



Nursing Student

HANDBOOK

2025-2026



Grays Harbor College Nursing Program at Grays Harbor College located at the main campus in Aberdeen, Washington
is accredited by the:

Accreditation Commission for Education in Nursing (ACEN)

3390 Peachtree Road NE, Suite 1400

Atlanta, GA 30326

404-975-5000

www.acenursing.org

The most recent accreditation decision made by the ACEN Board of Commissioners for the Associate nursing program
is Continuing Accreditation.

View the public information disclosed by the ACEN regarding this program at [ACEN](http://www.acenursing.org)



September 18, 2025

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.

Nursing is a dynamic profession. We comprise the largest number of health professionals. In an age of health care reform, the role of the nurse will be more important than ever before. As people in our society ask for comprehensive health services, nursing is assuming an increasingly important and complex role. Nurse professionals are members of inter-disciplinary teams in clinics, hospitals, long-term care, and community settings. Nurse practitioners are filling critical health care needs in both urban and rural settings for portions of the population that do not have adequate health care options. The future possibilities for nurses in the health care field are limitless.

There have been several studies published 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. The Associate in Nursing DTA/MRP aligns nursing students with entry into Washington Universities, easing the pathway of academic progression. Students earning our degree and passing NCLEX will be awarded 45 university credits and enter their BSN program as a true senior and will only need to complete one year to earn their bachelor's degree.

You will hear us talk about patient-centered care, teamwork and collaboration, communication, 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. Finally, we must use information and technology to communicate, manage knowledge, alleviate errors, 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
Associate Dean of Nursing

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**GHC
NURSING DEPARTMENT
STUDENT HANDBOOK
2025-2026**

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.

As expectations for professional registered nurses has evolved and many health care systems are requiring a BSN degree within 5 years of employment, the program began to develop a rigorous direct transfer curriculum that met the requirements of the first three years of that degree.

In 2018, the first students pursuing the new Associate in Nursing DTA/MRP entered the program. This degree is designed to better align ADN nursing students for academic advancement to BSN. Students completing our program and passing the NCLEX will be granted 45 credits and may transfer to many Washington universities as a full senior.

The Grays Harbor College Nursing Program is approved by The Washington State Nursing Quality Assurance Commission. See [Nursing Professions](#)

Grays Harbor College Nursing Program at Grays Harbor College located at the main campus in Aberdeen, Washington is accredited by the:

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The most recent accreditation decision made by the ACEN Board of Commissioners for the Associate nursing program is Continuing Accreditation. View the public information disclosed by the ACEN regarding this program at [Search ACEN Accredited Nursing Programs \(acenursing.com\)](http://www.acenursing.org)

CONTACT INFORMATION

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Nursing Faculty

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Monica Todd, RN, MN, CNE	SIB 4218	360-538-4150	monica.todd@ghc.edu

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.

Nurse Navigator

<u>Name</u>	<u>Office</u>	<u>Telephone</u>	<u>e-mail</u>
Alexis Montoure, RN, MSN	SIB 4237	360-538-4149	alexis.montoure@ghc.edu

Program Coordinator

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Karen Carriker, BA	SIB 4215	360-538-4244	karen.carriker@ghc.edu

Fax Number

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

Admissions and Records	360-538-4027	Library	360-538-4050
Bookstore	360-538-4105	Circulation	360-538-4050
Cashier	360-538-4040	Media Services	360-538-4145
Childcare Center	360-538-4190	Reference	360-538-4054
Student Support Center	360-538-4099	Safety & Security	360-538-4120
Financial Aid	360-538-4081	TRiO	360-538-2537
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 communities by providing high quality education that prepares the learner to become a member of the nursing profession, meeting the needs of diverse populations, in alignment with academic progression.

GHC NURSING PROGRAM PHILOSOPHY

The philosophy of the nursing faculty is in harmony with and supports the mission statement of Grays Harbor College.

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 DTA CURRICULUM

PROGRAM ORGANIZERS

Patient Centered Care

Collaboration & Teamwork

Clinical Judgement & Evidence based Practice

Informatics & Technology

Safety & Quality

Professional 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, 2005-2017 & ACEN, 2017).
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, 2005-2017).
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, 2005-2017).
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, 2005-2017 & ACEN, 2017).
Informatics / Technology	Develop a spirit of inquiry incorporating healthcare informatics and technology used to access, evaluate, and to communicate, manage knowledge, mitigate error, and support decision making for specific purpose. (QSEN Institute, 2005-2017, NLN 2016 & ACEN, 2017).
Professional Identity/ Leadership	Embraces 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. (QSEN Institute, 2005-2017, NLN 2016 & ACEN, 2017)

References:

ACEN (2017). ACEN Accreditation Manual Glossary Retrieved February 13, 2017 From: [ACEN Accreditation Manual Glossary](#)

National League for Nursing [NLN] (2013). Competencies for Graduates of Associate Degree and Diploma Programs Retrieved February 13, 2017 from: [NLN faculty programs competencies](#)

QSEN Institute (2005-2014). Definitions and Pre-Licensure KSAS. Retrieved February 13, 2017, From: [QSEN competencies/pre-licensure-ksas/](#)

Please be aware that Grays Harbor College cannot guarantee that DTA course substitutions will be accepted by all universities in Washington State. Please consult advisors at universities you may wish to attend for their policies or specific degree requirements.

NURSING PROGRAM OUTCOMES ASSOCIATE IN NURSING DTA/MRP

Nursing students will demonstrate Program outcomes in each of the following areas:

Nursing

By the end of the program, the graduate will:

- Demonstrate compassionate, **patient centered care** to patients across the lifespan while integrating patient preferences, values and needs.
- Utilize best **current evidence** to make appropriate and timely **clinical judgment**.
- Provide **quality** care by minimizing risk of harm to patients and utilizing standardized **safe** practices.
- **Collaborate** and **communicate** with patients, their support systems and the health care team members to achieve optimal health outcomes.
- Develop a spirit of inquiry and integrate healthcare **informatics and technology** into practice to communicate, enhance knowledge, decrease errors, and support decision making.
- 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:

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

Quantitative/Symbolic Reasoning

After successfully completing the quantitative skills requirement, students will:

- Apply algebraic, analytic, geometric, or statistical reasoning to solve abstract and applied problems appropriate to an individual discipline
- Interpret mathematical, quantitative, or symbolic models such as formulas, graphs and tables, and draw inferences from them
- Employ basic symbolic or quantitative reasoning to support a position or conclusion

Choice of Ten Credits from Transfer Distribution Areas may result in any combination of the following outcomes:

Humanities

After successfully completing the humanities distribution requirement, students will:

- Demonstrate literal and inferential comprehension.
- Communicate clearly and effectively in appropriate contexts.
- Understand and interpret human achievements in various forms.
- Analyze and synthesize meaning in verbal, visual and/or auditory media.

Social Science

After successfully completing the social science distribution requirement, students will:

- Understand, articulate, and evaluate the similarities and differences between and among various social sciences.
- Understand, articulate, and evaluate how various factors (e.g., social, personal/individual, historical, political, and economic) influence human behavior.
- 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.
- Identify, understand, evaluate, and apply research literature from multiple social science disciplines.

Science

After successfully completing the science distribution requirement, students will:

- Understand the nature of science, including the role of observation in the development of scientific theories and laws.
- Use the languages of science to interpret and communicate scientific information.
- Use scientific knowledge to analyze and evaluate data and solve problems; and
- Obtain and analyze experimental data.

Year One Nursing Program Courses

Associate in Nursing DTA/MRP

Quarter One Fall	Course Description	Cr	Example Topics
NURS 135 Pharm	The student examines the application of nursing process as it relates to pharmacology. Students will review basic math skills necessary for safe dosage calculations; and learn pharmacology principles and legal considerations; 1 lecture hour.	1	Basic Principles Safe Medication Administration Medication Math
NURS 171 Core <i>PSYC 114</i> <i>PHIL 114</i> <i>NUTR 114</i>	Students are introduced to professional nursing roles and responsibilities and basic clinical skills necessary to provide patient centered care. Using the campus lab and selected community settings, students will begin health assessment skills to provide safe care for culturally diverse patients. This course introduces embedded psychosocial, nutritional & ethical healthcare content. 6 lecture hours; 12 clinical hours per week	12	Role of Nurse Basic Care Therapeutic Communication Health Assessment Older Adult Nutrition
Quarter Two			
NURS 137 Pharm	The student continues to examine the application of nursing process as it relates to pharmacology. Students will study of drug actions, adverse effects, and nursing implications of drugs used to treat common health alterations of the immune, cardiac, respiratory, neurological and endocrine systems. Increasingly complex math calculations related to intravenous therapy will be included. 1 lecture hour.	1	Advanced Principles Medication Actions Med. Safety Medication Math
NURS 172 Core <i>PSYC 115</i> <i>PHIL 115</i> <i>NUTR 115</i>	Students build on concepts learned about care of patients across the lifespan. The focus is on providing direct nursing care to diverse patients with common, chronic, and stable health problems in community settings. This course embeds beginning psychosocial, nutritional & ethical concepts. 6 lecture hours; 12 clinical hours per week.	12	Perfusion Endocrine Oxygenation Safety Cognition Nutrition
Quarter Three			
NURS 139 Pharm	Students continue to examine the application of nursing process as it relates to pharmacology. Students will study of drug actions, adverse effects, and nursing implications of drugs used to treat common health alterations of the musculoskeletal and gastrointestinal systems and in the care of children with common health alterations, the childbearing family, and patients with cancer. Increasingly complex math calculations will be included. 1 lecture hour.	1	Parenteral Therapy Medication Administration Interactions Medication and Parenteral Math
NURS 173 Core <i>PSYC 116</i> <i>PHIL 116</i> <i>NUTR 116</i>	Students learn concepts related to the care of individuals across the lifespan experiencing acute common alterations in health within the family and community context. Students use nursing judgment based on current evidence to safely provide quality, patient centered care in a variety of settings. This course builds upon psychosocial, nutritional & ethical concepts. 6 lecture hours; 12 clinical hours per week.	12	Maternal Newborn Inflammation/Imm Care of Children Cancer Mental Health Nutrition
OPTIONAL PVR Spring Professional Vocational Relationships (11-15 hours)	Optional, study course designed for nursing students to fulfill the requirements of the "Law as it relates to nursing practice in Washington State" curriculum for approved nursing education program. This section of the Law requires nursing students interested in practical nursing to examine the legal and regulatory frameworks of practical nursing. This course presents concepts of effective communication, conflict resolution, and teamwork strategies. Students successfully completing this course that can be deemed safe to practice in clinical environments- as attested by nursing program administrator - are qualified to apply for licensure as a practical nurse in Washington State.	0	Cost \$150-- Fin Aid will not pay this cost Community Education Course

Year Two Nursing Program Courses

Associate in Nursing DTA/MRP

Quarter Four Fall	Course Description	Cr	Example Topics
NURS 271 Core <i>PSYC 214</i> <i>NUTR 214</i>	Students learn concepts related to the care of individuals across the lifespan experiencing acute complex alterations in health within the family & community context. Students collaborate with members of the health care team to plan and implement safe quality care in a variety of settings. This course continues to build on psychosocial & nutritional concepts. 6 lecture hours; 12 lab/clinical hours per week.	12	Complex Perfusion High Risk OB Complex Oxygenation Complex Endocrine Complex Nutrition
Quarter Two			
NURS 272 Core <i>PSYC 215</i> <i>PHIL 215</i> <i>NUTR 215</i>	Students will build on the application of complex concepts related to the safe care of diverse patients throughout the lifespan. This will include analysis of nursing practice appropriate for patients with multi system, critically ill and/or emergent conditions. Students will have opportunities to apply learning in various settings such as acute care, critical care and the community. This course continues to build on embedded psychosocial, ethical & nutritional concepts. 6 lecture hours; 12 clinical hours per week.	12	Complex Cognition Emergent Care Quality & Safety Elimination Global Issues in HC Critical Nutrition
Quarter Three			
NURS 273 Core <i>PHIL 216</i>	Students will synthesize concepts using unfolding case studies to focus on leadership, complex ethical situations, and manager of care in a variety of settings and situations. . Students will have the opportunity to develop a study plan for their NCLEX-RN® examination success. Preceptorship is intended to facilitate the student's transition from student role to professional nursing practice. 5 lecture hours; ~21 Clinical Hours per week.	12	Leadership Care Management Community Health Complex Ethics Disasters
Prepare for NCLEX			

End of Program student learning outcomes:

- Demonstrate compassionate, **patient centered care** to patients across the lifespan while integrating patient preferences, values and needs.
- Utilize best **current evidence** to make appropriate and timely **clinical judgments**.
- Provide **quality** care by minimizing risk of harm to patients and utilizing standardized **safe** practices.
- **Collaborate** and **communicate** with patients, their support systems and the health care team to achieve optimal health outcomes.
- Develop a spirit of inquiry and integrate healthcare informatics and technology into practice to communicate, enhance knowledge, decrease errors, and support decision making.
- 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.

GRAYS HARBOR COLLEGE NURSING PROGRAM

CHARACTERISTICS OF THE GRADUATE

Upon graduation from Grays Harbor College Nursing Program			
Competency	First Year Outcomes	Second Year Outcomes	End of Program Outcomes
Patient Centered Care	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.
Clinical Judgement & Evidence based Practice	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
Safety & Quality	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
Collaboration & Teamwork	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 and communicate with patients, their support systems and the health care team to achieve optimal health outcomes.
Informatics & Technology	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.	Develop a spirit of inquiry and integrate healthcare informatics and technology into practice to communicate, enhance knowledge, decrease errors, and support decision making.
Professional Nursing Identity & Leadership	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.

Contributing Source QSEN Institute- The long-range goal of QSEN is to reshape professional identity formation in nursing to include commitment to quality and safety competencies recommended by the Institute of Medicine (IOM). To date, QSEN faculty have defined quality and safety competencies for nursing and proposed targets for the knowledge, skills, and attitudes to be developed in nursing pre-licensure programs for each competency: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics

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 on page 2 or the 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. Program policy changes will be communicated via CANVAS announcements, hard copy and/or in person within two weeks of implementation.

Change in Contact Information

Students who change their name, address, e-mail address, or phone number must report the change to the Nursing Program Coordinator 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 box, located in the Program Coordinator's office, which is to be used to turn in assignments.

CANVAS

All nursing students are required to log on to CANVAS daily 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. (HIPAA)

Participation in Nursing Program Governance

Class representatives will be selected annually in the Fall by 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 and quality. 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 or multiple slide per page. Students may use the printers in the computer lab in the library to print materials for class. *Remember to print only what you need and don't waste paper.*

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 60.

Communication at Clinical Facilities

Although students assume responsibility for their assigned patients while in a 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. In addition, students are held accountable to clinical instructor expectations.

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, compassionate, and professional 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 [NSNA Code of Ethics](#) reviewed 7/25/2022

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 22.

Adopted in April 2020 by the 2019 - 20 NSNA Board of Directors [NSNA Code of Ethics](#)

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.

1. 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.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. 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.
5. 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.
6. 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.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
9. 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.

[Code of Ethics](#)

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 Tool Document* (page 57) 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 accurate 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 admit mistakes and oversights.
- Is forthright with peers, staff, and faculty.
- Selects appropriate responses to patients.
- Always observe 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 and should keep a copy of any changes throughout the year with this handbook. *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, national origin, sex, disability, sexual orientation, creed, religion, marital status, veteran status, genetics, or age in its programs, activities, and employment.

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.

ARTIFICIAL INTELLIGENCE – ETHICAL USE OF AI

Although the emerging technology of AI will change much of the healthcare landscape, using AI tools in a nursing program in place of analysis, verification and self-reflection is considered academic dishonesty. While attending a Nursing program, it is necessary to develop other skills such as critical thinking, assessment and problem solving along with communication, reflection and interpersonal skills.

The [American Nurses Association](#) (ANA) emphasizes caring, compassion, and the nurse-patient relationship as central elements in nursing practice. AI should support and enhance these core values, not compromise them. Nurses must ensure that AI technologies do not diminish human interactions and relationships. AI does not replace a nurse's decision-making, judgment, critical thinking, or assessment skills. Nurses remain accountable for decisions made and actions taken, even when using AI systems. AI should be an adjunct to, not a replacement for, nursing knowledge and skill.

In summary, ethical use of AI in nursing education involves balancing technological advancements with human-centered care and professional values. AI should enhance nursing education without compromising essential core learning such as critical thinking, assessment and problem solving.

ASSESSMENT TECHNOLOGIES INSTITUTE (ATI®) COMPREHENSIVE ASSESSMENT REVIEW PROGRAM (CARP) POLICY

The Grays Harbor College Nursing Program has adopted the use of Assessment Technologies Institute (ATI®) Comprehensive Assessment Review Program (CARP®). CARP® 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® 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.

- One required, quarterly ATI assessment in NURS 173 will equal 2% of a student's course grade.
- Three required, quarterly ATI assessments will equal 6% of a student's course grade in NURS 271, NURS 272 and NURS 273.

TYPES OF TESTS PROVIDED BY ATI®

- GHC Nursing Program ATI Assessment Layout:

NURS 173	Fundamentals Practice A & B	Fundamentals Proctored
NURS 271	Maternal-Newborn Practice A & B	Maternal-Newborn Proctored
	Nutrition Practice A & B	Nutrition Proctored
	Mental Health Practice A & B	Mental Health Proctored
NURS 272	Pharmacology Practice A & B	Pharmacology Proctored
	Pediatric Practice A & B	Pediatric Proctored
	Med-Surg Practice A & B	Med-Surg Proctored
NURS 273	Leadership Practice A & B	Leadership Proctored
	Community Practice A & B	Community Proctored
	Comprehensive Predictor Practice A & B	Comprehensive Proctored

- Learning System RN 3.0: Standard Quizzes (Accessed through Dynamic Quizzing)
- Comprehensive Predictor

NON-PROCTORED ASSESSMENT TESTS AKA PRACTICE ASSESSMENTS

- Non-proctored (practice) assessments A and B will be taken independently, prior to the proctored test (see course calendar).
- Remediation for areas identified in the Focused Review materials must be completed using Active Learning Templates (ALTs, per rubric), to earn the practice assessment points on the rubric- see appropriate grading rubric.
- Students need to identify **three substantial elements** on each ALT.
- ALTs must be completed (per rubric), by the date listed on the course calendar to achieve points.
- Students **will not** be permitted to take the related proctored exam without evidence of successful completion of the non-proctored testing and remediation (ALTs) in the content areas.
- Students are encouraged to use their ATI® books and resources appropriately.

PROCTORED ASSESSMENT TESTS

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

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

- Please see your course calendar for a schedule of Proctored ATI testing.
- Proctored assessment tests are timed with one minute per multiple choice question and two minutes per Next Generation NCLEX (NGN) 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 disciplinary points as appropriate, per the Program Attendance, Participation, and Performance Tool.**
- All students must remediate using their Focused Reviews. These reviews are individualized, by ATI®, based upon the questions the student missed during the practiced and proctored exam. Levels of achievement are determined annually by ATI® and will appear on the student's performance profile at the end of the exam or on ATI's RN Content Mastery Series, Proficiency Levels: ATI Recommended Cut Scores.

Learning System RN 3.0: Standard Quizzes

- 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 90% or above passing predictability on this assessment.
- **All students must remediate areas identified on their Focused Review-and students scoring lower than 90% probability to pass are required to retake the proctored test to be placed on the program Completer's List.**

ATI CONTENT MASTERY SERIES: GRADING RUBRIC

PRACTICE ASSESSMENT (4 points)			
Complete Practice Assessment A		Complete Practice Assessment B	
REMEDIATION: Same as Standardized Proctored Assessment (below)			
STANDARDIZED PROCTORED ASSESSMENT			
Level 3 (4 points)	Level 2 (3 points)	Level 1 (1 point)	Below Level 1 (0 points)
Remediation (2 points): 1. Minimum 1-hour Focused Review* 2. Complete Post Study Quiz & Review Quiz.	Remediation (2 points): 1. Minimum 2-hour Focused Review* 2. Complete Post Study Quiz & Review Quiz. 3. Using the Focused Review provided, complete 5 active learning templates (ALTs)**	Remediation (2 points): 1. Minimum 3-hour Focused Review* 2. Complete Post Study Quiz & Review Quiz. 3. Using the Focused Review provided, complete 10 active learning templates (ALTs)**	Remediation (2 points): 1. Minimum 4-hour Focused Review* 2. Complete Post Study Quiz & Review Quiz. 3. Using the Focused Review provided, complete 15 active learning templates (ALTs)** 4. For the Proctored Exam ONLY: Complete Learning System RN 3.0: Standard Quiz that is associated with the unit.
10/10 points	9/10 points	7/10 points	6/10 points
Proctored Assessment Retake***			
No retake required	No retake required	Retake required	Retake required

* Each student's Focused Review materials are created based upon the questions the student missed.

**ALTs are required to contain 3 substantial elements each.

*** The program requires a retake of a Proctored Assessment and if a student meets the program benchmark on the retake, that student can earn an additional point (for example, a Level 1 student can now earn 8 points).

COMPREHENSIVE PREDICTOR: GRADING RUBRIC

PRACTICE ASSESSMENT (4 points)			
Complete Practice Assessment A		Complete Practice Assessment B	
REMEDATION: Same as Standardized Proctored Assessment (below)			
STANDARDIZED PROCTORED ASSESSMENT			
95% or above Passing predictability = 4 points	90% or above Passing predictability = 3 points	85% or above Passing predictability = 1 point	84% or below Passing predictability = 0 points
Remediation (2 points): 1. Minimum 1-hour Focused Review* 2. Complete Post Study Quiz & Review Quiz.	Remediation (2 points): 1. Minimum 2-hour Focused Review* 2. Complete Post Study Quiz & Review Quiz. 3. Using the Focused Review provided, complete 5 active learning templates (ALTs)**	Remediation (2 points): 1. Minimum 3-hour Focused Review* 2. Complete Post Study Quiz & Review Quiz. 3. Using the Focused Review provided, complete 10 active learning templates (ALTs)**	Remediation (2 points): 1. Minimum 4-hour Focused Review* 2. Complete Post Study Quiz & Review Quiz. 3. Using the Focused Review provided, complete 15 active learning templates (ALTs)** 4. For the Proctored Exam <i>ONLY</i> : Complete Learning System RN 3.0: Standard Quiz- Comprehensive Final (150 questions).
10/10 points	9/10 points	7/10 points	6/10 points
Proctored Assessment Retake***			
No retake required	No retake required	Retake required	Retake required

* Each student's Focused Review materials are created based upon the questions the student missed.

**ALTs are required to contain 3 substantial elements each

*** The program requires a retake of a Proctored Assessment and if a student meets the program benchmark on the retake, that student can earn an additional point (for example, a student that earned between 85%-89.9%, can now earn 8 points).

GLOSSARY OF ATI® TERMINOLOGY

- **Substantial Elements:** Includes a paraphrase with at least 2 sentences per element, for a total of 6 sentences per ALT (no copy/pasting).
- **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: [NCSBN.org](https://www.ncsbn.org)
- **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®. Each test is worth 2% and up to a total of 6% in NURS 271, NURS 272 and NURS 273.
- **Non-proctored, On-line Practice Assessment Test A and B** – online 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** – all students will be required to remediate. Each student’s Focused Review materials are individualized based upon the questions the student missed. Using the Focused Review provided, students will complete the specified number of active learning templates (ALTs) based on their learning gaps, per rubric. ALTs need to identify three substantial elements on each.
 - ALTs must be completed **by the date listed on the course calendar** to achieve points. (See rubric).
 - Students scoring Level One or Below Level One, or 84% and below on Comprehensive Predictor, must take a proctored retake on the date scheduled on the course calendar.
 - All students must remediate following a Proctored Exam. Students failing to complete remediation and take the proctored retests by the end of the quarter will receive an *incomplete* for the course.
 - If students retaking the Proctored Assessment meet the Level 2 benchmark or 85% or more on Comprehensive Predictor, they will earn an additional ATI point (See rubric).
 - All components of the ATI process must be complete by the end of the current quarter, if not an Incomplete will be noted on your transcript, and you will be unable to continue through 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 [ATI testing](#).
- **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 a high correlation between attendance and academic success. Therefore, students are strongly encouraged to attend all learning experiences. Attendance is reflective of the student's understanding of the professional role.

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. The Nursing Lab is closed to students *while theory class is in session*.

CLINICAL - Attendance is **required at all scheduled campus and clinical labs, in-rotation, & out-rotations**. 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 miss a clinical day will be required to complete a complex 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 a formal request for an exception that details the circumstances to the Associate Dean of Nursing within **two days**.

Students are expected to be on time and 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 with 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 an infectious disease. This will be counted as an absence. **Unexcused absences are unacceptable**; one occurrence may result in the student's dismissal 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, to include smart phones, ear buds, smart glasses and watches. Failure to comply with this policy may result in serious disciplinary action or dismissal from the nursing program.

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 [GHC 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 office and your current clinical instructor have your current phone number.

CELLULAR PHONE USE

Cell Phones are not to be used in the classroom or in the clinical setting, kindly silence and place on Airplane mode before class or clinical.

CHILDREN/ANIMALS IN NURSING LABORATORY AND CLASSROOMS

Children are not allowed in classrooms, campus labs, 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.*

Animals are not allowed in the Nursing lab, simulation, or clinical facilities.

DUE PROCESS: 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 Associate Dean.

STEP 1 IS A DISCUSSION with the Associate 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 Associate 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 Associate 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 Dean of Workforce. She/He may amend, modify, reverse, or accept the recommendations of the Associate Dean of Nursing. See the GHC Student Handbook available at [GHC 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 “F” 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 Associate Dean 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, personal needs, 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. Academic failure results in retaking both NURS and PHARM courses, as they are integral to student’s success in context and math. 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 page 57).

Performance Expectations- Any student that acquires points for any reason will be tracked by faculty. If students acquire 5 or more points during one quarter, then, the student will be required to meet with clinical faculty and assist with the development of a Professional Improvement Plan (PIP). If a student has reached 9 points during a quarter, rather than failure, the Associate Dean has the **option** to place students on a Final Plan of Correction Contract. This will allow students a final opportunity to correct their recognized pattern of issues or behaviors. This contract has clear and definitive terms outlining expectations and consequences. If SN is on a Final Plan of Correction Contract and gets even one more point in the current quarter, they will fail clinical.

If a student is on Final Plan of Correction Contract, and does not get any more points in the current quarter, the contract will go in “remission”. However, if the student that has been placed on a Final Plan of Correction Contract previously and gets any points in the following quarter (even one point), the terms of the Final Plan of Correction Contract will be reinstituted, and any additional points result in failure of clinical. If the Final Plan of Correction Contract is in remission and the student does not get any points for two consecutive quarters, the contract becomes null and void, but the contract will remain in the students’ records along with permanent points given.

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

The student must send a letter to the Nursing Program Associate 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, returning at the beginning of the quarter in which they exited. 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, unethical and/or unsafe behavior will be assessed and re-admitted on a case-by-case basis and may or may not be allowed to re-enter the program. 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 and importance of the work.

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 and must be non-revealing. White tops must be solid color without pattern or textures. White colored undergarments are to be worn under the white scrub top. Long-sleeved shirts worn under the scrub top must be white in color.

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

- **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 and must be non-revealing. Navy blue tops must be solid color without pattern or textures. Long-sleeved shirts worn under the scrub top must be white or navy in color.

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

OTHER UNIFORM REQUIREMENTS:

- Uniforms only in a scheduled lab/clinical on campus.
- Uniforms and professional business attire are intact, clean and wrinkle free.
- A watch with the capacity to count seconds 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 are white; socks are white or navy blue; hosiery is white or light colored.
- Official GHC nursing student name badge is worn at all times (picture ID).
- Professional business attire along with name badge 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 must follow program and clinical facility dress code policies.

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 1/8th inch above the fingertip, clean, and well groomed. Polish on fingernails not allowed. Acrylic or other artificial nails are unacceptable.
- Odors such as cigarette smoke or perfume that is offensive to others may result in the student being sent home. Students must not smoke or vape when wearing the uniform.
- Jewelry is limited, unless prescribed by a healthcare professional, to one pair of *small earrings* in the earlobe and one ring or ring set. Gauges must be neutral colored or clear. Any Medical piercings need to have a doctor's note to be approved in the Nursing Program.
- 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 may be required of all employees at some clinical facilities, including visiting students and faculty. The requirement of a drug screen will be communicated to students prior to attending any clinical site mandating this requirement. ***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 at the facility. 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. Drinks must be covered. Failure to keep the environment clean will result in the loss of this privilege. Food may not be stored in the classroom. Food and drinks are ***not allowed*** in the skills lab at any time or during classroom computer 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 and scholarly papers comprise 100% of the unit grade in NURS 171 & NURS 172. Thereafter, the ATI Remediation process will contribute up to 6% of the course grade, see ATI remediation policy on page 20. Homework, attendance or any other points available in a unit of study will be awarded only after the student achieves 80% on the unit grade. The maximum grade that can be earned for a unit of study is 100%.

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. Unexpected emergencies may delay the posting of grades.

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

- 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.
- Passing grade in clinical in order to progress to the next quarter of the program. Must also pass Math test at 90% or remediate with two attempts to achieve 100%.
- Failure in clinical will result in a maximum grade of **C-** (failure) for the course. Failure for Unprofessional behavior will result in an "F" and limit options to return to the Nursing Program, see page 57 for Program Attendance, Participation, and Performance Tool.
- Active class participation.
- 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 Zero (0) from assignments turned in late.

- Assigned homework, papers and other projects are required to be completed and turned in to the instructor. Failure to complete and turn in assigned work will result in a grade of *incomplete* for the course. Multiple late assignments per quarter may result in permanent points assigned.
- Grades of *incomplete* must be resolved before the next quarter starts to continue in the program.
- The theory grade for the quarter is an average of the unit grades, paper, applicable ATI performance, and final exam grades.

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. Online testing must start on time. If an exam is missed without contacting faculty in advance, it may result in a test score of Zero (0), penalties or professional points. Students need to be logged on and signed into the testing platform at the start of regular class time unless directed otherwise.
- If arriving late to test or missing test dates and a pattern is established, faculty may apply deductions 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 may result in a warning. The second time a student is late for a test may result in a 5% reduction. The third time a student is late for a test may result in a grade of Zero (0) %. These or additional occurrences will result in further disciplinary action if a pattern is established.
- All other electronic devices (phones, smart watches, tablets, etc.) must be turned off and stored in your bag prior to exam start. Only approved electronic devices may remain on the desk surface.
- Bags and all other personal items will be stored at the back or front of the classroom.
- When approved, students using personal devices for testing students are not allowed to:
 - Click outside of the testing area
 - Screenshot during test or test review
 - Record screen while testing or in test review
 - Utilize any method/software that would capture testing screens or data

These will be considered breaches of test security and considered academic dishonesty which will be dealt with seriously. This behavior may result in a zero on the test and/or up to program dismissal.

- Once the exam begins you may not leave the room. Take care of personal needs prior to the start of the test.
- Do not talk with others during exams.
- Raise your hand and wait for the instructor if you have questions.
- When students leave the room after their testing is finished, they may not return until testing is completed for all students. Students in the hallway must not be disruptive to test takers.
- When testing on laptops, leave the computer on the table until everyone has finished testing.
- If a calculator is necessary, you may only use a standard calculator. No phones, scientific calculators, or other electronic equipment may be used during an examination unless authorized by AccessAbility Services.
- 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.
- Students found in non-compliance with any testing conduct requirement will be subjected to professional points and will receive a Zero (0) on the test.
- 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 Zero (0) for take home exams turned in late.

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 warning. The second missed test will receive a 5% reduction. The third missed test will result in a grade of Zero (0) %. The 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 2nd 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 & Clinical Nursing Student Contract." (Page 56)
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
 - AccessAbility 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 within a reasonable time frame. 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. Skills checklist will be placed in the student file at the end of each quarter.

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 seven (7) years after the student passes NCLEX-RN and becomes licensed. Electronic records about immunizations, insurance, CPR, and criminal background are maintained online via Castlebranch and any hard copy document is returned to the students after uploading.
- **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 57). 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 Associate Dean of Nursing to complete a Professional Performance Improvement Plan and submit the signed Professional Performance Improvement Plan *within 7 calendar days* of the occurrence. The student who accumulates **9 or more points** may receive an "F" in the nursing course or be placed on a Final Plan of Correction Contract (FPCC). 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 (CAT), 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 use of ADDD and safe 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 orientation, disability, medical condition, or setting.

REASONABLE ACCOMMODATIONS FOR DISABILITIES - The student who discloses a disability and requests accommodation is asked to provide documentation to the AccessAbility Coordinator. Please contact AccessAbility Services at 360-538-4099 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 or drug diversion
- 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 Administrator, 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 as 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 –

Guidelines and Definitions (WAC 246.840.010) - 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. 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/text 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 at the emergency department of the closest hospital. If on campus, dial "911", then call 360-532-9020 to inform college of incident.
- 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 Associate Dean of Nursing.

The nursing instructor will notify the Nursing Program Administrator on the day of the incident and will provide written documentation, in narrative form, within 24 hours. The Nursing Program Administrator 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 Nursing Administrator 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 FERPA release form (page 60) 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 in Nursing DTA/MRP 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 third quarter of the program, are deemed safe in clinical, and take the optional PVR/LPN 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 Board of Nursing (WABON) to provide education and training, which qualifies graduates to take a state licensing examination. In addition to completing a nursing education program, the WABON 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 WABON 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 WABON 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 and reference the [DSHS List of Disqualifying Crimes and Negative Actions](#).

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 Board of Nursing (WABON) to become licensed in this state and/or Multistate License (MSL).

Application forms and instructions are available at [Department of Health Licenses Permits and Certificates](#) . You must also apply to take the licensure exam (NCLEX-PN or RN) either online at the [NCSBN.org](#) , by phone, or by mail. It is your responsibility to authorize an official Grays Harbor College transcript to be sent to WABON as directed in the application. Please note: transcripts sent to the WABON must show the degree or certificate earned. The petition to graduate cues Admissions and Records to record the degree/certificate on the transcript. 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 [NCSBN.org](#).

****BOARD OF NURSING PROFESSIONAL LICENSURE REQUIREMENTS**** (Updated July 2024)

In accordance with U.S. Department of Education Regulation 34 CFR 668.43 (a) (5) (v), the Associate nursing program at Grays Harbor College meets the state education requirements for a registered nursing license in the state of Washington. Washington state now offers a [multistate license](#) for individual's hoping to practice in other states. Please see the link for more information. Grays Harbor College has not determined if the Associate nursing program at Grays Harbor College meets the state education requirements in any other state or any U.S. Territory. Contact the state regulatory agency for nursing in any other state for which this information is needed. The National Council of State Boards of Nursing (NCSBN) has resources that may be helpful.

- Link to every [Nursing Practice Act](#).
- Link to [FAQs](#) regarding the impact of 34 CFR 668.43 on nursing programs.
- Link to the [webpage](#) of every State Regulatory Agency for Nursing.

RESPONSIBILITY OF NURSING PROGRAM UPON GRADUATION. The Associate Dean of Nursing is responsible to send a Certification of Completion form to the WABON. 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 WABON 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 honors 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 50 for Guidelines for Planning Pinning.

HEALTH HISTORY

It is the student's responsibility to advise the Associate 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 Associate 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 AccessAbility Services at 538-4143 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 Administrator 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. Any dismissal for unprofessional, unethical or unsafe behavior may not be allowed to re-enter the program depending on the severity of the circumstances. 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.

MATH COMPETENCY POLICY

Nursing students, quantitative skills will be evaluated each quarter. Math content will be presented in classroom and/or lab settings and students will have opportunities to practice similar math problems. Students will have quarterly Math tests and they must achieve 90% on the first attempt or math remediation will be required. Students will have two attempts to remediate and must achieve 100% to meet the outcome. First attempt at remediation will be in the classroom, the second remediation attempt will be simulated in the Nursing lab. Remediation testing will be no more than seven days apart and remediation tests will use the same formulas, but different calculations.

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.
- Full uniform is required attire, including nametag.
- 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.
- 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 pillowcase/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 32)

- 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, fluids, and invasive equipment, including needles, tubes, & syringes are unsafe for human use or consumption.**
- Faculty members are required to log out any equipment removed from the lab for use in another learning facility. The log will be kept at the Program Coordinator's desk.

GUIDED LAB DEFINITION. Guided labs are for the student's deliberate practice of skills. Faculty observe and give formative verbal feedback to the students after they have demonstrated a skill.

COMPETENCY LAB CHECK DEFINITION. These checks are to verify proficiency in the skill that was reinforced during the previous guided lab. Competency checks are a summative assessment with a clinical grade of E (exceeds), M (meets), or U (unmet). (95-100% = E. 80-90% = M, below 80% or missed critical (bolded) elements = U.

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 ADVOCACY CAMP

During NURS 272, students may be required to attend an event in Olympia to experience the power of the political process. This statewide event sponsored by WSNA is attended by most nursing schools; the additional cost is \$30 per student and includes lunch.

NURSING LIBRARY COLLECTION MAINTENANCE POLICY

In collaboration with the library, the Nursing Program maintains a library collection policy to assure that materials available to nursing students are current per the Nursing Library Collection Maintenance Policy. See Nursing Faculty Handbook for full policy.

NURSING TECHNICIAN

After completion of Nursing 171, 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. Thirty days after graduation from an approved program; or
 - c. Sixty days after graduation if the student has received a determination from the secretary that there is good cause to continue the registration period.
 - d. Current enrollment will not be construed to include:
 - i. Leaves of absence or withdrawal, temporary or permanent, from the Nursing educational program.
 - ii. Students who are awaiting the opportunity to re-enroll in Nursing courses.
- (AIDs education requirement repealed per advisory from Nursing Commission dated June 10, 2020)

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

The nursing technician is authorized only to perform specific nursing functions within the limits of their education, up to their skills and knowledge, as verified by their nursing program. The nursing technician:

- (1) May function only under the direct supervision of a registered nurse who has agreed to act as supervisor and is immediately available.
- (2) May gather information about patients and administer care to patients.
- (3) May not assume ongoing responsibility for assessments, planning, implementation, or evaluation of the care of patients. The nursing technician may participate in all aspects of the nursing care process under the guidance of the registered nurse and within the scope of the nursing technician's education.
- (4) May never function independently, act as a supervisor, or delegate tasks to licensed practical nurses, nursing assistants, or unlicensed personnel.
- (5) May not administer chemotherapy, blood or blood products, intravenous medications, scheduled drugs, nor carry out procedures on central lines.
- (6) May not perform any task or function that does not appear on the verification sent to the nursing technician's employer by the nursing program in which the nursing technician is enrolled. This document verifies that the nursing technician has demonstrated the ability and is safe to perform these tasks and functions. If the nursing technician is requested to perform any task not verified by the nursing program, the nursing technician must inform their supervisor that the task or function is not within their scope and must not perform the task.

There shall be written documentation from the Nursing education program attesting to the Nursing technician's safety and preparation in the procedures of medication administration. (Revised 8/2020). Forms for the role of Nurse Technician can be found on the GHC Nursing [webpage](#).

NURSING STUDENT WORK COLLECTION POLICY

To assist with data collection and interpretation in relation to achieving accreditation standards, samples of student work may be kept and stored for one accreditation cycle. This student work will be used for purposes related to accreditation verification, quality improvements, tracking trends, and facilitating identified program/curriculum changes.

Student work may be chosen by random or specific methods. Examples of student work that may be collected include, but are not limited to:

- Scholarly paper
- Clinical prep work
- CATs
- ATI Active Learning templates
- Class exams
- Math tests
- Competency checks
- Reflections
- Case studies
- Discussion board posts

NURSING CLASSROOM PRINTER POLICY

The classroom printer is a secondary resource for students and is only available when faculty are present. Please note the following guidelines:

1. **Faculty Availability:** The printer will only be accessible when faculty are available in the classroom. Faculty are not obligated to come to the classroom solely to enable printing.
2. **Priority Use:** This printer serves as a backup resource. Students are encouraged to prioritize using printers in the library, student services building, or computer lab.
3. **Classroom Time:** Printing must not interfere with classroom activities. Ensure that printing tasks are completed outside of scheduled class times.
4. **Printing Limitations:**
 - Limit print jobs to **10 pages or less**.
 - When printing classroom PowerPoint slides, select the **six (6) slides per page** layout to conserve paper and ink.
5. **Sustainable Use:** Proper and considerate use of this resource will ensure its continued availability for all students. The printer's paper capacity is limited, so please use it responsibly.

By following these guidelines, we can maintain equitable and sustainable access to the classroom printer.

PREGNANCY SAFETY POLICY

The student is responsible to:

1. Advise the instructors and Nursing Program Associate 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. In addition, the student must sign the pregnancy counseling form, the pregnancy declaration form, and the accommodation form and turn into the Associate Dean or designee. Forms are found on page 62. 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, including the Pharmacology courses.

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 Associate Dean of Nursing 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 Associate Dean of Nursing. See “Grievance Process” on page 22.

RISKS AND HAZARDS

Persons interested in a career in nursing need to be aware of potential hazards and risks inherent in the field. Nurses, including nursing students in clinical placements, work in many different environments, some of which are hazardous. Nurses and their clients are exposed to infectious diseases, radiation, hazardous equipment, and environments in which accidents occur. During the course of the nursing program, nursing students learn strategies to achieve the National Patient Safety Goals for minimizing safety hazards and preventing injury. Nurses are not only responsible for their own safety but also for the safety of their clients. Failure to apply the principles of safety may result in serious and/or potentially life-threatening injury to the nurse, the client, or other persons. Nursing students are held to the same standard as nurses. Safety violations that cause actual or potential harm to clients, self or others may result in immediate dismissal from the nursing program.

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 and practice experiences, 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 Board of Nursing (WABON), the Nursing Program will complete documentation of student medication errors and alleged diversion of drugs and report these errors to the WABON 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 WABON.

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](#)" -[Just Culture Toolkit-pdf \(ashp.org\)](#))

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.
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.

SCOPE OF PRACTICE DECISION TREE

The scope of practice decision tree is a tool designed to assist nurses, nursing students, employers, and policy makers in determining the responsibilities a nurse can safely perform. The scope of practice decision tree's intended use is to complement professional judgment rather than deliver definitive answers to complex and evolving situations. The scope of practice decision tree encourages individual accountability in practice decisions, communicating nursing scope of practice to health care professionals and students, and promotes safe nursing practices. See [Scope of Practice decision tree](#) on page 49.

STUDENTS RECORDS RETENTION POLICY

Each student currently in the nursing program shall have an **Active Academic File**. This file shall be maintained and stored by the Nursing department Program Assistant. Records will be retained for 7 years. Each file shall include:

- Nursing Application
- Letters of Acceptance
- Proof of CNA or proof of passing state exam
- TEAS test results
- Student Clinical Competency Appraisal Tool – Quarterly
- Practicum Preceptor Agreements
- Academic correspondence/At Risk, Program Attendance, Participation and Performance Tool, Professional Improvement Plans (early warning/retention notices)
- Student Handbook forms - Annually

Active Confidential records such as CPR Card, Immunizations, Criminal Background check, and Proof of Insurance will be maintained at Castlebranch.com. HIPAA completion certificate will be maintained at CPNW.org.

SIMULATION AND CLINICAL POLICY

The Grays Harbor College Nursing Program uses simulation as a substitute for traditional clinical experiences, as approved by the Nursing Care Quality Assurance Commission, not to exceed fifty percent of its clinical hours for a particular course. This policy is based on **WAC 246-840-534**.

1. The nursing program has an organizing framework providing adequate fiscal, human, technological and material resources to support the simulation activities. Nursing education has a budget sustaining simulation activities and training of the faculty. The nursing education program has appropriate facilities,

educational and technological resources and equipment to meet the intended objectives of the simulation.

2. The nursing program integrates simulation into the curriculum in every clinical course and plans to maintain simulation experiences into the future. Faculty work collaboratively to design simulation scenarios/experiences based on student learning outcomes and assure the simulation activities are linked to the program outcomes. Faculty organize clinical and practice experiences based on the educational preparation and skill level of the student.
3. Simulation activities are managed by individuals who are academically and experientially qualified and who demonstrate currency and competency in the use of simulation. The simulation program is managed by a simulation certified faculty member.
4. All faculty involved in simulations, both didactic and clinical, have training in the use of simulation and engage in ongoing professional development in the use of simulation. All nursing faculty are oriented to the simulation pedagogy/technique and become familiar with simulation facilities, high fidelity equipment and other educational and technological resources.
5. Qualified simulation faculty supervise and evaluate student clinical and practice experiences. Faculty to student ratios in the simulation lab must be in the same ratio as identified in WAC [246-840-532](#) for clinical learning experiences.
6. Debriefing occurs following every simulation experience and is led by a qualified facilitator. Research indicates that debriefing is where most learning occurs in simulation experiences. The debriefing facilitator encourages reflective thinking and provides feedback regarding the participant's performance. The faculty have adopted the Delta/Plus debriefing technique. In this technique the Plus explores what worked well and the Delta explores what the student or faculty would change. Faculty facilitate student reflection and analysis of their actions. Faculty also facilitate identification and review of lessons learned during the simulation activity.
7. The faculty and students evaluate simulation experiences via the quarterly clinical evaluation. Students also complete a self-evaluation of learning outcomes after each simulation. Students also evaluate simulation experiences as part of the quarterly course evaluation surveys on an ongoing basis.
8. Students are expected to engage in simulation as they would any clinical experience. Students are expected to prep for their patient experience prior to simulation, and to arrive in their scrub uniform ready to participate.

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 (example: Facebook, Instagram, Twitter, etc.), 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 networks.

SMOKING POLICY

Students must not smoke or vape while wearing the nursing student uniform. Uniforms must remain odor free at all times. 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. Harbor Regional Health Community Hospital does not allow students or faculty to park near the hospital. The hospital shuttle bus will transport from Olympic Stadium to the hospital and vice versa. Clinical instructors will orient their groups to the details regarding facility parking. Failure to follow these instructions will result in assignment of professional points.

RESTRICTIONS DUE TO ILLNESS

It is the policy of GHC Nursing and NAC programs to instill in students the importance of honestly reporting all infectious/communicable diseases and conditions to their faculty and/or Associate Dean that could put the health of fellow students, GHC staff and faculty, and clinical partner agency patients and staff at risk. Students who report infectious/communicable diseases and conditions to their faculty to assess their ability to attend program activities. Students with known or suspected communicable disease will not be released to attend program activities until program faculty and Associate Dean and/or the Grays Harbor County Health Department determines the student is safe to do so.

Students with confirmed or suspected acute respiratory infections and/or symptoms must contact their faculty and/or Associate Dean and refrain from attending on-campus or off-campus program activities such as clinical rotations.

- Symptoms including: fever of 100.4° F or greater OR any one of the following: cough, sore throat, headache, body aches, runny nose, nausea, vomiting, and/or diarrhea. Excessive nasal or throat secretions (coughs) that cannot be adequately covered.
- If symptoms are identified upon arrival to campus or clinical site, the student will be sent home and should contact their healthcare provider.
- If symptoms develop while on campus or at a clinical site, the student must notify their faculty and immediately leave the facility. Faculty will notify the appropriate staff on-campus or at the clinical site. The student should contact their healthcare provider.
- Students diagnosed with Pertussis must stay home for twenty-one days from the onset of rhinitis or acute cough or until 5 days after the start of effective antimicrobial therapy.

Students are encouraged to be evaluated by their healthcare provider prior to returning to on-campus activities or clinical rotations. Students with influenza-like symptoms may return to on-campus activities and/or clinical rotations when afebrile for 24 hours without the use of fever reducing medications and cough can be adequately controlled and covered, unless COVID or COVID-like illness is suspected. Students with suspected COVID should get tested as soon as possible.

STUDENT SERVICES AND ORGANIZATIONS

STUDENT SERVICES 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. 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

ACCESS ABILITY 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 Access Ability Services at 360-538-4143 or email: accessibility@ghc.edu. 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 TulaIW building (3000), room 3261. 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 Foundation Office.

LIBRARY

The library staff is available to assist the student in finding 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, [GHC library](#).

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 or online. 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/HR Office. For further information on these and other services, refer to the current Grays Harbor College Catalog.

STUDENT NURSES' ASSOCIATION OF GRAYS HARBOR COLLEGE

The Student Nurses' Association is the official student nursing organization at Grays Harbor College. All nursing students are encouraged to be "active" members of the SNA. Information about meetings and activities are posted on the bulletin board located outside the classrooms and on CANVAS.

THE PURPOSE OF THIS ASSOCIATION IS:

- To assume responsibility for contributing to nursing education in order to provide the highest quality health care.
- To provide programs representative of fundamental and current professional interests 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.
- TB Test/PPD: - **Students are required to have either a 2-step PPD** (Two skin tests 1-3 weeks apart. The standard for reading PPDs is to record the result in mm's), **QuantIFERON serum test or Chest X-ray with report upon admission**. Annual symptoms check thereafter.
- 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 2nd and 3rd 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.
 - COVID Vaccine-
 - You are required to be fully vaccinated prior to entering clinicals. Approved Medical and Religious exemptions are accepted by the program, however, students with COVID vaccine exemptions are at risk for clinical access denial by facilities resulting in failure of clinical and dismissal from the program.

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

Tuberculin (TB)

- 2-step PPD (reported in MM) **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 History of BCG vaccination → 2-Step TB Test or QFT – Note: Individuals who have previously received the BCG vaccine may potentially show a false positive with Tuberculosis Skin Testing (PPD). In these instances, it is encouraged that users complete a TB Interferon-Gamma Release Assay (IGRA) for more accurate results.

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.

COVID-19

- Proof of vaccination
- Approved Medical and Religious waivers accepted. However, students with COVID vaccine exemptions are at risk for clinical access denial resulting in failure of clinical dismissal from the program.
- Students with exemptions will be required to follow accommodations at all times and *must obtain a waiver from facilities requiring them, i.e., Mary Bridge.*

CPR

- **Basic Life Support** provider (adult, infant, child, AED) American Heart Association only

SUBMITTED EVERY YEAR

TB Symptom Check

- Submit annual symptom check form if required

Background Checks (Upon admission and every year)

- National Criminal Background Check covering WA State – Castlebranch.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 (must obtain a waiver from facilities requiring them, i.e., Mary Bridge)*

Insurance

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

Nursing Program Specific

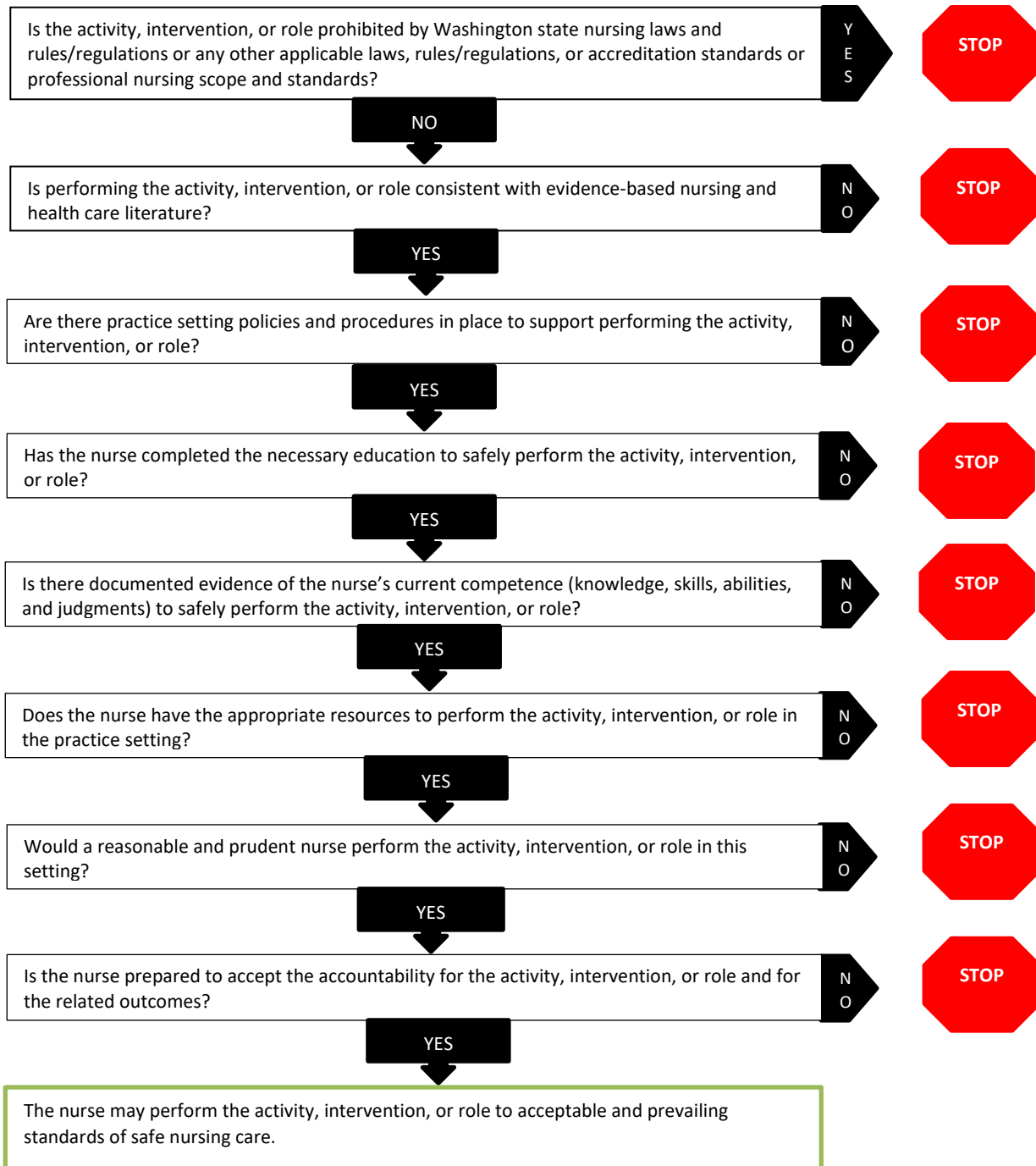
- Personal Health Insurance – low cost plan information available upon request
- Drug Screening – 5 panel drug screen – *as required by some clinical sites*

CLINICAL PLACEMENTS NORTHWEST (CPNW)

More information will be forthcoming

Scope of Practice Decision Tree

Identify, describe, or clarify the activity, intervention, or role under consideration



Used with Permission from National Council State Boards of Nursing: Scope of Nursing Practice Decision-Making Framework, Journal of Nursing Regulation, Volume 7, Issue 3, October 2016.

Chapter 18.79 RCW Nursing Care • Standards of Nursing Conduct or Practice WAC 246-840-700

Contact Us: NursingPracticeConsultation.ncqac@doh.wa.gov or 360-236-4725 DOH 669-305 March, 3 2017

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 on a **Friday** 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 1st.
- _____ 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 and ask for approval from Associate Dean Nursing.**
- _____ 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 online.
- _____ The reception may be scheduled in the Bishop Center lobby. A Facility Use Application must be submitted to reserve the space.
- _____ 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 Minuteman Press (formerly Dunsires) located at 122 W. Wishkah St, Aberdeen – 360-532-8791.

- _____ Assign nursing instructors for various roles
 - Welcome honored guests
 - Talk about the traditions of pinning and candle lighting
 - Read graduate names (Nursing Program Associate 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.

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 a 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 53-54 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. The faculty will be tracking students’ progress in improving their writing by reviewing previously graded papers.

RUBRIC/CRITERIA FOR NURSING SCHOLARLY PAPERS

Criteria and qualities	Poor (0- 4 points)	Good (5 – 8 points)	Excellent (9 - 10 points)	Multiplier	Points
Introducing the idea: Problem statement <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 report.	x 1	/10
Body: Flow of the report	The paper 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 paper goes from general ideas to specific conclusions. Transitions tie sections together, as well as adjacent paragraphs.	x 2	/20
Coverage of content <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. The significance to nursing is unquestionable.	x 3	/30
Clarity of writing and writing technique <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 throughout paper. The use of pronouns, modifiers, parallel construction, and non-sexist language are appropriate.	x 1	/10
Conclusion: A synthesis of ideas and hypothesis or research question <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
Citations/References: Proper APA format APA checklist attached <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
Timeliness <i>Social and Personal Responsibility</i>	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	/10
<u>No late papers will be accepted unless arrangements have been made in advance with the instructor.</u>					
Evidence of Plagiarism will result in a grade of "0" for the paper.					
Total Points Earned				/100 =	%

APA CHECKLIST

Formatting – 4 points (EACH SELECTION WORTH 0.4)	Yes ✓
One inch margins, text flush left with uneven right margin	
Double spaced throughout including reference page, no extra spaces between paragraphs	
Copy double sided	
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 number in top header, right margin	
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>	<i>/4</i>
Title Page – 2 points (EACH SELECTION WORTH 0.4)	
Full title, bold, 3-4 lines down from the top margin of the page.	
Student name, college, course, instructor, due date	
Page number right margin of header	
Centered aligned (left to right)	
Double spaced (<i>Except:</i> 4 spaces between title and student name)	
<i>Total Title Page</i>	<i>/2</i>
Text Citations and Quotations - 2 points (EACH SELECTION WORTH 0.4)	
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 #). Block quotations (quotations of 40 words or more) are not allowed.	
In-text citations are formatted correctly in the manner in which they are being used and make use of proper punctuation.	
<i>Total Text Citations and Quotations</i>	<i>/2</i>
References – 2 points (EACH SELECTION WORTH 0.4)	
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 and have all required information (author/contributor/organization, number, type, publication date, volume, issue, etc.)	
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, italics)	
<i>Total References</i>	<i>/2</i>
TOTAL SCORE 10 Points Possible	/10

APA Checklist Revised 6/24/2021

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

Student Name:

Instructor:

Program Attendance, Participation, and Performance Tool	
Point Values (Circle)	Points will be accrued as noted below. Tardiness and Absence occurrences are measured <u>per quarter</u> . Unprofessional and/or Unsafe Behaviors <u>will accumulate throughout the entire nursing program</u> . See Nursing Student Handbook for more info.
	Tardiness/Clinical (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 or Missing Assignment. <i>All assignments are required. Missing assignments may result in an incomplete.</i>
3	Failing to follow the dress code.
	Absence/Clinical PIP automatically Initiated
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.
12	2 missed clinicals in 1 week - Performance Improvement Plan initiated.
	Unsafe Behavior (permanent points)
1-6*	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. <i>*Points assigned at faculty discretion. 5+ pts PIP Auto Initiated</i>
8	Lying, academic dishonesty, covering up, or failing to report a mistake in any setting. This would also include falsifying any documentation. 5+ pts PIP Auto Initiated
	Unprofessional Behavior (see Nursing Student Handbook for more information) (permanent points)
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. <i>*Points assigned at faculty discretion. 5+ pts PIP Auto Initiated</i>
	Action
5 or greater	Written contract in the form of a Performance Improvement Plan. A student who accumulated 5 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. <i>This includes 1 absence in clinical.</i>
9 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. <i>*Nursing Faculty will review each situation as appropriate-with the possibility of initiating a Final Plan of Correction Contract.</i>
Total Points given today:	
Date:	
Date Notified:	
Student Notified (circle)	In person phone e-mail
Student Signature/Date	Faculty Signature/Date

Revised 6/20/2024

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.*

Revised 11/4/2019

**Grays Harbor College
Nursing Program**

PROFESSIONAL PERFORMANCE IMPROVEMENT PLAN

Student Name:

Instructor:

The Professional Performance Improvement Plan is designed to encourage success in any 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.) This also serves as a reminder that 9 points will result in dismissal from the nursing program.

Course outcomes/requirements that *are not* being met.

Objective evidence of behaviors, actions, or events to validate these claims.

Student: State what you (the student) will do to meet the above requirements or outcomes. Include at least 2 SMART goals (at least 1 short term and 1 long term).

Student: What supports have you sought out and how does that impact your plan?

Instructor: What additional support/resources can be offered to this student? (include dates if applicable)

Scheduled Date of follow up:

Follow up Student comments
Date/Initials

Follow up Instructor comments
Date/Initials

Student's Signature

Date

Instructor's Signature

Date

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.

Letters of reference must be requested in person and by email, as well as this form and the required elements.

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): _____.

Resume and cover letter required for letters of recommendation and must be submitted with request. Letters will not be scanned to anyone.

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

- ☐ Application for employment – **address required below**
- ☐ Scholarships or honorary awards – **address required if not for GHC foundation**
- ☐ Admission to another educational institution – **address required below**

Please indicate which format you are requesting.

- ☐ **Written reference**
- ☐ **Employer Online form**
- ☐ **Phone call**

I authorize the above faculty member 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):

(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. 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. **I also understand that the faculty have the right to decline providing a letter of reference.**

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.

ATI Active Learning Templates

The focused review will determine which of the 7 learning templates that you will need to complete your remediation.

After completion of proctored or practice assessments, choose the appropriate template based upon areas identified in topics for review. All templates can be found on the ATI website.

Active Learning Templates are designed to guide students in their learning and review of nursing knowledge. The following eight Active Learning Templates are available to choose from:

- Basic Concept ● Diagnostic Procedures ● Growth and Development
- Medication ● Nursing Skill ● System Disorder
- Therapeutic Procedure ● Concept Analysis

Each section of the template is labeled and indicates the type of information that should be added. The Active Learning Templates may be used in a variety of ways to enhance knowledge and clinical reasoning skills that are presented in the classroom or clinical setting.

Pregnant Student-Avoidance of Occupational Hazards

Pregnancy Guidelines: A student in the Nursing program who has reason to believe she may be pregnant has the option of voluntary disclosure to the Nursing Program Associate Dean or designee. Such voluntary formal notification is requested in order that the program has the pertinent information needed to limit occupational hazards to the developing fetus.

Upon voluntary formal notification of the pregnancy, the Associate Dean or designee will advise the student of her option to take a leave of absence or remain in the program with any modifications as identified at the time of notification. The student will be asked to sign a statement indicating that she has received counseling and was advised on any necessary precautions required during the course of the pregnancy.

Students who have disclosed they are pregnant will not be asked to participate in known occupational hazards for pregnant women. They will be asked to present an accommodations form to each clinical instructor. Note not all hazards are known.

Rationale:

The intent of the guidelines is to protect the unborn child, not to prohibit the practice of nursing by the student. Our guidelines express the faculty's concern for the well-being of its students.

Faculty Guidelines:

1. Faculty will receive an accommodations form from the student upon entry into the clinical setting if the student has formally disclosed pregnancy status.
2. If faculty is informally notified by the student, they will refer the student to the team leader or Associate Dean in Nursing/designee to review the program guidelines.
3. The faculty will make accommodations for the pregnant student taking into consideration known hazards listed below. If the faculty have questions about what accommodations to make, they are to consult with the Associate Dean.
4. Faculty have the discretion whether in a class or clinical setting to limit/modify activities of the pregnant student.

Know Hazards:

1. Infectious Diseases:

- a. Strongly advised to get applicable immunizations (Hep B, Influenza, MMR, Varicella)
- b. Consistent adherence to universal precautions
- c. Minimize work to home contamination (change out of clinical clothes before entering home, laundering and storing clinical and non-clinical clothing separately)
- d. May modify clinical setting to reduce occupational exposure depending on immunity or stage of pregnancy.
- e. High alert infectious diseases: CMV, Parvovirus B19, influenza, & COVID-19



2. Pharmaceutical agents:

- a. There are specific drugs that have been identified as impacting the reproductive and fetal development. Pregnant students in the clinical setting will not be required to administer the following agents.
 - i. Antineoplastic agents
 - ii. Aerosolized agents such as pentamidine, ribavirin
 - iii. Waste anesthetic gases (in operating rooms, recovery room and post anesthesia care units)
- b. Organic Solvents-many are teratogenic and embryotoxic
 - i. Examples are acetone, benzene, chloroform, ethanol, methanol, formaldehyde, gasoline and industrial glues.
 - ii. To limit exposure wear solvent resistant gloves and protective clothing.

3. Ionizing Radiation-Radiology, nuclear medicine, positron emission tomography, gamma ray cancer therapy and cardiac catheterization all emit ionizing radiation.

- a. Pregnant students are to be removed from clinical situations that are known to expose them to ionizing radiation.

REFERENCES:

National Institute for Occupational Safety and Health

Occupational Safety and Health Administration

Association of PeriOperative Registered Nurses

American Nurses Association

Health Canada

March of Dimes Foundation

Motherisk program at the Hospital for Sick children. Toronto Canada

(AJN January 2011 Vol 111, No1)



GRAYS HARBOR COLLEGE

Nursing Program

Pregnancy Policy Counseling Form

In signing this form, the declared pregnant student acknowledges that:

- A. She has read and understands the Grays Harbor College guidelines for pregnant Nursing students.
- B. She has read and understands Occupational Hazards for Pregnant Nurses- Finding a balance between service and safety. AJN January 2011 Vol 111, No1
- C. The Associate Dean or designee has informed her of proper protection practices to follow during pregnancy.
- D. The Associate Dean or designee provided her with an opportunity to ask questions and the questions were satisfactorily answered.

Student Comments:

Signature _____

Name Printed _____

Date: _____



GRAYS HARBOR COLLEGE

Nursing Program

Declaration of Pregnancy

To: Associate Dean of Nursing/Designee

From: _____

I am declaring that I am pregnant. In consultation with my physician, we estimate my delivery date to be:

_____, _____.
Month Year

I will review the program policy in regard to pregnancy (student handbook). I understand that pregnancy may require changes in the clinical setting.

If I find out that I am not pregnant or if my pregnancy is terminated, I will promptly inform the Associate Dean in Nursing/designee in writing that my pregnancy is ended. (This statement may be crossed out by the student if desired.)

Signature

Date

Name Printed

Acceptance by Associate Dean of Nursing/designee

Signature

Date



GRAYS HARBOR COLLEGE

GHC Nursing Program

Accommodation Form

DATE: _____

INSTRUCTOR AND COURSE: _____

STUDENT NAME: _____

This student has voluntarily disclosed that she is pregnant with an identified delivery date of _____. Upon voluntary formal notification of the pregnancy, the student has received counseling and was advised on any necessary precautions required during the course of the pregnancy.

Students who have disclosed they are pregnant will not be asked to participate in known occupational hazards for pregnant women. This note is intended to begin the process of working with you on what adjustments will be needed for this student.

Student Signature

Instructor Signature

Date

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 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 declined enrolling in a medical insurance program. I am fully aware of the risks 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. I also authorize Grays Harbor College Nursing faculty to confidentially discuss my academic progress with Nursing faculty and Nursing program staff members.

Student Signature _____

Date _____

Witness Signature _____

Date _____

PHOTOGRAPHY/VIDEO CONSENT FORM

We may be taking photographs/videos during the nursing program. Please sign below to indicate that you have been informed of this activity and acknowledge that Grays Harbor College Nursing Program may use your picture or video for evaluation. Thank you.

Student name: _____

Student 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 _____



HARBOR REGIONAL HEALTH COMMUNITY HOSPITAL CONFIDENTIALITY OF INFORMATION AGREEMENT

The provision of health care is a complex endeavor that is highly dependent on information. Harbors Regional Health 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 Harbor Regional Health Hospital shall uphold hospital policies.

For purposes of this policy, information considered confidential shall consist of: information about patients (including patient medical and financial information); employee health, personnel and payroll records; Harbor Regional Health Community Hospital proprietary property; financial and operating data; personal data related to hospital staff and personnel; information concerning Harbor Regional Health Community Hospital's business, organization, and strategy; medical staff credentialing and peer review records; hospital quality improvement records; passwords, PINs, and encryption keys; and credit card and other financial account numbers. This information may be written, spoken, computerized, paper or on any other media. Such information is collectively referred to in this policy as "Confidential Information."

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. As part of this obligation, all such individuals must notify Harbor Regional Health Community Hospital administration immediately in the event such individuals cause or become aware of any misuse, theft, or other unauthorized use or disclosure of Confidential Information.

Access/disclosure of healthcare information is appropriate only to the extent of what one "needs to know" to carry out their job responsibilities. All Confidential 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, use or disclose Confidential Information without a legitimate business purpose. 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; Harbor Regional Health 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.

In accordance with the Medical Staff Bylaws of Harbor Regional Health Community Hospital, hospital medical staff members will comply with all confidentiality requirements of the Medical Staff Bylaws, including maintaining the confidentiality of peer review.

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.

DEFINITIONS

Confidential Information - Information considered to be confidential, consisting of: information about patients (including patient medical and financial information); employee health, personnel and payroll records; Grays Harbor Community Hospital proprietary, financial and operating data; personal data related to hospital staff and personnel, including members of the medical staff; human resources, payroll and financial records; information concerning Grays Harbor Community Hospital's business, organization, and strategy; medical staff credentialing and peer review records; hospital quality improvement records; passwords, PINs, and encryptions keys; and credit care and other financial account numbers. This information may be written, spoken, computerized, paper or on any other media.

Security - Governs system security and security devices. Security measures generally provide for the four pillars of security: accountability, availability, data integrity, and audit ability. Security measures concern the implementation of hardware, software, and policies to insure that the systems run properly and comply with general documentation and confidentiality requirements.

Private Healthcare information - Information concerning the patient's diagnosis, prognosis, type of treatment received and other information (including financial) pertaining to the healthcare or history of the patient or to the results of his or her treatment.

Data Security - The methods by which access to system information is controlled. Organization security procedures, user ID codes and passwords, time log-outs, audit trails, data access levels, and physical security of controlled access to computer equipment are all part of the data safeguards used.

Authorized Access/Disclosure - The appropriate and routine access to/disclosure of information required to provide health care and other key services to the patient. Authorized disclosure of information is based on a patient's consent, legal requirements and a "need to know" specific information to fulfill job responsibilities.

Unauthorized Access/Disclosure - The inappropriate access to/disclosure of patient information without patient consent, without valid "need to know" or when it violates ethical principles, organization policies or federal and state law.

Categories of Special Protection - Federal and state statutes impose special restrictions in the handling of certain types of particularly sensitive medical information including mental health, substance abuse, sexually transmitted disease and HIV/AIDS.

INDIVIDUAL ACKNOWLEDGMENT

My signature below signifies that I have read and understand the Confidentiality of Information Agreement at Harbor Regional Health Community Hospital. I have received a copy of the hospital policy on confidentiality, A500. 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. I understand that this Agreement shall be in effect during my entire association with the hospital, or while I maintain clinical privileges and/or Medical Staff Membership at Harbor Regional Health Community Hospital.

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 COLLEGE

Grays Harbor College Nursing Department Clinical Simulation Laboratory Confidentiality Agreement

As a nursing student at Grays Harbor College, I will participate in clinical laboratory simulations. I understand that the content of these simulations is to be kept confidential to maintain the integrity of the learning experience for me and my fellow students. I am aware there may also be Audio/video recording for debriefing purposes that fall under these guidelines.

I also understand that in working side by side with my fellow students, I will be witnessing their performance. It would be unethical for me to share information regarding student performance with people outside the laboratory.

I acknowledge that I fully understand that the unauthorized release, inappropriate exchange, or mishandling of confidential information is prohibited. I understand the professionalism points may occur if I violate this agreement.

I will exemplify the Grays Harbor College Department of Nursing values of integrity, human dignity, and confidentiality.

Student Name _____

Student Signature _____

Date _____

***All Students in the simulation group will be notified when anyone other than faculty or staff observes a simulation. All observers and participants in the simulation will sign a confidentiality form.**



GRAYS HARBOR COLLEGE

CLINICAL PERFORMANCE LABORATORY LEARNING ENVIRONMENT CONTRACT

Welcome to the exciting realm of Human Patient Simulation in Nursing Education. Students in the GHC Simulation 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 assumptions¹ 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 and 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 Simulation 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 Simulation Center.

¹ 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

GHC Nursing & NAC Programs
NOVEL CORONAVIRUS/COVID-19
FACT SHEET & ASSUMPTION OF RISK FORM

Novel Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person. COVID-19 symptoms can range from mild (or no symptoms) to severe illness. You can become infected by coming into close contact with a person who has COVID-19. COVID-19 is primarily spread from person to person. You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks. You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes. A person infected with the coronavirus may be asymptomatic, suffer mild discomfort, or experience severe illness, including death. GHC Nursing Program strongly urges any healthcare student to become vaccinated. COVID vaccinations may become mandatory for clinicals with little to no notice based on decisions of our clinical partners. Students with exemptions are at risk for clinical access denial. Without access to all areas of clinical, students cannot be successful in our program due to clinical hour requirements and state regulations.

Persons in the following categories are at high risk of suffering severe illness from COVID-19:

- **Unvaccinated persons**
- 65 years or older
- Living in a nursing home or long-term care facility
- People of all ages with underlying medical conditions, particularly if not well-controlled, including persons with:
 - Chronic lung disease or moderate to severe asthma;
 - Serious heart conditions.
 - Immunocompromised.
 - People with severe obesity (body mass index [BMI] of 40 or higher).
 - People with diabetes.
 - People with chronic kidney disease undergoing dialysis.
 - People with liver disease.

Students who are at high risk should contact their lead faculty and/or Dean as soon as possible to discuss their options for continuing in program clinical lab courses.

The best way to protect yourself is to become vaccinated and avoid being exposed to the virus that causes COVID-19. For healthcare workers, including nursing students and clinical faculty, the risk of contracting COVID-19 is minimized by becoming vaccinated and adhering to the Centers for Disease Control (CDC) infection control guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html> when caring for patients during clinical rotations.

To participate in the clinical rotations, students must adhere to 1) standard precautions, 2) transmission-based precautions by wearing Personal Protective Equipment (PPE) and 3) hand hygiene practices to minimize infection spread when caring for patients during clinical. Students should not come to clinical ill and may be required to participate in COVID-19 screenings. Unvaccinated students may not be allowed in some clinical facilities. We do not have the resources to accommodate these students in most cases.

While participating in the clinical program, I agree to adhere to the following requirements.

Initials	Requirement:
	If I am sick and/or exhibiting any potential signs of COVID-19, e.g., fever (100.4F), cough, shortness of breath or difficulty breathing, sore throat, runny nose, body aches, new loss of taste or smell, chills, diarrhea or vomiting, I will notify my clinical instructor immediately, and not attend clinical.
	During clinical rotations, I will adhere to the CDC infection control guidance for healthcare professionals and implement standard and transmission-based precautions when caring for patients.
	I will follow clinical partner agency policies and procedures, including COVID-19 screenings, and ask my clinical faculty to clarify any questions I may have prior to caring for patients.
	I currently work in a healthcare facility and follow all facility COVID-19 PPE/Standard PPE policies and procedures. (Mark N/A if this does not apply to you).

Assumption of the Risk

I understand and acknowledge that I am currently enrolled in Grays Harbor College Nursing or Nursing Assistant Certified program, and the best way to protect myself and others is to become fully vaccinated per CDC guidelines.

In order to complete my studies in Nursing or Allied Health, I have chosen to participate in the assigned clinical rotations. I have been instructed regarding the importance of vaccination, universal safety precautions and transmission-based precautions to adhere to while completing my clinical experience. I understand, however, that in completing my clinical rotation at an essential workplace during the COVID-19 outbreak, there may be some inherent risks that cannot be eliminated regardless of the care taken to avoid injury/infection. Such risks include, but are not limited to, respiratory failure, organ failure, death, exacerbation of existing health conditions, stress, social-stigmatization, and/or spreading the infection to others. I voluntarily choose to participate in-person in my clinical program with full knowledge that the activities may be hazardous. I voluntarily assume full responsibility for any risks of injury, illnesses, loss, or death. I further voluntarily assume full responsibility for all such damages caused to others by my conduct. I understand that if I am a person in a high-risk category, I may withdraw from the program without penalty and return when it is safe to attend clinical in-person.

I certify I have read and understand, and am competent to sign this document. I hereby voluntarily sign this document and knowingly assume the above described risks and responsibilities associated with completing my clinical program at the assigned clinical partner agencies.

Student Name (print): _____

Student Signature: _____

Date: _____

Original: Student File

Copy: Student

Addendum: Due to the rigor of the nursing program and state required clinical hours, the GHC nursing program only allows for one missed clinical day/quarter (see nursing student handbook policy). The nursing program strongly recommends each student become vaccinated to lessen health risks and transmission. ***The program does not have the resources to offer accommodations for unvaccinated students' clinical experiences should they be denied clinical access.***

Grays Harbor College

COVID-19 ACKNOWLEDGEMENT

I understand that all health science students must successfully complete coursework in healthcare settings as part of their program's educational instruction.

I understand that due to the risk of exposure to potentially infectious material in my role as a student engaged in clinical practice, I may be at risk of acquiring COVID-19 infection, and that there is inherent risk of working with populations that are known, or suspected, COVID-19 positive. For this reason, GHC strongly recommends that I obtain the full dosage of COVID-19 vaccine to significantly reduce my risk. In fact, GHC has already notified me that some of its healthcare partners will require students to be fully vaccinated prior to participation in a clinical experience at their site, and students will need to provide appropriate vaccination records upon request.

I also understand that successful completion of my course of study at GHC depends upon my participation in clinical experiences.

I understand that in order to be exempt from a healthcare partner's vaccination requirement, I may need to obtain and provide specific documentation of medical contraindications to the designated vaccine(s) upon their request. The healthcare partner's decision of acceptance or denial for clinical placement at their facility will be final.

I have been informed that by declining the COVID-19 vaccine, I will be at higher risk for acquiring the virus, and subsequently could pose a risk to others as a COVID-19 virus carrier. Again, I understand the healthcare providers may restrict me from participating in clinical practice with their agency if I decline the COVID-19 vaccine, and that such a restriction could result in my being unable to successfully complete my course of study at GHC.

GHC has advised me that it will consider alternative placements to accommodate lack of vaccination, but is under no obligation to do so, and may not be able to do so. If no alternative placement is identified, I understand that I may not be able to complete the program due to the inability to complete clinical coursework.

While at any clinical site, I agree to take appropriate steps to limit exposure by consistently adhering to universal precautions and wearing appropriate personal protective equipment (e.g. mask, face shield, protective clothing, and gloves) during my clinical practice per the clinical site requirement(s). I also agree to have routine COVID-19 testing completed as required by a healthcare partner's request or policy. I understand these requirements may be expected of me regardless of my vaccination status.

Student ID# _____

Name: _____

Signature: _____

Date: _____

2025 – 2026 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 (CLASS OF 2027)

NURS 171 & NURS 135 FALL QUARTER 2025 FIRST YEAR STUDENT TEXTBOOKS

Required Textbook Title	Author	Year	Edition	Publisher	ISBN#
Pharmacology: A Patient-Centered Nursing Process Approach	McCuistion, L., DiMaggio, K., Winston, M., & Yeager, J.	2026	12 th	Elsevier Saunders Elsevier health textbooks	978-0-443-11525-7
Study Guide for Pharmacology	McCuistion, L., DiMaggio, K., Winston, M., & Yeager, J.	2026	12 th	Elsevier Saunders Elsevier health textbooks	978-0-323-82679-2
Calculation of Drug Dosages	Ogden & Fluharty	2023	12 th	Elsevier Saunders Elsevier health textbooks	978-0-323-82622-8
Strategies for Student Success on the Next Generation NCLEX (NGN) Test Items	Silvestri L., Silvestri A., & Ignatavicius, D.	2023	1 st	Elsevier Saunders Elsevier health textbooks	978-0-323-87229-4
Fundamentals of Nursing	Potter, P., Perry, A., Stockert, P. & Hall, A.	2026	12 th	Elsevier Mosby Elsevier health textbooks	978-0-443-12406-8
Fundamentals Study Guide	Potter, P., Perry, A., Stockert, P. & Hall, A.	2026	12 th	Elsevier Mosby Elsevier health textbooks	978-0-443-12407-5
Clinical Nursing Skills and Techniques	Perry, A. & Potter, P. & Ostendorf, W.	2025	11 th	Elsevier Mosby Elsevier health textbooks	978-0-443-10718-4
Nursing Care Plans: Guidelines for Individualizing Client Care Across the Lifespan	Doenges, M.; Moorehouse, M.; & Murr, A	2025	11 th	F.A. Davis FA Davis.com	978-1-7196-4746-5
Davis's Drug Guide for Nurses	Vallerand, A & Sanoski, C.	2025	19 th	F.A. Davis FA Davis.com	978-1-7196-5003-8
Nurse's Pocket Guide	Doenges, M; Moorhouse, M; & Murr, A	2022	16 th	F.A. Davis FA Davis.com	978-1-7196-4307-8
Nutrition and Diet Therapy	Lutz, C.; Mazur, E.; & Litch, N.	2023	8 th	F.A. Davis FA Davis.com	978-1-7196-4586-7
Laboratory and Diagnostic Tests with Nursing Implications	Kee, Joyce LeFever	2018	10 th	Pearson Nursing Pearson Higher Ed	978-0-1347-0446-3
Davis Advantage for Psychiatric Mental Health Nursing	Morgan, Karyn I.; Townsend, Mary C.	2023	11 th	F.A. Davis FA Davis.com	978-1-7196-4824-0
Current medical dictionary of your choice					
Supply Kit (Grays Harbor College Bookstore)					

2025 – 2026 TEXTBOOK LIST

FIRST YEAR TEXTBOOKS

NURS 172 WINTER QUARTER 2025

Required Textbook Title	Author	Year	Edition	Publisher	ISBN#
Lewis's Medical-Surgical Nursing – 2-Volume Set	Harding, M., Kwong, J., Roberts, D., Hagler, D., & Reinisch, C	2023	12 th	Elsevier Saunders Elsevier health textbooks	978-0-323-79242-4
Lewis's Medical-Surgical Nursing Study Guide	Harding, M., Kwong, J., Hagler, D., Reinisch, C. & Bowman-Woodall, C.	2023	12 th	Elsevier Saunders Elsevier health textbooks	978-0-323-79238-7
Saunders Comprehensive Review for the NCLEX-RN Examination	Silvestri, L.	2023	9 th	Elsevier Saunders Elsevier health textbooks	978-0-323-79530-2
Supply Kit (Grays Harbor College Bookstore)					

NURS 173 SPRING QUARTER 2025 FIRST YEAR

Maternal-Child Nursing	McKinney, E., James, S., Murray, S., Nelson, K & Ashwill, J.	2022	6 th	Elsevier Saunders Elsevier health textbooks	978-0323-69788-0
Maternal-Child Nursing Study Guide	McKinney, E., James, S., Murray, S., Nelson, K & Ashwill, J.	2022	6 th	Elsevier Saunders Elsevier health textbooks	978-0323-71189-0

SECOND YEAR TEXTBOOKS (CLASS OF 2026)

NURS 271 FALL QUARTER 2025 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.	2022	5 th	Elsevier Mosby Elsevier health textbooks	978-0-323-68316-6

NURS 272 WINTER QUARTER 2026 SECOND YEAR

Optional Textbook Title	Author	Year	Edition	Publisher	ISBN#
Essentials of Nursing Leadership and Management - OPTIONAL to Purchase	Weiss, S. & Tappen, R.	2024	8 th	F. A. Davis FA Davis.com	978-1-7196-4658-1

NURS 273 SPRING QUARTER 2026 SECOND YEAR

No New Textbooks					
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GHC SIMULATION HANDBOOK

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GHC NURSING PROGRAM END OF PROGRAM LEARNING OUTCOMES

By the **end of the program**, the graduate 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 and communicate with patients, their support systems and health care team members to achieve optimal health outcomes.
5. Develop a spirit of inquiry and integrate healthcare informatics 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.

1. General Information

Our Mission – The mission of the GHC Nursing Education Program is to serve the health care needs of communities by providing high quality education that prepares the learner to become a member of the nursing profession, meeting the needs of diverse populations, in alignment with academic progression.

- a. Disclaimers
 - i. Simulation lab must always be used under the supervision of Nursing Faculty.
 - ii. Some medications such as 0.9% Sodium Chloride IV Solution are live drugs we use in simulation. Please be aware that these items are either expired or refilled with distilled water and are not for human or animal use.
 - iii. Task trainers, medications, and other lab materials are not to be taken outside of lab without approval of the Associate Dean or Simulation Coordinator.
 - iv. Simulation is for formative educational and evaluative purposes; it may be graded using criteria listed in the Clinical Appraisal Tool (CAT).
 - v. GHCH uniforms are required to participate in simulation and lab activities as required by the program. Students without appropriate attire are not eligible to participate.
- b. Required events/acknowledgements (photo release, video release, orientation to sim, pyxis for students and faculty.)
 - i. Orientation is given to each student during their first quarter in the program. The instructor and/or simulation coordinator will re-orient and prebrief with students with various concepts, equipment and expected behaviors for simulation.
 - ii. Each student will be given a confidentiality form (and photo/video release when applicable). Confidentiality is required for participation. *See confidentiality form.*
 - iii. Students are given Pyxis training at GHC as well as at their clinical sites.
- c. Terminology (glossary)
 - i. Please see the INACSL Standard 1 Simulation Glossary.

2. Personnel

- a. Monica Todd, RN, MN, CNE, CHSE is the Simulation Coordinator. Other faculty have varying experience with simulation training and it is an ongoing development goal for all faculty.
- b. Karen Carriker, Nursing Program Coordinator - supply procurement and lab inventory.

3. Course and Clinical Faculty

- a. Instructor training - Observation of simulation and training on equipment will be done in the first quarter of the Nursing Faculty's hiring or during the tenure process. This requirement may be waived based on previous experience. Debriefing should also be observed during this time with an experienced instructor/or Simulation Coordinator. Review or additional training may be requested at any time.
 - i. Ongoing Instructor Training- This is highly encouraged based on funding and opportunities. Qualifying education includes summarizing simulation articles, webinar, conference, or other certified educational activity.
- b. Course content that includes simulation must include simulation objectives and evaluation methods for the students to review before the experience.
- c. Technology orientation will be done upon hiring and ongoing as needed.

- d. Code of conduct
 - i. Code of conduct for students is given during student nurse orientation, and prior to their first lab, clinical, or simulation. See the nursing student handbook starting on page 11.
- e. Course development that includes simulation should be reviewed by the appropriate faculty with the simulation coordinator. See Scenario development in section 8.
- f. Evaluation of simulation is generally done by participation and debriefing and may include a CAT grade of E/M/U, reflections, pre-simulation assignments and surveys.
 - i. Clinical objectives should correspond to the simulation objectives.

4. Course Participants

- a. Participants may include faculty members, staff and students.

5. Scheduling for Simulation

- a. Approval process
 - i. Approvals must go through the Associate Dean, Simulation Coordinator, or lead first and second year faculty prior to simulation date. This approval process allows for planning for both space and materials to ensure there are no overlaps.
- b. Scheduling process
 - i. Scheduling is done prior to the beginning of each quarter.
 - ii. Any changes are communicated to the sim coordinator and other lead faculty to ensure no overlap.
 - iii. Any additional expenses or equipment must be approved prior to scheduling the simulation.
- c. Notifications – see nursing student handbook for notification policy for absences
- d. Severe weather
 - i. GHC Alerts and closure information can be found on the GHC website.
 - ii. Check CANVAS
 - 1. Students should always check CANVAS to make sure that instructors have not cancelled or rescheduled class.
- e. Observation by non-participants
 - i. All Students in the simulation group must be notified when anyone other than faculty or staff observe a simulation. Confidentiality form will be signed by all observers and participants.

6. Tours

- a. Tours can be made through the Nursing Program Coordinator, the Associate Dean, or the Simulation Coordinator.
- b. Campus tours should be scheduled at least 48 Hours in advance.
- c. Tours that may interfere with lab, class, or simulation must be discussed with the lead faculty to avoid any disruption or distraction within these events.

7. Equipment, Supplies, Fiscal and Operations

- a. Equipment and supplies are managed on an ongoing yearly basis by the Associate Dean, Simulation Coordinator with Faculty input, and support from Nursing Program Coordinator.

8. Simulation and Educational Content Development

- a. Scenario Development
 - i. Scenario development consists mainly of pre-purchased Laerdal scenarios. Faculty revise the scenarios as needed for course learning outcomes and simulation objectives.
 - ii. Scenarios and revisions are further developed with the simulation template.
 - iii. The Scenario are posted on CANVAS for students.
 - iv. Scenarios are designed by the instructors and with Simulation Coordinator consultation for curriculum integration, equipment and materials. Final decisions will be made in Nursing Curriculum Committee.
 - v. Virtual Simulation is currently being explored and implemented in light of the COVID-19 pandemic. Virtual Simulation is approved by WABON per ongoing guidelines; beginning in March 2020.
- b. Audio / Visual Storage
 - i. When GHC begins A/V recording (not implemented yet), GHC will retain simulation footage for two years and is then discarded.
 - ii. Stored footage is for evaluative and/or study purposes only. Access may be provided only to the lead simulation faculty, or appropriate faculty instructor with approval from the simulation coordinator or Associate Dean, to protect students' privacy. Study requests involving simulation video should be submitted to the GHC IRB committee per policy.
- c. Clinical Quality Assurance
 - i. New and existing simulations scenarios and debriefings will be reviewed by faculty once during the quarter of implementation using student and/or faculty survey result analysis at the end of quarter NFO meeting.
- d. Debriefing
 - i. GHC uses Plus/Delta model for all simulation scenarios.
 - ii. Evaluation of debriefing may be done using the attached survey. ([Appendix 1](#))

9. Video Recording and Photo Release

- a. Confidentiality
 - i. Simulation is an individual learning experience. The experience one student has may completely differ from other students' time in simulation. We ask that students do not share simulations with each other until after all debriefing is completed.
- b. Forms
 - i. Confidentiality - Given 1st quarter for both 1st and 2nd year cohorts, carries through graduation.
 - ii. Video release (TBD)
 - iii. Photo release (TBD)
 - iv. Code and conduct (Nursing Student Handbook-signed form at orientation)

10. Simulation as a Clinical Experience

Full policy [Appendix 2](#).

1. Simulation may be used as a clinical experience with approval from the department, applicable governing and certifying agencies.
2. Pre-briefing
 - a. The student and all participants should receive enough information on the scenario to prepare as they would for a clinical experience. Pre-brief prior to the scenario should include the scenario and objectives. Review and discuss the tools and measures of success.
3. Scenario or Experience
 - a. Clinical objectives, checklists, or Clinical Appraisal Tool are used as they would for the other clinical experiences. Ideally, the clinical instructor is available to observe. Otherwise, a nursing faculty expert may observe and evaluate on the indicated tool.
4. Debrief
 - a. Using the Plus/Delta model (and review of the video-N/A currently), assist the student in identifying performance gaps and successes. Identify strategies that will assist the student to enhance future performance. ([Appendix 3](#))
5. Reflection assignments may be required.
6. Failure of Simulation Clinical Experience
 - a. Should a student not meet minimum clinical expectations the student may be unable to progress in the program-per Clinical Appraisal Tool and/or Nursing Student Handbook.

11. Research

- a. Data collection
 - i. Per NCSBN, WABON and ACEN requirements and/or Institutional Research for program and college-wide accreditation.

12. Safety and Security

- a. Emergency
 - i. For immediate Help: Call 9-1-1
 - ii. GHC Security: 360-538-4120
 - iii. GHC non-emergency: 360-532-9020
- b. AEDs are posted by the elevators on the first and third floor of the Schermer Building.
- c. Fire extinguishers posted by elevators and additional various locations throughout the building.

Appendix 1

4 Strongly Agree

3 Agree

2 Disagree

1 Strongly Disagree

1. I signed, understood, and complied with the student confidentiality policy.
Comments:
2. I was able to perform in my role during simulation learning, as though a real patient situation, while understanding the limitations of technology.
Comments:
3. The preparation activities were aligned with the clinical outcomes in the CAT.
Comments:
4. The prebrief/orientation phase allowed me an opportunity to clarify and understand my individual role and responsibility for the simulation experience.
Comments:
5. The psychological safety statement reassured me to feel safe to perform and/or contribute to the scenario in front of my peers and instructors, including during the debriefing phase.
Comments:
6. The textbooks and preparation activities helped me understand the importance of evidence- based practices when participating in simulation (such as using nursing process to apply patient care, choosing appropriate nursing interventions, using standardized checklists, etc.)
Comments:
7. Debriefing promoted analysis of the scenario with considerations for future application of patient care, including but not limited to concepts of diversity, equity, and inclusion.
Comments:
8. The patient care team was able to perform effectively, with shared decision making and mutual respect, throughout the simulation experience.
Comments:
9. Only answer if applicable: The assigned virtual simulation case was applicable and effective in helping me to prepare for this simulation.
Comments:

Add Course, unit, SMART outcomes/objectives questions to survey

APPENDIX 2

GHC Simulation Lab (Simulation Based Experience) and Clinical Policy

The Grays Harbor College Nursing Program uses simulation as a substitute for traditional clinical experiences, as approved by the Nursing Care Quality Assurance Commission, not to exceed fifty percent of its clinical hours for a particular course.

This policy is based on the following WAC 246-840-534 (1-8).

1. The nursing program has an organizing framework providing adequate fiscal, human, technological and material resources to support the simulation activities. Nursing education has a budget sustaining simulation activities and training of the faculty. The nursing education program has appropriate facilities, educational and technological resources and equipment to meet the intended objectives of the simulation.
2. The nursing program has integrated simulation into the curriculum in every clinical course and plans to maintain simulation experiences into the future. Faculty work collaboratively to design simulation scenarios/experiences based on student learning outcomes and assure the simulation activities are linked to the program outcomes. Faculty organize clinical and practice experiences based on the educational preparation and skill level of the student.
3. Simulation activities are managed by individuals who are academically and experientially qualified and who demonstrates currency and competency in the use of simulation while managing the simulation program.
4. All faculty involved in simulations, both didactic and clinical, have training in the use of simulation and engage in ongoing professional development in the use of simulation. All nursing faculty are oriented to the simulation pedagogy/technique and become familiar with simulation facilities, high fidelity equipment and other educational and technological resources.
5. Qualified simulation faculty supervise and evaluate student clinical and practice experiences. Faculty to student ratios in the simulation lab must be in the same ratio as identified in WAC [246-840-532](#) for clinical learning experiences.
6. Debriefing occurs following every simulation experience and is led by a qualified facilitator. Research indicates that debriefing is where most learning occurs in simulation experiences. The debriefing facilitator encourages reflective thinking and provides feedback regarding the participant's performance. The GHC faculty have adopted the Delta/Plus debriefing technique. In this technique the Plus explores what worked well and the Delta explores what the student or faculty would change. Faculty facilitate student reflection and analysis of their actions. Faculty also facilitate identification and review of objectives learned during the simulation activity.
7. The faculty and students evaluate simulation experiences via the quarterly clinical appraisal tool (CAT). Students' complete evaluation of learning outcomes after each simulation. Students also evaluate simulation experiences as part of the quarterly course evaluation surveys on an ongoing basis.
8. Students are expected to engage in simulation as they would any clinical experience. Students are expected to prep for their patient experience prior to simulation, and to arrive in their scrub uniform ready to participate.

Grays Harbor College Simulation Lab Policy

SUMMARY:

Grays Harbor College maintains a Simulation Lab and debriefing rooms for facilitating and enhancing the education of students and community members pursuing careers in patient care. The Simulation Lab is located in the 4000 Building, Room 4231/4235 on Campus.

SCOPE:

The scope of this document is to provide sound direction and procedures for using the Simulation Lab, supplies and equipment during educational simulation scenarios. It is necessary to read and understand this document so as to reduce the risk of equipment damage or personal injury. Properly using the equipment and lab space will extend the life of the simulation lab equipment while ensuring a productive and enjoyable educational environment for students and faculty and, potentially, for community members. Failure to follow these guidelines may result in irreversible damage to the equipment, liability, and expensive repair or replacement costs. The following document will detail the proper handling of the Simulation Lab space, the simulators, simulation supplies, safety, etc. If there is a situation not covered by this document, please do not hesitate to contact the Associate Dean of the Nursing Program.

SIMULATION LAB AND DEBRIEFING ROOMS:

There are three simulation lab rooms that represent clinical areas you may find in a hospital or other clinical setting. In each simulation lab, there are Laerdal Simulators (also known as “manikins”) that mimic some functions of human bodily processes. Each manikin has a patient monitor and wireless network setup for communicating. The instructor laptop sends the instructions from the scenarios to the manikin and it responds accordingly. The simulation instructor can view the simulation lab through the control room windows and, in the future, by video cameras. The video equipment in the control room can adjust the angle and view of the simulation lab and provide video feedback to the debriefing room for the student observers. Currently, Grays Harbor College has Laerdal Simulators: (2)SimMom (Obstetric), SimMan 3G (Med-Surg), Nursing Anne(Geriatric & Adult), SimJr, and Nursing Baby. Each manikin has unique abilities that facilitate scenarios for the educational cause. The following are some guidelines for the Simulation Lab and Debriefing Room Areas:

- If there is a serious injury or medical emergency that jeopardizes the life and or safety of yourself and others—please call 911. There is a phone provided in the room.
- Do not bring food or beverages into the simulation labs during simulation—unless provided for the scenario. You may leave food and beverages in the hallway. If beverages or foods spill in this provided location, please clean it up and dispose of waste properly.
- Please wear gloves when handling the simulator manikins—the oils, lotions, or makeup from your skin can discolor, damage and degrade the manikin skins over time.
- When moving a simulator manikin, use at least two people. They are very heavy and improperly handling them could result in physical harm to both you and the equipment. Treat the simulator manikins as if you were handling a real patient!
- The rooms are setup with simulated “gas” and “oxygen” ports at the headboards of the hospital beds; they do not use real gases or real oxygen tanks. Do not try to use real gases or mixers for nitrogen, oxygen tanks, etc. Doing so in this environment could result in serious physical harm or damage to the equipment.

- Sharps containers are provided in the simulation rooms for safety reasons. Even if you are not using the sharps on real people, they must still be disposed of properly in the sharps containers. Failure to do so could result in serious injury or mental anguish to yourself or others. Sharps and any hazardous waste must be disposed of properly according to law. In short, do not place sharps in your pocket, manikin bedding, or the waste cans in the rooms.
- Use only distilled water during IV or medication administrations on simulators whether for flushes, injections, or in the IV bags. Real saline or real medical IV liquid products can permanently damage the simulators and or result in costly repairs.
- Use only simulated blood as recommended by the Laerdal simulator manufacturer for blood draws or IV blood transfusions on the manikins.
- This is a simulation environment only—do not perform real IV administrations, blood draws, or other invasive medical interventions or procedures on real people in the simulation lab. You may imply that a particular medical intervention was “performed” by verbally stating so as an alternative if directed to do so by the instructor.
- Do not put real food or drinks in the simulator manikins’ mouths or stomachs, or any orifices, etc. (if applicable).
- Only the simulation participants are allowed in the simulation lab during active simulation. On occasion, however, it may be necessary for the instructor to enter to intervene during the simulation for safety, equipment help, or modifying a scenario.
- If you experience an equipment malfunction during the scenario, please request help via the room audio and the simulation instructor will respond with assistance if deemed it is necessary. At times, alternative solutions may be used in lieu of dysfunctional equipment.
- A medication cart may be provided in the room for simulations. The cart contains simulated medications, IV supplies, wound care dressings, etc. for the patients. These are by no means to be used on real people. A person acting as a patient can pretend to take the medication for realism, but they should not actually take the “medication”. Typically, the medication cart will be stocked with the supplies requested by the instructor or clinical coordinator prior to the simulation day.
- If you experience a major spill or mess (like an IV bag suddenly leaks or other issue arises) use towels, or other assistance to clean up the mess.
- The Simulation Lab is prepared for simulation either the day prior or at least an hour before the simulation begins depending on the complexity of the simulation scenario. It is a good idea to power on and test that the equipment is working so that simulation doesn’t experience unwanted delays or downtime.
- In general, handle all equipment and supplies with care. Even though the equipment is in a simulation environment, you would want to use the same safety protocols, accountability and professionalism as if you were in your own job.

Grays Harbor College Simulation Lab Procedure

PROPER HANDLING OF LAERDAL SIMULATOR “MANIKINS”

As stated, prior, Grays Harbor College currently uses three Laerdal Simulator Manikin for use during simulation scenarios but may acquire more. Because of the many physiological applications, and interventions, that can be performed on the manikins, these are very expensive pieces of equipment totaling in thousands of dollars. It is required that the following precautions are followed in order to preserve the equipment and extend the lifespan of the simulator manikins. Failure to do so could result in serious temporary or permanent damage and liabilities to repair or replace the parts or entire manikin itself. In general, a new simulator manikin has a one-year warranty through Laerdal. Currently, our warranty has expired resulting in all repair or replacement costs to be provided out of pocket. The following are the do's and don'ts of handling the simulator manikins:

- Please lift the simulator manikins with help. They are very heavy and can be seriously damaged if dropped.
- Do not use pens, permanent markers or other inky writing utensils or tools on the simulators. It will permanently mark the skins.
- Do not apply iodine prep liquid or lotions to the manikin skins as this will permanently stain the manikin.
- Keep all newspaper, typed papers or magazines away from the simulators because the ink from the print can transfer to the simulator skins.
- Do not use needles on the simulator IV arms or skins. Using needles will create holes in the manikin skins reducing the skin's integrity and lifespan.
- Handle the manikin skins with care and do not force a limb to move if it is difficult or skin zipper to close as it could tear the skin. As you would with any living patient, handle the simulator with care so as to not incur physical damage and liability.
- Do not use scalpels, scissors, or other sharp tools on the manikins unless the simulation instructor is replacing the skin.
- Oils, makeup, and other environmental contaminants can stain or damage the skin. Please use gloves when handling the manikins as often as possible. At the very least, wash your hands well with mild soap and water prior to handling the manikin skins.
- Certain moulage materials and makeups are allowed to be used on the simulators to represent realism; however not all makeups and products are safe to use on the manikin skins. Most non-oil based makeup, eye shadow, non-permanent food coloring is ok to use on the simulators—however even some of this makeup can be difficult to remove if left on over time. It is recommended to only apply makeup and moulage immediately before simulation and then removed immediately following.
- To clean the moulage/makeup off, you can use non-bleach wipes or mild soap and water
- To remove sticky adhesive, you can use either 1) mild soap and water 2) baby powder and gauze 3) Goo Gone sticky adhesive remover with a cotton ball. Older sticky adhesive may still take time and effort to remove.
- 70% Isopropyl rubbing alcohol can be used to help remove extra tough stains and may help remove ink stains.
- After removing the moulage or makeup or cleaning the manikin skins, generously dust and apply the skins with baby powder. Baby powder helps to prevent the skins from drying out and produces a real life-like touch. The baby powder may get everywhere, so please remove excess baby powder after application to the simulator.
- IV ports are provided on the simulator manikin arms, but you may wish to apply an IV catheter on other areas with tegaderm as necessary without actually piercing the skin.
- The simulator's IV ports are connected to a drainage tube. The tube can be connected to a bag or extend to a catch basin on the floor under the bed. Be mindful of where the liquids are draining as excessive liquid under the manikin or under the skin can mold the skins and tubing and the skin would need to be replaced.
- When inserting tubing into the manikin, please use the appropriate Laerdal lubricant (“airway” lubricant for nasal, airway, or other tubing....and birthing lubricant for SimMom baby delivery. Please see manufacturer instructions on how to use the lubricant on the manikins). Failure to properly lubricate equipment before it is inserted into the manikin's airways and other necessary areas could result in puncturing the internal tubing which is a costly repair.

Definitions/Glossary from INACSL Standards of Best Practice

Clinical: Pertaining to an actual or Simulation Based Experience (SBE) related to the care of individuals, families, or groups in health care settings, which permits opportunities for application of knowledge, skills, and attitudes (KSAs).

Clinical Judgment: The art of making a series of decisions to determine whether to take action based on various changes and salient aspects in a clinical situation, interprets their meaning, responds appropriately, and reflects on the effectiveness of the intervention. Clinical judgment is influenced by the individual's previous experiences, problem-solving, critical-thinking, and clinical-reasoning abilities.

Simulation Based Experience (SBE): A broad array of structured activities that represent actual or potential situations in education, practice, and research. These activities allow participants to develop or enhance knowledge, skills, and/or attitudes and provide an opportunity to analyze and respond to realistic situations in a simulated environment.

Knowledge (K): The awareness, understanding, and expertise an individual acquires through experience or education.

Skills (S): The ability acquired through deliberate practice and sustained effort to carry out activities.

Attitudes (A): A tendency to respond positively or negatively toward an idea, an individual, or situation.

Objective: *Statements* of specific measurable results that participants are expected to achieve during a SBE. Statements may encompass cognitive (knowledge), affective (attitude) or psychomotor (skills) domains of learning that match the learners' level of knowledge and experience.

Outcome: *Measurable results* of the participants' progress toward meeting a set of objectives. Expected outcomes are *the change* in knowledge, skills, or attitudes as a result of the simulation experience.

Assessment: Refers to the processes that provide information about or feedback about individual participants, groups, or programs. Specifically, assessment refers to observations of progress related to KSAs. Findings of assessment are used to improve future outcomes.

Prebriefing: An information or orientation session immediately prior to the start of a SBE in which instructions or preparatory information is given to the participants. The purpose of prebriefing is to establish a psychologically safe environment for participants. Suggested activities include reviewing objectives, creating a "fiction contract", and orienting participants to the equipment, environment, mannequin, roles, time allotment, and scenario.

Debriefing: A reflective process immediately following the SBE that is led by a trained facilitator using an evidence-based debriefing model (such as Plus-Delta, Debriefing for Meaningful Learning, or Debriefing with Good Judgment). Participants' reflective thinking is encouraged, and feedback is provided regarding the participant's performance while various aspects of the completed simulation are discussed. Participants are encouraged to explore emotions and question, reflect, and provide feedback to one another. The purpose of debriefing is to move toward assimilation and accommodation to transfer learning to future situations.

Evaluation: A broad term for appraising data or placing a value on data gathered through one or more measurements. It involves rendering a judgment including strengths and weaknesses. Evaluation measures quality and productivity against a standard of performance. Evaluation may be formative, summative, high stakes, or related to the simulation program or process.

Formative Evaluation: Evaluation wherein the facilitator's focus is on the participant's progress toward goal attainment through preset criteria: a process for an individual or group engaged in a simulation activity for the purpose of providing constructive feedback for the individual or group to improve.

Summative Evaluation: Evaluation at the end of a learning period or at a discrete point in time in which participants are provided with feedback about their achievement of outcome through preset criteria: a process for determining the competence of a participant engage in health care activity. The assessment of achievement of outcome criteria may be associated with an assigned grade.

High Stakes Evaluation: An evaluation process associated with a simulation activity that has a major academic or educational consequence (such as grading decision, including pass or fail implications; a decision regarding competency) at a discrete point in time. High stakes refer to the outcome or consequences of the process.

Facilitator: A trained individual who provides guidance, support, and structure at some or all stages of simulation-based learning including prebriefing, simulation, and /or debriefing.

Standardized Patient (Also Known as Simulated Patient): A person trained to consistently portray a patient or other individual in a scripted scenario for the purposes of instruction, practice, or evaluation. (INACSL Standards Committee, 2016).

Shared Drive-> Simulation-> INACSL 2017Standard of Best Practice Simulation -> 8 Simulation Glossary.pdf
For other definitions, please refer to the INACSL Glossary in the shared drive.

Simulation Lab

The simulation lab is used for demonstration of skills, structured and deliberate practice of skills, competency checks, and demonstration of clinical judgment and critical thinking in a variety of scenarios.

Simulation can be performed with low-tech, such as with skill stations, task trainers (such as IV arms), and stationary manikins, or with high-tech, such as with the high-fidelity manikins.

GHC definition of Guided Lab

Guided Lab: Guided labs are for student's deliberate practice of skills. Faculty members observe and give formative verbal feedback, as needed, to students practicing *after they have been taught a skill*, with pre-set criteria, with the goal of progressing to competent achievement-this lab is not graded (*it is deliberate practice*). It is a clinical requirement to attend, and it is the student's professional responsibility to attend their sessions.

Consequences of a student missing and/or arriving late to a scheduled "Guided Lab" is 2 points as a "missed assignment". Just like clinical, guided labs cannot be "made-up" due to absence.

Competency Lab: Faculty member observes student performing a required skill with pre-set criteria for Exceeding, Meeting, or Unsatisfactory competence/achievement of the skill; this is summative, and the GHC program will allow one chance for remediation before final grade of E (90-100% of criteria met), M (80-89.9% of criteria met), or U (below 80% of criteria or a missed bolded/critical element(s) of the skill). The competency and remediation lab will be high stakes as a Pass (E/M) or Fail (U) for the student according to the CAT.

Consequences for missing a competency lab can lead to clinical failure.

Due to faculty scheduling, Guided Labs and Competency Labs may not be made up.

Both Guided and Competency Labs will be evaluated with student and faculty surveys.

Each **quarter**, prior to SBE, the students sign a **confidentiality agreement**.

Annually, faculty sign a confidentiality agreement and it will be saved in faculty files.

Prior to every SBE, students will be given a **pre-briefing and orientation** of the environment.

After every SBE, students will participate in a **debriefing**, using **Plus/Delta**.

After every SBE student **evaluations** will be completed and **outcomes will be measured**

If a volunteer is used in simulation, they are only trained to portray the scripted role and are not to provide instruction, feedback, or debriefing to students, but can provide objective input to the faculty members involved in the scenario.

Faculty Simulation Orientation Policy: Faculty who are new to simulation will be required to read the policy and work 1:1 with an experienced faculty member in each step of the simulation process.

- Read policy
- Review Simulation Materials
 - Faculty materials including CLOs linked to PLO, and the unit objectives.
 - Student prep materials
 - Roles involved in the scenario
 - Supplies needed for the scenario
 - Work with faculty in planning the activity –such as timing and groups-for organized and timely sessions
- New faculty will work 1:1 with experienced faculty in turning on the simulators, monitors, Pyxis, and EMR, and running a scenario on the computer- until they can effectively and confidently return demonstrate the role
- New faculty will work alongside an experienced faculty in various roles-such as the “pre-briefer” - until the new faculty can effectively and confidently return demonstrate the role
- New faculty will work alongside the content expert, and be identified as a “content” expert, before facilitating the debriefing session independently
- New faculty will be oriented to the evaluation process, by understanding the use of the CAT, surveys, or other evaluation methods
- New faculty will become a priority for Simulation Training per budget allocation
- All faculty sign confidentiality agreements
- All faculty participate in simulation evaluation surveys
- New faculty will be evaluated on performance per faculty contract

Faculty Simulation Orientation Checklist

New Faculty Name _____

Simulation Orientation	Date	Faculty Initials	Sim Coordinator Initials
Read policy			
Review Simulation Materials			
o Faculty materials including CLOs linked to PLO, and the unit objectives.			
o Student prep materials			
o Roles involved in the scenario			
o Supplies needed for the scenario			
o Work with faculty in planning the activity –such as timing and groups-for organized and timely sessions			
New faculty will work 1:1 with experienced faculty in turning on the simulators, monitors, Pyxis, and EMR, and running a scenario on the computer- until they can effectively and confidently return demonstrate the role			
New faculty will work alongside an experienced faculty in various roles-such as the “pre-briefer” - until the new faculty can effectively and confidently return demonstrate the role			
New faculty will work alongside the content expert in debriefing. Faculty will be identified as a content expert before facilitating the debriefing session independently			
New faculty will be oriented to the evaluation process, by understanding the use of the CAT, surveys, or other evaluation methods			
New faculty will become a priority for Simulation Training per budget allocation			
All faculty sign confidentiality agreements			
All faculty participate in simulation evaluation surveys			
New faculty will be evaluated on performance per faculty contract			

Implemented 10/21/2019

References

INACSL Standards Committee (2016). INACSL standards of best practice: Simulation SM Simulation glossary. *Clinical Simulation in Nursing*, 12 (5) S39-S47. Elsevier

Oermann, M.H., Molloy, M.A., Vaughn, J. (2015). Use of deliberate practice in teaching in nursing. *Nurse Education Today*, 35, 535-536. Elsevier

APPENDIX 3

Plus	Delta
<ol style="list-style-type: none"> 1. Remind students of the objectives or outcomes and ask each student how they felt during the simulation 2. Remind students that mistakes are expected and necessary for learning. 3. Review the debriefing model and start with what went well in the simulation. 4. State, "What worked well for you/the team in regard to "objective 1" today?" Clarify if needed with examples or questions. For instance, "Give me an example of how you thought you or a teammate provided therapeutic communication." Or in considering your role today what went well? 5. Rationale: Specifying the objectives connects the experience to theory and helps to direct remarks. 	<ol style="list-style-type: none"> 1. Ask what each member would change about the scenario (teamwork, safety, communication or other objectives of the scenario). 2. Rationale: This directs the comments and connects them to the objectives for the simulation. Keep it positive but direct. To facilitate this further have each student speak to the role they were assigned for the simulation. 3. Summarize how the observations made will assist the students in future practice. 4. Review any course evaluation that will be done for the simulation as needed. <p>OPTIONAL: Finish with a survey, quiz or journal assignment that is due later in the week to allow time for deeper reflection</p>