TABLE OF CONTENTS

I. INTRODUCTION
   • Message from Director. ................................................................. 5
   • Disclaimer ...................................................................................... 6
   • ACEN, Inc. Accreditation .................................................................. 7
   • Texas Board of Nursing Accreditation .............................................. 7
   • NLN Membership ............................................................................. 8

II. PROGRAM OF STUDY (CURRICULUM) ................................................. 9

III. OUTCOMES
   • Program Outcomes ......................................................................... 13

IV. MISSION, PHILOSOPHY, CONCEPTUAL FRAMEWORK, FACULTY BELIEFS
   • Philosophy ...................................................................................... 15
   • Mission .......................................................................................... 16
   • Student Learning Outcomes ............................................................ 16
   • Texas Concepts Health and Alterations ........................................... 17
   • Concept Distribution Across the Curriculum .................................... 21
   • Curriculum Fall 2015 ....................................................................... 23

V. ORGANIZATIONAL CHARTS
   • MCC Organizational Chart ............................................................ 27
   • Health Professions Organizational Chart ......................................... 28
   • Nursing Organizational Chart ........................................................ 29

VI. STANDARDS
   • Educational Theory ......................................................................... 31
   • Values and Ethics in Nursing ............................................................ 32
   • Rules and Regulations from BON ...................................................... 33
   • Code of Ethics ................................................................................ 40
   • Workforce Competency ................................................................... 41
   • Computer Competency Statement .................................................. 42
   • Performance Standards for ADN ...................................................... 42
   • Differentiated Essential Competency (DECs) ................................. 43

VII. GENERAL PROGRAM INFORMATION
   • Student Learning Experiences ......................................................... 45
     Theory .......................................................................................... 45
     Blackboard .................................................................................... 45
     Skills Lab ....................................................................................... 47
VIII. PROGRAM POLICIES

- Admission Criteria Information ...................................................... 50
- Admission, Re-Admission and Transfer ........................................... 51
  - PSB ......................................................................................... 51
  - Application Checklist or ADN ..................................................... 52
  - Application for ADN ..................................................................... 53
  - Re-Admission Policy ................................................................... 54
  - Re-Admission Application ........................................................... 55
  - Transfer Student Admission ......................................................... 56
  - International Student Admission Requirement ............................ 57
- Immunization Form .......................................................................... 58
- Progression Requirements ................................................................ 59
- Delay in Taking NCLEX .................................................................. 59
- Licensing Eligibility ......................................................................... 60
- Mandatory Report ........................................................................... 66
- New & Accepted Student Roster Process ........................................ 69

- Academic Integrity .......................................................................... 72
- Academic Misconduct ....................................................................... 72
- Sanctions .......................................................................................... 73
- Plagiarism ........................................................................................ 76
- Grievance Process ............................................................................ 76
- Attendance Policy ............................................................................. 76
- Clinical Assignment Policies ............................................................. 78
- Clinical Transition Preceptorship ..................................................... 78
- Clinical Evaluation Guidelines & Final Grade Criteria ........................ 78
- Preparedness for Clinical Lab ......................................................... 80
- Clinical Related Problems ............................................................... 80
- Clinical Release Forms ...................................................................... 81
- Clinical Visitation Policy ................................................................. 81
- CPR Certification ............................................................................. 81
- Drug-Free Workplace ....................................................................... 81
- Impaired Student Policy & Procedure ............................................. 86
- Criminal Background Check ........................................................... 87
• Address/Name Change ........................................................................................................... 88
• Notice of Dropped Courses .................................................................................................. 88
• Grade Determination ............................................................................................................. 88
• Grade Calculation .................................................................................................................. 89
• Final Examinations ................................................................................................................. 89
• Instruction for Dosage Calculation Exams & Clinical .......................................................... 89
• Exit Exam ............................................................................................................................... 91
• Purchase of the RN Texas CBC Examination and RN Exit Examination provided by HESI ................................................................................................................................. 91
• ADN Examination Policy ....................................................................................................... 91
• Withdrawal from a Course ...................................................................................................... 95
• Health Policy .......................................................................................................................... 95
• ADN Pinning Ceremony .......................................................................................................... 97
• Fund Raising ........................................................................................................................... 98
• Honesty & Integrity ................................................................................................................ 99
• Infection Control ................................................................................................................... 99
• Medication Administration Policy ....................................................................................... 100
• Pre & Post Conference Clinical .......................................................................................... 102
• Purpose of Clinical Conference .......................................................................................... 103
• Noise Pollution ..................................................................................................................... 105
• Emergency/Personal Phone Calls ....................................................................................... 105
• Tobacco Products .................................................................................................................. 105
• Requirements Prior to First Day of Class .............................................................................. 105
• Professional Conduct .......................................................................................................... 106
• Preparedness for Clinical ...................................................................................................... 106
• Uniform Policy ....................................................................................................................... 106
• Clinical Requirements ........................................................................................................... 107
• Violation of Student Policies ................................................................................................ 108
• Written Assignments ............................................................................................................. 108
• Disability Services ................................................................................................................ 108
• ADA Statement .................................................................................................................... 109
• Title IX .................................................................................................................................. 110
• Official E-Mail Communication Policy ................................................................................ 111
• Use of Social Media & Other Electronic Communication ................................................... 113
• Creating Civility in Nursing Education ................................................................................. 118
• Information Regarding Student Loans ............................................................................... 122
• MCCSafe Assign ................................................................................................................... 123

IX. NAVIGATING CAMPUS ................................................................................................. 124

X. REVISED ......................................................................................................................... 125

XI. ACKNOWLEDGEMENT AND RELEASE FORMS ..................................................... 126
Welcome!!

As Program Director of the McLennan Community College (MCC) Associate Degree Nursing (ADN) Program, I welcome you to a challenging, rewarding profession. Whether you are a new or continuing nursing student, I congratulate you on choosing nursing as your profession and McLennan Community College as your nursing school.

In addition to offering the best possible professional education, faculty strives to provide evidence-based teaching and clinical practices and continued exposure to current nursing issues. We take seriously our responsibility in preparing knowledgeable, caring, and clinically proficient registered nurses. Each faculty member is committed to assisting you in achieving success in school and in your nursing career.

We are committed to your learning. Our faculty is experienced in both nursing practice and teaching and will guide you every step of the way. We want to be your partner during your journey through nursing school so that your experience at the MCC ADN program exceeds your expectations. This is a very exciting time to be a part of the ADN program. We have a beautiful state-of-the-art simulation lab and skills labs, where you will find a safe and supportive learning environment, based on research and best practice. Our program is very progressive, and uses advanced technology to enhance your learning.

The faculty and staff of the MCC ADN program are very proud of our accreditation status with the Texas Board of Nursing (Texas BON) (Full Accreditation) and the Accreditation Commission for Education in Nursing, Inc. (ACEN) (Continuing Accreditation).

Within the pages of this Student Handbook is information and policies that will guide you along your journey. The student policies are congruent with those of the College, publicly accessible, non-discriminatory, and consistently applied. Differences in the ADN policies and MCC general policies are justified by the goals and outcomes of the ADN department.

Once again, I want to congratulate you for being selected from a large group of people seeking entrance into the program. We are your partner in your educational process.

Rebecca Griffin, MS, RN
Professor and Program Director
Disclaimer

The College and the Associate Degree Nursing Program reserve the right to alter contents of the Student Handbook with notice to students as necessary. Students will be notified of the change in a timely manner, given an electronic copy of the change, and must sign they have received and understand the change. Changes may be necessary as the Texas Board of Nursing regulations change and the ACEN regulations change. The most current information can be found on the Texas BON website (www.bon.state.tx.us) and the ACEN website (www.acenursing.org).
The Associate Degree Nursing Program is accredited by the Accreditation Commission for Education in Nursing (ACEN).

Accreditation status: Continued Accreditation

Contact Information: ACEN, Inc. 3343 Peachtree Road NE, Suite 850 Atlanta, Georgia 30326
Office: (404) 975-5000
Fax: (404) 975-5020
www.acenursing.org

ACEN supports the interests of nursing education, nursing practice, and the public by the functions of accreditation. Accreditation is a voluntary, self-regulatory process by which non-governmental associations recognize educational institutions or programs that have been found to meet or exceed standards and criteria for educational quality. Accreditation also assists in the further improvement of the institutions or programs as related to resources invested, processes followed, and results achieved. The monitoring of certificate, diploma, and degree offerings is tied closely to state examination and licensing rules, and to the oversight of preparation for work in the profession.

The Associate Degree Nursing Program is accredited by the Texas Board of Nursing.
Accreditation status: Full Accreditation

Contact Information: Texas Board of Nursing 333 Guadalupe #3-460 Austin, Texas 78701
Office: (512) 305-7400 and (512) 305-6809
Fax: (512) 305-7401
www.bon.state.tx.us

The mission of the Texas Board of Nursing BON is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in the State of Texas is competent to practice safely. The Board fulfills its mission through the regulation of the practice of nursing and the approval of nursing education programs. The mission, derived from the Nursing Practice Act, supersedes the interest of any individual, the nursing profession, or any special interest group.

The faculty, administration, and staff of the Associate Degree Nursing Program are proud to be accredited by both agencies.
Dedicated to excellence in nursing education, the National League for Nursing is the preferred membership organization for nurse faculty and leaders in nursing education. NLN members include nurse educators, education agencies, health care agencies, and interested members of the public. The NLN offers faculty development programs, networking opportunities, testing and assessment, nursing research grants, and public policy initiatives to its 33,000 individual and 1,200 institutional members.

Founded in 1893 as the American Society of Superintendents of Training Schools for Nurses, the National League for Nursing was the first nursing organization in the United States. Today the NLN is a renewed and relevant professional association for the twenty-first century. Cited by the American Society of Association Executives for the “will to govern well,” the NLN is committed to delivering improved, enhanced, and expanded services to its members and championing the pursuit of quality nursing education for all types of nursing education programs.

The National League for Nursing, headquartered in New York City, is led by a board of governors elected at large by the membership for three-year terms. The volunteer president of the board works closely with the NLN’s chief executive officer.

The MCC ADN faculty are proud members of NLN.
Faculty plan, implement, and evaluate both clinical and didactic learning experiences that are sequenced appropriately, kept current, and are attainable with a time frame of between two and four calendar years for RN and a minimum of 558-hour classroom and 840 hours clinical for VN. The ADN program length of time and the credit hours required to program completion are congruent with the attainment of identified student learning outcomes and program outcomes and are consistent with the policies of the MCC, Texas, and national standards, and contemporary practices (ACEN Standard 4.1, 4.2, 4.8). The curriculum has been developed by the faculty and is regularly reviewed to ensure integrity, rigor, and currency (ACEN Standard 4.3).

The curriculum is based on sound educational principles and follows the philosophy/mission and objectives/outcomes identified for the program and for the students. The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, and direct learning activities. (ACEN Standard 4.2). The program of study prepares students to practice according to the Texas Board of Nursing Rules and Regulations. The curriculum teaches students to use safe patient care and systematic clinical decision making. In addition, students demonstrate the Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgment, and Behaviors: Vocational (VN), Diploma/Associate Degree (DIP/ADN), Baccalaureate Degree (BSN). It incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning outcomes and program outcomes consistent with contemporary practice (ACEN Standard 4.1).

The IOM (2011) summarized the current problem facing nursing faculty with regards to nursing education: “The explosion of knowledge and decision-science technology also is changing the way health professionals access, process, and use information. No longer is rote memorization an option. There simply are not enough hours in the day or years in an undergraduate program to continue compressing all available information into the curriculum.” There is too much knowledge, too little time, not enough clinical space, and a limited number of faculty to continue teaching nursing using the curriculum models of the past. The IOM (2011) stated, “New approaches must be developed for evaluating curricula and presenting fundamental concepts that can be applied in many different situations rather than requiring students to memorize different lists of facts and information for each situation”. To address this issue, the MCC associate degree nursing faculty chose to join other colleges in the state to develop a concept-based curriculum. The concept-based curriculum approach was chosen to help nursing programs handle content saturation and provide a method for content management. Students focus on generalities of the concepts and then apply what they have learned to specific priority exemplars. Concepts can be applied in a variety of clinical settings that will help utilize the
current limited clinical sites and prepare graduates for a greater variety of positions
given the current job climate. Deeper understanding of the concepts will help
promote development of clinical judgment that is necessary for graduate nurses to
function in the health care system (Giddens, 2013). This project builds on best
practices from Jean Giddens’ work on concept-based curriculum (Giddens, 2007) and
Chris Tanner’s work with The Oregon Consortium for Nursing Education (Tanner,
2008).

The change to a concept-based curriculum necessitated a revision of the philosophy, student
learning outcomes and conceptual framework. The MCC faculty took this opportunity to do a
total revision of each to be sure and fully address the IOM and QSEN competencies.

The course of study balances nursing and non-nursing courses including, physical,
biological, behavioral, social and nursing sciences, and including body structure and
function, pharmacology, microbiology, nutrition, human growth and development, and
signs of emotional health. The course of study includes nursing skills.

Learning activities include lectures, audio/visual representations, interactive learning
activities, simulation lab, and patient care clinical learning experiences which are hands on
and supervised by faculty.

Nursing courses are in the four content areas of medical-surgical, maternal/child health,
pediatrics, and mental health for ADN program. The curriculum provides continuity,
sequence and integration of learning. The structure fosters promotion, prevention,
rehabilitation, maintenance, and restoration of the health of individuals of all ages.

Nursing courses use competencies to prepare students to recognize and analyze health care
needs, select and apply relevant knowledge and appropriate methods for meeting the health
care needs of individuals and families, and evaluate the effectiveness of the nursing care.

Course content is appropriate to the role expectations of the graduate. It includes
professional values, ethics, safety, diversity, and confidentiality issues. Course content
addresses the Nurse Practice Act, Standards of Nursing Practice, Unprofessional Conduct
Rules, and Delegation Rules. In addition, the curriculum includes cultural, ethnic, and
socially diverse concepts that are driven by local, national and global issues.

The learning experiences are progressive; the didactic and clinical portions are concurrent.
Students have sufficient clinical experiences to foster communication and interpersonal
relationship skills. Students participate in clinical experiences that are evidence-based and
reflect contemporary practice and nationally established patient health and safety goals
(ACEN Standard 4.9). Students will be able to meet stated student and program outcomes,
including safe practice in contemporary health care environments. Practice learning
environments are appropriate for student learning and support the achievement of the
student learning and program outcomes ACEN, Standard 4.9).
Students are oriented to technology and are supported in all methods of instructional delivery. The curriculum uses theory, interdisciplinary practice, research and best practices to provide students with contemporary models.

Evaluation methods measure student progression in cognitive, affective, and psychomotor achievements. Evaluation methods are varied and measure program as well as student outcomes (TBON 215 & 214.9.i - k).

Faculty chooses clinical sites based on the student need to achieve course and clinical outcomes and based on safety. Agreements address responsibilities of both parties - the agency and the program. The agreements are reviewed periodically. Agreements are optional for observational experiences (TBON rule 215 & 214.10).

The partnership between the program and the clinical site functions as a venue to promote excellence in nursing education, enhances the profession, and benefit the community (ACEN Standard 1.4).
OUTCOMES
Program Outcomes  Revised 01/17

1. Performance on licensure exam: The program’s three-year mean for the licensure exam pass rate will be at or above the national mean for the same three-year period – ELA- three year mean at or above the national mean for the same three-year period.

2. Program completion: Expected levels of achievement for program completion are determined by the faculty and reflect student demographics and program options – ELA – generic 60%; transition 70%

3. Job placement rates: Expected levels of achievement are determined by the faculty and are addressed through quantified measures six to twelve months post-graduation – ELA 70%.
MISSION

PHILOSOPHY

CONCEPTUAL FRAMEWORK

FACULTY BELIEFS
The MCC ADN program supports the mission of McLennan Community College by providing a quality nursing program in a learning-centered environment to meet the educational needs of students in our service and surrounding areas. Successful completion of the associate of applied science degree curriculum leads to acquisition of the skills, knowledge and attitudes necessary for employment, thereby helping to meet the health care needs of the communities served by MCC. The faculty is committed to promoting the development of qualified students prepared for the professional role as a registered nurse at the entry level. The faculty utilizes strategies designed to promote graduation, employment and licensure.

Nursing is a theory-guided, evidenced-based discipline, which builds on a foundation of knowledge from the biological, social and behavioral sciences. The curriculum is concept-based, directed toward the competencies needed to provide patient-centered care for the lifespan of a diverse population in complex environments that increasingly require interdisciplinary teamwork, leadership, use of quality improvement, informatics and technology. The graduate of the MCC ADN program is prepared to meet the differentiated essential competencies (DECs) at the associate degree level as defined by the Texas Board of Nursing in four major roles: provider of patient-centered care, patient safety advocate, manager of care and member of a profession.

The Core values of the ADN Program are:
- caring
- ethics
- integrity

These core values support the program’s integrating concepts (patient-centered care, teamwork & collaboration, evidence-based practice, quality improvement, safety and informatics) and lead to the main program goals of quality of life, clinical judgment, professional identity, and spirit of inquiry.

Learning is a continuous process that occurs when the individual is challenged and motivated to enhance personal knowledge. Teaching and learning are interactive processes between faculty and students. The responsibility of the faculty is to facilitate the student’s development of clinical judgment skills through the design and evaluation of learning experiences and access and use of resources. The nursing student is responsible for actively participating in learning experiences and assuming responsibility for their own learning and accountability for their actions. Learning is a dynamic process based on life experiences, readiness to learn, and the ability to learn. Students apply what they learn in theory to their client situations and gain new insights. Faculty incorporate evidence-based teaching such as increased contact between students and faculty, cooperation among students, active learning, prompt feedback, high expectations, and respect of diverse learning styles in face-to-face and on-line learning environments.

Experiences in simulation with a strong debriefing component complement clinical education and allow students to experience high-risk, low volume situations in a safe environment.
The curriculum is conceptually based and founded on principles of adult and collaborative learning. The curriculum emphasizes deep learning about the discipline’s most central concepts rather than content, which leads to the student’s ability to develop habits of thought and pattern recognition. The student develops a deeper understanding of prevalent health care conditions and situations across the lifespan. Faculty design learning activities that promote student engagement, self-assessment and self-directed learning. Developing clinical judgment results from understanding of both professional and health care concepts. Reflective practice, evidence-based practice, ethical practice, cultural competence, inter-professional collaboration, and therapeutic communication and relationship skills are essential components of clinical learning. Opportunities are provided for students to engage in interactive and collaborative activities with their peers that contribute to better learning outcomes and development of higher order thinking skills.

The MCC faculty values lifelong learning by offering multiple entry points into the ADN program and encouraging progression to the BSN and MSN levels. The faculty is committed to removing barriers to academic progression and making pathways seamless, building on previous knowledge and competencies already achieved.

MISSION

Our mission is to prepare graduate professional nurses who, as members of an interdisciplinary health care team, use clinical judgment to provide safe, evidence-based, patient-centered care to promote quality of life.

END-OF-PROGRAM STUDENT LEARNING OUTCOMES

The graduate will be able to:
1. Use clinical reasoning and knowledge based on the nursing program of study, evidence-based practice outcomes, and research-based policies and procedures as the basis for decision-making and comprehensive, safe patient-centered care.
2. Demonstrate skills in using patient care technologies and information systems that support safe nursing practice.
3. Promote safety and quality improvement as an advocate and manager of nursing care.
4. Coordinate, collaborate and communicate with diverse patients, families and the interdisciplinary health care team to plan, deliver, and evaluate care that promotes quality of life.
5. Adhere to standards of practice within legal, ethical, and regulatory frameworks of the professional nurse.
6. Demonstrate knowledge of delegation, management, and leadership skills.
7. Demonstrate behavior that reflects the values and ethics of the nursing profession, including a spirit of inquiry.
<table>
<thead>
<tr>
<th><strong>Texas Concepts Health &amp; Alterations</strong></th>
<th><strong>Definitions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Biophysical</strong></td>
<td></td>
</tr>
<tr>
<td>Acid base balance</td>
<td>The process of regulating the pH, bicarbonate concentration, and partial pressure of carbon dioxide of body fluids.</td>
</tr>
<tr>
<td>Cellular regulation</td>
<td>Process by which cells replicate, proliferate, and grow.</td>
</tr>
<tr>
<td>Clotting</td>
<td>A physiologic process in which blood is converted from a liquid to a semisolid gel.</td>
</tr>
<tr>
<td>Comfort</td>
<td>A state of physical ease.</td>
</tr>
<tr>
<td>Elimination</td>
<td>The excretion of waste products.</td>
</tr>
<tr>
<td>Fluid and Electrolyte balance</td>
<td>The process of regulating the extracellular fluid volume, body fluid osmolality, and plasma concentrations of electrolytes.</td>
</tr>
<tr>
<td>Functional Ability</td>
<td>The physical, psychological, cognitive, and social ability to carry on the normal activities of life.</td>
</tr>
<tr>
<td>Gas Exchange (Oxygenation)</td>
<td>The process by which oxygen is transported to cells and carbon dioxide is transported from cells.</td>
</tr>
<tr>
<td>Immunity</td>
<td>A physiologic process that provides an individual with protection or defense from disease.</td>
</tr>
<tr>
<td>Intracranial regulation</td>
<td>The processes that affect intra-cranial compensation and adaptive neurological function.</td>
</tr>
<tr>
<td>Metabolism</td>
<td>Processes of biochemical reactions occurring in the body’s cells that are necessary to produce energy, repair and growth of cells, and maintain life.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Factors that facilitate or impair movement of the body.</td>
</tr>
<tr>
<td>Nutrition</td>
<td>The process, by which the body ingests, absorbs, transports uses and eliminates nutrients and foods.</td>
</tr>
<tr>
<td>Perfusion</td>
<td>The flow of blood through arteries and capillaries delivering nutrients and oxygen to cell and removing cellular waste.</td>
</tr>
<tr>
<td><strong>Texas Concepts Health &amp; Alterations</strong></td>
<td><strong>Definitions</strong></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Reproduction</td>
<td>The process by which humans produce a new life.</td>
</tr>
<tr>
<td>Sensory perception</td>
<td>The ability to receive sensory input and, through various physiological processes in the body, translate the stimulus or data into meaningful information.</td>
</tr>
<tr>
<td>Sexuality</td>
<td>Factors that facilitate or impair an individual’s gender identity as well as their ability to experience and express themselves as sexual beings.</td>
</tr>
<tr>
<td>Sleep</td>
<td>State of rest accompanied by natural altered consciousness.</td>
</tr>
<tr>
<td>Thermoregulation</td>
<td>The process of maintaining core body temperature within an optimal physiological range</td>
</tr>
<tr>
<td>Tissue integrity</td>
<td>The ability of body tissues to regenerate and/or repair to maintain normal physiological processes.</td>
</tr>
<tr>
<td><strong>Psychosocial</strong></td>
<td></td>
</tr>
<tr>
<td>Cognition</td>
<td>Process of thought by which an individual learns, stores, retrieves, and uses information.</td>
</tr>
<tr>
<td>Coping</td>
<td>An ever changing process involving both cognitive means and behavioral actions, in order to manage internal or external situations that are perceived as difficult and/or beyond the individual’s current resources.</td>
</tr>
<tr>
<td>Diversity</td>
<td>The unique variations among and between individuals, variations that are informed by genetics and cultural background, but that are refined by experience and personal choice.</td>
</tr>
<tr>
<td><strong>End of Life</strong></td>
<td>Processes and issues related to death and dying across the lifespan</td>
</tr>
<tr>
<td>Grief</td>
<td>The multifaceted reaction to loss whether real or perceived and how this impacts health.</td>
</tr>
<tr>
<td>Human Development</td>
<td>The sequence of biophysical, psychosocial, and cognitive developmental changes that take place over the human lifespan that allow the individual complex adaptation to the environment in order to function within society.</td>
</tr>
<tr>
<td>Texas Concepts Health &amp; Alterations</td>
<td>Definitions</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Interpersonal relationships</td>
<td>Factors that facilitate and/or impair effective social associations, connections, or affiliations between two or more people.</td>
</tr>
<tr>
<td>Mood and affect</td>
<td>Emotional state and its observable expression.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional Nursing</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical judgment</td>
<td>An interpretation or conclusion about a patient’s needs, concerns, or health problems, and/or the decision to take action (or not), use of modify standard approaches, or improvise new ones as deemed appropriate by the patient’s response.</td>
</tr>
<tr>
<td>Communication</td>
<td>A process of interaction between people where symbols are used to create, exchange, and interpret messages about ideas, emotions and mind-states.</td>
</tr>
<tr>
<td>Health promotion</td>
<td>Any activity undertaken for the purpose of achieving a higher level of health and well-being.</td>
</tr>
<tr>
<td>Patient Education</td>
<td>Encompasses activities designed to produce learning that alters health behaviors or improves health status.</td>
</tr>
<tr>
<td>Professionalism</td>
<td>The assimilation of nursing skills and knowledge integrated with dignity and respect for all human beings incorporating the assumptions and values of the profession while maintaining accountability and self-awareness.</td>
</tr>
<tr>
<td>Teamwork &amp; Collaboration</td>
<td>The development of partnerships to achieve best possible outcomes that reflect the particular needs of the patient, family, or community, requiring an understanding of what others have to offer.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Care Systems</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethics &amp; Legal Precepts</td>
<td>A system of laws and moral principles or standards governing human conduct.</td>
</tr>
<tr>
<td>Evidence-based practice</td>
<td>Integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.</td>
</tr>
<tr>
<td>Texas Concepts Health &amp; Alterations</td>
<td>Definitions</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Health care organizations</td>
<td>A purposefully designed, structured social system developed for the delivery of health care services by specialized workforces to defined communities, populations or markets.</td>
</tr>
<tr>
<td>Health Policy</td>
<td>Actions and decisions by government bodies or professional organizations that influence the actions and decisions of individuals within the health care system.</td>
</tr>
<tr>
<td>Health Information Technology</td>
<td>The application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making.</td>
</tr>
</tbody>
</table>
| Leadership & Management           | Management is the process of coordination and integration of resources through planning, organizing, coordinating, directing, and controlling to accomplish specific institutional goals and objectives.  
Leadership is the process of influencing people to accomplish goals. |
| Patient- Centered Care             | Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care base on respect for patients’ preference values and needs. |
| Quality Improvement                | The systematic process that health care organizations and professional use to measure patient outcomes identify hazards and errors and to improve care. |
| Safety                            | Protection from harm or injury for patients and providers through both system effectiveness and individual performance. |

These definitions were derived from a variety of sources including Dr. Jean Giddens, University of Kansas, North Carolina CIP, QSEN, Huber, Dr. Chris Tanner, and Brailer & Thompson.
# Concept Distribution Across the Curriculum

**Rev. 4.19.13/9.8.13/5.15.1/5.16.14/8.19.15**

## Concepts Biophysical

<table>
<thead>
<tr>
<th>SEMESTER</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concepts Biophysical</td>
<td>Intro</td>
<td>Skills</td>
<td>HCC1</td>
<td>PNC1</td>
<td>HCC2</td>
</tr>
<tr>
<td>1128</td>
<td>1216</td>
<td>1430</td>
<td>1125</td>
<td>1533</td>
<td>1126</td>
</tr>
<tr>
<td>Acid Base Balance</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cellular Regulation</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clotting</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Comfort</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elimination</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluid &amp; Electrolyte Balance</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional Ability</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas Exchange</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunity</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intracranial Regulation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metabolism</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perfusion</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Reproduction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensory Perception</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermoregulation</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tissue Integrity</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Concepts Psychosocial

<table>
<thead>
<tr>
<th>SEMESTER</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concepts Psychosocial</td>
<td>Intro</td>
<td>Skills</td>
<td>HCC1</td>
<td>PNC1</td>
<td>HCC2</td>
</tr>
<tr>
<td>1128</td>
<td>1216</td>
<td>1430</td>
<td>1125</td>
<td>1533</td>
<td>1126</td>
</tr>
<tr>
<td>Cognition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coping</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diversity</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>End of Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grief</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Human Development
- X
- X
- X

### Interpersonal Relationships
- X
- X

### Mood and Affect
- X

### Concepts Professional

<table>
<thead>
<tr>
<th>Concept</th>
<th>Intro HCC</th>
<th>Skills</th>
<th>HCC1</th>
<th>PNC1</th>
<th>HCC2</th>
<th>PNC2</th>
<th>HCC3</th>
<th>PNC3</th>
<th>HCC4</th>
<th>PNC4</th>
<th>CBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clinical Judgment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Communication</td>
<td>X</td>
<td>X</td>
<td>X*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Health Promotion</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Patient Education</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Professionalism</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Teamwork &amp; Collaboration</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Concepts Health Care System

<table>
<thead>
<tr>
<th>Concept</th>
<th>Intro HCC</th>
<th>Skills</th>
<th>HCC1</th>
<th>PNC1</th>
<th>HCC2</th>
<th>PNC2</th>
<th>HCC3</th>
<th>PNC3</th>
<th>HCC4</th>
<th>PNC4</th>
<th>CBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ethics &amp; Legal Precepts</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Evidence-Based Practice</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Health Care Organizations</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Health Policy</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Health Information Technology</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Leadership &amp; Management</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Patient-Centered Care</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Quality Improvement</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Safety</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HCC – Health Care Concepts   PNC – Professional Nursing Concepts   CBT – Concept-Based Transition

* Communication will be covered within other concepts after the first semester primarily: Clinical Judgment, Coping, Cognition, Leadership and Management, Professionalism, Mood and Affect, and Intracranial Regulation

**Safety will be covered within other concepts in the fourth semester primarily: Clinical Judgment, Ethics and Legal, and Quality Improvement

Revisions 8.19.15
# McLennan Community College Curriculum Associate Degree Nursing
## Beginning Summer/Fall 2015

### FIRST YEAR

<table>
<thead>
<tr>
<th>Pre-Requisites</th>
<th>LEC HRS</th>
<th>LAB HRS</th>
<th>EXT HRS</th>
<th>CON HRS</th>
<th>CR HRS</th>
<th>Workload</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 2401 Human Anatomy &amp; Physiology I</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>96</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>ENGL 1301 English Composition</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>48</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PSYC 2301 General Psychology</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>48</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
<td><strong>3</strong></td>
<td><strong>0</strong></td>
<td><strong>192</strong></td>
<td><strong>10</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Level 1**

| BIOL 2402 Human Anatomy & Physiology II             | 3       | 3       | 0       | 96      | 4      | 5.36     |
| RNSG 1216 Professional Nursing Competencies         | 0       | 8       | 0       | 128     | 2      | 1.00     |
| RNSG 1128 Introduction to Health Care Concepts      | 1       | 0       | 0       | 16      | 1      | 1.00     |
| RNSG 1125 Professional Nursing Concepts I           | 1       | 0       | 0       | 16      | 1      | 1.00     |
| RNSG 1161 Clinical I                                | 0       | 0       | 4       | 64      | 1      | 2.68     |
| RNSG 1430 Health Care Concepts I                    | 3       | 4       | 0       | 112     | 4      | 5.68     |
| **Total**                                           | **8**   | **15**  | **4**   | **432** | **13** | **15.72**|

**Level II**

| BIOL 2420 Microbiology                              | 3       | 3       | 0       | 96      | 4      |          |
| RNSG 1533 Health Care Concepts II                   | 4       | 4       | 0       | 128     | 5      | 6.68     |
| RNSG 2362 Clinical II                               | 0       | 0       | 12      | 192     | 3      | 8.04     |
| RNSG 1126 Professional Nursing Concepts II          | 1       | 0       | 0       | 16      | 1      | 1.00     |
| **Total**                                           | **8**   | **7**   | **12**  | **432** | **13** | **15.72**|

**1st Year Total Credits (including pre-requisites)**

|                                                  | **25**  | **25**  | **16**  | **1056** | **36** |          |

### SECOND YEAR

**Level III**

| PSYC 2314 Human Growth & Development                | 3       | 0       | 0       | 48      | 3      |          |
| RNSG 1538 Health Care Concepts III                  | 4       | 4       | 0       | 128     | 5      | 6.68     |
| RNSG 2363 Clinical II                               | 0       | 0       | 12      | 192     | 3      | 8.04     |
| RNSG 1137 Professional Nursing Concepts III         | 1       | 0       | 0       | 16      | 1      | 1.00     |
| **Total**                                           | **8**   | **4**   | **12**  | **384** | **12** | **15.72**|

**Level IV**

| Humanities/Fine Arts Elective                       | 3       | 0       | 0       | 48      | 3      |          |
| RNSG 2539 Health Care Concepts IV                   | 4       | 4       | 0       | 128     | 5      | 6.68     |
| RNSG 2360 Clinical IV                               | 0       | 0       | 12      | 192     | 3      | 8.04     |
| RNSG 2138 Professional Nursing Concepts IV          | 1       | 1       | 0       | 32      | 1      | 1.67     |
| **Total**                                           | **8**   | **5**   | **12**  | **400** | **12** | **16.39**|

**2nd Year Total Credits**

<p>|                                                  | <strong>16</strong>  | <strong>9</strong>   | <strong>24</strong>  | <strong>784</strong> | <strong>24</strong> |          |</p>
<table>
<thead>
<tr>
<th>MEEP Optional</th>
<th>41</th>
<th>34</th>
<th>40</th>
<th>1840</th>
<th>60</th>
</tr>
</thead>
<tbody>
<tr>
<td>VNSG 1119 Professional Development (optional)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>RNSG 2460 Clinical for MEEP or</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>320</td>
<td>4</td>
</tr>
<tr>
<td>RNSG 2161 Clinical for MEEP</td>
<td>0</td>
<td>0</td>
<td>4.5</td>
<td>72</td>
<td>1</td>
</tr>
<tr>
<td>Total Optional</td>
<td>1</td>
<td>0</td>
<td>20/4.5</td>
<td>336/88</td>
<td>5/2</td>
</tr>
</tbody>
</table>
## FIRST YEAR

<table>
<thead>
<tr>
<th>Pre-Requisites to be offered in one semester -</th>
<th>LEC HRS</th>
<th>LAB HRS</th>
<th>EXT HRS</th>
<th>CON HRS</th>
<th>CR HRS</th>
<th>Workload</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>accelerated courses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 2401 Human Anatomy &amp; Physiology I</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>96</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>ENGL 1301 English Composition</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>48</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PSYC 2314 Human Growth &amp; Development</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>48</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9</td>
<td>3</td>
<td>0</td>
<td>192</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

### Summer Semester

<table>
<thead>
<tr>
<th></th>
<th>LEC HRS</th>
<th>LAB HRS</th>
<th>EXT HRS</th>
<th>CON HRS</th>
<th>CR HRS</th>
<th>Workload</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNSG 1118 Professional Nursing Competencies*</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>64</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>BIOL 2402 Human Anatomy &amp; Physiology II</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>96</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>RNSG 1163 LVN Transition Clinical</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>64</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>RNSG 1324 Concept-Based Transition to Prof Nursing</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>96</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>RNSG 1128 Introduction to Health Care Concepts</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6</td>
<td>11</td>
<td>4</td>
<td>336</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

**Credit for first year ADN**

<table>
<thead>
<tr>
<th></th>
<th>LEC HRS</th>
<th>LAB HRS</th>
<th>EXT HRS</th>
<th>CON HRS</th>
<th>CR HRS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10</td>
<td>8</td>
<td>16</td>
<td>528</td>
<td>15</td>
</tr>
</tbody>
</table>

**First Year Total Credits**

<table>
<thead>
<tr>
<th></th>
<th>LEC HRS</th>
<th>LAB HRS</th>
<th>EXT HRS</th>
<th>CON HRS</th>
<th>CR HRS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25</td>
<td>22</td>
<td>20</td>
<td>864</td>
<td>35</td>
</tr>
</tbody>
</table>

### FALL SEMESTER

<table>
<thead>
<tr>
<th></th>
<th>LEC HRS</th>
<th>LAB HRS</th>
<th>EXT HRS</th>
<th>CON HRS</th>
<th>CR HRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 2420 Microbiology</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>96</td>
<td>4</td>
</tr>
<tr>
<td>RNSG 1538 Health Care Concepts III</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>128</td>
<td>5</td>
</tr>
<tr>
<td>RNSG 2363 Clinical III</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>192</td>
<td>3</td>
</tr>
<tr>
<td>RNSG 1137 Professional Nursing Concepts III</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8</td>
<td>7</td>
<td>12</td>
<td>432</td>
<td>13</td>
</tr>
</tbody>
</table>

### SPRING SEMESTER

<table>
<thead>
<tr>
<th></th>
<th>LEC HRS</th>
<th>LAB HRS</th>
<th>EXT HRS</th>
<th>CON HRS</th>
<th>CR HRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanities/Fine Arts Elective</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>48</td>
<td>3</td>
</tr>
<tr>
<td>RNSG 2539 Health Care Concepts IV</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>128</td>
<td>5</td>
</tr>
<tr>
<td>RNSG 2360 Clinical IV</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>192</td>
<td>3</td>
</tr>
<tr>
<td>RNSG 2138 Professional Nursing Concepts IV</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>32</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8</td>
<td>5</td>
<td>12</td>
<td>400</td>
<td>12</td>
</tr>
</tbody>
</table>

**2nd Year Total Credits**

<table>
<thead>
<tr>
<th></th>
<th>LEC HRS</th>
<th>LAB HRS</th>
<th>EXT HRS</th>
<th>CON HRS</th>
<th>CR HRS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16</td>
<td>12</td>
<td>24</td>
<td>832</td>
<td>25</td>
</tr>
</tbody>
</table>

**Total Credits (including prerequisites)**

<table>
<thead>
<tr>
<th></th>
<th>LEC HRS</th>
<th>LAB HRS</th>
<th>EXT HRS</th>
<th>CON HRS</th>
<th>CR HRS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>41</td>
<td>34</td>
<td>44</td>
<td>1696</td>
<td>60</td>
</tr>
</tbody>
</table>

* RNSG 1118 and RNSG 1128 - Credit not given in first year, but credit is given in summer semester.
ORGANIZATIONAL CHARTS
MCLENNAN COMMUNITY COLLEGE
ASSOCIATE DEGREE NURSING
ORGANIZATION CHART

PROGRAM DIRECTOR

ADN FACULTY FULL TIME
ADN FACULTY PART TIME
ACADEMIC SUCCESS COACH (S)
SKILLS & SIM OPERATION MANAGER
SECRETARIES
SKILLS TECHNICIAN
STANDARDS
Educational Theory

MCC ADN faculty provide a learning environment built on educational theory that supports the nursing program’s mission, addresses the needs of the students, accomplishes the program student learning outcomes, and meets the program outcomes. Program student learning outcomes refer to what the individual student will have accomplished by the end of the program. Program outcomes are the metrics for each graduating class which include the yearly NCLEX-RN® pass rate, the retention rate, and the job placement rate.

Faculty primarily apply two educational theories in their teaching for students to obtain the program student learning outcomes: cognitive learning theory and adult learning theory. Briefly, cognitive learning theory refers to an active, goal-oriented, meaningful learning environment. As content is taught it relates to, and builds on, the learner’s prior learning or cognitive frameworks. Learning builds, moving from simple concepts and thinking to higher order thinking applied to complex patient situations.

Adult learning theory addresses the characteristics of the student in the McLennan Community College Nursing Program. Aspects of adult learning theory used include the adult as a self-directed and problem-centered learner who needs and wants useful information that is readily adaptable to the learning situation. Adults prefer to be actively engaged in meaningful learning. These aspects of Adult Learning Theory support faculty’s use of case studies, concept mapping, and problem-solving situations in the classroom and clinical environments as well as extensive use of high-fidelity human patient simulators to engage in simulated patient care.

Faculty also apply Dr. Benner’s (Benner, Tanner, & Chesla, 2009) theory of Novice to Expert. Faculty understands novice learners are rule-driven. As they are challenged to apply critical thinking they grow and are able to look at the bigger picture as they enter the stage of advanced beginner by completion of the program. Application of Benner’s theory is helpful when teaching critical thinking and clinical reasoning.
Values and Ethics in Nursing

“Through the educational process, students are provided the necessary experiences to develop the knowledge, behaviors, and skills expected of practicing nurses. In addition, the clinical judgments of the nurse are guided by various values and beliefs about oneself and society. It is recommended that nursing educators strive to foster commitment to the following values and ethical principles believed to be inherent to the nursing profession” (Texas Board of Nursing, Differentiated Essential Competencies, 2010):

1) “Altruism – Concern for the welfare of others seen through caring, commitment, and compassion
2) Human Dignity – Belief in the inherent worth and uniqueness of the individual seen through respect, empathy, humanness, and trust
3) Truth – Faithfulness to fact seen through honesty, accountability, and authenticity
4) Justice – Upholding moral and legal principles seen through courage, advocacy, and objectivity
5) Freedom – Capacity to exercise choice seen through openness, self-direction, and self-discipline
6) Equality – Having the same rights and privileges seen through acceptance, tolerance, and fairness
7) Esthetics – Identifying the qualities of objects, events, and persons that provide satisfaction as seen through creativity, sensitivity, and appreciation”

“Values and beliefs about oneself and society guide the clinical judgments of the nurse. To act as a moral agent and to advocate on behalf of patients, the nurse must be sensitive to ethical issues inherent in health care settings and health care policies. Through the educational process, students clarify personal and professional values and develop the knowledge, judgments, behaviors, and skills expected of nurses practicing ethically”.

“Professional values are enduring beliefs or ideals that guide practitioners and serve as a framework for professional decisions and action. These values are the foundation for moral standards of right and wrong, established in accordance with the profession’s norms and traditions. As a practice discipline, nursing’s fundamental value is caring, growing from altruism – a concern for the well-being of others. Caring, as a human endeavor, places demands on the character, knowledge, judgments, behaviors, and skills of the nurse. A nurse’s first moral obligation is to be a competent practitioner” (Texas Board of Nursing, Differentiated Essential Competencies, 2010, p. 5).
The Texas Board of Nursing is responsible for regulating the practice of nursing within the State of Texas for Vocational Nurses, Registered Nurses, and Registered Nurses with advanced practice authorization. The standards of practice establish a minimum acceptable level of nursing practice in any setting for each level of nursing licensure or advanced practice authorization. Failure to meet these standards may result in action against the nurse's license even if no actual patient injury resulted.

(1) Standards Applicable to All Nurses. All vocational nurses, registered nurses and registered nurses with advanced practice authorization shall:

(A) Know and conform to the Texas Nursing Practice Act and the board's rules and regulations as well as all federal, state, or local laws, rules or regulations affecting the nurse's current area of nursing practice;

(B) Implement measures to promote a safe environment for clients and others;

(C) Know the rationale for and the effects of medications and treatments and shall correctly administer the same;

(D) Accurately and completely report and document:

(i) the client's status including signs and symptoms;

(ii) nursing care rendered;

(iii) physician, dentist or podiatrist orders;

(iv) administration of medications and treatments;

(v) client response(s); and

(vi) contacts with other health care team members concerning significant events regarding client'
status;

(E) Respect the client's right to privacy by protecting confidential information unless required or allowed by law to disclose the information;

(F) Promote and participate in education and counseling to a client(s) and, where applicable, the family/significant other(s) based on health needs;

(G) Obtain instruction and supervision as necessary when implementing nursing procedures or practices;

(H) Make a reasonable effort to obtain orientation/training for competency when encountering new equipment and technology or unfamiliar care situations;

(I) Notify the appropriate supervisor when leaving a nursing assignment;

(J) Know, recognize, and maintain professional boundaries of the nurse-client relationship;

(K) Comply with mandatory reporting requirements of Texas Occupations Code Chapter 301(Nursing Practice Act), Subchapter I, which include reporting a nurse:

(i) who violates the Nursing Practice Act or a board rule and contributed to the death or serious injury of a patient;

(ii) whose conduct causes a person to suspect that the nurse's practice is impaired by chemical dependency or drug or alcohol abuse;

(iii) whose actions constitute abuse, exploitation, fraud, or a violation of professional boundaries; or

(iv) whose actions indicate that the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that the nurse's continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.

(v) except for minor incidents (Texas Occupations Code §§301.401(2), 301.419, 22 TAC §217.16), peer review (Texas Occupations Code §§301.403, 303.007, 22 TAC §217.19), or peer assistance if no practice violation (Texas Occupations Code §301.410) as stated in the Nursing Practice Act and Board rules (22 TAC Chapter 217).

(L) Provide, without discrimination, nursing services regardless of the age, disability, economic status, gender, national origin, race, religion, health problems, or sexual orientation of the client served;

(M) Institute appropriate nursing interventions that might be required to stabilize a client's condition and/or prevent complications;

(N) Clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non-efficacious or contraindicated by consulting with the appropriate licensed practitioner and notifying the ordering practitioner when the nurse makes the decision not to administer the medication or treatment;

(O) Implement measures to prevent exposure to infectious pathogens and communicable conditions;
(P) Collaborate with the client, members of the health care team and, when appropriate, the client's significant other(s) in the interest of the client's healthcare;

(Q) Consult with, utilize, and make referrals to appropriate community agencies and health care resources to provide continuity of care;

(R) Be responsible for one's own continuing competence in nursing practice and individual professional growth;

(S) Make assignments to others that take into consideration client safety and that are commensurate with the educational preparation, experience, knowledge, and physical and emotional ability of the person to whom the assignments are made;

(T) Accept only those nursing assignments that take into consideration client safety and that are commensurate with the nurse's educational preparation, experience, knowledge, and physical and emotional ability;

(U) Supervise nursing care provided by others for whom the nurse is professionally responsible; and

(V) Ensure the verification of current Texas licensure or other Compact State licensure privilege and credentials of personnel for whom the nurse is administratively responsible, when acting in the role of nurse administrator.

(2) Standards Specific to Vocational Nurses. The licensed vocational nurse practice is a directed scope of nursing practice under the supervision of a registered nurse, advanced practice registered nurse, physician's assistant, physician, podiatrist, or dentist. Supervision is the process of directing, guiding, and influencing the outcome of an individual's performance of an activity. The licensed vocational nurse shall assist in the determination of predictable healthcare needs of clients within healthcare settings and:

(A) Shall utilize a systematic approach to provide individualized, goal-directed nursing care by:

(i) collecting data and performing focused nursing assessments;

(ii) participating in the planning of nursing care needs for clients;

(iii) participating in the development and modification of the comprehensive nursing care plan for assigned clients;

(iv) implementing appropriate aspects of care within the LVN's scope of practice; and

(v) assisting in the evaluation of the client's responses to nursing interventions and the identification of client needs;

(B) Shall assign specific tasks, activities and functions to unlicensed personnel commensurate with the educational preparation, experience, knowledge, and physical and emotional ability of the person to whom the assignments are made and shall maintain appropriate supervision of unlicensed personnel.

(C) May perform other acts that require education and training as prescribed by board rules and policies, commensurate with the licensed vocational nurse's experience, continuing education, and demonstrated
licensed vocational nurse competencies.

(3) Standards Specific to Registered Nurses. The registered nurse shall assist in the determination of healthcare needs of clients and shall:

(A) Utilize a systematic approach to provide individualized, goal-directed, nursing care by:

(i) performing comprehensive nursing assessments regarding the health status of the client;

(ii) making nursing diagnoses that serve as the basis for the strategy of care;

(iii) developing a plan of care based on the assessment and nursing diagnosis;

(iv) implementing nursing care; and

(v) evaluating the client's responses to nursing interventions;

(B) Delegate tasks to unlicensed personnel in compliance with Chapter 224 of this title, relating to clients with acute conditions or in acute care environments, and Chapter 225 of this title, relating to independent living environments for clients with stable and predictable conditions.

(4) Standards Specific to Registered Nurses with Advanced Practice Authorization. Standards for a specific role and specialty of advanced practice nurse supersede standards for registered nurses where conflict between the standards, if any, exist. In addition to paragraphs (1) and (3) of this subsection, a registered nurse who holds authorization to practice as an advanced practice nurse (APN) shall:

(A) Practice in an advanced nursing practice role and specialty in accordance with authorization granted under Board Rule Chapter 221 of this title (relating to practicing in an APN role; 22 TAC Chapter 221) and standards set out in that chapter.

(B) Prescribe medications in accordance with prescriptive authority granted under Board Rule Chapter 222 of this title (relating to APNs prescribing; 22 TAC Chapter 222) and standards set out in that chapter and in compliance with state and federal laws and regulations relating to prescription of dangerous drugs and controlled substances.

Source Note: The provisions of this §217.11 adopted to be effective September 28, 2004, 29 TexReg 9192; amended to be effective November 15, 2007, 32 TexReg 8165
Texas Administrative Code

TITLE 22 EXAMINING BOARDS

PART 11 TEXAS BOARD OF NURSING

CHAPTER 217 LICENSURE, PEER ASSISTANCE AND PRACTICE

RULE §217.12 Unprofessional Conduct

The unprofessional conduct rules are intended to protect clients and the public from incompetent, unethical, or illegal conduct of licensees. The purpose of these rules is to identify unprofessional or dishonorable behaviors of a nurse which the board believes are likely to deceive, defraud, or injure clients or the public. Actual injury to a client need not be established. These behaviors include but are not limited to:

(1) Unsafe Practice—actions or conduct including, but not limited to:

   (A) Carelessly failing, repeatedly failing, or exhibiting an inability to perform vocational, registered, or advanced practice nursing in conformity with the standards of minimum acceptable level of nursing practice set out in Rule 217.11.

   (B) Carelessly or repeatedly failing to conform to generally accepted nursing standards inapplicable practice settings;

   (C) Improper management of client records;

   (D) Delegating or assigning nursing functions or a prescribed health function when the delegation or assignment could reasonably be expected to result in unsafe or ineffective client care;

   (E) Accepting the assignment of nursing functions or a prescribed health function when the acceptance of the assignment could be reasonably expected to result in unsafe or ineffective client care;

   (F) Failing to supervise the performance of tasks by any individual working pursuant to the nurse’s delegation or assignment; or

   (G) Failure of a clinical nursing instructor to adequately supervise or to assure adequate supervision of student experiences.

(2) Failure of a chief administrative nurse to follow appropriate and recognized standards and guidelines in providing oversight of the nursing organization and nursing services for which the nurse is administratively responsible.

(3) Failure to practice within a modified scope of practice or with the required accommodations, as
specified by the board in granting a coded license or any stipulated agreement with the board.

(4) Careless or repetitive conduct that may endanger a client's life, health, or safety. Actual injury to a client need not be established.

(5) Inability to Practice Safely—demonstration of actual or potential inability to practice nursing with reasonable skill and safety to clients by reason of illness, use of alcohol, drugs, chemicals, or any other mood-altering substances, or as a result of any mental or physical condition.

(6) Misconduct—actions or conduct that include, but are not limited to:

(A) Falsifying reports, client documentation, agency records or other documents;

(B) Failing to cooperate with a lawful investigation conducted by the board;

(C) Causing or permitting physical, emotional or verbal abuse or injury or neglect to the client or the public, or failing to report same to the employer, appropriate legal authority and/or licensing board;

(D) Violating professional boundaries of the nurse/client relationship including but not limited to physical, sexual, emotional or financial exploitation of the client or the client's significant other(s);

(E) Engaging in sexual conduct with a client, touching a client in a sexual manner, requesting or offering sexual favors, or language or behavior suggestive of the same;

(F) Threatening or violent behavior in the workplace;

(G) Misappropriating, in connection with the practice of nursing, anything of value or benefit, including but not limited to, any property, real or personal of the client, employer, or any other person or entity, or failing to take precautions to prevent such misappropriation;

(H) Providing information which was false, deceptive, or misleading in connection with the practice of nursing;

(I) Failing to answer specific questions or providing false or misleading answers that would have affected the decision to license, employ, certify or otherwise utilize a nurse; or

(J) Offering, giving, soliciting, or receiving or agreeing to receive, directly or indirectly, any fee or other consideration to or from a third party for the referral of a client in connection with the performance of professional services.

(7) Failure to repay a guaranteed student loan, as provided in the Texas Education Code §57.491, or pay child support payments as required by the Texas Family Code §232.001, et seq.

(8) Drug Diversion-- or attempts to divert drugs or controlled substances.

(9) Dismissal from a board-approved peer assistance program for noncompliance and referral by that program to the BNE.

(10) Other Drug Related--actions or conduct that include, but are not limited to:
(A) Use of any controlled substance or any drug, prescribed or unprescribed, or device or alcoholic beverages while on duty or on call and to the extent that such use may impair the nurse's ability to safely conduct to the public the practice authorized by the nurse's license;

(B) Falsification of or making incorrect, inconsistent, or unintelligible entries in any agency, client, or other record pertaining to drugs or controlled substances;

(C) Failing to follow the policy and procedure in place for the wastage of medications at the facility where the nurse was employed or working at the time of the incident(s);

(D) A positive drug screen for which there is no lawful prescription; or

(E) Obtaining or attempting to obtain or deliver medication(s) through means of misrepresentation, fraud, forgery, deception and/or subterfuge.

(11) Unlawful Practice--actions or conduct that include, but are not limited to:

(A) Knowingly aiding, assisting, advising, or allowing an unlicensed person to engage in the unlawful practice of vocational, registered or advanced practice nursing;

(B) Violating an order of the board, or carelessly or repetitively violating a state or federal law relating to the practice of vocational, registered or advanced practice nursing, or violating a state or federal narcotics or controlled substance law;

(C) Knowingly aiding, assisting, advising, or allowing a nurse under Board Order to violate the conditions set forth in the Order; or

(D) Failing to report violations of the Nursing Practice Act and/or the Board's rules and regulations.

(12) Leaving a nursing assignment, including a supervisory assignment, without notifying the appropriate personnel.

Criminal Conduct--including, but not limited to, conviction or probation, with or without an adjudication of guilt, or receipt of a judicial order involving a crime or criminal behavior or conduct that could affect the practice of nursing

Source Note: The provisions of this §217.12 adopted to be effective September 28, 2004, 29 TexReg 9192
Provision 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.

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

Provision 3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

Provision 4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.

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

Provision 6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conductive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

Provision 7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

Provision 8. The nurse collaborates with other health professionals and the public in promoting community, national, and international effort to meet health needs.

Provision 9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.
WORK FORCE COMPETENCY

Secretary's Commission on Achieving Necessary Skills (SCANS*) is an attempt to help make courses more relevant to the needs of modern workforce. SCANS are divided into two types of skills...competencies and foundations. Foundation skills are organized into the basic literacy and computational skills, the thinking skills necessary to put knowledge to work and the personal qualities that make workers dedicated and trustworthy. The competencies are the ability to manage resources, to work amicably and productively with others, to acquire and use information, to master complex systems and to work with a variety of technologies. Both are required for successful performance in most jobs.

1. COMPETENCIES

A. Resources = identifies, organizes, plans and allocates resources including time, money, material, facilities and human resources.

B. Interpersonal = works with others by participating as a member of teams, teaching new skills to others, serving clients and customers in ways that satisfy them, exercising leadership, negotiating and working well with people from diverse backgrounds.

C. Information = manages information by acquiring and evaluating information, organizing and maintaining information, interpreting and communicating information and using computers to process information.

D. Systems = understands complex inter-relationships, including understanding how social, organizational and technological systems work and how to operate effectively with them, how to monitor and correct performance and improve or design systems.

E. Technology = works with a variety of technologies by selecting technology, applying technology to tasks and maintaining and troubleshooting technologies.

2. FOUNDATIONS

A. Basic skills = reading, writing, performing arithmetical and mathematical operations, listening and speaking.

B. Thinking skills = thinking creatively, making decisions, solving problems, seeing things in the mind's eye, knowing how to learn and reasoning to discover rules or principles underlying relationships and applying that knowledge to solving problems.

Personal qualities = displays responsibility, self-esteem, sociability, self-management, integrity and honesty.
**COMPUTER COMPETENCY STATEMENT**

Students must demonstrate computer competency as evidenced by accessing Blackboard, and reading and responding to various requirements posted for the theory course on Blackboard. Students must demonstrate computer competency in the clinical setting by accessing client data, retrieving data, and documenting appropriately. The student demonstrates competency with presentation software if the course requires it.

**McLennan Community College**

**Performance Standards for ADN Students**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Examples of Necessary Activities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical thinking ability sufficient for clinical judgment.</td>
<td>Identify cause-effect relationships in clinical situations, develop nursing care plans.</td>
</tr>
<tr>
<td>Interpersonal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds.</td>
<td>Establish rapport with clients and colleagues.</td>
</tr>
<tr>
<td>Communication abilities sufficient for interaction with others in verbal and written form.</td>
<td>Explain treatment procedures, initiate health teaching, document and interpret nursing actions and client response.</td>
</tr>
<tr>
<td>Physical abilities (mobility &amp; lifting) to move from room to room maneuvering in small spaces and lifting clients and equipment as necessary.</td>
<td>Move around in client rooms, workspaces and treatment areas; administer cardio-pulmonary procedures (e.g. lift life pack, move crash cart).</td>
</tr>
<tr>
<td>Gross and fine motor abilities sufficient to provide safe and effective nursing care.</td>
<td>Calibrate and use equipment; position clients; perform therapeutic interventions (e.g. Foley catheter insertion).</td>
</tr>
<tr>
<td>Auditory ability sufficient to monitor and assess health needs.</td>
<td>Hear monitor alarms, emergency signals, auscultation sounds, and cries for help.</td>
</tr>
</tbody>
</table>
Visual ability sufficient for observation, assessment and treatment necessary in nursing care.

Observe client responses, read monitor screens, medication labels, syringes, documents, etc.

Tactile ability sufficient for physical assessment and nursing intervention.

Palpation related to physical examination; perform therapeutic intervention (e.g. IV catheter insertion).

Olfactory ability (smell) sufficient for physical/environmental assessment.

Smell potentially hazardous conditions (e.g. smoke, chemical odor, body exudates).

### Differentiated Essential Competencies (DECs)

The **Differentiated Essential Competencies (DEC’s)** of Graduates of Texas Nursing Programs

Vocational (VN), Diploma/Associate Degree (Diploma/ADN), Baccalaureate Degree (BSN).

- Member of the Profession
- Provider of Patient-Centered Care
- Patient Safety Advocate
- Member of the Health Care Team

Nursing practice in Texas by licensed nurses flows along a scope of practice continuum based upon educational preparation from the Licensed Vocational Nurse (LVN) to the doctoral prepared Registered Nurse (RN). While selected aspects of nursing care may be assigned or delegated by licensed practicing nurses to ancillary persons such as nursing assistants or aides, LVNs and RNs currently form the core in the roles identified as members of the profession, providers of patient-centered care, patient safety advocates, and members of the health care team.

Basic educational preparation for the LVN examination is provided at the vocational level in Texas Board of Nursing (BON or Board) approved programs in community colleges, hospitals, career schools, and the military. Educational preparation for the RN licensure examination may be obtained through Texas BON approved diploma, associate degree, and baccalaureate degree programs (including generic master’s degree programs). Each of these programs provides the necessary preparation for practice as a registered professional nurse. The curricula of each of the nursing programs differ and the outcomes of the educational levels dictate a differentiated set of essential competencies of graduates. The competency statements describe progression in expected behaviors across the types of programs from vocational nursing (VN) to diploma and associate degree nursing (ADN) to baccalaureate degree nursing (BSN). The competencies of each educational level build upon the previous level (Texas Board of Nursing 2010).
GENERAL

PROGRAM

INFORMATION
STUDENT LEARNING EXPERIENCES

THEORY

Theory consists of lectures, class discussions, case studies, group projects, written reports/papers, exams, quizzes, simulations, and tutorial software. Refer to the course calendar and Blackboard for specific dates, times, and assigned activities. Each student is expected to come to class prepared to participate in the class presentation and therefore is expected to have completed assigned reading prior to class. See curriculum outline in the handbook for courses and hours.

Students are responsible for signing a class attendance roll each class time. Failure to do so will be recorded as an absence.

BLACKBOARD

Students are introduced to Blackboard the first day of class. Any students having difficulty with navigating Blackboard will receive specialized instruction. Student Blackboard Tutorials are available and students may contact the MCC Help Desk by phone, email, or live chat.

Theory and clinical information will be posted on blackboard. THE STUDENT IS RESPONSIBLE FOR ANY INFORMATION POSTED ON BLACKBOARD. Students are encouraged to check Blackboard frequently for pertinent information. MCC student e-mail is the official e-mail used in Blackboard.

Students must access Blackboard with a web browser. Do not use information from an app or from a Facebook page. An app may not show all the information, and Facebook is not from the ADN program or MCC, which therefore, may contain erroneous information.

What is Blackboard?
Blackboard is a Web application that allows McLennan Community College to offer courses online and gives instructors the ability to post supplemental material for hybrid and face-to-face courses. You can log on to Blackboard and access your class materials anywhere you have an Internet connection. Some of the features of Blackboard are tools for submitting assignments, taking tests, and participating in discussion boards.

Not all MCC courses are on Blackboard. Instructors in traditional classroom courses have the option to post course materials or conduct class activities within Blackboard. Your instructors will inform you if their materials are posted online.

How do I use Blackboard?
Blackboard will be available to you the day your class starts. If you register after classes have started, you will need to check Blackboard throughout the day. Updates are run several times a day the first few weeks of the semester to add students who have registered or added late. To log on to Blackboard, please follow these steps:

1. Go to the MCC website and click on the Blackboard link or use the direct link at ecampus.mclennan.edu.
2. Enter your Username and Password into the designated textboxes. Your username to log in to Blackboard will be the first letter of your first name, the first letter of your last name and your seven-digit student ID number (example: jd1234567). Your password for Blackboard will be in lowercase the first letter of your first name, the first letter of your last name and your six-digit date of birth (without dashes or spaces).
3. Once you are logged into Blackboard you will see a Welcome screen. On the Welcome screen, you will be able to see your courses in the My Courses section on the right side of the page. (You can also click on the Courses tab at the top of the page).

Having Difficulties?

If you are having trouble logging on or using Blackboard, you have several options:

1. Look at the Student Blackboard Tutorials. You'll find quick and easy-to-use files and videos on how to use the various features of Blackboard.
2. Try the Tech Support FAQ or click the Help tab at the top of the Blackboard login page.
3. If you have additional security software installed, such as CA Security, you may need to adjust your firewall setting to "off" while accessing Blackboard login.
4. Contact the MCC Help Desk at 299-8077, email helpdesk@mclennan.edu or get live MCC Help Desk assistance.

The Student Success Department offers a Computer Basics Workshop that is free for all MCC students. This is a one-hour workshop that introduces new computer skills, as well as refresh older skills lost. The student will learn about such topics as:
   - Purchasing a computer and programs
   - Opening programs
   - Formatting and saving documents
   - E-mailing and attaching documents
   - Computer shortcuts
   - Blackboard
   - Web Advisor
   - Plato
   - Smart thinking and more
SKILLS LAB

Refer to RNSG 1216 Professional Nursing Competencies Instructor’s Plan for general information, skills lab attendance, and skills guidelines.

ONLINE TEXTBOOKS

Updated 01/11/2016

The majority of textbooks are online and purchased through the bookstore. Other online resources utilized are Lippincott’s The Point (thepoint.lww.com) and Elsevier’s Evolve (evolve.elsevier.com).

PAYMENT FOR HESI

01/11/2016

Payment for HESI is included in registration fees.

SYLLABUS FOR EACH CONCEPT

Each concept will have a Syllabus that provides the following information:
- Concept definition
- Exemplars
- Objectives
- Prior to class assignments
- Readings/viewings

WRITTEN ASSIGNMENTS

The student is responsible for turning in all written work on time. An unsatisfactory incident will be noted for any work turned in late. Faculty will evaluate and return written work within one week. The instructor will grade the work as satisfactory or unsatisfactory. Unsatisfactory work will be identified on the clinical evaluation form.

- Any unsatisfactory work will be returned to the student for modification and correction. These are to be resubmitted with the unsatisfactory copy within one week.
- All written work must be legible with correct spelling and grammar. All written work becomes the property of the program and may not be returned to the student.
- Specific instructions for all clinical paperwork are made available to students.
- See individual clinical Instructor Plan for requirement of written assignments – RNSG 1161, RNSG 2362, RNSG 2363, RNSG 2360, RNSG 2460 and RNSG 1163.

CLINICAL PRACTICE

Student clinical times are indicated in the course schedule and course Instructor Plan. Students are required to attend clinical. Students are assigned a clinical experience and must be prepared to meet objectives of the selected course. Students are to bring a copy of the clinical skills sheet to clinical each time. This is necessary for proper recording of accomplished objectives by the clinical instructor.

CLINICAL ASSIGNMENTS

Students may be expected to make a clinical assignment outside of theory or clinical time. Clinical
assignments will be posted as indicated in the clinical course Instructor Plan. The student will review the assignment(s) and client(s) chart before clinical. Proper clinical attire for such reviews includes student uniform with name badge for identification. Students are expected to demonstrate courtesy to staff needs for access to client information, especially at change of shift times. Students are required to adhere to HIPAA guidelines. Failure to do so could result in dismissal from the program. No client information is allowed to leave the facility. Students will care for 1-5 clients, as the curriculum progresses. In the clinical setting, the student will be required to satisfactorily demonstrate clinical competency according to the Level criteria (Level I, II, III or IV) on the clinical evaluation tool. (See clinical evaluation tool) Focused assignments will take place in the clinical setting with each clinical group and students will satisfactorily complete each assignment according to grading rubrics.

**POST CONFERENCES**

Post conferences are a part of the clinical experience and are held in a conference room when possible. In addition, some post conferences may be held on campus. Absence from post conferences will be recorded as an absence from clinical.

**SIMULATION LAB**

**Vision:** To afford education that stimulates clinical reasoning, critical thinking skills, and psychomotor competence in an innovative setting.

**Mission:** To provide a dedicated environment for health care providers to learn strategies that will enhance patient safety and the quality of health care via high-fidelity simulation technology. This environment provides the learner opportunities to participate in clinical experiences in a safe, non-threatening, and structured environment.

**Goals:**
Increase the safety and effectiveness of patient care through inventive, interdisciplinary training.

Allow for learning in a safe, non-threatening, and controlled environment away from the clinical setting. Build confidence in clinical performance, including clinical reasoning and psychomotor skills.

Increase exposure to critical, yet low-frequency patient encounters in order to minimize the risk to patients. Increase effective communication among all members of the health care team.

Develop simulation as a tool for the assessment of clinical skills.

Simulation is an important part of the ADN clinical experience. Students will complete assigned simulations during clinical sessions with their assigned instructor. Students must be appropriately dressed for the simulation experience in their ADN student uniform, with hair pulled back. Name badges will be worn at all times while participating in the simulation lab. Students are also required to bring their clinical tools, including stethoscope, and penlight.

8/22/13
ACCIDENTAL INJURY - HEALTH INSURANCE COVERAGE

Neither the hospital nor college assumes responsibility for an injury during clinical hours. The student is strongly encouraged to carry private medical coverage. The student should report any injury to the clinical instructor immediately. The College has made arrangements with an insurance company so students can obtain low-cost health insurance. Additional information is available in the Human Resources Office located on the first floor of the Administration/Classroom Building.

LIABILITY INSURANCE

The college provides a limited liability policy for nursing students. The coverage for students is effective only during clinical instruction time. The student is not covered if employed outside of the clinical instruction time. The nursing student is encouraged to carry private medical liability insurance.

PRECEPTORED EXPERIENCES

Preceptored experiences to enhance the student's learning may occur during each semester. Written reports may be required.
Admission Criteria Information

The ADN program admits students based on points. The points come from the grade point average of the prerequisite courses multiplied by 10, residency of the county as determined by the student’s status on admission to the college and the total grade point average if all 7 academic courses have been completed, and the vocational adjustment index score.

For example, a student living in McLennan County who has taken the prerequisite would have the following points:

- BIOL 2401 A = 16 points
- ENGL 1301 B = 9 points
- PSYC 2301 A = 12 points

Grade Point Average for the prerequisites: 3.7 X 10 = 37 points

- McLennan Co Resident = 1 point
- Has not completed all academics = 0
- Vocational adj. index = 0

Total Points = 38

Applicants are required to take the PSB for RN candidates and pass it with a minimum of 25% in each of the five categories of the exam.

The minimum score applies to each of the five categories of the exam: academic aptitude, spelling, reading comprehension, information in the natural sciences and vocational adjustment index.

The PSB exam may be taken twice per application period. Applicants must wait 30 days between taking the test. Points will be awarded to the PSB vocational adjustment scores in the following manner:

- Vocational Adjustment - 90-100 = 6 points
- Vocational Adjustment - 80-89 = 5 points
- Vocational Adjustment - 70-79 = 4 points
- Vocational Adjustment - 60-69 = 3 points
ADMISSION AND RE-ADMISSION

Nursing School Admission PSB Exam
Effective Fall, 2017

• The applicant must pass the PSB for RN candidates within **two** (2) attempts prior to the application deadline for the Associate Degree Nursing Program.
  o Application deadlines:
    ▪ ADN
      • Spring Admission: September 15
      • Fall Admission: May 15

• An applicant may take the PSB **twice** during an application period.

• Please contact the Testing Center (254-299-8453) for testing dates and times.

• **Fall Dates for PSB Exam: September 16\(^{\text{th}}\)-June 15\(^{\text{th}}\)**
  • May take the PSB twice during this time frame.
  ▪ ADN Fall Admission Deadline: May 15\(^{\text{th}}\)

• **Spring Dates for PSB Exam: May 16\(^{\text{th}}\}-October 15\(^{\text{th}}\)**
  • May take the PSB twice during this time frame.
    ▪ ADN Spring Admission Deadline: September 15\(^{\text{th}}\)
    ▪ If a student is currently in the Associate Degree Nursing Program taking RNSG courses, they may apply for re-admission into the immediate next spring semester by the last day of class (the Friday before the week of final exams in December). Late readmission applications may or may not be accepted.
Application Checklist for
ASSOCIATE DEGREE NURSING

Your application is NOT COMPLETE and cannot be considered in the admissions process until ALL forms and any required documentation is included.

Use the checklist below to verify that all information is included. Sign and date this form. Submit this and the indicated information to the Associate Degree Nursing Program (ADN) Department Administrative Secretary. All information, current and accurate, is required by the application deadline of May 15th at 5:00pm for entry into the fall semester, September 15th at 5:00pm for the entry into the spring semester, and March 15th at 5:00pm for LVN to ADN for summer transition course.

- Application for Admission to McLennan Community College. MCC Student ID#: ______________________
  Completed application must be sent to the MCC Office of Student Admissions. Reminder: new law requires Meningitis Immunization for first-time students under age 30 beginning January 2012.

- Application for the Associate Degree Nursing Program.
  Completed application must be sent to the Associate Degree Nursing Program Administrative Secretary.

- Documentation–Proof of completion of any one of the Texas college placement tests (TSI, etc.)
  To include test scores in Reading, Writing, and Mathematics or placement test Exemption Status.
  If not taken yet, indicate date when test will be completed. ___________________________
  This information must be supplied to both the Associate Degree Nursing Program Director and the Office of Student Admissions.

- Documentation–Official and unofficial transcripts from all colleges where you have earned credit.
  - Official transcripts go to the Office of Student Admissions Department
  - Unofficial transcripts go to the ADN Program with application
  - It is the applicant’s responsibility to submit official updated transcripts to the Office of Student Admissions and unofficial updated transcripts to the ADN Program as additional courses are completed.

- Documentation–PSB Exam must be taken at MCC. Requirement: Must score a 25% or above in all five categories.

- Documentation–Proof of residency.
  Attach a utility bill or property tax statement showing residence in McLennan County to receive residence points.

- Documentation–Test of English as a Foreign Language (TOEFL).
  International students must have TOEFL scores sent directly to the nursing program from the testing center. A minimum Internet-based TOEFL score of 83 with a minimum Reading score of 20, a minimum Listening score of 20, a minimum Writing score of 20 and a minimum Speaking score of 20. TOEFL results are only valid up to two years from the testing date, meaning scores will not be considered if they are more than two years old.

- Documentation–Proof of Application Fee Payment.
  Pay $20 Application Fee at Business Office. Attach receipt to Associate Degree Nursing application.

After you have completed and checked all applicable items above, you are now ready to turn in your application.

Signature __________________________ Date ______________________

McLennan Community College does not discriminate on the basis of gender, disability, race, creed or religion, color, age, or national origin.
Application for
Associate Degree Nursing Program

Application deadlines are:

- May 15th at 5:00pm for classes beginning in the fall term
- September 15th at 5:00pm for classes beginning in the spring term.
- March 15th at 5:00pm for LVN to ADN for summer transition course

This application is effective for ONLY one admissions review. A new application is required for each admission.

Name:

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle name</th>
<th>Other names used on records</th>
</tr>
</thead>
</table>

Social Security Number: _____________ - ______ - ______
DOB: _____________

Permanent address:

<table>
<thead>
<tr>
<th>House number</th>
<th>Street, Route or P. O. Box number</th>
<th>Apartment number</th>
</tr>
</thead>
</table>

City: ____________________________ County: ____________________________ State: ____________________________ ZIP: ____________________________

Telephone number: 
home ( ________ ) ____________________________ cell ( ________ ) ____________________________

E-mail address: ____________________________

Previous experience in a health occupation:

Current certification(s) in a health field (attach copy of current certification):
________________________________________________________________________________________________________________________

Check the program option for which you are applying:

- 2-year Program _________ (year)
- LVN to ADN Program _________ (year)
- Fall
- Summer
- Spring

Name of High School: ____________________________ Date of Attendance: ____________________________

List all colleges and/or vocational-technical schools you have attended, including MCC:

<table>
<thead>
<tr>
<th>College</th>
<th>Dates attended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you currently, or have you ever been, expelled or placed on disciplinary suspension from any college or university? (This does NOT include academic or financial aid suspension.) ____________________________

The steps outlined on the Application Checklist (admission to the college, testing, transcripts, etc.) must be completed before the applicant can be considered for admission to the Associate Degree Nursing Program.

I certify that the information furnished in this application is complete and correct.

__________________________ ____________________________
Signature Date

Return this form to:

Program Director, Associate Degree Nursing
McLennan Community College
1400 College Drive
Waco, Texas 76708

McLennan Community College
1400 College Drive • Waco, TX 76708

www.mclennan.edu/departments/hsp
READMISSION POLICY

Students who are unsuccessful in nursing courses (due to failure or withdrawal) are eligible to apply for readmission. **Students may be readmitted to the nursing program one (1) time. However, students who are unsuccessful in clinical courses (receiving no creditor NC) are not eligible for readmission.**

Associate Degree Nursing clinical courses include RNSG 1161, RNSG 2362, RNSG 2363, RNSG 2360, RNSG 2460, RNSG 1163, and RNSG 2161.

The new policy, implemented in January 2017, states a student may apply for readmission one time in the nursing program. A student who fails any clinical course is NOT eligible for readmission. The program will provide students with the necessary support, resources, and nurturing environment to facilitate success in the program and on NCLEX. In the event that a student is unsuccessful, they will have one opportunity for readmission; the readmission process may include remediation, skills assessment, and other requirements to support success. Examples of the policy:

i. A student with one withdrawal may apply for readmission.

ii. A student with one failure may apply for readmission.

iii. A student with one withdrawal and one failure may NOT apply for readmission until five years has passed from the date of initial entry into the program. The student will apply as a new student.

iv. A student with two withdrawals may NOT apply for readmission until five years has passed from the date of initial entry into the program. The student will apply as a new student.

v. A student with two failures may NOT apply for readmission until five years has passed from the date of initial entry into the program. The student will apply as a new student.

vi. A student who fails any clinical course is NOT eligible for readmission. Clinical courses are RNSG 1161, 1163, 2362, 2363, 2360, 2460 and 2161.

**To apply for readmission, the student must:**

Obtain the readmission application from the Associate Degree Nursing webpage: [http://www.mclennan.edu/health-professions/associate-degree-nursing/](http://www.mclennan.edu/health-professions/associate-degree-nursing/)

Complete and submit signed readmission application, including an updated transcript (unofficial) and a one-page essay that describes contributing factors to the unsuccessful semester, how these factors have changed, and a plan for success if readmitted into the nursing program.

Readmission application materials must be submitted to the Associate Degree Nursing Admissions Coordinator or designee by the published deadline, located on the program webpage, [http://www.mclennan.edu/health-professions/associate-degree-nursing/admission](http://www.mclennan.edu/health-professions/associate-degree-nursing/admission)

All application materials will be reviewed by the Health Professions Admissions Committee. Students will be notified in writing by the Admission Committee of their acceptance status. If readmitted, students must meet with the admission coordinator to ensure that all program and clinical requirements are current (immunizations, TB screening, flu vaccine, transcripts, etc.). Students who are readmitted to the program will be required to complete remediation prior to the first day of the semester; learning contracts may also be required for readmission.

Students who are unsuccessful after readmission into the nursing program are encouraged to meet with an academic advisor to determine an educational path that is appropriate for their future.

---

Due to inter-relationship of nursing courses taught each semester, if a withdrawal from one nursing course is necessary, the student must withdraw from all nursing courses. Please refer to the MCC Highlander Guide for withdrawal policy.

A student with a failure in a nursing course who is granted re-admission to that semester will take all the courses for that specific semester even if they were successful in one or more courses for that semester previously. Each semesters’ nursing courses are concurrent courses. At no time may a student take only the theory course(s) or clinical course(s).
Application for Re-Admission

Associate Degree Nursing Program

Please refer to your “Student Policy Handbook” from the nursing course you were last enrolled.

(please circle one)

- Applying for re-admission RNSG Level:
- Period enrolled in first nursing course: Year:

Student ID No.: [Student ID]

Name:

Last name  First Name  Middle Name  Other names used on records

Social Security Number:  DOB:

Current Certifications/Degrees:

Current Address (You will be notified of acceptance by mail):

Street Number, Route, or P.O. Box number  Apartment Number  City  County  State  Zip

E-mail Address:

Telephone number:

You must include the following with your nursing re-admission application and submit the complete packet to the administrative secretary:

1. Re-admission form identifying which semester you are applying. (Above)
2. Automated Degree Plan-WebAdvisor
3. An essay identifying:
   a. Factors that kept you from being successful in the program
   b. How these factors have changed;
   c. Your plan to be successful if re-admitted

It is your responsibility to make sure with the nursing administrative secretary that each item on the check off list below is in your previous file.

☐ Application to McLennan Community College–Student will need to apply to MCC if they have not attended MCC during the last spring or fall semester. www.mclennan.edu or call Highlander Central at 254-299-8622 for questions.
☐ Documentation–Proof of completion of any one of the Texas college placement tests (THEA, Accuplacer, etc.) to include test scores in Reading, Writing, and Mathematics or placement test Exemption Status.
☐ Documentation–Transcripts from all colleges where you have earned credit. (Update any transcripts since last program admission.)
☐ Documentation–PSB Exam taken at MCC only–must be less than 3 years old. Check this with the administrative secretary in student previous folder.
☐ Documentation–Immunization Requirements: Updated documentation for Immunizations and CPR (American Heart Association–Healthcare Provider) uploaded to Compile. No online class will be accepted. See Student Handbook for documentation.

I certify that the information furnished in this application is complete and correct.

Signature  Date

FURNISHING FALSE INFORMATION TO THE COLLEGE WITH INTENT TO DECEIVE MAY RESULT IN ADMISSION DENIAL OR PROGRAM DISMISSAL.

1400 College Drive  Waco, TX 76708  www.mclennan.edu/departments/hsp/adn

McLennan Community College does not discriminate on the basis of gender, disability, race, creed or religion, color, age, or national origin.
TRANSFER STUDENT ADMISSION

The Associate Degree Nursing Program does not accept transfers into nursing courses.

Academic courses taken elsewhere will be evaluated for consistency of courses in the degree plan.
International Student Admission Requirements

International students must meet the general admission requirements of McLennan Community College. International admission requirements are applied to all students who have international secondary or post-secondary educational credentials, regardless of country of citizenship, immigrant status, or visa status.

Each high school and college attended must be listed on the application for admission. Official transcripts for each high school and college attended must be attached to the application. Official records must be provided in the original language and, when that is not English, accompanied by a certified translation into English. Unofficial records that do not bear the original signature of the institution's representative cannot be used. Records must be signed by the registrar, dean, or headmaster of the institution issuing the documents. Photocopies will be accepted if they bear the institution's original seal and the original signature of the school official certifying the documents. Transcripts and other records attested as certified by a notary public or solicitor (non-institutional official) will not be accepted as official.

English proficiency is met by the Test of English as a Foreign Language (TOEFL). A minimum Internet-based TOEFL score of 83 with a minimum of 20 in reading, 20 in writing, 20 in speaking and 20 in listening. TOEFL results are only valid up to two years from the testing date, meaning scores will not be considered if they are more than two years old. TOEFL score reports must be sent directly to the Associate Degree Nursing Program Director from the testing center. Information about the TOEFL may be obtained from the website www.ets.org/toefl or by calling 1-800-468-6335.

Applicants may be exempt from the TOEFL requirement if they have earned a U.S. high school diploma, having attended all four years of high school in the U.S.

Information about the TOEFL may be obtained from the Educational Testing Service.
NAME OF STUDENT: ___________________________ SS# ___________________________ (Print)

IMMUNIZATIONS:

#1 T.B. Test (Annual Update Required) Date ___________________________ Results ___________________________

#2 T.B. Test Date ___________________________ Results ___________________________
Or Chest X-ray: Date ___________________________ Findings ___________________________

Tetanus-diphtheria Toxoid (Td): Date ___________________________ (within last 10 years)

Measles/Mumps/Rubella
a. Students born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of two doses of measles-containing vaccine administered since January 1, 1968. Serologic confirmation of immunity to measles is acceptable.

b. Prior to patient contact, students must show proof of either one dose of rubella vaccine. Serologic confirmation of immunity to rubella is acceptable.

c. Students born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of one dose of mumps vaccine. Serologic confirmation of immunity to mumps is acceptable.

Measles: ___________ Mumps: ___________ Rubella: ___________ Measles Dose #2: ___________

Hepatitis B Vaccine
The student should be aware that there is potential of exposure to Hepatitis B during clinical assignments. Students must receive a complete series of hepatitis B vaccine prior to the start of direct patient care or show serologic confirmation of immunity to hepatitis B virus.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Dose #1</th>
<th>Dose #2</th>
<th>Dose #3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Administered by: Signature ___________________________

Varicella
Students must receive two doses of varicella vaccine unless the first dose was received prior to thirteen years of age. Serologic confirmation of immunity to varicella is acceptable. A parent or physician validated history of varicella disease (chickenpox) or varicella immunity is acceptable in lieu of vaccine. A written statement from a physician, or the student’s parent or guardian, must support history of varicella disease.

<table>
<thead>
<tr>
<th>Dose #1: Date &amp; Administered by</th>
<th>Dose #2: Date &amp; Administered by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Influenza
Influenza vaccine required annual to participate in clinical experiences.

<table>
<thead>
<tr>
<th>First year nursing school</th>
<th>Second year nursing school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>Route &amp; injection site:</td>
<td>Route &amp; injection site:</td>
</tr>
<tr>
<td>Manufacturer:</td>
<td>Manufacturer:</td>
</tr>
<tr>
<td>Lot #:</td>
<td>Lot #:</td>
</tr>
<tr>
<td>Expiration date:</td>
<td>Expiration date:</td>
</tr>
<tr>
<td>Healthcare provider signature:</td>
<td>Healthcare provider signature:</td>
</tr>
</tbody>
</table>

Physician or Nurse Practitioner’s Printed Name __________________________________________________________
Address __________________________________________ Telephone Number ________________________________
PROGRESSION REQUIREMENTS

In order for the student to progress in the nursing program, the following requirements must be met:

1. Achievement of a grade of "C" or better in all nursing and identified pre-requisite courses in the curriculum.

2. Pre-requisites to each nursing course have been successfully completed.

3. Achievement of the grade of “Credit” in the clinical area.


5. Documentation of TB skin test and/or chest x-ray must be current throughout program of study.

DELAY IN TAKING NCLEX-RN OR NCLEX-PN
01/11/2016
If a graduate does not take the NCLEX-RN or NCLEX-PN within six (6) months after the last day of the semester graduated, the graduate must take an approved RN or PN review course within one month before the Affidavit of Graduation (AOG) will be approved by the Director. The graduate must show proof of the completion of a review course to the Program Director.
STATE BOARD OF NURSING LICENSING ELIGIBILITY

Registered Nurses - Requirements for Texas Licensure

- Required fee is $186. The fee is non-refundable.
- Graduation from an approved school of professional nursing (general).
- A satisfactory score in one of the following examinations:
  - State Board Test Pool Examination (SBTPE) - with a minimum score of 350.
  - National Council Licensure Examination for Registered Nurses (NCLEX-RN®)
- Licensure in another jurisdiction which has requirements equivalent to Texas.
- Must have been employed as a registered nurse during the past four (4) years (unless you have taken and passed the appropriate RN examination within that time period). If you passed a national exam more than four years ago, and you have not been employed as a registered nurse in another state within the last four (4) years, then you must comply with Rule 217.5(b).

You will need to

1. Apply for a Six-Month Temporary Permit and
   Complete a board approved refresher course
2. Complete the Texas Nursing Jurisprudence Exam (NJE) in addition to one of the following:
   - the online Texas Board of Nursing Jurisprudence Prep Course
   - the Texas Board of Nursing Jurisprudence and Ethics Workshop
   - Texas Board of Nursing approved Nursing Jurisprudence and Ethics course.

It is the nurse’s responsibility to submit both of the completion certificates (NJE and choice of prep course/workshop/course) to our office.

You will be granted access to the NJE within fifteen business days of the date we receive the Six-Month Temporary Permit application. Note: If you complete the NJE as part of the requirements for the Refresher Course, then the passing results can be used for the Endorsement application portion as well.

The following links provide more information:

[Rules and Regulations](http://www.bon.texas.gov/laws_and_rules_rules_and_regulations.asp)
[NJE](http://www.bon.texas.gov/licensure_nursing_jurisprudence.asp)
[NJE Prep Course](https://www.bon.texas.gov/catalog)

https://www.bon.texas.gov/catalog.
A criminal background check must be completed through the Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) based on the set of fingerprints you provide to MorphoTrust. The BON cannot accept fingerprint cards or criminal background check results mailed by you. The BON cannot accept results that were completed for another facility, even if the previous check was completed through the DPS and the FBI. The following information will assist you in completing the fingerprinting process:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Criminal Background Check</td>
</tr>
</tbody>
</table>

For applicants residing outside Texas:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Log on to the IdentoGO website, <a href="http://www.identogo.com">http://www.identogo.com</a> or call 1-888-467-2080. The instructions on the Fast Pass labeled “Applicants residing outside of Texas&quot; will assist you. Print this form.</td>
</tr>
<tr>
<td>b.</td>
<td>Obtain a standard FBI fingerprint card from the BON, a local law enforcement agency, an embassy, or an IdentoGo Service Center near you. You can visit <a href="http://www.identogo.com">http://www.identogo.com</a> or call 1-888-467-2080 to locate an IdentoGo service center in your area to obtain an ink card for submission.</td>
</tr>
<tr>
<td>c.</td>
<td>Locate a fingerprinting service in your area.</td>
</tr>
<tr>
<td>d.</td>
<td>Obtain a complete, legible set of your fingerprints on the approved fingerprint card from the fingerprinting service. The cost for obtaining an ink card may vary and is not included in the Texas Background check fee. Cards must be mailed to IdentoGO. Complete this information on the fingerprint card. Print it legibly.</td>
</tr>
<tr>
<td></td>
<td>o last name (including all alias names)</td>
</tr>
<tr>
<td></td>
<td>o first name (including all alias names)</td>
</tr>
<tr>
<td></td>
<td>o middle name (including all alias names)</td>
</tr>
<tr>
<td></td>
<td>o sex</td>
</tr>
<tr>
<td></td>
<td>o race</td>
</tr>
<tr>
<td></td>
<td>o date of birth, and</td>
</tr>
<tr>
<td></td>
<td>o Social Security Number.</td>
</tr>
<tr>
<td>e.</td>
<td>Sign the fingerprint card. Please note: IdentoGo Service Centers outside the state of Texas cannot submit fingerprints electronically for a Texas background process.</td>
</tr>
<tr>
<td>f.</td>
<td>Register your ink card submission by logging on to the IdentoGO website, <a href="http://www.identogo.com">http://www.identogo.com</a> or by calling 1-888-467-2080. If you are scheduling by phone, please request an “Electronic Fingerprint Submission” appointment. You will be prompted by IdentoGO for the following additional personal data:</td>
</tr>
<tr>
<td></td>
<td>o date of birth</td>
</tr>
<tr>
<td></td>
<td>o sex</td>
</tr>
<tr>
<td></td>
<td>o race</td>
</tr>
<tr>
<td></td>
<td>o ethnicity</td>
</tr>
<tr>
<td></td>
<td>o skin tone</td>
</tr>
<tr>
<td></td>
<td>o height</td>
</tr>
<tr>
<td></td>
<td>o weight</td>
</tr>
<tr>
<td></td>
<td>o eye color</td>
</tr>
<tr>
<td></td>
<td>o hair color</td>
</tr>
<tr>
<td></td>
<td>o place of birth, and</td>
</tr>
<tr>
<td></td>
<td>o home address.</td>
</tr>
<tr>
<td></td>
<td>Requested data is required by DPS and the FBI to process the background check.</td>
</tr>
<tr>
<td>b.</td>
<td>Complete all necessary fields on the attached FAST Pass.</td>
</tr>
<tr>
<td>c.</td>
<td>Take the FAST Pass to your appointment along with valid, state issued identification (example: driver’s license). During the fingerprint appointment, you will be prompted for your Social Security Number and Driver License Number. You will also be required to have your photograph taken at the time of the appointment. Once the appointment is completed, you will be provided with a signed receipt which includes the Tracking Control Number (TCN). Please retain this receipt for your records. The fingerprints, demographic information, and photograph will be sent to DPS for processing. Once the background</td>
</tr>
</tbody>
</table>
Submission. You will not schedule a fingerprint appointment; you are only registering your ink card submission. When registering your submission, you will be prompted by IdentoGO for the following additional personal data:

- date of birth
- sex
- race
- ethnicity
- skin tone
- height
- weight
- eye color
- hair color
- place of birth, and
- home address.

g. Sign the FAST Pass form

h. Write your registration identification number (RegID) on the FAST Pass form. Please print legibly. Requested data is required by the Texas Department of Public Safety to process your background check. All the information requested on the form is required.

i. Mail the Fingerprint Card and FAST Pass to: MorphoTrustUSA
   Attn: Texas Card Scan
   3051 Hollis Drive, Suite 310
   Springfield, IL 62704

The Texas Board of Nursing does not make judgments regarding the fingerprints that are submitted. Occasionally the DPS and/or the FBI will notify the BON that the fingerprints submitted were not usable and/or readable and therefore have been rejected. You will be notified if a rejection has been received and another set of fingerprints is required. The BON can only submit a request to initiate a name search on your behalf if our office has received two (2) quality rejections from the FBI. A rejection for any other reason (i.e. smudging, impressions too light, etc.) would not count toward this requirement.

2 You must pass the Texas nursing jurisprudence examination prior to being issued a permanent license. Instructions on taking the Texas nursing jurisprudence examination:

   a. File an endorsement application with the Texas Board of Nursing
   b. Wait fifteen business days
   c. While you wait, prepare for the exam. We recommend that you:
      1. view a copy of the Nursing Practice Act (NPA) and Board Rules and Regulations on our website. You may also purchase a hard copy of the NPA and Rules and Regulations by downloading the Publications Order Form from our website. The books will be mailed within fifteen business days of the Board receiving the completed form and appropriate fee.
      2. take the online jurisprudence prep course on the Board's web site. This course is voluntary and contains information about the NPA and Rules and Regulations of the
Texas BON.

d. After fifteen business days, follow the instructions to log on and complete the online nursing jurisprudence exam. The examination takes a maximum of two hours in length. If you are not successful in passing the examination or if the system locks up, you may retake the examination again after 24 (twenty-four) hours have elapsed from the previous attempt. The cost of the examination is included in your application fee.

If you do not meet the requirements for the application licensure type (LVN or RN), then you are Not Eligible for Licensure in the State of Texas.
Eligibility Issues

Applicants must be able to answer "No" to the following questions in order to use the online application. All other applicants may download a complete application packet (See 2) Paper). Review of applicants with eligibility issues may take a minimum of four months to review.

For any criminal offense, including those pending appeal:

1. Been convicted of a misdemeanor?
2. Been convicted of a felony?
3. Pled nolo contendere, no contest, or guilty?
4. Received deferred adjudication?
5. Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
6. Been sentenced to serve jail or prison time or court-ordered confinement?
7. Been granted pre-trial diversion?
8. Been arrested or have any pending criminal charges?
9. Been cited or charged with any violation of the law?
10. Been subject of a court-martial; Article 15 violation; or received any form of military judgment, punishment, or action?

NOTE: You may only exclude Class C misdemeanor traffic violations.

Expunged and Sealed Offenses

While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed may subject your license to a disciplinary order and fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)

Orders of Non-disclosure

Pursuant to Tex. Gov't Code §552.142(b), if you have criminal matters that are the subject of an order of non-disclosure, you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness of duty issue. Pursuant to other sections of the Gov't Code Chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character.

- *Are you currently the target or subject of a grand jury or governmental agency investigation?
- Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?
- *Within the past five (5) years have you been diagnosed with, treated, or hospitalized for
schizophrenia and/or a psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?

* In the past five (5) years, have you been addicted or treated for the use of alcohol or any other drug?

*Pursuant to the Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency and information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Occupations Code §301.466. If you are licensed as an LVN in the State of Texas and are currently participating in the Texas Peer Assistance Program for Nurses you may answer “NO” to questions #4 and #5.
MANDATORY REPORTING OF NURSING STUDENTS

The Nursing Practice Act for the State of Texas requires that schools of nursing must report students suspected of being impaired by chemical dependency. The following section of the Nursing Practice Act states the requirement:

Sec. 301.404. Duty of Nursing Educational Program to Report.

A nursing educational program that has reasonable cause to suspect that the ability of a nursing student to perform the services of the nursing profession would be, or would reasonably be expected to be, impaired by chemical dependency shall file with the Board a written, signed report that includes the identity of the student and any additional information the Board requires.
New and Accepted Student Roster Process - Student’s perspective

History

Since 2002 criminal history background checks have been required for all initial licensures with the Texas Board of Nursing (BON). In the past, students were able to complete this process once he/she had submitted an NCLEX examination application to the BON. The Board also had the Declaratory Order Petition process for those individuals who had something to disclose, but needed a format in which to do so. Individuals who were at least six (6) months away from a potential graduation could use this process to determine their eligibility for licensure.

The BON experienced many individuals who would wait until the last month to disclose concerns, only to find out that they were not eligible for licensure, that their file had to be transferred to Enforcement for further investigation, or at the very least, that their process was delayed. This caused great concern for both the applicant and the nursing program since the student could not be deemed eligible to test, receive the authorization to test (ATI), or practice as a GN/GVN until such time that the review was completed and/or approved. This created anxiety and additional stress for all involved.

The BON recognized that having new students complete the background check process before entering school would be extremely beneficial, and thus instituted the New and Accepted Student Roster process. This process allows both the potential applicant and school to be provided some guidance regarding the student’s eligibility for licensure prior to investing the time, energy, and funds into a nursing program.

The following is a breakdown of the process and some related FAQs:

**New/Accepted Student Criminal Background Check Process**

**Step One:** The Texas based nursing program submits the New/Accepted Student Roster to the BON.

**Step Two:** BON staff enters the data into our internal fingerprint database. This step is what adds them to the list with MorphoTrust.

**Step Three:** BON staff sends an email to the designated contact at the school advising that the roster has been entered into our system.

**Step Four:** The school provides the Fast Pass to the students listed on the roster and advises them to schedule their fingerprinting.

**Step Five:** The BON receives information from The Texas Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) regarding the criminal background check (CBC) results and staff inputs this data within ten business days.
Step Six: a) Individuals who’s CBC came back completely clear are mailed a blue card within ten (10) business days of the BON receiving the DPS and FBI results.
   b) Individuals whose CBC did not come back completely clear are sent a letter requesting a Petition for Declaratory Order (D.O.), personal statement of events, and copies of court documentation related to what incidences need to be reviewed.

FAQs

How quickly will I be able to schedule my fingerprint appointment?
The BON makes every attempt to enter the rosters within ten (10) business days. We will send an email notification to your school when the information has been entered.

How will I get the Fast Pass?
It will be attached to the email sent to the designated contact at your school once the roster has been entered. The school will provide this to you.

My school has been following this process for a while, and they have a Fast Pass from before. Do I have to wait for my school to hear back from the BON before they can give me the Fast Pass?
YES! Getting fingerprinted before your information is in the BON database will delay processing and could interfere with the BON receiving the transmission of CBC results.

What happens if a new/accepted student gets fingerprinted before being entered in the BON system?
As mentioned above, it could interfere with the BON receiving the transmission of CBC results. If this happens, you may be asked to repeat the process.

What do I do with the FastPass once I have scheduled my fingerprinting appointment? Do I mail this to the BON?
No. The Fast Pass is for you to use when scheduling your fingerprint appointment and should be taken with you the day of. Do not mail this information to the Board.

Will my school know if I am receiving a blue card or being asked for a Declaratory Order?
Based on the information provided on an end of month report, your school will see one of the following three scenarios listed: CBC complete DO requested or DO complete.

Does a blue card mean there isn't anything that the BON needs to review?
Not necessarily. Remember, blue cards are sent to individuals whose CBC was clear, but it is possible that you did have criminal activity in the past and the jurisdiction has not reported the information to the TX DPS. In addition, the eligibility section of the D.O. has questions of a non-criminal nature. It is highly recommended that you read the ENTIRE section of eligibility questions to determine if a D.O. needs to be submitted.
I already know that something is going to show up on my background check. Can I mail the documentation before the BON has the CBC results?
You may write the letter of explanation and start accumulating the necessary documentation, however, we recommend that you wait until receiving a letter from the BON to ensure that all incidences are addressed. Not following this procedure could delay the processing.

**How long does it take to hear back about the Declaratory Order I submitted?**
Within ten business days of the BON receiving a completed declaratory order petition statement and court records staff will submit the documentation to the Director of Operations for the initial review (given that the CBC results have already been received by the Board). The initial review can take up to 30 days. You will be sent correspondence regarding the outcome of the initial review and whether additional action is necessary on your part.

**Will I receive a blue card if my D.O. review is approved?**
No. Blue cards are only mailed to individuals whose CBC was clear. If you submitted a D.O. then you will receive an Operations outcome letter.

**Is there a fee associated with the eligibility review?**
If the nature of the issue can be resolved within the delegated authority of the Operations Department, there will be no charge, and the Operations outcome letter will be mailed accordingly.

If the nature of the criminal issue is beyond the delegated authority of the Operations Department and must be transferred to the Enforcement Department for review, you may be asked for the $150 review fee. Within fifteen (15) business days of receipt of the fee your file will be transferred to the Enforcement Department for review. Once the DO petition is transferred to enforcement, you will need to allow a minimum of four months before inquiring.

**I am having difficulty obtaining some of the documentation since the incident happened so long ago. What do I do?**
You need to make every attempt to obtain court documentation related to the incident in question. The appropriate legal jurisdiction should be able to provide something on letterhead stating that no records are found, if that is indeed the case.

**Just to be on the safe side, I submitted a D.O. petition to the BON even though I’m answering 'no' to all of the eligibility questions. That's okay isn't it?**
No. Receiving needless paperwork delays processing time all around. If you are legally able to answer 'no' to all eligibility questions and have received a blue card, you should not submit D.O.

**Will I have to repeat the background check process before graduation?**
If you completed a DPS/FBICBC after March 2006, then you will not have to do it again prior to your graduation.

**I misplaced my blue card and my school is asking for it. How do I get another one?**
The BON mails the original blue card to the address provided by the school on the New and Accepted Student Roster. One additional courtesy copy can be mailed to an address you specify.
Email your request
to webmaster@bon.texas.gov. Include your full name, date of birth, and last four digits of your SSN (if applicable), and confirm which address to mail the courtesy copy. Please make the subject line of your email: BLUE CARD COPY

Any additional blue cards, after the first two, would require a new roster from the nursing program. I went through the D.O. process a few years ago and received an outcome letter. Is this still valid? Yes. So long as no new offenses have occurred, the approval would stand, even if the letter is outdated.

I received approval through the D.O. process. This means I can now answer "no" to the eligibility questions on the NCLEX application correct?
No. Having a previous review on file does not negate the need for honesty on the eligibility questions. Complete the paper version of the application and include a statement that the information has been previously reviewed by the BON and, if applicable, that no new offenses have occurred. You may also submit a copy of the previous approval letter.

What happens if I had a review in the past and then submit my NCLEX application online? With the exception of expunged offenses, this situation is considered 'non-disclosure' and your file will be transferred to Enforcement.
PROGRAM POLICIES
MCLENNAN COMMUNITY COLLEGE POLICIES

Associate Degree Nursing students are expected to abide by the rules and regulations and policies of McLennan Community College as set forth in the MCC Catalog and the MCC Highlander Guide.

ACADEMIC INTEGRITY

See Academic Integrity information at http://www.mclennan.edu/academic-integrity

In order to preserve the honor and integrity of the academic community, McLennan Community College expects its students to maintain high standards of scholarly conduct.

**Academic Honesty**

All faculties shall have the right to examine materials in the student's possession during any academic exercise. In instances of academic misconduct, the faculty may immediately suspend the student from further work on the academic exercise.

### ACADEMIC MISCONDUCT

<table>
<thead>
<tr>
<th>ACADEMIC MISCONDUCT INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING ACTS:</th>
<th>1. Collaborating with another student during an examination administration, preparation of a nursing care plan, or any other requirement without consent of the instructor.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Use of unauthorized materials during an examination administration.</td>
<td></td>
</tr>
<tr>
<td>3. Altering examination answers after the exam has been graded.</td>
<td></td>
</tr>
<tr>
<td>4. Illicit possession of an examination or exam materials.</td>
<td></td>
</tr>
<tr>
<td>5. Forgery.</td>
<td></td>
</tr>
<tr>
<td>6. Plagiarism that is the presenting of work of another as one’s own work</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>7.</td>
<td>Unauthorized use of any MCC computer program.</td>
</tr>
<tr>
<td>8.</td>
<td>Fabrication of information for use in any academic exercise.</td>
</tr>
<tr>
<td>9.</td>
<td>The resubmission of previously graded course work by the student to meet a course requirement.</td>
</tr>
<tr>
<td>10.</td>
<td>Suspected substance abuse and/or mental incapacity.</td>
</tr>
</tbody>
</table>

**SANCTIONS**

The following actions may be imposed on a student who has committed an act of academic misconduct:

I. Possible actions by the faculty member

A. Notify the Program Director in writing that an incident has occurred and has been dealt with.

B. Grant no credit for the work (exam or assignment) in question.

C. Assign a grade of "F" or zero for the work in question.

D. Recommend to the Program Director, in writing, that the student be dropped immediately from the course with a grade of "F".

E. If the alleged incident occurs during a final examination, a grade of “I” (incomplete) shall be given the student until a decision by the faculty is determined.

II. Possible actions by the Program Director

A. The Program Director will investigate any misconduct or reported dishonesty related to testing and preparation of written assignments and documents the results of the investigation.

B. Based on the results of the investigation, the Program Director shall refer the student through academic administration channels. The Program Director shall recommend to academic administration that one or more of the following specific actions be considered:

1. Issue a warning and place a written report of the incident in the student's permanent record maintained in the Program Director’s Office.

2. Place the student on probation at the College for a specified period of time.

3. Place the student on suspension from the College for a specified period of time.
Academic Integrity: A Student's Responsibilities

All students who enroll at McLennan Community College are admitted with the expectation that they will demonstrate integrity in every aspect of their work both for and with other members of this academic community. Once you enroll, you have accepted responsibility for your actions.

How does the college define Academic Integrity?

The Center for Academic Integrity, of which McLennan Community College is a member, defines Academic Integrity as a "commitment, even in the face of adversity, to five fundamental values: honesty, trust, fairness, respect and responsibility; from these values flow principles of behavior that enable academic communities to translate ideas into action." Individual faculty members determine their class policies and behavioral expectations for students. Students who commit violations of academic integrity should expect serious consequences. Offenses will be tracked so that appropriate sanctions can be applied.

How serious are the consequences for Academic Dishonesty?

MCC faculty take academic dishonesty infractions very seriously and articulate their policies within course Instructor Plans.

The professor's grading system is the first measure of consequence for a student who commits a breach of academic integrity. The grading system can be found in the course plan for each class in which the student enrolls. Faculty members and their department chairs may require a meeting with students caught cheating, including plagiarizing, to discuss incidences of cheating and the penalty to be assigned in the course. Academic Integrity policy and procedures apply equally to all courses - whether on campus or online.

How is Cheating defined?

With regard to cheating, plagiarism or other forms of academic dishonesty, the term "cheating" includes, but is not limited to: (1) use of any unauthorized assistance in taking quizzes, tests or examinations; (2) dependence upon the aid of sources beyond those authorized by the professor in writing papers, preparing reports, solving problems or carrying out other assignments; or (3) the acquisition, without permission, of tests or other academic material belonging to a member of the MCC faculty or staff. The term "plagiarism" includes, but is not limited to, the use, by paraphrase or direct quotation, of the published or unpublished work of another person without full and clear acknowledgment. It also includes the unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials.

What happens to a student identified as having cheated?

If the student's offense rises to the level of invoking, within the course grading system, penalties of consequence, it is a reportable offense. That is, students who are caught cheating, including plagiarizing, will be subject to penalties specified in the course Instructor Plan and, in addition, will be reported to Student
Discipline for further tracking. Students who repeatedly commit acts of academic dishonesty will be subject to academic suspension from the college.

**MCC’s Student Development keeps a record of repeat offenders for determination of future consequences**

The intent of this policy is to focus all partners in the college—students, faculty, and administrators—on issues of accountability and to increase students' understanding that academic training includes an expectation of academic integrity, the absence of which incurs serious response.

For more information about issues of student discipline, including appeals, please refer to the [Highlander Guide student handbook](#).
PLAGIARISM

Students found to be guilty of acts of academic dishonesty are subject to college policy as found in http://www.mclennan.edu/highlander-guide-2017-18. In addition, students are subject to the following discipline:

First Offense: failing grade on the assignment

Second Offense: failing grade in the course. If an associate degree nursing student has a second offense while in the ADN program, the student will receive a failing grade in the course and will be ineligible for readmission into the program.

GRIEVANCE PROCESS FOR STUDENTS

These procedures are established to provide the individual student with an opportunity to be heard in grievances involving unlawful discrimination, selective program admission, or other alleged violations of law or college policies. Complaints alleging sexual harassment will be handled in accordance with policy E-XXVIII-a.

1. All student grievances will be handled through regular administrative organizational channels or in accordance with other formal policies of the College. Refer to the Highlander Guide “Student Grievance Procedures”. Reference G-XIII.

Class-Related Problems

A student having problems directly related to a class should first talk with the instructor. If the problem is not resolved, the student may talk to the Program Director, then to the appropriate Dean, then to the Vice President, Instruction.

ATTENDANCE POLICY

Regular and punctual attendance is expected of all students, and each instructor should maintain a complete record of attendance for the entire length of each course. Students will be counted absent from class meetings missed, beginning with the first official day of classes. Students, whether present or absent, are responsible for all material presented or assigned for a course and will be held accountable for such materials in the determination of course grades. In the case of online and hybrid courses, attendance will be determined in terms of participation, as described in the course Instructor Plan.
**Theory Attendance/Absences**
*(Includes Theory and Skills Lab)*

Absence from 25 percent of scheduled lecture and/or laboratory meetings will be taken as evidence that a student does not intend to complete the course. Unless an instructor has reason to believe the student will complete the course, the student will be withdrawn from the course with a grade of W. The instructor may reinstate the student if satisfied that the student will resume regular attendance and will complete the course.

If the student’s 25 percent absences are reached after the official drop date (the 60 percent point in the semester or term), the instructor may assign a W if the student is passing and requests to be withdrawn. However, if a student who is not passing reaches the 25 percent point after the official drop date, the student will receive an F. In extenuating circumstances, the instructor may assign a W to a student who is not passing.

Each absence will count toward attendance requirements in each course. Students will be permitted to make up class work and assignments missed due to absences caused by (1) authorized participation in official college functions, (2) personal illness, (3) an illness or a death in the immediate family, or (4) the observance of a religious holy day. Also, the instructor has the prerogative of determining whether a student may make up work missed due to absences for other reasons. It is the student’s responsibility to inform the instructor of the reason for an absence and to do so in a timely fashion.

A student not present during the taking of attendance at the beginning of class has the responsibility to notify the faculty/instructor BEFORE leaving the scheduled class period. If the student fails to notify the faculty/instructor BEFORE leaving the class period, the absence will remain and will count as part of the 25 percent of theory absence. The student is the only one that may verify that he/she is present. At NO TIME may one student sign in for another student.

**Clinical Attendance Policy**
*(Includes on-campus clinical, off-campus clinical, simulation lab, and other assignments)*

Clinical experiences are treated like a professional job, are provided according to the Board of Nursing Rules and Regulations, and are in compliance with accrediting bodies. **The student is expected to have regular and punctual attendance to all clinical experiences as scheduled and is responsible for travel to the clinical experience.** Lunch time may not be counted as clinical hours, according to regulatory policy. Students must complete the designated hours in order to be successful in each course and progress to the next semester. If a student does not complete all the designated clinical hours for which they are enrolled, the student will receive a non-credit and will not be able to progress to the next level.

For a student to progress in the nursing program ALL clinical objectives must be satisfactorily met. If a student has extenuated circumstances on a clinical day, the student must notify their clinical instructor at least one hour prior to the scheduled clinical start time. The student may not ask a family member or friend to report the absence and the nursing faculty and clinical coordinator will determine what qualifies an “extenuated circumstance.” (Examples of extenuating circumstances are acute illness of self or death of immediate family. Documentation of extenuating circumstance may be required.) Given the faculty has determined the absence is a result of “extenuated circumstance,” and proper notice is given by the student per protocol, the student may be given an alternative assignment to assist in meeting clinical objectives. The alternative assignment will be determined by the clinical faculty and clinical coordinator, based on which objective/s were missed due to absence. Please note if a student is absent from clinical on a day in which there are no like alternative assignments the student may be withdrawn from the clinical course and may be unable to progress in the
program. (Examples whereby like alternate assignments cannot be duplicated in the event of absence - demonstrating proficiency in administration of PO meds to an actual patient, collecting actual patient data for nursing process or other assignments.) In the event there is an alternative assignment offered, it will be proportional to the clinical day missed. Alternative assignments are limited to two per clinical course. A clinical day is defined as the experience assigned to the student for the day missed.

The student who is assigned to a preceptor clinical experience is required to share objectives with the preceptor and attain a signature from the preceptor, which the student will submit to the clinical coordinator the first day upon returning to campus. As with any job, tardiness and/or failure to notify the clinical instructor of an absence will be considered unprofessional and the student may be dismissed from the program.

As in a professional job and per Board of Nursing and accreditation protocol, the student is expected to be in the clinical agency prepared to begin assignment at the designated time.

In summary, the clinical experience is treated like a professional job in which the student is expected to be prepared, arrive to clinical on time, contact MCC clinical faculty if issues or absence is necessary and meet all clinical objectives in order to progress in the A.D.N. program. Accrediting agency mandates such as from the Texas Board of Nursing or ACEN supersedes the MCC absence policy.

**CLINICAL ASSIGNMENT POLICIES**

Students are expected to provide, without discrimination, nursing services regardless of the age, disability, economic status, gender, national origin, race, religion, health problems, or sexual orientation of the client served (RULE §217.11 (L)). Students are required to meet the work force standard of providing care to any and all clients assigned to their level of responsibility.

**CLINICAL TRANSITION PRACTICUM**

During the last semester of the second year all students will be required to participate in a Clinical Transition Practicum. Student clinical times will be arranged with the preceptor. Students will do clinical during the regular work hours of the preceptor. This can include working any time around the clock, seven days a week.

**CLINICAL EVALUATION GUIDELINES AND FINAL GRADE CRITERIA**

Clinical evaluation is a teaching method used to assist the student in clinical practice, progression and enhancement. In order to provide the maximum learning experience, the faculty believes it is essential for the student to be actively involved in the identification of personal strengths, weaknesses and activities to promote or strengthen these attributes. The student’s clinical progression throughout the program will be reviewed and considered in guiding and determining clinical activities in each course to assist the student in performing at the expected level of competency.

The clinical evaluation tool reflects the student’s level of competency. Credit or non-credit will be the final grade assigned for each clinical course.
Final Grade Criteria:

Credit:
On completion of the course the student will receive credit if she/he:
1. Performs at the expected level of competency or higher.
2. Attains goal(s) identified in any Plan(s) for Success
3. Fulfills any Faculty Required Enhancements
4. Receives Consent of Professional Nursing Faculty for credit.

Non-Credit:
The student will not receive credit if:
1. Criteria are not achieved at the minimum expected level or higher.
2. Plan(s) for Success are not attained.
3. Faculty Required Enhancements are not fulfilled.
4. Professional Nursing Faculty Consent for non-credit.

Codes:
Levels of competency:
- **D:** Dependent – relies on the instructor to initialize and prompt key steps in the activity
- **A:** Assisted – requires occasional prompting by the instructor or staff
- **S:** Supervised – instructor or licensed professional staff observe and validate effectiveness and safety of the activity.
- **I:** Independent – able to perform without supervision, however, instructor is monitoring to verify student’s competency.

Pat on the Back: Recording written by students, staff or instructor for outstanding performance in the clinical area.

Plan of Success: A plan developed, written and carried out by the student when clinical performance is below the expected level of competency. The instructor will provide guidance and assistance to the student in reaching the identified goal.

Faculty Required Enhancement: A plan developed and written by the faculty when a student has been unable to achieve Expected Level of Competence Criteria through her/his own Plan(s) for Success. A student may be issued a Faculty Required Enhancement (FRE) initially, if the clinical instructor deems necessary. Examples of an initial FRE may be unprofessionalism, injury to a patient, medication error, practicing out of scope, etc.

Information from the Nursing Practice Act, Nursing Peer Review, and Nurse Licensure Compact Texas Occupations Code and Statues Regulating the Practice of Nursing as Amended September 2013 (see www.bon.state.tx.us) may be in preparation of the Faculty Required Enhancement.

Clinical Grading Criteria:
The student must meet all the clinical course objectives and/or competencies as outlined in each course Instructor Plan:
Level I: RNSG 1161
Level II: RNSG 2362
MEEP: RNSG 2460, RNSG 2161
Transition: RNSG 1163
Level III: RNSG 2363
Level IV: RNSG 2360

Course Requirements: Course requirements are specified in each course Instructor Plans.

Assignments: Assignments are also outlined in each course Instructor Plans.

Clinical Performance:

A. In the clinical settings, the student will be required to satisfactorily demonstrate clinical competency according to the level/course criteria on the clinical evaluation tool and clinical objectives stated.

B. Focused assignments may take place in the clinical setting with each clinical group and student will satisfactorily complete each assignment according to grading rubrics.

Failure to submit any written assignment on time will result in a deduction of 10% per day late of the possible points. Completion of assignment will still be required for successful completion of the course. See the Grading/Evaluation/Academic Progression Policy in the student handbook for grading and progression information, and more information about late work.

PREPAREDNESS FOR CLINICAL LAB

Preparation sheets have been developed to assist the student in preparing for the clinical assignment. The clinical instructor will check the prep sheet at pre-conference time. If the student is unable to demonstrate such preparedness, the instructor will note this behavior on the Clinical Evaluation form.

CLINICAL RELATED PROBLEMS revised Jan, 2015

Repeated inappropriate behavior and unsafe practice are grounds for requesting that the student leave the clinical facility. If the problem is not resolved, the student can receive a clinical non-credit grade in the nursing course. Also, the student may be dismissed from the program during the semester if repeated inappropriate behavior and unsafe practice occurs.

Some examples of inappropriate behavior and unsafe practice include but not limited to:

1. Attending clinical while under the influence of any substance affecting a student's ability to respond in a reasonable and acceptable manner.
2. Performing unsafe nursing care thereby causing physical injury or emotional stress to a client.
3. Failing to maintain patient confidentiality.
4. Falsifying any information concerning the client, staff and peer group.
5. Inability to perform skills learned in skills laboratory.
6. Performing skills that are not appropriate for level of practice.
7. Removing any items from a client’s room or hospital without permission.
8. Inappropriate use of social media.
9. Any act that is identified as Unprofessional Conduct in RULE §217.12 of the Board of Nursing.

The student is further expected to exhibit professional behavior in appropriate dress, attitude and conduct. Students will abide by hospital policies.

An applicant or a student who is denied rotation privileges by any of the clinical affiliated agencies may not be eligible for continuation in the program. The denial must be in writing from administration of the agency denying privileges.

**CLINICAL RELEASE FORMS**

Students must abide by rules and policies of clinical agencies where hospital lab assignments are provided. Since clinical affiliations are not liable for injuries or communicable diseases, students may be requested to sign and acknowledge liability release forms of area hospitals.

**CLINICAL VISITATION POLICY**

Students are not allowed to visit clients in the hospital on other units during clinical time. Students are not allowed to wear their uniform, lab coat or other emblems identifying them as a nursing student or become involved in performing client care when making a personal visit to a client in the hospital or other clinical agency at any time.

**CPR CERTIFICATION**

All students must complete an American Heart Association, Health Care Provider, CPR course prior to enrollment in the A.D.N. program and must maintain this specific CPR certification during enrollment. Students will not be allowed into the clinical setting without American Heart Association, Healthcare Provider CPR completion and will be counted as absent or may be dropped from the course. *(No on-line courses will be accepted).*

**DRUG-FREE WORKPLACE - 01/11/16**

**Purpose and Goal**

*The Health Professions Division of McLennan Community College* is committed to protecting the safety, health and well-being of all students enrolled in our programs. We recognize that alcohol abuse and drug abuse pose a significant threat to the collective goals of the students and the division. We have established a drug-free learning program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment in the classroom and clinical setting.

- Program faculty and administration encourages students to voluntarily seek help with drug and alcohol problems.
**Covered Individuals**

Any student applying for admission to nursing or any allied health program or who is representing a nursing or allied health program on campus property or at College event is covered by our drug-free learning policy.

**Applicability**

Our drug-free learning policy applies whenever a student enrolled in a nursing or allied health program is attending didactic classes, attending a clinical course or representing the program at a College function on or off campus.

**Prohibited Behavior**

It is a violation of our drug-free learning policy to use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs or intoxicants.

Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Any student taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with safe performance of his/her job. If the use of a medication could compromise the safety of the student, fellow students or the public, it is the student's responsibility to use appropriate procedures (e.g., request absence, request change of duty, notify supervisor, etc.) to avoid unsafe learning practices.

The illegal or unauthorized use of prescription drugs is prohibited. It is a violation of our drug-free learning policy to intentionally misuse and/or abuse prescription medications. Appropriate disciplinary action will be taken if job performance deterioration and/or other accidents occur. A positive drug or alcohol test is also grounds for dismissal from the program in which the student is enrolled as indicated above.

**Notification of Convictions**

Any student who is convicted of a criminal drug violation should notify the program director in writing within five calendar days of the conviction. The program director will take appropriate action within 30 days of notification. Conviction of criminal drug violations may prevent a student from attending and completing a clinical rotation, as well as creating grounds for dismissal from the program.
**Drug Screening**

To ensure the accuracy and fairness of our testing program, all testing will be conducted according to Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines where applicable and will include a screening test; review by a Medical Review Officer, including the opportunity for students who test positive to provide a legitimate medical explanation, such as a physician's prescription, for the positive result; and a documented chain of custody.

All drug-testing information will be maintained in separate confidential records.

Each student, as a condition of acceptance, will be required to participate in pre-clinical, random, reasonable suspicion and return-to-program testing upon selection or request of program officials or administration.

**Random drug screens will be performed among all nursing and allied health students each semester.**

Drug screens must be completed within the thirty (30) days prior to a student's initial entry into the clinical assignment portion of their respective nursing or allied health program. Each program within the Health Professions division will provide students with specific information for completion of drug screens. For some programs, clinical assignments begin immediately when classes begin for the semester. For other programs, clinical assignments are scheduled for later in the program. Verification of a negative drug screen must be received prior to the first clinical day in the student's program. The results will be acceptable for all clinical rotations during the student's enrollment in the program unless there is a break during that student's enrollment. A break in enrollment (leaving the program) is defined as nonattendance for a portion of a semester or more. Attendance must be verifiable through the College.

A **12 panel drug screen** tests for amphetamines (amphetamine, MDMA, methamphetamine), marijuana, cocaine, opiates (codeine, morphine), phencyclidine (PCP), benzodiazepines, barbiturates, methadone, methaqualone, propoxyphene, oxycodone.

Any student who is found to have a positive drug screen on the 12 panel testing will be immediately removed from duty; will not be allowed to participate in any clinical rotation; and may be referred to a substance abuse professional for assessment and recommendations. If the student feels that the positive result is in error, he or she will be able to request Medical Review through the testing agency. Additional fees may apply at the student’s expense. The Medical Review Officer will assess the screen further and follow through with appropriate investigation. A student will not be allowed to participate in clinical activity and will be removed from the allied health program for twelve (12) months; **nursing students will be removed for twenty-four (24) months following a verified positive drug screen.**

**Special Information for Nursing Students:** All students admitted, re-admitted, or transferred, must have a 12 panel drug screen. This must be completed within 30 days prior to the first class day. Students must provide a urine, blood, hair and/or breath sample when requested for the purpose of drug screening by an agency (testing laboratory) designated by the Associate Degree Nursing program. If a urine drug screen returns as negative diluted urine, the student will be required to do a hair test. The results must be negative. All drug screens are at the student’s expense. Students will also permit the agency to release the results of the drug screening to the program director of the appropriate nursing program at McLennan Community
College. The Nursing program will maintain the drug screening results. All nursing students must have negative drug screen within 30 days prior to the first class day before full admission status is granted. Students will be given information on licensure information, eligibility requirements and “good professional character” requirements from the Board of Nursing (www.bon.state.tx.us). Students will not be allowed to participate in clinical affiliations for 24 months following a verified positive drug screen. Students must follow readmission procedures of program. Students are not guaranteed re-entry into program.

A student will be subject to the same consequences of a positive test if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person or sends an imposter, will not sign the required forms or refuses to cooperate in the testing process in such a way that prevents completion of the test.

"For Cause" Screening

At any time during classroom, lab, or clinical portions of a nursing or allied health program, the student is suspected of being under the influence of drugs or alcohol, the program faculty or clinical facility personnel may require the student to be tested for drugs and/or alcohol. If the clinical facility has the capability of doing the screen on site, the facility may use that service. If a student must be dismissed from the clinical facility during a clinical assignment to undergo testing and/or for inappropriate behavior due to possible drug or alcohol influence, the student will be responsible for providing contact information for someone to provide transportation for the student to be taken away from the site and, as necessary, to the college-designated testing agency. Failure by the student to comply with these policies is grounds for dismissal from the nursing or allied health program in which the student is enrolled. A positive drug or alcohol test is also grounds for dismissal from the program in which the student is enrolled as indicated above.

Consequences

One of the goals of the drug-free learning program is to encourage students to voluntarily seek help with alcohol and/or drug problems. If, however, an individual violates the policy, the consequences are serious.

In the case of program applicants, if he or she violates the drug-free learning policy, the offer of admission can be withdrawn. The applicant may reapply after one year and must successfully pass a pre-admission drug test.

If a currently enrolled student violates the policy, he or she will be subject to disciplinary action as indicated above. Nothing in this policy prohibits the student from being disciplined or discharged for other violations and/or performance problems. A positive drug or alcohol test is also grounds for dismissal from the program in which the student is enrolled as indicated above.

Assistance

The Health Professions Division of McLennan Community College recognizes that alcohol and drug abuse and addiction are treatable illnesses. We also realize that early intervention and support improve the
success of rehabilitation. To support our students, our drug-free learning policy:

- Encourages students to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem.
- Encourages students to utilize the services of qualified professionals in the community to assess the seriousness of suspected drug or alcohol problems and identify appropriate sources of help.
- Ensures the availability of a current list of qualified community professionals.

**Confidentiality**

All information received by the division and the college the drug-free learning program is confidential communication. Access to this information is limited to those who have a legitimate need to know in compliance with relevant laws and management policies.

**Shared Responsibility**

A safe and productive drug-free learning is achieved through cooperation and shared responsibility. Both students, faculty, and administration have important roles to play.

All students are required to not report to class, clinical or be subject to duty while their ability to perform job duties is impaired due to on- or off-duty use of alcohol or other drugs.

In addition, students are encouraged to:

- Be concerned about working in a safe environment.
- Support fellow students and colleagues in seeking help.
- Report dangerous behavior to their supervisor/faculty.

It is the supervisor/faculty responsibility to:

- Counsel students as to expected performance improvement.
- Clearly state consequences of policy violations.

**Communication**

Communicating our drug-free learning policy to both faculty and students is critical to our success. To ensure all students are aware of their role in supporting our drug-free learning program:

- All students and faculty will have access to the policy via program webpages, student handbooks, and through the course management system for each class (e.g. Blackboard). The policy will be reviewed in orientation sessions with new students.
- The policy will be reviewed in division meetings with faculty and division leadership.
Impaired Student Policy & Procedure

According to the ADN Student Handbook, students “Attending clinical while under the influence of any substance affecting a student’s ability to respond in a reasonable and acceptable manner” is considered inappropriate behavior and unsafe practice and is grounds for having the student leave the clinical environment.

Faculty who suspect any student of attending clinical while under the influence of any substance affecting the student’s ability should abide by the following:

In the clinical environment whether on McLennan Community College campus or at affiliated clinical facility:
1. Notify Clinical Coordinator of occurrence. If unable to reach Clinical Coordinator, notify Program Director.
2. Notify campus police 299-8911 or facility security for assistance in maintaining a safe environment, if needed.
3. Faculty or designated professional is required to stay with student until Clinical Coordinator or Program Director arrives.
4. If student needs medical evaluation, student will be referred to the Emergency Department or call 911. Student will be responsible for charges incurred.
5. Have another professional witness student behavior. The witness will provide written documentation.
6. Student will not be allowed to void prior to specimen collection.
7. Student will not return to the clinical experience for the remainder of the scheduled clinical day.
8. Clinical Coordinator or Program Director will notify A&D Testing at (254)399-8378 to provide an on-site screening.
   a. A&D Testing will perform a Rapid Screen and/or Alcohol Breath Analyzer at clinical site. Negative rapid screen results shall not be disclosed to student.
   b. A&D Testing will send a specimen to lab confirm the results via 12 panel drug screen.
   c. If Lab result is positive, Medical officer review will be obtained
   d. A&D Testing will send MCC ADN an invoice for the services performed.
9. Following specimen collection:
   a. Student will call family/friend to pick them up immediately from the clinical environment. Note: Student will not be advised that they can drive themselves.
   b. Student shall be advised to contact Clinical Coordinator and Program Director, by next business day, to schedule an appointment for review of occurrence.
10. For positive drug screen results:
   a. Students must meet with Program Director and Clinical Coordinator.
   b. Students will be withdrawn from nursing program.
   c. Student will earn a ‘non-credit’ for the clinical course
   d. Students will not be allowed to participate in clinical affiliations for 24 months following a verified positive drug screen. Student must follow readmission procedures of program. Students are not guaranteed re-entry into program.
   e. Clinical Coordinator or Program Director will file complaint to Board of Nurses in compliance with Rules and Regulations defined.
      i. BON Rule 217.12 Unprofessional Conduct #10 (d) A positive drug screen for which there is no lawful prescription
ii. BON Section 301.402 Mandatory Report by Nurse (b) A nurse shall report to the Board in the manner prescribed under Subsection (d) if the nurse has reasonable cause to suspect that: (2) the ability of a nursing student to perform the services of the nursing profession would be or would reasonably be expected to be impaired by chemical dependency.

iii. Complaint form located on Board of Nursing website at [www.bon.texas.gov](http://www.bon.texas.gov)
   1. Select Disciplinary Action
   2. Select How to file a complaint
   3. Select Individual complaint form or [http://www.bon.texas.gov/about/pdfs/cmplt.pdf](http://www.bon.texas.gov/about/pdfs/cmplt.pdf)

f. Documentation regarding incident and lab results to be placed in students’ administrative file in Nursing program.

g. ADN Student Exit Summary Form will include earliest readmission semester.

h. Report to be submitted to the following MCC personnel. Report must be hand delivered to the following. No electronic submission of report will be accepted.

i. Vice-President of Student Services

11. For negative drug screen results:
   a. Incidence to be reviewed with Program Director and Clinical Coordinator prior to next clinical day.

12. A student who refuses to provide a specimen upon request will be considered to have a positive drug screen and will be removed from the program and all items described in #10 will be followed.

**CRIMINAL BACKGROUND CHECK (revised August, 2015)**

All students admitted, re-admitted, or transferred, must have a cleared criminal background check from the Texas Board of Nursing by 5:00 pm on the Friday preceding the first day of class. Students are required to pay for the costs. Prior to admission, students will be instructed of the procedure to follow for obtaining a criminal background check. The fingerprint process will initiate a criminal background check with results being sent to the Texas Board of Nursing and will be kept on file at the Texas Board of Nursing for future licensure. The blue clearance background card or the letter stating the person is cleared that is received from the Texas Board of Nursing must be submitted to the Associate Degree Nursing (ADN) admissions office by 5:00pm on the Friday preceding the first day of class. The information received from the criminal background check will determine eligibility for full acceptance status into the ADN program. All students must have clearance of a criminal background check from the Texas Board of Nursing before full admission status is granted. Students must be aware that results of the criminal background check history may bar them from full acceptance status into the ADN program (see examples on [www.bon.state.tx.us](http://www.bon.state.tx.us) and [www.bon.state.tx.us/disciplinaryaction/discp-guide.html](http://www.bon.state.tx.us/disciplinaryaction/discp-guide.html)). Students must report any and all arrests or convictions while enrolled in the program. If a student exits the program for any one long semester-before reentering, the criminal background check process and drug screening must be repeated. Students will not be allowed to reenter if they do not have a cleared criminal background check and negative drug screen within the designated timeframe.

Any student admitted on the contingency of a cleared background check and who is not cleared by the Texas Board of Nursing by 5:00pm on the Friday preceding the first day of class will have guaranteed admission only to the next admission class if the following criteria are met:

1) another application (no fee required) to the nursing program along with a letter of intent
is submitted by the admission deadline date to join the next nursing class
2) clearance is obtained by the first day of the next nursing class in which student is applying for
3) all other admission criteria are met, including a negative drug screen within 30 days of the
first day of the class.
An alternate list of students may be kept on file. If openings occur, the alternate(s) will be invited to join the
class provided all admission criteria are met including a cleared criminal background check from the Texas
Board of Nursing by 5:00pm on the Friday preceding the first day of class. The Alternate must present
proof of drug testing from the designated test facility by noon on the second class day. In order for the
alternate to be eligible to continue, the drug screen test must be negative. The negative drug screen should
be within 30
days of the first day of class. The alternates will be considered only for the class they applied. If alternates
are not accepted at that time, they must apply again to the program for future consideration of acceptance,
if they so desire.

ADDRESS/NAME CHANGE

It is the responsibility of any student enrolled in the A.D.N. program to inform both...

1) The Admission & Records Office(Registrar)
2) The ADN Office

…of any changes of address or phone number. Complete an address change form and give to the secretary
of the A.D.N. program.

NOTICE OF DROPPED COURSES SENT TO STUDENTS

If a student receives notice from the registrar office they have been dropped from a course for any reason,
they are to immediately notify their instructor so that they can be re-registered, if appropriate.

GRADE DETERMINATION

The student must pass both theory and clinical to progress in the Associate Degree Nursing Program. A
grade of "C" or better in theory and a grade of Credit in clinical is required to pass the course. The grade
values are as follows:
A = 90 - 100
B = 80 - 89
C = 75 - 79
D = 65 - 74
F = Below 65
GRADE CALCULATION
All unit exams are calculated by a percentage computed to two decimal places. Exam grades will be calculated to the tenth. The final exam for the course will be computed to two decimal places. The final course grade will be rounded off to a whole number.

FINAL EXAMINATIONS
A comprehensive exam will be given at the termination of the course. All critical skills for the course must be completed satisfactorily before the final exam can be taken. All regular examination policies apply to the final exam. The final exam grade will not be rounded off. The final course grade will be rounded to a whole number.

DOSAGE CALCULATION EXAMS INSTRUCTIONS & CLINICAL (Revised 01/06/2015)
1. Dosage Calculation Exams will have 20 questions. Students will be given 1 hour to complete this exam. Students with accommodations must test in testing center.
2. Conversion or equivalency charts will not be used during examinations. May use approved non-memory calculator for Dosage Calculation Exams. To receive credit answer must be on answer line. On Theory Exams will use calculator available through the online testing program. Dosage calculation answers must be typed on the answer line with correct label when using the online testing program. Calculations used to determine answers must be shown on blank sheet of paper handed out by instructor in order to receive credit for the question. Paper will be turned back in to instructor when exam is finished.

3. One of the 2012 Patient Safety Goals requires that the rules for the use of a trailing zero or leading zero must be followed when writing a medication dosage on a patient chart.
   A. Use of trailing zero: If the dosage is 1 mg only, write 1 mg. Writing this as 1.0 mg could be misread and more than 1 mg administered. If the dosage is 1 tablet, only write 1 tablet and not 1.0 tablet. The use of an inappropriate trailing zero on an exam will result in the problem being counted wrong even if the math calculation is correct.
   B. Use of leading zero: If the dosage is .5 mg or tablet, the dosage must be written as 0.5 mg or 0.5 tab. Omission of a required leading zero will result in the problem being counted wrong even if the math calculation is correct.

4. All calculations should be carried to the nearest hundredth and maintained at hundredths until arriving at the final answer. Final answers should be rounded to the nearest tenth with some exceptions. Tablets should be rounded to the nearest 0.5 (1.52 tablets becomes 1.5 tablets).
   A. Rules to be followed in rounding decimals:
      1) if the last digit to the right is less than 5, drop the last digit without changing the number to its immediate left
      2) if the last digit to the right is 5 or greater, drop the last digit, and add 1 digit to the number at its immediate left
3) Examples: 3.45 becomes 3.5, 3.43 becomes 3.4
4) Values less than 1 mL should be rounded to the nearest hundredth. Example: 0.458 becomes 0.46, 0.452 becomes 0.45.

5. Final answers in the metric system must be in decimal form (Example: 0.5). Final answers with the decimal point in the wrong place are incorrect.

6. Final answers should always be in a **whole number** for units, seconds, and drops.

7. All medications less than 1 mL must be measured in a 1 mL syringe.

8. All syringes containing medications must be labeled in the medication room with patient name, ID number, medication name and dosage.

9. For conversions use equivalents on the Equivalent Table.

10. When determining the therapeutic range of a medication, you must complete your problem for both the high end and the low end of the range. Then, figure the dose ordered and compare to that range. If dose is too high, then it may be a toxic level; if dose is too low then it may be a sub-therapeutic level.

11. Students must make a 90% or better on the dosage calculation exam. If a student does not make a 90% or better, they must complete a remediation activity. Once this is completed, the student will then have a second opportunity to take an equivalent dosage calculation exam. If the score is less than a 90% on the 2nd dosage calculation exam, the student must complete additional remediation. Once remediation is completed, the student will then have a 3rd opportunity to take an equivalent dosage calculation exam. If a 90% or better is not achieved on the 3rd dosage calculation exam, the student will fail the course and will be withdrawn from the program.

12. All dosage calculation exams will give directions in the stem of the question to which place value the answer will be carried out with the exception of units, seconds, drops, and tablets.
   A. Example: “As the nurse, you will administer _____ gtt/min.”
   B. Example: “As the nurse, you will administer 0.1mL every ________ second
During the last semester, comprehensive standardized exams that predict the probability of a student passing the NCLEX RN exam on the first attempt will be administered. The first exam (HESI 1) is administered three to four weeks prior to the week of finals. The Health Education Systems Incorporated (HESI) test company provides student exam results that are used to formulate personalized remediation plans. Students and advisors must meet to discuss HESI 1 results and formulate an action plan to maximize students’ potential for success. The second exam (HESI 2) is the Level IV Final Exam. HESI 1 and HESI 2 exams are part of the RNSG 2539 Health Care Concepts grading criteria. Students who pass the course with a 75 average or higher will be allowed to participate in pinning and graduation provided they pass the other Level IV courses.

**Purchase of the**

**RN Texas CBC Examination and RN Exit Examination provided by HESI**

Students are required to purchase the HESI examinations that are administered in each level. This fee is included in registration. If a student is absent the day the HESI is administered, the student is responsible for an additional fee to cover the costs of the makeup HESI examination.

**ADN EXAMINATION POLICY**

1. Nursing exams will be administered on-campus using Exam Soft software in a proctored setting.

2. Students with disabilities may request special examination accommodations as outlined in the general McLennan Community College catalog.

3. Students are expected to take all exams on the scheduled dates and times as indicated on course calendars or in course instructor plans. There are no make-up exams. The ADN department reserves the right to make changes in the scheduling of exams in order to meet unexpected circumstances that might occur.

   a. If a student is unable to take a scheduled exam, the student must contact a course faculty or advisor per MCC email, prior to the exam start time.

      i. The final exam grade will replace the missed exam grade.

   91
ii. Ten points (10) will be deducted from the missed exam grade for failure to notify a course faculty or advisor per policy (3a).

iii. If a student is unable to take the scheduled comprehensive final exam and has missed an exam during the current semester, the student will receive a zero for the missed exam grade.

iv. If a student is unable to take the scheduled comprehensive final exam and has not missed an exam during the current semester, the student will receive an incomplete in Webadvisor.

v. The student must take the missed comprehensive final exam and earn a passing course grade to progress in the program.

vi. The student may only miss one-unit exam within the semester.

4. The proctor is not allowed to answer any questions regarding content.

5. Notify the exam proctor if computer hardware or software problems occur.

6. The ExamSoft program will upload exam grades to blackboard. The final course grade is calculated by the Blackboard gradebook system and grades are delivered to students by Blackboard gradebook, exclusively.

7. Exam grades will be made available to students in the blackboard gradebook after exam analysis is complete. The desired time frame for completion of exam analysis is within 72 hours, unless there are extenuating circumstances.

Exam Administration

1. Students will be given 1.5 minutes per exam item.

2. A standardized testing environment will be maintained in all courses. Failure to follow exam regulations or the instruction of the exam proctor will be cause for immediate dismissal from the examination room and the exam process. The following regulations are designed to help ensure such an environment:
   a. All examinees should begin testing at the same time in each testing site.

      i. Exception for students with ADA exam accommodations. Course faculty will advise students about exam start time according to testing center accommodation availability.

   b. Examinees arriving to the exam room after the scheduled exam time will follow the missed exam clause above.

   c. No communication is permitted between examinees while taking the exam; examinees are expected to complete the examination independently.
d. Food and drink, gum, candy, lip balm, medications, and removable medical devices are prohibited at the examinees computer station during the exam.

   i. An area will be provided for medical devices to be stored inside the exam room, with prior approval.

   ii. Examinees must declare medical devices, special needs, or accommodations to course faculty prior to the first exam.

e. Examinees may bring two writing utensils into the examination room.

f. Examinees are not allowed to bring any additional materials with them to the examination site, including personal calculators.

g. Scratch paper, earplugs, and tissue will be provided by the exam proctor:

   i. Examinees name and exam date will be written on all scratch paper provided.

   ii. Examinees may not write any information (except name and date) on the scratch paper until after the exam password has been given.

   iii. Scratch paper will be returned to the proctor before exiting the examination room.

   iv. Scratch paper will be collected and destroyed upon completion of the exam.

h. Personal items are not allowed in the testing room. Personal items not allowed include, but are not limited to:

   i. Cellular/mobile/smart phones/PDA
   ii. Cameras of any kind
   iii. Any electronic devices
   iv. Jump Drives
   v. Pagers/Hand-held computers
   vi. Bags/Purses/Wallets
   vii. Back packs
   viii. Watches including Smart watch
   ix. Activity/ Fitness Trackers (i.e. Fitbits)
   x. Books/Study Materials
   xi. Medical aids/devices (see above)
   xii. Sunglasses, hats, visors, or hooded clothing will not be worn during an exam.

3. Exams may cover material from previously mastered levels. For example, dosage calculations, growth and development, pharmacology, and communication may appear in subsequent exams.

4. The ExamSoft program allows individual review of missed rationales, one time only, immediately following the exam.

   a. Students scoring < than 75% in any nursing course must schedule an appointment with the
success coach within 5 business days to review the strengths and weaknesses report.

b. Students scoring > than 75% may schedule an appointment with the course advisor to review the strengths and weaknesses report.

5. Faculty will monitor each report review following the guidelines for standardized testing environment (explained above).

6. Individual report reviews must be completed within two (2) weeks of the original exam date. After two weeks, no further review will be allowed.

7. All exams are the property of the nursing program.

8. Students are prohibited from disclosing or discussing with anyone, information about the question items or answers seen on examinations (this includes posting or discussing questions on the Internet and social media websites).

9. The McLennan Community College and Associate Degree nursing academic integrity policy will be enforced if any student is suspected of or commits academic dishonesty regarding exam items or answers.

   a. This includes posting or discussing questions or answers in writing, by verbal discussion, by text, the Internet, social media websites, or other forms.

Resources: 2013 NCLEX Examination Candidate Bulletin by the National Council of State Boards of Nursing.
WITHDRAWAL FROM A COURSE

Students who are considering withdrawing from a course are to contact one of the following, preferably in the order listed: instructor or program director. If, after consultation between the student and the instructor, there is a decision to withdraw through the 60 percent point in the semester or term, it is the responsibility of the student to see that the Change in Schedule Form is completed and submitted to Highlander Central. (The instructor can also process a withdrawal from a course through WebAdvisor.) The student should check WebAdvisor to verify that the withdrawal was processed. If, after the 60 percent point in the semester or term and after consultation between the student and the instructor, there is a decision to withdraw, it is the responsibility of the instructor to submit the Change in Schedule Form to Highlander Central or process a withdrawal through WebAdvisor as soon as possible or prior to the last class day of a semester or term. The student should check WebAdvisor to verify the withdrawal was processed. The effective date for withdrawing from a course is the date the withdrawal is processed.

Based on section 51.907 of the Texas Education Code, students who enroll at McLennan as entering freshmen or first-time college students during the fall 2007 semester or any subsequent semester may not drop more than six courses. The six-course limit does not apply to students who were enrolled in college courses prior to the fall 2007 semester. Students who have completed a baccalaureate degree at any accredited public or private institution are not subject to the six-course limit. The six-course limit includes courses taken at McLennan or any other Texas public institution of higher education. If a seventh drop is attempted, the student and instructor will be informed that the student must remain in the course and the student will receive a grade of A, B, C, D, F, or I and will not be able to receive a W or withdrawal grade and will not be due a refund of tuition and fees. All courses dropped after the semester census date are included in the six-course limit unless (1) the student withdraws from all courses or (2) the drop is an approved drop exemption. Students affected by this law who plan to attend another institution of higher education should become familiar with that institution’s policies on dropping courses. Students should contact their instructor or advisor before dropping courses. Taken from the Highlander Guide Student Handbook.

HEALTH POLICY

All MCC students enrolled in any health science program will be required to provide a copy of the original documentation of immunization against Hepatitis B; varicella; measles, mumps, rubella; and diphtheria/tetanus. Annual vaccine of influenza will be required or a valid medical declination must be presented prior to influenza season. Students unable to receive an influenza vaccine will be required to wear appropriate personal protective equipment throughout the influenza season in all patient care areas. Also, students will be required to have two (2) tuberculosis skin tests before the first class day and then an annual TB skin test thereafter, and complete the TB questionnaire if the chest x-ray is required or chest x-ray annually. Costs for immunizations and x-rays will be the responsibility of the student. Failure to comply with immunization schedule may result in student being withdrawn from the clinical course and the program. The immunization requirement is mandated by the Texas Department of Health.
While information required on the Health Form is not used in the selection of students for acceptance into the A.D.N. program, students are requested to have the physical and mental skills necessary to meet standards of the workplace within the clinical settings. Reasonable accommodations will be made for students who have documented disabilities.

Students must have an understanding of the risk of occupational exposure to blood and other potentially infectious materials.
ADN PINNING CEREMONY POLICY

Updated 08/19/15

The Pinning Ceremony planning and execution shall fall under the auspice of the Associate Degree Nursing program. The Program Director and Faculty Sponsor will receive student input from the student body of the graduating class regarding the planning of the Pinning Ceremony. The Program Director and the Faculty on the MCC Student Affairs Committee shall oversee all final decisions, aspects and execution of each pinning ceremony and the reception afterwards in accordance with MCC policy/procedures and MCC Nursing Student Handbook. The Program Director will be Master of Ceremonies. All faculty and ancillary staff present at pinning will be invited to be involved in the ceremony. The location of the Pinning Ceremony is dependent upon availability and fee. The ADN department will choose and provide funds for the venue.

The nursing students participating in the Pinning Ceremony must have successfully completed the nursing program and be eligible to take the NCLEX-RN administered by the National Council of State Boards of Nursing (NCBSN). Students who do not meet these criteria will be unable to participate in the Pinning Ceremony. The Pinning Ceremony will be conducted at 7:00 pm on the Thursday evening preceding the last Friday of the semester.

PIN:
The official MCC Associate Degree Nursing Pin will be the only pin used for pinning and worn thereafter. No other pins purchased at jewelers, online, etc. will be used in an effort to prevent the title of ‘Registered Nurse’ being used prior to the successful completion of the Board Exam.

- There are two pins that the students will choose from with varying costs. The pins will be ordered by the student through the MCC bookstore and will not be given to the students prior to the ceremony. The students will receive their pin when they are pinned by approved nursing faculty. Each student is responsible for the cost of the pin if the student chooses to order/purchase one.

Dress Code:
- Appropriate business attire is required to participate. Graduating classes may provide input as to the color of attire.

Audiovisual Supplement Materials:
- All slide shows, movies, music, etc. must be submitted to the Program Director and/or Faculty Sponsor at least 2 weeks prior to the Pinning Ceremony. The material submitted is subject to approval by the Program Director and will be in accordance with MCC’s Policy/Procedure and ADN Student Handbook.

Presentation of the Pin:
- Prior to the presentation of the pin, the History of the pin will be presented by the Program Director and/or designated faculty.
Ceremony Requirements:
- Final approval of Ceremony outline should be approved by Program Director and/or Faculty Sponsor.
- The Nightingale Pledge will be read by designated faculty.
- The candle-lighting ceremony will be led by designated faculty.
- Rehearsal will be completed at a minimum of one to two days prior to the ceremony.
- Hard-copy programs will be preordered and purchased by the ADN department.
- Invitations will be approved prior to printing. (These are also available through MCC’s Central Duplicating, and will be paid for at the student’s expense).
- The limit of persons invited will be based on overall size of class participating and facility.
- Only students who successfully meet the requirements of the program completion and approval to sit for NCLEX-RN will be allowed to participate in the Pinning Ceremony.
- Any speakers who will participate in the Pinning Ceremony must be approved by the Program Director and Student Affairs Committee faculty overseeing planning prior to participation. These requests should be made PRIOR to the invitation to speak being presented to the potential speaker.

Reception
- The reception will be held at the same site as the pinning ceremony.
- Refreshments for the reception will be provided at the students’ expense.
- No alcoholic beverages or tobacco products will be permitted.
- All music, movies, other audiovisual presentations must be approved by the Program Director/Chair of Nursing and/or Faculty Sponsor.

FUND RAISING
01/11/16
If students desire to raise funds, the MCC Fundraising and Soliciting Policy (E-XXII) must be followed. The Program Director, Dean of Health Professions, and Director of the MCC Foundation must be contacted for direction.

The policy states:

All fund raising for the benefit of and under the auspices of McLennan Community College must be related to the purpose of the institution.

All efforts other than soliciting by campus groups/organizations within the college to raise funds from non-governmental private sources will be coordinated by the McLennan Community College Foundation Office.

Fund raising initiatives should be aligned with the college's annual planning and evaluation process. The Executive Director of the Foundation will review fund raising activities with the President to ensure that Foundation initiatives match college priorities.
Soliciting by employees or individuals or groups from off-campus for any reason--personal, business, or charity--shall not be permitted unless approval is obtained from the college president or Director of Community Relations. Any activity that involves soliciting by campus groups/organizations must be approved Vice President of Student Services or designee.

**HONESTY & INTEGRITY**

Students are expected to maintain confidentiality regarding clients at all times. Information regarding any client shall be repeated only in the classroom or a controlled clinical setting. Refer to clients by initials rather than by name.

**INFECTION CONTROL POLICY**

During the performance of clinical laboratory duties, MCC Associate Degree Nursing students shall comply with universal precautions for preventing the spread of infection to clients, themselves, and others. The following measures shall be employed:

**HANDS**- Hands should always be washed before and after contact with clients, even when gloves have been worn. If hands come in contact with blood, body fluid, or human tissue, they should be washed immediately with soap and water.

**GLOVES** - Gloves should be worn when contact with blood, body fluid, tissues, or contaminated surfaces are anticipated.

**GOWNS** - Gowns or plastic aprons are indicated if blood spattering is likely.

**MASKS AND GOGGLES** - These should be worn if aerosolization or splattering is likely to occur, such as in certain oral and surgical procedures, wound irrigations, suctioning, and bronchoscopy.

**SHARP OBJECTS** - These should be handled in such a manner to prevent accidental cuts or punctures. Used needles should not be bent, broken, reinserted into their original sheath, or unnecessarily handled. They should be discarded intact immediately after use into an impervious needle-disposal box. All needle-stick accidents, mucosal splashes, and contamination of open wounds with blood or body fluids should be reported immediately to the instructor or supervisor.

**BLOOD SPILLS** - Blood spills should be cleaned up promptly with an agency designated disinfectant solution, such as 5:25 percent sodium hypochlorite diluted 1:10 with water.

**BLOOD SPECIMENS** - Blood specimens should be considered biohazardous and be so labeled.

**RESUSCITATION** - To minimize the need for emergency mouth-to-mouth resuscitation, the location of mouth pieces, resuscitation bags, and other ventilator devices should be identified by the student at the start of each new clinical rotation.
SUPERVISION
The level of supervision of medication administration in the clinical area varies according to the course level of the student. The goal is to ensure the highest quality of patient care while providing maximum learning experience and the best utilization of faculty’s time. Selected skills must be performed in MCC Nursing Skills Lab prior to completing in clinical site. At times, clinical instructors may delegate supervision to staff RN’s. Competency criteria will be made available to staff RN’s. Students must be evaluated by a master or doctoral prepared clinical instructor; however, after achieving a successful evaluation from a master or doctoral prepared clinical instructor, students may be directly supervised by an instructor with a baccalaureate or higher degree in nursing.

RNSG 1161
Students must be evaluated by a master or doctoral prepared clinical instructor; however, they may be directly supervised by an instructor with a baccalaureate or higher degree in nursing at all times during the preparation, administration and recording of all medications administered. The instructor will review accuracy of the medication administration record.

RNSG 2362
All medications must be verified by an instructor with a baccalaureate or higher degree in nursing prior to administration. Students must be directly supervised by an instructor with a baccalaureate or higher degree in nursing at all times during the preparation, administration and recording of all medications. Students will monitor non-titrated IV infusions. With direct supervision by an instructor with a baccalaureate or higher degree in nursing, students may administer parenteral medications through a central line/PICC line when a primary IV is infusing. After achieving satisfactory evaluation by a master or doctoral prepared clinical instructor, students may administer medications with a staff RN. The instructor will review accuracy of the medication administration record. Students participating in observation experiences may only observe patient care and not participate in patient care.

RNSG 2363
Guidelines identified in RNSG 2362 will continue to apply. The level of student’s independence to prepare and administer medications will be dependent upon the student’s progress and the clinical instructor’s judgment. According to agency policy, students may administer total parenteral nutrition and lipids with a master or doctoral prepared clinical instructor supervision. The instructor will review accuracy of the medication administration record. Students participating in observation experiences may only observe patient care and not participate in patient care.

RNSG 2360
Guidelines identified in RNSG 2363 will continue to apply. The level of student’s independence to prepare and administer medications will be dependent upon the student’s progress, the clinical instructor’s judgment, and/or assigned RN preceptor’s judgment. Students may not administer blood and blood products.
SPECIAL EXCEPTIONS
In specific clinical facilities, special policies regarding medication administration override the MCC policy. In administering narcotics or controlled substances, the instructor and student will follow the guidelines of the clinical facility. Only instructors will have narcotic keys and/or a password to the medication dispensing system. Instructors will ensure narcotic count as correct prior to removal of each specific narcotic. If a discrepancy is noted, the charge nurse will be immediately notified and hospital protocol followed. Students will not titrate any IV medications. Students may not administer blood and blood products.
PRE AND POST CONFERENCE IN CLINICAL

Pre and post clinical conferences offer a matchless opportunity to expand nursing students’ education. Studies describe this unique time as a forum for useful discussion, an examination of preparation for the day, a sharing of knowledge, a debrief, a time to increase critical thinking and problem solving, a way to expand the learning of the day, a review of student behavior and experiences, and an environment of learning and support where cultural and spiritual thoughts, feelings and attitudes can be vented (Letezia, 1998 & Li-Ling, 2007).

Historically, pre-clinical conferences were used to assess a student’s readiness for the day, review records, and set goals. Post-conferences were a time to review tasks completed that day or perhaps to discuss a student’s particularly important or interesting experience. Conferences could take up to 30% of a clinical session (Wink, 1995). It is crucial to use this valuable time efficiently.

This section offers the purpose of clinical conferences, how cognitively higher level questioning can be used, and other instructional methods available for a clinical conference. This discussion is by no means comprehensive; sources are cited to give the reader avenues to explore concerning the topic.
**Purpose of Clinical Conference**

Wink (1995) described three effective characteristics of clinical conferences. She suggested that it is a group event, is structured around clinical and course objectives, and provides an environment for students to safely explore their emotions, attitudes and feelings about nursing care.

As students are encouraged to participate in the group, they learn from each other, from the instructor, and from self. They explore how decisions are made, become aware of alternative solutions, compare ideas and beliefs, and evaluate their own feelings. Group work contributes to the development of critical thinking which is essential to solving increasingly difficult health problems (Brunt, 2005). A group learning environment instills in the students the teamwork used by nurses in daily activities such as report, team collaboration and delegation.

Clinical and course objectives drive the structure of the conference. For example, if task check offs are the objective, the pre-conference may best be suited to a review of skills. A pre-conference may be delayed if the focus is on early morning patient activities. Wink (1995) gives other advantageous uses of time and timing for clinical conferencing based on objectives.

Expressing emotions, feelings, and attitudes about patients, their care, and their families based on the student’s perspective can be the trigger for transformational learning. This theory is founded on the assumption that as a student reflects on current beliefs and explores meaning of experiences, they will gain a deeper understanding of the issue and realign their knowledge. Encouraging emotional contemplation facilitates critical reflection and autonomous thinking (Li-Ling, 2007). It is important to provide a safe and trusting conference for such sharing.

**Higher Cognitive Level Questioning**

Several articles describe high cognitive level questioning. Using Bloom’s Taxonomy and the categories of cognitive domain, lower level questioning originates in the knowledge and comprehension level and increases in complexity from application, analysis, and synthesis to the evaluation level (Barnum, 2008; Li-Ling, 2007; Rossignol, 2000; Wink, 1993). There is no consensus on the ‘mix’ of level of questioning or how much of any individual level is optimal. Studies suggest that the lower level questioning is appropriate for new information, testing of essential ‘need to know’ knowledge, and encouraging the timid student to participate. Low level questions result in responses that are facts, lists or concepts. These are the questions most frequently asked by clinical instructors. Higher level questioning can develop in stages from the ‘what’, to the ‘how’ and ‘why’. For example, a new student would benefit from a question such as ‘what’ tests would be used in a specific situation, then asked later ‘how’ to determine the best test of all the options for this patient and finally, ‘why’ the best test works for this particular patient (Barnum, 2008). Higher cognitive questioning is thought to cause increased mental activities and a higher level of response from students to increase a student’s critical thinking abilities.
Other Instructional Methods
Letizia (1998) illustrates educational methods used by nursing faculty for clinical post-conferences. Varied strategies based on course and clinical outcome may prevent post-conference boredom, unstructured chaos, and/or fatigued disinterest related to having just completing a long clinical day. Her findings included: Discussion of clinical experiences, case studies, coverage of theoretical content, nursing ethics, student presentations, guest speakers, nursing research, audiovisual presentations, psychomotor skill practice, role play, quizzes, student evaluations, group lunch, tours of other units, and patient rounds.

Reflective journaling is another teaching method for nurse instructors. Reflection is defined as exploring and deliberating about an issue to make sense out of it (Baker, 1996). Where the nursing process could be viewed as a linear problem solving process utilizing application of content knowledge, reflective thinking allows for exploring different points of view and gathering new knowledge to determine a conclusion. A reflective journaling exercise will have some direction for students to follow to ensure some resolution to an event and to help nursing faculty make comment (Baker, 1996).

Concept mapping is a strategy suggested in the literature for nursing education. It starts with what the student already knows and pictorially builds on that knowledge as new learning takes place. Concept mapping helps to replace rote learning with more meaningful learning that will be retained longer and allow the introduction of even newer concepts and information (All, 1997). An exercise for clinical conferencing could involve the student generating a concept map in preparation for caring for a patient then expounding on that map post conference. It could also be a group activity.

National Patient Safety Goals (NPSG) provides another venue for conferencing. Retrieved from http://www.jointcommission.org/standards_information/npsgs.aspx, the NPSGs were established to help accredited organizations address specific areas of concern in regards to patient safety. The goals are presented in ‘chapters’ representing areas of health care.

Nurse faculty can help provide the content and ongoing feedback to the map development. Their encouragement comes in the form of integrating concept mapping in other teaching, such as lecture, allowing time to develop the map, and providing support and direction as the map becomes more specific (All, 1997).

Conclusion
Critical thinking has for so long been an integral and necessary function of professional nursing. It is now mandated by accrediting/approving agencies (Brunt, 2005; Twibell, Ryan, & Hermiz, 2005).
Critical thinking involves an attitude of inquiry, a challenge of assumptions and an exploration of alternative solutions. Guided discussions, strategic questioning, scenario-based testing, reflective thinking and group activity are methods to teach critical thinking (Brunt, 2005). The clinical conference offers a focal opportunity to empower nursing students with the ability to become critical thinkers and to become lifelong learners.
NOISE POLLUTION

CELLULAR PHONES must be silenced during class, and all labs. Cell phones are not to be used for personal reasons. Cell phones are not permitted in testing areas.

EMERGENCY/PERSONAL PHONE CALLS

If there is an emergency, your families may contact the clinical site. Your family should to ask for the MCC Instructor. Please make certain that families are informed of your clinical rotation and the appropriate phone numbers.

TOBACCO PRODUCTS

The use of any tobacco product in any building on the McLennan Community College campus is prohibited. The City of Waco requires that no smoking is allowed within 20 feet of a public building. Smoking in the clinical area IS NOT permitted. The lingering smell of tobacco on breath, hands and clothing is objectionable to those who are ill and/or do not smoke. Students must adhere to each institution’s smoking policy. Violators will be reported to the program director.

REGISTRATION

Students must be compliant and all documentation in Complio on all immunizations, CPR, TB skin tests, flu vaccine or letter, before they will be cleared to register for classes for the spring semester (Level I students). However, for the fall semester, flu vaccines or letter documentation must be in Complio by October 15.

REQUIREMENTS THAT MUST BE COMPLETED PRIOR TO FIRST DAY OF CLASS

- Students must be compliant and all documentation in Complio on all immunizations, CPR, TB skin tests, flu vaccine or letter, before they will be cleared to register for classes for the spring semester (Level I students). However, for the fall semester, flu vaccines or letter documentation must be in Complio by October 15.

- All immunizations and TB skin test (two for incoming new students)

- Negative drug screen

- FBI Fingerprints/background check and declaratory order, if applicable (must be cleared by the Texas Board of Nursing by Friday at 5:00 preceding the first class day, otherwise, will not be admitted into program)

- CPR American Heart Association/ Health Care Provider Only (no on-line courses)
These must be completed and the ADN office must have documentation of them prior to the first class day. Failure to do so will result in student not being allowed to attend clinical and could subsequently result in your dismissal from the clinical and theory courses.

**PROFESSIONAL CONDUCT**

- Cell phones must be turned off during clinical.
- Cell phones may not be answered during clinical.
- No smoking during clinical hours, or when in uniform.
- No alcoholic beverages during clinical hours, or while in school uniform.
- Uniforms are to *always* be clean, pressed, and professional. Student will be dismissed from clinical for unprofessional appearance and dress at the discretion of the Clinical Instructor.
- Arguing, disrespect and unprofessionalism with the Clinical Instructor will not be tolerated.
- The Clinical Instructor must be aware of and approve any student leaving the assigned clinical area for any reason.
- Abandonment of patient or clinical responsibilities is grounds for dismissal from clinical.
- Name badge to be worn at all clinical experiences.

**PREPAREDNESS FOR CLINICAL**

Students must be prepared for clinical according to the Nursing Practice Act. Those who are not prepared will be dismissed from clinical. Refusal or denial of the opportunity to complete previously learned nursing skills in the clinical setting will be noted as unwilling or unprepared and a clinical failure may be consequential.

**UNIFORM POLICY**

**Scrubs:** Solid Royal Blue color (Banana Scrubs)
Two Tops to choose from: 1 pocket on chest or 2 pockets on lower hem
Pants (two Classic crease, Cargo, Drawstring, or Boot-cut)
White T-shirts may be worn under uniform tops (long or short sleeve). T-Shirts worn under the uniform will follow agency policy.
An MCC A.D.N. Nursing patch must be worn on the left sleeve.

**Skirt:** Royal blue (optional)

**Lab Coat:** White with MCC patch on the left sleeve.

Students are required to purchase two uniforms and one lab coat.

**Shoes:**
Shoes must be clean, safe, supportive, and reflect good taste. Athletic shoes, uniform shoes, and
non-perforated footwear may be worn; the top of the shoes must have a solid surface to protect the dorsal section of the foot from blood or chemical exposure. Open-toed shoes, “croc” style shoes with holes on the top of the shoe, “flip-flop” style shoes, and slippers (for example: open back) are not acceptable.

**Additional:**
Stethoscope,
Pen light
Name badges

**CLINICAL REQUIREMENTS**

1. At all times, uniforms and lab coats will be clean, freshly laundered and pressed if needed.

2. Uniforms will be worn only when students are engaged in nursing class activities and specified occasions of the college. Student will wear full uniform except in situations where they are specifically instructed not to do so.

3. The length of the skirt will be no shorter than knee length.

4. Shoes will be kept in good condition, clean and polished.

5. MCC name badges will be worn on the upper left side of the uniform at all times during clinical. Name pins should include first and last name on the first line and “nursing student” on the second line.

6. Transition students may purchase one complete uniform rather than two as required of the generic students.

7. Hair will be kept neatly arranged and away from the face. Students must select a hairstyle that will not fall forward or over the face while performing client care or clinical activities. Hair shall be neutral in appearance and without distractive colors and/or styles. Neutral barrettes the color of the hair will be acceptable. No bows are allowed. Sideburns will not extend below the earlobe. Neatly trimmed mustaches and beards will be acceptable. (Post conference is included in duty time).

8. The only jewelry that will be acceptable will be one simple ring or set and one small chain necklace. Those with pierced ears may only wear one pair of small metal studs or studs w/precious or semi-precious stones. Earrings shall not extend below the earlobe. Body piercing in other areas should NOT be visible. Tattoos must be covered according to agency policy.

9. Make-up will be applied in a manner that will give a natural look.

10. Fingernails will be kept smoothly rounded, sufficiently short, not to extend beyond the tips of the fingers. Nail polish may be worn only if in good repair without chipping. **No artificial nails**
are to be worn while providing direct client care. Includes and is not limited to, tips, wraps, gels, overlays, extenders, acrylics, tapes, appliqués, nail, piercing, and nail jewelry.

10. Personal hygiene should include daily bathing as well as the use of deodorants and mouthwashes as needed. No fragrances, colognes, or perfumes will be worn. Offensive body odors will not be tolerated.

11. Chewing gum or eating candy while on duty will NOT be allowed. Breath mint and breath spray permitted.

VIOLATIONS OF THE STUDENT POLICIES

INFRINGEMENTS OF THE STUDENT UNIFORM POLICIES MAY RESULT IN RECOMMENDATIONS FOR COLLEGE DISCIPLINARY ACTION AND/OR SUSPENSION

WRITTEN ASSIGNMENTS

Students must demonstrate word processing competency in preparation of the appropriate document.
They must demonstrate basic computer competency in the use of Blackboard to access, read, and respond to various course components listed in the theory Blackboard. For clinical, students must demonstrate computer competency in clinical settings to access client data, retrieve data, and document appropriately. Because instructors frequently use PowerPoint, students must demonstrate computer competency with presentation software.

Students are responsible for turning in all written work on time. An unsatisfactory incident will be noted for any work turned in late. Faculty will evaluate and return written work within one week. The instructor will grade the work as satisfactory or unsatisfactory. Unsatisfactory work will be identified on the clinical evaluation form. Any unsatisfactory work will be returned to the student for modification and correction. These are to be resubmitted with the unsatisfactory copy within one week.

All written work must be legible with correct spelling and grammar. All written work becomes the property of the program and may not be returned to the student.

DISABILITY SERVICES

MCC strives to provide a supportive learning environment for every student. Students who would like to request disability-based accommodations follow this process:

1. Contact the Disability Specialist in Student Development.

Our Disability Specialist works directly with students to provide classroom accommodations and recommends that students contact her shortly after registering for classes so that accommodations may be provided in a timely manner.
2. Present the Disability Specialist with current documentation detailing the diagnosis and effect(s) of the disability.

The documentation must clearly identify that the student has one or more physical or mental impairments that substantially limit one or more of their major life activities.

3. Allow the Disability Specialist time to review the documentation.

After review, the Disability Specialist determines suitable accommodations. Pick up the accommodation letter from the Disability Specialist.

Once appropriate accommodations have been determined, the Disability Specialist provides the student with a letter which communicates these to instructor(s) and to other support services staff (Testing Center and Student Support Services).

4. Give consent to release accommodation information to MCC essential faculty and staff.

Confidentiality is maintained at all times; information is not released without signed student consent. Instructors and Testing Center staff are informed only of the necessary accommodations.

The Disability Specialist also provides information about accommodation approaches to students, faculty, and staff, including assistive and adaptive technologies available to support students. She serves as the campus liaison with external agencies that provide funding and support services for students with disabilities. In addition, the Disability Specialist provides training to faculty and staff regarding ADA issues and the provision of reasonable accommodations to students with disabilities.

**ADA Statement:**

Any student who may require special arrangements in order to meet course requirements because of a disability should contact Disability Services as soon as possible to make necessary arrangements. Once that process is completed, appropriate verification from Disability Services will be provided to the student and instructor. Please note that instructors are not required to provide classroom accommodations to students until appropriate verification from Disability Services has been provided. For additional information, please visit mclennan.edu/disability.

Students with questions or who require assistance with disabilities involving physical, classroom, or testing accommodations should contact:

Laura Caruthers, Success Coach, Disability Services
disabilities@mclennan.edu
254-299-8122
Room 249D, Completion Center, in the Student Services Center
**TITLE IX**

We care about your safety, and value an environment where students and instructors can successfully teach and learn together. If you or someone you know experiences unwelcomed behavior, we are here to help. Individuals who would like to report an incident of sexual misconduct are encouraged to immediately contact the Title IX Coordinators at titleix@mclennan.edu or to call Dr. Drew Canham (Vice President for Student Success) at 299-8645 or Missy Kittner (Director, Human Resources) at 299-8514. Individuals also may contact the MCC Police Department at 299-8911 or Counseling Services at MCC by calling 299-8210.

McLennan’s Title IX webpage (http://www.mclennan.edu/titleix/) contains more information about definitions, reporting, confidentiality, resources, and what to do if you or someone you know is a victim of sexual misconduct, gender-based violence or the crimes of rape, acquaintance rape, sexual assault, sexual harassment, stalking, dating violence or domestic violence.
OFFICIAL E-MAIL COMMUNICATION POLICY

POLICIES AND PROCEDURES

Subject: Official E-mail Communication Policy  Reference: E-XXXI-b  Source: President

Eff. Date: May 1, 2014  Approval

Auth: President  Approved:  Remarks:

Date: May 1, 2014

Scope

This policy applies to all students enrolled at McLennan Community College (MCC) and to all MCC employees. All students, staff, and faculty will use their official college e-mail addresses when conducting college business.

It is MCC’s policy to assign all students, upon registration, an official e-mail address, which may remain in effect up to twelve months after students are no longer enrolled at MCC. MCC student e-mail addresses will be the only e-mail authorized to communicate official college information or business. Students are expected to read and, if needed, respond in a timely manner to college e-mails. It is suggested that students check college e-mail daily to avoid missing time-sensitive or important college messages. Students may forward college e-mails to alternate-mail addresses; however, MCC will not be held responsible for emails forwarded to alternate addresses. A student’s failure to receive or read official communications sent to the student’s assigned e-mail address in a timely manner does not absolve the student from knowing and complying with the content of the official communication.

Privacy and Confidentiality

Official college communications sent by e-mail are subject to public information, privacy, and records-retention requirements and to other policies and procedures.
**Instructional Uses of E-mail**

Faculty members will determine classroom use of e-mail or electronic communications. Faculty will expect students to check college e-mail on a regular basis unless another communication method is indicated in the course syllabus. Faculty should inform students in the course syllabus of any special or unusual expectations for electronic communications. If a faculty member prefers not to communicate by e-mail with her/his students, it should be reflected in the course syllabus and information should be provided for the preferred form of communication.

**Appropriate Use of Electronic Communication**

The official college e-mail address assigned to students can be revoked if it is determined the student is utilizing it inappropriately. College e-mail must not be used to send offensive or disruptive messages nor to display messages that violate state or federal law.

Use of College e-mail must comply with the following policies:

(a) “Responsible Use of College Computing Resources” (E-XXXI); and

(b) “General Conduct Policy” (E-VIII).

**Right to Change Policy**

McLennan Community College reserves the right to interpret, change, amend, or rescind this policy, in whole or in part, at any time.
Introduction

The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Nurses often use electronic media both personally and professionally. Instances of inappropriate use of electronic media by nurses have been reported to boards of nursing (BONs) and, in some cases, reported in nursing literature and the media. This document is intended to provide guidance to nurses using electronic media in a manner that maintains patient privacy and confidentiality.

Social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals.

Nurses are increasingly using blogs, forums and social networking sites to share workplace experiences particularly events that have been challenging or emotionally charged. These outlets provide a venue for the nurse to express his or her feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice have been identified as effective tools in nursing practice. The Internet provides an alternative media for nurses to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information and violating patient privacy and confidentiality.

Health care organizations that utilize electronic and social media typically have policies governing employee use of such media in the workplace. Components of such policies often address personal use of employer computers and equipment, and personal computing during work hours. The policies may address types of websites that may or may not be accessed from employer computers. Health care organizations also maintain careful control of websites maintained by or associated with the organization, limiting what may be posted to the site and by whom.

The employer’s policies, however, typically do not address the nurse’s use of social media outside of the workplace. It is in this context that the nurse may face potentially serious consequences for inappropriate use of social media.

Confidentiality and Privacy

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context. Confidentiality and privacy are related, but distinct concepts. Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse. Such information may only be disclosed to other members of the health care team for health care purposes. Confidential information should be shared only with the patient’s informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the nurse’s obligation to safeguard such confidential information is universal.
Privacy relates to the patient’s expectation and right to be treated with dignity and respect. Effective nurse-patient relationships are built on trust. The patient needs to be confident that their most personal information and their basic dignity will be protected by the nurse. Patients will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate “need to know.” Any breach of this trust, even inadvertent, damages the particular nurse-patient relationship and the general trustworthiness of the profession of nursing.

Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulations are intended to protect patient privacy by defining individually identifiable information and establishing how this information may be used, by whom and under what circumstances. The definition of individually identifiable information includes any information that relates to the past, present or future physical or mental health of an individual, or provides enough information that leads someone to believe the information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information he or she posts via social media. Examples may include comments on social networking sites in which a patient is described with sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting video or photos of patients. Additional examples are included at the end of this document.

**Possible Consequences**

Potential consequences for inappropriate use of social and electronic media by a nurse are varied. The potential consequences will depend, in part, on the particular nature of the nurse’s conduct.

**BON Implications**

Instances of inappropriate use of social and electronic media may be reported to the BON. The laws outlining the basis for disciplinary action by a BON vary between jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media by a nurse on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;
- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

If the allegations are found to be true, the nurse may face disciplinary action by the BON, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure.

A 2010 survey of BONs conducted by NCSBN indicated an overwhelming majority of responding BONs (33 of the 46 respondents) reported receiving complaints of nurses who have violated patient privacy by posting photos or information about patients on social networking sites. The majority (26 of the 33) of BONs reported taking disciplinary actions based on these complaints. Actions taken by the BONs included censure of the nurse, issuing a letter of concern, placing conditions on the nurse’s license or suspension of the nurse’s license.
Other Consequences

Improper use of social media by nurses may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in both civil and criminal penalties, including fines and possible jail time. A nurse may face personal liability. The nurse may be individually sued for defamation, invasion of privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the nurse’s conduct violates the policies of the employer, the nurse may face employment consequences, including termination. Additionally, the actions of the nurse may damage the reputation of the health care organization, or subject the organization to a law suit or regulatory consequences.

Another concern with the misuse of social media is its effect on team-based patient care. Online comments by a nurse regarding co-workers, even if posted from home during non-work hours, may constitute as lateral violence. Lateral violence is receiving greater attention as more is learned about its impact on patient safety and quality clinical outcomes. Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated in person or via the Internet, sometimes referred to as “cyber bullying.” Such activity is cause for concern for current and future employers and regulators because of the patient-safety ramifications. The line between speech protected by labor laws, the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined. Nonetheless, such comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse.

Common Myths and Misunderstandings of Social Media

While instances of intentional or malicious misuse of social media have occurred, in most cases, the inappropriate disclosure or posting is unintentional. A number of factors may contribute to a nurse inadvertently violating patient privacy and confidentiality while using social media. These may include:

A mistaken belief that the communication or post is private and accessible only to the intended recipient. The nurse may fail to recognize that content once posted or sent can be disseminated to others. In fact, the terms of using a social media site may include an extremely broad waiver of rights to limit use of content. The solitary use of the Internet, even while posting to a social media site, can create an illusion of privacy.

One such waiver states, “By posting user content to any part of the site, you automatically grant the company an irrevocable, perpetual, nonexclusive transferable, fully paid, worldwide license to use, copy, publicly perform, publicly display, reformat, translate, excerpt (in whole or in part), distribute such user content for any purpose.” Privacy Commission of Canada. (2007, November 7). Privacy and social networks [Video file]. Retrieved from http://www.youtube.com/watch?v=X7gWEgHeXcAwww.ncsbn.org
A mistaken belief that content that has been deleted from a site is no longer accessible.

A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.

A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.

Confusion between a patient’s right to disclose personal information about himself/herself (or a health care organization’s right to disclose otherwise protected information with a patient’s consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.

The ease of posting and commonplace nature of sharing information via social media may appear to blur the line between one’s personal and professional lives. The quick, easy and efficient technology enabling use of social media reduces the amount of time it takes to post content and simultaneously, the time to consider whether the post is appropriate and the ramifications of inappropriate content.

How to Avoid Problems

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients.

The following guidelines are intended to minimize the risks of using social media:

First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.

Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.

Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.

Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.

Do not refer to patients in a disparaging manner, even if the patient is not identified.

Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.

Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
Consult employer policies or an appropriate leader within the organization for guidance regarding work related posting.

Promptly report any identified breach of confidentiality or privacy.

Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the workplace.

Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.

Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer. www.ncsbn.org

**Conclusion**

Social and electronic media possess tremendous potential for strengthening personal relationships and providing valuable information to health care consumers. Nurses need to be aware of the potential ramifications of disclosing patient-related information via social media. Nurses should be mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, nurses may enjoy the personal and professional benefits of social and electronic media without violating patient privacy and confidentiality.

©2011 The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also nine associate members.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

National Council of State Boards of Nursing
111 E. Wacker Dr., Suite 2900 Chicago, IL 60601
312.525.3600 | Fax: 312.279.1032
08.17.11
Creating Civility in Nursing Education

The information in this handbook concerning civility was taken from a workshop titled “Creating Civility in Nursing Education”, presented by Cindy Clark, RN, PhD, ANEF, FAAN, at the University of Texas at Tyler, on August 10, 2012.

Civility is defined by Clark as authentic respect for others requiring time, presence, engagement and an intention to seek common ground. Incivility is disregard and insolence for others, causing an atmosphere of disrespect, conflict, and stress. Academic incivility is rude, discourteous speech or behavior that disrupts the academic environment - any environment associated with the delivery of education, including the “live” or virtual classroom, laboratory or clinical setting, or wherever a “teachable moment or learning opportunity exists including hallways, student lounges, residence halls, parking lots, or anywhere on campus. Student incivility is behavior that negatively impacts faculty well-being, sense of self-worth and commitment to teaching. Faculty incivility is behavior that damages student confidence, sense of self and psychological and physiological well-being. Faculty-to-faculty incivility is conflicted relationships with students, colleagues and administrators that cause stress and drain zest.

Incivility is defined as rude or disruptive behaviors which often result in psychological or physiological distress for the people involved (including targets, offenders, by-standers, peers, stakeholders, and organization) and if left unaddressed, may progress into threatening situation (or result in temporary or permanent illness or injury).

Promoting civility is a component of The Joint Commission, Institute of Medicine (IOM) Report (2010), Quality and Safety Education for Nurses (QSEN), Differentiated Essential Competencies (DEC’s), Nursing Code of Ethics, and the ANA Standards of Professional Performance. The Joint Commission issued a Sentinel Event Alert, effective January 2009, and states that “Health care is ‘high stakes, pressure-packed environment that can test the limits of civility in the workplace. Rude, disrespectful behavior among health care professionals can pose a serious threat to patient safety and the overall quality of care”. The IOM Report (2010) made three recommendations: 1) expand opportunities for nurses to lead and diffuse collaborative improvement efforts (recommendation #2), 2) prepare and enable nurses to lead change to advance health (recommendation #7), and 3) build an infrastructure to collect and analyze health care workforce data (recommendation #8). The QSEN competency of “Teamwork and Collaboration” states “function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.” DEC #1.B.7.a.b.c (Knowledge) addresses professional characteristics and values such as altruism, human dignity, truth, justice, freedom, equality, and esthetics. Inherent in professionalism is accountability and responsibility for individual actions and behaviors, including civility. The Nursing Code of Ethics (Provision 1.5) requires nurses to treat colleagues, students, and patients with dignity and respect and that any form of harassment, disrespect, or threatening action will not be tolerated. The ANA Standards of Professional Performance provide objective guidelines for nurses to be accountable for their actions, their patient, and their peers.

Stress leads to poor student academic performance. In particular, nursing students’ stressors, as identified by Clark, are burnout from competing demands and juggling multiple roles (school, work, family); competitive, high-stakes academic environment (grades, scholarships, parental expectations); financial stress; and faculty and student conflict. Students may have an attitude of entitlement (as reported by students and faculty), and may include assuming a ‘know it all’ attitude; having a ‘consumer’ mentality; believing students are ‘owed’ an education; and refusing to accept personal responsibility (blaming others, lack of accountability, and making excuses). Incivility student behaviors as reported by faculty and students include disruptive behaviors (cell phones texting, computers, side conversations); rude remarks, sarcasm, vulgarity, cyber-bullying; lack of respect and regard for other (intolerant of cultural, ethnic, class differences; pressuring faculty to agree to demands; speaking
negatively about (‘badmouthing’) others (students, faculty, and the nursing program); retaliating against faculty and student incivility; and academic dishonesty and cheating. When students were asked the ‘most important factor’ to help them deal with incivility, the top four responses were 1) family and friends 2) classmates 3) supportive faculty and nursing staff, and 4) faith, inner strength, and introspection.

Faculty stressor include juggling home, work, family, other competing demands; heavy workload and workload inequity; advancement issues (example: pursuing a doctoral degree); power imbalances (non-tenured, part-time, adjunct, clinical); personal stressors and poor coping ability; problematic students; low salary and financial pressures; faculty-to-faculty incivility and “hazing”; keeping pace with technology and online teaching; publications, grants, and other scholarly works; bench science translational research; faculty excessively evaluated – internal and external; maintaining clinical or practice competence; competition for limited resources, retirements, move to non-academic sector; entrepreneurship, disputes over Intellectual Property; and lack of policies and administrative support.

Faculty attitude of superiority that adds to incivility as reported by faculty and students included exerting position and power over students, setting unrealistic student expectations, assuming a “know it all” attitude, threatening to fail or dismiss students, devaluing students’ previous life, work and academic experience. The most frequent uncivil faculty behaviors, as reported by faculty and students, were intimidating students; using inept teaching skills; making demeaning, belittling comments or gestures; labeling and gossiping about students; and showing favoritism and bias.

Faculty-to-faculty incivility examples include rude behaviors (in person and online); hazing, bullying, and acts of intimidation; put-downs and exerting rank over others; setting others up to fail; not performing one’s share of the workload; marginalizing and excluding others; gossiping and engaging in passive-aggressive behavior; rude nonverbal behaviors and gestures; engaging in clandestine meetings behind closed doors; distracting others during meeting (computers, cell phones, hand-held devices, work or newspapers); berating, insulting, and allowing; circumventing, undermining, and subverting; power playing, derailing, and disgracing; excluding, gossiping, degrading, refusing, not doing and justifying it; blaming and accusing; eye-rolling and non-verbal disapproving; table-turning and teasing; and distracting and disrupting with media and devises.

The most effective ways to address faculty-to-faculty incivility is direct communication; skilled, effective leadership and positive role-modeling; measure and address the problem, policies and protocols; education, faculty development, use of experts; organizational cultural transformation; and relationship building. The effects of academic incivility include disrupted student-faculty relationships, problematic learning environments, potential violence, increased stress levels, and negative impact on patient care.

In a qualitative longitudinal study (n = 56) by Randle, bullying and incivility (ridicule and humiliation) toward students by nurses in practice resulted in decreased confidence, anger, frustration, sleeplessness, anxiety, stress and worry. When students were subjected to bullying by nurses in practice, they are more apt to emulate the behaviors and engage in bullying activities themselves. Incivility often occurs when people are stressed, unhappy, and rushed. When these are experience together, anything can happen. The effects of incivility include 1) eroding of self-esteem (wears down our mental defenses, creates vulnerability, self-doubt, and anxiety, and may cause withdrawal, resentment, and anger) 2) damages relationships (creates feelings of failure, isolation, and loss and causes conflict and threats to serenity and contentment) 3) increasing stress (weakens the immune system; causes wear and tear on the body, spirit, and soul; stress, distress, and emotional pain; depression; and PTSD).

The healthy workplace is a place where there is a lived vision, mission, shared values, and norms; high morale, job satisfaction, and an esprit de corps; competitive salaries (recognition of employee contributions and accomplishments); and benefits beyond salary, workspace, equipment, laboratory facilities, faculty development, flexible work schedules, travel and scholarship support.
intellectual property agreements; a reasonable workload with time off; positive recruitment and retention; policies to promote a healthy work environment and protocols to eliminate incivility; respectful communication and shared decision-making.

Promoting civility includes living with purpose and meaning. Purpose includes leading an examined life; assuming goodwill; filling the reservoir of goodwill; spending time in quietness (listen to the voices of our soul). We must establish daily habits of being grateful and counting our blessing; acting with kindness and paying compliments; doing something that matters, and standing for something good. We can role model civility by assuming goodwill; being professional, inclusive, and respectful; being responsive and open; being enthusiastic for co-workers and clinical work; be transparent and open with communication; and holding things in confidence and following the ‘golden rule’.

Students can promote civility by taking care of themselves and reducing stress; assuming personal responsibility; assisting in co-creating classroom and clinical norms; establishing and conforming to norms; considering individual contribution to interactions; clarifying – ask questions and seek resolution; model civility and respectful social discourse; conduct solution-focused open forum; participate in department governance teams; model respect and discourage gossip; hold one another accountable; attend class, be on time, and be prepared; avoid side conversations and monopolizing class; avoid distracting behaviors (sleeping, checking e-mail or surfing social networking sites, or working on assignments for another class).

Ways to manage stress may be to establish a professional vision and life plan; set personal and professional goals; acquire and work with a mentor, establish priorities, manage your time wisely, exercise assertiveness and practice positive health habits. Stress reduction and self-care includes enjoying family, friends, pets, and supportive people; exercise regularly; get fresh air and sunshine; engage in hobbies and other activities; eat healthy, drink lots of water and get adequate sleep; visualize the positive and practice relaxation; find quiet time for reflection and contemplation; avoid sleeping pills, drugs and too much alcohol; when worries start to build up, talk to someone; de-clutter; and enjoy your favorite music.

Seven steps to achieving “calm confidence” (Benegbi, 2012) include breathe: take long slow, deep breaths in and out through your nose continue breathing as you bring your hands together, palms pressed together in front of you, relaxed; smile: changing our projection and smiling helps us change our mood, energy, and feelings; drink a glass of water to shift energy and balance the system; repeat positive affirmation to adjust your thinking – such as “I am strong”, “I am calm”; Adjust your posture: straighten your spine, relax your shoulders, lift your chest, bring your chin in a little and breathe. This helps remove blocked energy and allows energy to flow; take a 5-minute break: go to a quiet place where you can take several deep breaths; turn into the potential within you: breath, tell yourself to relax and to be open to a different perspective.

We must communicate openly and intentionally and work together to create a culture of civility. This includes openness, responsiveness, and presence; critical conversations; and principled negotiation. We must reflect, probe, and commit (or not). Ask yourself: What do you really want for yourself? What do you really want for others? What do you really want for the relationship? To respond or not respond: If I do not respond, what is the worst thing that can happen? If I do respond, what is the worst thing that can happen? If I respond, will it contribute to the things that matter most to me? If you choose to respond, prepare wisely. Consider you may have contributed to the problem… this may help you develop an understanding of the other person’s perspective.
Create a safe zone of negotiation. Agree on a mutually beneficial time and place to meet. Choose a quiet place without interruptions. Prepare and de-stress. Third person may be invited by either side to listen/mediate. Co-create ground rules (norms) and establish goals. Seek common interests using principled negotiation. The conversation much includes objectively describing each person’s perspective of the issue; speak directly and respectfully. Avoid covering up and ignoring your part in the problem. Avoid exaggerating others’ role in the problems. Avoid defensiveness and listen carefully, do not interrupt. Show genuine interest and stay focused on the message. Avoid being defensive, judgmental – and do not ‘correct’. You may not agree, but seek to understand. Assume an open and welcoming posture. Affirm the other person by nodding and maintain eye contact. Seek a win-win resolution and end with clear expectations. Be sure each person is clear on how to resolve the issue. Agree on who is going to do what by when. Make a plan to follow up and evaluate progress. After the issue has been discussed, stop talking about it (stop the negative from flowing), find the lesson, and avoid negative people (surround yourself with people who have the qualities you admire and wish to emulate).

The Mission of McLennan Community College and the Associate Degree Nursing Program are congruent in that they both designate fundamental beliefs and characteristics and provide guidance and direction for the program and services offered. The Core Values of MCC are:

1. Excellence requires a commitment to allocating the time, effort, and resources to ensure superior achievement.
2. Integrity is exhibited through principled leadership that continues to earn the public’s Trust and to achieve the highest levels of honesty and ethical behavior.
3. Innovation is to promote and affirm the spirit of invention and creativity.
4. Inclusion assures opportunity for accessible education to diverse learners by addressing financial, environmental, social, and academic barriers.
5. Stewardship, Sustainability, and Accountability requires an efficient and effective use of human, physical, and financial assets. Allocation of these resources is based on the commitment to the efficient and effective use of the environment.

Collaboration is essential in partnering to develop educational, technical, industrial, and cultural support to improve the quality of life in the community (Highlander Guide, 2013-2014).

With the mission and core values in mind, civility is a very important issue that must be practiced at all times by administration, faculty, staff, and students.

**Student Behavioral Expectations and Conduct Policy**

**Professional Expectations:**

1. Be on time and remain throughout class. Arrive at least 10 minutes prior to class starting.
2. Be in class every day and ready to learn. Should some unforeseen incident occur preventing your attendance, contact your instructor.
3. Be a professional. Maintain a professional attitude and be positive. Maintain classroom civility which includes respect for other students and for the faculty. Civility is expected in all verbal and electronic interactions with peers, professors, and college administrators.
4. Know your course expectations. Read your concept syllabi and course instructional plans, check your course calendar, the learning management system (Blackboard) and MCC email daily.
5. Collegiality: Be a positive and productive influence in your work/learning environment, communicating and working professionally, safely, and legally.
6. Know your ethical responsibility to your chosen profession, and the public you will serve.

7. Collaboration: As a professional you will collaborate with clients, their families, other professionals in the health career arena. Be positive, civil, open to new ideas, and research to promote the healing environment.

8. Additional student behavioral expectations are in the ADN Student Handbook.

Reference:

INFORMATION REGARDING STUDENT LOANS

A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring and cooperation with lenders is available on the MCC website at www.mclennan.edu.

Student are informed of their ethics responsibilities regarding financial assistance and is addressed in orientation and on the MCC website.
USE OF PLAGIARISM DETECTION SERVICE
BLACKBOARD SAFEASSIGN
(www.mydropbox.com)

1. McLennan Community College (MCC) faculty members may adopt the plagiarism detection services offered by Blackboard SafeAssign, but they are not required to do so.

2. Faculty members choosing to adopt the plagiarism detection service offered by Blackboard SafeAssign shall publish in their syllabi the following statement:

Blackboard SafeAssign: In order to help students, learn proper composition skills and to promote academic honesty, this class will use the services provided by Blackboard SafeAssign (hereinafter, the “Service”). The above URL contains information about the capabilities, services, terms and conditions, and privacy policy of the Service. The instructor may use the Service to review all submitted assignments. Students agree that by taking this course all required papers may be subject to submission for textual similarity review to SafeAssign for the detection of plagiarism. All submitted papers will be included as source documents in the SafeAssign reference database solely for the purpose of detecting plagiarism of such papers. Students further understand that if the results of the review support an allegation of academic dishonesty, the students' work will be investigated and the student is subject to discipline according to policy.

3. Faculty members choosing to adopt the plagiarism detection service offered by the Service shall:
   a. treat all students equally,
   b. require submission of either all student papers or no student paper, for any particular assignment, and
   c. inform students which assignments will require submission to the Service.

4. In the event a student commits an act of plagiarism, faculty members are strongly encouraged to submit the name of the offending student to the Discipline Coordinator. This action is recommended without regard to other consequences a faculty member may choose to employ. It is imperative that the Discipline Coordinator be given the information so that the college can identify serial offenders.

5. Instructors are encouraged to place the following statement in their syllabus:

Academic Dishonesty Policy: Students found to be guilty of acts of academic dishonesty are subject to college policy as found in http://www.mclennan.edu/students/hguide/. In addition, in this class, students are subject to the following discipline:

First Offense: failing grade on the assignment

Second Offense: failing grade in the course
Navigating Campus

MCC was established in 1965 and is located on a scenic 230-acre campus adjacent to Cameron Park and the Bosque River. The school is recognized statewide for its natural beauty and outstanding architecture.

On our website, you will find a link to MCC’s campus map and virtual tour. It’s a good idea to familiarize yourself with parking and building locations before the first day of school to make sure you allow yourself enough time to get to and from class. Plenty of parking is available in student designated lots and parking garages. Shuttle service is available to help you get where you need to go.
Prepared by Faculty-Student Committee – 1981


See following pages
COURSES: ______________
Semester/Year SPRING 2018

<table>
<thead>
<tr>
<th></th>
<th>STUDENT'S INITIALS</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I have access to and am responsible for the information contained in the syllabi (Instructor Plans) for the level courses.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I have read and understand the evaluation policies for the level _______ courses.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I have access to and am responsible for information contained in the ADN Student Handbook dated Spring 2018.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I agree to abide by the information in the syllabi and the ADN Student Handbook.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>I am current with all mandatory A.D.N. immunizations, including Influenza, and AHA healthcare provider CPR. I will remain current until completion of the ADN program at MCC.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>I am aware that my CPR certification and my immunization status MUST be current to participate in clinical activities.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CPR Expiration Date: _______________   TB Expiration Date: _______________</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>I am aware that the following ADN policies changes/revisions and additions have been made and have been explained to me:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. New Readmission Policy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Testing Policy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Student Behavioral Expectations-Professional Expectations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Admission Criteria for PSB Tie-breakers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. HESI Exit Exam Policy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f. Addendum to Dress Code regarding fingernails</td>
<td></td>
</tr>
</tbody>
</table>

Submission of this form requires a written, original signature in ink.

Signature: ____________________________

Date signed: ____________________________

Next page, please
Providence Health Center
Release Form

I, __________________________, understand that I will be entering into a clinical rotation in the ________ semester of the year ________ at Providence Health Center. I am aware and understand that during such rotation I may be exposed to various communicable diseases for which I agree to be solely responsible for any necessary treatment, and in consideration of my rotation I hereby expressly release Providence Health Center from any liability or potential liability to me arising out of such exposure and required treatment and/or damages sustained by me. By the execution of this document I waive any claim or potential claim against Providence Health Center, including but not limited to claims based on negligence of the Hospital, its agents, servants or employees, or any other person or entity and herewith agree to indemnify and hold Providence Health Center harmless from and of any claims brought by any party or parties providing medical care, services or treatment or any other parties claiming by or through me arising out of such clinical rotation and exposure to communicable diseases.

Signed: __________________________ Date: __________

Witness: __________________________ Date: __________

Student Release
Baylor Scott & White Hillcrest Medical Center

For and in consideration of the right given to me to participate in the Associate Degree Nursing Program at Baylor Scott & White Hillcrest Medical Center, the undersigned hereby releases Baylor Scott & White Hillcrest Medical Center, its Board of Trustees, officers, agents, employees, and representatives (all referred to together as “Hillcrest”) from any and all claims which I otherwise may assert against Hillcrest by reason of, or arising out of, my participation in the Associate Degree Nursing Program, unless the event(s) giving rise to the claim is (are) caused solely by the negligence of Hillcrest.

I hereby release McLennan Community College, its board of Trustees, officers, agents, employees, and representatives (all referred to together as “MCC”) from any and all claims which I otherwise may assert against MCC by reason of, or arising out of, my participation in the program unless the event(s) giving rise to the claim is (are) caused solely by the negligence of MCC.

I understand and agree that I will be provided with access to hospital facilities in which persons having injuries or diseases will be present, and I understand that the possibility exists that I will contact infectious diseases. I hereby expressly release both Hillcrest and MCC from any claims for sickness or disease which I may get by reason of my being in the Program regardless if Hillcrest and/or MCC is negligent or not.

Signed: __________________________ Date: __________

Witness: __________________________ Date: __________

127