_\_\_ I have reviewed the Program Attendance, Participation & Performance Tool.

\_\_\_\_\_ I understand that Tardiness, Absence, Unprofessional or Unsafe Behavior will all be tracked using a point system. Tardiness & Absences will be tracked *per quarter*. Unprofessional or Unsafe Behaviors will be tracked *continually throughout the nursing program*.

\_\_\_\_\_ I understand that in an academic quarter, *all* clinical hours must be completed to meet course objectives.

\_\_\_\_\_ I understand that if I accrue 5 or more points, I am considered at risk for failure and will be expected to complete a Performance Improvement Plan with my clinical instructor or director *within 7 calendar days*.

\_\_\_\_\_ I understand that if I accrue 9 or more points, (*\*each case will be reviewed on a case by case basis*) I will receive an "F" in the nursing courses for the quarter. There will be *no* option to withdraw from the course to prevent receiving a failing grade.

\_\_\_\_\_ If I have any questions about this, I can refer to the Nursing Student Handbook policy on Attendance, Participation and Performance or make an appointment with the Nursing Program Director.

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Student's Signature

Date \_\_\_\_\_

*\*Each situation is unique and will be reviewed by nursing faculty as appropriate.*

## Grays Harbor College Nursing Program

### PERFORMANCE IMPROVEMENT PLAN

<p>The Performance Improvement Plan is designed to encourage success in <i>any</i> student who is at risk. It provides written documentation of the issues that are causing a student to be considered “at risk,” what changes are required, and a specific “student-driven” plan to help the student resolve the problem. (Refer to the Nursing Student Handbook for more information about performance standards.</p>	
<p><b>Instructor:</b></p>	
<p>Course outcomes/requirements that <i>are not</i> being met.</p>	<p>Objective evidence of behaviors, actions, or events to validate these claims.</p>
<p>1. 2. 3.</p>	<p>1. 2. 3.</p>
<p><b>Student:</b> State what you (the student) will do to meet the above requirements or outcomes. Be very specific about what you plan to do. <i>Include date if/whenever applicable.</i></p> <p>1. 2. 3.</p>	
<p><b>Student:</b> What supports have you sought out and how does that impact your plan?</p>	
<p><b>Instructor:</b> What additional support/resources can be offered to this student? (include dates if applicable)</p> <p>Indicate the date that the student and instructor will meet to review the student’s progress:</p>	
<p><b>Final Remarks/Student</b></p>	<p><b>Final Remarks/Instructor</b></p>

\_\_\_\_\_  
Student’s Name (Print)

\_\_\_\_\_  
Instructor’s Name (Print)

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor’s Signature

\_\_\_\_\_  
Date

**Grays Harbor College  
Nursing Program**

**PERFORMANCE IMPROVEMENT PLAN UPDATE INFORMATION**

**Student Name:**

**Original Plan Date:**

**Today's Date:**

**Instructor:** Course outcomes/requirement that were not being met (from the original Performance Improvement Plan.)

**Student:** What have you done to improve performance since the last meeting? *(Be as specific as possible.)*

**Other Remarks/Instructor:**

**Other Remarks/Student:**

**Necessary to meet again? Yes or No**

**If yes, when?**



## STUDENT REFERENCE REQUEST AND FERPA RELEASE

In accordance with FERPA (Family Educational Rights and Privacy Act) regulations, any student wishing a recommendation from nursing faculty will provide the following information.

Student Name (please print): \_\_\_\_\_

I request (please print nursing faculty name) \_\_\_\_\_ to serve as a reference for me and to provide requested reference in written form.

Date needed (please print): \_\_\_\_\_

The purpose of the reference (check all applicable items):

- Application for employment
- Scholarships or honorary awards
- Admission to another educational institution

I authorize the above person to release information and provide an evaluation about any and all information from my educational records at Grays Harbor College, including education at other institutions I have previously attended which is part of my GHC education records to the following (please print):

1. \_\_\_\_\_

(Name and Address)

2. \_\_\_\_\_

(Name and Address)

3. \_\_\_\_\_

(Name and Address)

4. \_\_\_\_\_

(Name and Address)

I understand that I have the right not to consent to the release of my education records; I have a right to receive a copy of any written reference upon request, and that this consent shall remain in effect until revoked by me, in writing, and delivered to the above faculty member prior to the faculty member's receipt of any such written revocation.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

This **STUDENT REFERENCE REQUEST and FERPA RELEASE** will be attached to a copy of each reference sent on behalf of the requesting student and will be maintained in the student's nursing file.

NAME \_\_\_\_\_

ATI EXAM \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

### ATI REMEDIATION GUIDELINES

Students who fail to meet the benchmark on any proctored ATI exam are required to remediate. A plan for remediation must be submitted to the instructor within 2 days of taking the proctored exam. When the plan is completed, the instructor will release the code for the new exam. Remember 98% on the remediation exam is required. A lock out of 72 hours between attempts will be in place.

Please follow these steps in planning, implementing, and completing the remediation. The remediation plan is built on a “KATTS” framework: **KNOWLEDGE, ANXIETY, TEST-TAKING SKILLS.**

#### KNOWLEDGE (what content knowledge is weak?)

1. Create your *ATI Focused Review* and compare it with the test results “*topics to review*”
2. Analyze the weak areas identified in the *Review* and the results
  - a. Which chapters are mentioned most often? (For the comprehensive-all books are used, so please check **which book** the chapters come from – you will see which book is weakest when you look at the “**clinical area**” section toward the back of your results pages).
  - b. What areas of nursing process are weakest? (bottom 3)
  - c. What QSEN competencies are weakest? (bottom 3)
  - d. Which subscale is weakest? (bottom 3)
3. Prioritize the chapters suggested for review
4. Conduct your own analysis of content that needs to be reviewed – do not turn in a copy of your results.
5. Determine what resources you will use in your review – ATI, Silvestri, textbooks, other
6. Develop a timeline for review for each chapter and content area that needs to be reviewed - chapters, pages, number of questions each day.
7. **Submit** a calendar / timeline with specific goals (amount of time, # of chapters, and #of questions).

#### ANXIETY

8. **Submit** An analysis your personal level of test anxiety and include strategies to deal with it. (For more than one remediation, only turn in the first time, unless something has changed).

#### TEST-TAKING SKILLS

9. **Submit** an analysis of test-taking skills. Identify the types of questions that are most challenging to you (parts of the nursing process, multiple response, prioritizing, etc). Identify the resource you are using and what strategies you will use to overcome the challenges these types of questions pose.

#### MEET WITH YOUR INSTRUCTOR

10. If you get below Level 1 you are required to make an appointment with an instructor to develop a more in depth plan. Please bring test results and focused review.

\_\_\_\_\_  
ATI Proctored Exam

\_\_\_\_\_  
Date of Exam

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Date Benchmark Met (98%)

## STUDENT AGREEMENTS

When finished reading the Nursing Student Handbook, the student is required to sign copies of the agreements on the following pages and submit them to the Nursing Program. ***Copies of the agreements will be provided separately.*** Do not remove the pages from the Handbook.

## HANDBOOK RECEIPT VERIFICATION

The following statement is to verify that the student has received, read, understands, and agrees to follow the content and guidelines presented in the handbook.

I, \_\_\_\_\_, HAVE RECEIVED AND READ THE NURSING STUDENT HANDBOOK. I HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS. I UNDERSTAND AND AGREE TO ABIDE BY THE CRITERIA SET FORTH IN THE NURSING STUDENT HANDBOOK.

\_\_\_\_\_  
Nursing Student Signature

\_\_\_\_\_  
Date

---

### GRAYS HARBOR COLLEGE NURSING PROGRAM

## CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, ( Print Name)

understand that I must protect the privacy of my patients, their charts, and the areas in which I work as a student nurse. I will speak about patient care activities only in conferences with my colleagues in designated places where I cannot be overheard by others. I will not at any time during or after my student rotation in any facility, disclose any information to any person whatsoever, or permit any person whatsoever to examine or make copies of any reports or other documents prepared by me or which have come into my possession and under my control that have in any way to do with the patients of any facility. I recognize that the disclosure of such information by me may give rise to irreparable injury to the facilities and/or their employees and/or to the owners of such information, and that accordingly, the facilities and/or their employees and/or the owners of such information may seek any legal remedies against me which may be available.

I have read, understand, and agree to all of the above Sections of this Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## RISK AND HAZARDS STATEMENT OF RESPONSIBILITY

I am aware that during the nursing experience in which I am participating under the arrangements of Grays Harbor College, during the 2017-2018 academic year, certain dangers may occur, including but not limited to the following: abrasions, cuts, punctures, muscle strain, back strain, eye injury, etc.

In consideration for the right to participate in this experience and the other program activities with Grays Harbor College, I have and do hereby assume all risks involved and withhold the State of Washington, Grays Harbor College, its employees, agents, and assigns, harmless from any and all liability actions, causes of actions, debits, claims, and demands of every kind and nature whatsoever, which may arise from or in connections with participation in any activities arranged for me by Grays Harbor College. The terms thereof shall serve as a release and assumption of risk for the heirs, executors, administrators, and member of my family, including minors.

By my signature on this document, I acknowledge that I have been informed and further that I understand that I should have either personal medical insurance prior to enrolling in this program, or that I should enroll in student medical insurance. My preference is shown by **my initials** in the box (s) below.

I have personal medical insurance

I have enrolled in student medical insurance

I decline enrolling in a medical insurance program. I am fully aware of the risk and dangers which may occur during my nursing experience and other activities arranged for me by Grays Harbor College.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of GHC witness

\_\_\_\_\_  
Date

## RELEASE OF INFORMATION

I, \_\_\_\_\_, authorize Grays Harbor College Nursing Program to provide copies of my Criminal Background and/or immunization record to the health care agency to which I am assigned for clinical.

---

Student Signature

---

Date

---

Witness Signature

---

Date

**GRAYS HARBOR COLLEGE NURSING PROGRAM**  
**STUDENT AGREEMENT**

I understand that it is my responsibility to monitor my academic and clinical progress in the Program.

I understand that travel to distant clinical facilities is required by nursing students at Grays Harbor College. I further understand that it is my responsibility to provide my own transportation to clinical facilities.

I have read, understand, and agree to abide by the policies of the Grays Harbor College Nursing Program.

Name \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-mail  
Address \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**GRAYS HARBOR COMMUNITY HOSPITAL**  
**CONFIDENTIALITY OF INFORMATION AGREEMENT**

The provision of health care is a complex endeavor that is highly dependent on information. Grays Harbor Community Hospital recognizes the importance of this information, and acknowledges that **all healthcare information must be handled in a confidential manner**. To assure information is handled appropriately and information security maintained, all individuals employed by and/or associated with Grays Harbor Community Hospital shall uphold hospital policies.

All hospital employees, volunteers, students, interns, locum tenens physicians, medical staff members, medical staff office personnel and contractors who access, encounter, or disclose confidential information will be accountable for managing information in an appropriate manner.

Access/disclosure of healthcare information is appropriate only to the extent of what one “needs to know” to carry out their job responsibilities. All information will be used, reviewed, and/or discussed privately in the appropriate business setting. Failure to do so will be considered a breach of confidentiality.

Confidentiality is breached if you seek information **without** a legitimate business need to know. Examples of breaches of confidentiality include, but are not limited to, the following:

- learn the telephone number, address, or date of birth of a co-worker for personal reasons
- see why a local celebrity was hospitalized
- look up your neighbor’s lab results
- learn the marital status of a co-worker
- review your spouse or other relative’s data, unless you have their permission in writing and have gone through the Medical Records Department following release of information policies
- discuss patient information in the elevator, cafeteria, or any other public place

Information considered confidential shall consist of information about patients; employee health, personnel, and payroll records; Grays Harbor Community Hospital proprietary, financial, and operating data; and/or personal data related to members of the medical staff. This information may be written, spoken, computerized, on paper, or on any other media.

Passwords to computer system accounts **must not be shared**. Each computer account is unique and the owner is responsible for how that account is used. The computer systems maintain account activity logs which will be reviewed for inappropriate access of employee or patient data.

Any breach of confidentiality, misuse of clinical/financial data, or unauthorized release of information shall result in disciplinary action, up to and including termination from employment, termination of contractual arrangements and/or suspension of medical privileges.

**INDIVIDUAL ACKNOWLEDGMENT**

My signature below signifies that I have read and understand the Confidentiality of Information Agreement at Grays Harbor Community Hospital. I have received a copy of the hospital policy on confidentiality, A006. I have had the opportunity to ask questions to clarify my understanding of confidentiality. I agree to adhere to the policy and understand the consequences of violating the policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Dept: \_\_\_\_\_



## **GHPHSSD PRIVACY POLICY ACKNOWLEDGEMENT**

As an employee, volunteer, intern, or contractor of Grays Harbor County Public Health and Social Services Department (GHPHSSD), I understand and agree to follow the Privacy Policies and Procedures. During and following my employment/involvement with GHPHSSD, any information about clients (including staff that is seen as clients) who call this office, who are seen in this office, or who have records in this office must be kept strictly confidential. Information which is gathered or maintained electronically through a computerized data collection system or transmitted electronically must be treated with the same care and respect as "hard copy" information. Information must at no time be discussed outside this office unless the release of the information has been specifically authorized for release as indicated in the Privacy Policies and Procedures.

I agree to the following:

1. To conduct myself in a manner this assures client privacy during discussions that pertain to client access of agency services, specifically:
  - a. All information given by clients regarding their personal or medical status shall be handled in a quiet, private manner;
  - b. All personal and confidential interviews will be conducted, whenever possible, in private rooms with doors closed;
  - c. Any information about clients, past or present, obtained in my role as a staff person with GHPHSSD will not be discussed outside the office except where duly authorized by the policy;
  - d. Information shared with other staff within the Department shall be shared on a need to know basis for purposes of coordination of care or consultation and not in a casual way which does not respect client privacy.
  
2. I further understand that violations of the Privacy Policy and Procedures shall result in disciplinary action up to and including termination of employment, civil action, or criminal prosecution in appropriate cases.

I acknowledge I have read and understand the policy concerning privacy, it has been explained to me, a copy has been provided to me for future reference and if I have any questions, I can ask my Supervisor.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Signature of Manager/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Original to Personnel File/Copy to Employee

**GRAYS HARBOR COUNTY PUBLIC HEALTH & SOCIAL SERVICES DEPT.  
INFORMED CONSENT FORM FOR TRIPS IN COUNTY VEHICLES**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Sex: Male:  Female:  Current age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employed by: \_\_\_\_\_

**IN CASE OF AN EMERGENCY, PLEASE NOTIFY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is this person responsible for you? Yes:  No:  Please explain: \_\_\_\_\_

\_\_\_\_\_

Preferred Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Coverage: \_\_\_\_\_ Policy #: \_\_\_\_\_

**FOR PERSONS UNDER 18 YEARS OF AGE:** In case of illness, accident, or other emergency involving my child, the Department's employees are authorized to act on my behalf if I cannot be contacted.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

**FOR ALL:**

I hereby give my permission for myself or my child, \_\_\_\_\_, to be transported in a County vehicle with appropriate County staff. Your signature gives permission for the following trip:

Destination: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

\_\_\_\_\_  
Signature: (Parent or Guardian must sign if under 18 years of age.) Date:

Original: Director; Copy: employee driver

**FAX the completed form to Anne Sullivan, FAX 249-3805, prior to transport.**



## **CLINICAL PERFORMANCE LABORATORY LEARNING ENVIRONMENT CONTRACT**

Welcome to the exciting realm of Human Patient Simulation in Nursing Education. Students in the GHC SimMan Center have the good fortune of accessing the “Virtual Care Center” for Human Patient Simulation which has been integrated into your education.

### **OUR PROGRAM GOAL:**

To develop well prepared, strongly motivated, confident and competent health care professionals. Human Patient Simulation in a Virtual Care Unit helps us achieve this goal through:

1. Providing immersive experiential learning moments that feel real for the student.
2. Providing a structured setting to reflect on performance.
3. Creating an atmosphere and opportunity to improve.

### **THE ENVIRONMENT:**

#### **1. LAB SPACE:**

The environment includes a very real feeling hospital environment. We have stocked these areas with supplies and ancillary equipment to complete the sense of realism.

#### **2. MANNEQUINS:**

Adult Human Patient Simulators provide real-life experiences. They blink, breathe, bleed, and simulate most physiologic parameters you can think of. They can live, get sick, recover, and possibly even die. They can mimic fear, coma, calm or anxiety. You can talk to them and they will respond and reply. **They are our patients.**

#### **3. ACTORS:**

Based on your learning goals, there often are other people to interact with during the scenario. They may be nurses, lab technicians, doctors, patient relatives or even the patient themselves! One or more of your instructors may be in one of these roles. For the sake of realism and learning, they interact with you only in their assigned character role. (See rule 1 below)

#### **4. Audiovisual Recording:**

You will be recorded, with multiple camera angles, audio tracks, physiological logs and waveforms for review and reflection during the debriefing session. The best learning occurs during these sessions. Recordings will be deleted after debriefing.

**WHAT YOU CAN EXPECT FROM US:**

We endeavor to create an environment that is conducive to learning, reinforces what you do well, identifies gaps in theory or psychomotor skill set, and helps you improve on performance through attaining clear objectives.

We make four basic assumptions<sup>1</sup> about students (that’s you) participating in simulation exercises:

- 1. You are intelligent.
- 2. You are well-trained.
- 3. You care and want to do your best.
- 4. You want to improve.

**WHAT WE ALL MUST DO:**

We must embrace the rules of engagement which are:

**1. KEEP IT REAL.**

- In order for this to work you must suspend disbelief and be willing to pretend. This is as real as it can get without actually being real. Come prepared. The actors, patients and the environment require you to be professional at all times. Professional dress including name tags are required. Bring a stethoscope and any other assessment tools you may need.

**2. RESPECT FOR OTHERS AND YOURSELF.**

- This environment can be hectic and emotionally charged; even afterward during the debriefing sessions. We will set the stage for learning understanding that every situation can be improved upon. We ask that you stay positive, respectful, and engaged.

**3. CONSTRUCTIVE REFLECTION**

- We all make mistakes. This is not a finger pointing session, but rather an opportunity to improve on our individual and team performance. We can all learn through our actions, inactions and interactions. Keep it constructive.

**4. EQUIPMENT CARE AND MAINTENANCE**

- All students will assist with clean up after their scenarios. Sustaining the GHC SimMan Center resource is contingent upon appropriate use of the simulators. A simulator orientation will be provided to all learners. **No food or drink is permitted in the simulator rooms.** Ink pens and/or markers may not be used in the simulator rooms. Marks with these devices permanently mar the simulator’s skin. Students will wear gloves when touching the simulator to avoid marring the skin. Care must be taken to avoid harming or adversely affecting the simulator. Intentional misuse will result in expulsion from the GHC SimMan Center.

<sup>1</sup> Adopted from Simon R, Raemer D, Rudolf J: Comprehensive Course in Medical Simulation, Centre for Medical Simulation, Cambridge MA, 2004

I agree to abide by the rules of engagement as outlined above. \_\_\_\_\_Initial

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## 2017 – 2018 TEXTBOOK LIST

Please note: students may purchase the electronic version of any textbook. To access the information, please visit the publisher’s web page. Please do NOT use older editions of any textbook. Faculty will publish reading assignments in the editions listed below. Textbooks are used throughout the program and are excellent resources for preparing for licensure exams. Do not sell them prematurely.

### FIRST YEAR TEXTBOOKS

#### NURS 161 FALL QUARTER 2017 FIRST YEAR STUDENT TEXTBOOKS

Required Textbook Title	Author	Year	Edition	Publisher	ISBN#
Pharmacology: A Patient-Centered Nursing Process Approach	McCustion, L., DiMaggio, K., Winston, M., & Yeager, J.	2018	9 <sup>th</sup>	Elsevier Saunders <a href="http://us.elsevierhealth.com">http://us.elsevierhealth.com</a>	978-0-323-39916-6
Calculation of Drug Dosages	Ogden & Fluharty	2015	10 <sup>th</sup>	Elsevier Saunders <a href="http://us.elsevierhealth.com">http://us.elsevierhealth.com</a>	978-0-323-31069-7
Saunders 2016-2017 Strategies for Test Success	Silvestri L. & Silvestri A.	2018	5 <sup>th</sup>	Elsevier Saunders <a href="http://us.elsevierhealth.com">http://us.elsevierhealth.com</a>	978-0-323-47960-8
Fundamentals of Nursing	Potter, P., Perry, A., Stockert, P. & Hall, A.	2017	9 <sup>th</sup>	Elsevier Mosby <a href="http://us.elsevierhealth.com">http://us.elsevierhealth.com</a>	978-0-323-32740-4
Guide to Culturally Competent Care	Purnell, L.	2014	3 <sup>rd</sup>	F. A. Davis <a href="http://www.fadavis.com">www.fadavis.com</a>	978-0-8036-3962-1
Clinical Nursing Skills and Techniques	Perry, A. & Potter, P. & Ostendorf, W.	2017	9 <sup>th</sup>	Elsevier Mosby <a href="http://us.elsevierhealth.com">http://us.elsevierhealth.com</a>	978-0-323-40069-5
Nursing Care Plans: Guidelines for Individualizing Client Care Across the Lifespan	Doenges, M.; Moorehouse, M.; & Murr, A	2014	9 <sup>th</sup>	F.A. Davis <a href="http://www.fadavis.com">www.fadavis.com</a>	978-0-8036-3041-3
Davis’s Drug Guide for Nurses	Vallerand, A & Sanoski, C.	2017	15 <sup>th</sup>	F.A. Davis <a href="http://www.fadavis.com">www.fadavis.com</a>	978-0-8036-5705-2
Nurse’s Pocket Guide	Doenges, M; Moorhouse, M; & Murr, A	2016	14 <sup>th</sup>	F.A. Davis <a href="http://www.fadavis.com">www.fadavis.com</a>	978-0-8036-4475-5
Saunders Nursing Guide to Laboratory and Diagnostic Tests	Malarkey, L. & McMorro, Mary Ellen	2012	2 <sup>nd</sup>	Elsevier Saunders <a href="http://us.elsevierhealth.com">http://us.elsevierhealth.com</a>	978-1-4377-2712-8
Psychiatric Mental Health Nursing Concepts of Care in Evidence-Based Practice	Townsend, Mary C.	2015	8 <sup>th</sup>	F.A. Davis <a href="http://www.fadavis.com">www.fadavis.com</a>	978-0-8036-4092-4
Current medical dictionary of your choice					
Supply Kit (Grays Harbor College Bookstore)					

**NURS 162 WINTER QUARTER 2018 FIRST YEAR**

Required Textbook Title	Author	Year	Edition	Publisher	ISBN#
Medical-Surgical Nursing: Patient Centered Collaborative Care	Ignatavicius, D. & Workman, L., Rebar, C.	2018	9 <sup>th</sup>	Elsevier Saunders <a href="http://us.elsevierhealth.com">http://us.elsevierhealth.com</a>	978-0-323-44419-4
Clinical Nursing Judgement Study Guide for Medical-Surgical Nursing	Ignatavicius, D., Conley, P., Lee, A., & Rose, D.	2018	9 <sup>th</sup>	Elsevier Saunders <a href="http://us.elsevierhealth.com">http://us.elsevierhealth.com</a>	978-0-323-46162-7
Saunders Comprehensive Review for the NCLEX-RN Examination	Silvestri, L.	2017	7 <sup>th</sup>	Elsevier Saunders <a href="http://us.elsevierhealth.com">http://us.elsevierhealth.com</a>	978- 0-323-35851-4
Supply Kit (Grays Harbor College Bookstore)					

**NURS 163 SPRING QUARTER 2018 FIRST YEAR**

<b>No New Textbooks</b>					
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**SECOND YEAR TEXTBOOKS****NURS 261 FALL QUARTER 2017 SECOND YEAR**

Required Textbook Title	Author	Year	Edition	Publisher	ISBN#
Prioritization, Delegation, and Assignment: Practice Exercises for the NCLEX Exam	LaCharity, L. & Kumagai, C. & Bartz, B.	2015	3 <sup>rd</sup>	Elsevier Mosby <a href="http://us.elsevierhealth.com">http://us.elsevierhealth.com</a>	978-0-323-11343-4
Maternal-Child Nursing	McKinney, E., James, S., Murray, S & Ashwill, J.	2017	5 <sup>th</sup>	Elsevier Saunders <a href="http://us.elsevierhealth.com">http://us.elsevierhealth.com</a>	978-0-3234-0170-8
Maternal-Child Nursing Study Guide	McKinney, E., James, S., Murray, S., Nelson, K & Ashwill, J.	2017	5 <sup>th</sup>	Elsevier Saunders <a href="http://us.elsevierhealth.com">http://us.elsevierhealth.com</a>	978-0323-47869-4

**NURS 262 WINTER QUARTER 2018 SECOND YEAR**

Required Textbook Title	Author	Year	Edition	Publisher	ISBN#
Essentials of Nursing Leadership and Management	Weiss, S. & Tappen, R.	2014	6 <sup>th</sup>	F. A. Davis <a href="http://www.fadavis.com">www.fadavis.com</a>	978-0-8036-3663-7

**NURS 263 SPRING QUARTER 2018 SECOND YEAR**

<b>No New Textbooks</b>					
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