Student Handbook
For
Practical Nursing

Your Future Is Near
PRACTICAL NURSING DEPARTMENT FACULTY AND STAFF MEMBERS

Cindy L. Garrison, MSN, Ed, RN.........Director of Practical Nursing/Nurse Assistant/Care Giver
Diane Christoffer RN.............................................Coordinator Nursing Assistant/Care Giver
Judy Stilwell MSN, Ed, RN.................................Resident Faculty Lecture/Lab Practical Nursing
Kerry Dinnella MSN, Ed, RN.................................Resident Faculty Lecture/Lab Practical Nursing
Heather Varnum BSN, .............................................................Clinical Instructor
Vacant ..................................................................................................Clinical Instructor
Bree Wellborn MSN, RN............................................................Simulation Coordinator
Tracy Owens BBA.................................................................Operations Specialist
# TABLE OF CONTENTS

WELCOME .................................................................................................................................... 1

PHILOSOPHY ................................................................................................................................ 3

PURPOSE ....................................................................................................................................... 5

PHILOSOPHY OF THE PRACTICAL NURSING DEPARTMENT .... **ERROR! BOOKMARK NOT DEFINED.**

PROGRAM INFORMATION ........................................................................................................ 7

METAPARADIGM CONCEPTS .................................................................................................. 8

ORGANIZING FRAMEWORK .................................................................................................. 10

OUTCOMES AND TERMINAL OBJECTIVES ......................................................................... 11

PN PROGRAM ADMISSION REQUIREMENTS .................................................................. 12

GRADUATION REQUIREMENTS PN NURSING CERTIFICATE ......................................... 14

PROGRAM OF STUDY .............................................................................................................. 15

PN NURSING PROGRAM GUIDELINES ................................................................................. 16

ARIZONA NURSE PRACTICE ACT ......................................................................................... 17

PROGRAM GRADING PROCEDURE .................................................................................... 21

COMPUTERIZED TESTING POLICY ....................................................................................... 25

ATTENDANCE ............................................................................................................................ 27

NURSING LABORATORY GUIDELINES .................................................................................. 29

GENERAL NURSING SIMULATION LABORATORY GUIDELINES .................................. 31

CLINICAL EXPERIENCE PROTOCOLS .................................................................................. 32

DRESS CODE .............................................................................................................................. 33

DISMISSAL .................................................................................................................................. 35

STUDENT RIGHTS ...................................................................................................................... 38

ANA CODE OF ETHICS 2015 ................................................................................................. 41
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHDRAWAL/FAILURE/RE-ADMISSION</td>
<td>44</td>
</tr>
<tr>
<td>HESI EXAMINATION</td>
<td>46</td>
</tr>
<tr>
<td>HESI PN PREDICTOR EXAMINATION</td>
<td>47</td>
</tr>
<tr>
<td>REMEDIATION PLAN AND CONTRACT TEMPLATE</td>
<td>19</td>
</tr>
<tr>
<td>PROBLEM RESOLUTION PROCESS</td>
<td>48</td>
</tr>
<tr>
<td>BLOODBORNE PATHOGENS, HIV HBV</td>
<td>49</td>
</tr>
<tr>
<td>DRUG AND ALCOHOL SCREENING</td>
<td>53</td>
</tr>
<tr>
<td>CURRICULUM CONCEPT DEFINITIONS</td>
<td>59</td>
</tr>
<tr>
<td>APPENDIX</td>
<td>63</td>
</tr>
</tbody>
</table>
Welcome

Congratulations on your acceptance into the Mohave Community College Practical Nursing Program. You have been chosen because you met the requirements set forth. This does not mean it will not be difficult for you. The faculty are readily available to assist and direct you on your path to success. We cannot do the work for you, you must do a great deal of reading and hands on practice to become a safe and efficient nurse. We are here to help you, mentor you, and support you. We provide the information and resources and you provide the learning. Together, we are a team.

You have all been working in or exposed to the field of healthcare. Some of you may have visions of becoming an RN and others may be satisfied with staying LPN’s. Whatever your choice, you are an integral team member, a mandatory reporter for abuse, and a patient/client and peer advocate. You are a leader, a professional, an educator, a listener, and a shoulder to cry on.

Take a moment and reflect on why you are choosing this career path, it is not for the faint of heart. The PN program is fast paced and filled with a great deal of complex information. Do not make the mistake in thinking it is easier than the RN program, because it most definitely is not.

You are embarking on a path of lifelong learning. No matter what you choose as your future, you will always have to keep up with new information, technology, and evidence based practice research, if you are to be a quality care provider and change agent.

This program requires you to have a functional computer that meets the Elsevier e-book requirements. [http://evolvesupport.elsevier.com](http://evolvesupport.elsevier.com)

Your books will be bundled together with all e-book codes and paper back work/study guides. You may purchase hard copies of the books at your own additional expense, however you must still get the bundles for the added on line resources available. We have chosen e-books because they cut your cost for books in half, saving you money.

Do not let e-books scare you, you will find that once you get used to them you can take them anywhere you go, they weigh much less than traditional books, you can highlight, make notes, and with a quick click pull up all your highlighted notes without flipping through page upon page of material.

You will be voting for your Student Practical Nurse Club (SPN) officers: President, Vice President, Secretary, and Treasurer. It is expected as part of your professional and leadership obligation that you will pass on funds to future classes for their pinning; with an ultimate plan to develop a scholarship fund to assist those in the CNA, and PN program.

You will receive a great deal of information and forms, do not lose them or leave them laying around, thinking that you will never need them after a certain day. A great deal of the information will be used semester to semester. Please use these resources and references to improve your work.

You will need a calendar to write your schedule on it, this will help you organize your life. I strongly suggest that you do not work 11pm-7pm the night before you have class and clinical. You will be unsafe, and likely will not be successful.
Please read the MCC and PN student handbooks completely they will answer many of your questions.

For any questions related to disabilities, refer to the MCC student handbook for information and instructions.

Good Luck and Welcome to Nursing,

Cindy L. Garrison MSN Ed, BSN, RN
Director of Practical Nursing/Nurse Assistant/Care Giver Programs
Mohave Community College
1801 Detroit Ave.
Kingman AZ 86401
Office Phone 928-681-5640
cgarrison@mohave.edu
MOHAVE COMMUNITY COLLEGE PHILOSOPHY

The Mohave Community College (MCC) Practical Nursing Faculty (PNF) members’ general philosophy reflects the values of culturally diverse human life, dignity, environment, health, and nursing. The philosophy promotes excellence for nursing education and practice incorporating changes aimed at current and emerging healthcare trends in the rural southwest.

Further, the MCC Practical Nursing Faculty believe nursing is both an art and a science, it is an integral component of the health care system. The MCC PNF value the different levels of knowledge, skills, and abilities of competent and caring practitioners within the discipline of nursing. Nursing practice is holistic and focuses on transitional experiences and their meanings for individuals, families, groups and communities related to health and illness. Special attention is given to the full range of health related experiences and prevention, rather than a problem-focused orientation.

Each faculty member serves as a facilitator of the nursing students’ learning process. The Mohave Community College Practical Nursing Faculty believe:

Students take ownership of learning and have diverse individual learning needs,

Students come to us from diverse cultural and ethnic backgrounds,

Students will set a range of personal goals based on their prior exposure to health care and life experiences, and

Students are primarily adult learners with various learning styles and personal support systems.

The Practical Nursing Faculty believe that learning is a life-long process. We also believe the transition to the role of competent practical nurse is a major developmental achievement. It is the faculty who facilitate this transition, but the student must take ultimate responsibility for his/her own learning. Mission/Vision and Goals correlate with the MCC Mission/Vision and Goals.

**PNC Mission/Vision:** The mission of the MCC PN Program is to meet the health care needs of the communities in which we serve. We will inspire excellence in a student centered learning environment.

**MCC Mission:** The mission of Mohave Community College is to be a learning-centered institution, serving all constituencies, inspiring excellence through innovation and empowering students to succeed.

**MCC Vision:** Mohave Community College is recognized as the center of educational, cultural and civic activities by the communities it serves.

**PNC Goals:** The goal of the MCC PN Program is to increase the number of qualified Practical Nurses who work within Mohave County; meet the health care needs of the community, and to prepare PN graduates for safe and effective clinical practice.

**MCC Goals:** Mohave Community College strives to provide high quality, affordable and accessible higher education to all who seek it.
**Educational:** Mohave Community College supports an academic learning-centered community through implementation of quality teaching initiatives, professional development, integration of learning technology, development of partnerships, delivery of effective student support services, and by providing accurate information and advising.

**Cultural:** Become a conduit between businesses, organizations, foundations and the arts to strengthen understanding of the world through education.

**Civic:** Promote active citizenship within the college community.

**MCC Values Statement**

**Building a Better Tomorrow through Learning:** Learning is the core of the Mohave Community College mission. We acknowledge the importance learning to ensure the best possible future for

**Accountability for the Future:** The decisions made today affect individuals in the future. At Mohave Community College, we accept responsibility for our actions and decisions. We hold ourselves accountable to our students, our communities, and to the generations to come after us. MCC decisions will be designed to fulfill our vision for the future, aiming to achieve reliable, long term improvements over short term expediency.

**Integrity:** We remain committed to our values. Our decisions are consistently and courageously made in alignment with our convictions. We consciously foster an atmosphere of openness and trust, making data-driven decisions that are balanced by a cultivated sense of compassion.

**Responsiveness:** We take pride in flexibility responding to our changing environment, promptly providing programs that are needed by our students and communities.

**Quality:** We aim for excellence in all that we do while embracing the concept of efficiency.

**Providing a Supportive Environment:** Mohave Community College is committed to student success. We show respect to all and work to overcome barriers to honesty, trust and sincerity. We take pride in providing friendly service to our students and communities.

**Having Fun:** We embrace the concept of having fun and finding joy in our work and services.
PURPOSE

The Mohave Community College Practical Nursing Department is committed to meeting the educational needs of future and current Practical Nurses within an ever-changing healthcare system. Faculty facilitates student achievement utilizing various teaching modalities.

- In our effort to serve the diverse communities and cultures within Mohave County, we provide:
  - Quality student-centered learning to promote students success
  - Innovative, multi-dimensional learning experiences
  - Partnerships within the community that promote cultural enrichment and opportunities to strengthen involvement in local, national and global health issues
  - Commitment to excellence in nursing education, practice and life-long learning
Practical Nursing Learning Outcomes:

- The practical nurse is prepared to give nursing care under the guidance of a registered nurse, and/or a licensed physician by using the principles that apply to meeting the health needs of individuals.
- The practical nurse is capable of assisting in the data collection, planning, implementation, and evaluation of direct patient care through the use of nursing care plans/concept maps.
- The practical nurse is a contributing member of the health team.
- Through the role of a team member:
  - Is able to establish and maintain effective interpersonal relationships through which there is recognition and active assistance in meeting the health needs of individuals.
  - Practical nurses value and demonstrate qualities of professionalism, honesty, respect, accountability, a non-judgmental attitude, trustworthiness, caring, a professional appearance, confidentiality, tact and teamwork.

Practical Nursing Program Outcomes:

- Demonstrate professional, ethical, and legal standards within the Practical Nurse scope of practice
- Demonstrate and apply physical, emotional, cultural, and spiritual components of caring behaviors for self and others indicative of respect for human condition.
- Articulate effective communication skills in interactions with clients, families, peers, faculty, and others while developing therapeutic relationships.
- Provide safe and effective nursing care utilizing the nursing process, evidence based practice principles and Practical Nursing skills within the Practical Nurse scope of practice.
- Apply the nursing process, theory, evidence-based practice principles, and Practical Nursing skills to expand nursing judgment and develop professional roles within the Practical Nurse scope of practice.
- Recognize cultural biases, and biological and cultural differences which impact the health/illness continuum.
- Implement health teaching using established teaching plans which promote, restore, maintain and prevent illness for clients and families across the life span.
- Develop and implement management skills appropriate for Practical Nurse scope of practice to provide leadership for clients, families, and other healthcare team members.
The Practical Nursing (PN) Certificate Program at Mohave Community College (MCC) has full approval by the Arizona State Board of Nursing and MCC is accredited by the Higher Learning Commission. Once a student graduates with a certificate of completion in Practical Nursing, he/she is eligible to take the NCLEX-PN (National Council Licensure Examination) to become licensed as a practical nurse if he/she meets requirements of the Arizona Nurse Practice Act, Statutes, Rules and Regulations (April, 2014) which are independent of any college or nursing department requirements for graduation.

It is the student's responsibility to be familiar with the Arizona State Board of Nursing requirements, and to meet the guidelines.

The Practical Nursing Student Handbook is designed to provide students with specific policies, practices, protocols and objectives of the Nursing Department and the Practical Nursing Program. The information compliments the Mohave Community College Catalog and Student Handbook.

The Practical Nursing Student must be familiar with requirements to obtain the Certificate of Completion in Practical Nursing. It is the PN student's responsibility to verify courses and credit obtained on the degree audit each semester.

The agency that provides oversight of the Mohave Community College Practical Nursing Program is:

Arizona State Board of Nursing (AZBN)
4747 N. 7th Street, Suite 200
Phoenix, Arizona 85014-3655
Phone: 602-771-7800
Fax: 602-771-7888
Email: Arizona@azbn.gov or go to: www.azbn.gov
The PN Program Faculty accepts the following concepts which guide the implementation of the organizing framework:

**Client**

Faculty define client as being the individual, family, groups and community. Faculty places a high value on culturally diverse human life and dignity. All life experiences involve dynamic and complex processes of human development and achievement of personal growth through learning. Recognizing these processes, faculty view each client as a unique, dynamic being which is more than and different from the sum of bio-psycho-social, cultural, spiritual, and developmental dimension and which is interdependent with an ever changing environment.

People come from diverse cultural backgrounds, which influence the ways in which each client constructs reality, sets personal goals and assigns meaning to life's experiences. Individuals have the right to choose from multiple options that are available in daily living experiences but must also accept responsibility for their choice.

**Environment**

The environment is comprised of internal and external forces which affect individuals, families, groups and communities. Environmental forces influencing everyday life include, but are not limited to bio-psycho-social, cultural, spiritual and developmental dimensions, political and economic structures, physical surroundings, and human relations.

**Health**

Health is a dynamic process that is self-defined by individuals, families, groups and communities and is influenced by personal, family, cultural and societal norms.

**Nursing Therapeutics**

As a practice discipline, nursing strives to gain knowledge about the client's experiences and meanings associated with health and illness. Nursing therapeutics are concerned with assessing health patterns, implementing, evaluating activities and actions that promote, maintain, or restore the health of individuals, families, groups and communities that are undergoing situational, health-illness, developmental or organizational transitions. The goal of nursing therapeutics is to develop methods to foster human choices and independence that lead to health and well-being as the desired outcome of the transition. When a client needs help in achieving a healthy transition, it is the role of the nurse to assist the client using nursing therapeutics. The foundation for implementing nursing therapeutics is the nurse client interaction and the major expression of nursing therapeutics is client outcome. The role of the Practical Nurse in nursing therapeutics is to utilize specialized knowledge and skills in meeting health needs of patients in a variety of settings under the direction of a Registered Nurse or other qualified health professional.
Transitions

Transition denotes a passage or change from one condition to another. Nurses may deal with developmental, situational, health/illness, and organizational transitions. Transitions are multifaceted and potentially complex processes, which occur over time and involve multidirectional movement from one state to another and changes in life patterns. Nurses assess meanings and expectations ascribed to transitions and evaluate environmental forces and the level of skill/knowledge and planning associated with transitions. Outcomes of transitions include, but are not limited to, subjective well-being, role development and mastery, and well-being within relationships. Nursing therapeutics facilitate healthy transitions.
Faculty have developed and adopted an organizing framework as the basis for the course objectives, exit outcomes, and for nursing education. This framework represents a systematic organization of concepts that are the essential components of the curriculum. The framework serves as a guide and provides direction for faculty to organize nursing knowledge into nursing courses, clinical experiences and independent studies.

Transitions are a nursing model used to interpret the interrelatedness of the four domains of nursing. Transitions denote change, or passage, from one state to another, the time in a person's life when he or she is most likely to be under the care of a nurse. This model allows students to see clients in context and "offers a key to interpreting person-environment interactions in terms of their actual and potential effects on health" (Chick & Meleis, 1986, p 239). The Transitions model although originally designed for RN Programs is also reflective of PN scope of practice. The model includes all areas of basic client needs: psychosocial, spiritual, cultural, physiological, situational and developmental. This model includes the concepts addressed in the Arizona 2014 NCLEX-PN ® licensure examination which are safety and infection control 13%, health promotion and maintenance 10%, psychosocial integrity 11%, basic care and comfort 10%, pharmacological therapies 14%, reduction of risk potential 13%, physiological adaptation 10%, coordinated care 19%.

The concepts essential to all nursing theories are client (receiver of care), environment, health/illness, and nursing (provider of care). These concepts consist of the nursing process: assessment, diagnosis, planning, implementing, and evaluation. These concepts represent areas of competence, which are attributes of practical nurses. This is an integrated curriculum where all competencies are addressed in each course, competency-based education measures learning. Students’ progress by demonstrating their competence, which means they prove that they have mastered the knowledge and skills (called competencies) required for a particular course that progresses in complexity over the entire curriculum. Outcome objectives for each of the competencies are developed for level one which is at the end of the first semester, level two which is at the end of second semester, and level three which results in certificate of proficiency in Practical Nursing.

In the Mohave Community College Practical Nursing Program, the curriculum begins at the freshman level (Level I or first semester) in which students begin foundational course work for nursing through various articulation agreements and ends at the completion of the PN Certificate of Proficiency. The student may then gain Practical Nurse licensure and apply to an LPN-RN or LPN - BSN program upon completion of prerequisites. The outcome goal of this curricular approach is to integrate the competencies depicted in the organizing framework that facilitates seamless articulation and promotes progression to professional nursing.
OUTCOMES AND TERMINAL OBJECTIVES

The primary goal of the PN Program at Mohave Community College is to prepare a practical nurse who reflects the following outcomes.

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>PN CERTIFICATE OF PROFICIENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Skills</td>
<td>Demonstrate professional, ethical, and legal standards within the Practical Nurse scope of Practice</td>
</tr>
<tr>
<td>Cultural Diversity</td>
<td>Demonstrate and apply physical, emotional, cultural, and spiritual components of caring behaviors for self and others indicative of respect for human condition.</td>
</tr>
<tr>
<td>Communication and Cultural Diversity</td>
<td>Articulate effective communication skills in interactions with clients, families, peers, faculty, and others while developing therapeutic relationships.</td>
</tr>
<tr>
<td>Techniques of Inquiry, Technological Competency, and Aesthetic Sensibilities</td>
<td>Provide safe and effective nursing care utilizing the nursing process, evidence based practice principles and Practical Nursing skills within the Practical Nurse scope of practice.</td>
</tr>
<tr>
<td>Aesthetic Sensibilities, Communication Skills, Critical Thinking, Cultural Diversity, Techniques of Inquiry, and Technological Competency</td>
<td>Apply the nursing process, theory, evidence-based practice principles, and Practical Nursing skills to expand nursing judgment and develop professional roles within the Practical Nurse scope of practice.</td>
</tr>
<tr>
<td>Cultural Diversity</td>
<td>Recognize cultural biases, and biological and cultural differences which impact the health/illness continuum.</td>
</tr>
<tr>
<td>Communication and Critical Thinking</td>
<td>Implement health teaching using established teaching plans which promote, restore, maintain and prevent illness for clients and families across the life span.</td>
</tr>
<tr>
<td>Communication and Critical Thinking</td>
<td>Develop and implement management skills appropriate for Practical Nurse scope of practice to provide leadership for clients, families, and other healthcare team members.</td>
</tr>
</tbody>
</table>
• Graduation from a high school that is accredited by a regional accrediting association as defined by the United States Office of Education or approved by a state board of education or other appropriate state educational agency or a certificate of equivalency.
• Must be at least 17 years of age to apply. Must be at least 18 years of age at start of clinical experience.
• Demonstrate evidence of potential for success in a community college program and acceptable score:
  **Test of Essential Academic Skills (TEAS)**
  - 1st tier score ≥57.3 with Time Management Calendar
  - 2nd tier score 50 – 57.3 with Time Management Calendar
  - 3rd tier score 40-49; Requires a written plan of success initiated on day of Orientation
  **HESI A2 assessment test.**
  - 1st tier  score 75- 80% with Time Management Calendar
  - 2nd tier score 70-74% with Time Management Calendar
  - 3rd tier score 65-70% Requires a written plan of success initiated on day of Orientation
• Students that fall into the 3rd tier category may retake the TEAS for an improved score as many times as possible up to the end of the spring semester of the cohort year they have applied. The results will determine their overall placement within the class. Tier 3 students accepted into the program must have a written plan for success initiated. Tier 1 and 2 will have time management calendars developed and the instructors will meet with each student after first test results obtained to discuss student needs.
• Current AZ CNA certification or equivalent.
• Grade Point Average (GPA) of at least 2.5 or approval of application committee and PN Director.
• Appropriate score on the College Assessment Test or have successfully completed PCS-021 Reading Stage 2, TRE-089 Transitional English, and TRM-091or MAT-101 Transitional Math prior to application to PN program. (It is strongly recommended taking MAT 101 which includes dimensional analysis, a benefit for safe calculations)
• Completion of prerequisite courses: HES 113 Medical Terminology, HES 129 Allied Health Anatomy and Physiology or BIO 201 Anatomy and Physiology I and BIO 202 Anatomy and Physiology II.
• Copy of Arizona Department of Public Safety Fingerprint Card.
• Submission of completed MCC and PN Program application packet.
• Background clearance by PN Program approved vendor (Pre-Check).

*Certified/Registered Medical Assistant or other Allied Health experience may be considered upon student request, program review, and Director/Faculty approval.
Additional Requirements

After conditional acceptance of initial application, the following must be completed per PN Program requirements:

- Proof of current American Heart Association Basic Life Support for the Health Care Provider Cardiopulmonary Resuscitation (CPR) Certification.
- Proof of physical examination and health clearance indicating ability to perform all aspects of nursing.
- Proof of healthcare insurance.
- Proof of immunization and/or immunity to Hepatitis B, MMR, & Varicella.
- Proof of tuberculosis clearance.
- Proof of negative drug screening.
GRADUATION REQUIREMENTS PN NURSING CERTIFICATE

To complete the PN Certificate of Proficiency for practical nurse, the graduate must complete the following requirements:

- Successful completion with a "C" or better of PNC 101 Fundamentals, PNC 110 Pharmacology, PNC 120 Gerontology, PNC 130 Family Nursing, PNC 201 Medical/Surgical I, PNC 202 Medical/Surgical II, and all educational core courses for the PN Certificate of Proficiency.
- Complete the Mohave Community College petition to graduate, pay applicable fees and obtain the appropriate Student Services representative's signature.
- Petition by graduate deadline for spring notation on Certificate.
- Obtain Arizona State Board of Nursing and NCLEX-PN application online from the Arizona State Board of Nursing.
- Remove Certificate of Completion for Arizona Graduates from the Arizona State Board of Nursing application packet, complete name, social security number and level of completion and return to the Office of the Registrar with petition to graduate.
- All students who anticipate successful completion of their program course requirements for a certificate or a degree must complete a graduation application. Graduation applications can be accessed through the JICS account under Advising Tools.

To be eligible to write the NCLEX-PN examination the student must:

- Two months prior to graduation return completed application and fees for NCLEX-PN®.
- One month prior to graduation return completed application and fees to the Arizona State Board of Nursing or PearsonVue.
Prerequisites for ADMISSION to PN Program
must pass with a “S”/“C” or greater.
Appropriate score on assessment test OR
PCS 021 and TRE 089 with “S”
TRM 091 or MAT 101 (recommended)
NAP 115 Nurse Assistant*

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HES 113 Medical Terminology</td>
<td>3</td>
</tr>
<tr>
<td>HES 129 Allied Health Anatomy &amp; Physiology</td>
<td>3</td>
</tr>
<tr>
<td>BIO 201 Human Anatomy &amp; Physiology I with lab**</td>
<td>4</td>
</tr>
<tr>
<td>BIO 202 Human Physiology &amp; Physiology II with lab**</td>
<td>4</td>
</tr>
<tr>
<td>GPA</td>
<td>2.5</td>
</tr>
</tbody>
</table>

*Certified/Registered Medical Assistant or other Allied Health experience may be considered Upon student request, program review, and Director/Faculty approval.

**BIO 201 Human Anatomy and Physiology I & BIO 202 Human Anatomy and Physiology II May be substituted for HES 129 Allied Health Anatomy and Physiology

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEMESTER I</td>
<td></td>
</tr>
<tr>
<td>PNC 101 Nursing Fundamentals for Practical Nursing</td>
<td>8</td>
</tr>
<tr>
<td>Clinical Hours:</td>
<td></td>
</tr>
<tr>
<td>THU: 5 hrs. X 16 wks. = 80 hrs.</td>
<td></td>
</tr>
<tr>
<td>FRI: 8 hrs. X 16 wks. = 128 hrs.</td>
<td>208 hrs.</td>
</tr>
<tr>
<td>PNC 120 Gerontology for the Practical Nurse</td>
<td>3</td>
</tr>
<tr>
<td>PNC 110 Pharmacology and Dosage Calculations for Practical Nursing</td>
<td>3</td>
</tr>
<tr>
<td>Total Credits</td>
<td>14</td>
</tr>
</tbody>
</table>

| SEMESTER II                                 |         |
| PNC 201 Medical Surgical I for Practical Nursing | 8       |
| Clinical Hours:                             |         |
| FRI: 10 hrs. X 16 wks. = 160 hrs.           | 160 hrs.|
| PNC 130 Family Nursing for Practical Nursing | 4       |
| Clinical Hours:                             |         |
| THU: 10 hrs. X 16 wks. = 160 hrs.           | 160 hrs.|
| TOTAL CREDITS                               | 12      |

| SEMESTER III                                |         |
| PNC 202 Medical Surgical II                 |         |
| For Practical Nursing: Transition to Practical Nursing Practice | 6       |
| Clinical Hours:                             |         |
| WED: 8 hrs. X 8 wks. = 64 hrs.              |         |
| THU: 12 hrs. X 8 wks. = 96 hrs.             | 160 hrs.|
| TOTAL CREDITS                               | 6       |

Each core nursing course must be completed and Successfully passed with a 75% before Progression into next core nurse course.
All educational core courses must be satisfactorily completed prior to program progression. All students must follow the PN Program of Study on page 15.

Failure to comply will result in delay in taking the NCLEX-PN and licensure.

It is the student's responsibility to verify the courses and credits obtained on the degree audit each semester and that all courses are completed in the appropriate timeframe.

Certified/registered medical assistant or other allied health experience may be considered upon student request, program review, and Director/Faculty approval.
ARIZONA NURSE PRACTICE ACT

It is the PN Student’s responsibility to be familiar with all the statutes, rules and regulations. These will be reviewed during PNC 101 Fundamentals of Practical Nursing Practice. http://www.azbn.gov/laws-rules/nurse-practice-act/

ARTICLE 4. REGULATION

R4-19-401. Standards Related to Licensed Practical Nurse Scope of Practice

A. A licensed practical nurse shall engage in practical nursing as defined in A.R.S. § 32-1601 only under the supervision of a registered nurse or licensed physician.

B. An LPN's nursing practice is limited to those activities for which the LPN has been prepared through basic practical nursing education in accordance with A.R.S. § 32-1637(1) and those additional skills that are obtained through subsequent nursing education and within the scope of practice of a LPN as determined by the Board.

C. An LPN shall:
   1. Practice within the legal boundaries of practical nursing within the scope of practice authorized by A.R.S. Title 32, Chapter 15 and 4 A.A.C.19;
   2. Demonstrate honesty and integrity;
   3. Base nursing decisions on nursing knowledge and skills, the needs of clients, and licensed practical nursing standards;
   4. Accept responsibility for individual nursing actions, decisions, and behavior in the course of practical nursing practice.
   5. Maintain competence through ongoing learning and application of knowledge in practical nursing practice.
   6. Protect confidential information unless obligated by law to disclose the information;
   7. Report unprofessional conduct, as defined in A.R.S. § 32-1601(22) and further specified in R4-19-403 and R4-19-814, to the Board;
   8. Respect a client's rights, concerns, decisions, and dignity;
   9. Maintain professional boundaries; and
   10. Respect a client's property and the property of others.

D. In participating in the nursing process and implementing client care across the lifespan, a LPN shall
   1. Contribute to the assessment of the health status of clients by
      a. Recognizing client characteristics that may affect the client's health status;
      b. Gathering and recording assessment data;
      c. Demonstrating attentiveness by observing, monitoring, and reporting signs, symptoms, and changes in client condition in an ongoing manner to the supervising registered nurse or physician;
   2. Contribute to the development and modification of the plan of care by:
      a. Planning episodic nursing care for a client whose condition is stable or predictable;
      b. Assisting the registered nurse or supervising physician in identification of client needs and goals; and
      c. Determining priorities of care together with the supervising registered nurse or physician;
   3. Implement aspects of a client's care consistent with the LPN scope of practice in a timely and accurate manner including
      a. Following nurse and physician orders and seeking clarification of orders when needed;
      b. Administering treatments, medications, and procedures;
c. Attending to client and family concerns or requests;
d. Providing health information to clients as directed by the supervising RN or physician or according to an established educational plan;
e. Promoting a safe client environment;
f. Communicating relevant and timely client information with other health team members regarding
   i. Client status and progress,
   ii. Client response or lack of response to therapies,
   iii. Significant changes in client condition, and
   iv. Client needs and special requests, and
g. Documenting the nursing care the LPN provided;

4. Contribute to evaluation of the plan of care by
   a. Gathering, observing, recording, and communicating client responses to nursing interventions; and
   i. Modifying the plan of care in collaboration with a registered nurse based on an analysis of client responses.

E. An LPN assigns and delegates nursing activities. The LPN shall
1. Assign nursing care within the LPN scope of practice to other LPNs;
2. Delegate nursing tasks to unlicensed assistive personnel (UAPs). In maintaining accountability for the delegation, the LPN shall ensure that the
   a. UAP has the education, legal authority, and demonstrated competency to perform the delegated task;
   b. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions;
   c. Results of the task are reasonably predictable;
   d. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;
   e. Selected client and circumstances of the delegation are such that delegation of the task poses minimal risk to the client and the consequences of performing the task improperly are not life-threatening;
   f. LPN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task;
   g. LPN provides supervision and feedback to the UAP; and
   h. LPN observes and communicates the outcomes of the delegated task.
THE RULES

R4-19-403. Unprofessional Conduct

A. For the purpose of this Section

1. “Failure to maintain professional boundaries” means any conduct or behavior of a nurse that, regardless of the nurse’s intention, is likely to lessen the benefit of care to a patient, resident, or the family of a patient or resident and places the patient, resident, or family of the patient or resident at risk of being exploited financially, emotionally, or sexually; and

2. “Dual relationship” means a nurse simultaneously engages in both a professional and nonprofessional relationship with a patient that is avoidable, non-incidental, and results in the patient being exploited financially, emotionally, or sexually.

B. For purposes of A.R.S. § 32-1601(16) (d), any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public includes one or more of the following:

1. A pattern of failure to maintain minimum standards of acceptable and prevailing nursing practice;

2. Intentionally or negligently causing physical or emotional injury;

3. Failing to maintain professional boundaries or engaging in a dual relationship with a patient, resident, or any family member of a patient or resident;

4. Engaging in sexual conduct with a patient, resident, or any family member of a patient or resident who does not have a pre-existing relationship with the nurse, or any conduct in the workplace that a reasonable person would interpret as sexual;

5. Abandoning or neglecting a patient who requires immediate nursing care without making reasonable arrangement for continuation of care;

6. Removing a patient’s life support system without appropriate medical or legal authorization;

7. Failing to maintain for a patient a record that accurately reflects the nursing assessment, care, treatment, and other nursing services provided to the patient;

8. Falsifying or making a materially incorrect, inconsistent, or unintelligible entry in any record:

   a. Regarding a patient, health care facility, school, institution, or other work place location; or

   b. Pertaining to obtaining, possessing, or administering any controlled substance as defined in the federal Uniform Controlled Substances Act, 21 U.S.C. 801 et seq., or Arizona’s Uniform Controlled Substances Act, A.R.S. Title 36, Chapter 27;

9. Failing to take action in a health care setting to protect a patient whose safety or welfare is at risk from incompetent health care practice, or to report the incompetent health care practice to employment or licensing authorities;

10. Failing to report to the Board a licensed nurse whose work history includes conduct, or a pattern of conduct, that leads to or may lead to an adverse patient outcome;

11. Assuming patient care responsibilities that the nurse lacks the education to perform, for which the nurse has failed to maintain nursing competence, or that are outside the scope of practice of the nurse;

12. Failing to supervise a person to whom nursing functions are delegated;

13. Delegating services that require nursing judgment to an unauthorized person;

14. Removing, without authorization, any money, property, or personal possessions, or requesting payment for services not performed from a patient, employer, co-worker, or member of the public.
15. Removing, without authorization, a narcotic, drug, controlled substance, supply, equipment, or medical record from any health care facility, school, institution, or other work place location;
16. A pattern of using or being under the influence of alcohol, drugs, or a similar substance to the extent that judgment may be impaired and nursing practice detrimentally affected, or while on duty in any health care facility, school, institution, or other work location;
17. Obtaining, possessing, administering, or using any narcotic, controlled substance, or illegal drug in violation of any federal or state criminal law, or in violation of the policy of any health care facility, school, institution, or other work location at which the nurse practices;
18. Providing or administering any controlled substance or prescription-only drug for other than accepted therapeutic or research purposes;
19. Engaging in fraud, misrepresentation, or deceit in taking a licensing examination or on an initial or renewal application for a license or certificate;
20. Impersonating a nurse licensed or certified under this Chapter;
21. Permitting or allowing another person to use the nurse’s license for any purpose;
22. Advertising the practice of nursing with untruthful or misleading statements;
23. Practicing nursing without a current license or while the license is suspended;
24. Failing to:  a. Furnish in writing a full and complete explanation of a matter reported pursuant to A.R.S. § 32-1664, or b. Respond to a subpoena issued by the Board;
25. Making a written false or inaccurate statement to the Board or the Board's designee in the course of an investigation;
26. Making a false or misleading statement on a nursing or health care related employment or credential application concerning previous employment, employment experience, education, or credentials;
27. If a licensee or applicant is charged with a felony or a misdemeanor involving conduct that may affect patient safety, failing to notify the Board in writing, as required under A.R.S. § 32-3208, within 10 days of being charged. The licensee or applicant shall include the following in the notification
   a. Name, address, telephone number, social security number, and license number, if applicable;
   b. Date of the charge; and
   c. Nature of the offense;
28. Failing to notify the Board, in writing, of a conviction for a felony or an undesignated offense within 10 days of the conviction. The nurse or applicant shall include the following in the notification
   a. Name, address, telephone number, social security number, and license number, if applicable;
   b. Date of the conviction; and
   c. Nature of the offense;
29. For a registered nurse granted prescribing privileges, any act prohibited under R4-19-511 (D); or
30. Practicing in any other manner that gives the Board reasonable cause to believe the health of a patient or the public may be harmed.

Students may contact the Arizona State Board of Nursing at www.azbn.gov or the National Student Nurse Association at www.nsna.org for any additional information
An evaluation of both theory and clinical competence will be completed.

Courses having a clinical laboratory component will be graded as follows:

A. The theory component will be assigned a letter grade based on the Nursing Department scale as described below
   - Grading Scale:
     - 90 - 100 = A (MET)
     - 80 - 89 = B (MET)
     - 75 – 79 = C (MET) with Concern
     - 65 - 74 = D (Unacceptable to continue in the PN Program) Not MET
     - 64 & below = F (Unacceptable to continue in the PN Program)

B. The clinical/laboratory component is interdependent with the theory component; e.g., if a student receives a failing grade in either component, the grade recorded for the class will be "D" or "F", and the student cannot continue in the program. If the student is re-admitted to the program, the entire program must be repeated.

THEORY COMPONENT

1. Grading Scale for Nursing Courses: Students must have a grade of “C” or better in their practical nursing courses. Each course syllabus outlines requirements for successful completion of the course. The grading scale is as follows: “C”= 75-79%, “B”= 80-89%, “A”= 90-100%.
2. Final theory grades are based on examinations and/or other assignments.
3. A minimum grade of 75% is required to satisfactorily complete the theoretical component of each nursing course. (There is no rounding up for grades; i.e.74.9% failing)
4. Achievement of clinical objectives is evaluated via course specific clinical evaluation tools on a pass/fail basis.
5. Students must pass both the theoretical and clinical portions of the course to receive a satisfactory grade for the course, enabling progression in the program. All PN nursing courses have concurrent clinical time.
6. Failure to achieve a satisfactory grade in all nursing courses within each level prohibits progression in the nursing sequence to the next level.
7. Grade appeals will follow the process as outlined in the Mohave Community College catalog.
8. Cheating on examinations or actions which compromise the security of examinations will not be tolerated and are grounds for immediate dismissal.
9. A pharmacology dosage examination will be administered in each clinical nursing course and pharmacology must be passed with an “A” (90-100%). If the student cannot achieve a minimum score of 90% on two attempts, the student will receive tutoring and/or completion of a dosage calculations course. Additional failures of dosage examinations will result in failure of the course.
10. The number of examinations given during a semester and the weight of each exam toward the final grade is decided by the individual nursing instructor and is explained in the individual class syllabus.
11. A grade of "D" or "F" in any required nursing or educational core course is not acceptable to fulfill requirements for the certificate of completion in Practical Nursing.
12. All material turned in to an instructor must be identified with first and last name. Material turned in without proper identification or illegible may have points taken off the total
value of the material. Material submitted must be the original work of the student, (without plagiarism).

13. It is the responsibility of each student to turn in assigned reports (American Psychological Association format will be required), projects, etc. to the instructor who made the assignment on the date designated by the instructor. Assignments that are not turned in on the assigned date may lose points for lateness. Plagiarized material is grounds for dismissal.

14. The nursing courses incorporate clinical criteria, which must be satisfactorily met in order to achieve a passing grade. If these criteria are not met, the grade will be recorded as a "D" if the total cumulative grade is above 65% and as an "F" if the total cumulative grade is below 65%.

15. All students will be notified in writing if doing unsatisfactory work.

16. Students are expected to attend classes, laboratories and clinical assignments at all times. Instructors will inform their students, within the first few days of classes, of any special attendance requirements necessary for satisfactory completion of the course.

CLINICAL COMPONENT

1. Clinical evaluation is based upon performance in the clinical area according to behavioral objectives as defined by the course outline.

2. All nursing students will have weekly clinical evaluations and a written end-of-course summary evaluation. Faculty or student may initiate additional evaluations at any other time.

3. Students are required to attend clinical assignments to meet the objectives of the course; however, the student may be restricted from clinical assignment if the agency staff or instructor deems them unsafe or unfit for duty.

4. Any student suspected of being under the influence of alcohol or other mind altering substances will be required to have immediate urine and/or blood drug screening, according to hospital and college policies (see DISMISSAL and DRUG POLICY sections). Refusal will result in dismissal from the program.

5. Clinical performance, based upon behavioral objectives, is graded on a pass/fail basis with unmet, met with concerns, and met indicated along with numerical grading that is specific to each semester.
   a. Fall semester = 1 not met; 2 met with concern, 3, 4, 5 met; (passing score average of 2 or better).
   b. Spring and summer semesters = 1 not met, 2 not met, 3 met with concern, 4, 5 met; (Passing score average of 3 or better).

6. All students are to perform clinical procedures under the direct supervision of their instructor until the instructor approves their performance as safe.

7. Students are to be supervised while giving medications until the instructor approves their performance as safe.

8. Hospital and/or clinical agency incident reports involving any student and/or client are to be completed in full and signed according to agency policy. Faculty will also complete the Mohave Community College incident report even if it is not requested by the clinical institution. Incident reports shall be placed in the student's file in the Mohave Community College Practical Nursing Office.

9. Students are not to leave their assigned unit without notifying their instructor and the nurse in charge. At no time will the student leave the agency during the assigned clinical time for personal reasons, during meal breaks, or other break times without permission of their instructor.
10. When the assigned clinical time is finished, the student is to exit the facility in a timely manner. If it is necessary to re-enter the clinical facility after or at other than assigned times, the student must remove any Mohave Community College identifying articles of clothing such as name tags and uniform tops and may not participate in patient care as a student.

11. Students not assigned to a particular clinical area or group will not loiter in the area where other students are working.

12. Although the clinical component of each course is unique, the student is expected to apply all positive nursing behaviors learned in previous courses. Any problem-nursing behavior shall be evaluated on a continuum. If the student does not change the behavior he/she may be dismissed from the program at any point, based on the cumulative problem behavior as well as for a single grievous incident.

13. It is expected that the student’s clinical written assignments be the student’s original work.

14. When under a physician’s care for any medical or mental health need, the student is required to inform the instructor to facilitate safety for student, instructor, patient, clinical facility and the College. In order to participate in the clinical setting, the student must obtain a written release from his or her health care provider, describing any limitations. If none, the written release may state the same. If the limitations may be reasonably accommodated so that the student retains functional abilities required of a nurse, the student may remain in clinical. If the limitations create a risk for error or potentially affect the safety of the student, the patient or the instructor, the student will be given an incomplete for the number of clinical hours missed. If the student remains physically or mentally unable to complete all clinical hours within the semester, the student will again be given an incomplete. The Director of PN Program will work with the student and the faculty to develop a contract for completion of clinical hours and any outstanding assignments. A written release must be obtained prior to resumption of clinical care from the student’s health care provider. If the student is not able to meet the terms of the written incomplete agreement and demonstrate functional abilities of a nurse, the student will be given a failing grade for the course. Expected functional abilities of a nurse are included in the Appendix of the PN Student Handbook.

15. Use of cell phones and text messaging is prohibited in many clinical areas, know facility policies. Students may give the direct phone line of the clinical site where they are working, to their significant others/child care providers in case of emergency. If phones are combined with on-line resources, the resources may be utilized with the phones and text functions turned off.

16. All students must follow the Health Insurance Portability and Accountability Act (HIPAA). The HIPAA Privacy Rule is also known as the Standards for Privacy of Individually Identifiable Health Information. HIPAA provided the first nationally-recognizable regulations for the use/disclosure of an individual's health information. The Privacy Rule defines how covered entities use Personal Health Information (PHI).

a. A covered entity can be
   i. Health plan
   ii. Healthcare clearinghouse
   iii. Healthcare provider

b. Overview of the Privacy Rule:
   i. Gives patients control over the use of their health information.
   ii. Defines boundaries for the use/disclosure of health records by covered entities.
   iii. Establishes national-level standards that healthcare providers must comply with.
   iv. Helps to limit the use of PHI and minimizes chances of its inappropriate disclosure.
v. Strictly investigates compliance-related issues and holds violators accountable with civil or criminal penalties for violating the privacy of an individual's PHI.
vi. Supports the cause of disclosing PHI without individual consent for individual healthcare needs, public benefit and national interests.

- HIPAA realizes that there is a critical need to balance the steps taken for the protection of an individual's health information along with provision of proper healthcare faculties. The Privacy Rule strives hard to regulate the sharing of PHI without making it a deterrent for accessing healthcare facilities. Thus, the Privacy Rule does permit disclosures, under special circumstances, wherein individual authorization is not needed by public healthcare authorities. http://whatishipaa.org/.
Mohave Community College is committed to a high standard of academic excellence and integrity. Students are responsible for an honest and independent effort during testing. When there is evidence of cheating, disciplinary action may be taken; including but not limited to, receiving a zero for the exam or being withdrawn from the course or from the Practical Nursing Program.

**CHEATING INCLUDES, BUT IS NOT LIMITED TO:**

1. Looking at or copying from another student’s exam.
2. Communicating or receiving answers during the exam.
3. Using unauthorized notes, texts or other materials during an exam.
4. Obtaining and/or distributing an authorized exam or part of an exam or a test bank.
5. Opening additional browser windows before, during or after the administration of an exam.
6. Discussing exam content or questions with classmates who have not yet taken the exam.
7. Opening any test without authorization from the proctor/instructor present.

**POLICY AND PROCEDURE FOR COMPUTERIZED TESTING:**

1. Once entering testing room, no one will be allowed to leave for any reason without proctor/instructor permission.
2. All computerized testing will be proctored. Students will look only at their own computer screens during the exam. If a student looks in the direction of another screen, the student will be verbally warned once. If the behavior continues, the student’s exam will be terminated and a zero will be recorded.
3. Students will log into the software testing platform using a medium or high security browser as instructed. No other browser window is to be opened before, during or immediately after the exam.
4. Students are to log into laptops using the MCC login and password provided. DO NOT USE MCC PERSONAL SIGN-ON.
5. The student will not open any exam at any time unless he or she is in a proctored setting at the established date and time for the test to take place. If any student opens an exam prior to the established date and time, disciplinary actions will be taken.
6. Students may not print out or email any portion of any exam or results.
7. Students may not discuss the content of the exam until all students have taken the exam and scores have been recorded.
8. If a student does not save an answer properly or appears to not have answered a question or skipped a question, the student will not be given an opportunity to answer the question. The question will be scored as incorrect.
9. All books and personal belongings including hats are to be placed at the front of the testing room away from the individual students.
10. No cell phones or other electronic devices are allowed in the testing room.
11. Faculty will not define or explain the meaning of medical terminology or answer any questions for students during the exam.
12. No conversation will be allowed during testing period. If proctor/instructor needs to give a student a second warning, all students involved will receive a zero on the examination.
POLICY AND PROCEDURE FOR COMPUTERIZED TEST PROBLEM SOLVING

1. Any problems or concerns about the administration of the examination should be submitted in writing to the practical nursing faculty immediately following the examination.
2. If the computer network or laptop computer fails to initiate within a timely fashion, the practical nursing proctor/instructor has an option to provide the student a paper copy of the test.
3. If the computer freezes or the student is disconnected prior to completion, the practical nursing instructor/proctor will instruct the student to refresh the screen. If refresh does not work, the student may log out of the system and log-in again. Students will be given credit for time lost and have it added to the total time allotted for the test. If a student is unable to complete the test after logging in a second time, the practical nursing instructor/proctor will give a paper copy of the test.
4. If the computer network or laptop computer does not respond, a different laptop may be tried. If no additional laptop computers are available, the practical nursing instructor/proctor will provide the affected student(s) with a paper test.
5. If the student suspects the computer did not record an answer or is skipping a question, the student must contact the practical nursing instructor/proctor before submitting the test for grading. Any question left unanswered when submitted for grades will be marked as incorrect.
6. The practical nursing instructor will closely monitor all computerized exams to ensure accuracy of grading.
7. If there are any problems or concerns regarding difficulty in concentration, please contact the instructor/proctor immediately.

POLICY AND PROCEDURE FOR COMPUTERIZED TEST REVIEW:

1. Students will have an opportunity to review the exam in a proctored form setting.
2. The Practical Nursing Instructor will not accept questions concerning answer rationales during the discussion of the test.
3. Students may only review an exam in a proctored formal setting. Accessing or reviewing an exam outside of a proctored formal setting is prohibited.
4. A student may submit in writing (an email is also acceptable) a rationale or any concerns about specific test question(s). The written item of concern must be given to the practical nursing instructor within 2 hours following the examination.
5. The student may not take notes or write information specific to a test question during the examination review.
ATTENDANCE

Absences

Frequent absences are considered undependable and inappropriate in the profession of nursing. Absences from class and the clinical area also results in a loss of knowledge and skill which seriously jeopardizes the student's ability to give safe, comprehensive nursing care. Therefore, the following policies will apply:

1. It is mandatory that the student notifies the clinical instructor at least 60 minutes (1 hour) prior to the scheduled lecture/clinical and/or lab time for any absence or expected tardiness. Failure to do so will be considered an unexcused absence and may result in dismissal from the program.

2. All absences from clinical must be made up. An opportunity to make-up a clinical absence must be negotiated; the necessity for type and amount is determined by the faculty member. The decision is based upon, but not limited to, the reason for the absence, the student's past clinical performance, and the student's current learning needs. If a student needs to make up more than one clinical day the cost of a clinical instructor may be charged to the student. If a clinical make up day is scheduled and a student is unable to attend do to work schedule, the student must bring a note from their work manager stating the student was unable to reschedule their work to attend make up.

3. Carpooling: when carpooling plan for alternative rides in case the driver is called to leave early from class or clinical/lab do to an unplanned issue. Anyone leaving early do to transportation issues will receive an unexcused absence. Non-emergency scheduled appointments should not be made on the scheduled days of class/clinical/lab, these will be considered unexcused absences. Emergencies are to be discussed with faculty and Director of PN program.

4. Excessive absences may result in an unsatisfactory evaluation. In the event of more than two (2) unexcused absences from class (lecture/didactic) and (1) unexcused absence from clinical (skills lab and/or clinical facility) in any nursing course, the student must submit a written petition to the Director of the PN Program and faculty to remain in the program.

5. The lab is looked on as a clinical setting and the same professional behavior shall apply. It is expected that if a student cannot keep a lab appointment, he/she will notify the lab personnel prior to the scheduled time. The student will be penalized in the event of one (1) "no-show" or more than one (1) late cancellation (less than 24 hours); final grade will be dropped two percent (2%) for each occurrence.

6. The instructor, as class content warrants, in each segment of instruction will give examinations. The instructor will announce an examination at least one (1) week in advance. It is the student's responsibility to be present for the examination. It is the individual instructor's decision whether make-up exams will be allowed and the type of exam to be offered.

7. Regular punctual attendance to class is required. Any class missed, regardless of cause, reduces opportunity for learning and may affect achievement. Students are responsible for notifying faculty of any anticipated class absences in advance. The faculty has the prerogative of excusing or not excusing the absence. Any absence in which the PN Faculty is not informed is automatically an unexcused absence. Two unexcused absences will result in PN Program probation and a plan of success form will be completed. Three unexcused absences will result in PN Program dismissal unless the student petitions the PN Director and Faculty to remain in the Program. The re-admission decisions rests with the PN Nursing Faculty.
8. If a student chooses to leave the clinical facility early without prior notification and approval of instructor, this will be viewed as patient abandonment and will be displayed as an unexcused absence. **Two unexcused absences for early clinical leave will result in PN Program probation and a plan for success form will be completed.** Three unexcused absences for early clinical leave will result in PN Program dismissal unless the student petitions the PN Director and Faculty to remain in the Program, the final decision to remain in program or be accepted for re-admission rests with the PN Nursing Faculty.

**Tardiness**

Punctuality and attendance are important characteristics of a nurse and a discipline and must be learned by the student nurse in the classroom and clinical area. Due to the seriousness of tardiness in the clinical area, after **three (3)** times of being tardy more than 15 minutes, a full day of unexcused absence will be assigned to the student and a probation and a plan for success form will be completed.
NURSING LABORATORY GUIDELINES

Introduction

Consistent with the philosophy of Mohave Community College, the Department of Practical Nursing and PN Faculty believe that individuals learn in different ways at different rates. Based on this belief, different modes of learning have been incorporated into the practical nursing curriculum. The simulated performance of nursing skills in the nursing laboratory results from a combination of auto tutorial and guided student active participation during instruction and practice.

The instructional sequences have been planned to help the student learn how to simulate performance of basic nursing skills and to learn the scientific facts and principles upon which those skills are based.

The instructional materials the student uses are intended for independent study, to be used as many times as the individual needs to use them in order to learn the content and gain confidence to do the simulated performance of that skill.

Success will depend on early planning, preparation, and especially practice.

No skill can be performed in a clinical setting without prior satisfactory performance and sign off in the lab by instructor.

Objectives

Upon completion of required skill performance simulations for each semester, the student will:

1. Demonstrate accountability for accurate preparation for scheduled skills.
2. Demonstrate responsibility in managing time commitments.
3. Simulate required nursing skills independently, correctly and within a given period of time.
4. Identify and discuss or explain nursing principles related to safe performance of required nursing skills.

Laboratory Activities

Each student will receive a Nurse Pac containing supplies required for mastery of specific skills.

During practice in the laboratory, request instructor assistance and guidelines as needed. Needles and syringes must never be removed from the lab. Standard precautions must be used in all situations in which contact with body fluids is likely.

Students must meet required clinical performance skills in the laboratory in order to perform skills in the clinical setting and to receive a satisfactory evaluation by the clinical instructor in the clinical area.

Failure to satisfactorily complete skills in a timely manner may:

1. Decrease the number of clinical opportunities for patient care experience.
2. Be reflected in the student's evaluation of preparedness for clinical experiences.
3. Result in an unsatisfactory clinical grade.

Students must be able to maintain the functional abilities expected of a Practical Nurse. See Functional Abilities in the Appendix of this Handbook.

**Appointments**

**Appointments** may be made in person or by telephone. **Consideration** of other students is required when scheduling appointments. Same day cancellation, no show, and/or arriving late for an appointment result in time and laboratory personnel time being taken away from other students. Late arrival will not be accepted and will require another scheduled appointment.

The student is responsible for making appointments and getting skills checked off in the lab by the contract date. Failure to do so may result in a clinical failure.

The student's procedure manual, nurse pac and skills check off booklet must be brought to the lab for check-off of skills.

When making an appointment, be sure to allow sufficient time to set up, review, discuss, and demonstrate skill.

A skill performance simulation includes demonstration of skill and answering oral questions relevant to skill principles and rationales. **COME PREPARED.** Remediation opportunities are discussed.

**Performance Checklist** and the **Student Performance Record** will be dated and signed by the Simulation Laboratory personnel and/or the Clinical Instructor. A skill performance simulation will be terminated at the point at which it is determined that the student's performance is unsatisfactory or the time limit for the skills performance is reached. Areas for improvement and recommendations will be given and noted on the Student Performance Record.

The Faculty will be notified periodically of student's progress in performing skill simulations.

The student will be responsible for bringing his/her updated skills contracts to clinical and keeping his/her clinical instructor up to date on his/her skill level.

After each simulated skill performance, the student is requested to return any used lab equipment properly reassembled for other students to have available for use. Instructors must be notified of any malfunctioning equipment or the need for replacement Nurse Pac items.
A. Scheduled hours are posted on the Laboratory door.
B. Only nursing students, faculty and persons authorized by the Department of Nursing and/or college administration are permitted in the laboratory. (No children, family members, guests or friends without a signed release may enter the lab area.)
C. Eating is not permitted in the laboratory.
D. Students repeating a nursing course must repeat required skill performance simulations.
E. Student dress code in the Nursing Laboratory requires students wear either student uniform or scrubs when practicing and/or testing. Students may be sent home if the dress code is not followed.
F. Simulation exercises that enhance clinical reasoning will be included in the nursing courses of study. Students will be graded on the same numerical scales that are used as the clinical evaluations. These experiences will augment clinical experiences at clinical sites.
General

1. All problems concerning clinical experience are to be referred to the Director of PN Program.
2. In the event of illness or injury in the clinical setting, the student maintains financial responsibility for his/her own care.
3. All transportation and meals before, during, and after clinical experience are the student's financial responsibility.
4. All students are required to maintain health insurance coverage, current immunizations or titer verifications, TB screening (R9-10-112), negative drug screening, DPS Clearance Card, background checks and CPR certification (American Heart Association Healthcare Provider or American Red Cross Professional Rescuer level). The student must have current documentation on file in the Practical Nursing Office or he/she will not be allowed to participate in the clinical experience.
5. All students are expected to conform to the policies and procedures of the agency where students are assigned. If required, the student must comply with the agency drug screening policy.
6. Pursuant to program requirements, all students must complete a minimal 675 hours of clinical/skill lab work. In order to maintain compliance with state and federal laws and regulations, as well as, private accrediting and/or licensing agency regulations, the healthcare agencies providing clinical placements to students require various criminal background checks. Although not a requirement of the academic program, a student who fails to voluntarily undergo criminal background checking, as required by the healthcare agency, will not be able to fulfill the requirements of the clinical portion of the program. Voluntary background checks are completed at the student’s expense. The Arizona Department of Public Safety Clearance Card is required for nursing home, psychiatric, and pediatric rotations. The criminal background check is required by the acute care facilities.
DRESS CODE

A. Guidelines for PN Student's dress and appearance when functioning in a professional capacity in the clinical laboratory include:
1. Be meticulous regarding personal hygiene:
   a. MCC approved uniform, clean and pressed.
   b. Hair and skin clean.
   c. Nails short and clean no polish (no artificial nails); clear or white polish is acceptable.
   d. Non-odorous Deodorants, shampoo, lotion or perfumes are to be used.
   e. Good oral hygiene.
2. Hair to be arranged neatly and securely so that it will stay under control, away from the face and off the collar. Beards are to be neatly trimmed.
3. Jewelry is limited to watch, "plain" wedding band, and one set of simple "stud" type earrings in ears only. NO OTHER VISIBLE PIERCINGS ALLOWED.
4. Students are not to chew gum.
5. The approved Practical Nursing uniform includes:
   a. White uniform top with/without collar, short sleeves and lower front pockets (may be patch or in-seam type).
   b. MCC nursing patch (available from Lee’s Uniforms, Kingman AZ) sewn on the left uniform sleeve, one inch below the shoulder seam.
   c. Navy Blue uniform pants, slacks, or skirt. (Denim or casual navy pants are not acceptable). Uniform pants must be hemmed to reach the top of the shoe in front and must not touch the ground in back of the shoe. Skirts must reach the bottom of the knee when standing and rise no more than two inches above the knee when seated. Capri length pants are not acceptable.
   d. Appropriate underwear (white tee shirts required for males).
   e. Clean uniform white shoes with closed toes and heels (no sandals or clogs).
   f. Tan or white hose or plain white anklet socks for women, white socks for men.
   g. White, or navy blue scrub jacket (patches must be placed on left shoulder as prior noted). May wear long sleeve t-shirts under top, navy blue or white.
   h. Name badge approved by the Department of Nursing is required at all times while in a clinical setting.
   i. Visible body piercing is not appropriate to the clinical setting and visible tattoos must be covered.

B. Guidelines for clinical laboratory experiences not requiring uniforms:
1. "A" through "E" in section 1 applies.
2. Usually slacks, skirt and blouse or sweater or a daytime dress should be worn by women. Attire should be discreet and non-suggestive. No shorts or jeans. Tops/ blouses must cover skin to waist. Visible body piercing and visible tattoos must be covered.
3. For men, a sport shirt and slacks are suitable.
4. In certain institutions, in designated areas, special garments may be worn, such as scrub gowns/suits in operating rooms, maternity areas, etc.
5. When not required to wear the nursing uniform, students should be aware of the professionalism expected in classroom, community and hospital facility learning activities. At all times, clothing should reflect professional and modest standards of dress contributing to the image of nursing as a profession. Clothing should be clean, neat, well-maintained and appropriate to the activity. Tops with thin narrow straps which bare the shoulder are not appropriate. Bare midriffs are also not appropriate. Ensure clothing and undergarments adequately cover all body parts as a sign of respect for yourself, your classmates, your instructors and your profession.
C. Students must meet the dress code of Mohave Community College Practical Nursing Department as well as the dress code of the facility.
D. Students are required to wear nursing scrubs in classroom as well as the skills lab; students not adhering to the dress code policy will be asked to go home.
E. It is expected that graduates maintain the Mohave Community College PN Program dress code at the Pinning Ceremony. Hair is to be pinned up appropriately if a Nursing Cap is chosen, otherwise the hair may be left down.
F. Students should present themselves as if they are prepared for an interview at all times in school and in public.
A. Reasons for dismissal of PN Students:
   1. Failure to meet program objectives (achievement of grade below a "C" in all required course work).
   2. Failure to pass the clinical component of a given nursing course.
   3. Failure to protect patient confidentiality.
   4. Any behavior, which could jeopardize life, impedes recovery, or interferes with the maintenance of the patient's current health status (attending clinical when not prepared or attending clinical with an infectious illness jeopardizes patient health).
   5. Failure to immediately report a patient-care error to a college nursing instructor and responsible nursing personnel.
   6. Any preparation of written material that is plagiarized/fraudulent and/or untruthful.
   7. Any performance and/or conduct while in the host hospital/clinical agency that brings from the agency a serious documented complaint indicating inability to perform at a professional level.
   8. A persistent problem regarding attendance at clinical, laboratory and/or theory classes (see Attendance).
   9. Proven dishonesty, for example: providing false documentation, stealing and/or cheating on exams, i.e. sharing of exam information with others, taking written exams out of classroom, taking pictures of exams with cell phone cameras, unauthorized printing of exams, etc.
   10. If charged with a felony, which may affect clinical performance, the Dean of Instruction and President of the College, on recommendation from the Director of PN Program, may suspend the student while awaiting a verdict.
   11. Evidence of physical, psychological or emotional instability to a degree, which could jeopardize life, impedes recovery, or interferes with the maintenance of a client’s health.
   12. Evidence of substance abuse or refusal to participate in drug screening (see section DRUG POLICY).
   13. Failure to demonstrate a minimal proficiency of 90% in math (dosage calculations) during each nursing course.
   14. Failure to maintain health insurance coverage, current TB screening, DPS Clearance Card, positive background check and/or CPR certification or failure to provide other required health information (current documentation must be on file in the Practical Nursing Office).
   15. Placing self or others in physical or emotional jeopardy.
   16. If a student has been convicted of a felony/misdemeanor prior to or during the time they are in the program, they should contact the Arizona State Board of Nursing regarding eligibility to write the NCLEX-PN exam for licensure (See Arizona Nurse Practice Act July 25, 2014)
   17. One course failure during the entire nursing program (PNC prefix courses).

B. Students are expected to display behavior standards of a Practical Nurse in the Nursing Profession. Certain behaviors are grounds for immediate dismissal. In general, students are apprised of unsatisfactory behaviors through progress reports and weekly clinical evaluation tools. Students failing to demonstrate professional attitudes and professional behavior standards will be placed on probation or dismissed from the PN Program depending on the situation. This includes disrespect to peers, instructors, and professional colleagues as well as unprofessional conduct as described in R4-19-403 in the Rules of the Arizona State Board of Nursing. If applicable, a plan of expected behavior to improve performance will be provided to the student.
EXAMPLES OF UNPROFESSIONAL CONDUCT ARE:

1. Failure to maintain professional boundaries: Any conduct or behavior of a nurse that, regardless of the nurse’s intentions is likely to lessen the benefit of care to a patient, resident, or the family of a patient or resident and places the patient, resident, or family of the patient or resident at risk of being exploited financially, emotionally or sexually.
2. Entering into a dual relationship: A nurse simultaneously engages in both a professional and nonprofessional relationship with a patient that is avoidable, non-incidental, and results in the patient being exploited financially, emotionally, or sexually.
3. Engaging in sexual contact with a patient, resident, or any family member of a patient or resident who does not have a pre-existing relationship with the nurse, or any conduct in the workplace that a reasonable person would interpret as sexual.
4. Removing, without authorization, any money, property, or personal possessions, or requesting payment for services not performed from a patient, employer, co-worker or member of the public.

EXAMPLES OF CRITICAL INCIDENTS (may include, but not limited to, the following):

“Critical Incidents” are defined by the Practical Nursing Education Faculty based on their expertise, knowledge of the standards of nursing practice, the client’s history, the nature of the incident, and the potential liability incurred by all parties.

1. Functioning outside the roles of the student practical nurse, for example, giving medications or performing skills not included in the scope of practice.
2. Omitting safe, essential care to the client, for example, failure to assess or reassess vital signs, surgical dressings, safety needs, and failure to document.
3. Failure to observe nursing ethics and legalities, for example, chemical impairment, breach of confidentiality, falsifying information, etc.
4. Commission of acts that harm or threaten the client physically or psychologically, for example, not checking doctor’s orders prior to a procedure, administering medications incorrectly, inappropriate communication, etc.
5. Inadequate preparation for clinical assignments.
6. Side rails down on non-ambulatory or sedated or otherwise “at risk” clients.
7. Not providing means of communication for a client.
8. Neglecting to wash hands before a nursing procedure.
9. Sharing personal items between clients.
11. Breach of confidentiality
12. No provision of privacy
13. Failure to check identification before any procedure or treatment.
14. Demonstrating incompetence or lack of preparation in client’s presence.
15. Failure to meet professional dress code standards and conduct resulting in dismissal from clinical site.
16. Failure to notify instructor when leaving the patient care unit for any reason.
17. Failure to follow the schedule provided by your instructor; ex. showing up at the incorrect facility.
18. Failure to utilize the five rights when administering medications.
19. Failure to recognize, report and take appropriate actions regarding actual or potential hazards to the client (i.e. intake and output, reactions to medications, level of consciousness etc.)
20. Perform procedures incorrectly according to criteria defined in adopted textbooks or policy and procedure manual at facility.
21. It is the student’s responsibility to maintain updated physical health status. Attending clinical with expired CPR certification, overdue TB skin testing or vaccinations will result in a critical incident occurrence.

PROCEDURE FOR “CRITICAL INCIDENT”

1. The “Critical Incident” will be documented on the student evaluation form. This form will include all pertinent information stated concisely, and the behavior(s) will be precisely and specifically identified.
2. Once the behavior has been documented a student/instructor conference will be held. The behavior will be reviewed, recommendations will be made and the student’s comments and signature will be obtained.
3. The instructor will then meet with the program director, and the other faculty members. From this meeting a decision of action to be taken will be reached.
4. Copies of the “Critical Incident” will be given to the student, the instructor, and the director.
5. While the critical incident is in review, the student cannot continue the clinical experience until the above process has been completed, if deemed appropriate by faculty and director.
6. If deemed appropriate, the academic dismissal procedure of the college will be followed.

NEAR MISSES ARE

**Documented for the Arizona State Board of Nursing**

Near misses include the following categories: Skill Based Errors, Rule-Based Mistakes, and knowledge-based mistakes. The student meets with the faculty and Director to discuss the error, a plan is adopted which may include writing a plan for success or possible dismissal depending on the results of the meeting based on the type of error made by the student.

Refer to the following **Evaluation/Improvement Plan** form of the program in the Appendix.
STUDENT RIGHTS

Student rights, student code of conduct, and student academic honor code (Honor Policy) are identified in the Mohave Community College Student Handbook. The Practical Nursing Program, however, is regulated by Arizona State Statute via the Arizona State Board of Nursing and is held to a higher standard as the Nurse Practice Act establishes educational, examination, and behavioral standards for Practical Nurses that are designed to protect the public. Therefore, the PN Program retains the administrative capacity to determine the outcome of a PN Student who has violated the academic honor code or committed any act listed in DISMISSAL section in the PN Student Handbook or in R4-19-403 Unprofessional Conduct, of the Rules of the Arizona State Board of Nursing. The PN Student retains the right to dispute the PN Program decision through the College’s Formal Grievance Resolution Process.

The Nursing Department certainly welcomes the College’s Student Academic Honor Policy and adopts the following definitions specific to the PN Program and the Nursing Department

A. Academic dishonesty means any of the following:

1. Cheating: Intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise. To cheat on an exam is to use books, notes, or other materials not explicitly permitted by the instructor in taking an exam; to copy another students’ work in taking an exam; to use copies of examination material (whether stolen or accidentally obtained) in preparing for an examination when the instructor has not made these materials public by prior distribution; to assist a student in cheating in any of the aforementioned three ways. To cheat on an assignment is to use materials or sources explicitly forbidden by the instructor in completing assignment (including the ideas and work of other students when forbidden and to assist students in cheating as defined above). Students should be aware that when taking online courses or when participating in online activities in ground courses, electronic trails may indicate cheating. Students sharing computers for the same course and submitting assignments within a few minutes of each other may give the appearance of shared work.

2. Fabrication: Intentional and unauthorized falsification or invention of any information or citation in an academic exercise with the intent of gaining an unfair academic advantage, either for the individual who is committing the fabrication or for another. A falsification is the manifestation of untruth with the intent to mislead; disregard for the truth; false representation of one’s self; or intentionally creating false data.

3. Stealing: The deliberate taking of another individual’s or group’s property without consent, permission, or acknowledgement with the intent of gaining an unfair academic advantage.

4. Facilitating academic dishonesty: Intentionally or knowingly helping or attempting to help another to violate any provision of the MCC Honor Code. Students are on their honor to report known academic dishonesty; failure to do so in the Practical Nursing Department will likely incur a penalty.

5. Plagiarism: Intentionally or knowingly representing the words or ideas of another as one’s own in any academic exercise. Plagiarism is the misrepresentation of someone else’s research, thought, or writing as one’s own. Plagiarism occurs when a student uses the ideas or phrasing of another individual or group and presents the information as their own without crediting the original source. Plagiarism includes, but is not limited to, the use of paraphrase or direct quotation of the published or unpublished work of another person without full and clear acknowledgement. It also includes the unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers
or other academic materials. Information gathered from the Internet and not properly identified is also considered plagiarism. Plagiarism includes, but is not limited to, use of direct wording, artistic creations and/or expressions (written or musical) without proper acknowledgements, false citation, purchasing, downloading, or using papers written by another individual.

6. **Misrepresentation:** Intentionally or knowingly claiming college credit, certificate or diploma as one’s own when someone else did any or all work required toward the award of the credit/certificate/diploma.

7. **Collusion:** The unauthorized collaboration with another person in preparing written work offered for credit.

8. **Abuse of resource materials:** The intentional mutilation, destruction, concealment, theft, or alteration of materials provided to assist students in the mastery of course materials.

**B. Academic work** means the preparation of an essay, thesis, report, problem, classroom or online discussion, assignment or another project such as care plans, concept maps, case study, journals, process recording, thought paper, etc. whether done alone or in an assigned group, submitted for purposes of grade determination.

**C. Academic penalty** means one or more of the following sanctions which may be imposed in cases involving violation of academic honesty:

1. Requirement to re-submit the academic work in question with an automatic grade reduction.
2. Requirement to perform additional academic work not required of other students in the course.
3. A reduction to any level of the grade in the course, or on the examination, or other academic work affected by Violation of the Honor Code.
4. College: Requirement to withdraw from the course with a grade of “F” or a “WF”.
5. Nursing Program: Grounds for immediate dismissal from the PN Program and the Nursing Program.

**D. Disciplinary penalty** means any penalty which may be imposed in a student disciplinary matter pursuant to Mohave Community College Code of Student Conduct and the procedures of the PN Program and the Nursing Department.

**E. Honor Code** means the promise made to uphold the Mohave Community College Honor Policy.

**F. Honor Code Reminder** is the standardized reminder placed in all course syllabi, on nursing exams, and on the login page to the college online learning platform.

**G. Honor Code Review Form:** Form used when a faculty member is convinced that a student has violated the Honor Code and the faculty has assessed an academic penalty, disciplinary action or recommended immediate dismissal from the Nursing Program.

**H. Violation of the Honor Code** includes any act of academic dishonesty as defined by this policy.

**I. The Academic Honor Code** is the promise made by all members of the Mohave Community college community to uphold the MCC Honor Policy. The Code states: “We, the members of the Mohave Community College academic community hereby resolve to uphold individually and collectively the honor of the college by doing all that is within our power to prevent any form of dishonesty in our academic work, including, but not limited to, refusing to participate in any act of cheating, fabrication, stealing, plagiarism, misrepresentation, collusion or facilitating the academic dishonesty of another.”

**J. Academic Honor Pledge:** A pledge of commitment to the Honor code and shall appear on all nursing examinations and other assessments as faculty deem appropriate. Student signature on the assessment shall be an acknowledgement of the pledge. Students shall be advised that clicking through to assessments in Their LMS that they have acknowledged the
pledge. The pledge states: “In compliance with the Mohave Community College Honor Code, I pledge on my honor that I have not given or received any unauthorized assistance on this examination (or assignment) and that the person doing this course work is the person who is registered for this course. I further pledge that I have not to my knowledge committed any of the acts of academic dishonesty identified in this policy.” Faculty will reference the Academic Honor policy in their syllabus and utilize proctoring, secure testing software and the like. Students are expected to take responsibility for reviewing their course syllabus and asking clarifying questions if an assignment is unclear.
Provision 1: The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Provision 2: The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population.

Provision 3: The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

Provision 4: The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.

Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

Provision 7: The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

Provision 8: The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

Provision 9: The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.


Do the right thing, it will gratify some people and astonish the rest

Mark Twain
Practical Nurse Program Academic Honor Code Violations:

A. When a PN faculty member reasonably suspects that a student under the PN faculty member’s supervision has violated the Academic Honor Code, the PN faculty member will contact the PN student orally or in writing for a private personal conference. At the meeting the PN faculty member will explain to the PN student both the suspected Code violation, evidence that supports the suspicion that the violation occurred and depending on the circumstance the determination of any imposed academic penalty, disciplinary penalty or probable dismissal from the PN Program. The PN faculty member may rely on direct visual evidence, documents, electronic evidence and other written statements. If the PN faculty member relies on documents or other written statements the PN faculty member may or may not be able to provide the PN student with copies of such documents due to the nature of examination security measures. The PN student will be provided with a specified period of time to respond to the allegation, and a meeting will be scheduled with the Director of PN Program if circumstances warrant. The student may present witnesses either by written statements or in person. However, neither the MCC personnel nor the student may be represented by legal counsel at any meeting. If the student fails to respond in the time that the faculty member has provided or if the student fails to attend further scheduled meetings, the student may be dismissed from the PN Program.

B. The Director of PN Program will be involved in the decision for Program dismissal. The Nursing Department will utilize the Nursing Department’s Academic/Professional Standard/Clinical Probation documentation form and document the situation in detail. A copy of the documentation with determination will be provided for PN faculty, formal student file in the Practical Nursing Administrative Office, and the student. If the situation involves program dismissal, copies of documentation will be shared with the Dean of Instruction.

C. The student has the right to appeal the decision of the faculty member by first appealing to the Director of PN Program. The Director of PN Program will review the evidence, the PN faculty determination in the matter, and make the final decision regarding the appeal. The PN student may then opt to contact the Dean of Instruction. The Dean of Instruction will review the evidence, the faculty determination, and the final decision of the PN Program Director. The Dean of Instruction will then make the final decision for the Nursing Department. The Dean of Instruction may then advise the PN student to utilize the College Formal Grievance Resolution Process.

Nursing Department Clinical and Professional Standards Expectations:

A. The student is expected to adhere to the Nursing Department Honor Code developed by students for students, the ANA Code for Nurses, and avoid any behaviors listed in DISMISSAL section. Reasons for Dismissal and unprofessional conduct described in R4-19-403 of the Rules of the Arizona State Board of Nursing. Any student with violations of the aforementioned is subject to immediate dismissal if the situation warrants or subject to being placed on clinical or professional standards probation.

B. Examples of behaviors which lead to clinical probation are inability to apply nursing process and classroom theory to the clinical situation; failure to report client information to clinical instructor and staff, being unprepared to administer medications and perform skills.

C. Examples of behaviors which lead to professional standard probation are utilizing inappropriate communication with peers, faculty, agency staff, failure to follow the dress code, and breach of confidentiality.

D. The PN Program faculty will utilize the Academic/Professional Standard/Clinical Probation/Plan for Success documentation form and document the situation in detail. A copy of the documentation with determination will be provided for faculty, formal student file in
the Practical Nursing Administrative Office, and the student. If the situation involves program dismissal, copies of documentation will be shared with the Dean of Instruction.

If a student placed on probation fails to abide by the action plan set forth by faculty and demonstrates no improvement, the student’s outcome may be either immediate dismissal or clinical failure as determined by the faculty.

The student also needs to be aware that if a Student is a Certified or Licensed Nursing Assistant, it is the obligated duty of the Dean of Instruction and the Director of the PN program to report the circumstances of the dismissal to the Arizona State Board of Nursing in the interest of public safety.
WITHDRAWAL/FAILURE/RE-ADMISSION

Once a student is admitted to the PN Program, the student is expected to consistently follow the approved sequence for the PN Program by taking the approved program of study each semester in order to meet all certificate requirements. Any interruption in progression of nursing courses requires the PN student to seek readmission.

A. Withdrawal
   1. From a course:
      - If a student withdraws from a nursing course, the student must write a letter to the Director of the PN Program, and have an exit interview with a nursing faculty. Withdrawal from a course due to failing is considered to be the equivalent of course failure and will be considered as such if the student reapplies for readmission.
   2. From the Practical Nursing Program
      If a student interrupts progression of nursing courses by not registering for the next course in sequence, the student must write a letter to the Director of the PN Program indicating the reason for the interruption and the desired date for readmission.

B. Failure of a course

If a student fails a nursing course, the student will be dismissed from the PN Program. Failure of any given nursing course may occur in one of the following ways:

1. Theoretical failure (achieving less than 75% — i.e. 74.9% or below on exams)
2. Clinical failure (receiving unsatisfactory or not met on any critical element on the Clinical Evaluation Tool).
3. Placing anyone (patient, staff, faculty, or other students) in physical or emotional jeopardy (i.e. Alcohol or drug use, failure to maintain confidentiality, criminal felony activity).
4. Failure to achieve a 90% on the dosage exam in any nursing course. Only one retest will be allowed for any dosage examination. If the student cannot achieve a minimum score of 90% on two attempts, the student will receive tutoring and/or completion of a dosage calculations course. Additional failures of dosage examinations will result in failure of the course.
5. Exhibiting behavior as noted in DISMISSAL section.

C. Readmission Process

A student who has failed or withdrawn from a PN course or the PN Nursing Program has the right to apply for readmission.

The steps in the readmission process include:

1. The student writes a letter to the Director of the PN Program, indicating:
   a. Factors that interfered with the student’s success.
   b. Reasons why the student has a better chance of success this time.
   c. Actions the student has taken to prepare for success in a subsequent attempt. (i.e., gaining clinical experience as a CNA or lightening course load, etc).
2. The Practical Nursing Faculty will complete a review of the PN student’s request.
3. Recommendations from the PN faculty will be provided to the student to improve chances for success.
4. If the student is denied readmission, the student may follow the Student Problem Resolution Process Mohave Community College Student Handbook.

5. All readmissions must be approved by the Director of the PN Program prior to registering. If approved for readmission, the student must register for the Fall Semester Courses and repeat the entire Program.

D. Readmission Guidelines:
1. If a student completes a letter requesting readmission and takes actions to improve chances for success, the student will be granted the opportunity to apply for readmission subject to approval by nursing faculty. No student will be allowed to be readmitted to the PN Program more than once. Documented illness or extenuating circumstances will be individually reviewed by the Director of the PN Program and the Nursing Faculty.
2. If approved for readmission, the student must register for the Fall Semester Courses and repeat the entire Program.

E. Exam Failure within a Nursing Course
1. If a student attains a grade of less than 75% on any exam, they will be required to utilize student enhancers provided for the course (i.e., tapes, videos, HESI resources, text resources, etc.).
2. The student will receive a flag in starfish from their instructor, and will be contacted by an advisor.
3. If a student receives a second failing grade within the same course, they must meet with the instructor to develop a plan of study for success.
A. Practical Nursing students must take the designated proctored HESI Examinations for each course in the approved PN Program of study in order to meet the requirements for each core nursing course.

B. The examinations will be scheduled by PN faculty near the end of each semester.

C. The examinations must be taken on a Mohave Community College campus site and must be proctored.

D. In any PN course a score under 799 is considered serious. The student will be required to identify area(s) of weakness and follow the remediation plan provided by instructor. This process may include completion of additional testing as required by the faculty member to demonstrate the student’s competency and achievement of course objectives.

1. HESI Test Score:
   a. 850 or > No prescribed time, although students must demonstrate remediation on all content missed on the exam.
   b. 800-849 2 hours based on areas of weakness
   c. 750-799 4 hours based on areas of weakness
   d. 700 or < 6 hours based on areas of weakness

E. Final grades for each respective course will not be issued until the HESI testing and remediation is completed.

F. Other practice examinations and assignments are available on-line from HESI. Students have their own access codes, and may also receive from their Instructor.
A. *PNC 202* students must take the proctored HESI PN exit examination, by accessing the Internet and the HESI website.

B. Students are strongly encouraged to prepare for this examination through review of the HESI resource materials.

C. The examination will be administered prior to the final examination via computer and proctored by PN faculty.

D. If a student earns below the designated predictive score, the student will be required to complete remediation on the HESI Website utilizing on-line materials.

E. Remediation and review must be completed prior to each testing session. Once remediation and review is completed, the student will inform the faculty that they are ready to retake the examination. This process can be completed once.
**PROBLEM RESOLUTION PROCESS**

Problems/conflict can happen at any time and the best way to resolve an issue is to go directly to the person the problem/conflict is with.

If the student is not able to discuss and resolve the problem within the Practical Nurse chain of command, then the student is referred to their MCC student handbook for the formal grievance process.

**PN PROBLEM RESOLUTION CHAIN OF COMMAND**

Student speaks directly to person within 2 business days of incident

↓

Instructor- within 2 business days of incident

↓

Director—if director not involved in problem, and student feels the issue is unresolved with person, student to speak with Director within 4 business days of incident

↓

MCC Grievance Process – non-grade related must take place within 14 business days, see MCC Grievance for Process of both non-grade and grade related problems
BLOODBORNE PATHOGENS, HIV HBV

All persons who perform duties in hospitals, clinics, or other health care settings are considered at risk for exposure to body fluids. Primary concern is focused on contamination from fluids harboring the AIDS and/or Hepatitis B viruses. As nursing students would be considered at risk of exposure, it is recommended that they obtain Hepatitis B inoculations. It is the responsibility of the individual student to have this done.

Mohave Community College requires compliance with all guidelines recommended by the Centers for Disease Control (CDC) for preventing contamination and infection of health care workers at risk for occupational exposure.

All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure during contact with any patient’s blood or body fluids that require standard precautions. Standard precautions involve the use of protective barriers such as gloves, gowns, aprons, masks, or protective eyewear which can reduce the risk of exposure of the health care worker’s skin or mucous membranes to potentially infective materials. In addition under standard precautions, it is recommended that all health care workers take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices.

In accordance with the recommended guidelines, the following procedures must be followed:

STANDARD PRECAUTIONS

Standard precautions shall be observed to prevent contact with blood and other potentially infectious material.

A. Poor hand washing and failure to wash after each patient contact is probably the greatest contributing factor in the spread of microorganisms in the health care setting. PLEASE FOLLOW THE HAND WASHING POLICY OF EACH DIFFERENT FACILITY.

B. Gloves are to be worn when there is reasonable likelihood of hand contact with blood or other potentially infectious materials.

C. Face and eye protection including masks, goggles, glasses or face shields are to be used when there is a potential for splashing, spraying or splattering of blood or other potentially infectious material.

D. Appropriate protective clothing such as gowns, aprons, or lab coats shall be worn in occupational exposure situations. When gross contamination can be anticipated, head coverings and shoe coverings should be worn.

E. Eating, drinking, applying cosmetics or lip balm or handling contact lenses is prohibited in work areas where blood or infectious materials might be present.
INFECTIOUS WASTE MANAGEMENT

Infectious waste is defined as any waste, solid or liquid that is capable of producing an infection.

ALL BODY FLUIDS AND SECRETIONS ARE TO BE TREATED AS CONTAMINATED AND POSSIBLY INFECTIOUS.

A. All equipment and/or work surfaces overtly contaminated with blood or infectious material will be cleaned and disinfected immediately. A chemical germicide or bleach solution diluted 1:9 is recommended.
B. Infectious waste will not be placed in regular trash but will be segregated from other waste by being placed in containers designated as biohazard and labeled or tagged with this identification.
C. All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures.
   1. To prevent needle stick injuries, needles should not be recapped by hand, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.
   2. After they are used, disposable syringes, needles, scalpel blades, and other sharp items should be placed in puncture-resistant container for disposal. The puncture resistant container should be located as close as practical to the use area. All reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.

STUDENTS

Student Clinical Assignments

The student may be assigned to an HIV or HBV positive patient without knowledge of the diagnosis of the patient. The student will be taught standard precautions and will use standard precautions with all patients.

Confirmed Pregnant Students

Pregnant health care workers are not known to be at greater risk of contracting the HIV infection than are health care workers who are not pregnant. However, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health care workers should be especially familiar with, and strictly adhere to, precautions to minimize the risk of HIV transmission.

Students with Actual/Possible Infections

Students with diagnosed immune deficiencies are at an increased risk for developing opportunistic infections.

Students with an actual infectious process could further compromise the already incompetent immune system of the AIDS patient.

Students Who Are Antibody Positive, or Have ARC (AIDS Related Complex) or AIDS
Present guidelines do not mandate that asymptomatic health care workers with HIV infection be restricted from employment.

Based on this information, students with HIV infection who are asymptomatic need not be restricted from clinical experience unless they have some other illness for which any health care worker would be restricted.

The student should be aware that HIV infection may cause immunosuppression and therefore increase the students susceptibility to infections acquired from patient-student interaction. The student who is HIV positive has a moral/legal responsibility to protect patients and others with whom they come in contact.

Students who are HIV antibody positive will utilize standard precautions with all patients. These students should also be educated regarding the epidemiology and prevention of HIV infection.

HIV infected students with exudative or weeping skin lesions should be restricted from direct patient care contact. The determination of whether an infected student who is symptomatic should be excluded from providing direct care shall be made on a case-by-case basis by the Nursing Faculty, appropriate College personnel and the student’s physician.

ANTIBODY TESTING OF STUDENTS AND FACULTY

Accidental Exposure

Accidental exposure is defined as accidentally being exposed to blood/body fluids through needle stick or skin lesion/non-intact mucosal membrane of a suspected or diagnosed ARC/AIDS patient.

The accidental exposure of a faculty member or student in the PN Program while in a clinical agency is treated in a similar manner to any type of incident occurring within the agency.

The student should immediately notify the clinical faculty who will then immediately notify the supervisor within the health care facility where the incident occurred. Agency policies will then be followed. The clinical agency will require the completion of an incident report and will usually order testing for antibody to HIV AND HBV. The exposed student or faculty will then be encouraged to have testing. The decision to have testing or not, however, is the choice of the individual exposed. A signed consent/denial form will be kept in the individual’s college file.

The clinical instructor will notify the Director of the PN Program when a student or faculty has been accidentally exposed.

CONFIDENTIALITY

When a student experiences an accidental exposure to the AIDS virus while in a clinical agency, the student should be made aware that the agency policy will mandate that an incident report be filed. While the College will make every effort to maintain confidentiality, the College cannot be held responsible for actions taken by the clinical agency. The supervising faculty will follow the procedure for reporting accidental exposure as outlined above.
Within the Code of Federal Regulations are statements to protect medical information and the privacy of the individual when there is no overriding need for the public to know. Therefore, a person infected with HIV is not under obligation to disclose this information to the College.

The College is aware of the extremely sensitive nature of health care information, particularly patient identifiable information, and the legal ramifications of disclosure of that information. (Federal Health Insurance Portability and Accountability Act known as HIPAA) Therefore, no information concerning complaints or diagnosis will be released without the expressed written permission of the involved individual.

Individuals involved with health care services that know they are infected with a communicable disease are ethically and legally obligated to conduct themselves responsibly in accordance with following protective behaviors:

1. Seek and follow medical advice.
2. Follow College and/or agency guidelines when involved in direct patient care.
3. Be knowledgeable about and practice measures to prevent transmission of HIV.
DRUG AND ALCOHOL SCREENING

Drug and Alcohol Screening and Substance Abuse Detection and Prevention

Policy and Procedures

A. Statement of Purpose and Philosophy regarding Drug and Alcohol Screening

The Mohave Community College Department of Nursing recognizes the importance of maintaining a safe learning environment while simultaneously demonstrating respect for the inherent dignity and worth of each individual student. The Nursing Department also respects the human rights of every individual and understands that each student has certain rights and freedoms in accordance with state and federal law.

The Nursing Department requires its healthcare professionals to ensure the health and safety of the clients and organizations with whom we work. One of the standards the Nursing Department holds is that its students, particularly since throughout their educational experience they may care for clients in vulnerable situations, must demonstrate mental acuity and clarity of decision-making at all times, as well as possess physical abilities appropriate to the circumstances. Student mental or physical impairment stemming from the influence of alcohol or drugs (or any other cause) may pose an unacceptable safety risk which might endanger our clients, fellow students, faculty members, the clinical agency, or the College. Nursing students occupy safety-sensitive positions, particularly when participating in clinical programs, in which a single instance of mental or physical impairment could result in disastrous consequences; it is of paramount importance that such risks to the safety and welfare of the public be prevented whenever possible. It is also important to note that, while some of these clinical programs or agencies affiliated with the Department of Nursing may have their own drug and alcohol screening requirements, this Procedure applies to all students in the Nursing Programs.

Substance abuse can also be found in the healthcare setting, particularly since healthcare professionals may have access to drugs as part of their provision of care; therefore, the Department of Nursing also has an interest in protecting the public health and safety through detection and prevention of substance abuse. The Department of Nursing also recognizes that chronic substance abuse is an illness that can be successfully treated. Therefore, if a student admits to a substance abuse problem and requests assistance, the Department of Nursing and Mohave Community College will provide the student with appropriate treatment referrals. However, it is important to emphasize that if a student’s conduct otherwise violates the College’s or the Department’s Policies, Practices, Procedures, or Protocols (whether set forth in the Department of Nursing Student Handbook, the Mohave Community College Student handbook, or in any other document) in any fashion, the student may be subject to discipline apart from the terms of this policy, up to and including dismissal in accordance with DISMISSAL section of the PN Student Handbook, and the MCC Student Handbook.

The Department of Nursing further recognizes that members of the Native American Church may use controlled substances as part of their religious ceremonies and that these substances may appear in a test result without the student being impaired. If the student has used controlled substances solely while participating in certain religious ceremonies and the student’s performance is not impaired, then such use shall not constitute cause for action.
The Department of Nursing also recognizes that this Procedure shall be interpreted in light of and implemented consistent with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, together with the regulations and court decisions arising there from.

CONFIDENTIALITY: All aspects of this procedure will be conducted so as to safeguard the personal privacy rights of the student to the maximum degree possible. The laboratory will notify the Director of PN Program of the results of any positive screening test by providing the Director with a secure facsimile of the screening test results. In order to ensure that the test results are kept confidential, there will be minimal identification information on the sample taken, and the Director of PN Program will only share the screening test results with the student and any PN faculty, staff members, or other individuals who need to know the test results (for instance, when it is necessary for a faculty member to participate in the student disciplinary process). The Department of Nursing will rely on the opinion of the laboratory which performed the screening test in determining whether the positive test result was produced by something other than consumption of a drug or of alcohol. The fax containing the screening test results will be placed into the official individual student file maintained in the PN Administrative Office. Student files are stored in locked file cabinets and the office is always locked when personnel are not present; only the Director of PN Program, permanent office staff, and PN faculty has access to student files.

Any deadlines provided for within this Procedure may be extended by the Director of PN Program for good cause, which shall be documented, or when the day upon which an event is to occur falls on non-College workdays.

Failure to comply with any aspect of this policy will result in dismissal from the PN Program.

A. Definitions
1. “Designated medical service facility” means a testing laboratory capable of conducting the required drug and alcohol screening tests.
2. “Drug and alcohol screen” or “screening test” means a scientifically substantiated method to test for the presence of illegal drugs and/or controlled substances such as cocaine, marijuana, opiates, amphetamines, phencyclidine (PCP) or Blood Alcohol Concentration (BAC), or the metabolites thereof, in a person’s urine.
3. “Positive” when referring to a drug or alcohol screening test administered under this policy means a toxicological test result which is considered to demonstrate the presence of a drug or of alcohol, or the metabolites thereof, using the standards customarily established by the testing laboratory administering the screening test.
4. “Reasonable suspicion” means a suspicion of drug or alcohol use based on specific and articulable observations made by a faculty member, clinical instructor, or staff member of the appearance, speech, or behavior of an individual student, or the reasonable inferences that are drawn from those observations.
5. “Student” means an individual enrolled in the Nursing Programs at Mohave Community College, or a person who has been accepted to a program but who has not yet officially begun their formal schooling.
6. “Substance Abuse” means the use of any drug, alcohol, or other substance which results in the mental or physical impairment of a student.

B. Required Drug and Alcohol Screening Tests
1. All students participating in the Mohave Community College PN Program will be required to complete a drug and alcohol screening test. This drug and alcohol screen will
specifically test urine for the presence of illegal drugs and/or controlled substances such as cocaine, marijuana, opiates, amphetamines, phencyclidine (PCP), or Blood Alcohol Concentration (BAC), or the metabolites thereof. The fee for this initial screening test is included in the PN Program Fee.

2. All newly admitted students must have a drug and alcohol screening test completed as a condition of enrollment in the PN Program. This drug and alcohol screening test must be completed, and the results provided to the Director of PN Program, prior to the first day of class. Students must either have a negative screening (including negative blood alcohol) result or must substantiate their positive screening result with a current medical prescription prior to officially beginning their participation in the PN Program. The results of a positive screening result are discussed further in section IV(d), below. An inconclusive screening test will be repeated as necessary until a conclusive result is obtained.

3. All students who cause substantial harm to any patient, other student, faculty or staff member in the clinical nursing setting must complete a drug and alcohol screening test, at the expense of the student, and provide the results of such testing to the Director of PN Program within two (2) work days of the incident. This section shall apply even to those students who have provided faculty or staff members with reasonable suspicion that the student is under the influence of drugs or alcohol, so long as the student causes substantial harm as set forth above.

4. Each student will be provided with screening information which directs the student to the location within the community at which the screening tests may be completed. The student will sign a release regarding the chain of custody of the sample; both the release and the sample will be forwarded to the Medtox testing facility via Airborne Express. The preprinted chain of custody forms with the college name and collection site location are supplied by Medtox. Medtox also provides the collection supplies. The specific testing will be conducted pursuant to the methodology and parameters set forth in the policies of Medtox.

5. The screening test results will be reported to the Director of PN Program, via a secure facsimile to the PN Nursing Office. The test results received by secure facsimile are placed in the student’s official nursing program file stored in locked files in the PN Nursing Office.

6. Current collection sites (as of Fall 2016) for student’s urine drug screens are provided at the following locations:

<table>
<thead>
<tr>
<th>LabCorp</th>
<th>2401 Stockton Hill Rd. Kingman, AZ 86402</th>
<th>928-692-0316 Schedule your appointment online</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullhead City</td>
<td>2580 Hwy 95 Ste. 216 Bullhead City, AZ 86442</td>
<td>928-763-8272 Schedule your appointment online</td>
</tr>
<tr>
<td>Lake Havasu City</td>
<td>1951 Mesquite Ave Ste. F Lake Havasu City, AZ 86403</td>
<td>928-855-4077 Schedule your appointment online</td>
</tr>
<tr>
<td>St. George UT</td>
<td>1490 Foremaster Dr. Ste.130 St George, UT 84790</td>
<td>435-656-1122 Schedule your appointment online</td>
</tr>
</tbody>
</table>

7. Only students who receive negative screening test results may remain enrolled in nursing courses. If the results of the screening tests are positive for alcohol or other illegal substances or for non-prescribed legal substances, then a second screening test will be performed on the original sample, in order to verify the initial positive. If the second test is also positive, the student may be disciplined, up to and including dismissal from the PN Program, and may not re-apply for admission for a period of one (1) calendar year. The student will be asked to seek professional counseling and/or enter an addictions treatment program. The student will reimburse the College for all costs associated with the “for-cause” drug and alcohol screening test. If the student has a certificate or license
from a State Board of Nursing, the results of the positive drug and alcohol screening test
will be reported to the Board.

8. Students failing to produce drug and alcohol screening test results prior to starting the
first semester of the PN Program do not meet the requirement for drug and alcohol
screening testing and will be withdrawn from all PN course.

D. Drug and Alcohol Screening “For Cause” Testing

This policy refers to the use and/or misuse of, or being under the influence of: alcoholic
beverages, illegal drugs or drugs which impair judgment while on duty in any health care
facility, school, institution or other work location as a representative of the Nursing Programs.

1. When a PN faculty member/clinical instructor or a staff member in the clinical facility or
at the College Campus where a student is assigned perceives that the student is mentally
or physically impaired, the faculty or staff member must take immediate action to relieve
the student of his or her duties and remove the student from the clinical or classroom
area. The immediate goal is to provide for the safety of patients, the public, other
students, and the student who is suspected of being impaired.

2. In a teaching situation, when a PN faculty member/clinical instructor or staff member
perceives the odor of alcohol or marijuana, or observes behaviors such as, but not limited
to, slurred speech, unsteady gait, dilated pupils, or confusion, and these behaviors cause
the faculty or staff member to suspect the student could be impaired by alcohol or drugs,
the following steps are taken

   a. The student will be immediately removed from the immediate educational setting
      (whether or not said setting concerns patient care), and either the faculty or staff
      member, or a designee, will remain with the student until such time as transportation
      is available.

   b. The faculty or staff member will immediately inform the student as to why actions are
      being taken to relieve the student of his or her duties, and either the Director of PN
      Program or, if the student is in the clinical setting, the clinical agency supervising
      personnel shall be notified of the circumstances.

   c. The student will be asked if he or she will consent to undergo a drug and alcohol
      screening test, which will be conducted at the expense of the College. If the student
      agrees to undergo drug and alcohol screening, the faculty or staff member will ask the
      student to sign the “Consent for Screening” form and the “Consent for
      Transportation” form. Once those forms are completed by the student, the faculty or
      staff member will arrange for the student’s transportation to a designated medical
      service facility for “for cause” drug and alcohol testing, which will be completed in
      the most confidential manner permitted by the practices of the medical service
      facility. The faculty or staff member will also arrange for the student to be
      transported home after said testing is complete.

   d. The student is to have picture ID in his or her possession.

   e. If a student admits to alcohol or drug use, he or she will still need to complete a drug
      and alcohol screening test in accordance with the procedures set forth above.

   f. The faculty or staff member who suspected that the student could be impaired by
      alcohol or drugs shall set forth in writing the factors which the faculty or staff
      member relied upon in order to determine that cause existed for testing the student;
      this document shall be submitted to the Director of PN Program within two (2)
      working days of the incident.

3. If the results of the screening tests are negative for drugs, alcohol, or other illegal
substances, or for non-prescribed legal substances, the student shall meet with the
Director of PN Program or designee within twenty-four (24) hours of the test results to
discuss the circumstances surrounding the impaired behavior. Notwithstanding the
negative screening test results, if the student’s behavior otherwise violated any of the
Policies, Procedures, or Protocols of the College or Department of Nursing, disciplinary
action may still be taken against the student.

a. If the factor relied upon was the odor of alcohol, the student will be required to
   discontinue the use of whatever may have caused the alcohol-like odor before being
   allowed to return to clinical or class.

b. If the factor relied upon was behavioral, consideration must be given to a possible
   medical condition being responsible for the symptoms. A medical referral for
   evaluation may be indicated.

c. Based on the information provided in this meeting and further medical evaluations if
   warranted, the Director of PN Program will make a decision regarding whether the
   student shall return to the clinical setting.

4. If the results of the screening tests are positive for alcohol or other illegal substances or
for non-prescribed legal substances, then a second screening test will be performed on the
original sample, in order to verify the initial positive. An inconclusive screening test will
be repeated as necessary until a conclusive result is obtained. If the second test is also
positive, the student may be disciplined, up to and including dismissal from the PN
Program, and may not re-apply for admission for a period of one (1) calendar year. The
student will be asked to seek professional counseling and/or enter an addictions treatment
program. The student will reimburse the College for all costs associated with the “for-
cause” drug and alcohol screening test. If the student has a certificate or license from a
State Board of Nursing, the results of the positive drug and alcohol screening test will be
reported to the Board.

E. Consequences of Testing Refusal

1. If a student refuses to submit to a “for cause” drug and alcohol screening test, the student
   will be required to leave the clinical/classroom area and make an appointment with the
   Director of PN Program. A seemingly impaired student should not be allowed to leave
   the clinical site or College campus by themselves; therefore, if the student does not
   consent to such a screening test, they will still be asked whether they will sign the
   “Consent for Transportation” form. If the form is signed, the faculty or staff member will
   arrange for the student’s transportation to the student’s place of residence, at the expense
   of the College. If the student refuses to sign the “Consent for Transportation” form, the
   faculty or staff member shall notify the local police.

2. Within two working days of the incident, the student shall meet with the Director of PN
   Program and the faculty or staff member who reported the incident, as well as with any
   other individuals the Director of PN Program deems appropriate to participate in such a
   meeting, in order to discuss the incident and determine the actions to be taken, which
   may include (but are not limited to) discipline, including dismissal from the program.

F. Readmission Guidelines Related to Substance Abuse

1. Students dismissed from nursing courses for reasons related to substance abuse may
petition (after a period of one calendar year) for readmission pursuant to the Readmission
Protocol. Evidence of rehabilitation is required as part of the readmission application.
   The student must:

   a. Submit a letter requesting re-admission to the PN Program.

   b. Include documentation from a mental health specialist who specializes in addiction
      behaviors indicating the status of the student’s substance abuse issue(s), status of the
      student’s recovery and/or include other documents demonstrating rehabilitation
      related to the drug and/or alcohol issues.
c. Include documentation of compliance with a treatment program as identified by the mental health specialist, including a statement that the student will be able to function effectively and provide safe and therapeutic care for clients in a clinical setting.

d. Repeat the drug and alcohol screening process immediately prior to re-admission, and provide the results of said tests to the Director of PN Program.

2. If a student, after being re-admitted to the PN Program, receives a positive result on another drug and alcohol screening test, the student will be permanently dismissed from the Mohave Community College PN Program.

G. Students Requiring Medical Prescriptions
   1. If a student requires current medical prescriptions that cause the student not to function appropriately within the clinical setting, the student will be asked to withdraw from the PN Program for medical reasons.
   2. The student may apply for readmission pursuant to the Readmission Protocol when the student can demonstrate evidence of unimpaired behavior and judgment, or discontinued use of any prescribed medication that contributed to the impaired behavior/judgment.

H. Student Notification of Drug and Alcohol Screening Test Policy and Procedures
   ✤ The student’s signature on the PN Student Handbook receipt form indicates that the student has received a copy of the Drug and Alcohol Screening and Substance Abuse Detection and Prevention Policy and Procedures, has read and understood the Policy and Procedures, and acknowledges that failure to comply with any aspect of this policy will result in dismissal from the PN Program.
CURRICULUM CONCEPT DEFINITIONS

CLINICAL COMPETENCY

Clinical competency is inherent to the practice of nursing. Clinical competency is defined as the ability to plan and carry out knowledgeable, efficient and safe nursing care and assumes an awareness of one’s own limitations. The achievement of clinical competency is evidenced by the student’s ability to provide nursing care in increasingly complex settings and situations. Students are required to master the core competencies that include: 1) achieving a minimal knowledge base, 2) practicing safe and effective nursing care, and 3) demonstrating basic nursing skills.

At the practical nurse level, the students learn the skill and the knowledge needed to demonstrate competency in the classroom and the laboratory setting. The student begins the initial clinical experience to become familiar with nursing skills and clinical judgment. The student must learn to implement aspects of a client’s care consistent with the PN Scope of Practice in a timely and accurate manner to include: following the nurse and physician orders, seeking clarification when needed, administering treatments, medications, and procedures. The student will attend to the client and family concerns and requests as needed. The student must promote a safe client environment and provide accurate updated information by using communication to other members of the health care team. Students must prove their competency to demonstrate responsibility and accountability in a well-defined practice setting with individuals, families, and groups.

CRITICAL THINKING

Critical thinking is “based on the evaluation and integration of existing data and theory into a solution about the problem at hand, a solution that can be rationally defended as most plausible or reasonable, taking into account the sets of conditions under which the problem is being solved” (King and Kitchener, 1994, p. 8). Critical thinking is defined as reflective judgment and reasonable thought that focuses on deciding what to believe or do and is a composite of attitudes, knowledge and skills. Attitude denotes a frame of mind in which there is the recognition of problems. Knowledge involves weighing the accuracy and logic of the evidence and understanding the nature of valid inferences, abstractions, and generalizations. Skill in cognitive application attitudes and knowledge must be demonstrated. Clinical judgment is the framework within which nurse educators expect students to apply critical thinking skills. The Practical Nursing Student utilizes the nursing process framework including assisting in data collection, planning, observing, recording, and reporting as a foundation for critical thinking and clinical judgment application.
CARING

Caring is an essential component of nursing which involves the therapeutic use of self within the context of nursing practice. Caring requires a personal, social, moral and spiritual engagement of the nurse. The nurse is committed to self and others. Caring involves the protection, enhancement and preservation of human dignity.

Therapeutic caring is intentional in nature, and is promoted by knowledge, awareness of need, and use of empathy. Therapeutic caring is of benefit to the client. Caring actions do not occur in isolation, but exist within the socio-cultural context of all individuals involved.

At the Practical Nurse level, students demonstrate and integrate caring behaviors into nursing practice. Students learn to differentiate between caring as an emotional response and a knowledgeable, deliberative intervention. Students incorporate the experience of the client into the self, bringing the caregiver to recognize the reality of the other’s situation. Students recognize the interaction between their own feelings based on their own past experiences and the experiences identified and incorporated from the other person. They use this knowledge with cognitive and psychomotor activities to produce purposeful outcomes that protect, enhance, and preserve human dignity.

CULTURE

Important relationships between culture/diversity and health care require nursing faculty to acknowledge and integrate culture-related influences that help shape how individuals, families, groups and communities experience and ascribe meaning(s) to health and illness related phenomena.

Culture refers to the acquired knowledge that groups (and individuals as members of groups) use to interpret life experiences and to generate social behavior. Practical Nurses need to learn, understand, acknowledge and integrate into practice the values, beliefs and daily living patterns of diverse cultural and sub cultural orientations.

COMMUNICATION

Communication is the means of sending and receiving messages through symbols, words, signs and gestures. A student brings to the program communications skills learned through life experiences and prior formal education. These are the foundations upon which theory and application necessary for therapeutic nurse/client interactions and relationships are built.

Communication theory and application provide the student with the skills needed to interact with clients in a therapeutic manner. In implementing the nursing process, the student applies therapeutic communication relevant to the beliefs and value system of those receiving care. The student then adapts communication appropriate to the cultural background, education, development and health of the individual, family, group or community.

Effective goal accomplishment in the nurse/client relationship is dependent upon the ability of the PN to communicate verbally and nonverbally with the patients and other members of the healthcare team. The student learns the terminology and the processes that support relationships with colleagues. These processes include clear, accurate, timely written and verbal
communication. Events and patient care are validated in writing or electronic records reflecting standards of practice in provision of care. Formal presentations and papers contribute to the development of PN students as colleagues and nursing professional healthcare team members.

**LEARNING-TEACHING**

The learning-teaching process is an ongoing, dynamic, interpersonal process whereby both the learner and the teacher grow, that is, become different from before. Learning is a process of sensory perception, conceptualization, and critical thinking. Teaching is the facilitation of learning based upon various principles of education as well as the theories in human development and learning. Through the learning-teaching process, the nurse facilitates health promotion, maintenance and restoration of clients’ health.

Faculty serves as catalysts, facilitators and role models. Educational activities are designed to build upon the student’s previous experiences, expand their perceptions, encourage them to clarify, modify and/or reaffirm their values, incorporate knowledge and enhance their interpersonal relations. Through this process, the student has opportunities to develop the ability to think critically, act responsibly, be creative, and communicate effectively. Learning-teaching is most effective when the student is an active participant in the process. Thus, the student implements choices and selects opportunities to develop personal learning-teaching objectives and experiences.

The practical nurse contributes to learning-teaching in patient care by providing health information to patients as directed by the supervising Registered Nurse or physician or according to an established educational plan.

**ACCOUNTABILITY**

The practice of nursing responds to health care needs of individuals, families, groups and communities through services such as case finding, health teaching, health counseling, and the provision of supportive or restorative care. Nurses are held responsible and accountable for nursing practice based upon the professions’ code of ethics, standards of practice and legal regulations. Nurses are responsible for developing and maintaining current nursing knowledge and skills through formal and continuing education and, where appropriate, seek certification in their areas of practice demonstrating this accountability. Peer review and laws are the mechanisms by which nurses are held accountable for practice.

Faculty foster the development of professional responsibility and accountability through students’ self-regulatory mechanisms such as student self-appraisal, standards of academic integrity, honesty, and the maintenance of confidentiality.

The practical nurse is expected to practice within the legal boundaries and scope of practical nursing. The practical nurse accepts responsibility for individual nursing actions, decisions and behavior.

**MANAGEMENT/LEADERSHIP**
Management and leadership skills are essential elements of nursing practice. Through knowledge and application of the theories and principles of management and leadership, nurses organize high quality health care to individuals, families, groups and communities.

Management in nursing occurs at all levels of practice and involves coordination of client care, participation in organizational and fiscal concerns, resource utilization and responsibility associated with client care. PN faculty facilitates acquisition of the human, technical and conceptual skills PN students need to become effective in nursing care that contributes to the enhancement of the healthcare setting and provides protection for patients and healthcare personnel.

Leadership is the ability to influence and guide the decisions and subsequent actions of others. Developing leadership skills involves self-reflection, understanding and analyzing multidimensional human processes and envisioning possibilities for enriching people’s lives. An evaluation of the health care delivery system introduces students to the importance of nursing involvement in professional organizations, political processes and organizational procedures.
I, ____________________________________, understand and agree that the screening test I am about to receive may include testing for drug, alcohol, or chemical use: ___________ (please initial)

I understand that if I decline to sign this Consent, and thereby decline to take the test, the Director of the PN Program will be notified and disciplinary action up to and including removal or dismissal from the clinical area, PN Program, or the College may result.

If the test if positive and confirmed by a second test as outlined in the Department of Nursing’s Drug Screening and Substance Abuse Detection and Prevention Policy and Procedures, the Director of PN Program will be so notified, making me subject to possible disciplinary action. If I am already a licensed professional, my licensing board will be notified as well, possibly resulting in a suspension or the loss of my license.

I understand that the Department of Nursing of Mohave Community College will be responsible for the costs of the screening test.

I understand that an exception may be made for the use of legally prescribed medication taken under the direction of a physician or other healthcare practitioner. I have taken the following prescription(s) or non-prescription drug(s) or substance(s) within the last two weeks: (if none, please write in “none”):

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

I understand that the above tests are not 100% accurate and may produce false positive or false negative results. I hereby release Mohave Community College from all liability arising from or in any way related to the screening tests or the results thereof.

I hereby □ consent    □ refuse consent for the test.

I state that the urine sample, if provided, is in fact a specimen from my own body eliminated on this date. I also authorize the results of my test(s) to be released to Mohave Community College Department of Nursing, as well as to others with a need to know.

Should any screening test(s) be positive, and if I am allowed to go through rehabilitation, I consent to periodic testing as deemed necessary by the Department of Nursing as outlined in the Drug Screening and Substance Abuse Detection and Prevention Policy and Procedures. If I enter a rehabilitation program, whether inpatient or outpatient, I hereby consent to the health care or mental health care professionals involved in providing service to me through such a program to inform the Department of Nursing of my treatment and participation in the PN Program. I understand that after a period of one (1) year, I may reapply to the PN Program pursuant to the Readmission Protocols.

_________________________________________________________  _________________________
Student Signature                      Date

_________________________________________________________  _________________________
Signature of Witness                     Date
I, _____________________________, hereby authorize the Department of Nursing to notify a local transportation service to transport me to a drug and alcohol screening test site, and/or to my place of residence at the expense of the Department of Nursing.

__________________________________________________  _________________
Student Signature         Date

________________________________________________  _________________
Signature of Witness         Date
PN students must have didactic education and lab education prior to starting hands on patient care in the obstetrics/gynecological realm.

PN students will NEVER conduct internal pelvic examinations of any kind for any reason.

PN students may conduct external exams such as Leopold’s Maneuvers and/or fundal height examination by external palpation of the maternal abdomen ONLY.

Clinical instructors will accompany students in these examinations, until such proficiency is demonstrated that they may proceed as they do any other skill in the clinical setting.

PN students will not document examination results in advance at any time for any reason.

PN Students will follow agency policy related to obstetrical exams and care and the documentation thereof.
PN students must satisfactorily complete medication administration skill sheet for each level of administration (i.e. oral, injectable, and intravenous) in the Skills Lab before administering medications in the clinical setting.

PN students will be checked for medication rights by their clinical instructor before administering any medication.

PN students will identify the medication and patient by two (2) methods.

Clinical instructors will accompany students in administering medications, until such proficiency is demonstrated that they may proceed on their own, after the medication is checked.

PN students will not document medication administration in advance.

Instructors (or staff nurse with advanced students) will co-sign all medications administered by students on patient charts. Agency policy will be followed.

No PN student will give a narcotic unless accompanied by a PN/RN.

PN Students will follow agency policy regarding identification and documentation of high risk medications.

PN Students will follow agency policies in regard to computer documentation, taking MARs into room, etc.
ADVISORY OPINION
INTRAVENTOUS INFUSION THERAPY/VEINIPUNCTURE:
THE ROLE OF THE LICENSED PRACTICAL NURSE

This Advisory Opinion has four parts: 1) The basic competencies of all LPN’s, 2) Additional skills learned by an organized course of instruction, 3) Education and competency for additional skills, 4) Skills not considered within the scope of a LPN.

The role of the LPN in intravenous infusion therapy is determined and assigned by the RN or Physician.

I. The following basic competencies are within the scope of practice of all Licensed Practical Nurses provided they have received training and education in their core curriculum or in an organized course of instruction and are validated by the employer as competent.
   A. Calculation of correct infusion rates for un-medicated and medicated intravenous infusions.
   B. Regulation of rates for un-medicated IV fluids (e.g.: D5W, saline solution, and Ringers solution).
   C. Addition of un-medicated and medicated IV solution to existing peripheral-short and peripheral midline, and peripheral inserted central catheters.
   D. Inspection of IV sites and reporting of signs of complications such as infiltration, infection, or malfunction of the infusion.
   E. Providing for IV line and site care including: peripheral-short*, peripheral-midline**, and central IV lines and, catheter site care, which comprises of cap and dressing changes.
   F. Measuring and recording intake and output related to IV medications, including fluids and irrigations.
   G. Observation of client’s responses to IV therapy, therapeutic nursing interventions, and identifying and reporting adverse reactions.
   H. Removal of peripheral catheters used for intravenous therapy, including peripheral-short and peripheral midline. Excludes peripheral external jugular catheters and peripherally inserted central catheters.

---

*Definition of a peripheral-short catheter: According to the Infusion Nursing Standards of Practice (November/December 2006), a peripheral-short is one that is less than or equal to 3 inches (7.5 cm) in length.

**Definition of a midline catheter: According to the Infusion Nursing Standards of Practice (November/December 2006), a midline catheter is one that is between 3 inches (7.5 cm) and 8 inches (20 cm) in length and categorized as “peripheral-midline.”
II. If delegated by an RN or Physician, it is within the Scope of Practice for a Licensed Practice Nurse to perform the following additional tasks, AFTER they have met the requirements specified in section III.

A. Inserting peripheral-short catheters for infusion (may draw blood immediately post-insertion for laboratory specimens).

B. Routine flushes with saline or heparinized saline, and blood draws for peripherally inserted central catheters (PICC)** and central lines. This includes routine flushes with the completion of medication administration.

C. Regulation of rates for medicated IV fluids e.g.: Classes of Anti-Infective – Cephalosporin’s, Penicillin’s, Amino glycosides, Fluoroquinolones, and Macrolides; as well as other anti-infective including Clindamycin (Cleocin), Metronidazole (Flagyl), Doxycycline (Vibramycin), Vancomycin, Chloramphenicol (Chloromycetin)*

D. Administer, monitor and discontinue specified premixed/admixture medications into peripheral-short, peripheral-midline, and peripherally inserted central catheters.
   1. Premixed solutions are solutions that are
      a. mixed, labeled and signed by the pharmacist, OR
      b. commercially prepared.
   2. Admixture medications are in powder form and attached to a solution ready to be mixed.
   3. A current list of approved solutions and medications will be kept on file by the agency or employer.

E. Use ultrasound to gain peripheral access.

*Due to the rapid development of new pharmacology agents no list of Anti-Infective can be all-inclusive. It is anticipated that this list will expand over time.

List of Anti-Infective are as follows:
Cephalosporins – Ceftriaxone (Rocephin), Cefazolin (Kefzol, Ancef), Cefazidime (Fortaz), Cefidizime (Cefizox), Cefoxitin (mefoxin), Cefotetan (Cefotan), Cefotaxime (Cloran), Cefamandole (Mandol), Cephapirin (Cefadyl), Cefoperazone (Cebof), Cefuroxime (Zinacef), Cefonicid (Monocid), Cephalothin (Keflin)
Penicillins – Amoxicillin (Omnipen), Piperacillin (Pipracil), Ampicillin/Sulbactam (Unasyn), Nafcillin (Unpen), Ticarcillin/Clavulanate Potassium (Timentin) Piperacillin/Tazobactam (Zosyn), Penicillin G, Aztreonam (Azactam), Imipenem/Cilastatin (Primaxin), Carbencillin, Mezlocillin (Mezlin)
Aminoglycosides – Amikacin (Amikin), Gentamicin, Tobramycin (Nebcin)
Fluoroquinolones – Ciprofloxacin (Cipro), Ofloxacin (Flaxin), Fluconazole (Diflucan)
Macrosides – Erythromycin

**Definition of PICC: a Peripherally Inserted Central Catheter

III. Licensed Practical Nurses may perform the tasks listed in section II after they have met the following requirements:

A. The Licensed Practical Nurse has satisfactorily completed an instructional program on intravenous therapy and medication skills, during their Arizona LPN core curriculum or in an organized course of instruction.

B. Practical nurses by endorsement may:
   1. Successfully complete a LPN IV and Medication Skills course of instruction in another state and show evidence of that coursework and;
   2. Demonstrate competency to employer.

C. Formal instruction to include, but not limited to:
   1. Anatomy and Physiology of skin and vascular systems.
   2. Client evaluation, equipment (use and malfunctions), and peripheral site selection.
   4. Peripheral-short venipuncture technique and discontinuation.
   5. Technique for flushing all types of intravenous lines.
6. Principles of IV therapy, including medication administration, care and maintenance of peripheral-short and peripheral-midline, PICC, and central line catheters.
7. Fluid and electrolytes/homeostasis.
8. Complications of IV therapy, local, mechanical and systemic.
10. Pharmacology/calculations and nursing implications for selected IV fluids and medications.
11. Board of nursing statutes/rules/advisory opinion/policies and procedures, including delegation/supervision responsibilities.

D. Documentation of satisfactory completion of an instructional program, demonstrates competency of C.1-11, and successful venipuncture, and supervised practice is on file with the agency/employer.
   A copy is given to the LPN to be retained as verification of competency. The supervised practice is recommended to include a minimum of 5 successful venipunctures. It is the employer’s responsibility to validate the LPN’s competency to provide infusion care.
E. Written policies and procedures are maintained by the agency/employer.
F. Recommended instructor qualifications: a Registered Nurse with a BSN and a minimum of two years practice in nursing and substantial direct clinical experience in IV therapy.

IV. Skills that are NOT considered within the scope of a LPN.
A. Administration of:
   1. Parental nutrition (PN)
   2. Intralipids
   3. Blood, blood products or plasma expanders
   4. Antineoplastic drugs
   5. Investigative or research medications
   6. Direct IV push except flushes
   7. IV Medications for procedural sedation/anesthesia
   8. Medications which require close RN monitoring, assessment, or interpretation of data, or titration, including but not limited to: Potassium, i.e. greater than 40 meq/1000cc, Amphotericin B (Fungizone), Liposomal Amphotericin, Pentamidine Isonthionate, among others. System lytics: thrombolytic, fibrinolytics
   9. IV for contrast
B. Initiate, program, administer solutions or medications, repair, or remove the following devices:
   1. Implanted infusion pumps
   2. Intrathecal, epidural, intraosseous, umbilical, or ventricular reservoirs.
   3. Peripheral external jugular catheter.
C. Inserting, repairing, or removing arterial and central venous catheters, including PICC lines.
D. Access/remove a non-coring needle from an implanted subcutaneous port.

RATIONALE
To provide the nursing community with guidelines to clarify the LPN’s role regarding intravenous therapy and venipuncture.
REFERENCES
Journal of Intravenous Nursing, Infusion Nursing Standards of Practice, (January/February 2006), Volume 29, Number S1, Revised 2006.


### Comparison of RN and LPN Standards

<table>
<thead>
<tr>
<th>LPN STANDARDS RELATED TO SCOPE</th>
<th>RN STANDARDS RELATED TO SCOPE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R4-19-401D:</strong> In participating in the nursing process and implementing client care across the lifespan, a LPN shall:</td>
<td><strong>R4-19-402C:</strong> In utilizing the nursing process to plan and implement nursing care for clients across the life-span, a RN shall:</td>
</tr>
<tr>
<td><strong>ASSESSMENT</strong></td>
<td><strong>ASSESSMENT</strong></td>
</tr>
<tr>
<td>1. Contribute to the assessment of the health status of clients by:</td>
<td>1. Conduct a nursing assessment of a client in which the nurse:</td>
</tr>
<tr>
<td>a. Recognizing client characteristics that may affect the client’s health status;</td>
<td>a. Recognizes client characteristics that may affect the client’s health status;</td>
</tr>
<tr>
<td>b. Gathering and recording assessment data;</td>
<td>b. Gathers or reviews comprehensive subjective and objective data and detects changes or missing information;</td>
</tr>
<tr>
<td>c. Demonstrating attentiveness by observing, monitoring, and reporting signs, symptoms, and changes in client condition in an ongoing manner to the supervising registered nurse or physician;</td>
<td>c. Applies nursing knowledge in the integration of the biological, psychological, and social aspects of the client’s condition; and</td>
</tr>
<tr>
<td>d. Demonstrates attentiveness by providing ongoing client surveillance and monitoring;</td>
<td></td>
</tr>
<tr>
<td><strong>NURSING DIAGNOSIS</strong></td>
<td><strong>NURSING DIAGNOSIS</strong></td>
</tr>
<tr>
<td>No nursing diagnosis.</td>
<td>2. Use critical thinking and nursing judgment to analyze client assessment data to:</td>
</tr>
<tr>
<td></td>
<td>a. Make independent nursing decisions and formulate nursing diagnoses; and</td>
</tr>
<tr>
<td></td>
<td>b. Determine the clinical implications of client signs, symptoms, and changes, as either expected, unexpected, or emergent situations;</td>
</tr>
<tr>
<td><strong>PLANNING</strong></td>
<td><strong>PLANNING</strong></td>
</tr>
<tr>
<td>2. Contribute to the development and modification of the plan of care by:</td>
<td>3. Based on assessment and analysis of client data, plan strategies of nursing care and nursing interventions in which the nurse;</td>
</tr>
<tr>
<td>a. Planning episodic nursing care for a client whose condition is stable or predictable;</td>
<td>a. Identifies client needs and goals;</td>
</tr>
<tr>
<td>b. Assisting the registered nurse or supervising physician in identification of client needs and goals; and</td>
<td>b. Formulates strategies to meet identified client needs and goals;</td>
</tr>
<tr>
<td>c. Determining priorities of care together with the supervising registered nurse or physician;</td>
<td>c. Modifies defined strategies to be consistent with the client’s overall health care plan; and</td>
</tr>
<tr>
<td>d. Prioritizes strategies based on client needs and goals;</td>
<td></td>
</tr>
</tbody>
</table>

---

9
### IMPLEMENTATION

<table>
<thead>
<tr>
<th>LPN STANDARDS RELATED TO SCOPE</th>
<th>RN STANDARDS RELATED TO SCOPE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R4-19-401D:</strong> In participating in the nursing process and implementing client care across the lifespan, a LPN shall:</td>
<td><strong>R4-19-402C:</strong> In utilizing the nursing process to plan and implement nursing care for clients across the life-span, a RN shall:</td>
</tr>
</tbody>
</table>

#### 3. Implement aspects of a client’s care consistent with the LPN scope of practice in a timely and accurate manner including:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Following nurse and physician orders and seeking clarification of orders when needed;</td>
<td>a. Administers prescribed aspects of care including treatments, therapies, and medications;</td>
</tr>
<tr>
<td>b. Administering treatments, medications, and procedures;</td>
<td></td>
</tr>
<tr>
<td>c. Attending to client and family concerns or requests;</td>
<td>b. Clarifies health care provider orders when needed;</td>
</tr>
<tr>
<td>d. Providing health information to clients as directed by the supervising RN or physician or according to an established educational plan;</td>
<td>c. Implements independent nursing activities consistent with the RN scope of practice;</td>
</tr>
</tbody>
</table>

#### 4. Provide nursing care within the RN scope of practice in which the nurse:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Administers prescribed aspects of care including treatments, therapies, and medications;</td>
<td></td>
</tr>
<tr>
<td>b. Clarifies health care provider orders when needed;</td>
<td>d. Institutes preventive measures to protect client, others, and self;</td>
</tr>
<tr>
<td>c. Implements independent nursing activities consistent with the RN scope of practice;</td>
<td>e. Intervenes on behalf of a client when problems are identified;</td>
</tr>
<tr>
<td>d. Provides health information to clients as directed by the supervising RN or physician or according to an established educational plan;</td>
<td>f. Promotes a safe client environment;</td>
</tr>
<tr>
<td>e. Promoting a safe client environment;</td>
<td>g. Attends to client concerns or requests;</td>
</tr>
<tr>
<td>f. Communicating relevant and timely client information with other health team members regarding:</td>
<td>h. Communicates client information to health team members including:</td>
</tr>
<tr>
<td>i. Client status and progress;</td>
<td>i. Client concerns and special needs;</td>
</tr>
<tr>
<td>ii. Client response or lack of response to therapies;</td>
<td>ii. Client status and progress;</td>
</tr>
<tr>
<td>iii. Significant changes in client condition; and</td>
<td>iii. Client response or lack of response to interventions; and</td>
</tr>
<tr>
<td>iv. Client needs and special requests; and</td>
<td>iv. Significant changes in client condition; and</td>
</tr>
<tr>
<td>g. Documenting the nursing care the LPN provided;</td>
<td>i. Documents the nursing care the RN has provided;</td>
</tr>
</tbody>
</table>

#### EVALUATION

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.</strong> Contribute to evaluation of the plan of care by;</td>
<td><strong>5.</strong> Evaluate the impact of nursing care including the:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Gathering, observing, recording, and communicating client responses to nursing interventions; and</td>
<td>a. Client’s response to interventions;</td>
</tr>
<tr>
<td>b. Modifying the plan of care in collaboration with a registered nurse based on an analysis of client responses.</td>
<td>b. Need for alternative interventions;</td>
</tr>
<tr>
<td></td>
<td>c. Need to communicate and consult with other health team members; and</td>
</tr>
<tr>
<td><strong>LPN STANDARDS RELATED TO SCOPE</strong></td>
<td><strong>RN STANDARDS RELATED TO SCOPE</strong></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>R4-19-401D: In participating in the nursing process and implementing client care across the lifespan, a LPN shall:</td>
<td>R4-19-402C: In utilizing the nursing process to plan and implement nursing care for clients across the life-span, a RN shall:</td>
</tr>
<tr>
<td></td>
<td>d. Need to revise the plan of care;</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td><strong>EDUCATION</strong></td>
</tr>
<tr>
<td>Providing health information to clients as directed by the supervising RN or physician or according to an established educational plan; (AS STATED ABOVE IN INTERVENTIONS 3d)</td>
<td>6. Provide comprehensive nursing and health care education in which the RN:</td>
</tr>
<tr>
<td></td>
<td>a. Assesses and analyzes educational needs of learners;</td>
</tr>
<tr>
<td></td>
<td>b. Plans educational programs based on learning needs and teaching-learning principles;</td>
</tr>
<tr>
<td></td>
<td>c. Ensures implementation of an educational plan either directly or by delegating selected aspects of the education to other qualified persons; and</td>
</tr>
<tr>
<td></td>
<td>d. Evaluates the education to meet the identified goals;</td>
</tr>
<tr>
<td><strong>DELEGATION</strong></td>
<td><strong>DELEGATION</strong></td>
</tr>
<tr>
<td>E. A LPN assigns and delegates nursing activities. The LPN shall:</td>
<td>D. A RN assigns and delegates nursing activities. The RN shall:</td>
</tr>
<tr>
<td>1. Assign nursing care within the LPN scope of practice to other LPNs;</td>
<td>1. Assign nursing care within the RN scope of practice to other RNs;</td>
</tr>
<tr>
<td><strong>LPN Cannot assign care to RN</strong></td>
<td>2. Assign nursing care to a LPN within the LPN scope of practice based on the RN’s assessment of the client and the LPN’s ability;</td>
</tr>
<tr>
<td>2. Delegate nursing tasks to unlicensed assistive personnel (UAPs). In maintaining accountability for the delegation, the LPN shall ensure that the:</td>
<td>3. Supervise, monitor, and evaluate the care assigned to a LPN; and</td>
</tr>
<tr>
<td>a. UAP has the education, legal authority, and demonstrated competency to perform the delegated task;</td>
<td>4. Delegate nursing tasks to UAPs. In maintaining accountability for the delegation, an RN shall ensure that the:</td>
</tr>
<tr>
<td>b. Tasks delegated are consistent with the UAP’s job description and can be safely performed according to clear, exact, and unchanging directions;</td>
<td>a. UAP has the education, legal authority, and demonstrated competency to perform the delegated task;</td>
</tr>
<tr>
<td>c. Results of the task are reasonably predictable;</td>
<td>b. Tasks delegated are consistent with the UAP’s job description and can be safely performed according to clear, exact, and unchanging directions;</td>
</tr>
<tr>
<td>d. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;</td>
<td>c. Results of the task are reasonably predictable;</td>
</tr>
<tr>
<td>e. Selected client and circumstances of the delegation are such that delegation of the task poses</td>
<td>d. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;</td>
</tr>
<tr>
<td></td>
<td>e. Selected client and circumstances of the delegation are such that delegation of the task poses</td>
</tr>
<tr>
<td><strong>LPN STANDARDS RELATED TO SCOPE</strong></td>
<td><strong>RN STANDARDS RELATED TO SCOPE</strong></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>R4-19-401D: In participating in the nursing process and implementing client care across the lifespan, a LPN shall:</td>
<td>R4-19-402C: In utilizing the nursing process to plan and implement nursing care for clients across the life-span, a RN shall:</td>
</tr>
<tr>
<td>minimal risk to the client and the consequences of performing the task improperly are not life threatening;</td>
<td>minimal risk to the client and the consequences of performing the task improperly are not life threatening;</td>
</tr>
<tr>
<td>f. LPN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task;</td>
<td>f. RN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable clients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task;</td>
</tr>
<tr>
<td>g. LPN provides supervision and feedback to the UAP; and</td>
<td>g. RN provides supervision and feedback to the UAP; and</td>
</tr>
<tr>
<td>h. LPN observes and communicates the outcomes of the delegated task.</td>
<td>h. RN observes and communicates the outcomes of the delegated task.</td>
</tr>
</tbody>
</table>
(Functional Abilities Essential for Practical Nursing Practice)

The purpose of the Practical Nursing Certificate Program is to educate students to meet the program outcomes and to ensure that no graduate will pose a danger to the patient. Certain functional abilities are essential for the delivery of safe, effective nursing care. These abilities are essential in the sense that they constitute core components of nursing practice, and there is a high probability that negative consequences will result for patient/clients under the care of nurses who fail to demonstrate these abilities. Reference material used in the development of these standards include local health facilities job descriptions and requirements, the Arizona Nurse Practice Act, The Functional Abilities Essential for the Delivery of Safe, Effective Nursing Care (a descriptive research study conducted by the National Council of State Boards of Nursing). The Technical Standards are reflected in the Nursing Program’s performance-based outcomes, which are the basis for teaching and evaluating all nursing students.

Practical Nursing Certificate students will receive both classroom and clinical instruction in multiple nursing specialty areas (Medical/Surgical, Maternal/Child, Pediatric, Mental Health, etc.) and will be required to demonstrate competency in each area.

In order to provide safe and effective patient care in the Practical Nursing Certificate Program, the student must be able to demonstrate, with or without reasonable accommodation, physical, cognitive, and behavioral abilities required for satisfactory completion of all aspects of the program curriculum and clinical agency requirements. Any applicant who has met the necessary academic prerequisites and can, with or without reasonable accommodation, meet and/or perform the Practical Nursing Certificate Program Technical Standards will be accepted for admission.

Students admitted to the Practical Nursing Certificate Program gain experience in many settings that are physically demanding, e.g., hospitals, long term care facilities, community agencies, school settings and clinics. During each clinical experience, the practical nursing certificate student is assigned clinical care which includes medication administration and direct patient care. Students will be expected to adhere to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 which safeguards patient confidentiality.

Transportation to and from health care facilities is the responsibility of the student. Please carefully read the Practical Nursing Program Technical Standards

The following are some of the functional abilities required by the practical nurse (with or without reasonable accommodations) to provide safe patient care.
<table>
<thead>
<tr>
<th><strong>Functional Ability</strong></th>
<th><strong>Standard</strong></th>
<th><strong>Examples of Required Activities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Motor Skills</td>
<td>Gross motor skills sufficient to provide the full range of safe and effective patient care activities</td>
<td>Move within confined spaces such as treatment room or operating suite</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assist with turning and lifting patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Administer CPR</td>
</tr>
<tr>
<td>Fine Motor Skills</td>
<td>Fine motor skills sufficient to perform manual psychomotor skills</td>
<td>Manipulate small equipment and containers, such as insulin syringes, vials, ampules, and pills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and medication packages, to administer medications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Perform tracheotomy suctioning, insert urinary catheter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Safely dispose of needles in sharps containers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Accurately place and maintain position of stethoscope for detecting sounds of bodily functions</td>
</tr>
<tr>
<td>Physical Endurance</td>
<td>Physical stamina sufficient to remain continuously on task for up to a 12- hour clinical shift while standing, sitting, moving, lifting, and bending to perform patient care activities</td>
<td>Walk/stand for extended periods of time; turn, position, and transfer patients.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Manually resuscitate patients in emergency situations</td>
</tr>
<tr>
<td>Physical Strength</td>
<td>Physical strength sufficient to perform full range of required patient care activities</td>
<td>Push and pull up to 300 pounds (with assistance) as well as emergency carts; stretchers and wheel chairs with and without patients; medication carts; wheel chairs; and other equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lift/move heavy objects up to 50 pounds without assistance</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical ability sufficient to move from room to room and maneuver in small spaces; full range of motion to twist/bend, stoop/squat, reach above shoulders and below waist and move quickly; manual and finger dexterity; and hand-eye coordination to perform nursing activities</td>
<td>Move around in work area and treatment areas. Position oneself in the environment to render care without obstructing the position of other team members or equipment</td>
</tr>
</tbody>
</table>
| Hearing | Auditory ability sufficient for physical monitoring and assessment of patient healthcare needs | Hear normal speaking level sounds  
Detect sounds related to bodily functions using a stethoscope  
Hear auditory alarms (monitors, fire alarms, call bells)  
Hear cries for help  
Hear in noisy environments |
|---|---|---|
| Visual | Normal or corrected visual ability sufficient for accurate observation and performance of nursing care | See objects up to 20 feet away  
Visual acuity to read calibrations on 1 ml syringe  
Assess skin color (cyanosis, pallor) |
| Tactile | Tactile ability sufficient for physical monitoring and assessment of health care needs | Feel vibrations (pulses)  
Detect temperature changes  
Palpate veins for cannulation  
Able to work with hands in water and wash hands frequently |
| Smell | Olfactory ability sufficient to detect significant environmental and patient odors | Detect abnormal odors from patient (foul smelling drainage, alcohol breath)  
Detect smoke |
| Emotional/Behavioral Professional Attitudes and Interpersonal Skills | Emotional stability and appropriate behavior sufficient to assume responsibility accountability for actions  
Present professional appearance and demeanor; demonstrate ability to communicate with patients, supervisors, coworkers to achieve a positive and safe work environment. Follow instructions and safety protocols  
Honesty and integrity beyond reproach | Establish rapport with patients, instructors and colleagues.  
Respect and care for persons whose appearance, condition, beliefs and values may be in conflict with their own  
Deliver nursing care regardless of patient’s race, ethnicity, age, gender, religion, sexual orientation or diagnosis  
Conduct themselves in a composed, respectful manner in all situations and with all persons  
Work with teams, workgroups, and other disciplines |
| Establish and maintain therapeutic boundaries | Give verbal directions to or follows verbal directions from other members of the health care team, and participate in health care team discussions of patient care |
| Demonstrate emotional skills to remain calm and maintain professional decorum in an emergency/stressful situation | Elicit and record information about health history, current health state and responses to treatment from patients or family members |
| Demonstrate prompt and safe completion of all patient care responsibilities | Convey information to patients and others as necessary to teach, direct and |
| Adapt rapidly to changing environment/stress | |
| Exhibit ethical behaviors and exercise good judgment | |
| Function effectively under stress, to work as a part of a team and to respond appropriately to supervision; to adapt to changing situations, to respond appropriately to patients and families under stress, and to follow through on assigned patient care responsibilities. | |
| Abilities sufficient to demonstrate competencies such as ability to arrive to a | |
| • clinical on a timely basis; | |
| • to meet the demands for timely performance of duties; | |
| • to meet organizational requirements to perform these duties in a professional and competent manner. | |

| Communication | Oral communication skills sufficient to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the healthcare team including non-verbal communication, such as interpretation of facial expressions, affect and body language |

**Communication**

**Oral communication skills sufficient to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the healthcare team including non-verbal communication, such as interpretation of facial expressions, affect and body language**
<table>
<thead>
<tr>
<th>Cognitive/Quantitative Abilities</th>
<th>Reading comprehension skills and mathematical ability sufficient to understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis</th>
<th>Calculate appropriate medication dosage given specific patient parameters</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Analyze and synthesize data and develop an appropriate plan of care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Collect data, prioritize needs and anticipate reactions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transfer knowledge from one situation to another</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Accurately process information on medication container, physician’s orders, monitor and equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records and policy and procedure manuals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ability to collect, analyze, and integrate information and knowledge to make clinical judgments and manage decisions that promote positive patient outcomes</td>
</tr>
<tr>
<td>Conceptual/Spatial Abilities</td>
<td>Conceptual/spatial ability sufficient to comprehend three-dimensional and spatial relationships</td>
<td>Comprehend spatial relationships in order to properly administer injections, start intravenous lines, assess wounds of varying depths etc.</td>
</tr>
<tr>
<td>Clinical Reasoning</td>
<td>Ability to reason across time about a patient’s changing condition and/or changes in the clinician’s understanding</td>
<td>Evaluate patient or instrument responses, synthesize data, draw sound conclusions</td>
</tr>
</tbody>
</table>
Once the program is in receipt of application and student receives letter of contingent acceptance to the PNC Program, the student is responsible for notifying the Director of the PNC Program of conditions that impact the student’s ability to meet the PNC Program Technical Standards. Any change in the student’s ability to meet and/or perform the PNC Program Technical Standards would require the student to provide the Director with documentation that they once again meet Technical Standards for functional abilities essential to practical nursing practice.

If an accommodation is necessary to participate in the PNC Program, participation is dependent on the identification of a reasonable accommodation. Students should seek accommodation advising as soon as possible so that a plan for accommodation can be in place at the beginning of the program. Applicants seeking admission to the Practical Nursing Program who may have questions about the Technical Standards and appropriate reasonable accommodations are invited to discuss their questions with the Office of Disability Services. Reasonable accommodation will be directed toward providing an equal educational opportunity for students with disabilities while adhering to the standards of practical nursing practice for all students. Registration with Disability Services is required before any accommodation requests can be granted. Under no circumstances will any course requirements or technical standards be waived for any student, with or without a disability. Reasonableness is determined by the office of student disabilities and Student Services and the Practical Nursing Certificate Program on a case-by-case basis utilizing the Practical Nursing Certificate Program Technical Standards. Mohave Community College provides reasonable accommodations to those students who qualify under the Americans with Disability Act, as amended (ADA). Appropriate documentation will be required to determine eligibility to receive accommodations. It is the student’s responsibility to contact the office of student disabilities and request accommodations in a timely manner.
Student Name: _________________________________________ Date: __________________

Exam Type (Specialty or Exit): ____________________________  HESI Score: ___________

Recommended hours of HESI online post exam remediation to be completed: _______________

Case Studies Topics:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Other: ________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Plan Approved By: ______________________________________ Date: _________________

I __________________________________________________________________________ (name) verify that I have completed the above
remediation plan by _________________ (date).

850 or > No prescribed time, although students must demonstrate remediation on all content
missed on the exam.

800-849 ----- 2hrs
750-799------4 hrs.
700 or < 6 hrs. Minimum

This form is provided to instructor before taking test 2. The student will receive points or grade per
faculty grading plan.
Evaluation/Improvement Plan

MCC Mohave Community College

PRACTICAL NURSE PROGRAM
SKILLS/DIDACTIC/SIMULATION
EVALUATION/IMPROVEMENT PLAN

DATE: ____________________________ PNC __________

STUDENT NAME: ____________________________

Skills/didactic/simulation evaluation was attempted for:

____________________________________________________________________________________

but was unsuccessful due to (check all boxes that apply and add specific comments.)

A—Skill Based Error

☐ Did not observe proper technique of the skill, (specify).
☐ Did not observe basic principles of asepsis of procedure or supplies (specify).
☐ Medication error
☐ Needle stick
☐ Blood/pathogen exposure
☐ Fall event
☐ Injury to body
☐ Equipment or medical device malfunction
☐ Other, (specify)

B—Rule-Based Mistake

☐ Did not follow Standard Precautions
☐ Deviation in protocols
☐ Inappropriate or inadequate communication by: Faculty, preceptor, other student, health care team, patient, or visitor
☐ Other (specify)

C—Knowledge-based mistake

☐ Poor organization of self or supplies
☐ Did not observe proper patient safety measures (specify: identify patient, confirm allergies, provide privacy, explain procedure, etc.)
☐ Did not perform necessary assessments (specify)
☐ Inadequate preparation for providing patient care
☐ Outside Scope of Practice
☐ Change in patient condition
☐ Environmental safety – for self, patient, or others
☐ Breach of confidentiality
☐ Other (specify)

REFER TO IMPROVEMENT PLAN (Page 2) FOR SPECIFICS AND FURTHER DETAILS

_________________________ ____________________________
Instructor Signature Date

_________________________ ____________________________
Student Signature Date

REMEDIATION COMPLETION

Completion Date: ____________________________ Total hours spent on remediation: __________

Student showed improvement as follows:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Student may now schedule an appointment with faculty for completion of skills evaluation.

_________________________ ____________________________
Instructor Signature Date

Remediation Request 11/2015
# Fall Clinical Evaluation Tool

**MCC Mohave Community College**

Practical Nursing Program

**Fall Clinical Evaluation Tool**

**Students Name:** ____________________________  **Semester/Year:** __________

**Faculty:** __________________________________  **Clinical agency:** ____________________________

Evaluation of clinical objectives and skills will be determined according to the following rating scale:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Consistently initiates and performs the nursing activities described in the objective in a satisfactory manner and requires guidance and instruction only in complex or unique situations. Correlates theory with patient situations. Collects additional data independently. <strong>Met</strong></td>
</tr>
<tr>
<td>4</td>
<td>Able to initiate and perform the nursing activity described in the objective in a satisfactory manner with a moderate amount of guidance and instruction. Correlates theory with patient situations. <strong>Met</strong></td>
</tr>
<tr>
<td>3</td>
<td>Needs guidance and instruction in order to initiate and perform nursing activities but is able to meet the objective satisfactorily. Is usually able to correlate theory with patient situations. <strong>Met</strong></td>
</tr>
<tr>
<td>2</td>
<td>Needs frequent, direct guidance and detailed instructions to prevent mishap or error in performing the nursing activity described in the objective. Is frequently unable to correlate theory with patient situations. <strong>Met with concern</strong></td>
</tr>
<tr>
<td>1</td>
<td>Requires constant guidance and instruction and cannot be left unsupervised. Cannot correlate theory with most patient situations and is unable to meet the objective. <strong>Not Met</strong></td>
</tr>
<tr>
<td>M</td>
<td>Met</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>ENTER CLINICAL DATES</th>
<th>EVALUATIONS</th>
<th>AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Provider of Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Competence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Demonstrates selected nursing therapeutics safely and accurately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Basic patient care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Medication administration procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Standard precaution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. With guidance documents selected nursing therapeutics safely and accurately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Adapts nursing therapeutics to provide individualized nursing care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Performs selected components of a basic holistic assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Basic shift assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Beginning psychosocial assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Identifies own program in transition to role of student nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>II. Manager of Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical Thinking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Demonstrates inquisitive and limited interpretation of data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Identifies sources of data and collects data for safe clinical practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management/Leadership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Seeks relevant direction from faculty or licensed nursing personnel in the implementation of care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Works cooperatively with others in the management of nursing care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Completes assigned responsibilities in a timely manner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Reports and records significant data to appropriate health team members to promote continuity of care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Cooperates with peers and faculty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Able to demonstrate beginning skills in management of time, materials, personnel, and self</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBJECTIVE</td>
<td>ENTER CLINICAL DATES</td>
<td>EVALUATIONS</td>
<td>AVG</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------</td>
<td>-------------</td>
<td>-----</td>
</tr>
</tbody>
</table>

### III. Teacher

**Communication**

A. Demonstrates awareness of self and effect on others when communicating.
B. Demonstrates respect and cultural sensitivity when communicating.
C. Demonstrates beginning ability to produce appropriate and accurate written and verbal communication.
D. With guidance can accurately observe and report the status of clients.
E. Identify therapeutic communication skills and barriers to communication.
F. In selected situations can apply appropriate therapeutic communication skills.

**Learning/Teaching**

A. Is able to recognize own learning needs and styles.

### IV. Member of Profession

**Caring**

A. Demonstrates caring behaviors towards clients, staff, peers, and self.
B. Demonstrates behaviors that show respect for the uniqueness of the client and his/her situation.
C. Demonstrates awareness of own needs, strengths, and limitations.
D. Discusses importance of spirituality to client care.

**Accountability**

A. Takes responsibility for own words and actions.
B. Arrives on time for clinical
C. Adheres to dress code
D. Demonstrates academic integrity and honesty
E. Maintains confidentiality.
F. Assumes ethical and legal responsibilities within the student role.

**COMMENTS:**

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

INSTRUCTOR SIGNATURE: ___________________________________________ DATE: __________

STUDENT SIGNATURE: ___________________________________________ DATE: __________
<table>
<thead>
<tr>
<th>DATE</th>
<th>EVENT/HOLIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-6-2016</td>
<td>STUDENT ORIENTATION—Financial Aid &amp; Student Advising</td>
</tr>
<tr>
<td>8-17-2016</td>
<td>STUDENT ORIENTATION—PRE-1ST DAY OF CLASS</td>
</tr>
<tr>
<td>8-24-2016</td>
<td>FIRST DAY OF FALL PNC Class</td>
</tr>
<tr>
<td>9-5-2016</td>
<td>LABOR DAY—MCC IS CLOSED</td>
</tr>
<tr>
<td>9-6-2016</td>
<td>ALL STAFF DAY-MCC IS CLOSED</td>
</tr>
<tr>
<td>11-11-2016</td>
<td>VETERANS DAY-MCC IS CLOSED</td>
</tr>
<tr>
<td>11-23, 24, 25-2016</td>
<td>THANKSGIVING HOLIDAY</td>
</tr>
<tr>
<td>12-09-2016</td>
<td>LAST DAY OF CLASSES</td>
</tr>
<tr>
<td>12-12-16</td>
<td>WINTER BREAK BEGINS</td>
</tr>
<tr>
<td>1-16-2016</td>
<td>MARTIN LUTHER KING DAY-MCC IS CLOSED</td>
</tr>
<tr>
<td>1-20-2016</td>
<td>FIRST DAY OF SPRING PNC CLASS</td>
</tr>
<tr>
<td>2-20-2016</td>
<td>PRESIDENT’S DAY</td>
</tr>
<tr>
<td>3-13 to 3-17-2016</td>
<td>SPRING BREAK—MCC IS CLOSED</td>
</tr>
<tr>
<td>4-10-16</td>
<td>SPRING/SUMMER GRADUATION APPLICATIONS DUE</td>
</tr>
<tr>
<td>5-5-2016</td>
<td>LAST DAY OF SPRING PNC CLASS</td>
</tr>
<tr>
<td>5-29-2016</td>
<td>MEMORIAL DAY-MCC IS CLOSED</td>
</tr>
<tr>
<td>5-31-2016</td>
<td>FIRST DAY OF SUMMER PNC SEMESTER</td>
</tr>
<tr>
<td>6-6-17</td>
<td>FIRST DAY OF SUMMER PNC CLASS</td>
</tr>
<tr>
<td>7-4-2016</td>
<td>INDEPENDENCE DAY-MCC IS CLOSED</td>
</tr>
<tr>
<td>7-27-2016</td>
<td>LAST DAY OF PNC PROGRAM-PINNING CEREMONY</td>
</tr>
</tbody>
</table>

FALL/SPRING CLASSES are held Wednesday, Thursday, and Friday, 8:00 a.m. to 4:00 p.m. Clinical hours may be earlier, depending on the facility.

SUMMER CLASSES are held Tuesday, Wednesday, and Thursday from 8:00 a.m. to 4:00 p.m. Clinical hours may be earlier, depending on the facility.
Wellness: Taking Care of Yourself

The life of a student can be a busy one. Keeping up with class requirements, homework, and group projects can mean less time for taking care of your health. Students who work or have family duties may have even fewer hours in the day for self-care. Starting or continuing with a healthy routine is vital to both your physical and mental health. Regular exercise, eating well, and a good night's sleep can help you manage the pressures of student life.

Your Student Assistance Program is here to help with:
- Free confidential counseling services available in person or over the telephone
- Information and referrals for gyms, exercise classes, and hiking and biking trails
- An online library of articles on healthy eating, exercise, sleep, and meditation
- Web-based health assessments and stress management training

Your Student Assistance Program is available to students anytime, any day, anywhere via phone or Internet.

CALL TOLL-FREE: 1-866-329-4148
3.4 Standards and review mechanisms

Nursing is responsible and accountable for assuring that only those individuals who have demonstrated the knowledge, skill, practice experiences, commitment, and integrity essential to professional practice are allowed to enter into and continue to practice within the profession. Nurse educators have a responsibility to ensure that basic competencies are achieved and to promote a commitment to professional practice prior to entry of an individual into practice. Nurse administrators are responsible for assuring that the knowledge and skills of each nurse in the workplace are assessed prior to the assignment of responsibilities requiring preparation beyond basic academic programs.

The nurse has a responsibility to implement and maintain standards of professional nursing practice. The nurse should participate in planning, establishing, implementing, and evaluating review mechanisms designed to safeguard patients and nurses, such as peer review processes or committees, credentialing processes, quality improvement initiatives, and ethics committees. Nurse administrators must ensure that nurses have access to and inclusion on institutional ethics committees. Nurses must bring forward difficult issues related to patient care and/or institutional constraints upon ethical practice for discussion and review. The nurse acts to promote inclusion of appropriate others in all deliberations related to patient care.

Nurses should also be active participants in the development of policies and review mechanisms designed to promote patient safety, reduce the likelihood of errors, and address both environmental system factors and human factors that present increased risk to patients. In addition, when errors do occur, nurses are expected to follow institutional guidelines in reporting errors committed or observed to the appropriate supervisory personnel and for assuring responsible disclosure of errors to patients. Under no circumstances should the nurse participate in, or condone through silence, either an attempt to hide an error or a punitive response that serves only to fix blame rather than correct the conditions that led to the error.

Taken from: Code of Ethics for Nurses, by American Nurses Association (2001 edition)
Note Taking Strategies and Skills

✓ If the instructor writes something on the chalkboard/overhead or repeats an idea then it is usually a key point and you should write it down.

✓ Try to use a three-ring binder, it allows for more flexibility in rearranging your notes and any handouts that you may receive.

✓ Try to sit towards the front and center of the class where you'll be less distracted and can hear the professor the best and have a good angle on any visual aids that may be shown.

✓ Don't rely on someone else's notes, you may not understand everything that they write down and you'll learn the best by taking your own notes.

✓ If your instructor talks fast, it may help to bring an audio recorder and record the lecture while taking notes. After the lecture is over you can replay the lecture and fill in any parts that you missed in your notes.

✓ Do reading assignments or homework questions before class, it is easier to take notes when you know what the instructor is talking about.

✓ Date your notes. Add titles and subtitles when you move onto a new topic for easy referencing.

✓ Write down any terminology along with the definition that the instructor may present.

✓ Make sure that you write legibly, if you can't read them later, they'll be useless. If you have sloppy handwriting it may be wise to type your notes so that they are easier to read.

✓ If you missed what the instructor said, ask them to repeat it or go to the instructor after class and ask for clarification. If you are in a rush, ask the instructor at the beginning of the next class or try to find the answer from a friend or the text.

✓ Compare notes with a classmate to make sure you didn't miss any important points.

Visit: www.testtakingtips.com for more test taking help.
Everyone is different. Different methods work for different people; the following are only suggestions on improving upon your current studying techniques.

✓ It is best to review the material right after class when it's still fresh in your memory.

✓ Don’t try to do all your studying the night before the test. Instead space out your studying, review class materials at least several times a week, focusing on one topic at a time.

✓ Have all of your study material in front of you: lecture notes, course textbooks, study guides and any other relevant material.

✓ Find a comfortable and quiet place to study with good lighting and little distractions (try avoiding your own bed; it is very tempting to just lie down and take a nap).

✓ Start out by studying the most important information.

Learn the general concepts first, don’t worry about learning the details until you have learned the main ideas.

✓ Take notes and write down a summary of the important ideas as you read through your study material.

✓ Take short breaks frequently. Your memory retains the information that you study at the beginning and the end better than what you study in the middle.

✓ Space out your studying, you’ll learn more by studying a little every day instead of waiting to cram at the last minute. By studying every day, the material will stay in your long-term memory but if you try to study at the last moment, the material will only reside in your short-term memory that you'll easily forget.

✓ Make sure that you understand the material well, don't just read through the material and try to memorize everything.

✓ If you choose to study in a group, only study with others who are serious about the test.

✓ Test yourself or have someone test you on the material to find out what your weak and strong areas are. You can use the review questions at the end of each chapter, practice tests that the teacher may give out or other pertinent materials.

✓ Listening to relaxing music such as classical or jazz on a low volume can relieve some of the boredom of studying.

✓ Don’t study later than the time you usually go to sleep, you may fall asleep or be tempted to go to sleep, instead try studying in the afternoon or early evening. If you are a morning person try studying in the morning.
Cramming for exams should be avoided at all costs. You should only cram for an exam as a last resort. It's hard to take in and retain a large amount of information in a short period of time. Some of the tips on studying and preparing for a test may overlap with the cramming techniques below.

✓ Eat some food to give you energy to study but avoid consuming excess sugar which will make you hyper and will make it more difficult to study.

✓ An apple does a better job at keeping you focused and awake than caffeine.

✓ Find a well-lit place with no distractions around to study but don't get too comfortable or you may fall asleep.

✓ Keep a positive attitude, it is easier to study when you are relaxed than when you are stressed out.

✓ Since your time is limited, you have to choose what you study. Don't attempt to learn everything, focus on things that will get you the most points on the exam.

✓ Focus on the main ideas and learn key formulas. Skip the details for now and only come back to them if you see that you have time after you have learned the key points.

✓ Write down the key ideas/formulas on a sheet of paper and keep on studying from that sheet, repetition is important.

✓ Highlight the important points in your notes, and text and focus on that.

✓ Read the chapter summaries (they usually do a good job at summarizing the important points). If there're no chapter summaries then skim through the text and write down key ideas.

✓ Study from past tests, review questions, homework & review sheets.

✓ Take at least one five minute break an hour so that you can gather your thoughts and let your brain relax.

✓ If time permits, try to get at least 3 hours of sleep (one sleep cycle) before the exam so that you don't fall asleep when taking your exam. Don't forget to set your alarm!
Reducing Test Taking Anxiety

Test anxiety is when a student excessively worries about doing well on a test. This can become a major hindrance on test performance and cause extreme nervousness and memory lapses among other symptoms. The following are tips on reducing test taking anxiety.

✓ Being well prepared for the test is the best way to reduce test taking anxiety.

✓ Space out your studying over a few days or weeks and continually review class material.

✓ Don't try to learn everything the night before.

✓ Try to maintain a positive attitude while preparing for the test and during the test. Exercising for a few days before the test will help reduce stress.

✓ Get a good night's sleep before the test.

✓ Show up to class early so you won't have to worry about being late. Chew gum (if allowed) during the test to help relieve test anxiety.

✓ Stay relaxed, if you begin to get nervous take a few deep breaths slowly to relax yourself and then get back to work.

✓ Read the directions slowly and carefully.

✓ If you don't understand the directions on the test, ask the teacher to explain it to you. Skim through the test so that you have a good idea how to pace yourself.

✓ Write down important formulas, facts, definitions and/or keywords in the margin first so you won't worry about forgetting them.

✓ Do the simple questions first to help build up your confidence for the harder questions.

✓ Don't worry about how fast other people finish their test; just concentrate on your own test.

✓ If you don't know an answer to a question skip it for the time being (come back to it later if you have time), and remember that you don't have to always get every question right to do well on the test.

✓ Focus on the question at hand. Don't let your mind wander on other things.

✓ If you're still experiencing extreme test anxiety after following these tips, seek help from your school counselor.
APA 6th Edition Guidelines
Quick Reference Card

This guide is based on the sixth edition of the Publication Manual of the American Psychological Association published by the American Psychological Association (Second Printing). The Publication Manual contains guidelines for many aspects of an APA paper, including manuscript formatting, writing skills and mechanics, and references and citations.

This reference card will serve as a checklist for those three areas, but does not replace the need to study the APA Publication Manual.

### Page Format
- All margins of one inch
- Double space throughout (including title page, block quotes, references, & between paragraphs) (CTRL+2 turns on double spacing in Word)
- Allow words to wrap automatically to the next line. Do not press Enter twice to double space.
- Use 12-pt Times Roman font.
- Place a page header on every page including the title page (see the explanation on “Headings” to the right).
- Indent each paragraph’s first line one-half inch. (TAB)
- Text alignment is flush-left leaving right margins ragged. (CTRL+L)
- Do not divide words or hyphenate at the end of the line.
- Do not use one-sentence paragraphs or lengthy paragraphs.
- Turn on widow and orphan protection.

### APA Formatting
APA formatting can be confusing because there are three elements using the word **head**:
- **Page headers, Running head, and section headings.**
- **Running head** and short title are aligned flush left in the page header with the page number aligned flush right (tab after the short title to reach the pre-set flush right tab in the headers and footers of Word). The short title is typed in ALL CAPS (on all pages). The title page is always numbered as page number one. On the title page only, type Running head: before the short title.
- **Section headings**: Four of the five headings are in bold. Headings are used in numerical order (for example, use headings 1, 2, and 3 if three levels are needed). Format headings as listed below:
  - 1-line by self, centered, bold, title case, no period at end
  - 2-line by self, left-align, bold, title case, no period at end
  - 3-first sentence of para., indented, bold, sentence case, period
  - 4-first sentence of para., indented, bold & italic, sentence case, period
  - 5-first sentence of para., indented, ital (no bold), sentence case, period

### Sections of a Paper
1. **Title page**
   - a. double spaced (CTRL+2)
   - b. page header (Running head, short title, and page number)
   - c. three lines placed in the top half of the page, with each line centered horizontally (CTRL+E):
     - title
     - author(s)—no degrees or titles
     - name of university
   - d. other items if requested by instructor
2. **Abstract (only if required by instructor)**—max 250 words
3. **Body of paper**
   - a. begins on new page and new section (page header w/o words "Running head:" -- only short title and page #)
   - b. title of paper is centered on the first line (CTRL+E)
   - c. introduction is NOT labeled with a heading of "Introduction"
4. **References**—title not in bold
5. **Tables**
6. **Figures**
7. **Appendices**

### Writing Skills & Mechanics

Configure Word settings in Word 2003: **TOOLS > OPTIONS > SPELLING & GRAMMAR**

- Use two spaces after punctuation.
- Use a comma before the conjunction in a series of three or more items.
- Place periods and commas inside the quotation marks except when a citation follows the quotation.
- Do not space before or after a hyphen. Type a dash as two hyphens.
- Spell out all but common abbreviations the first time they are used.
- Spell out numbers less than ten (see APA Publication Manual for exceptions).
- Capitalize first word after a colon if the expression after the colon is a complete sentence.
- Use italics for titles of books, journals, and the first time a key word is used.
- Use active voice when possible; however, use of passive voice is allowed.
- Do not use boldface font in text. Use italics for emphasis.
- Do not use contractions.
- Construct all series in parallel.
- Use transition sentences and/or transition words to facilitate the flow of your writing.
- Use third person unless otherwise indicated by the assignment or instructor.
- Avoid wordiness; be concise and precise; say exactly what you mean; do not add flowery adjectives or creative writing phrasing to scholarly writing.
- Follow the accepted rules for commas.
- Follow the accepted rules for grammar.

### Word Choice

**That vs. which:** That clauses are restrictive (required to the meaning of the sentence); whereas, which clauses are nonrestrictive and require a comma before the word which.

**That vs. who:** That is used with animals and things; who is used with humans.

**Web and e-mail:** The word web is a common noun and should not be capitalized. The word website is written as one word. The word e-mail is written with a hyphen.

**Avoid gender bias:** Do not use he/she or s/he. Where possible, rewrite the sentence to avoid the need for he or she. The subject of the sentence can often be changed to a plural subject, which accepts they and their without gender bias.

**Avoid colloquial words & expressions**, such as like, a lot, really, awesome, and very.

---


This Quick Reference Card prepared by Jolene M. Morris in December 2009. Print back-to-back on card stock, and then laminate.
### In-text Citations

The purpose of in-text citations is to identify the source in the References list so the reader can obtain the original source if desired. All in-text citations should have matching entries in the reference list. All entries in the reference list should have matching citations in the body of the paper. Use only author’s surname in citations.

- Words such as figure and chapter are not abbreviated in citations.
- The Publication Manual defines **paraphrasing** as summarizing a passage or rearranging the order of a sentence and/or changing some of the words. Citations are required for paraphrasing. Page numbers are not required, but you are encouraged to use them.
- Stating facts of common knowledge, such as President Abraham Lincoln was assassinated in 1865 do not require citations (even if you had to look up the information).
- **Referring** to another’s ideas/findings but not using any of that author’s ideas/findings still requires a citation, but no quote marks.
- **Quotations of less than 40 words**—Place quotation marks before and after the quote. The citation goes in parenthases after the ending quotation mark but before the period ending the quote. The page number is required. Use p. or pp.

**Quotations of 40 words or more**—Do not use quotation marks. Instead, block-indent the quotation one-half inch from the left margin (using Word's Indent feature). Citation goes in parenthases after the period ending the quote. Page # required. Use p. or pp.

- Citations do not need to be repeated within a paragraph until a different author’s name is used; only the page number of the source needs to be used (p. 17^4).
- For multiple authors, use the name of the first author and et al. (not italicized) citations thereafter. With six or more authors, use the first author and et al. every time.

- When it is necessary to cite a quoted source a quote of a quote, use the original author’s name in the stem of the sentence followed by (as cited in your year). Works cited do not need to be listed on the References page.
- For personal communication (private letters, personal interviews, e-mail, and newsgroups), include initials and surname followed by (personal communication, full date). Personal communications are not listed on the References page.

- Classical works do not need a citation; however, quotations from the Bible and the Qur’an should indicate the chapter and verse followed by the version in parenthases.
- Use a 3-dot, spaced ellipsis (…) to indicate material omitted within a sentence. Use a 4-dot, spaced ellipsis (…) for entire sentences omitted. The first dot represents the period at the end of the sentence before the omission starts.
- Use brackets [] to indicate material you add. Use italics for emphasis but note your italics with [italics added] immediately after.
- If a page number is not available, list the paragraph number using the abbreviation p. (p.). Do not use the period symbol (p).
- If one of the authors are part of the sentence structure, the year of publication appears in parenthesis following the author’s last name. The page number follows the quotation in parenthesis, with the end-of-sentence punctuation after the parenthesis. (See example below.)
- If the names of the authors are not part of the sentence structure, the author’s last names, the year, and page number follow the quotation in parenthesis with the end-of-sentence punctuation after the parenthesis. (See example below.)

**Example of citation with author as part of the sentence:**

As Morris (2003) stated, “Teaching is generally more art than science” (p. 45).

**Example of citation with author not part of the sentence:**

We learn that the Faith Doctrines applies only to classroom distribution in public schools (Morris, 2003, p. 121).

### References

- The references page begins on a new page after the end of the body of the paper (press CTRL+ENTER in Word to force a page break).
- The word References is centered on line one (not in bold).
- The references are double spaced and formatted with hanging indents. To turn on hanging indents in Word, press CTRL+T.
- Reference entries are organized alphabetically by the last name of the first author.
- Bold, underlining, and professional credentials (such as Ph.D.) are not used on the References page.
- Personal communications are not listed on the references page.
- Titles of books, titles of chapters in books, and titles of journal articles are not capitalized—only capitalize the first word and any proper nouns [sentence case]. Each significant word in the title of a journal name is capitalized [title case].
- Titles of books and titles of journals are italicized.

Most references have three parts, each part ending with a period:

**Part 1. Author and date.** List the author’s last name, a comma and space, the initial(s) of the author with a period and space after each initial, and the year of publication in parenthesis. End with a period.

**Part 2. Title.** For books, chapter title is written first, followed by a period and space and the word “In:” a space, and the book title in italics. Titles of chapters should not be italicized or in quotation marks. For journals, list the title of the article, not italicized and not in quotation marks. For web pages, list the title of the web page (from the title bar in your browser). Capitalize only the first word and any proper nouns.

**Part 3. Publication Information.** For books, list the city, a comma, the state (or country) of publication, a colon, one space, and the publisher. For printed journals, list the name of the journal in italics (not underlined) using title case, a comma, one space, the volume number in Arabic numerals and italics, a comma, one space, the pages of the article (not in italics), and a period. For electronic sources, list the publication information for journals in electronic databases the same as a printed journal but followed by the DOI. Do not end the DOI with a period. Retrieval date not needed. For web pages, type Retrieved from then the URL address of the site. Do not end a URL address with a period. Retrieval date not needed unless the web page changes on a regular basis.

**Example of a chapter in a non-edited book:**


**Example of an article in a printed journal:**


**Example of an electronic source with DOI:**


**Example of an electronic source without DOI:**


---

**Excellent Web Resources**

- [http://citationmachine.net/](http://citationmachine.net/)
- [http://owl.english.purdue.edu/owl/handouts/research/ir_apa.html](http://owl.english.purdue.edu/owl/handouts/research/ir_apa.html)
- [http://www.endnote.com](http://www.endnote.com)
- [http://www.apastyle.org](http://www.apastyle.org)
- [http://www.CrossRef.org](http://www.CrossRef.org) (for DOI numbers)
- [University of Phoenix Center for Writing Excellence](http://www.phoenix.edu/centerforwritingexcellence)
NCLEX-PN STEPS FOR REGISTRATION-SAMPLE

1. 06/20/2016
   Tracy to give out Pearson-Vue codes & AZBN Application

   Codes will be sent to student MCC email account.

2. 6/29/2016
   Deadline for students to register with Pearson-Vue

   This is done online at www.pearsonvue.com

3. 06/29/2016
   Students to return completed AZBN Application to Tracy

   Students needing to have their fingerprints sent in, must include $50 money order or bank check with application.

4. 07/21/2016
   Certificates of Completion sent to MCC Registrar’s Office

   MCC will send AZBN certificates 7-10 days later.

5. AZBN makes student eligible to take NCLEX exam

   AZBN will send notice to student within 10 days of receiving Certificate of Completion.

6. Student schedules NCLEX-PN exam after receiving notice from AZBN

   Student will have 90 days to schedule their exam.

WARNING!

Tests not scheduled/taken 90 days after authorization may result in student paying again for testing again out of pocket
• It can take a minimum of 4-5 weeks to receive fingerprint results. You cannot receive permanent licensure until these results are received.

• Fingerprint Clearance Cards are not acceptable.

  Additional Information
  Fees & Payment Methods
  All fees are in US Dollars and are non-refundable.

  • Application Fee: $300.00.

  • Fingerprint Fee: $50.00 (required, unless submitted within the previous 2 years).

  • Credit/Debit Card – Complete and include authorization form & submit with the application.

  • Personal Checks – Pre-printed with your name/address and make payable to Arizona State Board of Nursing.

  MCC Program codes:

  AZBN96-155

  US96105500 Pearson Vue

  Transition Options (LPN to RN):

  MCC has a bridge program for LPN’s to reach their Associate degree as an RN. Call and speak to the Director of the RN program for more information.
I agree to abide by the guidelines of the Honor Code as follows:

**RESPECT: I WILL**

A. Recognize and overcome my own biases toward others.
B. Give the staff, instructors and peers the respect they deserve.
C. Treat my peers as partners and equals, not as competitors.
D. Show consideration of cultural and other differences between others and myself.

Respect other’s personal affairs unless volunteered to you.

E. Speak highly of others, praising in public; criticizing in private.

**COMMUNICATION: I WILL:**

A. Be aware of verbal and non-verbal communication and be a good listener.
B. Address my concerns first directly to the person involved.
C. Direct group concerns to the student representative.
D. Maintain a team spirit and sense of unity among classmates.

**ACCOUNTABILITY: I WILL:**

A. Become a client advocate, safeguarding client health and safety at all times.
B. At all times, be honest, open, democratic, collaborative and assertive.
C. Maintain a professional attitude at all times with special consideration to the following: always be punctual; maintain an appropriate dress code; treat clients with kindness, respect and dignity, and respect confidentiality of client.
D. Respect all materials and equipment in both skills lab and clinical settings.
E. Function in a professional manner, abiding by the Code for Nurses found in the Practical Nursing Student Handbook.
F. Never allow an action to continue that may cause injury to the client, student, staff, or equipment. These types of incidents may be handled by an individual student initially, but must be reported to a faculty member as soon as possible.
G. Address concerns directly to the person involved. If that is not possible or feasible, I will share my concerns with the faculty member involved. If issues are still not resolved, I will address my concerns to the Director of PN Program.
H. Not participate in actions which jeopardize examination security or promote prohibitive sharing of examination information among students.

Signature: _____________________________________________ Date: ___________________
I __________________________ acknowledge that I have been directed to the MCC web for the MCC Student Handbook and the Practical Nurse Student Handbook. Questions concerning the handbooks may be directed to any Practical Nursing instructor. (http://catalog.mohave.edu/content.php?catoid=5&navoid=1027; and http://www.mohave.edu/academics/certificates/practical-nurse-certified-nursing-assistant/)

I hereby agree to abide by its regulations. I understand that this form must be submitted to the Practical Nursing Department prior to the first week of school.

I agree to allow my education, health and background records be released to any professional/health care agencies requesting that information, and other agencies as designated by MCC that have a legitimate interest in my student records.

I agree to release my social security number to the Arizona Board of Nursing for application for licensure, as well as clinical facilities.

I agree that information regarding my attendance and performance may be released for financial aid purposes.

I understand that I may not participate in any nursing program until all my records are on file in the practical nursing department (health, vaccinations, CPR, drug screen and background checks) and that these records must be kept updated, and that outdated information could result in my withdrawal from the program.

I understand that I am required to maintain health insurance throughout the program.

I understand that orientation to clinical facilities is mandatory. Absence for any reason will result in withdrawal from the course.

I understand that information disclosed to me from the patient’s privacy is protected by state and federal law. State law prohibits me from making any disclosure of medical information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by federal, state or local law.

Changes may be made to departmental, division or College guidelines at any time. Should a change occur, students will be notified verbally and in writing as to what the change involves and the effective date. Students will be given a copy of the change to keep for their records, and one to sign which will be included in their student nurse file.

I understand that a certificate of completion will not be issued until I have met the competencies of the program. I give the College permission to contact my employer after graduation and to share my personal information to gather post graduate data for institutional research and reporting.

Signature: _____________________________________________ Date: __________________

36