CENTRAL OHIO TECHNICAL COLLEGE

Mission: To meet the technical education and training needs of students and employers in the area.

POLICIES AND PROCEDURES

OF THE

NURSING PROGRAMS

Associate Degree Nursing Programs

The Program Faculty and College reserve the right to make changes in order to assure the quality, quantity, and effectiveness of education.

This handbook is designed to serve as a reference. It is not a contract, nor is it an invitation to contract.

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Notification of Changes to Policies

The student will be notified if any program policy is changed or altered. At the beginning of each semester, faculty will advise students of the specific policy change. The student will sign a Policy Verification for Single Revision form and submit to the course instructor. Once all forms are collected, they are filed in the student folder in the Nursing Office.

Furthermore, the program will not implement changes to policies for student progression, or requirements for completion of the program, for students enrolled in the program at the time the changes are adopted, to comply with rule 4723-5-12 (B), OAC.

PHILOSOPHY – ASSOCIATE DEGREE NURSING

The Department of Nursing embraces the College's mission by preparing students to take the nursing licensure examination, and by encouraging self-fulfillment through life-long learning and service to others[1]. The faculty of the Department of Nursing believes that nursing is both an art and a science – a caring profession with a continuously expanding body of knowledge. Through the use of evidence-based practice, nurses must strive to assist individuals, families and communities to achieve optimal functioning, consistent with the delivery of safe and effective nursing care in a variety of healthcare settings. The professional nurse will assess, diagnose and intervene to respond to the healthcare needs of those within their care.

The nursing faculty view individuals as thinking, feeling, unique beings with inherent dignity and worth. Individuals are members of families, communities or populations influenced by multiple factors which contribute to their dynamic and complex nature. Acquired knowledge, skills and attitudes coupled with the nursing process will be utilized to improve the health status of both individuals and communities. The faculty believes health constitutes a quality feature of life, involving dynamic interaction and interdependence among the individual's physical well-being, mental and emotional reactions, and the community or environment in which the person exists. The state of health for individuals, families, and communities is influenced by adaptation to internal and external environmental factors.

The faculty views each student as a unique person with special talents, abilities, needs, and goals. Cultural diversity, varying life experiences, and changing socioeconomic factors affect each student differently. To facilitate teaching and learning in this diverse environment, the faculty function as nursing experts, as facilitators of learning, and as nurturers of students. The faculty continuously endeavors to provide an environment that assists students to realize their full potential. Using a student-centered approach, the program will prepare graduates with the knowledge, skills and attitudes necessary to continuously improve the quality and safety of the healthcare systems in which they work.[2]

The nursing faculty believes that students will develop nursing judgment by learning to examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families and communities.[3] The incorporation of professional standards, guidelines and competencies[4] will

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[1] NLNAC Standards and Criteria, Standard 1. *NLNAC accreditation manual* (2008). National League for Nursing Accreditation Commission.
[2] QSEN Competency KSAs (Pre-licensure). *Quality and Safety Education for Nurses* (2011). Retrieved from http://www.qsen.org/ksas_prelicensure.php
[3] NLN Competencies for graduates of associate degree and diploma programs. Retrieved from http://www.nln.org/facultydevelopment/Competencies/comp_ad_dp.htm
[4] NLNAC Standards and Criteria, Standard 4, *NLNAC accreditation manual* (2008). National League for Nursing Accreditation Commission.

result in graduates who have learned to advocate effectively for patients and families[5] resulting in safe, quality practice in contemporary health care environments.[6]

[5] NLN Competencies for graduates of associate degree and diploma programs. Retrieved from http://www.nln.org/facultydevelopment/Competencies/comp_ad_dp.htm

[6] NLNAC Standards and Criteria, Standard 4, NLNAC *accreditation manual* (2008). National League for Nursing Accreditation Commission.

VISION OF THE DEPARTMENT OF NURSING

To develop an innovative, progressive, preferred nursing program which enhances learning the art and science of nursing and promotes student achievement and successful completion of the NCLEX.

ASSOCIATE DEGREE NURSING PROGRAM STUDENT LEARNING OUTCOMES

The following program student learning outcomes guide curricular development in the Associate Degree Nursing Program at COTC. All educational activities are designed to promote attainment of these outcomes by graduates of the program. The pre-licensure competencies identified by the Quality and Safety Education for Nurses project were used as a primary resource in the development of these outcomes (QSEN, 2011). Competencies listed in the American Nurses Association Scope and Standards of Practice 2010 were also incorporated into development of these outcomes (ANA, 2010).

1. Collaborates with health care team members to provide safe, competent care to meet the patient's biopsychosocial, spiritual, and cultural needs in a variety of health care settings.
2. Utilizes technology and a spirit of inquiry to examine resources to develop nursing judgment and guide evidence-based practice.
3. Manages patient-centered nursing care and promotes the health of patients within the family and community context.
4. Demonstrates professional behavior and integrity within an ethical and legal framework.
5. Demonstrates knowledge, skills, and attitudes as a nurse generalist with the ability to assess and prioritize patient needs and services.
6. Utilizes quality improvement to continually enhance patient care and promote positive patient outcomes.

References:

American Nurses Association. (2010). *Nursing: Scope and standards of practice*. Silver Springs, MD: American Nurses Association.

QSEN Institute. (2011). *Quality and Safety Education for Nurses: Competencies: Pre-licensure KSAS*. Available at http://qsen.org/competencies/pre-licensure-ksas/

POSITION STATEMENT OF THE NATIONAL ORGANIZATION FOR ASSOCIATE DEGREE NURSING (OADN)

Associate Degree Nursing education had its inception in 1952 as the result of a research project conducted by Mildred Montag. The project sought to alleviate a critical shortage of nurses by decreasing the length of the education process to two years and to provide a sound educational base for nursing instruction by placing the program in community colleges. In 1958, the W. K. Kellogg Foundation funded the implementation of the project at seven pilot sites in four states (Haase, 1990).

The number of ADN programs has escalated from seven in 1958 to more than 940 today with over 600 of those in community colleges (American Association of Community Colleges [AACC]; Allnursingschools.com; Integrated Postsecondary Education Data System [IPEDS]).

The intent of this statement is to clarify the role and value of associate degree nursing education and practice.

Graduates of associate degree nursing programs are professional nurses and are:

- Essential members of the interdisciplinary healthcare team in diverse healthcare settings.
- Able to derive strength from their ethnic, cultural, social, economic and gender diversity, thereby enhancing the capacity to respond to the healthcare needs of a diverse nation.
- Able to collaborate with all stakeholders for the development of public policy, the delivery of quality outcome driven health care, and to ensure access to health care for all individuals.
- Caring, competent, and knowledgeable healthcare providers who engage in professional development activities in order to advance safe, effective competent care.
- Legally, morally and ethically accountable.

Associate degree nursing education:

- Provides a dynamic pathway for entry into professional registered nurse (RN) practice.
- Is continually evolving to reflect local community needs and current and emerging healthcare delivery systems.
- Is responsible for instilling the tenants of advocacy, professional involvement, life-long learning, and leadership.
- Involves evidence-based practice which prepares graduates to employ critical thinking, clinical competence, and technical proficiency in their healthcare setting.

References:

Allnursingschools.com http://www.allnursingschools.com/
American Association of Community Colleges, One Dupont Circle NW, Washington, DC 20036. (202) 728-0200 http://www.aacc.nche.edu/
Haase, P.T. (1990). *The origins and rise of associate degree nursing education*. Durham, NC: Duke University Press.
The Integrated Postsecondary Education Data System (IPEDS), 1990 K Street NW, Washington, DC

ASSOCIATE DEGREE NURSING
OVERVIEW OF PROGRAMS AND IMPORTANT GENERAL INFORMATION

Regulatory Approval and Accreditation

The Central Ohio Technical College Associate Degree Nursing Program is approved by the Ohio Board of Nursing and the Ohio Department of Higher Education (ODHE). The program is also accredited by the Accreditation Commission for Education in Nursing (ACEN), 3343 Peachtree Road, NE, Suite 850, Atlanta, GA 30326. The Central Ohio Technical College Associate Degree Program for Professional Nursing began in 1972.

Rigor of the Program

The program is one of the most rigorous programs in the College, demanding determination, stamina, personal planning and time devoted to study. The Nursing Faculty defines curricular rigor as academically and intellectually challenging curriculum/material that promotes progressive learning to help students understand complex concepts and enhances clinical reasoning skills.

Preparation for both theory and clinical activities requires full-time effort. Therefore, students are encouraged to reduce employment to a minimum in order to maintain the education focus. Clinical days and hours will vary each semester. Clinical may be scheduled for weekend days. Flexibility of time as well as reliable personal transportation remains the responsibility of the student. Policies of the Programs are intended to promote students' successful completion, to meet requirements of external review agencies and affiliate institutions and to ensure equitable treatment of students.

Time management is a key to student success. Each student is responsible for meeting program requirements, including availability for assigned clinical experience which may occur on day, evening, night, weekday and weekend hours. Therefore, flexible work scheduling and childcare arrangements are essential.

Clinical courses, (i.e., those involving clinical experience), require additional study time beyond the actual scheduled classroom and clinical hours. An approximation of study time per college hour is three hours additional time needed weekly. Example: A five hour nursing course could require fifteen hours of weekly study in addition to class attendance to meet course requirements.

A variety of personnel and material resources are available to aid student learning. Students are urged to adopt a habit of library use in student education. This practice of maintaining awareness of current literature and research in clinical problem solving will be valuable in endeavors in professional life.

The Program

Students are admitted to the program each semester to pursue the two year program on a full-time basis. Licensed Practical Nurses with current licensure may be admitted to the accelerated LPN to AD Program after admission requirements are met and prerequisites are completed.

COTC Nursing Faculty takes pride in assisting students in developing the knowledge, skills and attitudes to be an effective member of the healthcare team. The COTC faculty is genuinely interested in individual student welfare as well as the overall effectiveness of the program in producing graduates who are deemed safe to enter practice. Student contact, inquiry, and education are welcome and viewed as important in the success of students, faculty, and the programs.

Evaluation of the Program

The quality of the program is continually assessed using a variety of approaches. Each course and faculty member is evaluated by students who complete evaluation forms at completion of a course and/or clinical experience rotation. Feedback/communications are also sought concerning organizational systems and planning. Such data is instrumental in evaluating need for changes and effectiveness of plans/actions.

Key "outcome measures" are used to evaluate the overall quality and effectiveness of nursing programs, including, but not limited to:

1. NCLEX-RN examination results (% pass/fail)
2. Post-graduation student surveys
3. Surveys of employers of new graduates
4. Student completion

The programs are rigorously evaluated by external agencies utilizing specific professional criteria in order to achieve/maintain accreditation status. Moreover, faculty and administration constantly assess/identify trends and consider/plan potential advances for the programs and their enhancement. An Advisory Committee of community health care and education leaders offer input on the quality, effectiveness and development of the programs. Student data from courses is a vital component in the assessment process.

Various internal forums and committees are structured for communications, planning and problem solving. Student representatives are welcome participants at standing program committees. Students are encouraged to participate and elect representatives to the Nursing Student Advisory Council. Interdepartmental faculty communications are also important in assuring operations and successful program outcomes.

Nondiscrimination

In compliance with the Americans with Disabilities Act (ADA) and College policy (The Civil Rights Act and Internal Standards), the College and Division do not discriminate on the basis of race, gender, ethnicity, religion, sexual orientation or handicapping conditions. Inasmuch as nursing is a practice discipline, the Division requires all successful applicants to possess the psychomotor skills necessary to safely and effectively perform Cardio-pulmonary Resuscitation (CPR), the most standard of required nursing skills. Once admitted to a Division Program, it is the individual student's responsibility to self-identify to the Office for Disability Services staff and course instructors regarding any special learning needs. https://www.cotc.edu/disability-services

Changes

Change is a component of a continuous improvement philosophy. The Nursing Program reserves the right to make policy or program change depending on assessment findings. Planned change occurs regarding courses, policies, operations, etc. based upon needs, evaluation data and/or additional input. Change is also rapidly occurring within the healthcare field which may impact the programs, necessitating both planned and unplanned adjustments. Communications and flexibility are central to managing such events.

Approved 12/17/07

FUNCTIONAL ABILITIES ESSENTIAL FOR NURSING PRACTICE

With job duties that can change minute to minute, nurses need to be ready to perform a variety of tasks. The following are examples of essential functional abilities needed to be successful in the nursing programs at Central Ohio Technical College. All students are required to meet these essential functions with or without accommodations for disability. Allowing for individual differences, and encouraging program completion for students with a documented disability, the nursing programs will work with the student and the Office for Students with Disabilities to provide reasonable accommodation to meet these essential functions.

Gross Motor Skills

- Move within confined spaces
- Sit and maintain balance
- Stand and maintain balance
- Reach above shoulders (e.g., IV poles)
- Reach below waist (e.g., plug electrical appliance into wall outlets)

Fine Motor Skills

- Pick up objects with hands
- Grasp small objects with hands (e.g., IV tubing, pencil)
- Write with pen or pencil
- Key/type (e.g., use a computer)
- Pinch/pick or otherwise work with fingers (e.g., manipulate a syringe)
- Twist (e.g., turn objects/knobs using hands)
- Squeeze with finger (e.g., eye dropper)

Physical Endurance

- Stand (e.g., at client side during surgical or therapeutic procedure)
- Sustain repetitive movements (e.g., CPR)
- Maintain physical tolerance (e.g., work entire shift)

Physical Strength

- Push and pull 25 pounds (e.g., position clients)
- Lift and support 25 pounds (e.g., pick up a child, transfer client)
- Move light objects weighing up to 10 pounds (e.g., IV poles)
- Move heavy objects weighing from 11 to 50 pounds (e.g. patient, bed)
- Defend self against combative client
- Carry equipment/supplies
- Use upper body strength (e.g., perform CPR, physically restrain a client)
- Squeeze with hands (e.g., operate fire extinguisher)

Mobility

- Twist
- Bend
- Stoop/squat
- Move quickly (e.g., response to an emergency)
- Climb (e.g., ladders/stools/stairs)
- Walk

Hearing

- Hear normal speaking level sounds (e.g., person-to-person report)
- Hear faint voices
- Hear faint body sounds (e.g., blood pressure sounds, assess placement of tubes)
- Hear in situations when not able to see lips (e.g., when masks are used)
- Hear auditory alarms (e.g., monitors, fire alarms, call bells)

Visual

- See objects up to 20 inches away (e.g., information on a computer screen, skin conditions)
- See objects up to 20 feet away (e.g., client in a room)
- See objects more than 20 feet away (e.g., client at end of hall)
- Use depth perception
- Use peripheral vision
- Distinguish color (e.g., color codes on supplies, charts, bed)
- Distinguish color intensity (e.g., flushed skin, skin paleness)

Tactile

- Feel vibrations (e.g., palpate pulses)
- Detect temperature (e.g., skin, solutions)
- Feel differences in surface characteristics (e.g., skin turgor, rashes)
- Feel differences in sizes, shapes (e.g., palpate vein, identify body landmarks)
- Detect environmental temperature (e.g., check for drafts)

Smell

- Detect odors from client (e.g., foul smelling drainage, alcohol breath, etc.)
- Detect smoke
- Detect gases or noxious smells

Reading

- Read and understand written documents (e.g., policies, protocols)

Arithmetic Competence

- Read and understand columns of writing (flow sheet, charts)
- Read digital displays
- Read graphic printouts (e.g., EKG)
- Calibrate equipment
- Convert numbers to and/or from Metric System
- Read graphs (e.g., vital sign sheets)
- Tell time
- Measure time (e.g., count duration of contractions, etc.)
- Count rates (e.g., drips/minute, and pulse)
- Use measuring tools (e.g. thermometer)
- Read measurement marks (e.g. measurement tapes, scales, etc.)
- Add, subtract, multiply, and/or divide whole numbers
- Compute fractions (e.g., medication dosages)
- Use a calculator
- Write numbers in records

Emotional Stability

- Establish therapeutic boundaries
- Provide client with emotional support
- Adapt to changing environment/stress
- Deal with the unexpected (e.g., client going bad, crisis)
- Focus attention on task
- Monitor own emotions
- Perform multiple responsibilities concurrently
- Handle strong emotions (e.g., grief)

Analytical Thinking

- Transfer knowledge from one situation to another
- Process information
- Evaluate outcomes
- Problem solve
- Prioritize tasks
- Use long term memory
- Use short term memory

Critical Thinking

- Identify cause-effect relationships
- Plan/control activities for others
- Synthesize knowledge and skills
- Sequence information

Interpersonal Skills

- Negotiate interpersonal conflict
- Respect differences in clients
- Establish rapport with clients
- Establish rapport with co-workers

Communication Skills

- Teach (e.g., client/family about health care)
- Explain procedures
- Give oral reports (e.g., report on client's condition to others)
- Interact with others (e.g., health care workers)
- Speak on the telephone
- Influence people
- Direct activities of others
- Convey information through writing (e.g., progress notes)

Reference

Adapted from:
Yocum, C.J. (1966). *Validation study: Functional abilities essential for nursing practice.* Chicago: National council of State Boards of Nursing. (Available in: National Council of State Boards of Nursing (1999). *Guidelines for using results of functional abilities studies and other resources (Appendix A; pp. 56-57).* Chicago: author.)

Reviewed by AG Office: 4/1/09 Approved: 4/13/09

UNDERSTANDING NURSING CONCEPTS

Nursing education continues to be challenged by increasing amounts of complex and interrelated concepts which serve to guide the practice of nursing. Concepts are one way to learn difficult information. A **concept** is an organizing principle or a unifying classification of information across multiple disease categories and populations. In nursing education, a concept should be clinically useful to guide student learning and clinical practice. (Giddens, 2007) The Nursing Program has identified and accepted the following key concepts:

- **Oxygenation/perfusion**
- **Comfort/pain**
- **Skin integrity**
- **Elimination**
- **Neuro/sensory**
- **Motion/mobility**
- **Nutrition/fluids**
- **Safety**
- **Communication**
- **Health maintenance/promotion**
- **Immunity/infection**
- **Psychosocial**

The students will see these concepts throughout the courses in the nursing program, discussed both in the classroom and the clinical experience. Various exemplars will be discussed in each course, with a focus on the most common disease categories and conditions. As noted, it is impossible to cover the vast amount of content available to be taught. Organizing information under concepts, however, should provide a foundation of knowledge to the student which will allow him/her to analyze underlying conditions and identify appropriate nursing interventions regardless of the disease entity.

Reference:
Giddens, J.F. (October, 2007). *Managing content through a concept-based curriculum and conceptual teaching.* National League for Nursing Web Seminar.

Approved: July 2008
Revised: March 12, 2012
https://www.cotc.edu/sites/main/files/file-attachments/cotc_code_of_student_conductrevisions_1.pdf?1599108114

POSITION STATEMENT ON ACADEMIC INTEGRITY IN THE NURSING PROGRAMS

The faculty of the COTC Nursing Programs believes **academic integrity** is essential to the success of our mission as educators. Academic integrity is defined as a commitment, even in the face of adversity, to five fundamental values: honesty, trust, fairness, respect and responsibility (Center for Academic Integrity, 1999).

The American Nurses Association (2001) states "*a fundamental principle that underlies all nursing practice is respect for the inherent worth, dignity and human rights of every individual*." This applies not only to the patient in the care environment, but to others that the nurse interacts with. The ANA further states:

> The nurse educator is responsible for promoting and maintaining optimum standards of both nursing education and of nursing practice in any settings where planned learning activities occur. **Nurse educators must also ensure that only those students who possess the knowledge, skills and competencies that are essential to nursing graduate from their nursing programs**. [emphasis added]

The National Student Nurses' Association (NSNA) *Code of Ethics* (2018, p. 2) defines professionalism as:

> Characteristics that describe an individual striving to maintain the highest standards for one's chosen path – honesty, integrity, responsibility and conducting oneself with responsibility, integrity, accountability and excellence.

The NSNA further states that "ethical principles are a necessary guide to professional development." (NSNA, p. 6) And furthermore, "to practice nursing as a student is an agreement to uphold the trust society has placed on us [the student]". (NSNA, p. 6)

Given the fundamental values of ethics and integrity and the core values of the COTC nursing program, the administration and faculty of the nursing program have developed and approved this position statement. The administration and faculty embrace the information contained in this document, and hold ourselves as well as the nursing students accountable to the following:

- We respect the inherent worth, dignity and human rights of every individual we encounter. This includes colleagues, students, and those for whom we provide care.
- We hold ourselves accountable for acquiring and maintaining the necessary competencies to meet the prevailing standard of patient care.
- We understand that the classroom, lab, and clinical site are all part of the learning environment. As such, we will utilize each venue as an opportunity to teach our students the needed knowledge and skills to graduate a nurse generalist prepared to engage in safe practice.
- We will continuously strive to do what is right in our interactions with others.

Integrity in nursing education is essential to the development of the ethical nurse. Nurses are

entrusted with the very life and health of the patients they care for. **Unethical decisions in nursing school, including but not limited to cheating on nursing tests, creates a concern about unethical decisions in nursing care.** Unethical decisions in nursing care violates the trusting relationship between the nurse and the patient. Therefore, unethical decisions in the classroom, campus laboratory, or clinical rotation will not be tolerated. Students will have many opportunities to cheat while in nursing school – any student caught cheating or acting to compromise patient care will face immediate course failure and **risks dismissal from the program.**

References:

American Nurses' Association (2001). *Code of ethics for nurses with interpretive statements.*
The Center for Academic Integrity (October 1999). *The fundamental values of academic integrity.*

Approved: August 25, 2008
Revised: August 9, 2018; May 28, 2021

ADMISSION TO THE NURSING PROGRAM

Admission to the nursing programs at COTC is based on a competitive selection process. If an applicant has attended college prior to enrolling at COTC, the official transcript from each college must be submitted prior to the application deadline for GPA and course verification. Previous college coursework for non-technical courses will be evaluated for possible transfer credit. Official transcripts should be requested early in the application process, and must be sent to *Gateway Records* directly from the sending institution. Students must comply with general COTC admission requirements.

Students convicted of a felony are not eligible for entrance to COTC Nursing Programs. The programs comply with the criminal records check laws in Ohio specific to healthcare workers. All students applying to the program must submit to fingerprinting in order to verify history regarding any previous offenses. This is a requirement of our affiliate health care agencies.

Students are required to complete a drug screen upon acceptance into the program. This is a requirement of our affiliate health care agencies.

Potential applicants must attend a *Nursing Information* meeting. Attendance is valid for twelve (12) months.

Students must follow the application packet instructions carefully. See the current *Nursing Plan of Study* and *Fact Sheets* for detailed information.

Competitive selection process

The applicant's cumulative GPA from previous coursework and courses completed at COTC is considered in the selection process. All nursing program applicants are also required to take the ATI *Test of Essential Academic Skills* (TEAS).

Although students have no limitation on the number of attempts with the ATI TEAS, only the last attempt is considered in this admission process. **The TEAS results are considered heavily in the selection process** – students are encouraged to study/prepare for the TEAS in order to achieve their best scores.

Research clearly shows that students who achieve the *Proficient* level or higher have more likelihood of being successful in the challenging nursing program. Conversely, research shows that students who achieve less than *Proficient* level are at high risk of program failure and if they make it through the program, then high risk for NCLEX failure.

Students who are admitted into the Nursing programs who score **below** the *Proficient* level (either *Basic* or *Developmental*) will be admitted on a "probationary" basis and will be required to complete prescribed remediation activities during their first semester. Students who are readmitted

to the Nursing programs after being unsuccessful in a previous attempt at 1st semester will also follow this policy. Each plan will be individualized to the student's circumstances and their score in the four areas of the TEAS: science, math, reading, English. The plan must be completed in order for the student's grade to be posted for semester one nursing courses.

Approved 12/17/15; 4/27/16

CENTRAL OHIO TECHNICAL COLLEGE

NURSING DEPARTMENT

Student name: _____ **Admission date:** _____

COTC ID #: _____

Individual plan for risk reduction to improve academic success in the nursing program:

- ☐ By the end of week three, you must make an appointment and meet with the Learning Skills Specialist, Ferdinand Avila Medina. Go to https://www.cotc.edu/learning-specialist for detailed information, email fmedina@cotc.edu, or call (740) 366-9247.
  Take this form with you so Mr. Avila-Medina can initial here _____ as evidence you have completed this requirement.

- ☐ Go to www.studentlingo.com/cotc-osun , select and complete the following videos. You will need to print a copy of your transcript to show Nursing Administration evidence of completion.

  - *What it takes to be a successful student*
  - *Reading comprehension strategies*
  - *Study tips & note-taking strategies*
  - *Time management: Strategies for success*

- ☐ Go to http://dennislearningcenter.osu.edu/category/student-resources/ and complete the section on *Active Note Taking Strategies*.

- ☐ The student will make an appointment to meet with their assigned Nursing Faculty Advisor, as soon as that advisor is known. The student will schedule a minimum of three (3) meetings with their Nursing Faculty Advisor during their first semester. Topics for discussion will include but are not limited to:

  - Review of ATI TEAS results.
  - Academic status and progress.
  - Campus laboratory performance.
  - Course progress and any potential challenges/barriers.
  - Other items that the Nursing Advisor may identify during the meeting with the student.

Once the student has completed this individual plan, this form is to be submitted to the course instructor for initial review and then forwarded to the Nursing Administration Office for placement in the student's file.

Form reviewed by: _____ Date: _____

ACCEPTING TRANSFER CREDIT FOR NURSING COURSES

Under very specific circumstances, COTC will accept students wishing to transfer into the nursing programs. Transfer is a selective process and every applicant will be evaluated individually. Nursing courses taken previously will be reviewed to assure equivalency. The Nursing Programs Administrator, in collaboration with the Nursing faculty, will make the decision regarding transfer. All decisions will be final.

An applicant who requests transfer of nursing credits from another degree-granting pre-licensure program must comply with the following:

- The applicant must apply for admission to COTC in accordance with application procedures. Applicants are to work with ***Gateway Advising/Admissions***.
- The applicant is responsible for assuring that all official transcripts are submitted to Gateway.
- The applicant is responsible for assuring that all course syllabi are submitted for any course the student is asking to transfer.
- All courses under consideration for transfer must have a final grade of "C" or above.
- The applicant must have a minimum cumulative GPA of 2.75.
- Coursework beyond five years will not be eligible for consideration.
- Credit will not be given for any nursing course if the last clinical course was completed greater than 12 months prior to admission. The applicant will be ineligible for admission to the nursing program in that case.
- The student must request a letter from the director or administrator of the nursing program they are transferring from. The letter must address both the student's academic standing at the time of leaving the program, as well as the student's clinical skills/performance.
- The student may be asked to satisfactorily complete a proficiency examination, which could include either theory content, laboratory skills, or both.
- Requests must be submitted by the first day of the semester preceding the semester the student wishes to enter the program. ***Requests will not be considered until the applicant's packet of materials is complete***.
- After approval, transfer students will be admitted on a space available basis as a second priority following returning COTC students.

If the student does not successfully complete their first semester after being transferred into COTC, the situation will be reviewed individually and the student may be prohibited from reseating in the program.

Approved 12/17/08
Revised 8/22/11

Policy AD 1.1

ACCEPTING TRANSFER CREDIT: AWARDING CREDIT FOR MILITARY SKILLS AND TRAINING

The Nursing program at Central Ohio Technical College recognizes the education and skills training of students who have experience in the armed forces of the United States, or in the National Guard or in a reserve component. In accordance with college policy, students must submit an official transcript or certificate of completion or a veterans DD 214 form of their military education for evaluation by the Gateway.

To request credit specifically for NURS courses, the student must provide a course syllabus and/or course description to the nursing department for evaluation. Credit will be awarded to the student for any of the military education or skills training which is substantially similar to the associate degree in nursing curriculum.

ACHIEVEMENT OF LEARNING OUTCOMES – POLICY STATEMENT

Student learning is continuously assessed in order to facilitate individual learning and preparation for career success, including success on the NCLEX-RN.

All nursing students must take specified periodic standardized nursing examinations. Completion of such tests is a mandatory part of the course work in the nursing program. Testing occurs at different points in the program. The standardized assessments (currently ATI) are required throughout the curriculum. These assessments will increase in percentage of the total course grade throughout the curriculum to assist the student with mastery of content and proficiency in standardized testing.

Testing will be conducted at pre-arranged times each semester. Students who are unsuccessful in achieving the defined stated minimum outcomes on the standardized test will be directed by the course instructor to complete remediation activities.

NOTE: All testing fees are the responsibility of the student.

Approved: 12/17/07; 12/3/14

ATTENDANCE POLICY

The faculty believes that all scheduled learning activities, both class and clinical, are essential. It is unacceptable to miss your nursing class. Attendance at all class/course sessions is expected in order to promote success. Students who miss class for any reason are responsible to get materials, information and/or alternative assignments. Faculty members are responsible to present information in scheduled class and teaching sessions. However, faculty are **not** responsible to provide materials/information to those who miss learning opportunities. Patterns of repeated class absence will be addressed.

The entire nursing program has adopted a Program Deficiency Point System which will be used for classroom, laboratory and clinical management. The appropriate points for tardies and absences from clinical or lab will be assigned according to this form.

Attendance at all skills labs is mandatory.

Students are not permitted to miss lab. In the event of an extreme illness or emergency, one absence may be allowed. The course instructor may require documentation of the illness/emergency as supportive evidence. Any missed lab time must be made-up. The course instructor will arrange the make-up hours and activity with the student.

Attendance at all clinical experiences is mandatory.

If the student must miss a single clinical day for illness or an emergency, the missed clinical hours must be made up. The makeup activity is to be discussed with the course instructor upon return from the absence.

The course faculty or the Nursing Program Administrator has the right and the responsibility to request medical clearance or other documentation to verify the circumstances and to assure the student is safe to return to the clinical setting.

No "banking" of clinical days or lab hours is permitted.

Procedure for calling off:

If unable to attend a lab or clinical experience due to a serious illness or grave emergency, the lab/clinical instructor MUST be notified of the absence **prior to the scheduled start time**. The student should notify their lab/clinical instructor, and should also log a call to the course instructor's office phone. The student is required to follow-up with their course instructor via email to tell them of the missed clinical hours. All missed lab and clinical hours must be made up with time equal to or greater than the time missed.

Consequences:

If a student fails to notify an instructor before a clinical or lab absence – this includes if the student is tardy – is considered a No call/ No show and there will be 6 deficiency points and a PIP awarded for the first occurrence at any point while the student is in the Nursing Program. A second occurrence of a no call/ no show AT ANY POINT during the time the student is in the Nursing Program will result in a course failure.

A second absence from lab or clinical will result in an unsatisfactory which will result in a failing grade for the course.

Any variance to this policy will be reviewed and only approved by the Nursing Programs Administrator.

Approved 12/17/07; Revised 11/24/08; 7/27/09; 5/10/10; 2/28/11; 3/12/12; 1/8/14; 7/1/14; **11/19/14**

CLINICAL AFFILIATIONS

The college has developed contractual affiliations with a variety of clinical healthcare agencies. Clinical experiences are planned for clinical courses in order to develop professional practice insight and skills in specific areas, according to course objectives. **Orientation to each assigned clinical setting is mandatory.** While in the clinical setting, each student is responsible to meet the policies, procedures, and standards of the clinical agency, as well as COTC education policies and adherence to the Student Nurse Handbook guidelines. Each student needs to be available for clinical assignment i.e. varied hours, days of the week, and locations. Each student is responsible for dependable transportation to/from clinical sites throughout Central Ohio. Punctuality is an expectation for all clinical experiences including orientation. Students are responsible for knowing where to go for clinicals and orientations. (This information will be given out in class, posted on the faculty member's website, on the nursing lab bulletin board, or mailed/emailed to the student. If unsure, **it is the student's responsibility** to seek clarification.)

Clinical affiliations are vital and valuable to the college and its students. As the healthcare field continues to change, COTC nursing leadership alters clinical experiences in order to meet arising changes, trends, and to maximize the quality of health care education. Student assignments to clinical settings involve multiple variables. These variables include: availability of skills and clients for learning, the availability of qualified faculty, and a schedule that fits with other scheduled college courses. COTC is deeply grateful to its affiliate healthcare agencies for their commitment to COTC education and students. Due to the nature and complexity of clinical assignment plans for technical classes, individual requests for change may only be considered until a designated date because it may be disruptive to the whole process.

Nursing faculty and students are expected to demonstrate professional behaviors at all times in the clinical settings. Violations of agency policy or COTC policy will result in disciplinary action.

Approved: 12/17/07
Revised: 3/12/12

CLINICAL EVALUATION AND ATTENDANCE

The student must competently and responsibly meet legal, ethical, safety and professional standards in providing basic nursing care as well as participating in academic activities. These standards include but are not limited to privacy, consent, confidentiality, and safety. The student must adhere to the policies of the program as well as to the policies and procedures of affiliated clinical institutions.

Students must demonstrate professional accountability in the clinical area, including but not limited to:

1. Be prepared for clinical experience. (appropriate uniform and equipment, knowledge of client care and adequate sleep).
2. Report on time for clinical experience as assigned.
3. Prepare for and participate in pre- and post-clinical conferences.
4. Notify instructor prior to clinical if unable to attend because of illness or if tardy.
5. All clinical experiences, including orientation(s) are mandatory (see Attendance Policy).
6. Submit acceptable written assignments on time and in a comprehensive manner.
7. Demonstrate appropriate professional appearance and behavior consistently.
8. Refrain from illegal possession or illegal use of drugs and/or alcohol beverages.
9. Call for information regarding school closure for safety, weather reasons.
10. Meet the clinical objectives specified in the clinical evaluation document for each clinical course.
11. Maintain required documentation of health status annually. If required health, behavior or attire standards are not met, the student is ineligible for clinical experience, which will interfere with successful course completion.
12. Adhere to the requirements of the Ohio Board of Nursing with regards to conduct while providing nursing care. OAC 4723-5-12
13. Follow facilities policies and procedures during your clinical experience including the smoking policy of the facility.
14. Students are not permitted to leave the premises at clinical facilities without specific permission from the instructor. Permission may be granted after a written request by the student.
15. Students are required to complete all clinical hours and are expected to advise their course instructor of any variation from assigned hours.

In each clinical course, a Clinical Evaluation document will be provided to each student during the course orientation. Procedures regarding this clinical evaluation form are:

1. The instructor will maintain written documentation of clinical performance weekly.
2. The clinical instructor will provide continuous and timely feedback to the student in the clinical setting. This information will be reviewed with the student prior to the completion of the clinical experience or at the instructor's earliest opportunity.
3. The student will sign the evaluation to indicate that s/he has reviewed and read the entries.
4. At the conclusion of the experience, the clinical evaluation is to be sent by the clinical instructor to the course instructor, who will review the evaluation before sending to the

Nursing office where it is filed in the student's record.

Students with clinical experience problems will be managed according to the *Clinical Success Policy*. Students are encouraged to discuss difficulties with the clinical instructor, course instructor, and/or advisor, in that order.

CLINICAL FOLDER/CLINICAL PORTFOLIO

Students newly admitted to their first nursing course will be given a clinical portfolio starter packet. This packet contains information regarding set-up and maintenance of the clinical portfolio. The portfolio is the responsibility of the student, and must be brought to each clinical assignment. Required information (such as Tb, CPR, Flu vaccine, etc.) must remain in the portfolio. The student is expected to provide supporting information / evidence to demonstrate clearly how they are meeting clinical criteria. The clinical instructor is responsible to review the portfolio at the start of each semester or clinical rotation, and also to review the portfolio at intervals throughout the semester.

NOTE: any time Tb and/or CPR status is updated, a copy must be given to the Nursing Lab Associates. Failure to maintain current health records and CPR certification as required will result in disciplinary action up to and including clinical failure.

Approved: 12/17/07
Revised: 3/12/12

CLINICAL AND COURSE SUCCESS

COTC's Nursing Program clinical experiences are designed to enable the nursing student to become a clinically safe and competent nurse generalist. When a student is having difficulty performing in a satisfactory manner this policy is utilized to help insure the student has the opportunity to demonstrate improvement to an acceptable level.

To remain in the nursing program, students must meet academic requirements and must maintain client/patient safety during all clinical laboratory experiences. Violation of safety may result in an immediate clinical failure and administrative withdrawal. Violations may include a single serious event or a pattern of deficiency. All "single serious events" will be reviewed by the Nursing Programs Administrator as a part of the decision-making process. The following definitions of safe and unsafe clinical practice are provided as guidelines and are not all inclusive.

Safe Clinical Practice

- The Student at all times acts under the supervision of a registered nurse serving for the program as a faculty member or a teaching assistant in accordance with OAC 4723.32
- Students are expected to demonstrate growth in clinical practice through application of knowledge and skills from previous and concurrent courses.
- Students are expected to demonstrate growth in clinical practice as they progress through courses and to meet clinical expectations outlined in the clinical evaluation tool.
- Students are expected to prepare for clinical practice in order to provide safe, competent care. Preparation expectations are detailed in clinical course syllabi.

Unsafe Clinical Practice

- Unsafe clinical practice is behavior that places the patient or staff in either physical or emotional jeopardy. Physical jeopardy is the risk of causing physical harm. Emotional jeopardy means that the student creates an environment of anxiety or distress that puts the patient or family at risk for emotional or psychological harm.
- Unsafe clinical practice is an occurrence or pattern of behavior involving unacceptable risk.

Reference:
Scanlan, J., Care, W. Dean, & Gessler, S. Dealing with the unsafe student in clinical practice. *Nurse Educator.* 2001; 26(1): 198-203.

A pattern of deficiency is a repeated performance of an undesirable clinical or professional behavior(s) as identified by the instructor(s). The behavior can occur during one or more clinical experiences to be defined as a pattern. (Examples include but are not limited to the following: chronic tardiness, disruptive clinical behavior, safety issues, and skill deficiencies). The student will be given written documentation of the undesirable behaviors and criteria describing the methods to correct the deficiency, as well as future expectations. Failure to demonstrate satisfactory improvement will result in an unsatisfactory clinical grade which will result in a failing grade for the course in which the student is currently enrolled.

In the clinical or laboratory setting, a student who demonstrates unsafe behavior(s) which may endanger self or others may be dismissed and failed in the clinical or laboratory component of a course regardless of the course theory grade. Faculty have the right to dismiss the student from the clinical area if, in consultation with the Program Administrator, the behavior is a critical issue of patient safety. This student will not be permitted to return to the clinical setting for the remainder of the semester and would receive a failing grade for the course regardless of the theory grade.

Procedure:

1. The instructor will document the undesirable clinical or professional behavior(s) performed by the student and observed by the instructor. The clinical instructor will use the *Clinical Attendance and Dress Code Deficiency Point System* rubric as an adjunct to evaluate student performance in the clinical setting. In addition,

2. The instructor will verbally and in a timely manner advise the student of the inappropriate behavior(s) and the consequences of clinical failure if the behavior(s) persists. Written documentation will be provided to the student on the course clinical evaluation tool.

3. If the inappropriate behavior(s) does not improve within the specified timeframe, a conference with the student will be scheduled to develop a corrective action plan. The written *Performance Improvement Plan* (PIP) will include, but not be limited to:
   - Expected behaviors, and
   - Appropriate time frames to achieve specific and safe clinical/college laboratory performance objectives, and
   - Consequences if a student fails to comply.

4. Copies of the *Performance Improvement Plan* will be attached to the *Clinical Evaluation Tool* and given to the student, clinical instructor, course instructor, and Program Administrator.

5. All *Performance Improvement Plans* must be complete by the end of the semester in which the plan was written. If the *Performance Improvement Plan* is unsuccessful, at the end of the plan's specified time the instructor will assign a clinical grade of **U** and the student will fail the course regardless of the course theory grade.

6. **In the event of course failure,** the student has the right to use the *College Grade Appeal Process* – see COTC Information, Policies and Procedures manual.

Note: In the event of a single serious issue which after timely review appears to be egregious, the decision may be made to immediately remove the student from the clinical experience for the semester without following the above stated process. Examples may include but are not limited to serious medication error not caught prior to administration, patient injury, failure to communicate a serious patient change in condition, unprofessional conduct, etc.

Approved: 12/17/07
Revised 4/28/08; 5/10/10; 12/10/10; 5/8/14
Policy AD 6.1

COMMUNICATION IN THE CLINICAL SETTING

From 1995 through 2005, The Joint Commission reviewed 2,537 sentinel events. A sentinel event is an incident classified as one causing or having the potential to cause a serious or lethal injury to a patient. Communication issues have been identified as being the root cause or a major contributor of these events. In 2005, nearly 70% of the sentinel events listed communication as a root cause of the incident.

The nursing faculty at Central Ohio Technical College recognizes the importance of communication, particularly in the clinical setting. Consistent, accurate sharing of information is essential to patient safety. Therefore, the nursing faculty adopts and supports the SBAR framework for communication between members of the health care team.

SBAR is an acronym for Situation – Background – Assessment – Recommendation, and is the framework for sharing information about a patient's condition. This strategy is useful for framing any conversation, especially critical ones, requiring a clinician's immediate attention and action. It is also useful during "handoffs" – the transfer of care from one clinician to another. Adoption of this framework has been demonstrated to foster a culture of patient safety in the clinical environment and is being used in many acute care settings.

Situation: When calling a healthcare provider to report a change in the patient's condition, the nurse identifies his or her name and unit, the name and room number of the patient, and the problem. The nurse describes what is happening at the present time that has warranted the SBAR communication.

> **Situation:** "Dr. Little, this is Maria Sanchez of 3 North. I am calling you to notify you that your patient, Liam Kelly, in Room 319-2, fell on the floor today while being transferred out of bed."

Background: The nurse includes relevant background information specific to the situation. For example, this could include the patient's diagnosis, his mental status, current vital signs, complaints, pain level, and physical assessment findings.

> **Background:** "As you know, Mr. Kelly had a discectomy and bone fusion on January 17. His legs have been weak since surgery. He fell when our aide was helping him get up with a walker. His current vital signs are BP 145/90, pulse 88 and respirations 20. He is able to move all of his extremities, although he is complaining of pain in his incision site of 7 on a scale from 1-10."

Assessment: **T**his step of the communication provides the nurse with the opportunity to offer an analysis of the problem. If the situation is unclear, the nurse tries to isolate the problem to the body system that might be involved and describes the seriousness of the problem. This may be challenging for some nurses because many have been conditioned to hold back the results of their critical thinking skills. Some facilities use the assessment step to convey more extensive data about the patient, such as changes from prior assessments.

> **Assessment:** "I see no changes in his neurological status since he fell; neither of his legs is shortened and externally rotated. He is quite anxious now and also worried something in his neck has been injured."

Recommendation: **T**he nurse states what he or she thinks would help resolve the situation or what is the desired response. This might be phrased in the form of a question: "Do you think we should give him a medication, perform lab work, do an x-ray, perform cardiac monitoring, or transfer to another unit? Will you come to evaluate him?"

> **Recommendation:** "I believe it would reassure Mr. Kelly if you would examine him. When can we expect you to come?"

References

Institute for Healthcare Improvement, SBAR *Technique for Communication: A Situational Briefing Model*. Retrieved August 19, 2008 from http://www.ihi.org/IHI/Topics/PatientSafety/SafetyGeneral/Tools/SBARTechniqueforCommunicationASituationalBriefingModel.htm

Med-League Support Services, Inc. *Medical Errors: SBAR.* Retrieved July 23, 2009 from http://www.medleague.com/Articles/medical_errors/sbar.htm

The Joint Commission. *Sentinel Event Statistics.* Retrieved July 23, 2009 from http://www.jointcommission.org/SentinelEvents/Statistics/

Approved 10/12/09

SBAR REPORT TO A PHYSICIAN

BEFORE CALLING THE PHYSICIAN

1. Assess the patient
2. Review the chart for the appropriate physician to call
3. Know the admitting diagnosis
4. Read the most recent Progress Notes and the assessment from the nurse of the prior shift.
5. Have *available* when speaking with the physician:

Chart, Allergies, Meds, IV fluids, Labs / Results

S

SITUATION

State your **name and unit.**
I am calling about: **(Patient Name & Room Number)**
The **problem** I am calling about is:

B

BACKGROUND

State the **admission diagnosis and date of admission**
State the pertinent **medical history or surgical history**
A brief synopsis of the **treatment to date**

A

ASSESSMENT

Most recent vital signs:

BP____ Pulse____ Respirations _____ Temperature_____

The patient ❑ is or ❑ **is not** on oxygen

Any changes from prior assessments, such as:

Mental Status:	Respiratory rate/quality:	Retractions / use of accessory muscles
Skin Color:	Pulse :	Rhythm changes :
Neuro changes:	Pain:	Wound drainage:
Musculoskeletal (joint deformity, weakness)		GI/GU (Nausea / Vomiting / Diarrhea / Output)

R

RECOMMENDATION

Do you think we should: (State what you would like to see done)

- ❑ Transfer the patient to ICU?
- ❑ Come to see the patient at this time?
- ❑ Talk to the patient and/or family about the code status?
- ❑ Ask for a consultant to see the patient now?
- ❑ Other suggestion ? _____

Are any tests needed ?

❑ Do you need any tests like ❑ CXR ❑ ABG ❑ EKG ❑ CBC ❑ BNP

❑ Others? _____

If a change in treatment is ordered, then ask:

- ❑ How often do you want vital signs? _____
- ❑ If the patient does not improve, when do you want us to call again?

DOCUMENT THE CHANGE IN CONDITION & THE PHYSICIAN NOTIFICATION

Policy AD 6.2

COMMUNICATION: CHAIN OF COMMAND

The chain of command is an important process in nursing practice. Invoking the chain of command means moving up the administrative ladder when you believe that your patient's clinical needs aren't being met. The chain of command is equally important in the academic setting. In the event of academic or clinical problems, the student has the right and responsibility to utilize the proper chain of command by contacting the following individuals in the order listed below.

A. Instructor - clinical or classroom (If you have a clinical issue start with the clinical instructor and progress to classroom instructor if needed. If you have a classroom issue start with classroom instructor).
B. Associate Nursing Programs Administrator
C. Nursing Programs Administrator
D. Dean of Technical Studies
E. Provost
F. President

The student should seek resolution before moving on to the next level. However, the student has the right to consult their academic advisor, a counselor, or ombudsperson at any point to discuss the problem and/or possible solutions to the problem. Students may also utilize College grievance policies/procedures, such as grade appeal. The academic policies can be accessed online at https://www.cotc.edu/sites/main/files/file-attachments/2021-22_academic_affairs_policy_procedures_manual_final.pdf?1622034529

Approved: 070813

Policy AD 7.0

CLOSING, DELAY, OR CANCELLATION OF CLASSES

Classes are rarely cancelled on the Newark Campus; however, if an emergency occurs, the guidelines published in the *COTC Information, Policies and Procedures Manual* are followed.

The following guidelines apply to **Nursing class, clinical, and laboratory** experiences:

1. If the college announces that **all** COTC campuses are closed, all **class, clinical and laboratory** experiences are cancelled. **However, in accordance with Ohio Board of Nursing regulations** these hours will be made up. The students are expected to comply with assigned makeup hours. These hours may be scheduled up through the last official day of the semester.

2. Clinical instructors, after personally assessing road and weather conditions, may call a delay in the start of clinical or may cancel clinical after consultation with the Nursing Programs Administrator. In this instance, students should be notified using the clinical calling tree (created in individual clinicals with the instructor.) Public announcement will not occur.
   - The clinical instructor may initiate a two hour delay the evening before the scheduled clinical; however, the instructor must wait until the day of the scheduled clinical to determine if a cancellation is justified. (That is, it is not permissible to cancel the clinical the night before.)
   - A makeup clinical day will be arranged.
   - The clinical instructor must notify their clinical site/unit of the delay or cancellation.

3. Students are responsible at all times to provide current telephone/address information to the college Registrar and to the faculty.

Closing, delay, or cancellation of COTC classes are announced via radio, television, and by logging onto the COTC web site or calling the main campus number.

Approved: 12/17/07
Revised: 3/2008; 8/23/10; 3/12/12

COURSE FEES

Course fees are associated with many of the nursing technical courses. The fees are used to defray the cost of consumable supplies used as part of course instruction, for special kits prepared for student use (e.g. IV practice kits), and student evaluation of competencies. Course fees may also include costs for standardized testing and associated remediation options. The course fees are added by Fees and Deposits after you register for the class.

Students are responsible for all course fees.

Approved: 12/17/07
Revised: 3/12/12

Policy AD 9.0

CPR CERTIFICATION

Clinical sites require the certification provided specifically by **The American Heart Association—Health Care Provider course**.

CPR certification is a pre-requisite for all clinical nursing courses. It includes adult, child, infant and the automated external defibrillator.

In order for students to attend clinical experiences, CPR certification **must be current** at all times. **It is the responsibility of the student to keep CPR certification up to date. Students should plan their recertification course at least 30 days prior to the expiration date.** It must be current according to The American Heart Association standards.

If a student is unable to attend clinical experience because of expired CPR certification, the student may not make-up the clinical experience and must withdraw from the course if there is sufficient time to do so or the student will fail the course.

A copy of the CPR certification is placed with the student's health information in the nursing lab. The student is required to provide a copy of CPR updates to the Nursing Lab Associates, as well. **The student should be aware that clinical agencies may request copies of students' CPR certification to verify compliance.**

Students may contact The American Heart Association for more information at:

614-848-6676
1-800-242-8721
www.americanheart.org
www.cpr-ecc.org

A CPR course is offered at COTC.

Approved: 12/17/07
Revised: 3/12/12

CONDUCT, PROFESSIONAL

In *The Code of Ethics,* the American Nurses Association states the following:

> *"The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conductive to safe, quality healthcare."*

The faculty of the nursing program embrace this code of ethics, and implement facets of the Code in classroom, college lab, and clinical situations. As future nurses, it is essential that students understand the Code of Ethics, and abide by the principles in the same manner. Therefore, to preserve respect for all individuals engaged in the nursing program, disruptive or offensive behavior is deemed unacceptable.

Disruptive or offensive behavior is speech or action that is disrespectful or rude and ranges from insulting remarks and verbal abuse to explosive, violent behavior. This includes any speech or action that disrupts the harmony of the teaching-learning environment. This behavior can be spoken, written, communicated electronically, visual, and/or physical and is directed toward an individual or a particular group.

Disruptive or offensive behavior that is reprehensible and threatening to the careers, educational experience and well-being of students, staff or faculty will not be tolerated.

Possible sanctions for the person(s) found to exhibit disruptive or offensive behavior include but are not limited to the following:

- Oral or written warning (documented)
- Oral or written reprimand (documented)
- Required attendance in sensitivity program and/or documented counseling experience
- Apology and/or restitution to the victim
- Suspension or dismissal from the program
- Suspension or dismissal from the College

American Nurses Association (2001). *The Code of Ethics,* Retrieved August 7, 2007, from http://www.nursingworld.org/ethics/ecode.htm

Approved: 12/17/07
Revised: 4/2008

Policy AD 10.1

CONDUCT: USE OF SOCIAL NETWORKING SITES

The Nursing Program recognizes that social networking websites and applications, including but not limited to *Facebook, MySpace, Instagram, Twitter, YouTube*, *SnapChat,* or individual blogs are an important means of communication. The use of technology can be a valuable search tool for nursing students and faculty when used appropriately. The expectation is that these resources will not be used in patient care areas, but will be utilized if appropriate in classrooms or conference rooms under the supervision and guidance of the course and clinical instructors. Unfortunately, the use of technology has been shown to create potential liability for the student, faculty, and the college.

Students and faculty alike should keep in mind that even with privacy settings in place, information is still public and subject to disclosure after deletion. Nursing students are held to the same professional, legal, and ethical standards as licensed nurses and must follow all agency policies and restrictions at the clinical site. Posting certain information is illegal, and violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability. **The following actions are strictly forbidden:**

- You may not post or communicate any patient-related information or information which may potentially identify a particular patient. Removal of the patient's name does not solve this problem – inclusion of gender, age, race, diagnosis, etc. may still allow the reader to recognize the identity of a specific individual. Violation of this requirement may result in disciplinary action up to and including dismissal from the program, as well as other liability for violation of HIPPA (the Health Insurance Privacy and Portability Act of 1996).

- You may not take photographs or videos in patient care areas. Any photographs or videos taken in violation of this policy may not be transmitted by any means, including electronic.

- You may not post or communicate private academic information about another nursing student, including but not limited to grades, narrative evaluations, or adverse academic actions.

    - Ohio Administrative Code 4723-5-12 (C) requires the following of nursing students:

        - (24) A student shall maintain the confidentiality of patient information. The student shall communicate patient information with other members of the health care team for health care purposes only, shall access patient information only for purposes of patient care or for otherwise fulfilling the student's assigned clinical responsibilities, and shall not disseminate patient information for purposes other than patient care or for otherwise fulfilling the student's assigned clinical responsibilities through social media, texting, emailing or any other form of communication.

- (25) To the maximum extent feasible, identifiable patient health care information shall not be disclosed by a student unless the patient has consented to the disclosure of identifiable patient health care information. A student shall report individually identifiable patient information without written consent in limited circumstances only and in accordance with an authorized law, rule, or other recognized legal authority.
- (26) For purposes of paragraphs (C)(5), (C)(6), (C)(9), (C)(10), (C)(11) and (C)(12) of this rule, a student shall not use social media, texting, emailing, or other forms of communication with, or about a patient, for non-health care purposes or for purposes other than fulfilling the student's assigned clinical responsibilities.

In addition to the absolute prohibitions listed above, the actions listed below are **strongly discouraged**. Violations of these guidelines are considered unprofessional behavior and may be the basis for disciplinary action:

- Display of vulgar language
- Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation.
    - Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Posting of potentially inflammatory or unflattering material regarding a fellow student, faculty member, or administration.
- Online contact with patients or former patients. This is a boundary crossing.

It is important to remember that what one person considers offensive may not be offensive to others. However, any nursing student or nursing faculty member who is aware of the use of social networking sites for any of the above prohibited purposes is required to report the misuse. Failure to report is a violation of this policy as well as the college's *Code of Student Conduct,* item *O* and may result in disciplinary action up to and including course failure and dismissal from the program.

Nursing faculty are discouraged from "friending" students while the student is actively enrolled in a COTC nursing program. Faculty should maintain professional boundaries at all times. When using social networking websites, students and faculty are strongly encouraged to use a personal e-mail address as their primary means of communication, rather than their cotc.edu address. Students and faculty are expected to maintain professional standards of behavior at all times.

Students who wish to record lecture must obtain the instructor's permission, be responsible to turn recorders off when requested and turn them off during breaks. Any recorded material shall not be copied, published or used in any public form (including social media), but is to be used only for personal study.

Note: final determination regarding violations of this policy reside with the Nursing Program Administrator who may also collaborate with the Dean for Technical Studies, the Provost and/or the Ohio Attorney General's Office for further guidance. Clinical partner agencies reserve the right to request disciplinary action for any student who violates that agency's policies and the agency may request that the student be prohibited from that clinical site. This will put the student at risk for program completion as the college may not be able to place the student at another clinical site.

References:

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Approved: 4/12/10
Revised: 3/12/12; 5/14/12; 5/25/16; 2/14/2019

CONDUCT: POSITION STATEMENT ON INCIVILITY IN THE NURSING PROGRAMS

The American Nurses Association recognizes that incivility, bullying, and violence in the workplace are serious issues in nursing. Incivility and bullying in nursing is prevalent in all settings. Incivility is one or more rude, discourteous, or disrespectful actions that may or may not have a negative intent behind them. Bullying, which ANA defines as "repeated, unwanted harmful actions intended to humiliate, offend and cause distress in the recipient," is a very serious issue that threatens patient safety, nurse safety, and the nursing profession as a whole.
http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse/bullyingworkplaceviolence?css=print

Purpose: The intent of this position statement is to create and sustain a culture of respect in the Nursing Programs, free of incivility, bullying and workplace violence. The Nursing Faculty believe that we have an ethical, moral, and legal responsibility to create a healthy and safe academic environment for nursing faculty and students, as well as all members of the health care team, health care consumers, families, and communities.

ANA's *Code of Ethics for Nurses with Interpretive Statements* states that nurses are required to "create an ethical environment and culture of civility and kindness, treating colleagues, co-workers, employees, students, and others with dignity and respect." Similarly, nurses must be afforded the same level of respect and dignity as others (ANA, 2015a).

All nurses and employers in all settings, including practice, academia, and research must collaborate to create a culture of respect, free of incivility, bullying, and workplace violence. The COTC nursing program will not tolerate violence of any kind from any source. Our intent is to prevent and mitigate incivility, bullying, and workplace violence; to promote the health, safety, and wellness of nursing faculty and nursing students; and to ensure optimal outcomes across the health care continuum. http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse/bullyingworkplaceviolence/Incivility-Bullying-and-Workplace-Violence.html?css=print

Therefore, faculty and students are expected to collaborate to create a culture of mutual respect. Incidents of incivility, bullying, or violence are not acceptable under any circumstances and should be reported and/or addressed. Although the Nursing Program recognizes this is a prevalent issue in the healthcare field, we commit to doing our part to reduce and eliminate incivility, bullying or violence to the best of our ability.

Recommendations for *Civility Best Practices for Nurses* are included here.

Additional resources:

http://ccn.aacnjournals.org/content/31/2/92.full.pdf+html
COTC *Position Statement on Academic Integrity*.

Approved: 12/14/17

Civility Best Practices for Nurses

It's up to all of us

Nurses should model respect and a professional demeanor to help reinforce civility and positive norms. Employers must support and facilitate this process.

1. Use clear communication both verbally and nonverbally.
2. Treat others with respect, dignity, collegiality, and kindness.
3. Consider how personal words and actions impact others.
4. Avoid gossip and spreading rumors.
5. Rely on facts and not conjecture.
6. Collaborate and share information where appropriate.
7. Offer assistance when needed but accept refusal gracefully.
8. Take personal responsibility for one's own actions.
9. Recognize that abuse of power or authority is never acceptable.
10. Speak directly to the person with whom one has an issue.
11. Demonstrate openness to other points of view, experiences, and ideas.
12. Be polite and respectful, and apologize when indicated.
13. Encourage, support, and mentor others.
14. Listen to others with interest and respect.
15. Above all, aspire to uphold the professional Code of Ethics.

Tri-Council for Nursing Issues Proclamation on Nursing Civility

Civility Considered Key to Promoting Healthy, Inclusive Work Environments and Safeguarding Patient Safety

Nurses are ethically obligated to care for each other and those we provide care with civility regardless of race, ethnicity, socio-economic status, gender, physical ability, religious affiliation, language, sexual orientation, age, political orientation, veteran status, occupational status, geographical location and any other cultural diversities

Washington, DC — September 26, 2017— In an effort to emphasize how critical civil behavior is to excellence in nursing practice and to outstanding congruent care for all patients, the Tri-Council for Nursing (American Association of Colleges of Nursing (AACN); American Nurses Association (ANA); American Organization of Nurse Executives (AONE); and the National League for Nursing (NLN)), today issued a bold call to advance civility in nursing.

The resolution calls upon "all nurses to recognize nursing civility and take steps to systematically eliminate all acts of incivility in their professional practice, workplace environments, and in our communities." Tri-Council urges that nursing civility be practiced throughout the US "to establish healthy work environments that embrace and value cultural diversity, inclusivity, and equality." It makes a point of noting that people of all racial, religious, ethnic, sexual orientation, socio-economic, political, geographic and other differences are to be treated respectfully.

"It's no secret that acts of disrespect, and other overt or subtle negative emotional behavior create a toxic work environment which contributes to burnout, fatigue, depression and other psychological stresses. Eliminating assaults to anyone's self-esteem is essential to providing a healthy work and learning environment," noted G. Rumay Alexander, EdD, RN, FAAN, president of the NLN and Associate Vice-Chancellor/ Chief Diversity Officer and Professor at the University of North Carolina at Chapel Hill. "The Tri-Council recognizes that instilling an ethic of civility from the very beginning of a nurse's education and throughout the profession will begin to eliminate the dangers that inevitably arise when it is lacking."

"Manifesting civility is key to enhancing the patient care experience and ensuring quality team-based care," said Juliann Sebastian, PhD, RN, FAAN, and chair of the American Association of Colleges of Nursing. "As the most trusted healthcare provider, registered nurses understand the connection between treating patients with respect, establishing open lines of communication, and realizing positive care outcomes."

“AONE is committed to providing nurse leaders with the tools and resources to prevent workplace violence and ensuring the safety of all health care workers and patients.
Through its work with the American Hospital Association, AONE is partnering to increase awareness of the issue and support AHA's Hospitals against Violence initiative,” stated Joan Shinkus Clark, DNP, RN, NEA-BC, CENP, FACHE, FAAN, AONE’s president and SVP, THR Chief Nurse Executive at Texas Health Resources.

“Civility forms the foundation of a culture of respect for one another and is non-negotiable for a healthy, safe and ethical work environment,” Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, president of the American Nurses Association, commented. “The ANA has zero-tolerance for any form of incivility, violence, or bullying in the workplace in order to safeguard patients, nurses, and other healthcare team members.”

The Tri-Council identified other potential measurable hazards to health care of incivility, intolerance, and disregard for emotional health: difficulty in nurse recruitment and retention, aggravating the persistent shortage of nurses, and poor communication and teamwork giving rise to preventable errors that risk patient safety. Noting that nurses currently enjoy a reputation as the most ethical and honest profession in the country, the council’s statement articulates a nurse’s ethical obligation to care for others and themselves.

View the full text of the proclamation on the Tri-Council’s website.

About the Tri-Council for Nursing

The Tri-Council for Nursing is an alliance of four autonomous nursing organizations each focused on leadership for education, practice and research. The four organizations are the: American Association of Colleges of Nursing; American Nurses Association; American Organization of Nurse Executives; and the National League for Nursing. While each organization has its own constituent membership and unique mission, they are united by common values and convene regularly for the purpose of dialogue and consensus building, to provide stewardship within the profession of nursing. These organizations represent nurses in practice, nurse executives and nursing educators. The Tri-Council’s diverse interests encompass the nursing work environment, health care legislation and policy, quality of health care, nursing education, practice, research and leadership across all segments of the health delivery system.

Policy AD 11.0

DRESS CODE

A professional, well-groomed, neat appearance is expected in the clinical setting and at professional functions. This includes clinical orientation, classes at the clinical site (such as computer training), fingerprinting, etc. or any situation which requires the student's presence at the clinical site. If a student does not meet the specified attire and hygiene standards, the instructor may send the student home and request immediate compliance.

1. Good personal hygiene is expected at all times.
    a. Several clinical agencies have very strong standards regarding smoking and the smell of smoke on uniforms. Students may be sent home if offensive odor is noted - this will be considered an unexcused absence.
2. **The COTC student uniform is to be worn at the clinical site at all times**. The uniform is to be kept neat and clean. Pants must be worn properly and pulled up to the waist. Students are not permitted to roll the waist down, showing undergarments. Refer to the *Student Uniform* policy for more detail.
3. **The COTC student identification badge is part of the required uniform and is to be worn at all times in the clinical setting. Behind the name badge the blue and white STUDENT tag is to be worn at all times.** Name badges are to be worn above the waist. Affiliating agencies may require additional specific identification.
4. Cosmetics may be worn with discretion. No perfume, scented after-shave, cologne or scented hand cream or products are permitted.
5. Fingernails must be of reasonable length (not visible when looking at palms). Nail polish is not permitted. **Acrylic nails or artificial nails of any kind (such as overlays, tips, etc.) are not permitted**.
6. Hair must be clean, neat, and off the face and shoulders. Hair color is to be a "natural" hue. The determination of "natural" hue is made by Nursing Administration and/or the clinical agency.
7. Facial hair should be neatly trimmed and maintained. Students should be aware that some clinical agencies may prohibit facial hair due to improper fit of facial masks.
8. **Jewelry:** Small, non-dangling earrings may be worn for pierced ears – in the **ear lobe** only, and limited to one pair. "Non-dangling" is defined as a post or stud only. Gauges are not permitted. Items worn on a chain around the neck must be concealed. A plain wedding band may be worn. No further jewelry is permitted.
9. **Piercings:** No visible body piercings are permitted. This includes tongue piercings. A clear "spacer" may be worn in a pierced nostril.
10. No visible tattoos. (Must be covered.)
11. Any accessories in the hair or on the head should be limited to a single color of black, white, or blue in the clinical or laboratory setting.
12. **Religious attire:** The Nursing Program will grant student's reasonable requests for religious accommodation where doing so does not conflict with reasonably necessary

Program goals. Upon request, the Nursing Program will make reasonable efforts to accommodate students' attire that is related to their sincerely held religious beliefs. The student is obligated to make Nursing Administration aware of the need for religious accommodation in advance of the need for the accommodation. The Nursing Program may limit religious practices that put public safety, health, or the human rights of others at risk.

a. Students should be aware that clinical agencies may have their own dress code requirements with which we are obligated to comply. Failure to comply with agency policies may result in the student being unable to complete course requirements.
b. Students who wear a head scarf (such as a hijab) are asked to limit the scarf to a single color of black, white, or blue in the Laboratory or clinical setting. Sequins or other items that are subject to detachment are prohibited.
c. Facial veils are prohibited in the Laboratory or clinical setting.

Failure to comply with dress code will result in points deducted per the clinical rubric. Repeated offenses may result in dismissal from the clinical site with no opportunity for make-up, resulting in an unsatisfactory and failure to complete the course.

Approved: 12/17/07
Revised: 8/23/10; 8/8/11; 3/12/12; 4/23/12; 3/5/14; 9/23/15; 03/22/2017, 3/2022
OAG Review: 9/21/15 (section #11.)

AD Policy 11.1

DRESS CODE, STUDENT NURSE UNIFORMS

Students are responsible for appropriate cleanliness, attire and behavior at all times. The official COTC uniform is to be worn during all clinical experiences. If a student is visiting an affiliate agency (e.g., to gather assignment information relevant to clinical preparation or to complete orientation requirements) the uniform and name badge is to be worn. Shorts, blue jeans, sweat pants, and sandals without hose are **not** appropriate attire when visiting affiliate agencies.

The official COTC Student Nurse Uniform is **required**.

1. The student must order the embroidered clinical top through the campus bookstore. Financial aid can be used to purchase the uniform.

2. Students must have a minimum of one COTC-approved uniform. **Males:** official blue scrub pants and blue COTC top. **Females:** official blue COTC top and blue scrub pants or blue skirt. The uniform must be an appropriate size. The cardigan **white** lab jacket is optional with COTC patch properly sewn on right sleeve. An appropriate long-sleeve **white** shirt may be worn under the uniform top for warmth or to cover tattoos.
    a. Appropriate long sleeve shirt is defined as a pure white, smooth knit (such as jersey knit).

   b. A student may also wear a matching royal blue scrub jacket embroidered with the COTC logo, or have the COTC patch properly sewn on the right sleeve as an option.
3. The COTC cap is an optional part of the uniform. If a cap is worn, it must be the COTC official cap.
4. Clean, matching socks should be worn. If socks can be seen, they should be white, black, gray, navy, or royal blue. White panty hose are to be worn with skirts. Appropriate non-visible undergarments are required.
5. Clean, athletic or nursing style shoes that are primarily white, black, gray, navy, or royal blue are to be worn with the uniform. No fluorescent colors should be worn.
6. Required uniform accessories are a watch with a second hand, hemostat, bandage scissors, stethoscope, black ink pen, and a functioning calculator.
7. COTC student identification badge is to be worn at all times, positioned above the waist. (See Dress Code and Professional Standards Policy). Behind the name badge the blue and white STUDENT tag is to be worn at all times.

Failure to comply with the COTC dress code at the clinical site will result in being dismissed from the clinical site and an unsatisfactory rating being given for the day. The day must be made up. If failure to comply with the COTC dress code at the clinical site occurs a second time the student will be dismissed from the clinical site. This will be an unexcused absence, no make-up is allowed and failure of the course will result.

Approved: 12/17/07
Revised: 9/2008; 1/2009, 1/2010, 6/2015, 3/2022

AD Policy 11.2

DRESS CODE: NURSING LABORATORIES

Activities in the Nursing Lab necessitate that the nursing student successfully complete requirements that reflect the provision of nursing care in the clinical setting. Care must be taken to maintain sterile field, maintain patient safety, and promote the trusting relationship between the patient and the nurse.

The Nursing Faculty realizes they have a responsibility to create an atmosphere conducive to learning. The atmosphere in the Nursing Labs should be professional in nature, and as close as possible to what the student will experience in the patient care setting. Therefore, in addition to the requirements of *Policy 11.0 Dress Code* and *Policy 11.1 Student Nurse Uniforms,* nursing students are expected to comply with the following requirements when assigned to any Nursing Lab activity:

- Students are required to wear the COTC nursing student uniform whenever they are in the Nursing Lab. To prevent wear and tear on the official uniform top, students are permitted to wear a clean white or royal blue scrub top to the Lab.

- All other policy requirements regarding hair, nails, jewelry and shoes are to be followed.

Approved: 8/8/11
Revised: 3/12/12; 3/28/18

Policy AD 12.0

DRUG SCREENING POLICY

Applicants to the Nursing Programs are required to test negative for drug and/or alcohol use/abuse before entering the Program. All test results, positive or negative, will be sent to Academic Affairs. **All costs for testing are the student's responsibility.**

Any applicant who tests positive for illegal drugs or drugs not medically prescribed for that applicant will lose their admission seat and will not be permitted to reapply to any COTC nursing program. The student may file an appeal of the admission denial. The appeal will be reviewed and a decision will be made if the student is eligible to reapply at a later date.

Any student seeking admission to the nursing program who knowingly and intentionally attempts to provide a substitute or adulterated specimen will lose their admission seat and will not be permitted to reapply to any COTC nursing program.

For any initial result reported as "negative diluted": The applicant will be required to repeat the screen within a specified timeframe at the applicant's expense.

Nursing students already in the sequence of nursing courses: Any nursing instructor may request a drug screen given reasonable cause. "Reasonable cause" exists when a student exhibits behavior that suggest impairment from drug or alcohol use or when clinical performance or safety is affected. These behaviors include but are not limited to: poor judgment, mood swings, over-reaction, poor or inappropriate patient care, etc. In the clinical setting, the clinical instructors will follow that institution's policy. Students testing positive will be administratively withdrawn from the current semester, will **not be** permitted to return to the sequence of nursing courses, and will not be permitted to reapply to any COTC nursing program.

Any student currently enrolled in the nursing program who knowingly and intentionally attempts to provide a substitute or adulterated urine specimen is subject to immediate dismissal from the program, and will not be permitted to reapply to any COTC nursing program.

See the Ohio Board of Nursing Rules pertaining to student conduct in these policies.

Approved: 12/17/07
Revised: September 30, 2008; April 13, 2009; 5/10/10

Policy AD 13.0

GRADING SCALE FOR NURSING TECHNICAL COURSES

The assessment methods used by nursing faculty to evaluate students is written in the nursing technical course syllabus by the faculty member teaching the course. However, a common grading scale is used in the program. The grading scale is as follows:

92%-100%	=	A
85% - 91%	=	B
80% - 84%	=	C
73% - 79%	=	D
Below 73%	=	F

The Nursing Program does not round grades.

In accordance with college policy, a student may appeal a failing course grade. The policy is included here in part – full details on the procedure may be found at https://www.cotc.edu/sites/main/files/file-attachments/2021-22_academic_affairs_policy_procedures_manual_final.pdf?1622034529

Grade Appeals

A student may appeal the final grade (not individually graded assignments) that she or he received in a course if she/he feels that the final grade was awarded unfairly.

A grade appeal *must* be based on one or both of the following criteria: mistake (for example, the instructor did not calculate the student‘s course point total accurately) or bad faith (for example, the syllabus notes that a lack of class participation will not affect final grade calculations, but the instructor lowers the student‘s final grade expressly

because the student had failed to participate in class).

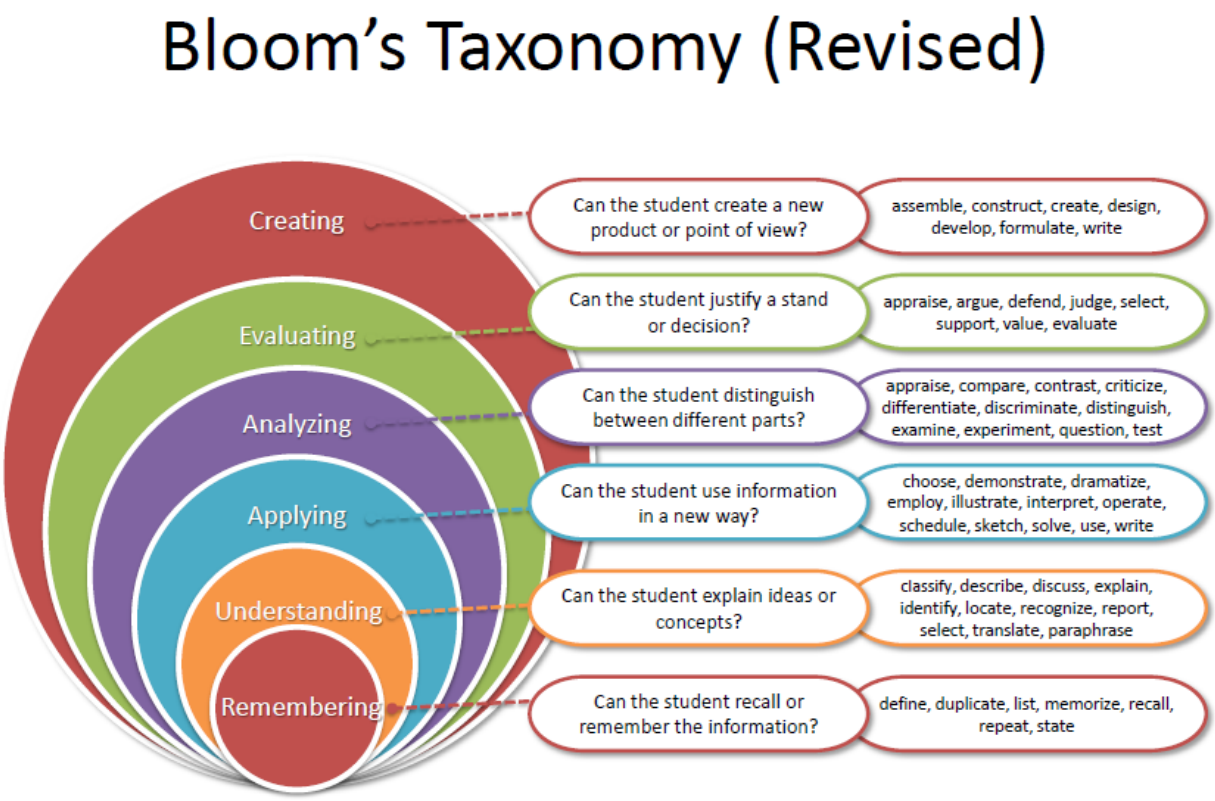
TRANSFER TO PRACTICAL NURSING PROGRAM

Associate Degree Nursing students wishing to pursue a certificate of completion in the practical nursing program must apply to the practical nursing program. They cannot be transferred into the program.

Approved: 12/17/07
Revised: 3/2008; 8/23/10; 7/8/13

Testing in Nursing: Get Ready for the Difference!

Up until the time you are admitted into a nursing program, you have been primarily tested at the *knowledge* and *comprehension* level. That is, you are expected to know or remember certain information. Students tend to memorize, take the test, then move on – often forgetting what was memorized. In nursing, however, students are tested differently. Due to the critical nature of nursing, students must be able to think more critically and develop clinical reasoning skills. Nursing exams, therefore, are designed to test higher than simple knowledge levels – testing is most often at the *application* and *analysis* levels. We have included an image of Bloom's Taxonomy to help the student visualize what this means.



Retrieved from: www.middleweb.com

The entire nursing program is focused on educating the student to graduate as a safe practitioner, able to pass the NCLEX PN or RN examination and enter practice. This examination is a computer adaptive test (go to https://www.ncsbn.org/356.htm) designed to determine if the graduate meets minimum standards for safe practice. All examinations in the nursing program

are designed to prepare students with the knowledge and skills necessary to demonstrate competence on the NCLEX. Various question types are used, including:

- Multiple choice questions
- Fill-in-the-blank questions, including dosage calculation
- Multiple response or select-all-that-apply questions
- Prioritizing or ordered response questions
- Illustration or "hot spot" questions
- Chart or exhibit questions

The NCLEX examination is a computerized test that you will take in a secure testing center. During your nursing program, most course exams are paper/pencil; however, students also have multiple opportunities in every course to use ATI testing resources that are computer-based. Students who are heavily engaged in use of the ATI resources tend to do much better in the program.

The NCLEX examination is based on a *test plan blueprint.* The National Council of State Boards of Nursing (NCSBN) conducts a practice analysis every three years and makes adjustments to the test plan if indicated based on that analysis. Students receive the test plan blueprint in 1st semester of the nursing program, but can also access the most current versions at https://www.ncsbn.org/testplans.htm .

For example, the content of the NCLEX-RN Test Plan is organized into four major Client Needs categories with two categories broken into sub-categories:

- Safe and Effective Care Environment
    - Management of Care
    - Safety and Infection Control
- Health Promotion and Maintenance
- Psychosocial Integrity
- Physiological Integrity
    - Basic Care and Comfort
    - Pharmacological and Parenteral Therapies
    - Reduction of Risk Potential
    - Physiological Adaptation

So buckle up! Your nursing exams may seem overwhelming at first but there are key strategies to approaching these types of questions. You are provided with multiple resources to assist you with this transition to higher level testing – use them! Some general pointers to help you as you approach these questions include but are not limited to:

1. Do not overanalyze the questions. Take them as they are written and do not read into them
2. Be sure you are clear about what the question is asking.
3. It is often helpful to use visual cues, such as underlining or circling key words in the question.
4. Watch for words such as *immediate, initial, first, priority.* Look for answers that will keep the patient from worsening, or for answers or actions you can take before turning away from the patient.
5. For multiple response or select-all-that-apply, write a list of possible answers or patient types BEFORE you look at the listed answer options. This will help you to eliminate any answer options that are not pertinent. Then take each option one-by-one and answer yes or no to determine if it answers the stem or question. These types of questions have a minimum of two correct answers but usually not all of them.
6. MEMORIZE the key diagnostic lab values stated in the NCLEX blueprint.

References:

www.ncsbn.org

Silvestri, L.A. (2008). *Comprehensive review for the NCLEX-RN examination*. (4th ed.) St. Louis, MO: Saunders Elsevier.

Policy 14.0

STUDENT HEALTH: GENERAL REQUIREMENTS

COTC is contractually obligated to affiliated healthcare agencies regarding assured health status of students. Each student is responsible for verifying his/her health status as required by the nursing programs and our affiliated clinical agencies. The student should be aware that a clinical agency may request copies of health information, such as vaccine records, to verify compliance.

Each student is responsible for any needed emergency care, medical supervision of chronic conditions, and costs involved. When questions or symptoms exist, the faculty may request that a student obtain written verification of his/her health status from their healthcare provider. If a student has experienced a health alteration which has the potential to negatively impact the student's clinical performance, the faculty may request a medical release from the student's physician verifying they may perform **without limitations.**

Students admitted into the nursing program must comply with immunization and other health requirements by the provided deadline. Failure to do so will result in progressive disciplinary action up to dismissal from the program. Students are expected to remain in compliance as long as they are actively enrolled in nursing courses.-

The student must inform Nursing Administration of any disability, change in health status and/or therapy which may affect ability to safely perform the role of student nurse. The student may be required to provide a written release from their physician, verifying that they may perform without limitations.

- The physical exam and immunization form must be completed by a physician or nurse practitioner designee. A physical exam must be completed within the last 12 months. **All documentation must be complete BEFORE the deadline provided by Nursing Administration.**

- **All required immunizations should be current.** See Immunization Policy.

- The lab staff will collect and review the documentation for the student health folder.

- Students must keep a set of all personal health information. **The Nursing Department retains student health files for one term after graduation. After that date, all health files are destroyed.**

- Students who are identified as having possible **latex allergy** must be medically evaluated about potential risk, and are strongly urged to consider another field since latex is prevalent in the healthcare environment. Students with confirmed latex allergy continue in the program at their own risk. The College assumes no responsibility for exposures and possible resulting student health problems.

Important notice: Students are not permitted to go to their clinical experience until all required health information is provided and all required immunization and other health requirements are complete. Failure to comply will result in an unexcused absence. Unexcused absences cannot be made up and the student must withdraw from the course or will receive a failing grade in the course.

Approved: 12/17/07
Revised: 2/9/09; 9/28/09; 3/12/12
OAG Review Nov. 2009

STUDENT HEALTH: IMMUNIZATIONS

COTC is contractually obligated to comply with the policies of our partner clinical affiliates. Therefore, to protect students, patients, and colleagues, students are required to provide evidence of adequate immunity to the following diseases. This list is subject to change – students will be promptly notified of any changes. **Failure to comply with this policy will result in the student not being able to attend the required clinical or practicum portion of their program.**

TB: this test is required by the State of Ohio (3701-17-07)

- If the student has **never** received a TB skin test, or it has been longer than 12 months since the last test, a 2-step Mantoux test is required.
- If the student has participated in annual TB testing, the most recent results must be within 12 months of admission – otherwise, a 2-step Mantoux is required.
- The student will comply with annual TB testing during the time they are enrolled in nursing courses. The test shall be repeated annually within thirty days of the anniversary date of the last testing. *CLARIFICATION*: **Nursing students are expected to complete annual Tb testing prior to their anniversary date. Failure to comply will result in disciplinary action**.
- Written evidence must be provided. Negative results should be written in mm (e.g. 0mm)

Students with a baseline positive or newly positive tuberculin skin test (TST) or blood assay for Mycobacterium tuberculosis (BAMT) should receive one chest radiograph to exclude a diagnosis of tuberculosis (TB) disease; or submit an interpretable copy to the Nursing Lab. After this baseline chest radiograph is performed and the result is documented, repeat or routine radiographs are not needed unless:

- Symptoms or signs of TB disease develop; or
- A clinician recommends a repeat chest radiograph.

Instead of participating in serial testing for M. tuberculosis infection, **students with a positive test result for M. tuberculosis infection will receive annual TB symptom screening**.

Serial or routine follow-up chest radiographs are not recommended for students:

With documentation of a previously positive test result for M. tuberculosis infection;
Who are being treated for latent TB infection (LTBI) or for TB disease; or
Who are asymptomatic with negative test results for M. tuberculosis infection.

Reference: www.cdc.gov/tb

Tetanus:

- A tetanus/diphtheria (Td) booster is required if 10 years have elapsed since the last booster.
- The *CDC Advisory Committee on Immunization Practices* recommends that all healthcare personnel (HCP), regardless of age, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since last Tdap dose. Tdap is required for the COTC Nursing Programs.

Reference: ACIP Provisional Recommendations for Health Care Personnel on use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap) and use of Postexposure Antimicrobial Prophylaxis, posted April 4. 2011
http://www.cdc.gov/vaccines/recs/provisional/downloads/use-of-Tdap-in-hcp.pdf

Measles, Mumps and Rubella:

- Student must provide written evidence of the required two vaccines; OR
- Provide written documentation of titer results (verbal history of disease is not reliable).
- NOTE: students should review ***Recommended Adult Immunization Schedule – United States, 2009.***

Varicella:

- Student must provide self-report of history of varicella disease (chickenpox); OR
- If unknown or no history of disease, student must provide results of varicella titer; OR
- Provide written documentation of two (2) varicella vaccines given no less than one month apart.

Hepatitis B:

- Provide written evidence from the healthcare provider indicating the three dates you have received the vaccine series; OR
- Provide evidence the student has started the series and has had at least the first injection in the series by the first day of class; OR
- Provide written documentation of titer results
- NOTE: students who are admitted to the nursing program with only the first of the series of three injections are expected to complete the series as required and are accountable for providing evidence to the Lab staff.

Flu:

- Student must provide written evidence of having received the seasonal flu vaccine within the past 12 months, AND
- Student will maintain compliance with annual seasonal flu vaccine requirement during the time they are enrolled in nursing courses.
- Student must provide written evidence of having received the H1N1 flu vaccine once it becomes available.
- Effective Autumn semester 2013, students who report an egg allergy are expected to receive FluBlok, which does not use the influenza virus or chicken eggs in its manufacturing process. (See CDC Media Advisory, released 6/20/13)

Waivers

A student may receive a waiver on health grounds if he or she presents a written statement from a licensed physician indicating that immunization against any or all of the diseases for which immunization is required is medically contraindicated, detrimental to, or not in the best interest of the student. Specific reasons should be noted, such as allergy to components of the vaccine. The physician's statement shall document whether the contraindication is permanent or temporary, and if temporary, provide assurance that the student will receive immunization(s) at the first reasonable opportunity. (For example, rubella vaccine should not be given to pregnant women.) If the student fails to complete the immunizations and provide evidence of same, the student will not be permitted to enter or remain in the program.

If the student objects to any immunization due to religious beliefs, he or she must submit a signed written statement stating that they have chosen not to be immunized because he or she is an adherent to a religion the teachings of which are opposed to such immunizations. A signed statement from the student's religious leader should be provided to support the student's legitimate objection.

Students who are unwilling or unable to comply with the immunization policy of the Nursing Program must understand that some clinical agencies prohibit the presence of unvaccinated students at their facility. While COTC will make reasonable efforts to find appropriate alternate clinical rotations for these students, there is always the risk the student will not be permitted to complete clinical or practicum rotations which are a required part of the nursing curriculum.

Approved:	112309
OAG Review	Nov., 2009
Tetanus section:	Revised 050911
Tb section:	Revised 3/12/12; 4/27/16, 7/13/2016
Hepatitis B section:	Revised 3/12/12
Waiver section:	Revised 12/13/12

Policy AD 14.1

STUDENT HEALTH: ILLNESS/INJURY DURING CLASS, LAB OR CLINICAL

1. **In the event of a medical emergency**, needle-stick, or other acute injury, the student should be evaluated immediately by the supervising instructor.

    a. In the classroom or laboratory:
        i. If the student appears to be in a medical crisis, call for assistance and call 9-1-1.
        ii. Notify Security as soon as feasible.
    b. If at the clinical site:
        i. Follow agency policy particularly regarding needle stick or blood/body fluid exposure.
        ii. Follow agency policy regarding potential infectious illness of the student.
        iii. It is within the sole discretion of the supervising instructor to determine whether the student should be permitted to remain on the clinical unit, or if the student should be sent home.
    c. The student will be solely responsible for any resulting charges.

2. In non-emergency situations, the student may verbally tell the instructor that they elect to seek care from their personal physician. Any costs incurred will be the responsibility of the student.

3. The student shall cooperate with the supervising faculty member in providing information necessary for the faculty member to make a report of the injury.

Approved: 12/17/07; 5/10/10, 4/11/18

Policy AD 14.2

STUDENT HEALTH: PREGNANCY

1. The college supports the academic interests of students who are or may become pregnant. A student may choose to continue with her program during pregnancy with the understanding that she is expected to satisfactorily meet the same standards of clinical and classroom performance as are all other students enrolled in the program. When necessary, reasonable adjustments (such as a larger desk, frequent restroom breaks) will be provided.

2. As with any other nursing students, if the student's ability to meet expected performance standards is questioned at any time during pregnancy, the student may be required to submit a statement from her personal physician. This statement must indicate that the student is able to satisfactorily and safely perform in the clinical or classroom area without undue detriment to herself and/or the unborn fetus or baby.

3. Without such medical assurances, the student may find it necessary to discontinue her program until said medical assurances have been received and accepted. That is, until the student is medically cleared. If a student's progress through the Nursing plan of study is disrupted due to pregnancy or delivery, the Nursing Programs Administrator will work with the student to arrange their return to the program in accordance with program policy.

4. The above policies do not mitigate the student's responsibility for maintaining her own wellbeing as well as that of responsible behavior with respect to the fetus or unborn child. If at any time the student believes she is medically unable to continue with class/clinical responsibilities, the student should notify the Nursing Programs Administrator immediately.

5. The student may always access her academic advisor or the college's Title IX Coordinator for questions or concerns about this policy.

Reference: Title IX of the Education Amendments of 1972, 20 U.S.C. §1681 *et seq.*

Approved: 12/17/07; 1/8/14

Policy AD 14.3

STUDENT HEALTH: CHRONIC HEPATITIS B INFECTION

Applicants with chronic hepatitis B infection are eligible for admission to Nursing or Allied Health Programs, and shall not be denied admission based solely on their hepatitis B status. This is in compliance with the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973 (Section 504), and Title VI of the Civil Rights Act of 1964 (Title VI).

Federal civil rights laws broadly prohibit discrimination on the basis of disability. However, those laws do not require schools of higher education to permit an individual with a disability to participate in particular activities if doing so would pose a direct threat to the health or safety of others. All students with chronic hepatitis B infection who are applying to a Nursing or Allied Health program will be evaluated on an individual basis to determine if there is a direct threat to the health or safety of others.

The Centers for Disease Control (CDC) provides the following recommendations for the management of students who have hepatitis B – recommendations with which COTC will comply:

- Chronic hepatitis B infection, in itself, should not preclude the study or practice of Nursing or Allied Health professions.
- Pre-notification to patients of the hepatitis B status of the clinician should be discouraged.
- Nursing and Allied Health students who do not perform exposure-prone invasive procedures should not be subject to any restrictions of their activities or studies.
- Standard precautions should be rigorously adhered to in all health-care settings.

All student health records shall remain confidential. Questions or concerns about any student's health status shall be referred to the Dean for Health Sciences for review.

Reference:

CDC (1991) *Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures,* available at www.cdc.gov/mmwr/preview/mmwrhtml/00014845.htm

Communication from the Department of Justice, Department of Health and Human Services, Department of Education. Received June 2013.

Approved: 082613

Policy AD 15.0

LEARNING ENVIRONMENT

Classrooms, clinical facilities, and the nursing laboratory are the places where most of the students' formal nursing instruction takes place. The environment in each of these areas must be conducive to learning. Faculty believe in and value the rights of all students, faculty, staff and clients. Therefore, a faculty or staff member may ask a student who is disruptive, impaired or displaying an attitude not consistent with professional standards to leave the classroom, nursing laboratory or clinical agency immediately. As soon as is possible thereafter, the faculty/staff member, student and program administrator (if needed) will formulate an agreement regarding the consequences of inappropriate behavior.

By COTC policy, children are not allowed in classroom or laboratory settings for any COTC scheduled class.

Children are not permitted at the clinical site.

All cellular phones, beepers, and pagers must be turned off in the classroom, nursing laboratory and clinical agencies.

Approved: 12/17/07

Policy AD 16.0

MEDICATION ADMINISTRATION, EXPECTED BEHAVIORS FOR SAFE

The Institute of Medicine's (IOM) first Quality Chasm report, *To Err Is Human: Building a Safer Health System*,[i] stated that medication-related errors (a subset of medical error) were a significant cause of morbidity and mortality; they accounted "for one out of every 131 outpatient deaths, and one out of 854 inpatient deaths"[ii] (p. 27). Medication errors were estimated to account for more than 7,000 deaths annually.[iii] Building on this work and previous IOM reports, the IOM put forth a report in 2007 on medication safety, *Preventing Medication Errors*.[iv] This report emphasized the importance of severely reducing medication errors, improving communication with patients, continually monitoring for errors, providing clinicians with decision-support and information tools, and improving and standardizing medication labeling and drug-related information.[v]

It is the policy of the COTC Nursing Department that no more than four (4) students are to pass medications on a given clinical day. This assumes four students/four patients. This is to assure the instructor has adequate time to review and instruct each student during the medication administration process. (Note that policy at Nationwide Children's Hospital is no more than two students.) One exception is NURS-108, where it is recommended no more than two students pass medications on a clinical day. This course is the first clinical experience where students are given the opportunity to administer medications, thus more restraint is needed. **Our primary focus is patient safety.**

The Nursing Faculty at COTC is committed to safe medication administration in practice. With that objective in mind, the following behaviors have been identified by the Nursing Faculty as expectations that every student must meet when administering medications. The list is NOT all inclusive, since each patient may present individual variables. However, the behaviors listed here are those against which the nursing students will consistently be measured.

- Demonstrates beginning skills in administering medications (according to the level the student is at in program).
- Demonstrates competence and accuracy in safely administering medications.
- Calculates medications with safe appropriate dosages.
- Performs drug preparation for assigned patients and is able to efficiently retrieve this info. Appropriately applies information regarding the drug actions, interactions, side effects, contraindications and nursing interventions of each drug administered.
- Adheres to the "Six Rights": dose, route, patient, drug, time and documentation.

- Documents according to institutional policy.

- Implements identified nursing interventions for each medication administered.

- Identifies and utilizes appropriate resources to administer medications to patients accurately and safely.
- Identifies drug allergies prior to administering medications.

- Follows agency policy for administering medications (identifying patient, time constraints, etc.)

- Demonstrates professionalism with ethics and morality in administering medications.

Approved: 011314

NURSING LAB AND SKILL RETURNS

Many nursing courses have specific skills that students must successfully complete in order to pass the course. Students are expected to safely demonstrate core nursing, physical assessment and pharmacology skills utilizing scientific principles and nursing process in order to achieve a satisfactory grade in college lab.

- Students must bring their COTC course skill card to each scheduled skill return. Failure to bring the skill card will necessitate re-scheduling the skill return.

- Students must plan skill practice time in the lab to be successful. Students are expected to independently practice skills in the nursing lab. Students may be required to attend open lab hours or schedule practice/testing time outside of their normally-scheduled lab time. Students will not be permitted in the lab practicing a skill or returning a skill when they are scheduled for nursing classes.

- Students cannot practice a skill with a lab associate and then return the skill at the same time. There must be 24 hours between skill practice and the skill return.

- A student having difficulty mastering a skill is encouraged to speak with a lab associate and create a structured learning plan.

- Students must sign out and return any borrowed resources from the nursing lab. Students are responsible for replacing any lost or damaged items borrowed from the nursing lab.

- Medications must be safely administered during the clinical component of the pharmacology course. Only after the successful completion of the pharmacology course will students be permitted to administer medications in clinical.

Generally, students will be given three opportunities to successfully complete an assigned skill. Students will be provided with written skills rubrics that clearly state the required process for the skill. Skills returns may be observed and evaluated by course faculty, Nursing Lab Associates, or other assigned nursing faculty as appropriate. If a student is not successful with the first skill return then a second skill return is scheduled. If the second return is not successful, then a remediation plan is created for the student in collaboration with course faculty. The third and final skill return is done with the course faculty. If the third skill return is not satisfactory, the student will receive a failing grade for the course.

The student may request a second faculty member jointly evaluate the skill return with course faculty at the third and final assessment. The course faculty makes the final decision for the course grade.

Approved: 12/17/07
Revised: 05/20/2014

Policy AD 18.0

Ohio Board of Nursing Rules Regarding Student Conduct 4723-5-12
All Rules Upheld by COTC Nursing Department Faculty

(C) In addition to the policies required in paragraph (A) of this rule, the program administrator and faculty shall implement policies related to student conduct that incorporate the standards for safe nursing care set forth in Chapter 4723. of the Revised Code and the rules adopted under that chapter, including, but not limited to the following:

(1) A student shall, in a complete, accurate, and timely manner, report and document nursing assessments or observations, the care provided by the student for the patient, and the patient's response to that care.

(2) A student shall, in an accurate and timely manner, report to the appropriate practitioner errors in or deviations from the current valid order.

(3) A student shall not falsify any patient record or any other document prepared or utilized in the course of, or in conjunction with, nursing practice. This includes, but is not limited to, case management documents or reports, time records or reports, and other documents related to billing for nursing services.

(4) A student shall implement measures to promote a safe environment for each patient.

(5) A student shall delineate, establish, and maintain professional boundaries with each patient.

(6) At all times when a student is providing direct nursing care to a patient the student shall:

> (a) Provide privacy during examination or treatment and in the care of personal or bodily needs; and
>
> (b) Treat each patient with courtesy, respect, and with full recognition of dignity and individuality.

(7) A student shall practice within the appropriate scope of practice as set forth in division (B) of section 4723.01 and division (B)(20) of section 4723.28 of the Revised Code for a registered nurse, and division (F) of section 4723.01 and division (B)(21) of section 4723.28 of the Revised Code for a practical nurse;

(8) A student shall use universal and standard precautions established by Chapter 4723-20 of the Administrative Code;

(9) A student shall not:

(a) Engage in behavior that causes or may cause physical, verbal, mental, or emotional abuse to a patient;

(b) Engage in behavior toward a patient that may reasonably be interpreted as physical, verbal, mental, or emotional abuse.

(10) A student shall not misappropriate a patient's property or:

(a) Engage in behavior to seek or obtain personal gain at the patient's expense;

(b) Engage in behavior that may reasonably be interpreted as behavior to seek or obtain personal gain at the patient's expense;

(c) Engage in behavior that constitutes inappropriate involvement in the patient's personal relationships; or

(d) Engage in behavior that may reasonably be interpreted as inappropriate involvement in the patient's personal relationships.

For the purpose of this paragraph, the patient is always presumed incapable of giving free, full, or informed consent to the behaviors by the student set forth in this paragraph.

(11) A student shall not:

(a) Engage in sexual conduct with a patient;

(b) Engage in conduct in the course of practice that may reasonably be interpreted as sexual;

(c) Engage in any verbal behavior that is seductive or sexually demeaning to a patient;

(d) Engage in verbal behavior that may reasonably be interpreted as seductive, or sexually demeaning to a patient.

For the purpose of this paragraph, the patient is always presumed incapable of giving free, full, or informed consent to sexual activity with the student.

(12) A student shall not, regardless of whether the contact or verbal behavior is consensual, engage with a patient other than the spouse of the student in any of the following:

(a) Sexual contact, as defined in section 2907.01 of the Revised Code;

(b) Verbal behavior that is sexually demeaning to the patient or may be reasonably interpreted by the patient as sexually demeaning.

(13) A student shall not self-administer or otherwise take into the body any dangerous drug, as defined in section 4729.01 of the Revised Code, in any way not in accordance with a legal, valid prescription issued for the student, or self-administer or otherwise take into the body any drug that is a schedule I controlled substance.

(14) A student shall not habitually or excessively use controlled substances, other habit-forming drugs, or alcohol or other chemical substances to an extent that impairs ability to practice.

(15) A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of the use of drugs, alcohol, or other chemical substances.

(16) A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of a physical or mental disability.

(17) A student shall not assault or cause harm to a patient or deprive a patient of the means to summon assistance.

(18) A student shall not misappropriate or attempt to misappropriate money or anything of value by intentional misrepresentation or material deception in the course of practice.

(19) A student shall not have been adjudicated by a probate court of being mentally ill or mentally incompetent, unless restored to competency by the court.

(20) A student shall not aid and abet a person in that person's practice of nursing without a license, practice as a dialysis technician without a certificate issued by the board, or administration of medications as a medication aide without a certificate issued by the board.

(21) A student shall not prescribe any drug or device to perform or induce an abortion, or otherwise perform or induce an abortion.

(22) A student shall not assist suicide as defined in section 3795.01 of the Revised Code.

(23) A student shall not submit or cause to be submitted any false, misleading or deceptive statements, information, or document to the nursing program, its administrators, faculty, teaching assistants, preceptors, or to the board.

(24) A student shall maintain the confidentiality of patient information. The student shall communicate patient information with other members of the health care team for health care purposes only, shall access patient information only for purposes of patient care or for otherwise fulfilling the student's assigned clinical responsibilities, and shall not disseminate patient

information for purposes other than patient care or for otherwise fulfilling the student's assigned clinical responsibilities through social media, texting, emailing or any other form of communication.

(25) To the maximum extent feasible, identifiable patient health care information shall not be disclosed by a student unless the patient has consented to the disclosure of identifiable patient health care information. A student shall report individually identifiable patient information without written consent in limited circumstances only and in accordance with an authorized law, rule, or other recognized legal authority.

(26) For purposes of paragraphs (C)(5), (C)(6), (C)(9), (C)(10), (C)(11) and (C)(12) of this rule, a student shall not use social media, texting, emailing, or other forms of communication with, or about a patient, for non-health care purposes or for purposes other than fulfilling the student's assigned clinical responsibilities.

Five Year Review (FYR) Dates: 12/19/2016 and 12/19/2021
Promulgated Under: 119.03
Statutory Authority: 4723.07
Rule Amplifies: 4723.06
Prior Effective Dates: 2/1/96, 4/1/97, 2/1/02, 2/1/04, 2/1/07, 2/1/08, 2/1/12, 2/1/14

Prior History: (Effective: 02/01/2014
R.C. 119.032 review dates: 10/15/2016
Promulgated Under: 119.03
Statutory Authority: 4723.07
Rule Amplifies: 4723.06
Prior Effective Dates: 02/01/1996, 04/01/1997, 02/01/2002, 02/01/2004, 02/01/2007, 02/01/2008, 02/01/2012)

Policy AD 19.0

PROGRAM COMPLETION

Each student must fulfill all courses and terms/conditions as specified in the respective plan of study. This includes achievement of designated outcome competencies if applicable. To qualify for an Associate of Applied Science Degree in Nursing, students must achieve a minimum 2.0 grade point average. All fees must be paid in full, including library fee, in order to graduate.

In accordance with COTC academic policies, a student must petition for graduation **prior** to the semester in which he/she intends to graduate. Refer to the COTC academic policy "Graduation" for complete details at https://www.cotc.edu/sites/main/files/file-attachments/2021-22_academic_affairs_policy_procedures_manual_final.pdf?1622034529

Certificates of Program Completion are required by the Ohio Board of Nursing. These will be sent to the Board by the Nursing Administration office as soon as the students' records are cleared by the COTC Registrar. This may take two to four weeks.

If a student has a documented disability defined by the "American Disabilities Act" (ADA), accommodations are authorized only by the Board and the National Council of State Boards of Nursing for the NCLEX-RN. The Board recommends that the applicant notify the Board, in writing, six months prior to program completion. The applicant is required to submit the following documentation:

1. Letter from the applicant specifying requested accommodation;
2. Letter from the Director/Designee of the nursing education program specifying accommodations granted by the nursing program; and
3. Diagnostic report from a qualified professional practitioner.

Approved: 12/17/07
Revised: 5/19/08; 8/23/10

Policy AD 20.0

PROMOTION THROUGH THE NURSING PROGRAMS

It is important for the student to focus on coursework in order to be successful in the program. Requirements for advancement in the nursing programs are as follows:

1. All course prerequisites must be met before admission to a course. Waivers will not be granted.

2. All courses on the plan of study must be successfully completed in the order posted. General education courses may be taken prior to the semester posted, not after.

3. All nursing programs require a grade of "C" (2.0) or better in all nursing courses, as well as all support courses (non-technical course) listed on the plan of study.

4. Students who do not successfully complete their first semester nursing courses will need to apply as a new admission if they wish to pursue an associate degree in nursing at COTC. **Students may be permitted to continue in the other nursing courses in first semester and will be given credit for successful completion. Specifically, students who pass NURS-115 Intro. to Professional Nursing but fail or withdraw from NURS-107 Pharmacology or transition students who pass NURS 210 but fail or withdraw from NURS 117 must reapply as a new admission but will not be required to repeat NURS-115/NURS210. LPN Transition students will be granted credit for prior courses on the plan of study once they have successfully completed NURS 210 and NURS 117 (credit will not be given until both courses have been completed). Paramedic Transition students will be granted credit for prior courses on the plan of study once they have successfully completed NURS 216. If it has been greater than twelve months since the student was in program, the student must successfully complete a competency assessment for NURS-115 in order to retain credit for that course. The competency assessment will be designed by faculty, and is intended to demonstrate competence with previously learned material. (Note that any course failure will be counted regardless of whether the student reapplies for admission.) Students who do not successfully complete NURS-115 cannot progress and cannot continue in their Pharmacology course.**

5. Once the student has successfully completed the first semester nursing technical class, progression through the program is dependent upon successful completion of the technical nursing courses as well as pre-requisites and co-requisites. The first time a student is **unsuccessful (fails)** in any nursing technical course, the student must meet with and make a written request to the Program Administrator to repeat the nursing course (see *Readmission Policy*). The second time a student is **unsuccessful (fails)** in any nursing technical course, the student becomes ineligible to continue in the nursing program and ineligible to reapply.

6. The nursing faculty realizes that students often face personal challenges throughout the course of the nursing program, sometimes resulting in a need for the student to alter their progress. After successful completion of the first semester nursing technical course, the student is permitted a **limited number** of withdrawals.

    - If a student withdraws from **any** nursing technical course, the student is considered dismissed and the student must make a written request to the Nursing Programs Administrator for readmission. A face-to-face meeting with the Nursing Programs Administrator is also required. The student is then placed on a space available waiting list to return. (See *Readmission Policy*)

        - In accordance with the *Readmission Policy,* the individual's case will be reviewed for a final decision regarding re-entry. These policies do not state or imply that every student will be readmitted to the program.

    - A student who withdraws from any nursing technical course must re-enter that course within 12 months of withdrawal.

    - A change to audit status is considered a withdrawal.

7. A 2.0 grade point average is required for promotion within the nursing program. Failure to maintain a 2.0 GPA will result in the student being unable to enroll in nursing technical courses until the GPA is increased to 2.0 or above.

8. A satisfactory grade is required in clinical experience and/or laboratory skill demonstrations. Students must meet the clinical and laboratory requirements in all nursing courses.

9. A student must adhere to all college/program policies/procedures and have no outstanding fees or unreturned borrowed equipment in order to be eligible for graduation.

10. It is important for the student to remain aware of their progress through each course. Early recognition of difficulties is important for the student's success. The student should immediately discuss any concerns with the course instructor, and should utilize other campus resources such as the student's advisor, Learning Skills Services or the Center for Student Success (CSS) as early as possible.
    https://www.cotc.edu/learning-specialist
    and https://www.cotc.edu/center-student-success

Approved: 12/17/07; 2/19/14; 1/14/15; 5/5/16

Policy AD 21.0

RECORDS, NURSING STUDENT

The Gateway/Registrar maintains all student academic records. However, Nursing maintains communications, clinical evaluation documents, and other supporting information pertinent to the nursing student who is actively enrolled in the nursing program.

- All clinical evaluation documents and supporting information are the property of the COTC Nursing Department.
- Students who want copies of academic records such as transcripts should contact Gateway.
- Students who want copies of clinical evaluation documents must submit a written request to the Nursing Programs Administrator (a request via the student's official COTC email will suffice).
- Depending on numbers of copies, the Nursing Office reserves the right to charge the student for the copies.
- Nursing student clinical records are maintained for one year after the student graduates, then are destroyed.
- Nursing student health records are maintained for one semester after the student graduates, then are destroyed.
- Full information regarding the college's policy regarding student rights in relation to education records may be found at https://www.cotc.edu/post/privacy-records-ferpa

Approved 11/26/12
Revised 7/8/15

Policy AD 22.0

REGISTRATION, NURSING STUDENT

Clinical affiliations are vital and valuable to the college and its students. COTC is deeply grateful to its affiliate healthcare agencies for their commitment to COTC education and the students. The process of acquisition and confirmation of clinical sites is challenging, and sites are often confirmed very close to the start of the semester. Every clinical agency has specific requirements that must be met in order for COTC to place students at that site: student rosters must be confirmed, security clearance obtained, etc. As a result, the Nursing Department must enforce the following:

- Nursing students will complete general registration through the standard college registration process. Nursing requires the paper registration cards.
- Students may make changes in their course/section registered seat up until mid-term of the semester prior to the affected semester. That is, if the student is registered for Autumn semester, they may make changes up until mid-summer semester.
- After mid-term of the prior semester, no changes may be made by the student or Gateway.
- If a student has a critical issue which necessitates a change in their course/section after mid-term of the prior semester, the requests must be **submitted in writing to Nursing Administration** for review.
    - Only the Nursing Programs Administrator has the authority to approve these changes.
    - Nursing Administration reserves the right to request documentation from the student validating their critical issue.
    - Nursing Administration will work diligently to meet the needs of military personnel – copies of military orders will be requested.
- No schedule changes will be permitted within two weeks prior to start of the semester.
- Students who are Newark-based may not self-register for a seat at the Knox or Coshocton campus. If the student wishes to transfer to either of those campuses, the student must make a written request to the Dean for Health Sciences. Requests will be considered on a first come – first served basis and only after all Knox or Coshocton students are registered.

Approved 11/26/12; 4/8/15

Policy AD 23.0

READMISSION TO NURSING PROGRAMS

For consideration of readmission into a nursing technical course, a student **must submit a written request and meet with the Nursing Programs Administrator**. The decision for readmission depends on space availability, changes in the curriculum, individual qualifications including grade point average, and any other factors that may be related to the student's ability to succeed. The student's performance to date in the Nursing Program will be reviewed carefully. Repeated withdrawals due to academic performance will require the student to successfully complete prescribed remediation **before** they are reseated. Remediation will be determined by the Nursing Programs Administrator in consultation with the appropriate faculty members. The following policies/procedures apply:

1. The student will adhere to the college requirements for readmission (see COTC Information, Policies and Procedures Manual).

2. Students who do not successfully complete **any first semester nursing course** must apply as new applicant. Credit may be given for *Intro. to Professional Nursing* depending on student academic performance in that course.

3. The student will submit a written request to the Program Administrator including desired semester of return, course(s) desired, any specific supportive information about reason for the break in education, and student plans for ongoing success.

4. The student will arrange to meet with the Nursing Programs Administrator.

5. A student seeking readmission to clinical courses must have a minimum 2.75 cumulative grade point average.

6. If a student does not accept the available course space for return to the sequence of nursing courses, the student must make a written request for future consideration.

7. Associate Degree Nursing students who enroll in a nursing course but do not follow the procedure for requesting readmission will be de-registered from the class in which they enrolled.

8. **Students who are out of sequence for any reason, and who are successfully reseated in the nursing program, will be held to the plan of study and applicable policies of the cohort into which they are reseated.**

Approved: 12/17/07
Revised: 5/10/10; 12/6/10; 3/12/12; 4/23/12; 11/5/14

Policy AD 24.0

SAFETY, SECURITY, TRANSPORTATION

Each student is responsible to fulfill the following requirements:

Criminal Background Check – Prior to admission, all students must submit to federal fingerprint screening. The finger print screening is available through COTC Safety and Security Department. The cost of the investigation is subject to change without notice, payable by the student to the office of Fees and Deposits. Regardless of previous fingerprint screening the student must submit to this investigation.

Students with questionable criminal-related history will be brought to the attention of the Dean for Health Sciences, who has the authority to determine the disposition, including discharge of a student, if indicated. Students with a criminal record may not be able to be assigned to some clinical sites due to policies and procedures at the clinical site. If this occurs, the student will be unable to fulfill the clinical objectives and therefore cannot be successful in the course.

Students with felony conviction are not permitted admission to the COTC Nursing programs. Nursing Administration may request repeat fingerprint investigation if there is reason that the student's criminal background needs to be re-verified.

Students should be aware that all NCLEX examination candidates who entered a pre-licensure nursing education program on or after June 1, 2003 are required by the Ohio Board of Nursing to submit fingerprints to the Bureau of Criminal Identification and Investigation for a criminal background check. Fingerprints must also be sent for FBI processing. Instructions are given to the students at the appropriate time near the end of the program.

Student Identification Badge - All students in Associate Degree Nursing program must obtain a picture identification badge at the COTC Security Department. Details will be announced in class. The badge is to be properly displayed at all times as part of clinical attire. Replacement cost is $15.00 (may be subject to change).

Safety, Fire, Emergency Procedures - Each student is responsible for individual awareness of safety, security, fire, and emergency procedures on campus and in affiliated clinical settings. Orientation to policies in clinical settings is provided; attendance is mandatory. In the event any emergencies occur during a clinical experience, the students and faculty will participate in the same policies as staff at the institution, unless dismissed by the clinical institution authorities.

Transportation - All healthcare students are responsible for individual transportation to/from campus and clinical settings. During clinical experience, if a student opts to ride with another nursing professional or the clinical instructor, s/he does so voluntarily at their own risk. The student may choose to personally drive, following the healthcare professional.

Policy AD 25.0

STUDENT IMPAIRMENT

Central Ohio Technical College Nursing Program policy prohibits all students from unlawful manufacture, distribution, dispensing, possession, or use of alcohol or controlled substance while on the grounds of the clinical affiliates or the college campus. This policy is compliant with Ohio Board of Nursing rules found in 4723-5-12, also found reproduced in this policy manual.

If a student demonstrates an impaired ability to perform his/her student duties, for any reason, the student will be removed from the classroom, clinical area, or nursing laboratory immediately. The student will then be required to comply with an evaluation process to determine cause of the impairment, which may include alcohol and drug testing. If impaired ability is found to be related to dependence or abuse of alcohol or drugs not medically prescribed, the student will be immediately dismissed from the program and will not be permitted to reapply to any COTC nursing program.

When in the clinical setting, agency policies supersede this policy. In all instances, payment for evaluation and drug testing is the responsibility of the student. Nursing faculty will follow any Ohio Board of Nursing requirements that may pertain to impaired students applying for licensure.

Approved: 12/17/07
Revised: 5/10/10

Policy AD 26.0

WITHDRAWAL

Students who elect to withdraw from a course and/or the college must:

1. Meet with their course instructor and Advisor to discuss the reason for withdrawal and appropriate plans.

2. Submit a completed "*Request for Withdrawal from a Nursing Course*" form to the Nursing Programs Administrator (form available in the Nursing Office).

3. Complete a "Withdrawal Survey" form available in the Student Records Office.

4. Withdraw by the semester deadline as specified in the COTC Information, Policies and Procedures Manual and as noted on the academic calendars in order to receive a "W".

5. Return all loaned materials to college lab and/or the clinical facilities. If not returned, cost of loaned materials may be charged to the student in order to provide replacements.

NOTE: this policy also applies to any student wishing to "sit out" a semester by not registering for a nursing course on the plan of study. If the student plans to return to the nursing program, they should contact the Nursing Office to make an appointment with the Nursing Programs Administrator.

Approved: 12/17/07
Revised: 05/10/10

Non-Discrimination Notice

Central Ohio Technical College is committed to building and maintaining a diverse community to reflect human diversity, and to improve opportunities for all. The college is committed to equal opportunity and eliminating discrimination and harassment. This commitment is both a moral imperative consistent with an intellectual community that celebrates individual differences and diversity, as well as matter of law.

Central Ohio Technical College does not discriminate on the basis of age, ancestry, color, disability, ethnicity, gender, gender identity or expression, genetic information, HIV/AIDS status, military status (past, present or future), national origin, race, religion, sex, sexual orientation, protected veteran status, status as a parent during pregnancy and immediately after the birth of a child, status as a parent of a young child, status as a foster parent or any other basis under the law, in its education program or activity, which includes employment.

For Title IX and discrimination, including disability discrimination concerns, contact Holly Mason, dean of students & Title IX coordinator: Warner Center Suite 226, 1179 University Drive, Newark, OH 43055. 740-366-9219. mason.536@mail.cotc.edu.

APPENDIX A

STUDENT RIGHTS AND RESPONSIBILITIES

- Students have the right to be treated with respect by peers, faculty, and administration, and have the responsibility to respond to others in a like manner.
- Students have a right to privacy and are obligated to respect the privacy needs of others.
- Students have a right to review their records under the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974.
- Students have a right to receive quality classroom and clinical instruction. The student is obligated to satisfactorily fulfill all course requirements: classroom, learning laboratory, and clinical.
- Students have a right to disagree with content presented or the instructor's views regarding content. However, students must accept responsibility for learning the content.
- Students have a right to receive prompt evaluative feedback from faculty and are responsible for meeting expected deadlines for completing/submitting assignments.
- Students have a right to academic counseling but are responsible for seeking assistance when needed and using their own resources to satisfactorily fulfill all course requirements.
- Students have a right to a responsible voice in the determination of curriculum, academic policies, and the utilization of college facilities. This is accomplished through voting representation on appropriate college campus committees.
- Students have a right to participate in policy formulation and have the responsibility to present sound rationale for disagreeing with an existing policy and proposing a new policy.
- Students have a right to evaluate all aspects of the program and are obligated to evaluate responsibly and constructively.
- Students have a right to be informed of standards of behavior deemed essential and have a responsibility to abide by these standards as published in the COTC Code of Student Conduct accessible at https://www.cotc.edu/post/welcome-student-conduct Disciplinary actions may be taken when student conduct is in opposition to these standards.
- Students have a right to organize and supervise their own Student Nurse Organization and have the responsibility to operate within the guidelines established by the College.
- Students are responsible for reading bulletin boards, essential information required, and responsible for information sent by email.
- Students are expected to respond promptly to email requests and notices.
- Students are responsible for meeting financial obligations for fees and books; transportation and uniforms; physical exams; required vaccines; safety/security procedures; health maintenance; and emergency treatment.
- Students are responsible for seeking assistance when needed; for example, for makeup work or makeup exams; poor grades; communications and inter-relationship with an instructor; personal
- problems; and health problems.

- Students are responsible for knowing her/his cumulative average for required courses as well as their plan of study, e.g., assuring pre-requisite courses are taken.
- In the event of academic or clinical problems, the student has the right and responsibility to utilize the proper chain of command by contacting the following individuals in the order listed below:

  A. Instructor - clinical or classroom (If you have a clinical issue start with the clinical instructor and progress to classroom instructor if needed. If you have a classroom issue start with classroom instructor).
  B. Associate Nursing Programs Administrator
  C. Nursing Programs Administrator
  D. Dean of Technical Studies
  E. Provost
  F. President

- The student has the right to consult the academic advisor, a counselor, or ombudsperson at any point to discuss the problem and/or possible solutions to the problem. Students may utilize College grievance policies/procedures, such as grade appeal. The academic policies can be accessed online at https://www.cotc.edu/sites/main/files/file-attachments/2021-22_academic_affairs_policy_procedures_manual_final.pdf?1622034529

APPENDIX B

NURSING RECOGNITION CEREMONY

The Tradition: When the nursing pinning ceremony was first initiated in the 1860's, the lamp was a symbol of the care and devotion the nurse administers to the sick and injured in the practice of nursing. After nurses were pinned, Nightingale would light a lamp and pass the flame to each nurse as they said the Pledge.

The culmination of all your hard work is expressed in the Pinning Ceremony. The Pinning Ceremony is a time-honored nursing school tradition, dating back before the turn of the twentieth century. Traditionally, schools of nursing have conducted an Honors or Pinning Ceremony to mark the passage of student nurse role to the practice role. It is an emotional event and a formal celebration that you will want to share with your family and friends.

The Nursing Faculty of Central Ohio Technical College view the pinning ceremony as an important commemoration of your transition into the profession of nursing. It is imperative that nurses everywhere work together to uphold the profession by respecting themselves and each other. Therefore, the recognition ceremony is held to high standards and participants are expected to demonstrate professionalism in all respects.

Guidelines

- The School of Nursing will provide facility, invitations, programs, basic decorations, and AV equipment. Students may choose to accept responsibility for any pre-approved additions. Any additions must be approved by the Nursing Programs Administrator.

- The dress for the ceremony is to be **professiona**l. The senior class may vote to wear either their student nurse uniform or a white uniform. All uniform guidelines should be adhered to including white socks, hose, white shoes (no sandals or heels), and appropriate undergarments. The School of Nursing recommends a clean, professional white uniform representing the new status of professional nurse.

- If any student chooses to wear a nursing cap for the ceremony, the cap must be the COTC nursing cap. Wearing a cap is optional.

- Professional dress excludes inappropriate jewelry or other accessories as noted in the student handbook. Adhere to the dress code in the student handbook.

- Failure to dress or behave appropriately for this ceremony may result in the student being asked not to take part in the proceedings.

- The senior class may vote on a class representative to present a student reading or

response as a part of the ceremony. The reading should be prepared ahead of time, and reflect the professional nature of the ceremony. The reading or response must be submitted to the Nursing Programs Administrator for review and approval at least two weeks prior to the ceremony. The class representative should exhibit professional demeanor at all times. Any variation from the approved reading will not be permitted.

- The class may elect to prepare a brief slide show, which may be shown during the gathering period prior to the beginning of the ceremony. Again, the celebratory but professional nature of the program should be kept in mind, and any slide show must be submitted to the Nursing Programs Administrator at least two weeks prior to the ceremony for approval. Variation from the approved slide show will not be permitted.

- Designated pinners will "pin" each of the students at the appropriate time during the ceremony.

Original Nightingale Pledge

"I solemnly pledge myself before God and in the presence of this assembly:
To pass my life in purity and to practice my profession faithfully;
I will abstain from whatever is deleterious and mischievous and will not take
Or knowingly administer any harmful drug;
I will do all in my power to maintain and elevate the standard of my profession
And will hold in confidence all personal matters committed to my keeping
And all family affairs coming to my knowledge in the practice of my calling;
With loyalty will I endeavor to aid the physician in his work and devote myself
To the welfare of those committed to my care.

International Council of Nurses' Pledge

In full knowledge of the obligation I am undertaking, I promise to care for the sick, with all the skills and understanding I possess, without regard to race, creed, color, politics, or social status, sparing no effort to conserve life, to alleviate suffering, and to promote health.
I will respect at all times, the dignity and religious beliefs of the patients under my care, holding in confidence all personal information entrusted to me, and refraining from any action that might endanger life or health.
I will endeavor to keep my professional knowledge and skill at the highest level, and to give loyal support and cooperation, to all members of the health team.
I will do my utmost to honor the international code of nursing ethics, and to uphold the integrity of the professional nurse.

APPENDIX C

ALPHA DELTA NU NURSING HONOR SOCIETY

In the Spring of 2012, the National Organization for Associate Degree Nursing (N-OADN) approved the formation of a national honor society for Associate Degree Nursing (ADN) programs. COTC has been chartered as the ***Alpha Beta Chapter***. To be considered for membership, students must have:

- attained a 3.0 overall GPA
- attained and maintained a 3.0 GPA in all nursing courses (Cannot receive less than a B in all nursing courses)
- demonstrated conduct on campus and in the clinical areas that reflects integrity and professionalism.

Students who meet eligibility requirements will be invited for consideration for induction into the Alpha Beta Chapter of Alpha Delta Nu during the 1st six weeks of each semester after completion of their first medical-surgical nursing course. Participation is ***optional***. If the student wishes to join Alpha Delta Nu, the following are expectations:

- Pay a membership fee of $20 (twenty dollars).
- Complete a group Capstone project during next to last Semester of the second year. Depending on the number of participants, there may be more than one group but members are only expected to complete one project.

Inductees will be recognized at pinning and graduation and receive an honor society pin and cords to be worn at both.

What does participation in a nursing honor society mean to YOU?

- Recognition for academic excellence
- Potential for scholarships to continue education
- Quality addition to professional portfolio

APPENDIX D

NURSING STUDENT AWARDS

MAGDALINE W. RIESER Dean's Award (Outstanding Graduate)

The Magdaline Rieser Award is given to a selected graduating student in the name of a former Nursing Program Director according to the following criteria:

1. A grade point average of 3.25 or above
2. High leadership potential
3. Outstanding work in the clinical area throughout the program
4. Outstanding enthusiasm and concern shown to clients in their care

Selection is made by the faculty who has supervised student clinical performance.

FEIL AWARD

Named for Clarence Feil, this award recognizes the graduate in Health Technologies who best exemplifies attributes of leadership, interpersonal skills, organization, initiative, persistence, communication skills and community involvement -- and who is most likely to make a substantial contribution to the quality of life in our community. This award is alternated to a nurse (even numbered years) and Allied Health member (odd numbered years). A minimum overall grade point average of 3.25 and 3.50 or higher in technical courses is required. The award is $500.

IRIS L. HICKS MEMORIAL SCHOLARSHIP

This award is funded by Alumni and Iris Hicks Memorial Fund and is given to a selected student in the name of Iris Hicks, an inspirational former Nursing Laboratory instructor.
Criteria - A nursing student who is identified by faculty to have overcome adversity to achieve in nursing and who has a good potential for acquiring additional educational degrees.

Simpson-Wellington Clinical Excellence Award

This award is presented to a nursing student who excelled in the clinical setting. The recipient is nominated by faculty for having demonstrated competence and outstanding performance in one or more of the QSEN targets for knowledge, skills or attitude.

Elizabeth Barnhart Outstanding Graduate

Guidelines for this award are determined by the Barnhart family. It is presented to one student at each Newark pinning ceremony. Students are nominated by their peers and faculty vote on the recipient from the peer nominations received.

APPENDIX E

CENTRAL OHIO TECHNICAL COLLEGE

NURSING PROGRAMS

Request for Withdrawal from a Nursing Course

Student Name: _____ Date: _____

(Please print)

I am withdrawing from NUR/NPN _____.

Reason for withdrawal:

[ ] academic difficulty

[ ] illness

[ ] personal issues

[ ] other

Please provide a brief explanation:

This is only a replica of the form – students must go to the Nursing Office to obtain the correct form.

I plan to return to the nursing program _____ (specify quarter). I understand that return to the program is based on space availability and compliance with program requirements. I understand that I must meet with the Nursing Programs Administrator to seek approval to return to the program, and that the Administrator will place me in the appropriate course and section depending on availability.

Signature: _____

(Student)

****

Reviewed by: _____ Date : _____

Comments:

_____

[i] Institute of Medicine. To err is human: building a safer health system. Washington, DC: National Academy Press,

1999.

[ii] Id pg. 27
[iii] Id
[iv] Institute of Medicine. Preventing medication errors. Washington, DC: National Academy Press, 2007.

[v] Entire excerpt retrieved from: http://www.ncbi.nlm.nih.gov/books/NBK2656/pdf/ch37.pdf Accessed 1/8/14.

US 20402400 CURRICULUM PLAN: ASSOCIATE DEGREE NURSING PROGRAM

CURRICULUM HOURS

Course name	Credit hours	Theory hours x 15 weeks	Lab hoursX 14 weeks	Clinical hours X 14 weeks	Total hours
		Clock	Clock	Clock	Clock
NURS 115 Introduction to Professional Nursing	1	12.5	0	0	**12.5**
NURS 107 Introduction to Pharmacology	2.5	18.75	35	0	**53.75**
NURS 108 Fundamentals of Nursing	6	37.5	35	70	**142.5**
NURS 117 Introduction to Adult Health	6	37.5	35	70	**142.5**
NURS 201 Advanced Adult Health	7	37.5	35	105	**177.5**
NURS 211 Family Centered Care I	3	25	0	35	**60**
NURS 215 Family Centered Care II	3	25	0	35	**60**
NURS213/214	6.5	37.5	12	105	**154.5**
	Total Technical Credit Hours	**Total Clock Hours**			
	35	**231.25**	**152**	**420**	**803.25**

Note: LPN to RN Transition students will take the following course, then will merge into semester three, NURS-117.

Course name	Credit hours	Theory hours	Lab hours	Clinical hours	Total hours
NURS 210 LPN to RN Transition	1.5	12.5	12.5	0	25

Note: Paramedic to RN begins 21AU Students take NURS 216 then will Merge into semester 3 NURS 117

Course	Credit Hours	Theory Hours	Lab Hours	Clinical Hours	Total hours
NURS 216 Paramedic to RN	**5**	**37.5**	**25**	**37.5**	**100**