Cabrillo College
Associate Degree Nursing Program

Nursing Student Handbook
Academic Year 2019-2020

6500 Soquel Drive,
Aptos, CA 95003
(831) 479-6280
The contents of this handbook is subject to change with notification

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Dear Nursing Student,

Welcome to the Associate Science Degree Nursing Program.

This student handbook is a guide for your use while you are enrolled in the nursing program. It will inform you of various policies and procedures used by the nursing department. Additional materials have been provided to answer some frequently asked questions.

For college information which is not specific to the nursing department, please refer to the college catalog, the Student Rights and Responsibilities at Cabrillo College Handbook, and Student Services.

The nursing faculty and staff are here to help you with your learning needs. All faculty have office hours and welcome student groups and individuals. Let us know what you need so we can help you to succeed.

If you have a disability that may need accommodation, you are encouraged to register with Accessibility Support Center (ASC) as soon as possible.

Sincerely,

The Nursing Faculty and Staff
FACULTY AND STAFF

FULL TIME FACULTY

Barbara D. Johnson, Ph.D, MSN, RN 831-479-6123 bajohnso@cabrillo.edu
Director of Nursing

Cheryl Dumont, Ph.D., MSN, RN 831-479-6253 chdumont@cabrillo.edu

Jennifer Holm, MSN, RN 831-479-6121 jeholm@cabrillo.edu

Anne Lucero, MSN, RN 831-479-6127 anlucero@cabrillo.edu
Assistant Director of Nursing

Tamara McKinnon, DNP, MSN, RN 831-479-6449 tamckinn@cabrillo.edu

Dorothy Nunn, MS, CNS, RN 831-479-6130 donunn@cabrillo.edu

Marty Potkin-Belton, MS, RN 831-345-1724 mapotkin@cabrillo.edu

ADJUNCT NURSING FACULTY

Adjunct faculty contact information may be found on-line through the Cabrillo College web site Directory, and the nursing program web page under Nursing Faculty and Staff Contact List.

NURSING PROGRAM COORDINATOR
Elissa Kurk 831-479-6430 elkurk@cabrillo.edu

CLINICAL COMPLIANCE COORDINATOR
Gina Westjohn, RN 831-477-3698 giwestjo@cabrillo.edu
831-479-6435

STUDENT SUCCESS COORDINATOR
Thea Luiten, RN 831.477.3700 ext.1548
loluiten@cabrillo.edu

SIMULATION COORDINATOR
Tomas Belnas, MSN, RN 831-477-3700 ext.1430
tobelnas@cabrillo.edu
The Practice of Nursing in California
Excerpt from California Board of Registered Nursing

Business and Professions Code, Article 2. Scope of Regulation

2725. Legislative intent; Practice of nursing defined
(a) In amending this section at the 1973-74 session, the Legislature recognizes that nursing is a dynamic field, the practice of which is continually evolving to include more sophisticated patient care activities. It is the intent of the Legislature in amending this section at the 1973-74 session to provide clear legal authority for functions and procedures that have common acceptance and usage. It is the legislative intent also to recognize the existence of overlapping functions between physicians and registered nurses and to permit additional sharing of functions within organized health care systems that provide for collaboration between physicians and registered nurses. These organized health care systems include, but are not limited to, health facilities licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, clinics, home health agencies, physicians' offices, and public or community health services.

(b) The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following:

(1) Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures.

(2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.

(3) The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.

(4) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (A) determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.

(c) "Standardized procedures," as used in this section, means either of the following:

(1) Policies and protocols developed by a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code through collaboration among administrators and health professionals including physicians and nurses.
(2) Policies and protocols developed through collaboration among administrators and health professionals, including physicians and nurses, by an organized health care system which is not a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code.

The policies and protocols shall be subject to any guidelines for standardized procedures that the Division of Licensing of the Medical Board of California and the Board of Registered Nursing may jointly promulgate. If promulgated, the guidelines shall be administered by the Board of Registered Nursing.

(d) Nothing in this section shall be construed to require approval of standardized procedures by the Division of Licensing of the Medical Board of California, or by the Board of Registered Nursing.

(e) No state agency other than the board may define or interpret the practice of nursing for those licensed pursuant to the provisions of this chapter, or develop standardized procedures or protocols pursuant to this chapter, unless so authorized by this chapter, or specifically required under state or federal statute. "State agency" includes every state office, officer, department, division, bureau, board, authority, and commission.

Excerpt from CA BRN web site 4/6/13 found at: http://www.rn.ca.gov/regulations/bpc.shtml#2725
GENERAL INFORMATION FOR NURSING STUDENTS

ADVICE FROM FORMER STUDENTS

Advice Before the Program Begins

- Make some time for yourself somewhere in the schedule, even if it’s only fifteen minutes a day. Plan a fun or special time for yourself once a week.
- Organize your life and time; use a planner.
- Get help with daily chores from your family and friends.
- Discuss your needs and goals with your family before beginning the nursing program; it will change for them as well.
- Make sure your schedule includes outside activities and a balance.
- Find back-up childcare for those unexpected times, including sick days.
- Read the syllabus and clarify any questions.
- Split your syllabus into separate binders/folders for each class (theory, lab, etc.) or by the week for all classes. Organize before the first week of class. This saves a lot of time and enables the student to be prepared for the first weeks reading assignment.
- Make copies of the “important dates” page and insert a copy in the front of each binder. This is a good reminder of upcoming exams, papers and projects.

General Advice

- Take some sort of physical activity class and try not to work outside of school. Physical activity helps decrease your stress and not working makes school easier.
- Jump through all the hoops!
- Be flexible, you may not get every assignment you want. It’s a two-year program.
- Rather than slide through the semester, accelerate, do your best, and it will pay off!
- Just when you think you got it, something new comes up. Be open to change. Don’t relax too much in clinical, that’s when you may make a medication error.
- The faculty wants you to succeed. Talk to them, email them, they are a resource.
- Keep up with all your reading. Read prior to lecture, emphasize scanning, review, and finally read in depth.
- Sleeping before a test is even more important than studying.
- Give yourself time to take breaks and don’t expect to know all the theory material right away. It all fits together each level.
- Don’t fall into the trap of caring what other people get on tests or who passes lab skills. Everyone has different strengths and weaknesses; don’t get obsessed with what others think. This goes for opinions of teachers as well. Different personalities suit different people. Be supportive of your classmates without gossip.
- Be prepared for clinical!

Revised 5.12.17
• Stick together as a group to push each other on the way up and down the roller coaster ride.
• Support each other! Be kind to yourself and toward others. We all come into this program with varied work and life experiences. If you have an area that you’re confident in (math, pathophysiology, clinical) assist other students and let others help you.
• Remember this is a two-year journey taken together. Depend on each other, laugh often, listen to each other with compassion, hug each other, cry with one another, question and vent with one another. Most of all, remind each other often of the skill and unique gift they bring to the care of their patients.

Advice for First Year
• Get your projects done early. The end of the semester becomes very busy and things tend to pile up.
• Join a study group. It is so important to be able to talk and discuss theory content with fellow students. Nursing has many sides, check them all out through others points of view.
• Study groups! Study groups! Study groups! We all interpret information in different ways. Your knowledge base benefits by sharing and explaining concepts verbally with one another. Over time you will find out who you study best with, then do it!
• Listen carefully and, if necessary, tape lectures if permitted.
• Don’t rush through your lab skills. Spend time practicing them, especially the ones that you find difficult.
• You will have good days and bad days. Just remember there is an ending to this difficult and challenging program. You can do it!
• Believe in yourself!
• Figure out what keeps your stress level down. Do your best and remember that some projects are pass/fail

Revised 5.12.17; 4.25.19
Advice for Second Year

- Remember to continue all the things that worked from first year.
- Keep a list of all the contacts you made and nurses you worked with. You never know when you will need a reference or you will be working with that person.
- Remember your support people. The loved ones around you are ready for you to graduate as much as you are. Stop for a few minutes to give them support and thanks for being there.
- You can do it, you’re half way there!
- Start thinking about where you want to be working as an RN. Use the breaks to take classes and do some volunteer work to help build your resume.

Revised Nov. 2014

BOOKS

You need to buy each *required* textbook and electronic resource. Older editions or alternate books will not fulfill requirements. Text books/resources come in hard copy format and online format. The books or programs you buy when entering the program will be used throughout the levels until graduation.

LIBRARY CARDS

The Cabrillo Library card is highly recommended. This will allow you access to many full text articles online through the Cabrillo library.

BRN – CALIFORNIA BOARD OF REGISTERED NURSING

Web Address   http://www.rn.ca.gov/

Physical Address
Board of Registered Nursing
1747 North Market Boulevard, Suite 150
Sacramento, CA 95834

Mailing Address
Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100

Main Phone: (916) 322-3350

COMMUNICATION
CHANGE OF ADDRESS OR PHONE

All changes of name and/or address and telephone must be reported in writing immediately to the nursing program office and your current clinical faculty. In addition you will need to change your contact information through admissions and records.

Chain of Communication
The faculty promotes direct communication between faculty and students. Students are strongly encouraged to discuss academic-theory and clinical concerns directly with their faculty. If a resolution is not achieved the student should contact the next person in the chain of command. General issues may appropriately be directed to the student class representatives, the level coordinator, or the Director.

Faculty and Staff.
Faculty all keep regular office hours which are posted by their office doors and on the Cabrillo College web site. (www.cabrillo.edu/academics/nursing/) You can leave voice mail or email messages for faculty. Written messages can be taken to the nursing office and the Program Coordinator will put them in faculty mailboxes. If you have any concerns or questions please contact faculty or staff. See page 5 for a list of full time faculty and staff phone numbers and email addresses. All faculty and staff contact information may be found on the Cabrillo College website home page under- Find People.

Grades Announcements
Grades and urgent announcements are posted on Canvas or the level bulletin boards.

Email
All Nursing Students are required to have an email address and to keep the Nursing Program Office apprised of their current email address. Nursing Students must check their email twice a week at minimum. Important program and college information will be disseminated via email so checking your email frequently is a necessary part of your role as a nursing student. Use of email assists us to go green and get announcements out in a timely fashion.

Bulletin Boards
Bulletin boards for first and second year students are located in the hall outside the skills lab. Notices are posted by faculty and student representatives. Please check when on campus.

Mailboxes for every student are located in the skills lab. These are actually file folders but are referred to as your “mailbox”. Please check your mail when you are on campus. When faculty or staff needs to return homework assignments and hard copy documents, this is where you’ll find the information. Students can also leave information for each other here and communicate with your class representatives. It is understood that mailboxes are private and you may never look in another’s mailbox without permission.

Revised 4/27/15

APPROXIMATE COST OF NURSING PROGRAM
<table>
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<tr>
<th>First Year Student</th>
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<tr>
<td>Uniforms/Related Items</td>
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<tr>
<td>Uniforms, white shoes, white Lab Coat</td>
<td>$300</td>
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<tr>
<td>Cabrillo Student Name Badge</td>
<td>$10</td>
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<tr>
<td>Three Cabrillo Uniform Patches</td>
<td>$20</td>
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<tr>
<td>Stethoscope</td>
<td>$55-175</td>
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<tr>
<td>Bandage Scissors/ Hemostat (Kelly clamp)/Pen Light</td>
<td>$25</td>
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<tr>
<td>Watch with second hand</td>
<td>$25</td>
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<tr>
<td>Clinical Compliance Fees</td>
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<tr>
<td>Clinical Compliance Fee</td>
<td>$150 annually</td>
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<tr>
<td>Castle Branch /My Clinical Exchange</td>
<td>$115</td>
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<tr>
<td>HealthStream Modules</td>
<td>$15 annually</td>
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<tr>
<td>Complete Physical Examination</td>
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<tr>
<td>Cabrillo Student Health Services:</td>
<td>$35.00</td>
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<td>Personal Health Care Provider</td>
<td>Cost of Provider</td>
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<td>Immunizations &amp; Titers &amp; Drug Screens</td>
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<tr>
<td>At Student Health Services</td>
<td>$550</td>
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<td>Other providers cost more</td>
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<td>Malpractice Insurance: (information during orientation)</td>
<td>$30-35</td>
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<td>Current CPR Card for Medical Personnel (see next page)</td>
<td>$75-$100</td>
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<tr>
<td>Certified Background checks</td>
<td>$45</td>
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<tr>
<td>Text books/resources (Shadow Health, HESI products, )</td>
<td>$1500-2,000</td>
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<tr>
<td>Skills Lab Supplies</td>
<td>$300</td>
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<td>Transportation - two to three round trips weekly to clinical facility</td>
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<td>Cabrillo Registration Fees – consult college catalog for current fees</td>
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<td>A. Renew Malpractice Insurance</td>
<td>$20</td>
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<td>B. TB Test (must be completed on a yearly basis)</td>
<td>$10</td>
</tr>
<tr>
<td>C. Clinical Compliance Fee</td>
<td>$200 annually</td>
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<tr>
<td>E. Additional Textbooks</td>
<td>$250</td>
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<td>F. Fees for State Board Examination (RN)</td>
<td>$450</td>
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<td>G. Nursing Pin</td>
<td>$50-200</td>
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<tr>
<td>H. NCLEX review course</td>
<td>$150-500</td>
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<tr>
<td>I. Graduation Fee (by class consensus)</td>
<td>TBA</td>
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In addition to the above, there are Cabrillo College fees. Consult your class schedules and/or college catalogue. PLEASE NOTE: Costs listed above are only approximate and may vary depending on where you purchase the items concerned. Revised 4/27/15; 5/9/19
CPR

Copies of student’s current CPR certification (AHA for Healthcare Providers) must be signed and electronically stored with the student’s online compliance document manager. CPR cards MUST remain current at all times in our system in order for a student to attend clinical.

Revised 4/27/15

DISABILITY STATUS AND SCREENING

Americans with Disabilities Act (ADA), accommodations are provided to insure equal opportunity for students with verified disabilities. Cabrillo College encourages students with disabilities, including “invisible” disabilities such as chronic diseases, learning, and psychological disabilities, to explain their needs and appropriate accommodations to the faculty. Veterans with injuries sustained in the act of service may qualify for accommodations under the ADA. If you require any accommodations for any nursing class, please inform your faculty as soon as possible. In order to receive accommodations, your disability status must be verified at Cabrillo through Accessibility Support Center (ASC) or the Learning Skills Program (for students with learning disabilities.) For more information, appointments and testing, or you need assistance with an accommodation, please contact the ASC at 479-6379, Room 1073 Learning Resources Center, or Learning Skills Program, Room 1073, 479-6220.

For accommodations in the nursing program see specific information under program policies.

Revised 4/27/15

MALPRACTICE INSURANCE

• Malpractice insurance is not required, but is highly recommended for all student nurses. Your coverage should be $1,000,000-$3,000,000.
• Information regarding where to order your malpractice insurance is available in the Nursing Office.
• Students who are LVNs need to have LVN-level status on their insurance, instead of student status.

Revised 3/22/09

CLINICAL COMPLIANCE

All clinical compliance information must be kept current by uploading required data via the Castle Branch and/or My Clinical Exchange information manager at castlebranch.com. or myclinicalexchange.com. Students will not be allowed to attend clinical if they are found to be missing any clinical compliance requirement(s). Students are responsible for uploading required documents and for ensuring documents are approved. This requires that students not only check their online accounts frequently, but respond to emails from Castle Branch, My Clinical Exchange and/or the Clinical Compliance Coordinator in a timely manner. For questions regarding clinical compliance contact the Clinical Compliance Coordinator (listed in the front of the student handbook), they will be happy to assist.

Revised 5/12/17; 5/9/19
STUDENT REPRESENTATION

Student representatives are selected by each class at the beginning of each semester. The student representatives are an important link for communication between students and faculty. Student representation at meetings is vital in communicating issues and concerns of students, as well as communication from faculty.

Student input on issues is encouraged and solicited to help the program grow to meet the changing needs of students and the nursing profession. Being a student representative is an opportunity to make a contribution to the class and develop leadership and communication skills. Students serving in this capacity may include this on their resumes for future employment.

Student Representative Responsibilities

- Bring the views, concerns, complaints, and suggestions of their student peers to meetings.
- Relay back to peers the outcome of the meetings and announcements.
- Post notices on the student bulletin board.
- If desired, arrange to attend general faculty meetings.
- Assist students in the class with selection of clinical and lab spots for the next level, with faculty having final approval.
- Assist the class to form committees for arranging official student celebrations, such as the pinning ceremony and graduation party.

Revised 5/12/17

STUDENT SERVICES

Please check the Cabrillo College catalog or web site for lots of detailed information about services offered on campus. Go to www.cabrillo.edu, and then click on Learning Resources, and Student Services at the top of the page. You can then obtain information about:

- The bank & paying fees
- Counseling & academic advising
- Financial aid & scholarships
- Student health services
- Childcare
- Library
- Computer labs & tech center
- Learning styles
- Bookstore
- Tutorials
- Math learning center, MESA lab
- Writing center and many others

Students are encouraged to contact the financial aid office for information about grants, loans and scholarships that are available for nursing students.

Revised 4/27/15
COMPUTERS

GUIDELINES FOR USE OF ALLIED HEALTH Lab COMPUTERS

The Student:
1. Will be currently registered in a nursing course or an allied health course and must be prepared to show proof when asked while using the lab
2. Picture identification required to check out lab top computers from the Nursing Skills Lab.
3. Lap top computers may not be removed from the nursing lab at any time
4. For students wishing to use the lap top computers for the internet you must have a free Hawk Net account.
5. The lap top computers will purge/delete all work upon shutdown.
6. Must save your work to your OWN MEMORY STORAGE
7. Must bring your own paper for printing and not more than 20 pages
8. Must know the basic use of the PC operating system
   a. Use Microsoft Word, Netscape or Excel
   b. Back-up or save your work to your memory drive
   c. Print a document
   d. Ask Nursing Academic Specialist/Faculty for assistance
9. Must limit each session to two hours when all computers are in use
10. Will be prioritized with school related work first
11. Do not alter the configuration of a computer in any way, including adding or deleting software and/or hardware
12. Ask for help only when you’ve made your best attempt to solve the problem or issue
13. No food or drink allowed by the computers

Revised 5/12/17
RN License Examination (NCLEX-RN)
Upon successful completion of all prerequisite, general education, and nursing courses, the student will be granted an Associate of Science Degree in Nursing and will be eligible to apply to the Board of Registered Nursing to take the NCLEX-RN computerized examination for licensure as a Registered Nurse.

Instructions will be given to you late in your third semester. Application, fingerprinting, interim permit, and testing center fees total approximately $500. Complete information about testing and licensure is available at www.rn.ca.gov.

Frequently Asked Questions and Answers Regarding Prior Convictions and Disciplinary Actions
The Board of Registered Nursing (BRN) receives numerous questions from applicants regarding prior convictions. Following are the most frequently asked questions to assist applicants. Please refer to the license application instructions for a complete description of reporting requirements.

What convictions or license discipline must be reported on the application?
All convictions must be reported, except for minor traffic violations. Both misdemeanor and felony convictions must be reported, and "driving under the influence" must be reported. Convictions must be reported even if they have been expunged under Penal Code Section 1203.4. Also, offenses must be reported even if the applicant has successfully completed a diversion program under the Penal or Article 5 of the Vehicle Code. All prior or current disciplinary action against a healthcare related license must be reported, whether it occurred in California or in another state or territory.

Can a person obtain a license as a registered nurse if they have a misdemeanor or felony conviction on their record?
The BRN reviews all prior convictions substantially related to the qualifications, functions or duties of a registered nurse. Each application is evaluated on a case by case basis. (Please refer to the Policy Statement on Denial of Licensure.) The BRN considers the nature, severity, and recency of the offense(s), as well as rehabilitation and other factors. The Board cannot make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation.

Is there any specific conviction that will automatically disqualify an applicant from receiving a license?
No. There is not any one specific type of conviction that will disqualify an applicant. Again, the Board must review, on a case by case basis, all convictions and supporting documentation to determine if an application will be approved or denied.

Documents should be collected EARLY in the program in preparation for application. Further information can be obtained at http://www.rn.ca.gov/applicants/lic-faqs.shtml

Excerpt from CA BRN web site 4/27/15
GRADUATION

Cabrillo College holds a college-wide graduation each spring. Nursing students receiving their Associate Degrees are encouraged to participate in this college activity. Students may elect to hold a separate celebration or pinning ceremony. To graduate from the nursing program with an AS degree in nursing students must meet with the nursing counselor as soon as possible to complete their program plan and not later than the third semester in the nursing program. A petition to graduate will be submitted during the final semester.

The Pinning Ceremony is time honored tradition among schools of nursing. The modern ceremony dates back to the 1860s, when Florence Nightingale was awarded the Red Cross of St. George in recognition for her service to the injured during the Crimean War. By 1916, the practice of pinning new graduates was standard throughout the United States. Each nursing school has its own unique pin to identify the nursing school from which a student graduated.

Cabrillo nursing students have developed their own pinning ceremony in concert with the wishes of the class. Thus, our students have adapted the traditional pinning ceremony to meet their own special style.

Student representatives help arrange committees for:

1. Ordering school pins, which need to be ordered early in the semester before graduation.
2. A class picture, if desired.
3. Graduation activities, such as family picnic, parties, etc.

Reviewed 4/5/15
Cabrillo College Associate Degree Nursing Program

PHILOSOPHY AND CURRICULUM

The Associate Degree Nursing Program of Cabrillo College reflects the goals and mission of the college to provide excellent nursing education that is accessible to individuals from a variety of cultural, educational and life experience backgrounds.

Mission

Cabrillo College’s nursing program is an integral part of the college, the community that surrounds it, and the nursing profession.
The purpose of the nursing program is to promote the optimum health and wellness of individuals, families and the community by preparing individuals for successful entry into the dynamic profession of nursing. We provide state-of-the-art education in the profession of nursing and current nursing practice. By engaging students in critical dialogue, exploring current knowledge and challenging assumptions in the discipline, we develop the art and science of nursing. The curriculum is delivered in a challenging and supportive environment by dedicated nursing faculty who maintain current knowledge in the field by engaging in life-long learning.
Graduates are capable and prepared to contribute significantly to patient, family and community health, as well as to the teams and organizations of which they are a part.

Philosophy

The nursing program recognizes that caring is central to the practice of nursing.
A caring science helps us to reflect upon what it means to be whole in mind, body, and spirit. Nursing is not about curing disease but the patient’s experience of disease and the process of healing. Caring is keeping a close attentive presence, being sensitive to the patient and family’s reality and meaning in the context of their experience. Caring behaviors are varied, complex, and function to preserve human dignity and wholeness. In a caring relationship nurses have an ethical and legal responsibility and commitment to the other and through this relation engages and empowers the patient, family and community toward wellness. The therapeutic and transformative effects of caring make it a key component of quality nursing practice.

The human experience is a result of a complex interplay of internal and external processes that define the whole. The nursing faculty builds on the Neuman Systems Model (NSM) and the nursing process to define the four concepts of professional nursing: person, environment, health and nursing. The Neuman Systems Model is derived from systems theory and depicts the parts of the person, family, community, in relation to the whole. The person is an open system in interaction with both internal and external environmental factors or stressors that can be beneficial or harmful to the equilibrium of the person. The dynamic relationship between the person and the environment is in constant change, moving along a continuum of wellness to illness. Health is the optimum stable state possible at any given time. The goal of nursing is to promote health and healing through patient centered care, collaboration, therapeutic interventions.
The following concepts reflect the Neuman Systems Model and the Cabrillo nursing faculty’s philosophy:

- **Person/Individual**

  The person is a living system that exists in a family and community. Also called the patient, resident, patient or it may be defined as an individual, a family, a group, or a community. The person, family and community are a dynamic complex system with interdependencies. At the core is a basic structure that serves to assure survival of the person. The model identifies five dimensions of a person: physiological, psychological, sociocultural, developmental and spiritual. These variables interact to protect the integrity of the system. The person is a unique, irreplaceable, worthwhile being, entitled to participate fully in self-care and setting one’s own goals, though sometimes must rely on others for part or all of these.

- **Environment**

  The environment is defined broadly as all internal and external factors surrounding the person. Stressors are harmful or beneficial factors from the environment that alter the dynamic equilibrium of the person. Patients are deeply connected to family, community and the environment. When a patient and family enter a health care environment, the environmental factors including nursing attitude, caring and ethical comportment play a contributing role, creating a healing environment as the goal. The process of interaction and adjustment between the person, family, community, and the environment may result in greater or lesser stability for the person.

- **Health**

  Perceptions and expectations of health are personally, socially and culturally defined. Health reflects optimal system stability, such as the ability to meet needs and perform activities of daily living, or attainment of the best possible wellness state at any given time. Health and illness can coexist. In illness, more energy may be needed to respond to stressors than is available in the system. Optimal health is the state of being in balance or in-right-relation (Jean Watson 2011). Health is dynamic and changing, within a normal range, and rising or falling throughout the life span.

- **Nursing**

  Nursing is a profession that embodies the art and science of caring. Nursing has a specific body of knowledge, incorporating concepts from biological, social, physical and behavioral sciences. Nursing has specialized skills, attitudes and core competencies dedicated to the care of individuals, family and community. Nurses use current evidence to guide practice and actively participate in the continuous improvement of care and care systems. Primary roles of nursing are: provider of care, coordinator of care, team member, and member of the profession.

  Nursing care begins with authentic listening and understanding. Nursing goals are established collaboratively with the patient, family and health care team. The goal of nursing supports the person to attain optimal health in the areas of primary, secondary and tertiary prevention. Patient education and nursing interventions modify stressors and strengthen the ability of the person to respond to the impact of the stressors. In caring relationships health promotion and prevention-as-intervention guide nursing actions and may involve any of the five human variables: physiological, psychological, sociocultural, developmental and spiritual dimensions.
• **Education**

Nursing education is best accomplished in a respectful and supportive learning environment. Students and faculty participate through interaction, exchange of knowledge and experiences. Students are held as unique and able individuals with varied learning styles, who bring rich life experiences to add to the education environment. Learning is a goal directed process that changes behavior. Learning activities are emphasized in an atmosphere of open communication and inquiry.

Nursing education belongs in the system of higher education. An Associate Degree in Nursing (ADN) is based on a clearly defined conceptual framework. The ADN program focuses on entry level professional nursing practice across the continuum of health care from the acute care setting to the community and home. The ADN program prepares graduates for advancement in higher education.

Faculty support a special emphasis on direct patient care and simulated patient care situations, to provide a powerful experience that adds contextualization and understanding to the integrated nursing theory. The complex learning environment engages students to think critically and use informed intuition, clinical resources, creative problem solving, and reflection-in-action in order to provide therapeutic interventions for patients and their families. Learners put knowledge into action and develop a repertoire of insight and skills that become progressively more complex and sophisticated as they develop their professional practice. At the same time faculty and students keep quality, safety, and the best interests of the patient as the highest priority.

Faculty facilitates and coordinates learning by providing mentorship and guidance, setting clear expectations, diverse learning opportunities, and accurate and timely feedback. The faculty applies early identification and intervention strategies to maintain student success. Students in a professional school of nursing take responsibility and accountability for their own actions within the context of a situation and in keeping with a caring and just culture.

Successful completion of the ADN program and licensure is the entry level for the practice of registered nursing. It is the professional responsibility of each nurse to continue their education after graduation and licensure, through the avenues of reflection on practice, continuing education, professional certification, academic education, and lifelong learning.

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*Revised 8/25/11*

*Reviewed 8/25/16*
The Neuman Systems Model and the nursing process provide structure for the conceptual framework and are used to organize the curriculum of the nursing program. The following table defines key concepts used in the conceptual framework.

<table>
<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPEN SYSTEM</strong></td>
<td>An open system consists of many interrelated parts that have a complex organization and interact both within the system and with the surrounding environment.</td>
</tr>
<tr>
<td><strong>PERSON/PATIENT</strong></td>
<td>The individual person, patient or group is viewed as a whole whose parts are in dynamic and continuous adjustment seeking balance or stability.</td>
</tr>
<tr>
<td><strong>WHOLISM</strong></td>
<td>The defined person or patient is viewed as a whole in which all parts, or variables, are interdependent and interact to affect the equilibrium of the system.</td>
</tr>
<tr>
<td><strong>ENVIRONMENT</strong></td>
<td>The environment consists of all internal and external factors or influences surrounding the person/patient.</td>
</tr>
<tr>
<td>• Internal environment</td>
<td>Factors that exist within the person or community.</td>
</tr>
<tr>
<td>• External environment</td>
<td>Factors that exist outside the person or community.</td>
</tr>
<tr>
<td>• Created environment</td>
<td>Consists of unconscious factors that affect the coping abilities of the person or system.</td>
</tr>
<tr>
<td><strong>FIVE VARIABLES</strong></td>
<td>Five aspects of a person or human system that interact with the environment to comprise the whole system of the patient.</td>
</tr>
<tr>
<td>• Physiological</td>
<td>Refers to bodily structure and internal function.</td>
</tr>
<tr>
<td>• Psychological</td>
<td>Refers to mental, emotional and interpersonal processes.</td>
</tr>
<tr>
<td>• Sociocultural</td>
<td>Refers to combined effects of social, cultural, ethnic, economic and community conditions and influences.</td>
</tr>
<tr>
<td>• Developmental</td>
<td>Refers to age-related and life-stage development process and activities.</td>
</tr>
<tr>
<td>• Spiritual</td>
<td>Refers to spiritual beliefs and influences. May be defined as life energy; may or may not be associated with religious faith.</td>
</tr>
<tr>
<td><strong>BASIC STRUCTURE</strong></td>
<td>The central core of the person, consisting of the innate and/or genetic and/or long-established factors that contribute to the basic survival of the system.</td>
</tr>
<tr>
<td><strong>STRESSORS</strong></td>
<td>Any disruptive factor (tension-producing stimuli) acting within or upon the person/family/community. May be beneficial or harmful. May be <em>intrapersonal</em>, within the individual, <em>interpersonal</em>, between individuals, or <em>extrapersonal</em>, from the environment.</td>
</tr>
<tr>
<td><strong>STABILITY</strong></td>
<td>The person/family/community copes successfully with stressors and maintains balance or integrity of the system.</td>
</tr>
<tr>
<td><strong>WELLNESS</strong></td>
<td>The parts of the person/family/community interact effectively to maintain stability and health.</td>
</tr>
<tr>
<td><strong>ILLNESS</strong></td>
<td>Inability of the person/family/community to cope adequately with stressors. Continued presence of unmet needs. Lack of stability and/or integrity.</td>
</tr>
<tr>
<td><strong>LINES OF (RESOURCES FOR) DEFENSE</strong></td>
<td>Resources and coping strategies are internal and external factors used by the person/family/community to respond to stressors and maintain stability. May involve any or all of the five variables. May be short-term or long-term. Example: skin integrity.</td>
</tr>
</tbody>
</table>
**LINES OF RESISTANCE**

Internal and external factors that support the basic structure and protect system integrity. When system resources for defense are inadequate to respond to stressors, further resources for resistance are needed. May involve any or all of the five variables. Example: immune system.

**PREVENTION-AS-INTERVENTION**

Interventions are purposeful actions to help the person/family/community retain, attain and/or maintain system stability. Interventions can begin when a stressor is either suspected or identified. Focus is on prevention of harm.

- **Primary prevention**
  Promotes health, reduces risk factors and prevents stressors from disturbing the person/system stability.

- **Secondary prevention**
  Treats existing symptoms, protects the basic structure of the person/family/community and strengthens the ability to respond to stressors.

- **Tertiary prevention**
  Promotes and maintains optimal wellness after treatment, and assists the person/family/community to return to the previous level of wellness, or to the highest degree of system stability possible.

**RECONSTITUTION (RESTORATION)**

A state of adaptation to stressors in the internal and external environment that allows the person/family/community to return to a prior, stable (but possibly less functional) or improved level of wellness/functioning.
The Cabrillo program uses a five step nursing process that incorporates and expands on the three-part nursing process identified in the Neuman Systems Model.

**Nursing Process**

<table>
<thead>
<tr>
<th>ASSESSMENT</th>
<th>Patient assessment and data gathering are used to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Assess condition of basic structure</td>
</tr>
<tr>
<td></td>
<td>• Assess internal and external environments</td>
</tr>
<tr>
<td></td>
<td>• Assess and classify potential or actual stressors</td>
</tr>
<tr>
<td></td>
<td>• Assess internal and external resources for defense and resistance (strengths and weaknesses)</td>
</tr>
<tr>
<td></td>
<td>• Attention is paid to all five variables: physiological, psychological, sociocultural, developmental and spiritual.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>Patient information is analyzed to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• State clearly, succinctly the problem using nursing language such as NANDA diagnosis</td>
</tr>
<tr>
<td></td>
<td>• Identify variances from wellness.</td>
</tr>
<tr>
<td></td>
<td>• Identify patient needs and problems.</td>
</tr>
<tr>
<td></td>
<td>• Identify discrepancies or distortions between patient and caregiver perceptions.</td>
</tr>
<tr>
<td></td>
<td>• Attention is paid to all five variables</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOALS/DESIRED OUTCOMES</th>
<th>Caregiver negotiates with patient to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Identify and prioritize desired outcomes for the patient and family. Taking into consideration principles of patient-centered-care.</td>
</tr>
<tr>
<td></td>
<td>• Plan steps to address the patient’s needs, taking into consideration patient and family values and preferences</td>
</tr>
<tr>
<td></td>
<td>• State goals in terms of measurable outcomes and specific time frame</td>
</tr>
<tr>
<td></td>
<td>• Goals should reflect the five variables, the patient’s stability, needs, and available resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTERVENTION</th>
<th>Nursing interventions are based on scientific rationale and are accomplished through one or more prevention levels:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Primary: retain system stability, prevent stressor damage, strengthen resources</td>
</tr>
<tr>
<td></td>
<td>• Secondary: attain system stability, manipulate/reduce stressors, mobilize resources</td>
</tr>
<tr>
<td></td>
<td>• Tertiary: maintain system stability, assist restoration to optimal level of functioning possible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EVALUATION OF OUTCOMES</th>
<th>Caregiver and patient collaborate to evaluate outcomes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Assess person’s response to interventions</td>
</tr>
<tr>
<td></td>
<td>• Assess whether desired outcomes were achieved</td>
</tr>
<tr>
<td></td>
<td>• Determine potential new short, intermediate and long-term goals.</td>
</tr>
</tbody>
</table>
Cabrillo College Associate Degree Nursing Program
Course Units and Course Sequence

**Required General Education for graduation from the nursing program**

<table>
<thead>
<tr>
<th>Course</th>
<th>Units</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPCOM 1 OR SPCOM 2</td>
<td>3</td>
<td>Area D Social and Behavioral Sciences</td>
</tr>
<tr>
<td>PSYCH 1A</td>
<td>3</td>
<td>One U.S. HIST or PS 1 or 5 course</td>
</tr>
<tr>
<td>Area C Humanities</td>
<td>3</td>
<td>SOC 2 or ANTHRO 2</td>
</tr>
</tbody>
</table>

**FIRST YEAR CORE COURSES**

<table>
<thead>
<tr>
<th>Level</th>
<th>Course</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Maternal Health and Nursing Fundamentals 1</td>
<td>8</td>
</tr>
<tr>
<td>II</td>
<td>Pediatric and Medical-Surgical Nursing II</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Basic Skills and Medication Laboratory I</td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>Advanced Skills and Medication Laboratory II</td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>Pharmacology A</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Pharmacology B</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Total: 10 units

**ELECTIVES:**

N109 A-D Open Nursing Skills Practice Lab .5-3 units

**SECOND YEAR CORE COURSES**

<table>
<thead>
<tr>
<th>Level</th>
<th>Course</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>III</td>
<td>Geriatric and Medical-Surgical Nursing III</td>
<td>10</td>
</tr>
<tr>
<td>IV</td>
<td>Psychiatric and Nursing Care Management IV</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Pharmacology C</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Pharmacology D</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Preceptorship</td>
<td>2</td>
</tr>
</tbody>
</table>

Total: 8.5 units

Total units for AS degree in Nursing: 70

Pharmacology classes do not need to be repeated if taken successfully with a C or better.
All prerequisite and nursing courses must be completed with a grade “C” or better, except BIO 4, BIO 5, and BIO 6, which must be completed with a combined GPA of 2.5 or better.

Please note: Admission to the Cabrillo College Nursing Program is based on completion of prerequisites only. Applications are not screened for general education or nursing specific graduation requirements. Please see the Required General Education courses listed above. To ensure that you have met these additional requirements, make an appointment with a Cabrillo College Academic Counselor to review your academic records. Please call 831-479-6274 to schedule an appointment.
### Cabrillo College Associate Degree Nursing Program

#### COURSE DESCRIPTIONS

<table>
<thead>
<tr>
<th>SEMESTER I</th>
<th>LEVEL I</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N12</strong> Maternal Health and Nursing Fundamentals I</td>
<td>8 Units</td>
</tr>
<tr>
<td>Introduces the Neuman Systems Model and the nursing process to establish the knowledge base needed to provide fundamental nursing care to patients and families in obstetric and medical/surgical settings.</td>
<td></td>
</tr>
</tbody>
</table>

| **N16** Basic Nursing Skills and Medications Laboratory I | 1.5 Units |
| Provides the theory along with laboratory application for selected fundamental nursing skills. |

| **N17** Pharmacology | .5 Units |
| Introduces basic pharmacologic principles to nursing care of adults with common health problems. |

<table>
<thead>
<tr>
<th>SEMESTER II</th>
<th>LEVEL II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N22</strong> Pediatric and Medical-Surgical Nursing II</td>
<td>9 Units</td>
</tr>
<tr>
<td>Extends the knowledge base needed to provide intermediate nursing care to patients and families in pediatric and medical-surgical settings, focusing on prevention, treatment, and restoration of health for patients with selected health issues.</td>
<td></td>
</tr>
</tbody>
</table>

| **N26** Advanced Nursing Skills and Medications Laboratory II | 1.5 Units |
| Provides theory with laboratory application of selected advanced nursing skills. |

<p>| <strong>N27</strong> Pharmacology B | .5 Units |
| Advances theoretical and applied knowledge of drug therapy for patient care. |</p>
<table>
<thead>
<tr>
<th>SEMESTER III</th>
<th>LEVEL III</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N32  Geriatric and Medical Surgical Nursing III</strong></td>
<td>10 Units</td>
</tr>
<tr>
<td>Applies the Neuman Systems Model and the nursing process and extends the knowledge base needed to provide moderately complex nursing care to patients and families with acute and chronic health problems in geriatric, medical-surgical, and community settings.</td>
<td></td>
</tr>
<tr>
<td><strong>N37 Pharmacology C</strong></td>
<td>.5 Units</td>
</tr>
<tr>
<td>Advances theoretical and applied knowledge of drug therapy for patient care.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SEMESTER IV</th>
<th>LEVEL IV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N42 Psychiatric and Nursing Care Management IV</strong></td>
<td>6 Units</td>
</tr>
<tr>
<td>Expands the knowledge base needed to provide nursing care to patients and families with complex psychosocial and physiological health issues in a variety of psychiatric and medical-surgical settings. Applies the nursing process and the Neuman Systems Model to provide comprehensive nursing care to patients with complex acute and chronic health problems, emphasizing the use of leadership skills in managing groups of patients.</td>
<td></td>
</tr>
<tr>
<td><strong>N47 Pharmacology D</strong></td>
<td>.5 Units</td>
</tr>
<tr>
<td>Applies theoretical knowledge of drug therapy for diverse patient populations in a variety of settings.</td>
<td></td>
</tr>
<tr>
<td><strong>N48 Clinical Nursing Preceptorship</strong></td>
<td>2.0 Units</td>
</tr>
<tr>
<td>Applies leadership skills to provide comprehensive management and direct care for a group of patients in a medical-surgical or specialty setting under the direct supervision of a preceptor.</td>
<td></td>
</tr>
</tbody>
</table>

Revised 4/8/16
**NURSING PERFORMANCE STANDARDS**

Essential eligibility requirements for participation in the nursing program

Nursing is a practice discipline with cognitive, sensory, effective and psychomotor performance requirements. The following Performance Standards identify essential eligibility requirements for participation in the nursing program.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Description</th>
<th>Standard</th>
<th>Examples of Necessary Action (not all inclusive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing</td>
<td>Use of auditory sense</td>
<td>Auditory ability sufficient to monitor &amp; assess health needs</td>
<td>Hear monitor alarm, emergency signals, &amp; cries for help, heart, lung &amp; bowel sounds.</td>
</tr>
<tr>
<td>Visual</td>
<td>Use of sight</td>
<td>Visual ability sufficient for observation &amp; assessment necessary in nursing care</td>
<td>Observe patient responses, ability to see sm. calibration markings &amp; numbers (e.g. on syringes), assess color change in skin &amp; fluids.</td>
</tr>
<tr>
<td>Tactile</td>
<td>Use of touch</td>
<td>Tactile ability sufficient for physical assessment</td>
<td>Perform palpation, functions of physical exams &amp; or those related to therapeutic intervention, &amp; sense temperature.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical ability, strength, stamina</td>
<td>Physical abilities &amp; stamina to move from room to room quickly &amp; maneuver in small spaces</td>
<td>Move around in patient rooms, work spaces &amp; treatment areas. Provide routine personal care, emergency care, &amp; CPR. Bend &amp; twist, lift 20-40 pounds.</td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Physical ability, coordination, dexterity</td>
<td>Gross &amp; fine motor abilities sufficient to provide safe &amp; effective nursing care.</td>
<td>Calibrate &amp; use equipment, lift, &amp; transfer &amp; position patients. Maintain sterile technique.</td>
</tr>
<tr>
<td>Communication</td>
<td>Speech, reading, writing</td>
<td>Effective use of English language. Communication abilities sufficient for effective interaction in verbal, nonverbal &amp; written form. Comprehension &amp; accurate recall of verbal &amp; written communication</td>
<td>Engage in clear and effective communication with the patient/patient system. Modulates words in accordance with patient’s ability to understand. Interprets and responds to non-verbal communication. Concisely &amp; accurately explains treatments &amp; procedures, and health education. Documents clearly and concisely, within legal guidelines and with min. spelling errors.</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Ability to relate to others</td>
<td>Interpersonal abilities to effectively interact with individuals, families &amp; groups from a variety of social, emotional, cultural &amp; intellectual backgrounds with civility &amp; courtesy</td>
<td>Identify needs of others, and establish rapport with patient, families and colleagues. Ability to interact professionally and tactfully with people of different levels of education, cultural backgrounds, and life experiences</td>
</tr>
<tr>
<td>Behavioral</td>
<td>Emotional &amp; mental stability</td>
<td>Functions effectively under stress</td>
<td>Flexible, concern for others. Ability to provide safe nursing care &amp; administer medications/solutions in a stressful environment with multiple interruptions, noises, unexpected patient needs.</td>
</tr>
<tr>
<td>Critical</td>
<td>Ability to problem solve</td>
<td>Critical thinking ability sufficient for clinical judgment</td>
<td>Identify cause-effect relationships in clinical situation, develop nursing care plans. Ability to quickly measure, calculate, reason, analyze, prioritize &amp; synthesize data in a fast-paced environment.</td>
</tr>
</tbody>
</table>
Cabrillo College Associate Degree Nursing Program

PROGRAM OUTCOMES

The Cabrillo College nursing program has established the following program outcomes for the associate degree nursing program. These outcomes integrate the Neuman System Model which is used as the conceptual framework for the ADN program.

At the completion of the associate degree nursing program, the graduate will demonstrate the following competencies:

1. Provide safe patient and family-centered nursing care, assuming responsibility and accountability for role function in the practice of nursing as defined by the nurse practice act and professional standards of nursing.

2. Demonstrate a holistic approach to patient and family-centered care taking into consideration the physiological, psychological, socio-cultural, developmental, and spiritual dimensions of care.

3. Provide health teaching with the goals of promoting healthy behaviors, reducing stressors, and enhancing coping resources for the patient/family/community.

4. Integrate knowledge of legal aspects of care, demonstrating ethical and caring comportment, respecting patient/family/community preferences and values when providing patient care in a variety of health care environments.

5. Function effectively within nursing and inter-professional teams incorporating leadership principles, including delegation and supervision of nursing being delivered by others, to achieve quality patient care.

6. Incorporate the use of data and information technology to monitor the outcomes of care processes to continuously improve the quality, safety, and value of health care systems.

Revised 3/1/12
## Cabrillo Nursing Program Outcomes by Level

### Patient/Family Centered Care (Outcomes 1, 2, 3, 4)

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
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</thead>
<tbody>
<tr>
<td>Makes accurate assessments with validation at a beginning level, using the Nursing Process and the five variables of the Neuman Systems Model.</td>
<td>Refines assessment skills and increases ability to identify more subtle alterations with validation. Begins to demonstrate focused assessments for assigned patients.</td>
<td>Collects assessment data for groups of assigned patients. Sets priorities for focused assessment within that group.</td>
<td>Identifies data that can be collected by specific level of ancillary staff and begins to delegate appropriately.</td>
</tr>
<tr>
<td>Begins to differentiate normal from abnormal assessment data.</td>
<td>Differentiates normal from abnormal assessment data</td>
<td>Identifies relevant assessment data and begins to recognize trends and significant findings</td>
<td>Identifies relevant assessment data and begins to recognize trends and significant findings</td>
</tr>
<tr>
<td>Identifies an appropriate nursing diagnosis based on clinical findings and research of medical diagnoses.</td>
<td>Accurately identifies multiple nursing diagnoses for routine patients. Begins to prioritize nursing diagnoses with clear rationale for priority.</td>
<td>Identifies priority nursing diagnoses based on analysis for a moderately complex patient assignment.</td>
<td>Modifies nursing diagnoses as patient condition evolves.</td>
</tr>
<tr>
<td>Describes pathophysiology of priority medical diagnosis.</td>
<td>Begins to inter-relate pathophysiology for relevant medical diagnoses.</td>
<td>Inter-relates pathophysiology of all medical diagnoses.</td>
<td>Inter-relates pathophysiology of all medical diagnoses.</td>
</tr>
<tr>
<td>Identifies short-term outcomes for assigned patients.</td>
<td>Identifies and begins to individualize standard outcomes with realistic time frames.</td>
<td>Sets relevant individualized outcomes and realistic time frames for assigned patients.</td>
<td>Sets patient outcomes with realistic time frames and modifies plan of care as needed.</td>
</tr>
<tr>
<td>Uses standardized care plans to plan care.</td>
<td>Plans relevant, accurate, and individualized interventions with validation for assigned patients.</td>
<td>Plans relevant, accurate, and individualized interventions for a moderately complex patient assignment.</td>
<td>Plans relevant and accurate interventions for groups of assigned patients.</td>
</tr>
<tr>
<td>Level 1</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 4</td>
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<tr>
<td>Describe how diverse cultural, ethnic, and social backgrounds influence patient and family values.</td>
<td>Provide patient-centered care with sensitivity and respect for social and cultural diversity.</td>
<td>Respects and encourages individual expression of patient values, preferences and expressed needs.</td>
<td>Recognizes personally held attitudes about patients from different ethnic, cultural and social backgrounds.</td>
</tr>
<tr>
<td>Communicates with beginning understanding of cultural diversity.</td>
<td>Uses understanding of cultural diversity when communicating.</td>
<td>Demonstrate use of culturally sensitive communication.</td>
<td></td>
</tr>
<tr>
<td>With guidance, prioritizes and implements care in a structured environment.</td>
<td>With guidance, prioritizes and implements care in a variety of settings.</td>
<td>With minimal guidance, prioritizes and implements care in a variety of settings.</td>
<td>Prioritizes and implements patient/family-centered care effectively in a variety of settings.</td>
</tr>
<tr>
<td>Begins to perform selected nursing intervention under supervision of faculty using principles of caring.</td>
<td>With guidance performs selected nursing interventions using principles of caring.</td>
<td>Accurately implements nursing interventions demonstrating caring behaviors.</td>
<td></td>
</tr>
<tr>
<td>Incorporates principles of safe care when performing basic skills with supervision.</td>
<td>With moderate prompting is able to safely adapt skill performance to needs of the individual patient and the requirements of the setting.</td>
<td>With minimal prompting is able to safely adapt skill performance to specific needs of the individual patient and setting.</td>
<td>Able to independently safely adapt skill performance to specific needs of patient(s) and setting,</td>
</tr>
<tr>
<td>Uses standard precautions in all care performed and with supervision uses additional isolation precautions when indicated.</td>
<td>Uses standard precautions in all care performed and with minimal supervision identifies and uses additional isolation precautions when indicated.</td>
<td>Uses standard precautions in all care performed and with minimal prompting identifies and uses additional isolation precautions when indicated.</td>
<td>Uses standard precautions in all care performed and independently identifies and uses additional isolation precautions when indicated.</td>
</tr>
<tr>
<td>With supervision administers medications/solutions safely and accurately following standards of practice and agency and program policies.</td>
<td>With moderate supervision administers medications/solutions safely and accurately following standard of practice &amp; agency/program policies.</td>
<td>Requires only minimal supervision administers all medications/solutions safely and accurately following standard of practice &amp; agency/program policies.</td>
<td>Administers medications/solutions safely and accurately following standards of practice and agency and program policies.</td>
</tr>
<tr>
<td>Demonstrates accurate drug calculations. With supervision of faculty manipulates units of measure, adjust volumes, concentrations and dosages prior to administration of any medication or solution.</td>
<td>Demonstrates accurate drug calculations. With minimal assistance and verification by faculty, manipulate units of measure; adjust volumes, concentrations and dosages prior to administration of any medication or solution.</td>
<td>Demonstrates competent drug calculations. Prior to administration of any medication, when manipulating units of measure, adjusting volumes, concentrations or dosages, obtains verification by faculty for adjusted dosing as</td>
<td>Performs drug calculations skillfully. Competent with how to manipulate units of measure, adjust volumes, concentrations and dosages. Seeks verification by RNs as needed, and per policy, prior to administration of medication.</td>
</tr>
<tr>
<td>Level 1</td>
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</tr>
<tr>
<td>Begins to identify patients at risk for injury and with guidance implements simple nursing actions to provide a safe environment.</td>
<td>With minimal prompting identifies patients at risk for injury and incorporates risk assessment and injury prevention into plan of care.</td>
<td>Identifies patients at risk for injury and incorporates risk assessment and injury prevention into plan of care.</td>
<td>Identifies patients at risk for injury, unsafe or potentially unsafe conditions or practices and reports/intervenes appropriately.</td>
</tr>
<tr>
<td>With guidance maintains a safe work environment for self and others</td>
<td>Maintains a safe work environment for self and others in routine and complex situations. With supervision uses equipment and technologies safely.</td>
<td>Maintains a safe work environment for self and others in routine and complex situations. With supervision uses equipment and technologies safely.</td>
<td>Maintains a safe work environment for self and others by following all hospital and department policies and procedures. Follows manufacturer’s recommendations for use of equipment and technologies.</td>
</tr>
<tr>
<td>Identifies the overall, current National Patient Safety goals from The Joint Commission (TJC)</td>
<td>With guidance applies the National Patient Safety goals to patient care.</td>
<td>Applies the National Patient Safety goals to patient care.</td>
<td>Describes potential and actual impact of national patient safety resources, initiatives and regulations.</td>
</tr>
<tr>
<td>Uses standard criteria to evaluate patient responses and effectiveness of care for common nursing interventions.</td>
<td>Evaluates patient responses to interventions and begins to identify necessary modifications to plan.</td>
<td>With guidance, evaluates patient responses and effectiveness of care and identifies necessary modifications to plan.</td>
<td>Evaluates patient’s response and progress toward expected outcomes and modifies plan as needed.</td>
</tr>
<tr>
<td>Assess presence and extent of pain and suffering and begins to initiate effective treatments.</td>
<td>Initiates effective treatments to relieve pain and suffering in light of patient values, preferences, and expressed needs.</td>
<td>Elicits expectations of patient and family relief of pain, discomfort, or suffering.</td>
<td>Demonstrates that personally held beliefs and patient expectations influence outcomes in management of pain or suffering.</td>
</tr>
<tr>
<td>Obtain assessment information that will be used to manage or coordinate care.</td>
<td>Examine the nurse’s role in coordination and continuity of care.</td>
<td>With assistance evaluates appropriate level of care required in preparation for transfer, communicates care provided and needed at each transition in care.</td>
<td>Evaluates patient’s readiness for transfer to another area of care. With assistance coordinates transfer. Appreciates managing care across the continuum to prevent unnecessary readmission.</td>
</tr>
</tbody>
</table>
### Level 1 | Level 2 | Level 3 | Level 4
---|---|---|---
**Teaching and Learning**
Identifies patient’s immediate learning needs and identifies obvious barriers to learning. | Assesses patient and family learning needs with a focus on health promotion and maintenance. | Assesses ongoing and complex learning needs of patients and families. | With guidance, accurately assesses learning needs, capabilities and limitations of patients, families and caregivers.
Uses standard resources to plan and implement teaching based on individual learning styles, knowledge of growth, development, and cultural awareness. | With guidance, prioritizes, plans and implements patient and family teaching, to include health promotion. | Demonstrates beginning independence to prioritize, plan and implement patient teaching in a variety of settings. | Modifies teaching plan in collaboration with patients and family.

### Clinical Thinking/Decision Making / Evidence Based Practice (Outcomes 1, 4, 6)

| Level 1 | Level 2 | Level 3 | Level 4 |
---|---|---|---|
Collects basic information needed for patient care, identifying gaps and formulating appropriate questions to complete information. | Searches patient record and reliable sources for missing information for routine problems. Uses available resources to problem solve prior to consulting with staff or faculty. | Searches patient record and reliable sources to complete relevant data collection for complex problems. | Describe evidence including the components of research evidence, clinical expertise and patient/family values.
With guidance, applies theoretical knowledge to routine clinical practice. | Applies theoretical knowledge to routine clinical practice. Communicates standardized evidence based rationales for nursing interventions. | Applies theoretical knowledge to complex clinical situations with validation. Communicates individualized evidence based rationales for nursing interventions. | Reflects on previous knowledge and clinical experience applicable to new similar situations, communicating clear evidence based rationales for interventions.
Gathers data appropriately; begins to distinguish relevant from irrelevant and normal from abnormal data. | Analyzes, interprets and uses complex data with guidance. | Begins to draw conclusions with validation based on analysis of complex data. | Draws conclusions based on analysis of evidence. Supports views using evidence based practice.
With assistance, organize & clusters data within the Neuman variables. | Recognizes standard patterns when clustering data. | With validation, recognizes complex patterns of clustered data. | Recognizes complex patterns by clustering data effectively.

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<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
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<th>Level 4</th>
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</thead>
<tbody>
<tr>
<td>Begins to identify routine patient needs, separating routine from urgent priorities. Makes limited clinical decisions with guidance. Begins to differentiate between knowledge and opinion.</td>
<td>Identifies routine patient needs. Begins to distinguish levels of priority and possible alternatives. Develops knowledge base and recognizes personal biases.</td>
<td>With validation, sets accurate priorities and makes clinical decisions about complex patient needs based on possible alternatives. Bases individualized plans of care on patient values, clinical expertise and evidence.</td>
<td>Makes accurate clinical decisions about patient needs. Able to set complex priorities accurately. Makes appropriate clinical decisions after selecting from possible alternatives.</td>
</tr>
<tr>
<td>With guidance, uses time management principles to organize and complete safe basic care for assigned patients.</td>
<td>Uses time management principles to organize and complete safe care for assigned patients in a variety of health care settings.</td>
<td>Uses time management and prioritization principles to organize and complete safe care for assigned patients in a variety of health care settings.</td>
<td>Uses time management and prioritization principles to organize and complete safe care for assigned patients in a variety of health care settings.</td>
</tr>
<tr>
<td>Describes evidence based practice to include components of research, clinical expertise and patient/family values.</td>
<td>Describes reliable sources for locating evidence reports and clinical practice guidelines, differentiating clinical opinion from research and evidence summaries.</td>
<td>Describes how the strength and relevance of available evidence influences the choice of interventions in providing complex patient centered care.</td>
<td>Discriminates between valid and invalid reasons for modifying evidence-based clinical practice guidelines based on clinical expertise or patient/family preferences.</td>
</tr>
<tr>
<td>Demonstrates knowledge of basic scientific methods and processes, describing the strengths and weaknesses of scientific basis for clinical practice.</td>
<td>Describes and integrates the value of scientific evidence as integral to clinical practice, locating and reading original research and evidence reports related to clinical practice topics and guidelines.</td>
<td>Participates effectively in appropriate data collection and other research activities, adhering to Institutional Review Board (IRB) guidelines.</td>
<td>Acknowledges own limitations in knowledge and clinical expertise before determining when to deviate from evidence-based best practices.</td>
</tr>
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</table>
## Communication/Teamwork and Collaboration (Outcomes 2, 5, 6)

<table>
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<tr>
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<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
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</thead>
<tbody>
<tr>
<td>With guidance, uses therapeutic communication skills to gather information about patient physiological and psychosocial needs for plan of care.</td>
<td>With guidance, uses therapeutic communication skills when collaborating with patients and families in planning and providing care.</td>
<td>When providing care, uses therapeutic communication that will elicit and incorporate patient and family preferences</td>
<td>Promotes positive outcomes using a range of therapeutic communication strategies when providing care to patients and families.</td>
</tr>
<tr>
<td>With guidance, respecting confidentiality, begins to identify which pertinent data from assessment needs to be communicated to faculty, team leader, or primary care nurse.</td>
<td>With guidance, reports assessment data and patient status to team leader/primary care nurse at appropriate intervals.</td>
<td>Delivers inter shift report following confidentiality guidelines including pertinent data collected from ancillary personnel.</td>
<td>Independently delivers relevant inter shift report responding to patient/family and oncoming shift questions.</td>
</tr>
<tr>
<td>Identifies usefulness of standardized communication tool (SBAR) to report patient data.</td>
<td>Uses standardized communication tool (SBAR) to organize data to be communicated to inter-professional team.</td>
<td>Collaborates with patient, family and inter-professional team to meet health care needs.</td>
<td>Begins to anticipate Health Care Provider orders. Communicates and plans care with inter-professional team members and other agency departments.</td>
</tr>
<tr>
<td>Begins to develop competence in communicating selected patient needs and student plan of care to agency staff.</td>
<td>With guidance, communicates patient’s status/needs to appropriate team members.</td>
<td>Uses a range of communication strategies to collaborate with inter-professional team.</td>
<td>Communicates effectively with inter-professional team, faculty and peers using appropriate channels of communication and lines of authority.</td>
</tr>
<tr>
<td>Identifies general situations where patients may need to communicate their needs to the health care team.</td>
<td>In collaboration with the faculty advocates for patients to communicate their needs to the health care team.</td>
<td>Advocates for patients to communicate their needs to the health care team.</td>
<td>In collaboration with patient, family and inter-professional team, creates a plan of care that meets standard of care and patient/family values.</td>
</tr>
<tr>
<td>With supervision, accurately documents patient assessment and care provided, following agency policy.</td>
<td>With validation, accurately documents patient assessment and care provided, following agency policy.</td>
<td>With guidance, accurately and completely documents patient assessment and care provided, following agency policy.</td>
<td>Accurately provides comprehensive documentation of patient assessment and care, following agency policy.</td>
</tr>
<tr>
<td>Describes scope of practice and roles of health care team members.</td>
<td>Describes own strengths, limitations and values in functioning as a member of a team.</td>
<td>Recognize contributions of other individuals and groups in helping patient/family achieve health goals.</td>
<td>Describe strategies for identifying and managing overlaps in team member roles and accountabilities.</td>
</tr>
<tr>
<td>Recognizes strengths &amp; limitations of personal communication style.</td>
<td>Respects unique strengths, limitations and attributes of team functioning.</td>
<td>Performs specific tasks as team member as directed by team leader</td>
<td>Assumes role of team member or leader based on situation.</td>
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</tr>
<tr>
<td>Identifies sources and behaviors indicative of conflict in the professional arena.</td>
<td>Differentiate effective from ineffective strategies in communicating and resolving conflict among team members.</td>
<td>Initiates strategies in resolving conflict regarding patient care or staff issues.</td>
<td>Contribute to inter-professional team to the resolution of conflict and disagreement.</td>
</tr>
<tr>
<td>Identifies components and significance of the environmental assessment to overall safety of patient and staff.</td>
<td>Include patient/family in communication with inter-professional team.</td>
<td>Employs error reduction strategies to assure mistakes and oversights are caught quickly by the team.</td>
<td>Continually scans and assesses what’s going on around the team to maintain situation awareness.</td>
</tr>
<tr>
<td>Recognize specific staff roles in emergent situations</td>
<td>Seeks information from all available resources. Explains roles and interaction of team members in emergent situations.</td>
<td>Informs all team members simultaneously during emergent situations, verifying information that is communicated.</td>
<td>Uses call-out and check back strategies to relay significant information, assure team awareness with closed loop communication.</td>
</tr>
</tbody>
</table>

**Professional Behaviors (Outcomes 1, 3, 4, 5)**

<table>
<thead>
<tr>
<th>Level 1</th>
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<th>Level 4</th>
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<tbody>
<tr>
<td>Adheres to program, agency, and college policies</td>
<td>Adheres to program, agency, and college policies.</td>
<td>Adheres to program, agency, and college policies.</td>
<td>Adheres to program, agency, and college policies.</td>
</tr>
<tr>
<td>Describes the role of the BRN, and responsibility to enforce the Nurse Practice Act.</td>
<td>Describes the role of the BRN, begins to recognize RNs relationship to the BRN.</td>
<td>Describes the role of the BRN, explores regulatory and disciplinary function, and begins application process.</td>
<td>Describes the role of the BRN, appreciates multiple roles, functions and services, and completes application process.</td>
</tr>
<tr>
<td>Describes the scope of RN practice.</td>
<td>Compares and contrasts nursing tasks that can be delegated.</td>
<td>Compares and contrasts the role of the RN in a variety of patient care settings. Collaborates with the RN team leader in delegating selected patient care activities.</td>
<td>With guidance supervises and delegates tasks to assistive personnel.</td>
</tr>
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<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treats others with dignity and respect.</td>
<td>Sustains and cultivates a culture of civility.</td>
<td>Maintains a standard of personal conduct that reflects well on the profession in both the academic and healthcare environment.</td>
<td>Practices, models and encourages a standard of personal conduct that reflects well on the profession in both the academic and healthcare environment.</td>
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</tr>
<tr>
<td>Accepts responsibility and accountability in student nurse role.</td>
<td>Demonstrates responsibility and accountability for own actions.</td>
<td>Demonstrates responsibility and accountability for own actions.</td>
<td>Demonstrates responsibility and accountability for own actions.</td>
</tr>
<tr>
<td>Describes patient’s rights in the health care system.</td>
<td>Identifies situations for a specific patient where patients’ rights may be a concern.</td>
<td>Identifies situations where patients’ rights may be compromised and with guidance intervenes.</td>
<td>Informs patients regarding their rights and advocates for patients’ rights.</td>
</tr>
<tr>
<td>Describes the role of the nurse as a patient advocate.</td>
<td>With guidance, acts as a patient advocate.</td>
<td>Begins to identify other resources for patient advocacy.</td>
<td>Assists patients to use advocacy resources.</td>
</tr>
<tr>
<td>Actively participates in relevant learning experiences.</td>
<td>Begins to identify own learning needs and strategies to meet them.</td>
<td>Seeks experiences to meet self-identified learning needs.</td>
<td>Recognizes and plans to meet own lifelong learning needs.</td>
</tr>
<tr>
<td>Identifies the importance of lifelong learning in the nursing profession.</td>
<td>Develops habits of lifelong learning and appreciation for evidence-based practice.</td>
<td>Develops habits of lifelong learning and appreciation for evidence-based practice.</td>
<td>Demonstrates a sense of inquiry and interest in lifelong learning.</td>
</tr>
<tr>
<td>Begins to recognize own abilities and limitations in student nurse role.</td>
<td>Initiates communication with faculty, seeking feedback regarding progress.</td>
<td>Recognizes and communicates own assets and areas for improvement</td>
<td>Recognizes and communicates assets and areas for improvement.</td>
</tr>
<tr>
<td>With supervision selects and uses standard professional resources to guide nursing practice.</td>
<td>Selects and uses standard resources to guide nursing practice.</td>
<td>Uses current professional resources to guide nursing care and utilize evidence based practice.</td>
<td>Expands use of professional resources, including professional nursing organizations, to guide nursing care and practice.</td>
</tr>
</tbody>
</table>
## Managing Care: Quality Improvement, Safety Culture, and Informatics (Outcomes 1, 5, 6)

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</thead>
<tbody>
<tr>
<td><strong>Quality Improvement</strong></td>
<td>Appreciates that continuous quality improvement (CQI) is part of the daily practice of health care professionals.</td>
<td>Demonstrates a sense of inquiry. Explores issues that underpin nursing practice and assumptions. Seeks information on QI projects and outcomes of care.</td>
<td>Identifies national organizations and data bases with a role in quality care. Values CQI methods so nurses can be effective at leading and implementing change through evidence.</td>
</tr>
<tr>
<td>Defines quality improvement</td>
<td></td>
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</tr>
<tr>
<td>Recognizes that nursing students are part of health care systems that</td>
<td>Discusses information about quality improvement projects in the care setting. Appreciates the role of measurement and data collection in</td>
<td>Begins to use tools, flowcharts, cause-effect diagrams to illustrate processes and outcomes of care.</td>
<td>Uses tools, flowcharts, cause-effect diagrams to illustrate processes and outcomes of care.</td>
</tr>
<tr>
<td>affect outcomes for patients and families.</td>
<td>quality care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functions within scientific evidence based guidelines, protocols and</td>
<td>With guidance identifies gaps between local and best practice. Identifies whether a guideline was followed or not.</td>
<td>Identifies gaps between local and best practice, or a process needing change. Illustrates how unwanted variation affects care.</td>
<td>Describes approaches for changing the processes of care. Designs a small test of change. Determines measure to evaluate the effect of change.</td>
</tr>
<tr>
<td>procedures in the provision of care.</td>
<td></td>
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</tr>
<tr>
<td>Identifies cost factors related to providing basic client care.</td>
<td>Describe factors that contribute to quality and economy of care, such as including involvement of patient and family in health promotion.</td>
<td>Appreciates the value of what individuals and teams can do to improve care while achieving value.</td>
<td>Relates health care reform, value based care and implications for the provision of health care. Explores nurses’ role in health care reform.</td>
</tr>
<tr>
<td>Uses supplies responsibly according to agency policy.</td>
<td></td>
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</tr>
<tr>
<td>Level 1</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 4</td>
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<tr>
<td><strong>Safety Culture</strong></td>
<td><strong>Safety Culture</strong></td>
<td><strong>Safety Culture</strong></td>
<td><strong>Safety Culture</strong></td>
</tr>
<tr>
<td>Describes strategies that decrease reliance on memory</td>
<td>Develops personal systems for tracking patient information and patient needs.</td>
<td>Uses a system for tracking patient information and needs. Organizes care for patient’ needs as assigned.</td>
<td>Analyze the effectiveness of the systems for tracking patient information and needs.</td>
</tr>
<tr>
<td>With assistance begins to use organizational error reporting systems for near-miss and errors. Reports event to faculty as soon as possible.</td>
<td>With assistance uses organizational error reporting systems for near-miss and errors. Reports event to faculty as soon as possible.</td>
<td>With minimal assistance uses organizational error reporting systems for near-miss and errors. Reports event to faculty as soon as possible.</td>
<td>Uses organizational error reporting systems for near-miss and errors. Reports event to faculty as soon as possible.</td>
</tr>
<tr>
<td>Begins to describe factors that create a Culture of Safety. e.g. communication, reporting systems, learning culture, inquiry, accountability and civility.</td>
<td>Appreciates the complexity of the clinical environment and how workplace culture can lead to error.</td>
<td>Appreciates the complexity of the clinical environment and how workplace culture can lead to error.</td>
<td>Describes factors that create a Culture of Safety and the contribution of high reliability organizations (HROs). Demonstrates effective use of strategies to reduce risk of harm. e.g. personal readiness, attention to detail, clear communication, inquiry.</td>
</tr>
<tr>
<td>Begins to recognize the impact of national patient safety resources, initiatives and regulations.</td>
<td>Discusses impact of national patient safety resources, initiatives and regulations on patient safety.</td>
<td>Examines the relationship between national and state safety initiatives and regulations on current practice.</td>
<td>Uses national patient safety resources for own professional development and to focus attention on safety.</td>
</tr>
<tr>
<td>Level 1</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 4</td>
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</tr>
<tr>
<td><strong>Informatics</strong></td>
<td><strong>Explains why information and technology skills are essential for safe patient care.</strong></td>
<td><strong>Identifies essential information that must be available on common EMR system or database to support patient care.</strong></td>
<td><strong>Contrasts benefits and limitations of different communication technologies and their impact on safety and quality.</strong></td>
</tr>
<tr>
<td><strong>Defines the Health Information Portability and Accountability Act (HIPAA). Identifies Protected Health Information (PHI) Practice in accordance with law and agency policy.</strong></td>
<td><strong>Uses electronic systems, resources and electronic mediums, in accordance with HIPAA and agency policy. Protects confidentiality of PHI in electronic health records.</strong></td>
<td><strong>Evaluates quality of electronic sources of healthcare information. Protects confidentiality of PHI in electronic health records and other electronic mediums, such as fax to pharmacy, or other care providers.</strong></td>
<td><strong>Use high quality electronic sources of healthcare information. Protects confidentiality of PHI in electronic health records and other electronic mediums.</strong></td>
</tr>
<tr>
<td><strong>Navigates an Electronic Medical Record (EMR), with assistance accurately documents care given in the EMR.</strong></td>
<td><strong>With assistance, employs communication technologies and EMR to communicate and coordinate patient care.</strong></td>
<td><strong>Employs communication technologies and EMR to accurately communicate and coordinate patient care, seeks assistance when needed. Begins to use information technology to monitor the outcomes of care.</strong></td>
<td><strong>Uses information technology to monitor safety, quality, and economy of care. Values technologies that support clinical decision-making, error prevention, care coordination, and economy of care.</strong></td>
</tr>
<tr>
<td><strong>Applies basic computer skills. Explores and begins to build skill in EMR systems. Appreciates the need for information technology skills.</strong></td>
<td><strong>With orientation adapts to current information technology system in the provision of care. Seeks assistance when needed.</strong></td>
<td><strong>Values nurses’ involvement in design, selection, implementation, and evaluation of information technologies to support patient care.</strong></td>
<td><strong>Appreciates the need for all health professionals to seek lifelong learning of information technology skills.</strong></td>
</tr>
</tbody>
</table>
POLICIES

ENROLLMENT AND ADMISSION

Nondiscrimination
It is the policy of the Cabrillo Community College District to provide an environment free of unlawful discrimination or harassment.
Discrimination or harassment on the basis of ethnicity, national origin, religion, age, sex, race, physical or mental disability or sexual orientation, and any other protected status category as may be designated by law, in the District's programs, activities and work environment is considered unlawful and shall not be tolerated by the District.
The District strongly forbids any form of discrimination and has enacted procedures to recognize and eliminate unlawful discrimination or harassment. For additional information regarding this policy and the procedures involved, contact the Director of Human Resources (831) 479-6217 regarding Cabrillo employees or the Dean of Student Services (831) 479-6525 regarding Cabrillo students.

Admission to the Program
Admission information and applications can be obtained at http://www.cabrillo.edu/academics/nursing. It’s a good idea to check each semester for changes in the application process at the nursing department web site.

Selection and Enrollment Process
Selection is based on the Multi-Criteria selection process, space available, and completion of all the required prerequisites. Science pre-requisites must be completed within 6 years of application to the program with a required combined GPA of 2.5 or better (BIO 4,5,&6). Further information is available at http://www.cabrillo.edu/academics/nursing and the college catalog.

Deferred Entry
All prospective students who are offered a position in the Cabrillo College Nursing Program may:
A. Accept the position in the program OR
B. Request a one-time deferral in keeping with the Family and Medical Leave Act (FMLA)

Students entering are offered the opportunity to defer their entry into the Nursing Program by agreeing to enter in one year. Students who are granted a deferral option will not be offered another opportunity to defer their entry to the program. Deferrals are granted ONLY for students meeting FMLA guidelines.

All wait listed students who meet FMLA guidelines must request a deferral in writing by email or postal mail to the Nursing Program office. The Cabrillo Nursing Program deferral policy follows the guidelines set by the Family and Medical Leave Act (FMLA). Please include a physician’s note to verify the medical necessity of the requested deferral.
• the birth and care of the newborn child of the prospective student;
• placement with the prospective student of a child for adoption or foster care;
• care for an immediate family member (spouse, child, or parent) with a serious health condition; or
• medical leave when the prospective student is unable to attend the program because of a serious health condition.

Students requesting deferrals will be notified of their deferral status in writing.

Revised 5/12/17

Change in Requirements
While we try to be consistent, sometimes requirements and procedures change. It is the student’s responsibility to check with the nursing department web site often to be sure you have the most recent information regarding application & transfer procedures and processes.

Transfer and Challenge Policy
The Cabrillo College Associate Degree Nursing Program accepts qualified transfer students from other accredited nursing programs and has challenge options for persons with related education and/or experience, including military education and training.

Applicants will be admitted on a space available basis. All transfer and challenge applicants must meet prerequisite course and G.P.A. requirements which are current at the time of application. A minimum of a “C” grade in each required general education courses listed in the Cabrillo College Associate Degree Nursing curriculum (see page 24). A prerequisite G.P.A. of 2.0 in vocational nursing courses is required for entry into the Associate Degree Nursing Program. An applicant’s request for transfer credit or advanced placement will be evaluated by the nursing department which will recommend further action and/or appropriate placement in the Associate Degree Nursing Program. All potential transfer or challenge candidates are to have a preliminary planning appointment with the Nursing Counselor and the Nursing Director.

Revised 5/12/17

Transfer or Advanced Placement Credit:
Persons with related previous education, including military service, may be eligible for course credit and, hence, advanced placement in the Associate Degree Nursing Program. Advanced Placement applicants must demonstrate completion of the Nursing Program prerequisites. Please see the Application and Selection Information page for prerequisite and GPA requirements. Applicants must also demonstrate that they are a graduate of an accredited Vocational Nursing Program, transferring from an accredited ADN program, or have relevant military training.

The Cabrillo Nursing Program offers positions to Advanced Placement students on a space available basis only. Spaces are made available in our program when current students
withdraw from our program. Consequently it is difficult to predict when, or how many, Advanced Placement positions will be available for any given semester.

Once accepted, students will be placed on a waitlist based on the certified mail postmark of their complete application. Placement in the class is based on space availability; and advanced placement wait list position.

Students requesting Advanced Placement must complete/submit the following:

1. Completed Advanced Placement Application Packet mailed via certified mail to the Nursing Program office.

2. Written identification of courses to be considered for transfer credit.

3. Official transcript(s) from accredited institution(s) of higher education attended.

4. Course descriptions for all course work under consideration.

5. Course syllabi if requested by the nursing department. Students planning to enter the second year of the ADN program must also demonstrate competence in the nursing process and the Neuman Systems Model. Competency in all nursing skills will also be required.

6. Transfer applicants must demonstrate that they have been separated from their previous accredited ADN program for no more than two years in order to be eligible for transfer to our program.

7. Transfer applicants must demonstrate that they separated from their previous Nursing program in good academic standing (a letter grade C or better for all nursing courses) in order to be eligible for transfer as an advanced placement student.

8. Transfer students must have completed all program pre-requisites within 6 years of transfer and with the required GPA (2.5 or higher for BIO 4, 5, & 6), and 2.0 for English 1A.

9. Transfer students must have passed the TEAS test within 2 years of transfer.

Credit by Examination for Advanced Placement:
Please review the current Cabrillo College catalog regarding Credit by Examination. Examination method will be determined by the Director in consultation with the nursing faculty and by current college policy. The applicant may be requested to take one or more Standardized Tests(s) such as the N.L.N., the ACT-PEP and must make the arrangements and bear the cost of such examination. The results of these examinations must be on file in the Nursing Office at least one week prior to the beginning of anticipated course work. Students may prepare for challenge examinations offered by the Nursing Program by checking the following materials in the nursing department office:

1. Nursing course outlines and objectives.
2. Textbook list and bibliography.
3. Style and format of the exam.

**LVN Admission Options:**

1. All LVN applicants must complete program pre-requisites, with the required G.P.A. For Human Anatomy (BIO 4), Human Physiology (BIO 5), and Intro Microbiology (BIO 6), the combined G.P.A. must be 2.5 or higher, and a G.P.A. of 2.0 or higher for English 1A. Additionally a G.P.A. of 2.0 in vocational nursing courses in required for entry into the Associate Degree Nursing Program (see Cabrillo College catalog and Cabrillo Nursing Student Handbook).

2. All LVN applicants must achieve 45 points on the Multi-criteria admissions form (see Cabrillo Nursing website for form), and pass the TEAS test prior to starting the program.

3. All applicants must have an active LVN license.

4. LVN applicants will be admitted to the second semester of the program only, on a space available basis. Qualified LVN applicants will be placed on a wait list by application post mark date.

*Revised*  
*4/8/16*

An L.V.N. may apply for the “30-Unit Option” in preparation to take the R.N. examination in California. This option is only open to L.V.N.s who hold a valid California LVN license and, after completion of this option, the resulting RN licence may limit practice to California only. Please see a separate policy statement in the nursing department office if you are interested. Please discuss the advantages and disadvantages of all options with the Nursing Counselor and Nursing Director.
CLINICAL COMPLIANCE POLICY FOR CLINICAL PLACEMENT

To comply with program policies and state and local regulations for health care provider, and in the interest of student and patient safety there are significant health and security screening requirements that must be met in order to enter the clinical area.

These policies may be expanded due to additional requirements which may come from hospital/clinical facilities at any time. Students may be denied access to clinical facilities based on health screening results, drug screening results, background check results, or results which appear on a student’s LiveScan fingerprinting. If the student’s record is not clear, the student will be responsible for obtaining documents and having the record corrected and cleared. If this is not possible, the student will be unable to attend the clinical portion of the program. If a student cannot complete the clinical education during the time it appears in the curriculum, a student will not be able to complete the program requirements. The school is not obligated to make special accommodations and will not find an alternative clinical site if there is a problem with a student’s clinical compliance requirements.

All students are expected to provide documentation of all clinical compliance requirements to the current online tracking system contracted by the College. Students must meet all deadlines associated with compliance requirements or will be removed from the clinical site.

To comply with state and local regulations for healthcare providers, students enrolled in the Cabrillo College Allied Health programs of Radiology Technology, Nursing, Dental Hygiene, and Medical Assistant may be required to undergo the following screening procedures in order to meet clinical compliance requirements.

Background Checks:
In order to be eligible to participate in placements at clinical facilities nursing program students must use the approved vendor to complete criminal background checks. The background check is not a requirement for acceptance to the program, will not be reviewed by Cabrillo staff or faculty without written permission from the student, and will be completed only after an invitation for admission is received. The background check will be required as part of screening for clinical placement and will be reviewed by a designated employee at the clinical site. Students must be prepared to provide printed background report results to their clinical site at any time during the program. Background investigations will minimally include the following:

- Social Security Number Verification
- Criminal History Search (3 counties, 7 years or up to five background searches)
- Sex Offender and Predator Registry Search
- Office of Inspector General (Health and Human Services) Sanction List Search
- General Services Administration Excluded Search
- Address Verification
- Two Name Searches (current legal and one other name)
Health Screening:
There are significant health-screening requirements that must be met before entering the clinical area. Each student is required to meet vaccination, titer, physical exam, and drug testing requirements and provide documentation by the required deadlines. You may elect to have these requirements performed at Cabrillo’s Student Health Center, at your own medical provider’s office, or at a clinic. In any case, all documentation regarding health screening MUST be provided to the current compliance tracking system. Students must be prepared to provide printed drug screening results to clinical sites at any time during the program.

LiveScan Finger Printing:
Students may be required to complete Live Scan (inkless electronic fingerprinting) if the clinical site to which the student is assigned requires the procedure. LiveScan fingerprints are electronically transmitted to the Department of Justice (DOJ), and in some cases to the Federal Bureau of Investigation (FBI) for completion of a criminal record check. LiveScan finger printing can be completed at the Santa Cruz County Sheriff Sub-station on the Cabrillo College campus.

Other Program Requirements:
Students must be current with all program required documentation which may include, but is not limited to, current CPR certification, Release of Records documentation, Handbook Verification Form, online training module completion certificates, or other documents required by the nursing program.

Pregnancy
A student who is aware that she is pregnant must inform her clinical faculty and provide the following:
1. A letter from her licensed prenatal care provider confirming the pregnancy and stating that the student is able to continue in all aspects of her nursing student role, i.e. theory, practice lab, and clinical practicum.
2. A letter is required from her care provider before the student will be permitted to return to the role postpartum.
3. The student is responsible for being aware of and responsible for protecting her fetus and herself from exposure to radiation and other potentially damaging substances in the clinical setting. Damaging substances may be identified in the Occupational Hazard Manual available in each clinical placement agency. A pregnant student will not be knowingly assigned to patients with the following conditions and treatment modalities:
   - HIV, Herpes Zoster, CMV, Ribavirin treatment of respiratory synticial virus,
   - Patients with sealed or unsealed sources of radiation
Pregnancy policies of the agency to which the student is assigned will take precedence over the above in the event of stated requirements greater than these.

Injury & Physical Status Changes Post Admission Physical Exam
If your physical status changes since the admission physical exam to enter the program it is the student’s responsibility to inform faculty immediately to investigate possible clinical accommodation(s). In the event of an injury, which may impact or restrict the student’s ability to participate in the academic or clinical setting; written release must be obtained from
the student’s care provider to allow the student to resume participation in required coursework. The Cabrillo College associate degree nursing program follows the guidelines established within each clinical facility regarding restricted activity. Example: you fracture your ankle and must wear an ankle boot to ambulate. In this case we will need to get clearance from the clinical agency and a release note from your primary care provider for clinical work (with or without limitations) to admit you back to clinical. Failure to notify the program may be considered academic dishonesty.

INFECTION CONTROL AWARENESS

It is the responsibility of every student in the health care setting to be aware of health-care-associated infections and the prevention of the spread of microorganisms that can lead to infection in another person, including the health care practitioner. The following are important factors in the prevention of health-care-associated infections:

- **Proper hand washing** is the most effective method of preventing spread of infections. Perform hand hygiene procedures, either by washing hands with conventional soap and water or with alcohol-based hand rubs, or as recommended for specific microorganisms.
- Keep current on immunizations to safeguard the health of workers and protects patients.
- Following agency and nursing program policy for personal illness.
- Utilize of standard precautions in all nursing care environments.
- Consistently following infection control procedures according to agency policy & Center for Disease Control (CDC) recommended guidelines.
- Caution in the handling and disposing of needles per policy.
- Adherence to agency and nursing program policy and procedure when exposed to needle sticks or contamination with blood & body fluids.
- Knowledge of risk factors and monitoring of personal viral status (HIV and Hepatitis B and C). If a student is HIV or Hepatitis positive, it is the student’s responsibility to protect patients and peers from exposure to the virus.

*Revised 4/26/15*
PUNCTURE WOUND OR BODY FLUID EXPOSURE

Purpose: Treatment of the healthcare worker after blood or body fluid exposure.

Policy: In accordance with the OSHA Blood borne Pathogens Standard 29 CFR 1910.1030 and the Needle stick Safety and Prevention Law HR 5178, SB 3067, the following Exposure Control Plan has been developed and will be adhered to by the students and faculty of Cabrillo College Associate Degree Nursing Program.

Definitions:
- Blood borne Pathogens - pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to HBV and HIV.
- Exposure Incident - a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of the student’s duties.
- Occupational Exposure – reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the student’s duties.
- Human Body Fluids – semen, vaginal secretions, cerebral spinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- Source Individual – any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the student. Examples include, but are not limited to, hospital and clinic patients; patients in institutions for the developmentally disabled; trauma victims; patients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains, and individuals who donate or sell blood or blood components.

Initial Action:

1. Immediately cleanse splash or wound.

2. Student shall immediately notify their faculty and unit manager of the exposure. Initiate agency protocol. Time is of the essence. If post exposure prophylaxis is needed it should be started within 1 to 2 hours.

3. Student shall report to the nearest Emergency Department for immediate evaluation.
Acute Care Hospital

1. The agency procedure reflecting OSHA guidelines for puncture wound or body fluid exposure will be followed. The designated hospital personnel will gather the data on the donor’s risk factors for urgent assessment of any blood borne diseases. The agency will be responsible for the following:
   • Obtaining consent from the donor for testing for HIV, hepatitis and other blood borne diseases. (As of 1/95 donor consent is not required for testing following exposure.)
   • Scheduling recommended follow-up lab tests.
   • Scheduling appointment for counseling and follow-up management.
   • Coordinating the retroviral and/or treatment procedure (when applicable).
   • Collecting all lab results.

2. The student should be directed to the Student Health Services and Human Resources for documentation of the incident safety review and insurance documentation.

Community Agency/Nurse Managed Center

The clinical faculty will conduct an immediate confidential evaluation and follow-up. Medical history and risk factors for HIV, HBV and HCV will be reviewed with the source patient and the exposed student. **Time is crucial, if post exposure prophylaxis is needed; it should be started within 1-2 hours of exposure incident.** Following the initial first aid, the following activities will be performed:

   • Identification and documentation of the source individual will be the responsibility of the clinical faculty.
   • Consent will be obtained from the source individual and the primary medical provider for immediate source patient testing to determine HIV, HBV, and HCV infectivity.
   • The exposed student should be sent to the nearest acute care emergency room for further medical follow up and evaluation with possible treatment. Source patient evaluation and blood samples should be sent to the emergency room along with the student.
   • If the source individual is already known to be HIV, HBV and/or HCV positive, new testing need not be performed.
   • The exposed student may be provided with the source individual’s test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual.
   • After obtaining consent, the exposed student’s blood will be tested for HIV, HBV and HCV baseline serological status.
   • If the student does not give consent for HIV serological testing during collection of blood for baseline testing, the baseline blood sample will be preserved by the collecting agency for at least 90 days; if the exposed student elects to have the baseline sample tested during this waiting period, testing will be performed as soon as feasible.
   • The student should be directed to the Student Health Services and Human Resources for documentation of the incident safety review and insurance documentation.

*Revised 5/12/17*
Financial Responsibility for Treatment

The student’s individual medical insurance will be billed as primary coverage for the incident. Cabrillo’s Student Accident Insurance will be the secondary payer. All students are required to provide insurance information to the Student Health Center. Cost of the source patient testing will not be the student responsibility.

Reporting Requirements

In all cases of exposure the following reporting requirements must be met:
1. The Cabrillo College Student Incident form. A copy of this form will be kept in the skills lab and also sent to Student Health Services.
2. The student will complete all necessary forms provided by Human Resources.

ATTENDANCE

The nursing department requires student attendance as stated in the Cabrillo College Attendance Policy. The policy is outlined in the college catalog.

Specific guidelines for implementation of the policy for the nursing department are as follows:
1. A student is expected to be in attendance at all times in clinical and theory classes in order to meet course objectives.
2. Nursing courses require active participation each day of class so it is important for you to attend every class session, arrive on time, and come prepared. Your participation not only enhances your own learning, it benefits other students in the class, especially when the class is doing group work.
3. A student is to notify the faculty prior to any absence according to the specific directions of the faculty.
4. Absence due to illness does not relieve the student from the responsibility of making up any work missed. The student is responsible for obtaining information concerning missed work and seeing that it is completed within the due date.
5. It is expected that students will take steps to prevent the spread of flu. Stay home if you are sick for at least 24 hours after chills, fever, or symptoms that may spread infection.
6. Absence is considered excessive and completion of objectives is compromised when theory class hours of absence exceed the total of one more than the number of hours the class meets per week. (Refer to college catalog for details.)
7. Clinical attendance is expected to be 100%; if an absence occurs then faculty members will evaluate each student’s absence. The student will notify the faculty of the absence per faculty policy, before clinical begins. The student is responsible for consulting with the clinical faculty regarding the implication of the absence and any required make-up. A medical clearance may be required to ensure the safety of both the student and patients.
8. If a student misses part of a clinical day, the clinical faculty will determine if objectives have been substantially met and whether the partial absence requires any make-up work.
9. A student who misses skills laboratory is required to make-up the lab. The student is responsible for contacting the lab faculty member for scheduling a make-up lab time. Please refer to level syllabus for details.
10. Students who are late to class are asked to be quiet and respectful of the class. Recurrent lateness by a student, in any course, will be noted by the faculty and may indicate a lack of professionalism and responsibility demonstrated by the student. Recurrent tardiness will be considered cumulative and contribute to total absence time in any given course.
11. Students requesting leave of absence due to the loss of an immediate family member (spouse, child, parent or sibling) or significant other (grandparent, guardian, partner) during a semester will be assessed individually by the faculty in determining any make-up work required and permitted.
12. Students with excessive absences must develop an action plan to maintain good standing in the class and/or program. The determination of whether a student may continue in a course will be done through faculty review of the student’s performance in meeting course objectives.
13. Students who do not attend the first class meeting in any course, including those that begin in mid-semester, may be dropped from the course. If a student is unable to attend that first class meeting, it is his/her responsibility to notify the faculty prior to the class starting.
14. Final examinations are required in all courses. Students are required to attend final examinations. See Cabrillo College policies.

**EXCESSIVE ABSENCE**

Class hours of absence are considered excessive when they total more than the number of hours the class meets per week in an average semester. This applies equally to day, evening, summer, and Saturday classes.

Absence from class in excess of two weeks will constitute reason for a faculty to withdraw a student from a full-term course. It is the student’s responsibility to officially withdraw from classes. Failure to withdraw from classes officially may result in the assignment of failing grades. See Cabrillo College catalog.

**EXCLUSION FROM CLASSES**

When a student fails to attend the course on the first day, has excessive absences, has not met application or admission requirements to attend the course, the faculty may drop the student from the course.

Revised 4/27/15
GRADING POLICIES

Students are required to follow all Cabrillo College and nursing department policies.

- Written assignments are due on the date and time assigned.
- Written work that is late may have points deducted for each day, including weekends and holidays unless prior approval of the faculty has been obtained.
- Oral reports and other projects must receive a satisfactory grade.
- Remediation for any non-passing assignment is at the discretion of the faculty.
- See the course syllabus for specific grading scales and points on assignments.

THEORY COURSES

The grade for all nursing courses must be at least C for theory and credit for clinical in order to advance to the next level. If a student is unsuccessful in one course, i.e., has a grade of less than 2.0 in theory or no-credit in clinical for a specific course, then the student will not be able to progress in the nursing program. Theory, process lab, and clinical practicum are integrated and co-requisites. See the course syllabus for specific grading information for theory courses.

CLINICAL GRADES

The evaluation of clinical competence, which may include a student’s behavior in a clinical setting, is an academic issue. The clinical components of courses are graded on a credit/no-credit basis. A credit grade is attained by meeting all of the clinical objectives for the course. In a semester with more than one rotation, the clinical objectives for each rotation must be met. A no-credit grade is issued if the clinical objectives are not met by the end of the course.

Formal clinical evaluation conferences are scheduled at the end of the course. At any time a student may initiate discussion with their assigned faculty regarding feedback and guidance about their performance in clinical. The faculty likewise will initiate discussion about the student’s performance in clinical when indicated.

A student may be dismissed from the clinical component of a course before the end of the course due to unsafe or unsatisfactory academic performance. In clinical this may include: repeat of a behavior for which the students was on a prior probation; a documented pattern of behavior that leads to an unsafe clinical situation; a student taking an unacceptable risk, not following the verbal or written direction of faculty, nursing school policy, or hospital policy that places a patient or others at risk.

Revised 4/8/16
BASIC MATH & DRUG DOSAGE CALCULATION TEST POLICY

The Nursing Education Department requires all first, second, and third level nursing students to successfully pass a basic math and drug dosage calculation test at the start of each semester. The test measures competency expected of students entering a clinical practicum.

Students may not give medications/solutions of any kind until successful completion of the basic math & drug dosage calculation test each clinical practicum.

To successfully pass the basic math & drug dosage calculation test the following criteria must be met:

- **Level I Students:** All level one students will take the level one math test. A score of 90% is required for passing the test. The student has a total of three attempts to pass the basic math calculation test for the course by the end of week three of the semester. If, after the first attempt of the level one math test, the student does not receive a score of 90%, a MANDATORY remediation plan will be developed with the Student Success Coordinator or designee. A student will not be allowed to pass ANY medications in clinical until the math test has been successfully passed. Not demonstrating safe medication delivery during a clinical rotation may impact your ability to meet all of the objectives of the class, which may impact your ultimate success in passing the class.

- **Level II Students:** A score of 90% is required for passing the test. The student has a total of three attempts to pass the basic math & drug dosage calculation test for the course by the end of week three of the semester. If, after the first attempt of the level two math test, the student does not receive a score of 90%, a MANDATORY remediation plan will be developed with the Student Success Coordinator or designee. A student will not be allowed to pass ANY medications in clinical until the math test has been successfully passed. Not demonstrating safe medication delivery during a clinical rotation may impact your ability to meet all of the objectives of the class, which may impact your ultimate success in passing the class.

- **Level III Students:** A score of 90% is required for passing the test. The student has a total of three attempts to pass the basic math & drug dosage calculation test for the course by the end of week 4 of the semester. If, after the first attempt of the level three math test, the student does not receive a score of 90%, a MANDATORY remediation plan will be developed with the Student Success Coordinator or designee. A student will not be allowed to pass ANY medications in clinical until the math test has been successfully passed. Not demonstrating safe medication delivery during a clinical rotation may impact your ability to meet all of the objectives of the class, which may impact your ultimate success in passing the class.
Important information:

- Accurately completing basic math problems and dosage calculations is considered a clinical skill, extra time and/or alternative test location is not allowed for the test.
- The first test will be given during week one. See clinical course syllabus for date, time and location.
- Time allowed for the test is 30 minutes.
- A simple standard calculator only may be used.
- All work must be shown in an organized and legible manner. All answers must be circled and labeled by the student. All work must be turned in at the end of the test.
- For each attempt, a student is given a different and comparable version of the test.
- Students who do not pass the basic math & drug dosage calculation test on the first attempt:
  - Are responsible for required and immediate follow-up with the Student Success Coordinator or Lab Coordinator for an appointment to take another version of the test.
  - Are responsible for utilizing available resources for success, Success Coordinator or Lab Coordinator:
    - For individual test review.
    - To support interventions: such as discussion of learning strategies, practice problems in various workbooks in the lab, and review of prior test.
    - Referral to other campus support systems may be helpful, such as: math tutoring center, counseling, and other campus support as indicated.

It is ultimately the student’s responsibility to utilize available resources and prepare for successful completion of the basic math & drug dosage calculation test.

Revised 4/17/18
Examination Policy

Missed Exams

The faculty considers missing an examination a serious matter. The integrity of the exam is compromised whenever an exam is missed, as we cannot control students talking about the exam. The rest of the class is affected because they may not have an exam review.

We consider it part of the professional accountability of students to be prepared to take the examinations when scheduled. The dates for exams are in your syllabus and therefore known to you at the beginning of the semester. **It is the expectation that exams should be missed only for personal illness or extenuating circumstances (an event beyond your control).**

The faculty does realize that for a student not to be allowed to take a make-up exam seriously jeopardizes the ability to pass a theory class, and therefore to stay in the program. Therefore:

1. Be proactive, if an emergency or event beyond your control arises call the faculty ahead of the exam and explore possible options.
2. If an examination is missed for any reason, the student must petition the faculty in writing to request taking a make-up exam. Granting the request is at the discretion of the faculty, and will be considered on a case-by-case basis.
3. If the request is granted, the faculty will determine the date and time for the make-up.
4. The faculty reserves the right to delay the make-up exam until finals week.
5. Students should be aware that there is no guarantee of faculty availability for making up exams after finals week if the final exam is missed.

Use of Reference Materials During Exam

Electronic equipment such as cell phones, computers, and non-electronic resource material such as notes, are to be turned off, off the desk and put away out of site. Reference materials electronic or otherwise may only be used if expressly and specifically stated by the proctor of the exam. Appearance of unauthorized materials during an exam may result in failure of the exam.

Leaving the Exam Room During Exam

Students are expected to take care of their basic needs prior to arrival for exams. If a situation arises that makes it necessary to leave the room, the following protocol will apply:

1. Students are encouraged to speak to the proctor concerning special needs before exam.
2. Cell phones, books, notes, backpacks, and briefcases are to be left in the room.
3. The exam and answer sheet are brought to the proctor.
4. The proctor reserves the right not to return the exam and answer sheet if the absence is determined to be excessive.
MAKEUP EXAMS

Makeup Exams
1. Makeup exams are given only for personal illness or extenuating circumstance.
2. If an exam is missed, the student must petition the faculty in writing to request a makeup exam. Granting the request is at the discretion of the faculty.
3. If the request is granted, time and date of the makeup exam will be arranged by the faculty.

Revised 11/00, 12/05, reviewed 4/07, revised 4/11/11

ACCOMMODATIONS

To support student success, with the assistance of the Accessibility Support Center, the nursing program has developed an accommodations policy for nursing theory and clinical courses, see appendix Accommodations. For further information see The ASC Home page at: https://www.cabrillo.edu/services/dsp/

Professional Behavior and Academic Honesty

Professional nursing practice is based on personal accountability, honesty, civility, integrity, and ethical behavior. These characteristics of professional conduct are integral parts of providing safe patient care and are expected in all activities related to the nursing program. The following documents describe professional behaviors (see appendices):

- The American Nurses Association Code of Ethics for Nurses
- The American Nurses Association Standards of Clinical Nursing Practice: Standards of Professional Performance
- The National Student Nurses Association Code of Academic and Clinical Conduct
- The California Board of Registered Nursing Standards of Competent Performance

Patients and the public entrust their physical and emotional wellbeing to nurses who care for them. Please review these documents and familiarize yourself with the standards and expectations of professional conduct. All documents for the nursing program, including admissions documents and clinical compliance documentation, need to meet standards of honesty and integrity. Falsifying any record to the program or clinical agency is considered academic dishonesty.

PLAGIARISM

Plagiarism is the conscious or inadvertent failure to identify the work of others. Plagiarism is loosely defined as the use of another person’s words or ideas without giving any credit or making any acknowledgment of the original source. This is true for both written texts (essays, articles, books, information from web pages etc.) and for spoken language (speeches, lectures, interview, etc.). A failure to credit others may result in a failing grade for the
assignment, course, or suspension. Students are expected to know how to credit, paraphrase and quote sources. If you are unsure, ask faculty for assistance prior to handing in your work. You must put “quotation marks” around any exact printed working that you borrow, including phrases.

Paraphrase is the term used to convey the same ideas as another writer in roughly the same amount of language, entirely in your own words and sentence structure. You must still acknowledge the original source, but paraphrase allows you to work those ideas more seamlessly into your own writing and does not require quotation marks.

Patchwork Plagiarism is stealing just a few phrases and general content or ideas without acknowledging the source.

When the original ideas are borrowed, even when their order is changed around and the language altered, quotation marks are not required but you must still acknowledge you source.

Excerpted from: Student’s Rights and Responsibilities Handbook and Diane Putnam, Cabrillo College Writing Center

Resources for paper writing:
American Psychological Association (APA) format and style including citation is required for all nursing program papers.

- Cabrillo College Library Style Guides
  http://libwww.cabrillo.edu/depts/styleguides.php#apa

- Cabrillo College’s Online Writing Lab
  www.cabrillo.cc.ca.us/divisions/english/writcenter/Online/mainowl.htm

- The Cabrillo College Writing Center calls this “a truly outstanding writing site!”
  http://owl.english.purdue.edu/handouts/index2.html

- A comprehensive site for writing issues
  www.plagiarism.org/articles.html
  See the section: Guidelines for Writing Academic Manuscripts and Avoiding Plagiarism

CHEATING

Cheating on exams or other work is defined as unauthorized taking or giving information. Using books or notes in closed book exams, cell phones or other electronic media, or using calculators with formula functions are examples of cheating. Copying any part of another student’s work and representing it as one’s own work with or without their permission is considered cheating. **Cheating** – First incident, F on the exam, second incident, W or F for the course.
Disruptive Behavior

Disruptive behavior is unprofessional conduct in any setting while participating in Cabrillo College programs. Examples of disruptive behavior may include, but are not limited to:

- Incivility with patients, peers, staff, or faculty.
  - Examples: Talking in a disrespectful tone, rudeness, spreading rumors, making demeaning remarks in person or electronic media, cursing.
- Abusive or bullying behavior toward patients, peers, staff, or faculty.
  - Examples: Spreading rumor or innuendo that is not true, intimidating a person, Bullying may involve verbal or psychological forms of aggressive (hostile) behavior intended to harm another.
- Discrimination, hazing, harassment, or sexual harassment.
- Being under the influence of alcoholic beverages or illegal drugs.
- Emotional instability which may affect the student or other’s safety and well-being.
- Repetitive tardiness.
- Furnishing false information to the college.
- Behaviors which adversely affect the learning environment as described under prohibited conduct in the Student’s Rights and Responsibilities at Cabrillo College.

Civility is critical to teamwork, healthy work and learning environments, morale, and patient safety, and is vital to the practice of nursing.

Consequences of Disruptive Behavior:

Consequences of disruptive behavior or academic dishonesty including plagiarism, cheating, falsifying any record to the program or clinical agency, disruptive behavior or breaches of confidentiality, are subject to Cabrillo College’s progressive disciplinary processes and may include failure of the assignment, course or dismissal from the nursing program or college. Some unprofessional behaviors may also be subject to civil and legal sanctions. Referral will be made to the Dean of Student Services when appropriate for any necessary disciplinary action.

Severe Clause: Severe acts of disruption, lack of respect, such as with use of a racial slur or an issue of sexual harassment or bullying will be cause for immediate drop from the class with referral to the Dean of Student Services and other college and legal authorities.

In addition to the standards described above, see the Students Rights and Responsibilities at Cabrillo College handbook which discusses prohibited conduct in the academic setting including plagiarism, cheating, and disruptive behavior.
WHAT STUDENTS CAN EXPECT OF FACULTY:
1. Courtesy and respect to all students and a commitment to civility in the program.
2. Start class on time and end class on time.
3. Score and provide feedback on all clinical evaluations, assignments and exams.
4. Availability to students during office hours.

CONFIDENTIALITY
Confidentiality of patient information is an important part of professional, ethical, and legal nursing practice. Breaches of confidentiality include, but are not limited to:
• Discussing patient information in public areas
• Disclosing information to persons other than those directly involved in the care of the patient
• Copying, printing or reproducing any part of the patient record without authorization
• Taking patient-identifying information home

Patient Confidentiality is a Federal Law
In addition to the professional and ethical implications of confidentiality, a federal law called the Health Insurance Portability and Accountability Act (HIPPA) took effect on April 14, 2003. Application to the clinical setting includes:
• knowing what constitutes Individually Identifiable Health Information (IIHI)
• Knowing when IIHI is considered Protected Health Information (PHI)
• Using only the minimum necessary PHI to perform you job & Safe-guarding (PHI)
• Keeping computer login and ID passwords private
• Positioning computer screens away from public view
• Closing medical records(charts, medication administrations records) when not in use
• Disposing of PHI in proper shredding waste containers
You will be receiving education for HIPAA compliance. Failure to comply with these regulations may lead to disciplinary action from the nursing program and legal action through the clinical facility.

May 2003, last revised 4/28/15
General Communication and Notification of Student Progress
Within the nursing program we communicate with students and students are given notification of progress toward goals in multiple forms. They include verbal communication, written conference summaries, formal grading, verbal counseling and warning, written warning and probation. It is the student’s responsibility to clarify any communication that is unclear.

Verbal Communication of student progress occurs often particularly in lab and clinical settings where one-on-one communication with faculty is the norm. Faculty gives guidance, direction, and education during these interchanges. Students are expected to listen carefully, attend to what is said, participate, discuss the issue and ask questions as necessary (take notes). Student change in behavior or improved student performance and outcomes is the expected result.

Faculty also communicates information on an ongoing basis to students through the syllabus; Canvas; email (required in the nursing program); notices on the level boards outside the lab; messages through student representatives, and phone messages. It is essential that the nursing office have any updated phone numbers and emails at all times. Be sure to let your clinical faculty know of any changes.

Formal Grading includes but is not limited to exam scores, quizzes, written paper scores, and clinical evaluations. These formal evaluations relate directly to course objectives that are found in your course syllabi and relate directly to program objectives found in your Nursing Student Handbook. These formal evaluations are delineated in the syllabi for each nursing course.

Verbal Warning is a verbal communication between you and your faculty highlighting a deficiency or behavior that is expected to change to meet course objectives. It is an opportunity to clarify misconceptions, inaccurate thinking, and educate the student; often leading to further study on the student’s part to correct the deficiency. A verbal warning may be written on the conference summary as a reminder of the verbal warning.

Written Warning/Early Alert is a written communication between you and your faculty highlighting a deficiency or behavior that is expected to change to meet course objectives. It is an opportunity to clarify misconceptions, inaccurate thinking, and educate the student; often leading to further study on the student’s part to correct the deficiency. A written warning is serious and should include the expected behavior change and consequences for not meeting course expectations. The student receives a copy and the written warning is placed in the student’s file. A Conference Summary Form may be used for this purpose.

Probation Contract is a written communication between you and your faculty highlighting a deficiency or behavior that is expected to change to meet course objectives. This is an alert that the student at the time of the probation notification is not passing the course. Again it is an opportunity to clarify misconceptions and educate the student; often leading to further study and action on the student’s part to correct the deficiency. A written probation is more severe than a written warning and should be taken with the utmost seriousness. The probation
contract includes the following: the deficiency related specifically to course objectives, the expected behavior change, the time the student has to comply, and consequences for failure to meet stated expectations. The student is expected to develop a plan for success if appropriate and may use the Student Plan for Success found in the Nursing Student Handbook. The student receives a copy, and a copy is placed in the student’s file. A Conference Summary Form or Probation Form may be used for this purpose. However, any written document that includes the appropriate information qualifies as a written notification of warning or probation.

CLINICAL PRACTICE POLICIES

Dress Code

Students are to appear in the clinical facilities in complete uniform unless otherwise designated. Uniforms must be clean, neat, wrinkle-free, professional, and changed daily. Shoes must be kept clean. Lab coats are worn over street clothes for the selection of patients on preparation day. Street clothes are to be slacks or dresses. Clothing is to be clean and free of wrinkles. Please, no T-shirts, jeans, sweats, shorts, miniskirts, sandals, or bare midriff tops. No midsection skin is to be showing, even with movement.

NAME BADGES: Name badges must be worn and must be visible at all times.

PATCHES: An approved program patch should be sewn on the right uniform sleeve and lab coat or sweater, centered 2-3 inches below the seam line. Program patches must be visible at all times. Patches are available in the bookstore.

Note: All long sleeves must be able to be pushed back to elbows for hand washing.

TOPS: Solid white scrub top. White turtlenecks or tee shirts may be worn under shirt, blouse, or dress.

PANTS: Navy blue scrub pants.

LAB COATS: Are worn over street clothes for the selection of patients on preparation day and for some community visits.

COVERUPS: All lab coats must be white with program patch on right sleeve.

SHOES: White professional shoes or clogs. Must be clean with closed toes and heels, and in good repair. Shoelaces are to be white only. Running shoes may be worn if white, kept clean and neat.

STOCKINGS: Socks or stockings must always be worn. Socks or leggings must be white only.
FANNY PACKS AND APRONS: White or blue and kept clean. May be used if institutional policy allows.

JEWELRY: No tongue/eyebrow/nose piercing jewelry. Other jewelry is strictly limited to:
   1. Wedding set
   2. Pierced ear posts, one per ear only
   3. Medical ID bracelet or necklace only

HAIR: Must be clean, well-groomed, neatly arranged and secured away from the face, your patient, or work area. Male students must keep beards and mustaches clean and neatly trimmed, or be clean shaven, and must accommodate an isolation mask.

NAILS: Short, natural nails. Clear polish only, no chips.

TATTOOS: No visible tattoos are allowed in the clinical setting, all tattoos must be covered.

HYGIENE: Personal cleanliness is mandatory. Avoid scented products, lotion, hair products, etc.

CLINICAL PREP: Wear your lab coat, name badge, and dress professionally (hair away from face, no jeans, sweats, or shorts, etc.).

SPECIALTY ROTATION AND NURSE MANAGED CENTER: Uniform or dress will be determined by clinical instructor.

Revised 4/27/15; 4/8/16; 4/17/18; 5/9/19

Clinical Placements and Transportation

Students must arrange transportation to clinical sites. There are possible day and evening shift assignments, including the San Jose, Palo Alto, and Monterey areas. All students must rotate to out of town sites at different times during the program. Students participate in selecting clinical placements but the final decision is made by faculty.

Registration

All students must be officially registered in the course before attending clinical practicum.

Required Records

Students are responsible for submitting current health care provider, health screening, CPR certification, and health records such as tuberculin skin test, and immunizations before
attending clinical practicum. CPR records must be current and be submitted to the nursing office. Health screening records must be submitted directly to Castle Branch. Background checks are to be kept by the student. Students are required to have copies of all clinical requirements and be able to supply a copy to the clinical facility within 24 hour notice.

Clinical Learning Experience Policy

Cabrillo College has a student education agreement with each facility in which we place students. The hospital retains full responsibility for the patient care and management of related services. The students participating in the clinical practicum shall be under the exclusive jurisdiction of the college at all times. In the hospital setting the patient’s Registered Nurse has responsibility for the patient, and the clinical faculty governs the actions of the student to meet related course objectives.

BRN position excerpt from NPR-B-66 11/2008: The role of the nursing faculty is to provide direct and indirect supervision of the nursing student in all clinical activities. The Faculty determines the amount of supervision to provide to any individual nursing student. Factors when determining appropriate level of supervision, the faculty will consider:

- Severity and stability, condition of the assigned patient
- Students competency and ability to adapt to changing situations in clinical
- The treatments, procedures, and medications to be administered
- Other patient and environmental conditions

Both the clinical faculty and the RN in the clinical facility, are responsible for the quality of care delivered by students under their supervision. Both may supervise the student to assure quality patient care with in the above parameters.

In the clinical learning environment the student is responsible for following policies, procedures, and directives in the following manner:

- The clinical policies and procedures in the Cabrillo Nursing Students Handbook are the baseline and minimum Nursing Program policies.
- Clinical faculty may increase level of supervision and have additional policies dependent on the level of the student, environment of care, and condition of the patient(s). These policies may be given at clinical orientation, verbally or in writing, and may change during the course of an assignment depending on changing conditions. Students need to listen, and attend to, faculty directives in the clinical setting. Do not hesitate to ask clarifying questions.
- The student is responsible for following agency policies and procedures at all times.

It is expected in the clinical area that the student will follow the verbal or written directive of their clinical faculty. If at any time the directive of the nurse and the directive of the clinical faculty are in conflict the student will step away from the activity and wait until the conflict is resolved. Students are not to assume a procedure is OK in the clinical setting, procedures require faculty approval to be performed. It is the student’s responsibility to ask their clinical faculty for direction at any time there is a question in the clinical setting.
During orientation to the clinical facility many hospital specific and general guidelines are reviewed. The student is responsible for understanding and adhering to policies reviewed in orientation, including, but not limited to: privacy compliance, provisions regarding blood-borne pathogens, universal precautions, and other relevant policies and procedures. Students are expected to follow hospital policy and procedures at all times; therefore, students must look up policies and procedures before performing any procedure on a patient- no exceptions.

All students may be subject to the substance abuse/drug testing policy, confidentiality policy, and ethics statement of the clinical facility.

The Facility is not obligated to accept a student and is not obligated to discuss with the student reasons for being denied. The decision cannot be challenged.

**Procedures**

1. Procedures must be performed safely and in keeping with quality patient care, and must be in compliance with:
   - Agency policies and procedures and/or designated handbook used by the agency.
   - Nursing program policies found in the Nursing Student Handbook
   - Clinical faculty knowledge, approval, and guidelines for the clinical rotation.
   - Student’s competency as defined by lab preparation/competency, clinical experience with the procedure, and readiness to accept full professional liability. It is the student’s responsibility to ask for any assistance of the clinical faculty as appropriate.

2. Procedures performed for the first time must be done under the direct supervision of clinical faculty unless otherwise specifically directed by the faculty.

3. Students may only do procedures with the patient’s RN if they have been authorized to do so by the current rotation clinical faculty, on a case-by-case basis.

4. Students may only do procedures independently when cleared by the current rotation clinical faculty.

5. See also: Supervision of Students Administering Medication by IV Push.

6. Central line access for IV normal saline flush or IV medication push must be directly supervised by the clinical faculty.
Supervision of Students Administering Medication/Solution by IV Push

Definition of Intravenous (IV) push medication administration: Any medication or solution which is administered directly to the vein, through an existing IV line or by direct venipuncture; usually over a period of time less than 1-5 minutes. This excludes medications/solutions given by controlled mechanical infusion pump.

**Level 1:** Level 1 students may not give IV push medications/solutions.

**Level 2 & 3:** ALL IV push medications/solutions must be directly supervised by the clinical faculty in Level 2 and 3, no exceptions. Level 2 may only begin to perform this skill in clinical once the skill has been taught in N26 nursing skills lab. IV push medications/solutions are not given by nursing students in the pediatric setting. Normal Saline flush of a peripheral IV line will be given under the direct supervision of the clinical faculty the first time in each rotation, after which the faculty will evaluate and determine ongoing supervision. Central line medication administration and flush require additional skill and knowledge; central line access is to be done with the clinical faculty only.

**Level 4:** All IV push medications/solutions must be directly supervised by the clinical faculty in Level 4 unless the faculty designates an RN working with the student to supervise the medication administration; on a case-by-case basis only. At all times the clinical faculty will know what IV push medication the student is giving and with whom, no exceptions. Central line medication administration and flush require additional skill and knowledge; central line access is to be done with the clinical faculty only.

**Level 4 Preceptorship:** IV push medications/solutions may be given under the supervision of the preceptor and in keeping with the hospital/agency policy regarding nursing students in the clinical area.

Failure to follow this policy will constitute unsatisfactory performance of safe medication administration and will result in (at least) a written warning, and may result in dismissal from the nursing program.

Safe IV push med. administration is the primary goal of this policy. If this policy is in any way unclear to you, consult with your clinical faculty prior to giving any IV medication or normal saline flush.

Safe Clinical Practice

Provision of safe care is a legal responsibility and the overriding principle of clinical practice.

The goal of safe clinical learning environment is to provide students with a wonderful learning experience, and at the same time must provide safe and quality care for patients. To do this a scaffold of safe practices must be followed. The clinical faculty with support of curriculum, and program policies, create a safe learning environment within the clinical setting. The faculty have the authority to increase any safety standard(s), and determines the amount of supervision to provide to any individual student to meet this objective.

- The clinical faculty has the authority to take immediate corrective action in the clinical area regarding student conduct and performance to assure quality and safe patient care.
- A student demonstrating unsafe clinical behavior will receive a verbal and/or written description of the observed behavior from the faculty.
- A remediation plan will be developed so that unsafe performance is not repeated.
- If the student fails to follow through with the remediation plan or if the behavior continues, the faculty may consider this failure to modify behavior as cause for dismissal.
- If the conduct or attitude of the student threatens the health, safety, or welfare of any patient at the facility, or the confidentiality of any information relating to a patient, the student may be excused from clinical immediately pending review.
- Behaviors causing sufficient patient safety concerns, or a pattern of unsafe behavior, may result in immediate dismissal from the clinical course.

Examples of unsafe practice may include but are not limited to:

- Failure to follow
  - Baseline policies and procedures in the Nursing Student Handbook.
  - Clinical faculty policies and directives in the clinical area.
  - Hospital/agency policies and procedures.
- Performance of skills/care without faculty clearance and the appropriate level of supervision as determined by the faculty.
- Performance of skills/care without preparation.
- Failure to follow safe medication administration practice.
- Failure to report errors or covering own or others’ errors.
- Failure to use good judgment by making decisions that place the patient’s safety or wellbeing at risk.
- Failure to report information in a timely manner which may place a patient at risk.
- Repeated failure to use infection control practices.
- Insufficient documentation of care.
- Inadequate use of the nursing process when providing care.
- Inability to apply knowledge that is expected at the course level.
- Lack of, or inappropriate communication with agency staff, peers, or faculty resulting in miscommunication, error, disruption of patient care, and/or unit functioning.
- Practicing invasive nursing skills on volunteers outside of the skills lab course.
- Appearing in the clinical setting under the influence of drugs or alcohol.
- Displaying unstable mental, physical, or emotional behavior which may present a danger to self or others’ wellbeing.

Revised 4/27/15

Clinical Area without Faculty

Students may not remain or return to the clinical facility outside of the regularly scheduled clinical rotation hours. The clinical faculty must always be present when patient care is addressed or performed with the exception of: out rotations, community rotation, preceptorship, or to collect clinical preparation data as assigned. Students on suspension or dismissed from the program may not return to the clinical facility related to the reason for suspension or dismissal; if there are concerns speak with your clinical faculty or program director.

Revised 5/12/17

Returning to the Nursing Practice Laboratory for Remediation

Any student who is unable to perform satisfactorily nursing skills previously demonstrated as satisfactory in the nursing laboratory and/or the clinical area will return to the nursing lab with a communication from the clinical faculty with a request for additional practice. The nursing laboratory faculty will sign the communication stating that the student did return for additional practice and is now able to satisfactorily perform the skill. This remediation must be completed within two weeks of the incident or the agreed upon time.

Clinical Evaluation

Evaluation is a continuing process involving collaboration of student and faculty to promote abilities and correct learning deficiencies. Students are encouraged to assess their own performance and consult frequently with the faculty about their progress.

Students are formally evaluated at the end of each clinical rotation based on achievement of objectives. Level objectives are contained in the Nursing Student Handbook under Cabrillo Nursing Program Outcomes. Specific behavioral objectives are stated on the evaluation forms contained in the level syllabus and come directly from level outcomes.

The grading scale consists of: exceeds objectives, meets objectives, needs improvement, or unsatisfactory. Certain safety objectives are critical elements. Grading scale examples:

Exceeds Objectives
- Consistently well-prepared for all aspects of clinical practice.
- Demonstrates outstanding performance of nursing care which consistently reflects scientific principles.
- Consistently recognizes and corrects performance and system errors.
- Consistently self-directed in approach to learning and initiates new learning experiences within safety standards.
- Consistently performs behavioral outcomes expected in the next semester level.
Meets Objectives

- Functions safely in clinical area.
- Performs care which reflects scientific principles appropriate to the level.
- Uses appropriate communication skills: safely follows verbal and written directions from clinical faculty and appropriate staff members.
- Communicates clearly with faculty, staff, patients, and peers in a timely manner; uses correct medical terminology in written and verbal communication; demonstrates interpersonal communication which facilitates trust-building and expresses empathy.
- Adheres to agency policies regarding documentation of patient care.
- Demonstrates accurate and appropriate knowledge and integrates knowledge with skills appropriate to the level.
- Recognizes learning opportunities but may require some assistance in utilizing them.
- Demonstrates personal responsibility and accountability by taking responsibility for his/her own actions and behaviors, evaluating own performance accurately.
- Being consistently on time for clinical and conference, appropriate dress and grooming, being prepared for clinical experience, turning assignments in at designated time,
- Meets behavioral objectives of the current level.

Needs Improvement

- Functions safely with guidance.
- Requires assistance in integrating knowledge with skills.
- Requires direction in recognizing and utilizing learning opportunities.
- Needs reminders and additional directions to complete assignments.
- Functions at a level consistent with prior semester outcomes.
- Tardiness.

Unsatisfactory

- Unprepared for clinical practicum, clinical preparation not done.
- Usually requires intense guidance for performance of activities at a safe level.
- Demonstrates gaps in necessary knowledge and requires frequent assistance in integrating knowledge and skills expected at the level.
- Requires frequent and detailed instruction for routine activities.
- Absent, late, incomplete, or inaccurate communication poses safety risk to patients.
- Tardiness that disrupts hand-off communication.
- Does not consult directly with the clinical faculty as instructed.

Clinical Practice Policies May 2003, revised 4/26/15
IMPAIRED NURSING STUDENTS

GUIDELINES FOR SCHOOLS OF NURSING IN DEALING WITH THE MATTER OF NURSING STUDENTS IMPAIRED BY ALCOHOLISM, DRUG ABUSE, AND EMOTIONAL ILLNESS.

In the matter of nursing students impaired by alcoholism, drug abuse and emotional illness the California Board of Registered Nursing recognizes that:

a) these are diseases and should be treated as such;
b) personal and health problems involving these diseases can affect one's academic and clinical performance and that the impaired nursing student is a danger to self and a grave danger to the patients in his or her care;
c) nursing students who develop these diseases can be helped to recover;
d) it is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness;
e) confidential handling of the diagnosis and treatment of these diseases is essential.

Therefore, the Board of Registered Nursing expects schools of nursing with students impaired by these diseases to offer appropriate assistance, either directly or by referral.

Furthermore, the Board expects that schools of nursing will ensure that faculty have the responsibility and authority to take immediate corrective action with regard to the student's conduct and performance in the clinical setting.

It is outside of the Board's scope of function to endorse or recommend a particular course of therapy; however, it does wish to inform nursing students of the importance of seeking voluntary aid for conditions that could, if left unattended, lead to disciplinary action and may prevent them from being licensed to practice nursing in the State of California.

As a preventive measure, schools of nursing are asked to provide factual material to incoming students regarding school policy on drug or alcohol abuse and mental illness among nursing students.
**Unsatisfactory Academic Performance**

Unsatisfactory student performance occurs when students do not uphold the attendance policies, academic performance standards, and/or behavior standards that are defined in the Cabrillo College Catalog Academic Policies and Procedures, the Nursing Student Handbook, course syllabus, clinical faculty policies, and hospital/clinical policy.

When a student demonstrates less than satisfactory progress or behavior and the situation does not involve serious deficiencies or unsafe practices and/or behavior:
1. The faculty or appropriate administrator will issue a verbal and written notice to the student.
2. The student will meet with the faculty/administrator if necessary.
3. The student and faculty/administrator will develop a written plan for achieving satisfactory student performance.

A student demonstrating unsafe clinical performance, directly related to learning and proficiency in the information and skills being taught in the course of instruction:
1. Will receive a verbal and written description of the observed behavior from the clinical faculty.
2. Will develop a remediation plan so that unsafe behavior is not repeated.
3. If the student fails to follow through with the remediation plan or if the behavior continues, the faculty may consider this failure to modify behavior as cause for dismissal.
4. A student whose pattern of behavior is found to be unsafe may be dismissed from a clinical course at any time during the semester.
5. Behavior causing sufficient patient safety concerns may result in immediate dismissal from the program.

When students do not complete the achievement plan and unsatisfactory student performance or behavior persists or when serious deficiencies or an unsafe situation requires immediate attention, the student may be placed on probation.

1. Faculty/administrator and student will meet to develop a probation contract that includes student:
   a. deficiencies requiring remediation.
   b. achievement goals having specific completion dates, for achieving satisfactory student performance.
   c. consequences for failure to meet specified goals.
2. When the student meets achievement goals as defined in the probation contract, the student will be notified in writing of resolution of probation status.
3. If the student does not meet the conditions for achievement goals as defined in the probation contract, or a student repeats the behavior of a prior probation the student will be dismissed from the nursing program.

Students who are placed on probation or dismissed may have the decision reviewed under the Pre-grievance and Student Grievance Procedure. A student does not receive a hearing prior to being dismissed for academic reasons. See also Students Rights and Responsibilities at Cabrillo College.

**Leave of Absence from Program**

No more than one re-enrollment in the Associate Degree Nursing Program will be allowed for a student who left the program for a medical leave. Re-enrollment is defined as taking the same level courses a second time. Leaves of absence from the program are only granted for students who meet the criteria defined in the Family and Medical Leave Act (FMLA). Students requesting a medical leave must submit
their request writing by email or postal mail to the Nursing Program office. Please include a physician’s note to verify the medical necessity of the requested deferral. FMLA criteria are noted below:

- the birth and care of the newborn child;
- placement with the student a child for adoption or foster care;
- care for an immediate family member (spouse, child, or parent) with a serious health condition; or
- medical leave when the prospective student is unable to attend the program because of a serious health condition.

See also, College policies governing repeat of a course with a passing grade, non-passing grade, and withdrawal (W).

**Re-enrollment Following Medical Leave of Absence**

All students who wish to re-enroll must return to the program the next time the level courses are offered, provided that space is available and they are cleared by their physician (documentation of clearance is required). Returning to a level will be based on the student’s original application date. No more than 10% of any class will consist of returning students. In the event that space is not available in that level, then return to the level must be made within a maximum time frame of two years. All nursing courses within a level must be taken concurrently.

Letter of intent to return: All students wishing to return to the nursing program must write a letter of intent to return within one month of separation from the program, stating their desire to return. The letter should be sent certified mail and be addressed to the Director of the nursing program.

**Repeating the Program**

A student who withdraws with less than satisfactory grades; completion of a nursing course with a grade less than “C” at the time of withdrawal, a no-pass or no-credit in clinical, or on probation, may reapply to the nursing program according to college and program policies. **Faculty reserve the right to not readmit any student who has been dismissed from the nursing program.**

All students leaving the nursing program are required to see the Program Director at separation for an exit interview. At this meeting your options for return to the program will be addressed.

**Re-admission policy after dismissal for academic failure**

Purpose: to create a pathway for re-admission to the Cabrillo ADN program after dismissal for academic reasons (excluding academic dishonesty), defined as earning a grade less than a “C” in any course in the Cabrillo Associate Degree in Nursing program. This policy is in addition to current student performance policies; and does not replace, nor negate, the policies for Safe Clinical Practice and Unsatisfactory Academic Performance detailed in the Cabrillo College Nursing Student Handbook. **Faculty reserve the right to not readmit any student who has been dismissed from the nursing program.**

Policy: Re-admission to the Cabrillo ADN program after dismissal for academic failure (achieving a grade less than “C” in any nursing course). If a student is dismissed from the Cabrillo ADN program for completion of a nursing course with a grade less than “C”, with the exception of academic dishonesty, they may be re-admitted if all of the following criteria are met.

1. Re-admission occurs within two years of the student’s separation from the program.
2. There is space available in the level from which the student left the program within two years of the date of dismissal.
3. The student must re-apply utilizing the multi-criteria admission scoring system; the student must score at least 45 points to be considered for re-admission.
4. If these criteria are satisfied the student may be offered a seat in the level from which the student separated from the program.

Revised 4/8/16

Student Pre-Grievance Procedure

The purpose of the procedure is to investigate a student’s complaint in a timely manner.

1. The student will discuss the complaint directly with the person involved for a possible solution. This meeting will be within ten working days from the date the student became aware of the problem.

2. If the complaint cannot be resolved within ten working days the student will discuss with and provide a concise written statement of the complaint and the remedy requested to the faculty and the appropriate program administrator (Level Coordinator, Director).

3. Upon receipt of the written complaint, the parties involved will make every effort to resolve the problem with the student. The Director will make an inquiry into the complaint based on Cabrillo College academic policies and nursing department policies. A written response will be sent to the student within ten working days.

4. If the problem cannot be resolved, the student will discuss the grievance with the Division Dean.

5. If the student is unable to resolve the grievance, after following steps one through four, the college grievance procedure may be followed as stated in the current college catalog/Student Rights and Responsibilities at Cabrillo College. The Students Rights and Responsibilities at Cabrillo College electronic version is found online at: http://www.cabrillo.edu/services/studentaffairs/documents/studentrights.pdf

6. Students have the right to contact the Board of Registered Nursing, 1747 North Market Blvd., Suite 150, Sacramento, CA 95834, (916) 322.3350, www.rn.ca.gov

Revised 5/03, 4/05, 3/06, 3/09, 4/11, 4/25/13
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<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
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<td>N12 Nsg Theory 8-10:05 a.m.</td>
<td>N12 Nsg Theory 8-10:05 a.m.</td>
<td>N12 Nsg Theory 8-10:05 a.m.</td>
<td>N12 Clinical Practicum Hospital/Lab</td>
<td>N12 Clinical Practicum Hospital/Lab</td>
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<td>Room HW 2214</td>
<td>Room HW 2214</td>
<td>Room HW 2214</td>
<td>7 a.m. – 2:00 p.m. or 1:30pm-9:30pm</td>
<td>7 a.m. – 2:00 p.m. or 1:30pm-9:30pm</td>
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<td>N16 Nsg Theory-Lab 10:30-11:20</td>
<td>N17 Pharmacology On line</td>
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<td>Room HW 2225</td>
<td>Clinical Prep / Hospital</td>
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<td>N16 Skills Lab A 12:30-2:35 p.m.</td>
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<td>N16 Skills Lab B 2:45-4:50 p.m.</td>
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<td><strong>LEVEL 2 ADN</strong></td>
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<td>N22 Nsg Theory 8-10:05 a.m.</td>
<td>N22 Nsg Theory 8-11:05 a.m.</td>
<td>N22 Clinical Hospital/Lab</td>
<td>N22 Clinical Hospital/Lab</td>
<td>N22 Clinical Nurse Managed Center</td>
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<td>Room HW 2212</td>
<td>Room HW 2212</td>
<td>7 a.m. – 2:00 p.m. or 3 p.m.-10:00 p.m.</td>
<td>7 a.m. – 2:00 p.m. or 3 p.m.-10:00 p.m.</td>
<td>N22 Pediatric Clinical Hospital/Lab</td>
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<td>N26 Nsg Theory-Lab 10:30-11:20</td>
<td>N27 Pharmacology On line</td>
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<td>Room HW 2225</td>
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<td>N26 Skills Lab B 2:15-4:20 p.m.</td>
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<td>N32 Clinical Practicum Hospital</td>
<td>N32 Clinical Practicum Hospital</td>
<td>N32 Clinical Practicum Hospital</td>
<td>N32 Nsg Theory 10-1:05 p.m. Room HW 2214</td>
<td>N32 Nsg Theory 10-12:05 p.m. Room HW 2214</td>
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<td>7 a.m. – 3:30 p.m. or 3:00pm-11:30 pm or Nurse Managed Center</td>
<td>7 a.m. – 3:30 p.m. or 3:00pm-11:30 pm or Nurse Managed Center</td>
<td>7 a.m. – 3:30 p.m. or 3:00pm-11:30 pm or Nurse Managed Center</td>
<td>Room HW 2214</td>
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<td>N37 Pharmacology on line</td>
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<td><strong>LEVEL 4 ADN</strong></td>
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<td>N42 Practicum Practicum Hospital</td>
<td>N42 Practicum Practicum Hospital</td>
<td>N42 Nsg Theory 10 a.m. – 1:15 p.m. Room HW 2212</td>
<td>N42 Nsg Theory 10 a.m. – 12:15 p.m. Room HW 2212</td>
<td>N42 Practicum Practicum Hospital</td>
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<td>7 a.m. – 4:00 p.m. or 2:45– 11:45 p.m or Nurse Managed Center</td>
<td>7 a.m. – 4:00 p.m. or 2:45– 11:45 p.m or Nurse Managed Center</td>
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<td>Room HW 2212</td>
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<td>N47 Pharmacology On line</td>
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<td>N42 Practicum Practicum Hospital</td>
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<td>7:00am-4:00pm or 2:45– 11:45 p.m. (Possible) or Nurse Managed Center</td>
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</tbody>
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N48 Preceptorship: dates and times TBD after successful completion of N42 and N47
Cabrillo College Nursing Department Clinical Facilities

About Our Clinical Facilities
Students rotate through many clinical sites during the two years of the program. Acute care and sub-acute care hospitals in Santa Cruz and Santa Clara counties are used for medical-surgical, pediatric, obstetric and psychiatric nursing experience. Some levels have evening and day shift rotations. Gerontology and community rotations are arranged through local skilled nursing facilities, home health agencies, clinics, the Cabrillo College Stroke Center, Santa Cruz County Health Department, and other agencies. Due to the nature of clinical demands, rotation days and start times may change with limited notice.

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<thead>
<tr>
<th>Level One</th>
<th>Level Two</th>
<th>Level Three</th>
<th>Level Four</th>
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<tbody>
<tr>
<td><strong>Nursing Fundamentals / Medical-Surgical</strong></td>
<td><strong>Medical-Surgical</strong></td>
<td><strong>Medical-Surgical</strong></td>
<td><strong>Medical-Surgical</strong></td>
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<td>• Sutter Maternity and Surgery Center</td>
<td>• Dominican Hospital</td>
<td>• Watsonville Community Hospital</td>
<td>• Community Hospital of Monterey Peninsula</td>
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<td>• Dominican Hospital</td>
<td>• Watsonville Community Hospital</td>
<td>• Community Hospital of Monterey Peninsula</td>
<td>• Dominican Hospital</td>
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<tr>
<td>• Watsonville Community Hospital</td>
<td>• Stroke and Disability Learning Center (SDLC)</td>
<td>• Nurse Managed Center</td>
<td>Psych/Mental Health</td>
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<td>• Pacific Coast Manor</td>
<td>• Nurse Managed Center</td>
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<td>• Telecare and outrotations</td>
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<td><strong>Obstetrics</strong></td>
<td><strong>Pediatrics</strong></td>
<td><strong>Geriatric/Rehab/Community</strong></td>
<td><strong>Preceptorship</strong></td>
</tr>
<tr>
<td>• Sutter Maternity and Surgery Center</td>
<td>• Santa Clara Valley Medical Center</td>
<td>• Pacific Coast Manor</td>
<td>at various contracted agencies</td>
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<tr>
<td>• Watsonville Hospital</td>
<td></td>
<td>• Cabrillo College Stroke Center &amp; Health Services</td>
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<td>• Dominican Hosp.</td>
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<td>• SC County Services</td>
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<td></td>
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<td>• Various Community Agencies</td>
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Revised 4/22/14
National Student Nurses Association, Inc.

CODE OF ACADEMIC AND CLINICAL CONDUCT

Preamble

Students of nursing have a responsibility to society in learning the academic theory and clinical skills needed to provide nursing care. The clinical setting presents unique challenges and responsibilities while caring for human beings in a variety of health care environments.

The Code of Academic and Clinical Conduct are based on the understanding that to practice nursing as a student is an agreement to uphold the trust with which society has placed in us. The statement of the Code provides guidance for the nursing student in the personal development of an ethical foundation and need not be limited strictly to the academic or clinical environment but can assist in the holistic development of the person.

A Code for nursing students

As students are involved in the clinical and academic environments we believe that ethical principles are a necessary guide to professional development. Therefore within these environments we;

1. Advocate for the rights of all patients.
3. Take appropriate action to ensure the safety of patients, self, and others.
4. Provide care for the patient in a timely, compassionate and professional manner.
5. Communicate patient care in a truthful, timely and accurate manner.
6. Actively promote the highest level of moral and ethical principles and accept responsibility for our actions.
7. Promote excellence in nursing by encouraging lifelong learning and professional development.
8. Treat others with respect and promote an environment that respects human rights, values choice of cultural and spiritual beliefs.
9. Collaborate in every reasonable manner with the academic faculty and the clinical staff to ensure the highest quality of patient care.
10. Use every opportunity to improve faculty and clinical staff understanding of the learning needs of nursing students.
11. Encourage faculty, clinical staff, and peers to mentor nursing students.
12. Refrain from performing any technique or procedure for which the student has not been adequately educated.
13. Refrain from any deliberate action or omission of care in the academic or clinical setting that creates unnecessary risk of injury to the patient, self or others.
14. Assist the staff nurse or preceptor in ensuring that there is full disclosure and proper authorizations are obtained from patients regarding any form of treatment or research.
15. Abstain from the use of alcoholic beverages or any substances in the academic and clinical setting that impair judgment.
16. Strive to achieve and maintain an optimal level of personal health.
17. Support access to treatment and rehabilitation for students who are experiencing impairments related to substance abuse and mental or physical health issues.
18. Uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.

Adopted by Cabrillo College ADN Program April 11, 2002
American Nurses Association
Code of Ethics for Nurses

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

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

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

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

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

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

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.

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

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.

American Nurses Association, Revised June 30, 2001
American Nurses Association
Standards of Clinical Nursing Practice

Standards of Care

Assessment: The nurse collects patient health data.

Diagnosis: The nurse analyses the assessment data in determining diagnoses.

Outcome Identification: The nurse identifies expected outcomes individualized to the patient.

Planning: The nurse develops a plan of care that prescribes interventions to attain expected outcomes.

Implementation: The nurse implements the interventions identified in the plan of care.

Evaluation: The nurse evaluates the patient’s progress toward attainment of outcomes.

Standards of Professional Performance

Quality of Care: The nurse systematically evaluates the quality and effectiveness of nursing practice.

Performance Appraisal: The nurse evaluates one’s own nursing practice in relation to professional practice standards and relevant statutes and regulations.

Education: The nurse acquires and maintains current knowledge and competency in nursing practice.

Collegiality: The nurse interacts with and contributes to the professional development of peers and other health care providers as colleagues.

Ethics: The nurse’s decisions and actions on behalf of patients are determined in an ethical manner.

Collaboration: The nurse collaborates with the patient, family, and other health care providers in providing patient care.

Research: The nurse uses research findings in practice.

Resource Utilization: The nurse considers factors related to safety, effectiveness, and cost in planning and delivering patient care.

STANDARDS OF COMPETENT PERFORMANCE

Website:  http://www.rn.ca.gov/regulations/title16.shtml#1443.5

1443.5.  STANDARDS OF COMPETENT PERFORMANCE

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:

(1) 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.

(2) 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.

(3) 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.

(4) 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.

(5) 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.

(6) 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.
Format Standard for Written Paper Assignments

1. All papers shall be submitted in typed format
2. Stapled top left hand corner or report cover
3. Body of the paper is to be in a 12 point font and double spaced
   a. Fonts are to be clearly legible
   b. Examples of suitable fonts for college papers are:
      i.  MAC: Arial, Helvetica, Times
      ii. PC: Arial, Times New Roman, Book Antigua
4. Margins are 1 inch to 1.25 inches. The right hand margin is unjustified (uneven).
5. The first line of every paragraph is to be indented 5-7 spaces.
6. Page numbers are required
7. Title page is required and to include:
   a. Paper title
   b. Name of student
   c. Course number and name
   d. Date
   e. Title and information is to be centered and mid page
   f. The title page need not be numbered (prefer not numbered)
8. Headings are helpful
   a. Headings indicate divisions within a paper, the same level representing topics
      of similar scope.
   b. A heading must be used more than once if used at all
   c. Introductory paragraphs do not require headings
9. Introductory and concluding paragraphs—Needed
   a. The introduction provides the reader with a sense of the papers subject,
      intension, or purpose, what will covered, and importance of the topic.
   b. The introduction should engage the reader in the adventure of your paper.
   c. All other paragraphs of the paper link back and are cohesive with the
      introduction.
   d. The concluding paragraph is a brief review of the intro. paragraph with a
      summary/conclusion of ideas developed in the body of the paper, and what
      was learned.
10. References and citation
    a. When we use the thoughts, writings, inventions, or work of others, it is
        essential to give credit to the owner. To pass off other’s work as our own is
        plagiarism. See plagiarism standard in the student handbook.
    b. Paraphrased or quoted work is cited in the text just after usage; often by
        author and year of publication in parenthesis i.e. (Samson, 1998). The
        reference citations document the work, identify the source of information, and
        locate it in the alphabetized reference list at the end of the paper.
    c. Title the reference section ‘Reference, or References’.
    d. For reference style, you will use American Psychological Association format
       (APA), or samples given with this standard. APA format is often used by
       many colleges and nursing programs/publications.

Revised 4/14
Cabrillo College Incident Report

STUDENTS must report injuries immediately to Student Health Services.
EMPLOYEES must report all injuries immediately to Human Resources.

Today’s Date________________________

Name _____________________________________________________________Phone ______________________

Address ___________________________________________________________________________________

City                                          State                        Zip

Social Security_________________________________ Birth date ___________________________________

Student □    Faculty/ Staff Member □    Campus Visitor □

Date of Occurrence________________________ Time of Occurrence___________________ a.m./p.m.

Location of Occurrence________________________________________________________________

(Be specific: room and building number, parking lot letter, etc.)

Describe what occurred (Give all possible details; describe injuries Attach an additional page if necessary) _______________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Name of Witness_________________________________________________Phone______________________

If injury, was first aid or medical care provided? If so, where and by whom? __________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Does injured have health insurance? Yes_____ No_____  
Policyholder’s Name (Parent/Spouse, etc.)___________________________________________________

Insurance Carrier_____________________________ Policy #_____________________________

Students who are injured while participating in any school sponsored and/or supervised activities, whether on or off campus, may be eligible for student accident insurance benefits.

Signature of Injured____________________________________________________Date_____________

Person Reporting ______________________________________________________Phone ______________

(Please print)

Signature_____________________________________________________________Date_____________
Cabrillo College ADN Program

CONFERENCE SUMMARY

Student: ___________________________  Course: ___________  Date: ___________

Reason for Conference:

_____ Communication (written, verbal)  _____ Nursing Process
_____ Judgment/Decision Making  _____ Psychomotor Skills
_____ Teaching/Learning  _____ Professionalism
_____ Theory/Nursing Concepts  _____ Attendance
_____ Safety  _____ Other:

Brief Description of Concerns:

Plan:

Faculty’s Signature _____________________________  Date  _________________

Student Signature ________________________________  Date _________________

Copies:  Student, File
Directions: Complete this form and give it to the skills lab faculty. For faculty generated referrals, a copy of the completed form will be returned to the referring faculty.

Date: ________________  Student Name: ________________________________  Self Referral: □  Faculty Referral: □

Name of Referring Faculty: ________________________________  Contact Skills lab Faculty by: ____________

To be completed by _____________  Date(s) & Times attended: 1) __________  2) __________  3) __________

Check Required Learning Activity(s):
☐ Review text  ☐ Practice  ☐ Demonstrate  ☐ View video  ☐ View CD  ☐ Research  ☐ Care planning  ☐ Other:

   Additional Comment(s):

   ______________________________________________________

   ______________________________________________________

   ______________________________________________________

   ______________________________________________________

Completion date: ________________  Signature of Faculty Evaluating: ________________________________

Comment by Faculty Evaluating:

Date: ________________  Student Signature: ________________________________
<table>
<thead>
<tr>
<th>Assessment of Learning Needs &amp; Strengths</th>
<th>Student Issues (Related to:)</th>
<th>Outcomes (Measurable)</th>
<th>Learning Plan and Interventions</th>
<th>Evaluation</th>
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If you are having difficulties in some of your classes, you may have a learning disability. Cabrillo College provides services for learning disabled students to assist them in meeting their educational goals. The following serves as an informal screening tool. Please complete this questionnaire.

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<tr>
<th></th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
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<tbody>
<tr>
<td>1.</td>
<td>I learn class material slower than I would like.</td>
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<td>2.</td>
<td>I spend more time studying than my classmates do.</td>
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<td>3.</td>
<td>I have poor memory.</td>
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<td>4.</td>
<td>Spelling is hard for me.</td>
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<td>5.</td>
<td>I cannot find the mistakes in my written work by myself.</td>
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<td>6.</td>
<td>Even when I know what I want to say, I have difficulty expressing ideas in writing.</td>
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<td>7.</td>
<td>I have difficulty saying unfamiliar words correctly while I am reading.</td>
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<td>8.</td>
<td>I have difficulty understanding and remembering what I read.</td>
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<td>9.</td>
<td>I make errors in remembering basic math facts.</td>
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<td>10.</td>
<td>I have difficulty solving math word problems.</td>
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<td>11.</td>
<td>I have difficulty using the right words when I explain my ideas to someone.</td>
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**TOTAL OF EACH COLUMN:**

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12. I was in a special education class in: Elementary School
    Junior High School
    High School

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<th></th>
<th>Yes</th>
<th>3 pts.</th>
<th>No</th>
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<td></td>
<td>Yes</td>
<td>5 pts.</td>
<td>No</td>
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<tr>
<td></td>
<td>Yes</td>
<td>5 pts.</td>
<td>No</td>
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</tbody>
</table>

13. Has anyone in your family received special education help?
    (i.e., brother, sister, child)

|   | Yes | 3 pts. | No |

**TOTAL of SCORES for Questions 12 & 13:**

**TOTAL FOR ALL SCORES**

**SCORING:**

**21 & over** – You may benefit from contacting the Learning Skills Program office for learning disability assessment appointment in room 1073 or call 479-6220.

**15-20** – Optional to contact Learning Skills Program for an assessment.

Deborah Shulman: Director, Learning Skills Program

Cabrillo College
### Some Facts about Learning Disabilities

- Learning disabilities affect different people in different ways.
- Learning disabled individuals often have difficulties remembering, understanding, and/or expressing information.
- Learning disabled students are often weak in at least one of the following areas:
  - spelling
  - written expression
  - math computation
  - reading comprehension
  - problem solving
  - organizational ability
  - time management

### What is a Learning Disability?

"Is it possible that I might have one?"

Many learning disabled individuals may have problems in the following areas:

**READING**
- Poor comprehension & retention
- Poor mastery of phonics

**WRITTEN LANGUAGE**
- Multiple spelling errors, difficulties with grammar and sentence structure
- Inability to copy accurately

**ORAL LANGUAGE**
- Poor concentration & comprehension
- Problems with correctly expressing ideas

**MATHEMATICS**
- Number reversal & confusion with operations signs
- Difficulty with sequencing or abstract concepts

**ORGANIZATIONAL & STUDY SKILLS**
- Difficulties with oral or written instructions
- Problems organizing work
- Difficulties in organizing time

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### IF YOU ARE INTERESTED IN BEING TESTED FOR A LEARNING DISABILITY:

As soon as possible, go to the Learning Skills Program office, Room 1073, and make an appointment for a learning disability assessment. Or, you can call 479-6220 to make an appointment and get more information. **Office hours M-F 8:30–12:00 and 1:00-3:30**

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Referred by ____________________________
Accommodations

Nursing Theory Courses Accommodations

As required by the Americans with Disabilities Act (ADA), accommodations are provided to insure equal access for students with verified disabilities. To determine if you qualify for accommodations, please contact the ACCESSIBILITY SUPPORT CENTER (ASC) (formerly DSPS), Room 1073, (831) 479-6379. The nursing faculty encourages students with disabilities to explain their needs and appropriate accommodations to your faculty as soon as possible. In order to receive accommodations bring verification from the ASC for the accommodations to your Level Coordinator at the beginning of each semester and no later than one week prior to an exam. Accommodations are not applied retroactively for any exam when you provide your instructor accommodations verification from the ASC.

Students needing accommodations should inform the course instructor and Level Coordinator as above, so arrangement may be made with the proctoring center to have your exam ready for you. It is the student’s responsibility to make an appointment with the proctoring center for your testing. If you are utilizing the proctoring center, then an exam may not be available for you in the classroom if you change your plans, please consult with your instructor ahead of time.

Revised 11/12/14

Clinical and Skills Courses Accommodations

As required by the Americans with Disabilities Act (ADA), accommodations are provided to insure equal access for students with verified disabilities. To determine if you qualify for accommodations, please contact the ACCESSIBILITY SUPPORT CENTER (ASC) (formerly DSPS), Room 1073, (831) 479-6379. The nursing faculty encourages students with disabilities to explain their needs and appropriate accommodations to your faculty as soon as possible. In order to receive accommodations bring verification from the ASC for accommodations to your Level Coordinator at the beginning of each semester or upon receipt. Students are required to complete clinical skills within a specified time frame, extra time is not given for clinical skills testing in the lab.

If you have a change in health or are injured after your nursing program’s required entry physical let your Level Coordinator know immediately or as early as possible prior to clinical, failure to do so may be viewed as academic dishonesty. In the event of an illness or injury, a Physician or Primary Care Provider release may be required to attend a clinical course.

Students are required to meet essential eligibility requirements for participation in the clinical area and be in compliance with hospital policy. Accommodations for the clinical area are evaluated on a case-by-case basis. Faculty may consult with the clinical site concerning hospital policy. See also Nursing Performance Standards in your Nursing Student Handbook.

Revised 11/12/14

Cabrillo College ADN Program
Hand Book Verification Form

This document must be signed and in the student’s file as verification of being informed of all Nursing Student Handbook policies. Print your name, sign, and date and return this page to the Level Coordinator when requested the first week of school.

I have read the entire Nursing Program Student Hand Book. I understand that I am fully accountable for following all policies listed in the Nursing Program Student Hand Book while enrolled in the Cabrillo College Nursing Program.

___________________________________________________
Student (Print Name Legibly)

___________________________________________________
Signature

___________________________________________________
Date
Release of Records

This is to certify that I, __________________________________(print name), a Cabrillo College ADN Program student am requesting a release of my program required records. This release is to cover all records related to clinical placement, including but not limited to all health screening documentation required by program, background check, drug screen, any other certification required by clinical facilities, date of birth and social security number. This information may then be transmitted by the Cabrillo ADN Program to any clinical placement facility currently affiliated with Cabrillo College requiring said information for clinical placement as part of the ADN Program. I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but if I do, it will not have any effect on any actions they took before they received the revocation. I understand that this authorization will expire on ___/___/___.

Signature: ___________________________ Date: ____/____/____
Date of Birth: ____/____/____
Cabrillo Student ID #: _______________________
Address: ______________________________
_____________________________________
Phone: (______) ___________________