



**OTERO JUNIOR COLLEGE**

**NURSING**

**STUDENT MANUAL**

**2018-2019**

Revised 6/18

**Nursing Student Manual  
Program in Nursing**

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**DISCLAIMER**

**OJC retains the right to modify the Nursing Student Manual at any time. If the college does revise this manual, all nursing students will be notified of the changes.**

**LEGAL REQUIREMENTS FOR NURSING LICENSURE**

Before becoming licensed, the student must answer the following questions:

1. "Have you ever been convicted of a felony or have you ever had accepted by a court a plea of guilty or no contest? Have you received a deferred judgment or deferred prosecution?"
2. "Are you now, or were you for the 12 months preceding the date of this application, addicted to any controlled substance; a regular user of any controlled substance without a prescription; and/or habitually intemperate in the use of intoxicating liquor?"

If any question is answered "yes", the student needs to meet with the director of the nursing program for counseling as the Colorado State Board of Nursing has specific requirements for licensure.

## **To The Student:**

We welcome you to Otero Junior College Nursing Program.

Nursing is a unique and highly demanding profession and therefore the nursing program requires a high level of commitment.

Nursing requires strength, integrity, sensitivity and compassion. You will be expected to:

- Demonstrate an attitude of willingness to explore new or different concepts and ideas.
- Become an active participant in identifying personal learning strategies.
- Establish realistic priorities for combining school and other personal responsibilities.
- Use the problem-solving process in resolving issues and complaints and learn to accept and profit from constructive criticisms.
- To resolve any issues/problems, seek council first from your instructor then if you are not satisfied contact the program director. If no resolution is reached, follow the grievance procedure detailed on page 30 of this manual.

Active learning requires the use of a variety of methods to fit all learning styles. You will be expected to use out of class time for use of additional learning resources (i.e. library, computer assisted instruction, group study, etc.)

To gain the best quality of hands on experience a variety of health care settings will be used. Clinical experiences at these facilities will require travel and a wide variety of schedules (may include all three shifts, call time and weekends).

The statements in this handbook reflect Colorado Board of Nursing, college and clinical facility requirements. They are subject to change with notification.

## **MISSION STATEMENT DEPARTMENT OF NURSING**

### **MISSION**

Provide excellent education that prepares the learner to become a member of the nursing profession, meeting the needs of diverse populations.

### **PROGRAM STUDENT LEARNING OUTCOMES**

The eight program student learning outcomes are:

1. Provide safe, quality, evidence-based, patient-centered nursing care in a variety of healthcare settings to diverse patient populations across the lifespan.
2. Engage in critical thinking and clinical reasoning to make patient-centered care decisions.
3. Implement quality measures to improve patient care.
4. Participate in collaborative relationships with members of the interdisciplinary team, the patient, and the patient's support persons.
5. Use information management principles, techniques, and systems, and patient care technology to communicate, manage knowledge, mitigate error, and support decision-making.
6. Provide leadership in a variety of healthcare settings for diverse patient populations.
7. Assimilate professional, legal, and ethical guidelines in practice as a professional nurse.
8. Promote a culture of caring to provide holistic, compassionate, culturally-competent care.

## **Program Student Learning Outcomes with Support from the Literature and Current Nursing Practice**

### **1. Provide safe, quality, evidence-based, patient-centered nursing care in a variety of healthcare settings to diverse patient populations across the lifespan.**

This outcome focuses on the many aspects of the nurse/patient relationship and integrates the work of the QSEN group derived from the IOM studies (Finkelman & Kenner, 2009). Safety is a major concept and is based on QSEN.org documentation as well as the NCSBN's *Nursing Pathways for Patient Safety* (Benner, Malloch, & Sheets, 2010). The importance of patient-centered care is addressed by the Institute of Medicine (2011) stating that many systems are designed to meet the needs of providers. "True patient- and family-centered care will focus on the whole patient, putting the patient, family, and care team together as a system" (p. 16). This outcome also relates to two of NLN's Competencies for ADN Graduates (2010): "Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings" (p. 33), and "Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context" (p. 35). This outcome also embraces the major categories of content presented in the NCLEX-RN® test plan. The ANA's (2010a) *Nursing: Scope and Standards of Practice* is applied when planning quality, patient-centered nursing care.

Major concepts for this learning outcome include:

- The nursing process (assessment, diagnosis, goals/outcome criteria, interventions, and evaluation)
- Patient teaching
- Patient-centered care
- Evidence-based practice
- Cultural competence
- Cultural diversity
- Standards of practice
- Caring
- Safety
- NCLEX-RN® categories and their subcategories:
  - Safe and effective care environment
  - Health promotion and maintenance
  - Psychosocial integrity
  - Physiological integrity

### **2. Engage in critical thinking and clinical reasoning to make patient-centered care decisions.**

Critical thinking is a broad term that encompasses all the thought processes that relate to, and provide the basis for, clinical decision making and clinical reasoning. It is part of the term NLN (2010) defines as nursing judgment which encompasses three processes: critical thinking, clinical judgment, and integration of best evidence into practice (p. 67). Critical thinking is evidenced not only by the student's use of the nursing process, but also when interfacing with the clinical microsystem and the larger healthcare system to deliver quality, safe, patient-centered care. Clinical judgment builds on the skills of critical thinking to move the student to engaged, practical reasoning that complements the scientific, or theoretical reasoning, represented in the nursing process (Benner, Tanner, & Chesla, 2009). Additionally, there has been an increased focus on the nurse as a knowledge worker (Porter-O'Grady, 2010). This outcome also relates to the NLN's Competencies for ADN graduates (2010): "Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and promote the health of patients within a family and community context" (p. 34).

This outcome is further supported by the IOM's 2011 publication that states, "Emerging new competencies in decision making, quality improvement, systems thinking, and team leadership must become part of every nurse's professional formation from the prelicensure through the doctoral level" (p. 4-29). Therefore, this outcome addresses the nurse within the healthcare environment and the impact of the nurse on the environment and the impact of the environment on the work of the nurse. The outcome promotes learning about systems including the clinical microsystem and the larger healthcare system. The system in which care is delivered has been increasingly important as the current initiatives (IOM, QSEN) focus on decreasing errors. Students must learn about the nurse's role in the system, where the nurse fits within the system, and the effect the system has on the day-to-day work of a nurse.

*The Future of Nursing* also notes that current nursing education programs focuses on patient-nurse interactions and recommends that to improve quality of care, nurses also need to think in terms of health care systems.

Finally, from *The Future of Nursing*, "In some ways it is surprising how little our pedagogy promotes appreciation of systems of care. Arguably, most graduates of most health professional educational programs suffer from considerable 'functional illiteracy' about the systems in which they work. Few emerge from their studies with a well-developed sense of responsibility for the performance of these systems, even though they work in those systems and depend on them every day" (p. 1-16).

Major concepts for this learning outcome include:

- Critical thinking
- Clinical decision making
- Clinical judgment
- Integration of best evidence
- Nursing process
- The nurse as knowledge worker
- Levels of the work environment:
  - The larger healthcare system
  - Clinical microsystems
  - Nurse/patient relationship

### **3. Implement quality measures to improve patient care.**

The emphasis on quality measures to improve patient care derives from the IOM reports on quality and health care. These reports discuss the need for all healthcare professionals to be more aware of, and implement, quality improvement measures. The QSEN project identified quality improvement as one of the six competencies of pre licensure nursing education graduates. Quality improvement refers to the use of data to monitor the outcomes of care processes and the use of improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems (Smith, Cronenwett, & Sherwood, 2007). The IOM (2011) recommended nursing students learn not only "how to do the work" but also "how to improve the work". This outcome also relates to the NLN's Competencies for ADN Graduates (2010): "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" (p. 36). The importance of learning about the broader context of a systems approach to care rather than the narrower nurse/patient relationship as the primary focus of the work environment is imperative for meeting the quality improvement competency for this outcome (Day & Smith, 2007). This outcome is further supported by the IOM's 2011 publication that states, "Emerging new competencies in decision making, quality improvement, systems thinking, and team leadership must become part of every nurse's professional formation from the pre licensure through the doctoral level" (p. 4-29) and "Imparting emerging competencies, such as quality improvement and systems thinking, is also key to developing a more highly educated workforce" (p. 4-30).

Major concepts for this learning outcome include:

- Quality measures
- Quality improvement
- Nursing sensitive indicators

#### **4. Participate in collaborative relationships with members of the interdisciplinary team, the patient, and the patient's support persons.**

The importance of collaboration is emphasized in the work of the QSEN group derived from the IOM studies (Finkelman & Kenner, 2009) with the competencies of teamwork and collaboration. The QSEN and IOM competencies of quality improvement and patient-centered care also relate to this outcome. This outcome incorporates NLN's 2010 definition of teamwork: "to function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision making to achieve quality care" (p. 69).

The silo approach to care in which each professional works in parallel is no longer acceptable in the current healthcare environment. Health professionals must "cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable" (IOM, 2003, p. 4). Additionally, the Institute of Medicine (2010, p. 39) notes that 60 to 70% of adverse events happening to patients in the acute care setting can be traced to problems with communication. Some of those problems stem from disruptive behavior by both nurses and physicians.

Nurses must understand the importance of team approaches to problem solving and safe patient care.

Major concepts for this learning outcome include:

- Patient-centered care
- Teamwork/collaboration
- Safe care environment
- Conflict resolution

#### **5. Use information management principles, techniques, and systems, and patient care technology to communicate, manage knowledge, mitigate error, and support decision-making.**

Traditionally, communication referred to engaging in verbal and written exchange of information. More recently it also includes using information and communication technologies. Knowledge and use of information systems and nursing informatics in health care mandates that students learn about new technologies. This program student learning outcome is a specific competency recommended by QSEN. Knowledge of informatics is also recommended by the NLN in their 2008 position statement *Preparing the Next Generation of Nurses to Practice in a Technology-Rich Environment: An Informatics Agenda*. In this position paper the NLN called for nursing schools to incorporate informatics into the curriculum.

This outcome also addresses patient care technology which refers to technology that communicates monitoring information about the patient's condition. Computer technology has been increasingly adapted to patient monitoring devices and students must be educated about how to use the information reported by these devices and how to use the devices themselves.

Major concepts for this learning outcome include:

- Information systems
- Nursing informatics
- Information technology
- Patient care technology

#### **6. Provide leadership in a variety of healthcare settings for diverse patient populations.**

This outcome focuses on the core component of leadership. Leadership is comprehensive and includes managing care, delegating to others, integrating and coordinating care, investigating and sharing best practice guidelines, and serving as a leader in many capacities within the healthcare environment. This outcome relates to the NLN's Competencies for ADN Graduates (2010): "Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings" (p. 33). This outcome is further supported by the IOM's 2011 publication that states, "Emerging new competencies in decision making, quality improvement, systems thinking, and team

leadership must become part of every nurse's professional formation from the pre-licensure through the doctoral level" (p. 4-29).

Major concepts for this learning outcome include:

- Advocacy
- Management of care
- Delegation
- Leadership

## **7. Assimilate professional, legal, and ethical guidelines in practice as a professional nurse.**

The general term professionalism is used to include all professional, ethical, and legal principles to guide the practice of the Registered Nurse. The foundation for this program student learning outcome flows from two American Nurses Association documents, *Nursing: Scope and Standards of Practice* (2010) and *The ANA Code of Ethics* (2008) as well as the Colorado Board of Nursing's Nurse Practice Act. This outcome also relates to one of NLN's Competencies for ADN Graduates (2010): "Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context" (p. 35). Ongoing professional development is part of this competency which includes lifelong learning.

Major concepts for this learning outcome include:

- Professionalism
- Ethical behavior
- Legal principles
- Standards of practice
- Professional development
- Lifelong learning

## **8. Promote a culture of caring to provide holistic, compassionate, culturally-competent care.**

Caring is at the heart of nursing. This outcome prepares students to focus on nurturing the well-being of the patient and support persons based on individual needs. To create a culture of caring is a primary role of the nurse. Often students are so engaged with the technical aspects or the critical thinking/clinical reasoning required to provide safe, quality patient-centered care, they may not consider the caring aspect of nursing. Although part of QSEN's patient-centered care concept, it may be helpful to include a separate program student learning outcome that focuses on caring as a necessary element when providing patient-centered care. This is also based on a recommendation in *The Future of Nursing* (2011) which recommends that nursing education devote more effort to fostering culturally competent and relationship-centered care. This relationship-centered care is fully explicated in Koloroutis' 2004 book *Relationship-Based Care*, a philosophy used in many healthcare settings.

This outcome teaches students their responsibility to maintain the caring nature of nursing and that caring is part of the nurse's professional identity. The nurse has the moral commitment to protect and enhance human dignity (Watson, 2007). This outcome relates to the NLN's term "human flourishing" that in part states "The nurse helps the individual in efforts to reclaim or develop new pathways toward human flourishing" (NLN, 2010, p. 67). Caring is supported by efforts such as the activity "Through the Patient's Eyes." (QSEN.org).

Major concepts for this learning outcome include:

- Caring
- Compassion
- Holistic care
- Patient-centered care
- Relationship-centered care

## Program Student Learning Outcomes and Competencies

1. Provide safe, quality, evidence-based, patient-centered nursing care in a variety of healthcare settings to diverse patient populations across the lifespan.
  - a. Conduct comprehensive and focused physical, behavioral, psychological, and spiritual assessment of health and illness parameters in patients, using developmentally and culturally appropriate approaches.
  - b. Develop a plan of care based on assessment findings.
  - c. Implement patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management, and nursing management across the lifespan, and in all healthcare settings.
  - d. Promote factors that create a culture of safety.
  - e. Provide patient teaching that reflects developmental stage, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in own care.
  - f. Implement nursing interventions to promote health, prevent illness, assist in the restoration of wellness, and maintain the health status of patients across the lifespan, in a variety of healthcare settings.
  - g. Monitor patient outcomes, including interpretation of assessment data and appropriate follow-up, to evaluate the effectiveness of nursing interventions.
  - h. Deliver care within expected timeframe.
  - i. Provide patient-centered transitions of care and hand-off communications, including discharge planning, to ensure the receiving caregiver has the knowledge needed to provide safe care.
  - j. Plan, implement, and evaluate evidence-based care.
  - k. Incorporate health promotion and risk reduction in the care of patients.
  - l. Demonstrate cultural competence when providing care to diverse patients in a variety of healthcare settings.
  - m. Revise the plan of care based on an ongoing evaluation of patient outcomes.
  - n. Demonstrate safe performance of psychomotor skills for efficient, safe, and compassionate patient care.
  - o. Accurately document all aspects of patient care.
2. Engage in critical thinking and clinical reasoning to make patient-centered care decisions.
  - a. Use critical thinking/clinical reasoning to make clinical judgments and management decisions to ensure accurate and safe care in all nursing actions.
  - b. Use critical thinking/clinical reasoning when implementing all steps of the nursing process while integrating best available evidence.
  - c. Anticipate risks, and predict and manage potential complications.
  - d. Prioritize patient care.
  - e. Evaluate the impact of economic, political, social, and demographic forces on the delivery of health care.
  - f. Participate in analyzing errors and identifying system improvements.
  - g. Implement National Patient Safety Goals in all applicable patient care settings.
  - h. Analyze the clinical microsystem and its impact on the nurse's ability to provide safe, quality care.
3. Implement quality measures to improve patient care.
  - a. Participate in quality and patient safety initiatives, recognizing these are complex system issues, which involve individuals, families, groups, communities, populations, and other members of the healthcare team.
  - b. Interpret information about outcomes of care for populations served in a variety of healthcare systems.
  - c. Analyze information about quality improvement projects in a variety of healthcare settings.
  - d. Participate in a root cause analysis of a sentinel event.

- e. Identify gaps between local and best practice and provide recommendations for closing the gaps.
  - f. Apply quality improvement processes to effectively implement patient safety initiatives and monitor performance measures, including nursing-sensitive indicators in the microsystem of care.
  - g. Employ principles of quality improvement to assist in the development and initiation of effective plans for the clinical microsystem and/or system-wide practice improvements that will improve the quality of healthcare delivery.
  - h. Provide nursing care based on the principles of evidence-based practice that contribute to safe and high quality patient outcomes within a variety of healthcare microsystems.
4. Participate in collaborative relationships with members of the interdisciplinary team, the patient, and the patient's support persons.
    - a. Communicate effectively with all members of the healthcare team, including the patient and the patient's support network.
    - b. Implement patient safety and quality improvement within the context of the interprofessional team in a variety of healthcare settings.
    - c. Evaluate inter and intra-professional communication and collaborative skills to deliver safe, evidence-based, patient-centered care.
    - d. Implement conflict resolution principles as needed.
  5. Evaluate information management principles, techniques, and systems, and patient care technology to communicate, manage knowledge, mitigate error, and support decision-making.
    - a. Use patient care technologies, information systems/technologies, and communication devices to support safe nursing practice.
    - b. Evaluate the role of information technology and information systems in improving patient care outcomes and creating a safe care environment.
    - c. Apply patient care technologies as appropriate to address the needs of a diverse patient population.
  6. Provide leadership in a variety of healthcare settings for diverse patient populations.
    - a. Apply the delegation process when working with other healthcare team members.
    - b. Coordinate the implementation of an individualized plan of care for patients and the patient's family and/or support network.
    - c. Adapt the provision of patient care to changing healthcare settings and management systems.
    - d. Evaluate the effect of nursing leadership on improved patient safety and quality care.
    - e. Serve as a patient advocate.
  7. Assimilate professional, legal, and ethical guidelines in practice as a professional nurse.
    - a. Practice within the ethical, legal, and regulatory frameworks of nursing practice.
    - b. Analyze planned patient care within the context of the ANA Standards of Practice.
    - c. Demonstrate accountability for nursing care given by self and/or delegated to others.
    - d. Practice within the parameters of individual knowledge and experience.
    - e. Exhibit professional behavior.
    - f. Initiate a plan for ongoing professional development and lifelong learning.
  8. Promote a culture of caring to provide holistic compassionate, culturally-competent care.
    - a. Provide support, empowerment, and hope when caring for diverse patients in a variety of healthcare systems.
    - b. Reflect on care provided to continue to improve caring relationships.
    - c. Deliver compassionate, culturally-competent care that respects patient and family preferences.

## Definitions of Major Concepts Used in the Program Student Learning Outcomes and Competencies

**Caring:** In nursing, those values, attitudes, and behaviors that engender feeling cared for. (Duffy, 2010). Also, “promoting health, healing, and hope in response to the human condition” (NLN, 2010, p. 65).

**Clinical judgment:** A process of observing, interpreting, responding, and reflecting situated within and emerging from the nurse’s knowledge and perspective (Tanner, 2006). Involves ways in which nurses come to understand the problems, issues, or concerns of clients and patients, to attend to salient information, and to respond in concerned and involved ways (Benner, Tanner, & Chesla, 2009).

**Clinical microsystem:** A small group of people who work together on a regular basis – or as needed – to provide care and the individuals who receive that care (who can also be recognized as members of a discrete subpopulation of patients) (Trustees of Dartmouth College, 2004, p. 5).

**Clinical reasoning:** An iterative process of noticing, interpreting, and responding – reasoning in transition, with a fine attunement to the patient and how the patient responds to the nurse’s actions. (Benner, Tanner, & Chesla, 2009, p. 230).

**Collaboration:** “Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.” (Quality and Safety Education for Nurses [QSEN], 2007). Collaboration also includes communication and partnerships with providers, patients, families, and stakeholders.

**Critical thinking:** “Identifying, evaluating, and using evidence to guide decision making by means of logic and reasoning” (NLN, 2010, p. 67). Critical thinking is the basis of clinical reasoning, clinical judgment, and clinical problem solving.

**Cultural competence:** Cultural competence is the ability to respect the beliefs, language, interpersonal styles, and behaviors of individuals, families and communities receiving services as well as the health care professionals who provide the services. Culture is the integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and the institutions of racial, ethnic, social, or religious groups ([www.cultural-competence-project.org/en/faq.htm](http://www.cultural-competence-project.org/en/faq.htm), retrieved February 17, 2011)

**Diversity:** “Recognizing differences among persons, ideas, values, and ethnicities, while affirming the uniqueness of each (NLN, 2010, p. 12).

**Ethics:** “Involves reflective consideration of personal, societal, and professional values, principles, and codes that shape nursing practice. Ethical decision making requires applying an inclusive, holistic, systematic process for identifying and synthesizing moral issues in health care and nursing practice, and for acting as moral agents in caring for patients, families, communities, societies, populations, and organizations. Ethics in nursing integrates knowledge with human caring and compassion, while respecting the dignity, self-determination, and worth of all persons” (NLN, 2010, p. 13).

**Evidence-based care:** Care that integrates the best research with clinical expertise and patient values for optimum care (IOM, 2003).

**Healthcare environment:** the aggregate of surrounding things, conditions, or influences; surroundings; milieu. (dictionary.com). In healthcare, nurses turn the environment into a caring and healing environment by initiating and sustaining a therapeutic relationship with patients and their families (Koloroutis, 2004).

**Human flourishing:** “An effort to achieve self-actualization and fulfillment within the context of a larger community of individuals, each with the right to pursue his or her own such efforts. The process of

achieving human flourishing is a lifelong existential journey of hope, regret, loss, illness, suffering, and achievement. Human flourishing encompasses the uniqueness, dignity, diversity, freedom, happiness, and holistic well-being of the individual within the larger family, community, and population. The nurse helps the individual in efforts to reclaim or develop new pathways toward human flourishing.” (NLN, 2010, p. 66-67).

**Informatics:** The use of information and technology to communicate, manage knowledge, mitigate error, and support decision making (Quality and Safety Education for Nurses [QSEN], 2007).

**Information management:** Refers to “the processes whereby nursing data, information, knowledge, and wisdom are collected, stored, processed, communicated, and used to support the delivery of health care” (Nelson, 2010, p. 653).

**Integrity:** “Representing the dignity and moral wholeness of every person without conditions or limitation” (NLN, 2010, p. 13).

**Knowledge, skills, and attitudes:** In nursing education there are three domains of learning in which faculty engage students. The cognitive domain represents the knowledge needed to carry out the professional roles of the nurse. The skills are the psychomotor activities that are represented by the psychomotor domain. Attitudes represent the beliefs and values about all aspects of the patient and health care that represent the affective domain. The content of each domain is equally important and necessary for the student to fulfill the roles of the professional nurse.

**Leadership:** Leadership is Standard 12 of the American Nurses Association’s Scope and Standards of Practice (2010, p. 55). Leadership is defined and evaluated with the following measurement criteria related to the student nurse:

- Oversees the nursing care given by others while retaining accountability for the quality of care given to the healthcare consumer.
- Abides by the vision, the associated goals, and the plan to implement and measure progress of an individual healthcare consumer or progress within the context of the healthcare organization.
- Demonstrates a commitment to continuous, lifelong learning and education for self and others.
- Mentors colleagues for the advancement of nursing practice, the profession, and quality health care.
- Treats colleagues with respect, trust, and dignity.
- Develops communication and conflict resolution skills.
- Participates in professional organizations.
- Communicates effectively with the healthcare consumer and colleagues.
- Seeks ways to advance nursing autonomy and accountability.
- Participates in efforts to influence healthcare policy involving healthcare consumers and the profession.

**Nursing:** Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities and populations.

**Nursing-sensitive indicators:** Nursing-sensitive indicators reflect the structure, process and outcomes of nursing care. The structure of nursing care is indicated by the supply of nursing staff, the skill level of the nursing staff, and the education/certification of nursing staff. Process indicators measure aspects of nursing care such as assessment, intervention, and RN job satisfaction. Patient outcomes that are determined to be nursing sensitive are those that improve if there is a greater quantity or quality of nursing care (e.g., pressure ulcers, falls, and intravenous infiltrations). Some patient outcomes are more highly related to other aspects of institutional care, such as medical decisions and institutional policies (e.g., frequency of primary C-sections, cardiac failure) and are not considered "nursing-sensitive".

**Nursing judgment:** “Encompasses three processes: namely, critical thinking, clinical judgment, and integration of best evidence into practice. Nurses must employ those processes as they make decisions about clinical care, the development and application of research and the broader dissemination of insights and research findings to the community, and management and resource allocation” (NLN, 2010, p. 67).

**Patient:** The recipient of nursing care or services. Patients may be individuals, families, groups, communities, or populations (American Association of Colleges of Nursing [AACN], 2008, p. 38).

**Patient-centered care:** Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs (Quality and Safety Education for Nurses [QSEN], 2007).

**Personal and professional development:** “A lifelong process of learning, refining, and integrating values and behaviors that (a) are consistent with the profession’s history, goals, and codes of ethics; (b) serve to distinguish the practice of nurses from that of other health care providers; and (c) give nurses the courage needed to continually improve the care of patients, families, and communities and to ensure the profession’s ongoing viability” (NLN, 2010, p. 68).

**Professional identity:** “Involves the internalization of core values and perspectives recognized as integral to the art and science of nursing. These core values become self-evident as the nurse learns, gains experience, and grow in the profession. The nurse embraces these fundamental values in every aspect of practice while working to improve patient outcomes and promote the ideals of the nursing profession. Professional identity is evidence in the lived experience of the nurse, in his or her ways of being, knowing, and doing” (NLN, 2010, p. 68).

**Quality improvement:** “Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems” (Quality and Safety Education for Nurses [QSEN], 2007). Also relates to the improvement of healthcare processes and at the local, state, and federal levels to affect positive outcomes from the impact of economics on healthcare quality.

**Relationship-based care:** Health care is provided through relationships. The activities of care are organized around the needs and priorities of patients and their families. Relationship-based care depends on a caring and healing environment in which care providers respect the dignity of each patient and each other. The nurse as a leader creates caring and healing cultures. Positive interdisciplinary collaboration is a significant predictor of quality care in a relationship-based care environment (Koloroutis, 2004).

**Safety:** Minimizes risk of harm to patients and providers through both system effectiveness and individual performance (Quality and Safety Education for Nurses [QSEN], 2007).

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## GUIDELINES OF THE NURSING PROGRAM

### **OJC NURSING ADMISSION PROCEDURE**

1. To review the admission criteria and procedure, go to the website at <https://www.ojc.edu/academics/academicprograms/nursing/nursingapplication.aspx> and access the Nursing application guidelines and form. Submit your completed application online at the OJC website.

### **PROGRESSION**

Progression within levels:

1. For progression within levels, the student must:
  - a. Complete each nursing course consecutively with at least a 77% grade.
  - b. Complete all other required academic courses with a minimum grade of a "C".
  - c. Prove math competency as determined by the testing described in the Medication Administration Plan.

Progression to graduation:

1. Approval of graduation is contingent upon:
  - a. Completion of all required nursing and general education courses with a minimum of "C" grade.
  - b. Completion of Medication Administration Math requirement. (See Medication Administration Math Plan.)

Progression when withdrawal or failure occurs:

1. Nursing students who receive a "D" grade or below in any required course will be required to exit the Nursing Program.
2. To be eligible to return, you must complete an exit interview with the Nursing Director or designee within two (2) weeks of exit.
3. If a student exits the program, they must submit an updated nursing program application on the OJC website and be placed on the admission list for the next available slot.
4. Upon readmission, the student must:
  - repeat and pass the failed or withdrawn course(s)
  - continue in the applicable progression criteria as stated in section above

### **READMISSION APPLICATION PROCEDURE**

Procedure

1. An updated nursing program application must be submitted on-line at [www.ojc.edu](http://www.ojc.edu) including the student's current address, email address and telephone number requesting readmission to the nursing program.
2. Readmission into the next cohort of the same program is based on slot availability and is not guaranteed.
3. Students will be allowed to withdraw or fail one course, and be eligible to return to the nursing program the following year. An exit interview is required with the retention specialist.
4. Students not accepting or returning with the next cohort must restart the application process, competing with all new applicants (see <https://www.ojc.edu/academics/academicprograms/nursing/nursingapplication.aspx> for nursing admission procedures).
5. Exceptions to this guideline will only be considered in catastrophic situations and if faculty/director are informed during the same semester.
6. Returning students may be required to complete clinical experience/clinical skills demonstration as determined by the nursing faculty.

7. Requests for readmission will be reviewed and students will be notified by e-mail, postal mail or phone call regarding status prior to the semester of return.
8. Reasons that a student will be considered ineligible for readmission include, but are not limited to: The student has been terminated or dismissed from the program for documented acts of dishonesty, unethical, illegal or unprofessional behavior, unsafe patient care, including violation of guidelines in the nursing program Student Manual.

## **TECHNICAL STANDARDS**

### **1. Introduction**

Otero Junior College has adopted the following technical standards for admission, progression and graduation of all Nursing Program students in clinical courses involving direct client care. Candidates for these degrees must be able to meet these minimum standards, with or without reasonable accommodation, for successful completion of degree requirements.

### **2. Standards**

#### **a. Observation**

The student must be able to observe lectures, demonstrations, research and practice situations in nursing. He/she must be able to observe health assessments and interventions, diagnostic specimens and digital and waveform readings to determine a client's condition and the effect of therapy. Observation necessitates the functional use of vision, hearing, tactile and somatic senses.

#### **b. Communication**

A student must be able to communicate effectively with clients, teachers and all members of the health care team. He/she must communicate with clients to elicit information regarding history, mood and activity, and to perceive nonverbal communication. Communication includes speech, hearing, reading, writing and computer literacy. A student must be able to report to members of the health care team, express appropriate information to clients, and teach, explain, direct and counsel people.

#### **c. Motor**

A student must have sufficient gross and fine motor skills, physical endurance, physical strength, mobility, vision, tactile abilities and sense of smell to carry out nursing procedures. He/she must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers. A student should be able to do basic laboratory tests (e.g., slide preparation) and perform patient care procedures (e.g., tracheostomy care, urinary catheterization, use of oxygen oximetry and glucometer). He/she must be able to execute motor movements reasonably required to provide routine and emergency care and treatment including cardiopulmonary resuscitation, administration of intravenous medication, and application of pressure to stop bleeding and opening of obstructed airways.

#### **d. Intellectual, conceptual, integrative and quantitative abilities**

The student must be able to read and understand written documents in English and to solve problems involving measurement, calculation, reasoning, memory, analysis and synthesis. He/she must be able to synthesize knowledge and integrate the relevant aspects of a client's history, physical findings and diagnostic studies. The student must be able to use this information to develop a diagnosis, establish priorities and monitor treatment plans and modalities. In addition, he/she must be able to comprehend three-dimensional and spatial relationships.

#### **e. Behavioral and social attributes**

A student must have the capacity to demonstrate full utilization of her/his intellectual abilities, emotional stability, exercise good judgment and promptly complete all responsibilities attendant to the diagnosis and care of clients. A student must have the capacity to develop mature, sensitive and effective therapeutic relationships with clients. He/she must be able to tolerate

physically and mentally taxing workloads and function effectively under stress. As a component of nursing education, a student must demonstrate ethical behavior, including adherence to the professional nursing and student honor codes.

## **SERVICES FOR STUDENTS WITH DISABILITIES**

Students with documented disabilities should contact Allie Hall, Disabilities Director, located in the Student Services, 719-384-6931 about free services to assist them. Services include: tutoring, note takers, readers/writers for tests, extra time for in-class reading/writing, in-class aide for reading/writing, accommodation of physical setting in classroom, tape recorded lectures, enlarged print on handouts/tests, tests in the Student Success Center, sign language and oral interpreting, adaptive equipment, alternative testing, software/hardware accommodations and other specialized academic procedures. See procedures for documentation of disabilities in OJC Catalog at [www.ojc.edu](http://www.ojc.edu).

## **SUPPORT RESOURCES**

The goal of the Health Career Coach is to be proactive in the Nursing and Health Department student's education and strive for success. This will include data collection, information sharing and referring students to the resources that will lead to success. The Health Career Coach will be available to assist in finding resources to alleviate some of the day to day stressors as well as refer students to necessary resources within OJC and outside of OJC for things such as, but not limited to, tutoring, financial aid, discovering personal learning styles and learning how to make that style become a benefit to their education, and mini-workshops on stress management, etc. The goal is for student success.

In addition to being referred to the Retention Specialist, self-referrals and walk-ins are welcome. The office is currently located in Learning Commons in Wheeler Hall room 128A. Let's resolve issues or concerns before they become problems.

## **TUTORING**

Tutoring is available for students struggling to be successful in the nursing program through self-referral or instructor recommendation to the Retention Specialist. Students are encouraged to take advantage of this service.

## **STANDARDIZED TESTING**

Standardized computer testing is given throughout the nursing program to assist students to be successful on the NCLEX Examination (the computerized, comprehensive test required for licensure). Every semester the student will take a variety of standardized tests from Kaplan and complete required remediation and retesting as indicated. The purposes of using standardized tests, which vary in length, are to help individualize and guide the student's educational plan, as well as give the student an opportunity to practice taking questions similar to those on the NCLEX. In order to prepare for the tests, the student should be rested prior to the exam and take the tests seriously. One quarter of the Kaplan package will be charged in each of four semesters over the two year program.

Students are required to take the proctored Kaplan exam as part of the course requirements for the courses listed below. The required Kaplan exam will count as a quiz grade for the assigned course if the students score meets or exceeds the National average score. If the National Average score is not met a zero grade will be earned for a quiz score. Students are encouraged to prepare for the required Kaplan exams by completing the Kaplan practice exams available for the same subject content.

NUR 109 – Fundamental Skills

NUR 106 – Med/Surg (PN Med/Surg Kaplan)

NUR 150 – OB/PEDs  
NUR 169 – PN Comprehensive Predictor  
NUR 206 – To Be Announced  
NUR 211 – Psych Nursing  
NUR 212 – Pharmacology  
NUR 216 – Med/Surg (RN level)  
NUR 230 – RN Predictor

## **PRE-CLINICAL REQUIREMENTS**

### Physical Examination

The health facilities in which you have your clinical experience require that the students have a physical examination each year. The physical examination is to include a PPD test. If the PPD test is positive, you must have a chest x-ray and show evidence of non-communicable status as provided by the Colorado Health Department. Proof of required immunization must be submitted before you enter the nursing program. Individual health questions will be evaluated by the Admissions Committee.

### Background Check and Drug Screen

Clinical facilities require students to have a random drug screen done prior to attending clinical. This will be arranged through the college. Please plan to follow the procedures promptly when notified.

**ALL** Colorado Community College nursing students are required to take and pass an approved clinical background check. Instructions for the background check may be obtained from the Nursing Office. The faculty and personnel of the Nursing Program do not guarantee or promise that any student will be accepted to every facility clinical lab, practitioner, affiliates, or others who may provide training or other services for the Nursing Programs. Denial of attendance at one or more clinical sites may result in dismissal from the program.

### Safety Tests

Completion of all safety tests with a score of 70% or higher is mandated for clinical participation. These tests are located within the online orientation.

### CPR Certification

All nursing students must maintain evidence of current CPR certification, preferably from the American Heart Association.

**Clinical participation can be affected if any of the above is not completed.**

## **ACADEMIC EXPECTATIONS**

### **GRADING**

Classes and Clinical: A grade of “C” must be attained in each course. See individual syllabus for details.  
Grading Scale:

90 - 100	A
81 - 89	B
77 – 80	C
69 - 76	D
Below 69	F

### **TEST/ASSIGNMENTS**

1. Student arriving late to scheduled exams will be given the option of taking the exam in the remaining scheduled time or rescheduling the exam in the testing center for the full amount of time, but with a 10 point deduction.
2. Retaking of tests will not be permitted.
3. Ten points will be deducted from the test grade if it is not taken at the scheduled time.
4. At the discretion of the instructor, late assignments may not be accepted or may have a grade reduction. See Syllabus for each course for details.

### **TEST REVIEW PROCEDURE**

To provide immediate and consistent feedback to students and to add learning opportunity to the testing procedure, the following review procedure will be implemented as appropriate.

A monitored review area will be available as students complete their exam. Students will have 15 minutes to review the correct answers and the rationale for all answers. While in the exam review area, the following rules will be strictly applied.

- ✓ No paper, pencils or electronic recording devices may be brought into the room (including phones, etc.)
- ✓ No talking or other noise will be tolerated.
- ✓ Hands must be visible to the monitor at all times.
- ✓ You may not return to the review room after leaving.
- ✓ Questions or concerns about exam items are to be written and submitted in the review area.
- ✓ Feedback regarding concerns will be posted electronically in the course profile, or reviewed in class.

For an individual review of the exam, you must make an appointment with your instructor within the week following the exam.

### **MEDICATION ADMINISTRATION**

No student may graduate until they demonstrate continued competency in calculations of medications, dosages. The following outline of times of evaluation will be followed:

1. After the Clinical Calculations course in the first year of the nursing program, nursing students must pass a Medication Administration Exam with 100% by the end of the semester to progress to the next semester. The student may repeat the exam once per week, for a total of five attempts until 100% is achieved. Testing times will be announced by faculty. This is a monitored test.
2. In the assigned semester the student may repeat the exam up to 5 times in order to achieve the required 100 percent. Times are announced and in order to be the most successful you should begin week one.

3. Second year students will be required to demonstrate continued mastery by passing the Medication Administration Exam with 100% within 5 attempts. The student may repeat the exam once per week (for a total of 5 times). These attempts must be completed within the scheduled times on the web site. A schedule of testing times is also posted in the Life Science foyer.
4. Students returning to the program will be required to pass the Medication Administration Exam with 100% within 5 attempts. These attempts must be scheduled within the first 6 weeks of the assigned semester.
5. Failure to achieve 100% on the Medication Administration Exam according to the above guidelines will result in dismissal from the program.

### **COLORADO ASSOCIATE DEGREE NURSING PROGRAMS POLICY STATEMENT ON THE ESSENTIAL CLINICAL EXPECTATIONS FOR THE STUDENT NURSE**

Otero Junior College Nursing Facilities embrace the following statement by the Colorado Council on Nursing Education and expect students in the Nursing Program to fulfill them.

Student nursing practice includes assessment, analysis, planning, implementation, and evaluation. The process integrates cognitive, affective, and psychomotor skills. Competency statements developed by the Colorado Council on Nursing Education are designed to reflect current educational outcomes. The faculty in Colorado has identified the following nursing roles: provider, advocate, teacher, manager, and member of the profession. The Registered Nurse License granted upon successful completion of the NCLEX-RN exam is non-restrictive. Because practice is not limited to any particular area the learning experiences of the student must be broad enough to cover all clinical areas, knowledge, and practical skills expected of a job entry-level nurse.

To achieve these competencies, skills must be learned and practiced at job entry levels. Clinical practice is evaluated utilizing the clinical evaluation tools for each course. A general overview of the Essential Program Requirements for the Student Nurse is as follows:

- Establish and maintain a professional nursing relationship with the client and/or family.
- Independently perform health assessment, interviewing, and examination.
- Provide physical care for persons of all ages, size, gender, race, national origin or disability, whether conscious and helpful, or unconscious and helpless. This includes, but is not limited to, helping client move in bed, move out of bed, and assist in walking.
- Use nursing knowledge, skills, and established protocols to safely perform nursing measures according to the needs of the client/family.
- Perform a variety of sterile and not-sterile nursing procedures safely and accurately on clients.
- Use a variety of technical and mechanical equipment safely and accurately.
- Assume a variety of strategies to educate the client/family, according to their needs.
- Implement a variety of strategies to educate the client/family, according to their needs.
- Use critical thinking to review and analyze data to identify potential, emerging, and/or actual client/family problems.
- Develop nursing care goals with the client/family.
- Document client data, nursing care, and client/family responses.
- Use management concepts within a health care delivery system.
- Assume responsibility for professional self-development.
- Assume accountability for quality nursing practice.
- Function as a member of the health care team, in compliance with the Nurse Practice Act and its Rules and Regulations.

## SAFE CLINICAL PRACTICE GUIDELINES

The definition of safe clinical practice for all ADN students at OJC includes the following items. Preceptors/instructors may require additional items for specific learning situations or for certain clinical rotations.

1. Attend change of shift conference.
2. Research all medications prior to administration.
3. Review performance criteria and hospital/facility procedure for nursing skills as needed.
4. Demonstrate ability to perform assigned skills safely as needed.
5. Demonstrate orally and/or in writing, as required by preceptor/instructor, nursing care planning for each patient.
6. Provide a safe environment for all patients, appropriate to developmental level and physiologic status.
7. Report pertinent changes in patient's health status immediately to appropriate staff person.
8. Seek help from preceptor/instructor as needed. Do not perform new skills/additional skills without consent or supervision of preceptor/instructor. All sterile procedures and invasive procedures will be observed by an RN.
9. Students will not administer Oncologic Chemotherapy or emergency IV drugs or other drugs as identified by instructor or preceptor.
10. Preceptor/instructor must observe all calculations, preparations and administration of IV push medications and mixed IV solutions. (EXCEPTION: Saline flushes of peripheral prn IV devices by second year students)
11. All IV starts will be observed by the nursing instructor or a designated RN.
12. Students cannot transcribe doctor's orders.
13. Students will not draw blood alcohols.

## DRESS CODE FOR CLINICAL

1. A white or hunter green skirt or pants, and a hunter green scrub top (with the student patch permanently attached to the left shoulder sleeve) and an OJC name badge is the official uniform for nursing students. The length of the skirt uniform should not be shorter than knee length. No stretch pants or leggings will be permitted. Jeans are not allowed in patient care areas. If a shirt is worn underneath the scrub top, it must be white.
2. If you are required to go to the hospital prior to your clinical days a white lab coat with an OJC name badge must be worn over nice street clothes (no jeans).
3. Soft rubber heeled professional shoes are recommended. Plain white, low top, athletic shoes are permitted. No opened toed shoes.
4. Hose must be worn with a dress uniform. Underclothing should not detract from the appearance of the uniform. Plain white socks may be worn with white pants.
5. Sweaters and lab coats may be worn while on duty except when performing direct nursing care.
6. Personal appearance and hygiene: Hair must be clean and neat in a simple style. Long hair must be secured back from the face in such a way that it does not fall forward when leaning over. Ribbons should not be worn. Beards and mustaches must be neat, clean and trimmed to less than 1" in length. Artificial eye lashes should be complimentary to appearance. Cosmetics may be used moderately. Fingernails must be kept clean, trimmed, and no longer than ¼" from the fingertip. Fingernail polish should look clean and neat and not chipped. Artificial nails are not allowed per CDC guidelines.

7. All clinical facilities are now non-smoking campuses. You will not be allowed to smoke during clinical hours.
8. Jewelry: Watches with a second-hand indicator and the OJC Nursing Student name pins are part of the uniform. Only engagement rings, wedding rings and one set of small pierced earrings in the lowest part of the earlobe are permitted.
9. Visible body piercings other than earlobes are not allowed. Gauging of the ears is not allowed.
10. Strong perfume, lotion, or shaving lotion is not permitted.
11. Visible body art (tattoos, hickeys, etc.) must be covered.

### **NURSING STUDENT CODE OF CONDUCT**

Along with this nursing handbook, the OJC nursing program follows the policies and procedures listed under the OJC Common Student Code of Conduct Statements. Students are expected to adhere to both sets of policies at all times. Any student who does not follow these or any program requirements shall be subject to disciplinary action, up to and including dismissal from the Nursing Program and dismissal from Otero Junior College. See Discipline Policy at <https://www.cccs.edu/bp-4-30-student-discipline/>.

1. The Student must safeguard the patient's right to privacy by maintaining confidentiality of information concerning the patient. As part of this, the student must understand and comply with the Health Insurance Portability and Accountability Act (HIPAA) at all times.
2. Falsification of any patient or client documentation in any clinical setting is unacceptable will be subject to disciplinary action, up to and including dismissal from the Nursing Program and dismissal from Otero Junior College.
3. Safe nursing practice is expected at all times. Any mistake, accident, or unusual occurrence involving a student must be reported immediately to the instructor and to the appropriate health team member so that prompt action can be taken to initiate treatment or to alleviate harm. **Students will be removed from the clinical site if the safety of the patient is compromised.**
4. Students must comply with all policies of individual clinical sites to which they are assigned.
5. Students must adhere to required student documentation required for clinical and comply with due dates. Students without current documentation will not be allowed to go to a clinical site under any circumstance.
6. Professional conduct and courtesy toward peers, faculty, staff, patients and families are expected in all classes, conferences, labs, and clinical experiences. Lateness, personal conversations, extraneous noise, leaving class frequently, etc. are distracting to others in the learning environment. Cell phones and pagers must be turned off or on silent mode during class or lab time and clinical experiences.
7. Students must abide by the Alcohol and Drug Testing Policy from OJC.
8. Students must be able to meet Technical Standards in order to complete course and clinical objectives. See Technical Standards of this document for details.

### **ATTENDANCE/TARDINESS**

Due to the fact that the nursing curriculum necessarily covers enormous amounts of difficult content and that the clinical experience is limited in time, the following policy will be upheld:

1. Attendance to class is required. College policy provides that at the instructor's discretion a student's grade may be lowered one letter grade after three absences in any course.
2. Students are required to notify the course faculty of impending absences, tardiness or early departure. Students will report to the clinical site at least 15 minutes prior to beginning of assigned

shift. Students who are more than 10 minutes late to a clinical site will be sent home for that clinical day and will not be made up. This will count towards your two allowed missed days.

3. Attendance in clinical as scheduled is required. Up to two make-up days for missed clinical (with proper notice) will be scheduled at a time convenient for the course instructors. This may be during or after the scheduled completion of the course. Students missing more than two scheduled clinical days may be required to pay \$45.00 per hour to reschedule and complete the missed clinical days. **The student** is responsible for making arrangements with the clinical coordinator for make-up and payment of missed time.
4. **Punctuality is required.** The students must report to the clinical site at the time designated for the course. A student anticipating being late or absent to clinical is **required to notify the clinical site and the clinical coordinator.** The number to the clinical coordinator is 384-6899, call at the same time you call the facility and leave a message.
5. No call, no show to any assigned clinical experience will result in deduction of 50 points from your performance grade and will be made up. This may result in failure in the course. After first no call, no show the student will be placed on warning. Two “No Calls/No Shows” to clinical within the same semester will result in dismissal from the program.

## PROFESSIONALISM

The following essential performance behaviors must be consistently demonstrated.

1. **Communication** – Demonstrates in verbal and nonverbal interaction respect for others’ opinions, active listening skills, assertiveness, and professional courtesy.
2. **Preparedness** – Plans and arranges time. Completes assignments prior to class or clinical. Uses learning materials and resources in order to actively participate in learning activities.
3. **Attendance** – Takes initiative to clarify and confirm schedule. Is present without exception in required classes, orientation sessions, and clinical practice, and community-based assigned observations and clinics. Demonstrates initiative and follow through in meeting scheduled assignments.
4. **Equipment** – Anticipates supplies and equipment that will be necessary to complete course/clinical assignments and learning activities, and proactively prepares to have these resources available. Equipment may include: stethoscope, watch with a second hand, and written assignments.
5. **Conflict Management** – Demonstrates collaborative problem solving skills in the event conflict relevant to the course or clinical occurs. Conflict management skills include: engaging in timely and constructive dialogue with the immediate participants to clarify the issue; consulting in a timely fashion with advisor, clinical scholar/instructor, or preceptor; accurately identifying the negotiable and non-negotiable issues; and determining an effective strategy to achieve mutual goals, and follow through respectfully with the decision. Constructively uses opportunities throughout a course or clinical to communicate questions and concerns relevant to course outcome competencies. Comments on course, faculty, and preceptor evaluations with specific, constructive feedback on effective teaching and learning strategies, as well as recommendations for improvement.
6. **Obligation to the Client or Patient** – Demonstrates accountability in accepting assignments for patient care, and carrying through with responsibilities within the designated time frames. Communicates whereabouts (breaks, lunch, meetings, etc.) and assures continuity of care at all times. Uses clinical judgment and self-assessment skills to determine when assistance is needed in accepting an assignment or providing patient care. Leaving the patient or clinical assignment without acknowledge communication constitutes patient abandonment and is sufficient for course failure.

7. **Respect Demonstrated to Client, Peers, and Health Care Providers** – Courtesy, consideration, respect and regard are conditions for learning. Demonstrates attentiveness, politeness, consideration for others in all learning environments. Refrains from intruding, interrupting, distracting, or otherwise limiting the opportunities for learning. A student may be removed from the class/clinical for disrespecting the learning environment and interfering with the learning of others. Return to the class/clinical is dependent on commitment to demonstration of civility. Civility will be evaluated by the following criteria: Interacts with all others with demonstrations of respect, tolerance, and caring. Body language, nonverbal behaviors, including voice tone, and personal opinion must at all times demonstrate professionalism and collegiality. Demonstrates respect for the diversity of race, ethnicity, religion, sexual orientation, gender, age, socio-economic status of clients, peers, and other care providers.
8. **Emotional and Physical Readiness** – Engages in self-monitoring and demonstrates emotional and physical health necessary for clinical activities. If willingness or ability is deemed inadequate, by the clinical scholar/instructor or preceptor, the student will be dismissed from clinical for the day. Students suspected of abusing alcohol, drugs, or other illegal substances will be subject to immediate removal from the clinical area after consultation with the clinical scholar/instructor, or faculty. Instructional policies related to substance abuse will be enforced. The course program director should be notified and appropriate referral initiated. The student may not be permitted to return until an evaluation and recommended follow up is complete. Documentation of the student's emotional and physical readiness may be required. In the event of a medical necessity, make-up time for missed class/clinical will be arranged within the scheduled term if possible.

**Make up clinical time missed due to disciplinary action cannot be guaranteed and generally will NOT be arranged for professional role behavior violations, thereby resulting in an incomplete, delaying program progression and completion. The student must accept the responsibility for these behaviors and the consequences.**

*This list is not all inclusive. The nursing program retains the right to initiate disciplinary action at their discretion when necessary.*

## **DRUG TESTING**

The Otero Junior College Department of Nursing Program conforms to the common health profession requirement for random drug testing. Both initial enrollment in the OJC Nursing Program and subsequent placement at clinical sites is contingent upon presentation of a negative drug test. Drug testing must be completed by the testing company selected by OJC.

### **Initial Drug Testing**

All students enrolling in the OJC Department of Nursing Program, in addition to other established entry criteria, must agree to current and or random drug testing. **The drug test and/or any necessary transportation to a testing facility must be paid for at the student's expense.** For initial drug testing, students must use the designated lab and testing date identified by the OJC Nursing Department.

### **Refusal to Participate**

Students may refuse to participate in initial or suspicion based testing. However those students refusing will not be admitted into the Nursing Program and any student who refuses to test based on reasonable suspicion while they are in the program could lead to disciplinary action, up to and including dismissal from the Nursing Program. The OJC Department of Nursing supports and enforces a zero (0) tolerance alcohol and drug policy.

### **Suspicion Based Testing**

The Department of Nursing may test students on a reasonable cause basis. If a student is having performance problems or if the faculty member or clinical staff directly observes behavior that may be alcohol or drug related, the student will be requested to submit immediately to drug or alcohol testing at the student's expense. If this must be performed at an alternative site, safe transportation must be arranged and the student is responsible for paying for transportation. Continuance in the nursing program is contingent on consent by the student for testing. Refusal to consent to testing will result in disciplinary action up to and including dismissal from the program. The program has the right to access and review the results of any testing. If the test is positive and/or the student is impaired the student will be sent home via alternative transportation, at the student's expense. The student will be dismissed from the program and the criteria under prior section "Initial Drug Testing" as well as "Program Re-enrollment" must be followed.

### **Clinical Facility Policy Based Testing**

Clinical facilities may subject students and faculty to random drug screening (at the facility's expense) in accordance with facility policy. The program has the right to access and review the results of testing. If the test is positive the student will be dismissed from the program and the criteria under prior section "Initial Drug Testing", as well as, "Program Re-enrollment" must be followed.

### **Program Enrollment/ Re-enrollment**

Students who refuse either the initial drug test or a suspicion-based drug test or whose test results are positive for controlled substances must show proof that they have been evaluated by a certified substance abuse professional/ Licensed Chemical Dependency Health Counselor. Proof that the substance abuse professional or LCDHC is certified must be given to the OJC Nursing Department Director. Students must show proof of successfully completing the prescribed program (highly recommend 1 year of treatment). This proof must be reviewed and approved by the nursing program Director and the division Dean. If re-enrollment is approved, student will be subject to unannounced drug/alcohol testing during the duration of the program, at the student's expense. If any test is positive student will be subject to disciplinary action, up to and including dismissal from the Nursing Program and the student will be ineligible for re-entry. Diluted drug tests may be considered positive test results.

## **Colorado Associate Degree Nursing Programs Policy and Guidelines for Prevention and Management of Human Immunodeficiency Virus and Infectious Disease in the Nursing Education Community**

Numerous reportable communicable diseases (i.e. Hepatitis, HIV, Rubella, Rubeola, Varicella) which infect individuals through various methods of contact may represent a public health threat to the campus community. In particular reference to HIV, current evidence indicates that HIV infected individuals do not infect others through casual contact. Consequently, individuals sharing common living space, study areas, libraries, classrooms and theaters are not a public health threat to the campus community. Therefore, exclusion of infected individuals from these activities is not necessary, or appropriate. When cases of reportable communicable disease are known to exist on the campus, the College will review matters on a case-by-case basis to decide what actions, if any, need to be taken to protect against direct threat of harm to others.

### **Guidelines for HIV Testing**

Qualified individuals will not be denied admission to the nursing program on the basis of HIV status. A nursing student who believes he/she to be at risk has an ethical responsibility to know his/her HIV antibody status. The testing decision will be voluntary, but due to the nature of the disease, the student is encouraged to be tested. Counseling regarding this will be available. Students right to confidentiality and privacy of information will be maintained. No specific information concerning student HIV status will be provided to any faculty, administrators, or others without express written consent of the individual student involved.

### **Faculty Responsibilities**

Faculty will teach Standard Precaution, CDC and OSHA Guidelines, and verify student's knowledge annually.

### **Client Care**

All nursing students and faculty are professionally and ethically obligated to provide client care with compassion and respect for human dignity. No nursing student or faculty may refuse to treat a patient solely because the patient is high risk for contracting or is HIV positive, or has hepatitis, or any other infectious disease.

### **HIV Positive Students**

Because of potential exposure to infection, all students must adhere to CDC and OSHA guidelines in the clinical setting. This information is provided to every student. Students who identify themselves as being at greater risk for HIV infection are urged to consult their health care providers to assess the significance of clinical risks to their own health. Students who know they are infected are urged to voluntarily inform the Director of the Nursing Program. The Director will provide information and counseling, and assess the need for necessary modification or accommodation in clinical education. Clinical adjustments will be crafted on a "case by case" basis.

Clinical adjustments will take into account the nature of the clinical activity, the requirements of the affiliating agency, the functional disabilities and risks posed by the HIV carrier, and the transmissibility of simultaneously carried infectious agents.

This Policy and these Guidelines will be reviewed periodically based upon new information regarding infectious diseases.

## **GRIEVANCE PROCEDURE**

This Student Grievance Procedure is intended to allow students an opportunity to present an issue which they feel warrants action, including the right to secure educational benefits and services. Please refer to CCCS policies SP – 4-31 & 4-31a at <https://www.cccs.edu/about-cccs/state-board/policies-procedures/>.

## **NON-DISCRIMINATION STATEMENT**

The nursing program students shall not be subjected to unlawful discrimination and/or harassment on the basis of sex/gender, race, color, age, creed, national or ethnic origin, physical or mental disability, veteran status, pregnancy status, religion, genetic information, gender identity, or sexual orientation in its employment practices or educational programs or activities.

Inquiries regarding Civil Rights compliance should be made to:

Carol Noll, Title IX/EO Coordinator  
1802 Colorado Avenue  
McDonald Hall, Rm. 221  
La Junta, CO 81050  
719-384-6824  
carol.noll@ojc.edu

## **APPROXIMATE PROGRAM COSTS**

(This is not an all-inclusive list and the costs are estimated and subject to change without notice.)

### **A. Year one of Nursing Program**

	<u>Resident</u>	<u>Non-Resident</u>
Tuition and fees (12 - 18 hours)	See semester schedule	See semester schedule
1. Nursing Fee	\$61.40/NUR credit	
2. Kaplan Testing/Remediation package	\$125.00 per semester	
3. Books and supplies	\$700.00	
4. Physical	\$80.00	
5. Hepatitis B vaccine	\$105.00 or proof of vaccine	
6. Varicella vaccine/titre	\$90-210.00	
7. Flu vaccine	\$25.00	
8. Background check & Urine Drug Screen	\$89.00	
9. CPR	\$30.00	
10. Uniforms	\$90.00	
11. Shoes	\$70.00	
12. Gait belt	\$15.00	
13. Nursing pin (price varies with gold cost)	\$60.00	
14. Malpractice Insurance	\$12.00	
15. LPN State Board Licensure fee (opt)	\$288.00 (variable from year to year)	
16. Travel and Day Care expenses will vary depend on where you live.		
17. Clinical make-up if necessary	\$45.00/hour	
18. Simulation fee NUR 106	\$233.00	

### **B. Associate Degree Nursing Program (year two)**

	<u>Resident</u>	<u>Non-Resident</u>
1. Tuition and Fees (12 - 18 hours)	See semester schedule	See semester schedule
2. Nursing Fee	\$61.40/NUR credit	
3. Books and Supplies	\$700.00	
4. Kaplan Testing/Remediation package	\$125.00 per semester	
5. Physical	\$80.00	
6. Hepatitis B vaccine	\$105.00 or proof of vaccine	
7. Flu vaccine	\$25.00	
8. Background Check & Urine Drug Screen	\$89.00	
9. CPR	\$30.00	
10. Uniforms	\$90.00	
11. Shoes	\$70.00	
12. Gait belt	\$15.00	
13. Nursing Pin (price varies with gold cost)	\$65.00	
14. Graduation fees	\$20.00	
15. Malpractice Insurance	\$12.00	
16. RN State Board Licensure Fee	\$288.00 (variable from year to year)	
17. Affiliation costs (Clinical experience at hospitals not in this area)	\$400.00 (Dependent upon location of clinical site)	
18. Clinical make-up if necessary	\$45.00/hour	
19. Travel and Day Care expenses will vary depend on where you live.		
20. Simulation fee NUR 206	\$233.00	

**OJC COLLEGE  
PROGRAM IN NURSING**

**STUDENT OATH OF CONFIDENTIALITY**

I have watched the video describing the HIPPA Regulations.

In the performance of my assigned responsibilities for OJC College Nursing Program clinical experiences, I pledge to keep confidential any and all information concerning patients and or residents. I will not discuss patient/resident cases with any employee other than those having a direct need for such information in the performance of their responsibilities. I will not release patient/resident information to any individuals or agencies, either written or verbal. I understand that failure to comply will be considered just cause for dismissal from OJC Nursing Program. I also understand that the same need for confidentiality exists after I am no longer an OJC Nursing student.

**LETTER OF AGREEMENT**

I **have read** the student handbook for the Nursing Program and know I must comply with the policies as stated.

I also understand that in order to meet the requirements of the nursing program, I must maintain at least a "C" in **each** nursing and related courses.

\_\_\_\_\_  
Student Name (Please print)

\_\_\_\_\_  
S number

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

\_\_\_\_\_  
Date