



SACRAMENTO CITY COLLEGE ASSOCIATE DEGREE NURSING

NURSING STUDENT HANDBOOK



(February 2024)



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A. HISTORICAL BACKGROUND

The Associate Degree Nursing (ADN) program at Sacramento City College (SCC) has its roots in the Sacramento County Hospital School of Nursing, a traditional three-year diploma program that opened its doors to students in 1909. With the exception of a six-month period in 1923, it continued operation until 1950, graduating 350 nurses from the Sacramento County Hospital School of Nursing.

Miss Ethel Muhs was the Superintendent of Nurses at the Sacramento County Hospital and the Director of the Sacramento City College Nursing program. It was her vision that nursing students should attend classes at the Sacramento Junior College, in addition to their nurses' training. From 1928 on, this became a reality for nursing students. By 1944, all students earned Associate of Arts degrees as well as nursing diplomas. The SCC Nursing Alumnae Association was originally founded in 1924 by Miss Ethel Muhs and continues in existence to the present day. The name has been changed to the SCC Nursing Alumni Association. The SCC Nursing Alumni Association has an ongoing scholarship program, the Ethel Muhs Nursing Endowment Scholarship Fund, and awards two scholarships each year to qualified nursing students enrolled at SCC.

After World War II, the medical director of the County Hospital and the Sacramento County Board of Supervisors began negotiations with the Sacramento Junior College to transfer the program to the College, which was then under the San Juan Unified School District. On July 1, 1950 the direction and control of the school was assumed by Sacramento Junior College. The three-year curriculum of the Sacramento Junior College School of Nursing was offered from 1950 to 1960. During that time 270 students graduated from the nursing program.

In 1957 it was deemed prudent, to introduce a two-year curriculum of nursing and phase out the three-year program. The Board of Nurse Examiners, now known as the Board of Registered Nursing ((BRN), granted provisional accreditation to the new curriculum at SCC at a board meeting held May 22, 1958. The new program began on July 1, 1958 under the jurisdiction of the Los Rios Community College District (LRCCD).

In 1967, SCC began offering an extension of its program at American River College (ARC). Two classes graduated under the extension program. Negotiations began in 1968 to separate the two programs. On February 14, 1969, separation occurred when the Nursing Program at ARC received accreditation from the Board of Registered Nursing

The SCC ADN program has updated curriculum and teaching modalities to meet educational, workforce, and community needs. Curriculum content is driven by the latest National Council of State Boards of Nursing Examination (NCLEX-RN) test plan, QSEN standards, clinical facility requirements and current health care needs. Teaching modalities have incorporated technology to improve classroom instruction and test taking skills.

The LVN to RN Career Mobility program began in the summer of 2000 in conjunction with ARC. A summer transition course is offered to LVNs who want to become RNs. Upon successful completion of the transition course, the LVN's who must also complete the same prerequisite and co-requisite requirements as generic students are offered enrollment into the second year of the ADN program.

A collaborative education model between SCC and CSUS was initiated in 2002 to provide an opportunity for ADN graduates to complete their baccalaureate education in a seamless manner. The program is still in place today.

In summer of 2015, the first cohort of the ADN to BSN Collaborative with CSUS began after many years of planning with SCC, ARC, and Sierra College through the continuing education department of Sacramento State University. The first group completed their BSN in December of 2016. This program continues. In addition, SCC has established a collaborative with University. Once a semester, nursing students are invited to attend an "Open House" to present various educational advancements in Nursing and career planning options.

Grant funds facilitated creating a simulation lab in the nursing department by combining and remodeling two classrooms. In 2005 our first two high-fidelity clinical simulators were purchased for the simulation lab. Within four years the lab became fully functional and equipped with adult, pediatric, infant, and birthing simulators and an audiovisual system for filming scenarios. Simulation has been integrated into the nursing curriculum with specific learning experiences planned for each semester. Equipment is upgraded on an ongoing basis.

Preceptorships for fourth semester students were approved by the BRN in 2008 and implemented in 2009. Preceptorships facilitate the transition from the nursing student role to entry level nursing practice, and enhance a student's opportunities for employment. In spring 2014 preceptorship hours increased from 72 to 96 hours. Then increased to 120 hours in 2016.

On June 21, 2018, the Associate Degree Nursing Program gained national accreditation from the Accreditation Commission for Education in Nursing (ACEN).

In the Spring of 2022, a new Mohr Hall was completed and fully operational with new skills and simulation laboratories. In the Spring of 2023, the nursing department became part of a new college division, Education and Health Professions (EHP).

B. STATEMENTS OF PHILOSOPHY

1. PHILOSOPHY AND PURPOSE OF SACRAMENTO CITY COLLEGE

SCC endorses an open access policy. The college is open to all who wish to apply regardless of previous educational background. The purpose of SCC is to provide opportunities for basic skills development, career advancement, social development, critical thinking, and personal enrichment. The college is committed

to continuous improvement and promotion of student learning through outcome-guided assessment, planning and evaluation. The college prides itself in the cultural diversity of the campus and community it serves.

2. PHILOSOPHY AND PURPOSE OF THE ASSOCIATE DEGREE NURSING PROGRAM

The purpose of the Associate Degree Nursing Program at SCC is to prepare a graduate who is eligible for licensure, utilizes the nursing process effectively within health care agencies, and is able to provide competent patient care as an entry-level professional registered nurse. The purpose is also to graduate nurses who function within legal and ethical boundaries, and who are responsible for continuing education activities that will aid in maintaining competency in practice.

3. PHILOSOPHY OF HUMANITY

Every person, regardless of culture, ethnicity, creed, sex/gender, lifestyle, or age, is worthy of being treated with respect. All people share common human attributes and have basic human needs. People change continuously and adapt to stressors throughout their lives. Individuals respond to each stressor based on current perceptions and past experiences, striving to attain optimal wellness and to maximize their potential in life.

4. PHILOSOPHY OF NURSING

Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts, and the biological, physical, psychological and social sciences. Nursing is based on an understanding of the human condition across the life span, cultural and spiritual aspects and the relationships of an individual with others and within the environment. Nursing is a dynamic, continually evolving discipline that utilizes critical thinking to integrate increasingly complex knowledge, skills, technologies and patient care activities into evidence-based nursing practice. The goal of nursing care in any setting is preventing illness, alleviating suffering, protecting, promoting comfort and restoring health, and promoting the dignity of the individual in end of life issues. Nursing care requires the ability to recognize and differentiate levels of wellness and illness and use appropriate clinical reasoning and judgment in the practice of nursing.

The nurse provides a comprehensive assessment of the health status of the patient and/or family, and then develops and implements a holistic approach to a plan of care. The nurse assists in promoting health, in coping with health problems, in adapting to and/or recovering from the effects of disease or injury, and in supporting the right to a dignified death. The nurse is accountable for abiding by the legal and ethical boundaries of registered nursing practice.

Caring is defined as the interaction of the nurse and client in an atmosphere of mutual respect and trust that acknowledges the biases of self and others. In this collaborative and therapeutic relationship, the nurse provides encouragement,

hope, support and compassion to diverse clients as they evolve throughout their lifespan to help achieve desired client outcomes.

5. PHILOSOPHY OF NURSING EDUCATION

Education is an ongoing process of gaining knowledge and skills. Nursing education provides the basic competencies necessary to become eligible for licensure and function as a registered nurse. The student gains an appreciation for the necessity of ongoing education in order to provide safe, effective care. This education is provided within a comprehensive and relevant nursing curriculum, which supports career mobility for both returning and entering students.

6. PHILOSOPHY OF LEARNING

The adult learners who come to the SCC nursing program have different learning needs and styles. Many have life experiences that influence their approach to learning. Most of our students have families and maintain employment. Some of our students come to the nursing program for a second career. Our philosophy of learning is sensitive to our unique, culturally diverse, adult students who ultimately must be responsible for their own learning.

The learning process is strengthened when the relationship between concepts is apparent and the learner has the opportunity to apply theoretical principles in clinical situations. Adult learners tend to be self-directed and wish to apply knowledge immediately. They are highly motivated when information is perceived as relevant and useful. Student achievements are influenced by their self-perception and the environment in which they are taught. Learning is fostered in an atmosphere of mutual trust and respect. Success fosters success. Repetition, practice, experiential activities and recognition of achievement promotes learning and retention.

The learning process is further enhanced through faculty-student interaction in the classroom and/or online. This modality of dynamic interaction requires student reading and content preparation prior to theory classes, which utilize a variety of learning activities. Limited student-teacher ratios facilitate optimum learning in the clinical area and are essential for safe practice. In addition, the clinical skills lab and simulation lab provide opportunities to learn and practice skills, decision making, and leadership in a safe environment.

Support services are available to maximize student success. These services include faculty advising, learning resource center referrals, lab skills practice, computer assisted instruction, and tutorial services. Faculty implements the recommendations from the Disability Resource Center regarding learning differences of students.

C. STUDENT LEARNING OUTCOMES OF THE NURSING PROGRAM

The following student learning outcomes are based on the ANA Standards of Nursing Practice (2010), ANA Standards of Professional Performance (2010), the California Nursing Practice Act (2011), and BRN Standards of Competent Performance (2011).

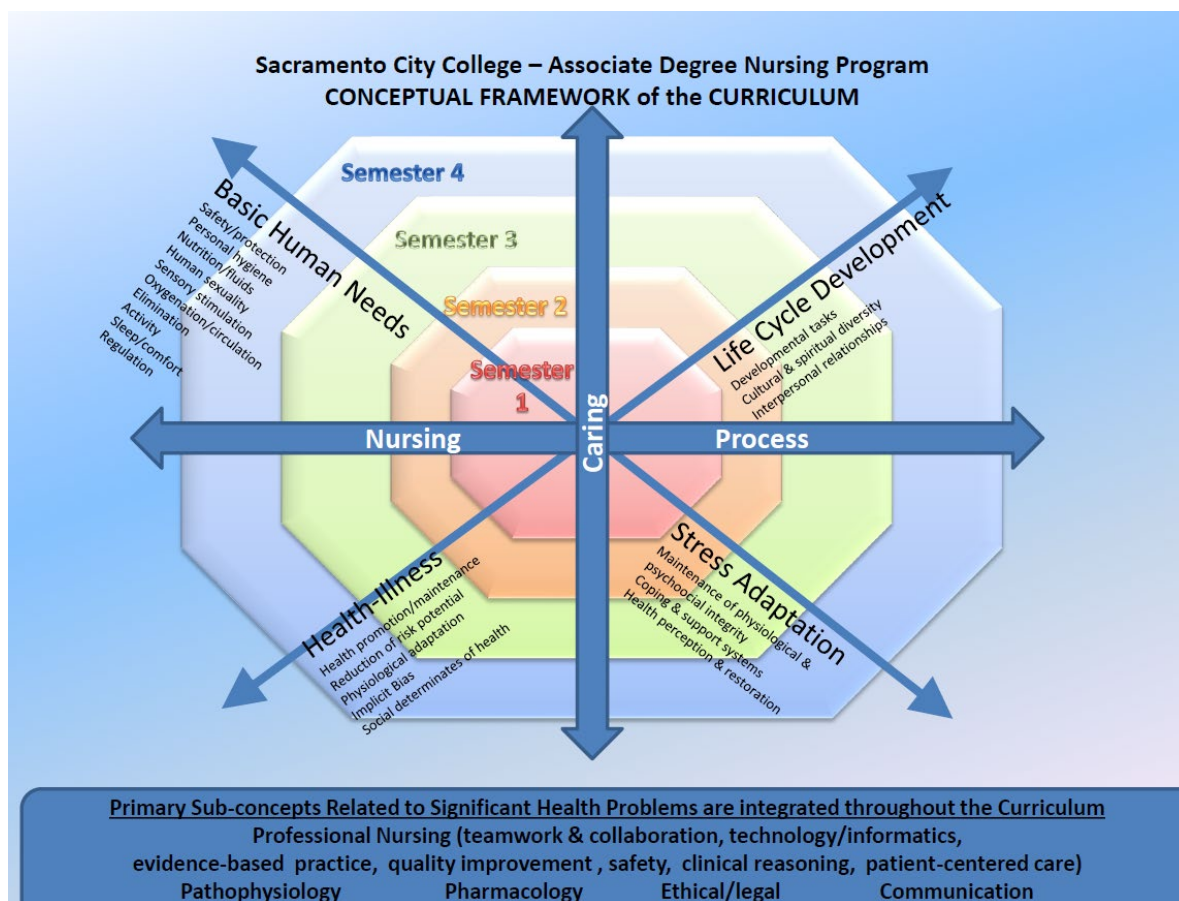
Following completion of the nursing program students will be able to:

1. Integrate the nursing process with clinical reasoning skills, in direct and indirect nursing care, to meet the patient's developmental and basic human needs. (Nursing process, critical thinking)
2. Revise individualized nursing interventions to safely provide care to assist adults and older patients in need of preventative, restorative or rehabilitative patient centered care. (Individualized care for all ages)
3. Incorporate evidence-based practice, patient care standards, informatics, and critical thinking to enhance safety, quality improvement and effectiveness of nursing care. (Safety, evidence-based practice, quality improvement, technology)
4. Generate therapeutic, respectful, and caring communication with patients and families, while promoting collegiality with peers and colleagues. (Communication)
5. Formulate accurate and timely documentation and reporting of patient assessments, interventions, progress, and outcomes of care in the written and electronic medical record. (Documentation, technology, collaboration)
6. Design patient-centered teaching plans and assist patients and their families in developing self-advocacy skills that are necessary to maintain optimum level of functioning and health. (Advocacy, teaching)
7. Manage the nursing care for a group of patients, utilizing leadership skills, collaboration, teamwork, resource utilization, and supervision of team members consistent with their scope of practice. (Management)
8. Prioritize patient care needs, using critical thinking and time management skills, to organize and provide safe nursing care in a responsible and accountable manner. (Prioritize, safety, time management)
9. Integrate ethical principles, legal boundaries, and cultural/spiritual sensitivity in all areas of nursing practice. (Ethical, legal, cultural)
10. Assess personal learning needs through reflective thinking and use resources to engage in continuous improvement in skills and knowledge. (Self-assessment, learning needs)

D. CURRICULUM OVERVIEW

Student participation in curriculum development is important. Therefore, student representatives are invited to participate in curriculum meetings. The unifying theme of the curriculum framework consists of five major interrelated concepts concerning the student's use of critical thinking and clinical judgement skills with the nursing process to provide safe nursing care for the patient. These concepts are basic human needs, life-cycle development, health/illness continuum, stress adaptation, and significant health problems. The first four of the above concepts provide the theoretical orientation and framework around which the course content is organized and learning experiences are planned throughout the curriculum. Significant health problems are used to implement concepts, the registered nurse's professional role, and required core competencies for safe, quality practice.

The first major concept of basic human needs focuses on providing a safe and effective care environment for the patient. Clinical and theory instruction emphasizes providing safe nursing care that is patient-centered, evidence based, and quality driven. Sub-concepts covered within basic human needs include personal hygiene, nutrition, human sexuality, and pain management. The second concept, instruction on life cycle development, centers on cultural and spiritual diversity, developmental tasks, and interpersonal relationships. The third concept of health/illness continuum focuses attention on health promotion and maintenance, reduction of risk potential, implicit bias, social determinates of health and physiological adaptation. The fourth concept of stress adaptation concerns maintenance of physiological and psychosocial integrity across the life span, knowledge of community health resources, health perception, maintenance and restoration. Major health problems are the vehicle for emphasizing pathophysiology, pharmacology, legal-ethical aspects, teamwork, collaboration, and communication while incorporating simulation, new technology and informatics in clinical practice and education.



The theoretical framework provides the context in which the nursing process is introduced and then practiced in an increasingly more complex patient environment requiring additional nursing responsibilities. The nursing process consists of assessment, analysis, diagnosis, planning, intervention, and evaluation of nursing problems. Instruction emphasizes the development of sound clinical practice and judgment essential in today's healthcare environment.

Teaching modalities used throughout the program include lecture, group discussion, case studies, interactive seminars, student presentations, web-based learning, skills lab practice, simulation experiences, and clinical practice in healthcare facilities. All four semesters utilize an online course learning management system which can be accessed through the SCC website.

“Distance education is defined as an educational method of delivery in which instruction occurs when a student and instructor are not in the same place. This includes synchronous and asynchronous delivery. Distance education includes: Hybrid delivery (face-to-face and distance education), online delivery, and/or delivery via distance technology (e.g., videoconferencing)” (ACEN, 2020)

Each semester has a percentage of distance education which can include online theory and clinical content. This can include Zoom class meetings, break-out rooms, interactive

seminars, discussion boards and individual meetings with the instructors. Students are provided the resources for self-directed learning with all modalities and have access to faculty for concept clarifications and questions, which can be answered the following ways: face-to-face class, office hours, individual appointments, during clinical, by email and in CANVAS to support student learning.

Synchronous learning is done in real-time, over a zoom meeting with the students and faculty interacting. Asynchronous learning consists of recorded lectures, accessed through CANVAS, discussion boards and/or other online assignments.

An overview of how to access and use the CANVAS Online Learning Management System can be found on the SCC College website: [Access and use of SCC Canvas](#). Resources for IT help can be accessed here: [SCC IT Resources](#)

Communication in the online environment is called “netiquette” and includes guidelines for effective and inclusive interactions. Five important rules for successful online communication (i.e. email, discussion boards, online assignments) and netiquette include:

- Be friendly, positive and self-reflective: When people cannot see you, and also do not know you, feelings can be hurt if you are not careful in how you express yourself. Write a message, pause, re-read, reflect and consider the readers’ point of view.
- Use proper language and titles: Use language that is respectful and inclusive of all ethnicities, races, gender, religious beliefs, and sexual orientations. Do not use slang, profanity or offensive language. Do not use all caps as this is perceived as yelling.
- Use effective communication: Clear, concise and thoughtful communication is important. Joking in the online environment is often misunderstood. Correct a misunderstanding right away.
- Professionalism: Leave characters such as emoji’s and instant messaging abbreviations out of postings. Always use please and thank you.
- Ask for clarification: If you are unsure of what was said or the instructor’s directive then ask again. Open interaction and clarifying any misinterpretations is helpful in understanding and connecting with others.
- The Golden Rule of netiquette: In the online class environment, do not do or say online what you would not do or say offline or in real-time.

[Columbus State University Netiquette Guidelines](#)

1. COURSES

The focus in first semester is the fundamentals of health care, providing for patients’ basic human needs, and utilizing nursing measures that support adaptive mechanisms for attaining and maintaining wellness. Clinical experiences are with culturally diverse adults and older adults with common health problems in various medical-surgical settings.

The focus in second semester is maternal-child health and medical/surgical nursing for patients with physiological stressors commonly encountered through

the adult years. An emphasis is placed on the reduction of risk, the promotion of health, and the prevention of complications, by supporting adaptive mechanisms to restore homeostasis. Clinical experiences are with culturally diverse patients in perinatal, pediatrics and medical / surgical settings.

The third semester focuses on assisting patients/families with complex medical/surgical and/or psychiatric disorders to adapt to bio-psychosocial stressors and promote wellness through risk reduction and restorative/rehabilitative measures. Clinical experiences include patients of all ages and cultures in a variety of practice settings.

The focus in the fourth semester is managing patient care of culturally diverse adults with multi-system health problems and changing nursing care needs in a variety of delivery systems. There is an emphasis on both theory and practice related to complex multiple patient assignments and case studies related to current nursing practice and health care issues. The learning experiences provides the student with the opportunity to continue developing skills, with an emphasis on priority setting, decision making, critical thinking, leadership, management, delegation, organizational skills, ethical and legal personal accountability. Clinical experiences are primarily in acute medical-surgical areas. During the semester, clinical experiences takes place in the medical-surgical settings under the direct supervision of the faculty. During the final weeks of the semester, students complete a pre-licensure preceptorship with a registered nurse in the clinical setting to meet the student learning outcomes of the course.

Students are responsible for concepts and skills learned in each semester of the program and are held accountable for previous semester content as they progress through the program.

2. PRECEPTORSHIP

The purpose of the pre-licensure practicum is to provide students with a faculty planned and supervised experience that is comparable to an entry-level staff nurse position. The experience enables students to care for individuals and/or groups of patients in the clinical setting and provide opportunities to implement leadership, management, and organizational skills. The preceptorship experience is intended to minimize the probability of culture shock upon full entry into practice and reduce role conflict. During the pre-licensure practicum, the student focuses on successful completion of the fourth semester student learning outcomes under the direct supervision of the preceptor overseen by the SCC clinical faculty.

Students must be enrolled in the N437 before a preceptor is assigned in the final weeks of the clinical experience. The course materials provide the guidelines and written plan for the rotation, and include the course description, student learning outcomes, student performance expectations, calendar, responsibilities and evaluative documents that must be completed.

Faculty is available to the preceptor and student during the entire time the student is in the preceptorship activity. To monitor progress of the student's learning experiences, the clinical instructor conducts periodic on-site meetings with the preceptor and student at the beginning, midpoint, end, and periodically if necessary. Frequency and method of faculty/preceptor /student contact during preceptorship are discussed during the initial meeting. Phone and email contact with clinical instructors are ongoing. Faculty maintains preceptor records that include name, license, facility, unit and dates of clinical hours.

Selection of qualified preceptors and clinical placement is a collaborative process between the nurse manager, nursing education coordinator, and faculty. Preceptors are considered an extension of clinical faculty, are informed of student progress, and are a critical part of the student evaluation process. Faculty initiates the association between the preceptor and the student. Communication between preceptor and student, preceptor and faculty are vital. Communication includes ongoing assessment of the student's growth and overall clinical progress. Faculty is responsible for the student's final clinical evaluation. Conferences may be completed in person, by telephone, or electronically. The preceptor will contact the faculty for any concern.

Faculty provides preceptors with the course outline, student learning outcomes and other documents specific to the rotation. Prior to beginning the preceptor experience, the student writes at least five individualized learning outcomes for preceptorship. Outcomes must be written in measurable, behavioral terms. Student learning outcomes are reviewed by faculty and shared with the preceptor at the initial meeting. The student collaborates with the preceptor to plan the required contact hours in accordance with the preceptor's schedule. Additionally, the student must submit a one-page reflective journal at the end of their second, fourth and final clinical experience. Journaling provides students a means of chronicling clinical discoveries and areas of growth in the cognitive and psychomotor domain. It also provides the student a medium to articulate where learning has occurred or where there are knowledge deficits. The student is responsible for obtaining all appropriate documents and signatures from the preceptor. Documents are to be submitted to faculty no later than the first day of class, after the preceptorship experience.

E. LEARNING CLINICAL JUDGMENT

1. CRITICAL THINKING

Critical thinking is the process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by breaking down situations into specific parts. This occurs in the clinical and community settings. The critical thinking process includes the following: observe, experience, reflect, reason, and communicate, resulting in an action or belief ([Critical thinking process](#)). Additionally, critical thinking is used

when questioning established ideas and practices for teamwork, collaboration and streamlining workflow (Alfaro-LeFevre, 2017).

2. **CLINICAL REASONING**

For SCC, the term clinical reasoning is used to describe the process by which nurses collect cues, process the information, come to an understanding of a patient problem or situation, plan and implement interventions, evaluate outcomes and reflect on and learn from the process. Clinical reasoning must come from an engaged, compassionate view of a particular patient. The patient situation is informed by generalized knowledge and rational processes that are applied to a holistic approach to caring for patients.

3. **CLINICAL REASONING AND THE NURSING PROCESS**

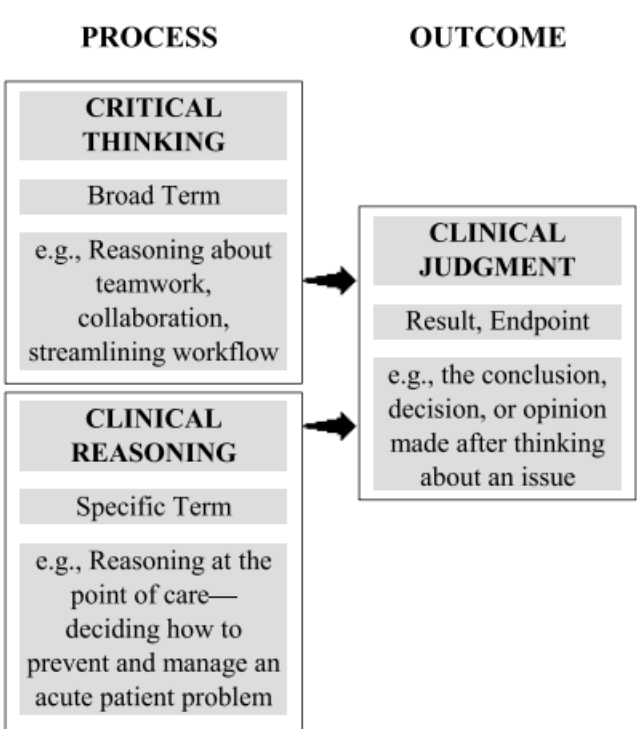


Figure 1. Relationship between critical thinking, clinical reasoning, and clinical judgment.

The steps of a clinical reasoning cycle correlate with the nursing process as the student gathers information, plans care, assesses the patient, implements care, analyzes patient information, evaluates the significance of this information, and identifies alternative plan of care (Simmons, 2010). In the SCC nursing program, clinical reasoning skills will be evaluated in the clinical setting, clinical patient preparation, clinical post-conference discussion boards, the classroom and the simulation lab. Clinical reasoning is leveled across the semesters.

4. **CLINICAL JUDGMENT**

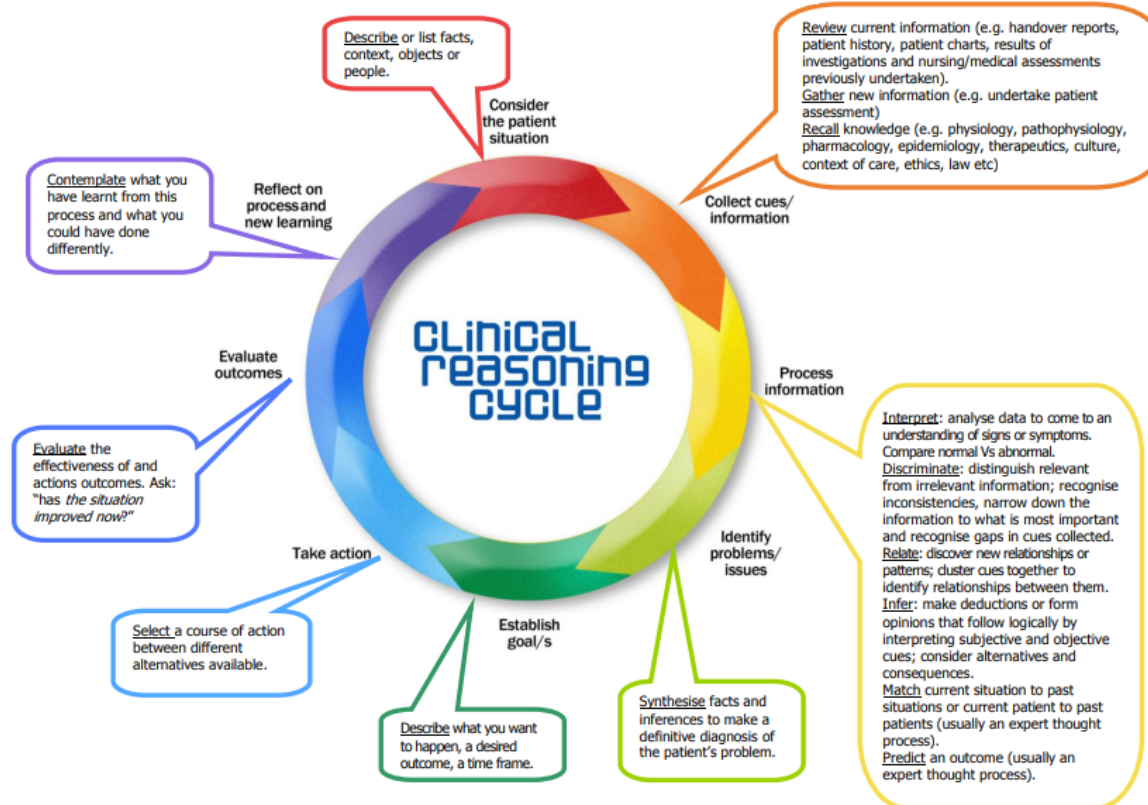
Clinical judgment is a systematic process that uses nursing

knowledge to observe and assess presenting situations, identify a prioritized client concern, and generate the best possible evidenced-based solutions in order to deliver safe client care. According to the National Council of State Boards of Nursing (NCSBN), clinical judgement is defined as “the observed outcome of critical thinking and decision-making” (NCSBN, 2019, p.2). The outcome of the systematic process results in actions and behaviors to assist the patient or clinical situation (Alfaro-Lefevre, 2017)

5. CLINICAL REASONING CYCLE

SCC utilizes the Clinical Reasoning Cycle, shown below, as a tool for teaching and learning about the process of clinical reasoning.

Figure 2: The clinical reasoning process with descriptors



- Alfaro-LeFevre, R. (2017). Critical thinking, clinical reasoning, and clinical judgment: A practical approach (6th ed.). Saunders Elsevier
- National Council of State boards of Nursing (2019). Clinical Judgement Model and task force. *Next Generation NCLEX News*. https://www.ncsbn.org/NGN_Spring19_Eng_04_Final.pdf
- Simmons, B. (2010). Clinical reasoning: Concept analysis. *Journal of Advanced Nursing*, 66(5), 1151-1158. 10.1111/j.1365-2648.2010.05262.x

F. PROGRAM REQUIREMENTS

1. ASSOCIATE DEGREE NURSING COURSES

NURSE 407 - FIRST: Fundamentals of Health and Nursing Care.....	12
NURSE 417 - SECOND: Nursing and Health Maintenance through the Life Cycle	12
NURSE 427 - THIRD: Nursing Complex Health Problems through the Life Cycle.....	12
NURSE 437 - FOURTH: Nursing in Complex and Multiple Patient Care	12
TOTAL UNITS	48

2. REQUIRED COURSES FOR MAJOR IN NURSING

ENGWR 300 - College Composition.....	3
COMM 301 - Speech Communication or COMM 331	3
American Institutions *	
Humanities*	
Physical Education.....	
PSYC 300 - General Principles.....	3
SOC 321 - Race, Ethnicity, and Inequality or ANTH 310 - Cultural Anthropology	3
BIOL 430 - Anatomy and Physiology	5
BIOL 431 - Anatomy and Physiology	5
BIOL 440 - General Microbiology	4
TOTAL UNITS	26

*To fulfill graduation requirements, review the College Catalog and see a counselor. Nursing students must complete all degree requirements by the end of the program in order to obtain an Associate Degree.

- Classes must be completed prior to starting the nursing program: BIOL 440, BIOL 430, BIOL 431, ENGWR 300, PSYC 300, COMM 301/331, SOC 321/ ANTH 310
- All General Education courses must be completed by conclusion of NURSE 437
- Highly recommended that all graduation requirements are completed before starting the program

G. LEGAL ASPECTS OF CLINICAL PRACTICE

1. ACCOUNTABILITY

Accountability is a vital component in the discipline of nursing. This handbook contains a list of requirements students must fulfill. The primary purpose of the handbook is to acquaint students with program expectations and requirements in order to be successful in completing the program, and prepared to function as an accountable and competent graduate.

2. PROFESSIONAL LIABILITY INSURANCE

Professional liability insurance is required for all students. The insurance must be purchased at the beginning of the first and third semesters. This provides coverage for one calendar year. Students who enter the nursing program in the spring semester, in the middle of the academic year, will have to pay again for liability insurance in the following fall semester. Students must be registered for N407, N417, N307, N427 or N437 before liability insurance is in effect.

3. LEGAL ASPECTS OF STUDENT NURSE CLINICAL PRACTICE

- At no time should a student assume responsibility for nursing care without the knowledge and supervision of his/her instructor.
- Students are required to perform only the functions within the scope of practice of their course and as cited should never perform functions above and beyond that which are permitted by the Nurse Practice Act of the State of California.

- c. If at any time a student is unsafe or grossly negligent, the instructor has the legal responsibility to remove the student from the clinical setting.
- d. Students are expected to adhere to the legal/ethical aspects of the student nurse clinical practice, including maintaining patient confidentiality. Any violation of patient confidentiality will result in disciplinary action, which may include dismissal, as determined by faculty and administration.

4. PATIENT CONFIDENTIALITY

Under no circumstances will patient confidentiality be breached. This includes, but is not limited to, reproducing patient information, removing patient information from the hospital and/or discussing patients other than in conference rooms and classrooms. Students must follow HIPAA policies per the clinical facility and only access records of patients that they are caring for on a specific shift. Accessing records of previous patients, other patients in the facility or any other patient that is not under the student's care is a breach of confidentiality and can result in documentation of professional misconduct with an Educational Agreement and/or dismissal from the program.

A student may render nursing services when these services are incidental to the course of study: *

- A student enrolled in a Board approved pre-licensure program or school of nursing.
- A nurse licensed in another state or country taking a BRN approved continuing education or a post-licensure course.

* From *Nurse Practice Act: 2729* (The *Nurse Practice Act* is the framework for defining clinical practice and is used during the fourth semester to discuss legal aspects of nursing.)

5. CODE OF ETHICS FOR NURSES: AMERICAN NURSES ASSOCIATION

Code of Ethics for Nurses with Interpretive Statements provides a framework for nurses to use in ethical analysis and decision-making. The Code of Ethics establishes the ethical standard for the profession. It is not negotiable in any setting nor is it subject to revision or amendment except by formal process of the House of Delegates of the ANA. The Code of Ethics for Nurses is a reflection of the proud ethical heritage of nursing, a guide for nurses now and in the future.

Ethics serve as guidelines for the conduct of members of a profession. Established standards, referred to as codes of conduct or ethics, are the rules and ordinances used for guidance of the members' professional activity. The original code of ethics for the American Nurses' Association has undergone revisions over the years.

A code of ethics explicitly makes the primary goals and values of a profession. When individuals become nurses, they make a moral commitment to uphold the values and special moral obligations expressed in their code. The Code for Nurses is based on a belief about the nature of individuals, nursing, health, and society. Nursing encompasses the protection, promotion and restoration of health; the prevention of illness; and the alleviation of suffering in the care of clients, including individuals, families, groups, and communities. In the context of these functions, nursing is defined as the diagnosis and treatment of human responses to actual or potential health problems.

PROVISIONS # 1 - 9

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 provide optimal patient 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.

[ANA Code of Ethics](#)

6. BRN STANDARDS OF COMPETENT PERFORMANCE

Extracted from California Code of Regulations, Business and Professions Code

A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:

- a. Formulates a nursing diagnosis through observation of the client's physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.
- b. Formulates a care plan, in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.
- c. Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the client and family and teaches the client and family how to care for the client's health needs.
- d. Delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.
- e. Evaluates the effectiveness of the care plan through observation of the client's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the client and the health team members, and modifies the plan as needed.
- f. Acts as the client's advocate, as circumstances require by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided.

The BRN may deny a license on the grounds that the applicant has been convicted of a crime and/or felony. (California Business and Professions Code, Section 480). If an arrest/ conviction related to drug/substance abuse or driving under the influence have occurred, the BRN will request validation of rehabilitation before issuing a license.

7. DOCUMENTS FOR APPLICANTS WITH CONVICTIONS

Applications that result in review by the Board of Registered Nursing's (BRN) Enforcement Division are delayed due to lack of supporting documentation necessary to make a prompt decision to approve or deny the application. Students must include all of the following information CLEARLY LABELED with their licensure application packet: **Written Statement:** a written statement from the applicant describing the incident(s), date(s) incident occurred, outcome (for example, paid fine, placed on probation, court ordered classes or rehabilitation), and any rehabilitative efforts or changes to prevent future occurrences.

Begin collecting all necessary documentation in the first semester of the program:

- The certified court documents DO NOT include the arrest report and MUST be requested separately.
- Contact the arresting agency for this report. The arresting agency is the agency that conducted the arrest and/or issued the citation (i.e. Highway Patrol, Police Department, Sheriff's Office). If the arrest documents are purged or unavailable, please provide a letter or proof from the arresting agency which confirms that information.
- If the arrest is for DUI be sure to request that the Blood/Breath Alcohol Content (BAC) is included with the report.

Certified Court Documents:

- Contact the court to get a certified copy of all court documents pertaining to the conviction(s) including satisfaction/compliance with all court ordered probation orders.

Evidence of Rehabilitation:

- Include completion certificates of court ordered/voluntary rehabilitation.

Reference Letters for Alcohol or Drug Related Convictions:

- Include recent, dated letters from professionals in the community, i.e. counselor, probation officer, employer, or instructor who can address an awareness of the past misconduct and current rehabilitation; honesty/integrity, management of anger/stress, non-use of alcohol/drugs. Letters must be signed and dated within the last year.

Reference Letters for all other Convictions:

- Include recent letters from professionals in the community, i.e. counselor, probation officer, employer, instructor, etc. who can address an awareness of the past misconduct and current rehabilitation; honesty/integrity, management of anger/stress. The letters must be signed by the author and be dated within the last year. (These letters can be faxed or e-mailed, please submit a hard copy for the file.)

Work Performance:

- Submit a copy of your most recent work evaluation or review. For Exam applicants, the evaluation does not have to be from a health-related agency.

Phone calls requesting application status further delays the process for everyone. Calls to analysts should not be made until a file has been in enforcement for at least 4 weeks (not 4 weeks since the application was submitted to the BRN). The goal of the BRN is to complete enforcement reviews and return applicant files to licensing staff within two weeks of receipt in enforcement and permit applicants to sit for the NCLEX as soon as possible. This can only be accomplished if all required documents are included at the time of application and phone calls to the BRN are limited.

The Office of Administrative Law approved a regulatory change to California Code of Regulations section 1419(c) which was effective on 4-22-2014. The change to section 1419(c) increased the reporting limit for traffic infractions not involving alcohol, dangerous drugs, or controlled substances from \$300 to \$1,000 or less. Applicants must still report all convictions for misdemeanors, felonies or traffic violations involving alcohol, dangerous drugs, or controlled substances, regardless of the fine amount. All convictions must be reported even if they have been expunged.

H. PROGRAM POLICIES AND REQUIREMENTS

1. DRUG SCREEN AND LAW ENFORCEMENT BACKGROUND CHECKS

All clinical facilities in the greater Sacramento area require drug screens and law enforcement background checks for students prior to entering a nursing program. SCC nursing programs have contracted with Castebranch.com for these services. Students make payment directly to www.Castlebranch.com. Students receive a drug screen chain of custody form and a network of labs that may be used for testing. A urine sample is required.

If there is a break in continuous enrollment in the program, students will need to repeat a drug screen and background check as required by our hospital partners. Some county courts charge additional fees to search records. Students will be contacted for any additional court fees.

All enrolled nursing students are subject to drug screening through a school designated vendor prior to enrollment. Sacramento City College and the Nursing Programs maintain a **no tolerance** policy regarding substance use when participating in the nursing programs.

A student with a positive drug screen will be denied placement and participation at the clinical facilities and will be required to withdraw from the program. Additionally, students must agree at time of admission to random drug testing while in the program. Any evidence of substance abuse may result in immediate administrative dismissal from the program. Students are responsible for the cost of all screenings.

2. UNIFORM STANDARDS

There are no dress regulations on campus except when students wear the school uniform. During the four semesters, all students will observe uniform regulations in assigned hospital/clinical facilities including hospital cafeteria and clinical conference. The SCC nursing uniform and/or name badge are only to be worn in clinical settings authorized by SCC nursing faculty and/or program. Students must be currently enrolled in the program and attending clinical in facility at a designated time and location per their nursing course. They must be supervised by an SCC faculty and/or an authorized person as outlined in course assignments or learning experiences (i.e. NSNA). SCC nursing program uniform and/or name badge are not to be worn while volunteering in the

community, externships and/or employment in any clinical setting outside of the SCC nursing program guidelines. If a student withdraws or fails from the program at any time, they must relinquish their name badge to the Nursing Director. Students may wear uniform and name badge to class and/or simulation/skills lab as instructed by the faculty.

- a. **UNIFORM:** The uniform consists of a Dickies or Cherokee brand scrub top and pants in Royal Blue. The traditional scrub top will have a high V neck opening and two patch pockets; breast pocket and side vents are permitted. The scrub top and pant must be from the same manufacturer and style approved by faculty. The uniform pant can be straight or flared leg, cargo style, but no cuff or bungee cord at the ankle. The patch must be affixed to the upper right front of the scrub top, and the SCC photo ID worn on the left side. The uniform should be freshly laundered and wrinkle free. While in uniform, no perfume or cologne is allowed.
- b. **HAIR:** Must be neatly combed, secured, and kept above the shoulders. Ponytails are allowed if hair does not hang past the collar; otherwise hair must be secured off the shoulders. Hair bands must be black, navy or royal blue, or white. Decorative hair clips or extraordinary hair coloring (e.g. purple, green, or blue) are not allowed. Beards must be trimmed short and appropriate for the clinical setting. It is expected that men will be clean-shaven and well-groomed for clinical. Facial hair may not touch the uniform.
- c. **MAKE-UP:** Must reflect a professional daytime look; excessive, unprofessional glamour-type make up is not allowed.
- d. **JEWELRY:** One small stud earring may be worn in each ear and must be located in the ear lobe. Hoop or dangling earrings are not allowed. Visible body piercings including the brow, nose, lip, tongue, or chin are not allowed. A stone-less ring may be worn, as well as a plain wristwatch in gold or silver metal or black, navy or royal blue, or white in color. Religious jewelry must be pre-approved by clinical faculty and not visible in the clinical area.
- e. **FINGERNAILS:** May not exceed 1/8 inch from end of fingertip. Nail polish or gel and artificial nails are prohibited due to infection control.
- f. **SHOES:** Must be totally white or black smooth leather with closed toe and heel or ergonomic nursing shoes with a heel strap. Shoes and laces are to be kept clean and should be worn only for clinical. Socks must be black, navy or royal blue, or white.
- g. **SWEATERS:** Sweaters worn in clinical must be black, royal or navy blue, or white; but they are not to be worn while providing patient care.

Sweaters must be plain cardigan style; pullovers, turtlenecks, sweatshirts, or sweaters with hoods are not allowed.

- h. **SCRUB CAPS:** Plain colored scrub caps in navy or royal blue maybe worn in the clinical area. No logos or other identifying marks should be present. The black scrub caps with the SCC logo, bought through NSNA are also acceptable.
- i. **GUM CHEWING/SMOKING:** Gum chewing is not allowed in the clinical setting. Students must adhere to the current LRCCD smoking policy and the assigned clinical agency involving cigarettes and electronic cigarettes (“e-cigarettes”). Smoking and vaping are not allowed while in school uniform.
- j. **RELIGIOUS HEAD COVERING:** Must be neat, freshly laundered wrinkle-free, and maintained as to not interfere with patient care and safety.
- k. **TATTOOS:** Tattoos must be covered while in clinical. Check with the clinical instructor for agency-specific guidelines.
- l. **UNDERSHIRTS:** Students may wear long-sleeve turtleneck, mock neck, or scoop-neck undershirts. These must be black, royal or navy blue, or white.
- m. **MISCELLANEOUS:** Utility belts are allowed if freshly laundered and in good repair. Pens on ropes around the neck are not allowed.
- n. **PSYCHIATRIC NURSING ROTATION:** Students must be professionally dressed in business casual attire. A polo shirt and khaki pants are allowed. Pants with pockets are recommended. Pants are to be full length, covering ankle bone, no capris of any length. No denim of any color is allowed. Sweatshirts are not allowed, and sweaters must be plain cardigan without hood. Shoes must be closed toe and heel, and high-heeled shoes or boots are not allowed. Photo ID must be worn in the clinical setting with the last name covered. Hair must be neatly styled and combed but may be secured or hang free, depending on patient assignment.

3. EDUCATIONAL PLANNER

Once admitted to the nursing program, the student must meet with a counselor to have their educational plan completed to ensure that all SCC degree requirements are met by the conclusion of the nursing program.

4. LABORATORY PRACTICE

Students in this program will practice clinical skills on each other, as well as on clinical patient simulators, in a laboratory setting with instructor supervision. The

course may include discussion of issues such as race, religion, sexuality, gender and disabilities related to course content.

Safety considerations guide the dress code for students in the clinical lab. Casual business attire may be worn unless the instructor asks the student to come in uniform for a particular experience.

5. ATTENDANCE POLICY

The faculty is committed to excellence in nursing and to the belief that theory and clinical experience are integral and equal components of this excellence. In keeping with this philosophy, the faculty believes uninterrupted and consistent class/clinical attendance is essential. Also, consistent attendance is necessary for the evaluation process.

Students who are accepted in the SCC ADN Program must be available to have clinical rotations Monday through Sunday, days, evenings, or nights as assigned. Clinical rotations are required by the program and established through collaborative regional planning agreements with our clinical partners and other Sacramento area programs of nursing. There are no exceptions to this policy.

Each 16-week semester of the nursing program provides a total number of theory (lecture) and clinical (lab) hours that correlate with a 12-unit course. Each nursing course provides 90 hours of theory and 270 hours of clinical for the entire semester. According to the SCC catalog, excessive absences are defined as 6% of the total hours of class time. A student can be absent from clinical for 16.2 hours (6% of 270). A student can be absent from theory for 5.4 hours (6% of 90).

Students who are late to theory or clinical will have that time deducted from totals listed above. *After the third clinical tardy*, students will be given a needs improvement which will be indicated on the mid-term and final evaluations. On the fourth tardy an educational plan will be developed and this will be reflected in the SLO's and on the final evaluation. Classroom tardiness and absence will be on a per semester basis.

Students with 15 hours of clinical absence will be given a written **absence warning**. Students who exceed 16.2 hours of clinical or 5.4 hours of theory will be given an Educational Agreement and must provide documentation such as a doctor's note or jury duty documentation, ie., date stamped employer form. Students who have excessive absence from clinical or theory must meet with the Program Director regarding possible program dismissal.

In order to protect patients, peers and others, students should not report to class or clinical areas if any sign of illness is present. Students must use good judgment and discretion during an illness with regard to coming to class/clinical area. Students may attend class if not contagious. If a student has questions regarding illness, the student should seek clarification from an instructor. Additionally, any student undergoing surgical procedures during a semester must provide a medical

release from a physician stating the student can perform the Essential Functions Required of Allied Health Students (see Appendix A).

REPORTING OF ABSENCE FROM THE CLINICAL AREA

- Continuity of patient care is an important responsibility in nursing. It is imperative the student call their instructor and the clinical area before their assigned time on duty to report any delay or illness.
- Promptness and being on time are professional behaviors faculty believes are important in student development. Tardiness will factor into the total clinical and/or theory hours absent.

6. STANDARDS FOR USE OF ELECTRONIC DEVICES

In the current climate of instant communication and computer/Internet technology, students must be mindful of appropriate conduct when using laptop computers, hospital-provided computers, cell phones, text-messaging devices with or without a blue-tooth, and audio/video recording devices.

The use of electronic devices may be used in the classroom setting according to guidelines described below. The use of electronic devices within healthcare facilities during clinical experiences must be in accordance with the standards and policies of the individual facility and faculty. Students must clarify these standards with their clinical instructor prior to beginning clinical experiences at a particular agency.

In the classroom setting, students must obtain permission from the instructor to digitally record lectures and sign a waiver and inform the instructor at the beginning of class that they are recording a lecture. Cell phones must be turned off in class; **no texting allowed in class.**

Students are not allowed to take pictures of their patients in clinical; no reproduction of any patient/chart information is allowed. Students are not allowed to take pictures of exams with cell phones or save exams to personal computers and/or distribute to others. Students are not allowed to put pictures, recordings, or comments of any nature on any social network such as Facebook, Twitter, or YouTube that references SCC Nursing Programs. Placing slanderous comments on a social network that references SCC Nursing Programs is a violation of professional conduct. Students are not allowed to reproduce any kind of patient-related documentation. Protecting the learning environment and the individual rights of students, instructors, and patients is the intent of these standards and are required by HIPAA compliance. Students are allowed to use hospital-provided computers for school-related business only.

7. TECHNOLOGY REQUIREMENTS

Students must have internet access and a working computer that has standard software including Google Chrome. Students will be accessing our learning management system in order to access the course learning materials and testing

platform. Students may be required to purchase software such as Assessment Technologies Information (ATI) Comprehensive Predictor, academic electronic health record (DocuCare) and/or other access fees to other web-based sites. Students may be required to attend Zoom seminars, classes or Zoom meetings with their instructors.

8. GIFTS

Faculty may, at their discretion, receive modest gifts from students at the end of the semester. In lieu of gifts, students can donate to a nursing scholarship through the SCC Foundation Office.

I. HEALTH REQUIREMENTS

1. EVIDENCE OF PHYSICAL AND MENTAL HEALTH

Students are required to have a complete physical examination, completed within 1 year of starting nursing program, utilizing the Los Rios Community College District health form. This must be submitted prior to starting N407. All students must submit a drug screen prior to beginning the first semester and if a break in continuous enrollment in the nursing program occurs. The requirements are in accord with hospital policy mandating that students are in good physical and mental health and free from communicable disease when caring for patients. When a student has an identified chronic condition, accident, or surgery, a physician's verification and clearance to return to class and perform patient care is required.

A. Essential Functions required of nursing students, as stated in the admission documents, must be met (Appendix A).

2. PERSONAL HEALTH AND ACCIDENT INSURANCE

Students are encouraged to carry personal health and accident insurance. The college nurse has resource information regarding student health insurance.

3. IMMUNIZATIONS

The SCC nursing program uses the *Immunization Tracking System from CastleBranch.com*. Students must submit documents showing evidence of immunizations, and a physical examination completed within 1 year of starting nursing program, as part of this tracking system. **A vaccine or titer showing immunity is required.** *Students must update the tracking system as necessary each semester. There are no exemptions or declinations for MMR or Varicella. All health records must be up-to-date in order for a student to attend clinical.*

- Tuberculosis Clearance (PPD): A 2-step ***initial*** PPD skin test is required within one month of starting the nursing program per clinical partners, completed 7-21 days apart. Subsequently, ***annual*** PPD skin testing is

required by this nursing program. Quantiferon can also be submitted in place of PPD and needs to be done annually.

- Tetanus/diphtheria/pertussis: **Tdap** within the last 10 years
- Rubella (German measles): MMR (Measles, mumps, rubella) doses #1 and #2
- Measles (Rubeola): MMR doses #1 and #2
- Mumps: MMR doses #1 and #2
- Varicella zoster (Chicken pox): 2 doses 4 weeks apart (#1 and #2)
- Hepatitis B: 3 dose series or 2 dose series (#1 now, #2 in one month, #3 approximately 5 months after #2) and/or a positive titer.
- Influenza vaccine: One dose annually
- COVID immunization: Per facility policy, original series (2-dose or 1-dose) and 1 booster **or** approved qualifying exemption.

4. CPR/AED FOR HEALTHCARE PROFESSIONALS

A current **American Heart Association BLS (Healthcare)** is required for clinical practice. Students must adhere to facility policies regarding renewal of CPR. Expired or fraudulent CPR cards will result in a student's inability to attend clinical. Online CPR courses are not acceptable. Students must have hands-on manikin practice.

5. REPORTING STUDENT INJURY

a. If a student is injured or falls ill on campus, students must see the campus nurse. It is necessary for the student to report to the Education and Health Professions (EHP) office to complete a non-employee accident form.

b. If the student is injured while in the clinical area, the injury must be reported immediately to the instructor and complete the required hospital reporting form. First, the instructor calls **Company Nurse at 1-888-375-9780** for guidance in obtaining the appropriate level of treatment and to begin the reporting process. Faculty must report student injuries in clinical to the EHP Division office within 24 hours. There will be paperwork to sign on campus. If deemed appropriate by the Program Director and Dean, the student will file a worker's compensation form.

c. In the event of a student injury either on campus or in the clinical area, the student is advised to follow through with his/her own health care provider.

d. If a student needs to be seen in a hospital emergency room, the cost of such care will be the responsibility of the student or the student's insurance carrier.

6. EXPOSURE TO INFECTIOUS DISEASES, HAZARDOUS OR RADIOACTIVE MATERIALS

During classroom/clinical experiences, students may be exposed to hazardous or radioactive materials, radiation, or infectious diseases. Students will be provided information on associated health risks and appropriate safety precautions and will be expected to utilize them in the classroom and clinical setting.

7. STUDENTS IMPAIRED DUE TO SUBSTANCE USE AND/OR MENTAL DISTRESS

A student must be in optimal physical and mental health to ensure safe, effective care of patients. If a student's physical or mental health is symptomatic of substance use, the instructor has the right and responsibility to remove that student from the learning environment. According to the LRCCD Alcohol and Drug policy, SCC "is committed to maintaining a drug- and alcohol-free workplace in accordance with the requirements of the US Drug-Free Workplace Act of 1988, and a drug- and alcohol-free college environment for students and employees in accordance with the requirements of the Drug-Free Schools and Community Act Amendment of 1989." Any student having such problems will be referred to the College Nurse/Counseling for further evaluation.

BRN considers the student use of controlled substances, dangerous drugs or devices or alcoholic beverages to an extent or in a manner injurious to self or others to constitute unprofessional conduct. (BPC section 2762). Nursing students showing signs of mental illness or chemical dependency should be directed to a health care provider for diagnosis and treatment of the illness.

The SCC Nursing Faculty has developed the following policy, consistent with LRCCD and BRN guidelines. Any student who exhibits symptoms of alcoholism, drug abuse or emotional illness will be removed from the classroom or clinical setting when the student's behavior and/or performance pose a danger to the safety and well-being of self or others. These behaviors may include, but are not limited to, physical impairment, impaired judgment, mental/emotional impairment, disruptive actions, and inconsistent behavior patterns. When a student exhibits any of these behaviors the following will occur:

- a. Student will be removed from classroom/clinical area.
- b. Instructor immediately reports incident to Program Director or EHP Dean.
- c. Within 24 hours the student meets with the Program Director. At this time, the student will be referred for further professional assessment.
- d. Student will be given a referral/health clearance form indicating those behaviors that led to the classroom/clinical removal. The student must have this form signed by a licensed chemical dependency/mental health counselor indicating the student is safe to return to nursing school. This form must be submitted before the student can be readmitted.

When an instructor identifies a student as being impaired, and is a danger to self or others, and the student refuses to submit to the required assessment, the student may be suspended from the nursing program. If the student completes the required assessment and is diagnosed as being impaired, the student will be suspended from the nursing program for a minimum of one semester and until such time proof of having received professional treatment and a release to return to nursing school can be provided.

8. RE-ENTRY POLICY RELATED TO SUBSTANCE USE AND/OR MENTAL DISTRESS

After a minimum of one semester, the student may request readmission to the nursing program, according to the following requirements:

- a. The student must submit a written request to the Director for re-admission.
- b. The student shall provide proof of active participation in a recognized program on a regular basis, evidence of rehabilitation and/or recovery, along with a release to return to nursing school at the time of request.
- c. The student will be required to participate in an on-going rehabilitative treatment program as a condition of readmission. The evidence of continued rehabilitation treatment will be provided on a schedule as determined by the Director.
- d. Re-entry is on a space available basis.
- e. Failure to submit evidence of on-going treatment will result in dismissal.
- f. A second documented incident of impaired behavior will result in dismissal from the nursing program.

J. EXAMS

A late or rescheduled exam will result in a 10% deduction from the student's score. Students will notify instructor as soon as possible if they are unable to take the exam. Make-up exams are to be taken on the first day of return, at the instructor's discretion, or total points for that exam will be forfeited. Alternate exams may be used as make-up exams in lieu of the regular course exam. Each student's situation will be reviewed on an individual basis. Students have one week after an exam to make an appointment with faculty to review exam contents. No exam review will be done after the one-week limit. There is no final exam review.

1. GUIDELINES FOR COMPUTERIZED TESTING

The SCC ADN Program utilizes computerized testing. The testing may occur in a classroom, a computer lab, using SCC laptops, or at home using a secure testing monitor system. Time limits for taking the exam will be posted by faculty. Exams may be scheduled outside of regularly scheduled class times and in multiple locations, due to computer availability. Computerized testing utilizes the campus learning management system. Access to the testing site is allowed only during designated, proctored testing times on campus.

During the exam, including bathroom breaks, students are **not allowed** access to electronic equipment (phones, personal computing devices, wearable technology, cameras, timers, audio players/recorders, smart watches or any other device that can send, receive or record information), writing material (paper, books, pens/pencils/highlighters) or personal items (purses, briefcases, backpacks, hats, jackets). Faculty reserves the right to determine which items students may bring into the exam room.

During an exam, navigation away from the testing screen and use of any resources, i.e., e-mail, Canvas, or internet is **prohibited**. Violation of this guideline, will result in receiving a zero (0) grade for the exam. Disciplinary action follows college policy "Standards of Conduct" and requires a meeting with the Program Director/designee/semester team, to determine the next course of action, which may include dismissal from the program.

The format for computerized test questions includes: multiple choice, fill-in- the blank, multiple selection, prioritizing, figure/illustration (hot spots), or chart/exhibit. One question at a time will be presented. Students must remain seated and raise their hand to ask questions. Scratch paper, pencils, and calculators provided must be returned prior to leaving the exam room.

The "SUBMIT" button should be pressed only when all answers are final. Exam answers cannot be changed after the exam has been submitted. Exams must be submitted within the specified timeframe.

Test review occurs immediately upon submitting completed exams, with questions, answers, and rationales. The exception is the final exam, which does not allow access to questions or rationales. During test review, notes **may not** be made, and there is no verbal discussion of individual questions. Students may not discuss any part of the exam, including question type, content, or answers with other students, this includes reconstructing exam items using memory, posting or discussing questions on the Internet or social media websites. Failure to comply with these guidelines will be considered cheating. If students have additional questions concerning concepts after an exam, an appointment with theory faculty can be made within one week of the exam to discuss concepts/study strategies.

2. DOSAGE CALCULATION COMPETENCY (MATH EXAM)

A dosage calculation competency examination will be administered at the beginning of each nursing course. The initial math exam will be given during scheduled class time. The student must achieve a minimum 90%. If not successful, the student will have two additional opportunities to take the exam. These additional assessments will be taken outside of classroom time, determined by the faculty. If the student does not achieve a score of 90% or above after the third attempt, the student will not be allowed to continue in the course. Please refer to the course syllabus for specific instructions regarding math exam retakes.

K. EVALUATION

1. THEORY EVALUATION

The level of achievement on examinations determines the student's theory grade in each course. The procedure for computing the theory grades for each course will be explained in the introductory materials distributed to students on the first day of class. A final theory grade of C (75%) or better is required in each course

for progression in the program. Letter grades are determined according to the following percentages:

A = 90 - 100%

B = 80 - 89%

C = 75 - 79%

D = 65 - 74%

F = < 65%

There is no rounding up of grade percentages throughout the nursing program.

Completion of online assignments, within CANVAS, will be evaluated per the assignment directions and/or grading rubric. Feedback with written comments and guidance will be provided in a timely manner to support learning outcome and/or concept mastery. Completion, quality of the work and on-time submissions will be graded according to the course syllabi as part of the course grade.

2. CLINICAL EVALUATION

Evaluation of the student's clinical performance is based on the achievement of the clinical outcomes for each course. Assessment of the student's progress will be done in conference with the instructor on an ongoing informal and formal basis and may include a student self-evaluation. A student must achieve "accomplished or exemplary" on all student learning outcomes, in order to successfully pass the clinical portion of the course. Students will have the opportunity to review and sign the final clinical evaluation. This may be accomplished with a face-to-face or online meeting or electronically.

Each semester has identified mandatory clinical skills to be completed during that semester. These can be found in each semester's Clinical Evaluation Tool. If clinical skills cannot be performed in the clinical setting, they may be validated in the skills/simulation lab under at the discretion of the instructor.

3. COURSE GRADE

A final course grade of C (75%) or better is required in each course for progression in the program. The grade recorded will be the theory grade if the student has met all the student learning outcome in both theory and clinical. If the clinical performance is "progressing or unsafe", the grade recorded will be an "F" regardless of the theory grade.

Students who wish to have a copy of their clinical evaluation must sign a release to do so at the conclusion of the semester. Students need to work with their instructor to obtain a copy of their course evaluation. The office staff will not be providing the release or copies after the student has graduated from the program.

4. STUDENTS FAILING TO MEET COURSE OUTCOMES

When a student is not meeting course outcomes in theory or clinical, the student will be notified in writing. The instructor and the student shall confer to discuss strategies for improving study skills, mastery of theory objectives, and/or preparing for clinical assignments. The instructor will keep the Program Director/designee informed regarding students who are not achieving 75% in theory during the semester.

Initially, when the student is not meeting a **clinical** outcome, a verbal notification from the instructor will occur. The second time the same clinical outcome is not met, the student will be given a written *Needs Improvement* which is reflected as “**progressing**” on the clinical evaluation tool. The third occurrence will progress to a written *Educational Agreement*, considered “**unsafe**” on the clinical evaluation tool. The instructor will notify the Director/designee regarding students demonstrating unsafe clinical performance. Students are expected to perform previously learned skills correctly as they proceed through the program

The *Educational Agreement* identifies the specific responsibilities the instructor and student will assume to achieve mastery of course outcomes by the end of the semester. Fourth semester students may be on an *Educational Agreement* when they start preceptorship, but must meet the terms of it by the end of the semester, or may be dismissed from the program if at any time deemed clinically unsafe by their clinical instructor.

Any student with **unsafe** clinical performance will need to meet with the instructor and Program Director/designee. Whether or not a student signs the *Educational Agreement*, the terms of the agreement are in effect; signature just indicates the *Educational Agreement* has been reviewed with the student.

The *Needs Improvement* and *Educational Agreement* forms are also used for excessive absenteeism. The Program Director or designee will meet with students placed on *Educational Agreements* for excessive absenteeism.

If at any time during the semester a student's clinical performance is deemed “grossly negligent” or demonstrating “professional misconduct” by the instructor, the student will be dismissed from the clinical area, meet with the Program Director/Designee and may result in failing course grade.

The following behaviors are included, but not limited to, grossly negligent or professional misconduct:

- Diverting client’s medications or other supplies;
- Engaging in behaviors that result in harm to the client;
- Falsifying clinical documents;
- Fabricating vital signs and other client information;
- Documentation of clinical procedures that were not performed;

- Taking medical supplies from the nursing clinical labs or any other clinical site;
- Engaging in unfamiliar clinical procedures without the presence of a clinical instructor or agency professional nurse representative present;
- Coming to class and/or any clinical site under the influence of drugs and/or alcohol;
- A HIPAA violation to include inappropriately revealing health information about clients or fellow students;
- Reckless and grossly unsafe clinical behaviors;
- Cursing, swearing, or vulgar language in the classroom, lab, or clinical area.
- Any threatening behavior, either written or verbal, communicated to or about classmates, patients, or faculty via email, text, message, or social media.

Medication/procedure errors, charting omissions, unsafe practice, gross negligence and/or professional misconduct will be documented with a Clinical Event form as documentation of patient outcomes and/or breach of facility policy. This requires a meeting with the instructor and the Program Director/Designee.

Unresolved Educational Agreements by the end of the semester or a gross negligence or professional misconduct will result in a failing grade for a course. This process is reviewed by the instructor, Program Director and Dean of Education and Health Professions.

During semester team meetings instructors discuss student progress, problems, and successes in clinical rotations. Instructors may consult with other program faculty, especially from previous semesters, to ensure consistency in professional development of the student. Members of the faculty confer with each other to develop strategies to facilitate student success in meeting clinical outcomes.

5. SCC NURSING PROGRAM DEFINITIONS

Progressing

1. Performs safely and accurately with close supervision.
2. Frequently requires supportive cues.
3. Occasionally demonstrates coordination.
4. Takes longer than reasonable time to complete activities.
5. Anxiety occasionally interferes with ability to perform skills; results in questioning or uneasiness in patient/family.
6. Identifies principles of theoretical knowledge, but needs direction to identify application.
7. Focuses on patient initially with cues; as complexity increases, focuses on skills.

Unsafe

1. Performs in an unsafe manner or unable to demonstrate appropriate behavior.

2. Requires continuous supportive and directive cues.
3. Consistently lacks coordination; attempts behavior yet unable to complete.
4. Performs activities with considerable delay; activities are disrupted or omitted.
5. Anxiety interferes with ability to perform skills; results in questioning or uneasiness in patient/family.
6. Applies theoretical knowledge principles inappropriately.
7. Focuses on activities or own behaviors, not on patient.

Grossly Negligent: Performance is considered grossly negligent when a student's behavior justifies the belief that there has been a conscious disregard or indifference for the health, safety or welfare of the patient; glaringly obvious omission or neglect of reasonable care, precaution, or action.

Professional Misconduct: not in conformity with prevailing standards or laws. Includes breaches of HIPAA Laws.

Misconduct: Cheating, plagiarism, dishonesty, removing a test from the classroom, printing or reproducing patient information, stealing tests, inappropriate emails to instructors or other students. Misconduct for which students are subject to discipline include obstruction or disruption of the learning process, physical or threatening abuse of any person, and theft of, or damage to, property of any person

Cheating: To obtain or attempt to obtain credit for academic work through the use of dishonest, deceptive, or fraudulent means. This includes copying from someone else's test, submitting work that is not your own, submitting work presented previously in another course, altering or interfering with grading, using material during an exam that is not allowed, consulting with someone, other than the instructor, during an exam

Plagiarism: Representing the work of someone else as your own and submitting it for any purpose. This includes incorporating the ideas, sentences, paragraphs, or parts of another person's writing, without giving appropriate credit.

Other Acts of Dishonesty: Purposely allowing another student to copy from you during a test, giving your homework, term paper, or other academic work to another person to plagiarize, having another student submit work in your name, lying to an instructor, altering a graded work after it has been returned and then resubmitting the work for credit, removing a test from the classroom, viewing a test outside of the exam room and sharing with other students, or stealing tests.

L. CONDUCT AND DISCIPLINE

1. COURSE ACCOUNTABILITY CONTRACT

In each semester of the nursing program, the student is required to read and sign a course contract to verify having read the Course Syllabus, SCC Catalog, Student Code of Conduct, Nursing Student Handbook, policies for clinical facilities, other policies that regulate attendance and participation in the SCC ADN Program. The contract identifies behaviors that constitute Student Misconduct.

2. HONOR PLEDGE

Each incoming student signs an Honor Pledge that acknowledges their commitment to the high standards of education in the SCC nursing program and the core values of the nursing profession which include caring, integrity, diversity, honesty, ethical behavior and accountability. In addition, each student pledges to follow the Code of Academic and Clinical Professional Conduct below which is adapted from the National Student Nurses Association's *Code of Academic and Clinical Professional Conduct*.

Honor Pledge

Today, I join my fellow students to pledge my commitment to the highest standards of education and professional nursing while a student at the SCC ADN Program.

I recognize that nursing is one of the most trusted professions and that it is an honor and privilege to become a member of this profession. I understand it is my responsibility to sustain the public trust in nursing throughout the program and beyond.

I am committed to demonstrating the SCC ADN Program core values of caring, professionalism, integrity, diversity, and innovation and shall strive to apply these principles in all work with clients, families, faculty, staff, and peers.

I pledge upon my honor to be faithful to the Nursing Student Code of Conduct and to uphold all policies by which I am governed. I will conduct myself as a worthy representative of the ADN program and the college and will support my peers in their efforts toward the same.

As I commit myself to the rigors of the nursing program, I promise to display honesty, ethical behavior, and accountability in the pursuit of academic and practice excellence. Therefore, I ask SCC Nursing faculty and fellow students for the honor of induction into the Nursing Class of _____ on this day, _____

As a student of the SCC ADN Program, I pledge to:

- a. Actively promote and encourage the highest level of legal and ethical principles in academic and clinical situations.
- b. Strive for excellence by maintaining and promoting integrity, truthfulness and honor in all aspects of academic and clinical performance.
- c. Promote life-long learning and constantly strive to improve the quality of nursing care.
- d. Treat others with respect in all areas of the clinical and academic setting.
- e. Facilitate an environment in the classroom and clinical setting that promotes learning and allowing faculty to educate nursing students.
- f. Cooperate in every reasonable manner with the academic and clinical faculty and clinical staff to ensure the highest quality of patient care and use every opportunity to improve faculty and clinical staff understanding of the learning needs of nursing students.
- g. Encourage faculty, clinical staff and peers to mentor nursing students and strive to satisfy academic and clinical needs of nursing students.
- h. Advocate for the rights of all patients.
- i. Provide care to patients in a compassionate, knowledgeable, culturally competent and professional manner.
- j. Without faculty approval I will refrain from performing any technique or procedure for which I am unprepared by education or experience.
- k. Accept the moral, ethical and legal responsibility for my actions.
- l. Avoid unauthorized duplication of the patient's medical record.
- m. Serve all patients impartially and accept no personal compensation from those entrusted to my care as a nursing student.
- n. Communicate academic and clinical information in a truthful, accurate manner.
- o. Ensure that there is full disclosure and that proper authorizations are obtained from patients involved in all areas of research.
- p. Ensure that informed legal consent of the patient has been obtained to perform all invasive clinical procedures, as required by law.
- q. Abstain completely from the use of alcoholic beverages, narcotics or illicit/controlled substances in the academic and clinical setting.
- r. Strive to encourage rehabilitation services for students suffering from substance abuse and mental illness.
- s. Report potentially dangerous and suspicious activities to the appropriate authorities.
- t. Uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations per school grievance policy.

Instructors are responsible for providing students with an environment that is conducive to learning. A key component of this is a classroom in which civil behavior is observed at all times. If a student is disruptive in class, they will be asked to leave class. Disruptive behavior includes students talking amongst themselves during class. The minimum standards for such behavior can be found in the *Student Standard of Conduct*.

3. **CONSEQUENCES OF DISHONESTY**

According to the *SCC Student Standard of conduct*:

Depending on the seriousness of the infraction, the following may occur as a result of student dishonesty: receive a failing grade on the test or paper, have a course grade lowered, and receive an "F" in the course, placed on disciplinary probation or suspension, expelled.

According to the *SCC Nursing Programs*:

The nursing student who is cheating will be given a zero for that assignment/exam. The student who is found cheating will then be placed on an Educational Agreement. If there are further instances of cheating, lying, or misconduct, the student will be dismissed from the nursing program for the semester.

M. **STUDENT RIGHTS**

1. **STUDENT PARTICIPATION/REPRESENTATION**

Chapter 14, Article 3, Section 1422, of the California Administrative Code pertaining to the accreditation of nursing schools requires students have direct input into the formulation of the program's philosophy, course objectives, curriculum changes along with any other matters directly relating to students. Aside from the law, the faculty and the administration value student involvement in the nursing program. Student representatives are encouraged to be part of the LRCCD Nursing Advisory Committee. Students are expected to complete the **clinical/course evaluations** distributed in class at the close of each semester. Objective and constructive student evaluation of the **clinical/course/program** allows for consideration of student feedback.

2. **POLICY ON TRANSFER UNITS AND CHALLENGE EXAMINATION**

Students are given credit for previous education, provided an opportunity to challenge courses, and are not discriminated against for any reason. The challenge policy at SCC is clearly described in the college catalog under the indexed title of "Credit by Examination."

Transfer students are those who have successfully completed some portion of their nursing courses in an accredited nursing program. Students who wish to transfer into the second, third, or fourth semester of the SCC Nursing Program complete a transfer application that can be downloaded from the Nursing website. Admittance is based on space availability. Other nursing programs may have a different sequence of specialty courses which may result in repetition of one or more semesters of study.

All nursing students including transfer or advanced placement students must meet the prerequisites for program entry. Students may satisfy the prerequisites through two avenues. These include *Course Substitution*: Students who have prerequisite course work in California should check the " SCC Nursing Program Articulation Grid" on the SCC Nursing Program website. Courses on this grid are approved as equivalent, comparable, or acceptable substitutes to the prerequisites for the SCC Nursing Program. *Petition for Course Substitution*: Students who have completed prerequisite course work not listed in the articulation grid or who have completed course work outside of CA must complete a waiver petition for substitution. The waiver petition is completed with a SCC counselor.

SCC allows students one year (two semesters) out of active nursing school enrollment to be considered for transfer. Transfer students who exceed this timeframe must apply to the nursing program as a new student. The Program Director and/or counselor will evaluate all prerequisite course work for equivalency, including achievement of the required grade point averages in the sciences and support courses

Students who are admitted to the ADN Program as transfer students from other accredited nursing programs, and who are able to validate having had comparable courses, are granted direct credit for those courses. Students who are able to validate having had educational experiences similar to that provided in specific nursing courses, are eligible to challenge those courses by examination.

The challenge policy established by the ADN Program allows students who meet the program entrance requirements and to challenge nursing courses in the program provided they have met all the prerequisite requirements for the challenge. However, college policy stipulates that a maximum of 15 units is allowed through the credit by examination process.

Students preparing to take a challenge/re-entry examination for a nursing course are given the course materials including syllabus, theory, math practice questions and clinical outcomes, current textbook list, and format of the exam. Students are given a minimum of two weeks to prepare for the exam. Students must achieve 75% on the theory, a 90% on the math assessment and a "pass" on the clinical skills exam, based on their last semester in a nursing program, before entering the student's requested semester.

3. GUIDELINES FOR MILITARY PERSONNEL ASSOCIATE DEGREE NURSING ADMISSION

Two pathways for Military Personnel and Veterans have been established for enrollment into the Sacramento City College (SCC) Associate Degree Nursing (ADN) Program

I. Pathway I - General ADN program

1. Education and experience must meet all general entrance requirements of SCC and the nursing program.
2. Applicants with documented bedside care in a hospital ward, or an equivalent thereof, and successful completion of a theory, math and skills challenge exam for N407 (first semester) can allow the applicant eligibility for the second semester in the RN program based on space available in the course.
3. No recency requirements for the prerequisite courses are in place (per program policy).
4. Course equivalency must be verified for each course according to SCC and program policy.
5. California Community Colleges currently does not provide equivalency of the Joint Service Transcript as an accredited college transcript at this time.
6. SCC ADN enrollment criteria assess 5 points toward the veteran's enrollment application, providing a copy of the Department of Defense form (DD-214) is submitted which confirms "Honorable Discharge."
7. Candidates must meet the same eligibility requirements for admission into the SCC ADN program as other applicants, including completion of:
 - science prerequisite courses
 - general education course for the Associate Science Degree (ASD)
 - the Test of Essential Academic Skills (TEAS)
8. Completion of all general education courses for graduation before enrollment into the nursing program is highly recommended.

II. Pathway II - LVN to RN Career Mobility (ASD in nursing)

1. See above for minimum recommendations and requirements
2. Have an active California LVN license either through challenge (BVNPT Method 4) or successful completion of the LVN program
3. Attend Nursing 307 Transition to ADN (5 units) – Six weeks of theory and clinical
4. Minimum of six months of recent LVN work experience with verification

4. **GUIDELINES FOR PROBLEM RESOLUTION/GRIEVANCE PROCESS**

If a student feels they have been treated unfairly and believe that one or more of their student rights have been violated, they are encouraged to pursue the college's Student Grievance Process. The student should proceed as follows:

- a. Meet with the involved person(s) in an effort to resolve the problem. If not satisfied with the outcome;
- b. Meet with the instructor/team that will assist the student in problem resolution. If not satisfied with the outcome;
- c. Meet with the Program Director who will assist the student in resolving the problem. If not satisfied with the outcome;
- d. Meet with the Dean of SAH who will counsel and assist the student in resolving the problem. If not satisfied with the decision of the Dean;
- e. Seek assistance from the Student Grievance Officer in RN 257.

5. NURSING STUDENTS WITH LEARNING DIFFERENCES

The SCC Nursing Program understands that students with learning disabilities are typically intelligent, talented, and motivated. Students have often developed a variety of creative strategies for compensating for their learning disabilities. Some students may not realize that they have a disability and remain undiagnosed until confronted with the rigors of college or a nursing program.

In compliance with the Americans with Disabilities Act (ADA), nursing faculty will provide "reasonable accommodations" for students with disabilities that may affect their learning ability and test taking performance. Students are required to submit their learning prescription from the Disability Services and Programs for Students (DSPS) office to their nursing faculty who will facilitate those accommodations which have been provided. If a student thinks they may have a learning disability, please contact a DSPS counselor as soon as possible, to have an LD evaluation because the process usually takes several months. Students needing further information about tutoring and other services should view the college website.

6. EMERGENCY CALLS

In the event that a student receives an emergency call, an attempt will be made to reach the student. This does not pose a problem when the student is in class. However, contacting a student in the clinical area is difficult due to the nature of the setting. Please provide your childcare provider with an alternate name to call in case of emergency. The office number is **558-2272** and should only be used in cases of an emergency. Office hours are 8:00 am- 6:00 pm. Monday through Thursday and 8:00 am - 4:00 pm. on Fridays.

N. COMPLETION OF THE ADN PROGRAM

In order to graduate from a state approved ADN Program, a student must complete the courses listed in the required program section of the catalog. Continuing students must also request transcripts to be sent to Admissions and Records Department each semester for any courses completed towards the degree. **It is the students' responsibility to review records periodically to ascertain if degree requirements are being met.** These program requirements must be met so the student will be eligible to apply for the licensure examination to become a registered nurse.

In the fourth semester, students, along with the faculty advisor and the Program Director, plan for the celebration, which is held upon the conclusion of the last semester of the nursing program. The faculty and Program Director must approve all plans for the ceremony such as decorations, program, photographer, and slide presentation. The

completion ceremony is scheduled at a time when campus facilities are available, all nursing faculty may attend and must be 60 minutes or less.

During the completion, ceremony students are required to wear professional business attire with or without a white graduation gown. Professional attire includes footwear. **No jeans, boots, athletic-type shoes or flip-flops may be worn at the ceremony.** If white graduation gowns are worn, only the academic hat that comes with the gown is allowed. Students who choose not to follow these guidelines will not be permitted to participate in the ceremony.

O. RE-ENTRY INTO THE NURSING PROGRAM

The Associate Degree Nursing Program is committed to enrolled students who have not interrupted their nursing major education by dropping, withdrawing, or not achieving the course objectives. Re-entry is dependent upon space available in the designated course and establishing eligibility to re-enter the program.

Regardless of circumstances related to the request for re-entry, the student's most recent theory grade and clinical performance evaluation will be the factors considered in determining eligibility for re-entry.

Students in the second, third, fourth semesters, or LVN Transition course (N307), of the nursing program, may request re-entry **one time**. This includes full-time generic, part-time and full-time LVN to RN program. A failure in any nursing course counts even if a student changes tracks.

Students who do not successfully complete the first semester course (Fundamentals) must reapply to the nursing program.

STUDENTS WHO HAVE BEEN OUT OF THE SCC NURSING PROGRAM FOR MORE THAN TWO SEMESTERS WILL NOT BE CONSIDERED FOR RE-ENTRY.

Mandatory Requirements for Re-entry

- Attend an exit interview with the Program Director by requesting the appointment within 48 hrs. of exiting. Exit interview can take place within 2 weeks of exit or based on Director's availability.
 - Remediation/academic success plan will be reviewed.
- Provide written request to the Program Director to re-enter nursing program, after the exit interview, by email or mail.
- Respond to the-Program Director's offer of re-entry availability within 72 hours.
 - The offer will be rescinded if there is no response within 72 hours

- Offer for re-entry is based only on space availability and order of re-entry priority as stated below.
- Attend appointment with Readmission Committee, (Program Director, the Assistant Director/Coordinator, and one faculty member).
 - Submit evidence of completion of academic/remediation plan.
 - Re-entry is at the discretion of the Readmission Committee.
- Update immunizations, CPR, malpractice payments, drug screen, and background checks.
 - Student is responsible for all costs associated with these requirements.
- Notify Program Director if student accepts and attend another nursing program.

Any student requesting transfer into the Sacramento City College (SCC) Associate Degree Nursing program must submit a complete application and must meet all SCC ADN prerequisite coursework. Transfer students must disclose previous failures or withdrawals from any nursing program. The Director of Nursing, in collaboration with the academic counselor and/or admissions specialist, will review all prerequisite and nursing coursework to determine the semester in which the student is eligible for transfer. Transfer students must enter the SCC program within one year of leaving their previous program. Students transferring in with one failure are considered a previous course failure. **Transfer students with two courses failures in a previous nursing program are not eligible for entry into the SCC Nursing Program.**

Students who exit (withdrawal/drop/fail) the program fall into one of two categories:

- Exit in “Good Standing”
- Exit “Not in Good Standing”

Students who exit the program **“in good standing”** were passing both theory and clinical at the time of exiting and were not on a Needs Improvement or Educational Agreement at the time of their departure.

Students who exit the program **“not in good standing”** met one or more of the following criteria at the time of their departure:

- Receiving a failing grade in clinical or theory.
- On Educational Agreement or Needs Improvement for clinical performance or equivalent contracts from other nursing programs.
- Were dismissed from the program due to unsafe clinical practice, or were deemed grossly negligent.

PRIORITIES FOR RE-ENTRY: SECOND, THIRD, AND FOURTH SEMESTERS AND ENTRY FOR LVN TO RN UPWARD MOBILITY, MILITARY MEDIC, AND TRANSFER STUDENTS

The priority for re-entry, based on available space, is as follows:

First priority will be given to students who exited the SCC Nursing Program in “Good Standing.”

Second priority: LVN to RN Career Mobility and Military Medic students who have met all prerequisite and pre-enrollment nursing requirements.

Third priority will be given to students who exited the SCC Nursing Program “Not in Good Standing.” If there are more students, who fall into this category, than available spaces, the priority is as follows

- a. Students exiting with theory failure but “good standing” in clinical, who have been out of the program one full semester due to a “no space available” situation; in rank order of highest percentage current or final theory grade for course (highest percentage of current or final exam grade when more than one student has same percentage theory grade).
- b. Students exiting with theory failure but “good standing” in clinical, in rank order of highest percentage current or final theory grade for course (highest percentage of current or final exam grade if more than one student has the same percentage theory grade).
- d. Students who have been dismissed from the semester due to unsatisfactory performance in math proficiency.
- e. Students exiting “not in good standing” in clinical.

Fourth priority will be given to transfer students **in good standing** who have met all prerequisite and pre-enrollment requirements.

Fifth priority will be given to transfers students who exited their previous nursing program “Not in Good Standing.” If there are more students who fall into this category than there are spaces, the priority is as follows

- a. Transfer student with theory failure but “good standing” in clinical
- b. Transfer student “not in good standing” in clinical.

Sixth priority will be given to LVNs seeking licensure as a registered nurse via the 30-unit option.

P. STUDENT PERSONAL RELEASE

1. As an enrolled nursing student, I authorize SCC to photograph, record my likeness and/or voice, or to incorporate the same into film, video tape, slide show or other such media, and authorize the use of such media or any portion thereof.

2. As an enrolled nursing student, I release and hold free and harmless both SCC and the LRCCD from any claims of copyright, libel, slander, invasion/violation of privacy or other similar rights that I may hold or assert.

Q. COVID POLICY

Vaccine Policy- subject to change based on clinical facility requirements or changing public health infectious diseases. Policies are in place for individual and patient protection.

1. The SCC ADN program must comply with all clinical facility requirements in order to ensure the completion of the student clinical hours and, therefore, completion of the program.
2. Students must meet the clinical facility requirements to be fully vaccinated against COVID 19 as defined by the Center for Disease Control requirements or meet a qualifying exemption. Fully vaccinated is defined as having received the second dose in a 2-dose series OR a single dose in 1-dose regiment AND a 2-week period having passed since the administration of the last vaccine does.
3. Qualifying medical and religious exemption must be submitted with proper documentation and be approved by the college. Approved exemptions must be uploaded to clinical on-boarding platforms. Students will be required to comply with facility policies and masking procedures.
4. Upload your vaccines to Castlebranch
5. Clinical facility requirements are subject to change per the CDC, California Department of Public Health and/or local county health department policies.
6. COVID testing policy per clinical facility and/or local county health department policies.

Suggested Practices for Skills Lab *and on-campus activities*

Personal protective measures (e.g., handwashing, cough etiquette)

1. Students are to avoid touching eyes, nose, and mouth.
2. Students should frequently wash their hands or use alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are unavailable.
3. Vaccines and/or exemptions must be completed before attending clinical.

Suggested Practices for Clinical Facilities

- a. Students will not come to the clinical facility with a fever, cough, or if feeling ill.
- b. Students will abide by all hospital/facility policies while caring for patients, which may include temperature screening or questionnaires.
- c. PPE will be worn according to hospital/facility policy and the current local/state guidelines.

R. ONLINE COURSE STRUCTURE

In order to provide consistency and clarity in the online learning environment, classrooms will be structured similarly, in the following format:

Each course unit is contained in a course module. The module may contain the following information: Unit SLO's, PowerPoints/Handouts/Videos, Discussion Boards, and Assignments.

Discussion boards are used for activities within the course. Assignments will be completed and submitted using Canvas.

Testing will be completed in Canvas. Students will be on campus for testing with a proctor present. See online testing guidelines.

Students are expected to come to class prepared to participate in the video conference (currently Zoom) by completing all the assigned reading, writing out answers to the student learning outcomes, and completing case studies, discussion boards, and/or other supplemental homework. Students are expected to be present in synchronous zoom classes and actively participate in class activities. Students are encouraged to have cameras on to enhance interactive learning.

S. HANDBOOK REVISION POLICY

The faculty retains the right to revise the policies and procedures found in this handbook at any time deemed necessary. Any revisions required by hospital partners become effective on the revision date and will be made available to students.

Appendix A – Essential Functions Required of Nursing and Allied health Students

Motor Capability

- Move from room to room and maneuver in small spaces.
- Transfer patients who may require physical assistance.
- Guard and assist patients with ambulation.
- Perform exercise techniques, including applying resistance during exercise.
- Lift and carry up to 50 pounds, and exert up to 100 pounds force for push/pull
- Squat, crawl, bend/stoop, reach above shoulder level, kneel, use standing balance, and climb stairs.
- Use hands repetitively; use manual dexterity.
- Adjust, apply, and clean therapeutic equipment.
- Perform CPR.
- Travel to and from academic and clinical sites.
- Sit 1-2 hours, stand 6-7 hours, travel 1-3 hours.

Sensory Capability

- Coordinate verbal and manual instruction.
- Assess a patient 10 feet away to observe patients posture and response to treatment.
- Respond to a timer, alarm, or cries for help.
- Monitor vital signs.
- Auditory, visual and tactile abilities sufficient to assess patient status and perform treatments. (Ex: color or sound changes)

Communication Ability

- Communicate effectively in English with patients, families, and other health care providers, both verbally and written (Example: explain treatments, procedures, teach patients and families, document in charts).
- Effectively adapt communication for intended audience.
- Interact and establish rapport with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds.
- Assume the role of a health care team member.
- Function effectively under supervision.

Problem Solving Ability

- Function effectively under stress.
- Respond appropriately to emergencies.
- Adhere to infection control procedures.
- Demonstrate problem-solving skills in patient care. (Measure, calculate, reason, prioritize and synthesize data.)
- Use sound judgment and safety precautions.
- Address problems or questions to the appropriate person at the appropriate time.
- Organize and prioritize job tasks.

- Follow policies and procedures required by clinical and academic settings.