

COLLIN COLLEGE DISTRICT NURSING DIVISION



NURSING PROGRAM STUDENT HANDBOOK ADN Track LVN-RN Track

**2023-2024
Academic Year**

DISCLAIMER: This Nursing Program handbook supplements the college's Student Handbook, which is available at: <https://www.collin.edu/studentresources/personal/studenthandbook.html>.

PREFACE

The Dean, Directors, and Faculty of the Collin College Nursing Division have developed this Nursing Program Handbook (“Nursing Student Handbook”) to be used in conjunction with the Collin College Student Handbook to direct students on a pathway to success in the nursing program. Procedures are subject to change or revision periodically throughout the year as deemed necessary by the college. Any future change or revision supersedes the existing procedure in this Handbook as of the date of publication on August 18, 2023. Any changes will apply to both prospective and enrolled students. Students are responsible for maintaining copies of the Collin College Student Handbook, the Nursing Student Handbook, and all current updated/revised policies and procedures, as well as being cognizant of the content contained in each and adhering to the policies/procedures.

The Collin College Student Handbook is available at

[2022-2023 Student Handbook.pdf \(collin.edu\)](#)

FORMULATED: 10/91

REVISED: 06/18

REVIEWED: 1/20; REVISED: 1/20; 5/20

REVIEWED: 11/20; REVISED: 12/20

REVIEWED: 1/22; REVISED: 1/22

REVIEWED: 8/22; REVISED: 8/22

REVIEWED: 1/2023; REVISED: 1/2023

REVIEWED: 5/2023; REVISED: 6/2023, 8/2023

REVIEWED: 10/2023; REVISED: 1/9/2024

Table of Contents

SECTION I: GENERAL INFORMATION	6
A. ACCREDITATION.....	6
B. THE NURSING EXPERIENCE	7
C. PHILOSOPHY	8
Mission	10
Student Learning Outcomes	10
Conceptual Framework.....	10
Core Values	11
Integrated Concepts.....	11
Division Goals.....	12
D. DEFINITIONS	14
E. ORGANIZING STRUCTURE	16
SECTION II: PROCEDURES	17
F. ADMISSION PROCEDURES.....	17
10.1 - Admission Requirements.....	17
10.2 – Program of Study	19
10.3 – Anticipated Costs	19
10.4 – Criminal Background Checks.....	20
10.5 - Declaratory Order of Eligibility:	22
10.6 – Substance Abuse Procedure	23
10.7 – “For Cause” Drug Testing Procedure	25
10.8 – Progression and Graduation	27
10.9 – Readmission Procedure	28
10.10 – Adding or Dropping Courses	30
10.11 – Transfer to Collin College from Other Colleges/Degree Evaluation	30
10.12 – Transferring to Other Colleges from Collin College	32
10.13 – Scholastic Dishonesty.....	32
10.14 – Expulsion from Nursing Program	33
10.15 – Providing Student References.....	34

10.16 - Minimum Course Requirements:	35
G. CLASSROOM, CLINICAL and TESTING PROCEDURES	35
10.17 – Class Attendance.....	35
10.18 - Tardiness.....	36
10.19 - Late Assignments	36
10.20 – Examination Periods	36
10.21 – Make-Up Examinations.....	38
10.22 - Exam/Test Review.....	38
10.23 – ATI Testing.....	40
10.24 – Clinical Skills Validation Procedure	40
10.25 – Civility Requirements	41
10.26 – Dress Code and Personal Appearance	42
10.27 - Communicating with Faculty and Staff.....	45
10.28 – Grievance/Appeal Procedure.....	46
10.29 – Pharmacology and Mathematics for Nurses	48
10.30 – Health Record Requirements.....	49
10.31 – Smoking, Tobacco, or Electronic Smoking Devices.....	50
10.32 – CPR Certification	51
10.33 – Clinical Expectations	51
10.34 – Clinical/Hospital Lab Requirements.....	53
10.35 – Clinical Tardiness.....	54
10.36 – Clinical Preparedness	54
10.37 - Simulation:	54
10.38 - Unsafe Clinical Practice.....	54
10.39 – Contact Records	57
10.40 – Student Limitations	58
10.41 – Exposure/Injury to the Student	60
10.42 – Infection Control Precautions	60
10.43 – Class Officers	65
10.44– Collin Nursing Students’ Association (CNSA)	66
10.45 – Student Professional Travel	67

10.46 – Nursing Scholarships	68
10.47 – Financial Aid	68
10.48 – Employment During Nursing Program	68
10.49 – Essential Physical Competencies for Nursing	69
10.50 – Disability Services and Accommodations	70
10.51 – Use of Information Technology	70
10.52 – Service Learning	70
Appendix A	72
Differentiated Essential Competencies of Graduates of Texas Diploma and Associate Degree Nursing Education Programs	72
Appendix B	75
Quality and Safety Education for Nursing (QSEN) Competencies	75
Appendix C	80
SCANS COMPETENCIES	80
Appendix D	83
STUDENT GRIEVANCE REPORT	83
APPENDIX E	85
CREDENTIAL FILE REQUEST FORM	85
APPENDIX F.....	86
STUDENT TRAVEL FORM	86
APPENDIX G	87
Running for a Collin Nursing Student Association (CNSA) Officer	87
Appendix H	88
Collin College Nursing Student’s Responsibilities	88

SECTION I: GENERAL INFORMATION

A. ACCREDITATION

The Collin College Nursing Division was granted full accreditation by the Texas Board of Nursing (TBON) in the fall of 1992 and maintains continuing accreditation through the Accreditation Commission for Education in Nursing (ACEN). The faculty is committed to this self-evaluation process which is a major factor toward helping the division review its past, analyze the present, and move toward future progress. As defined by ACEN, “accreditation is a voluntary, self-regulatory process by which non-governmental associations recognize educational institutions or divisions that have been found to meet or exceed standards and criteria for educational quality.”

The traditional associate degree in nursing tract and the LVN-RN Bridge nursing tract are aimed at preparing the graduate nursing student for the National Council Licensure Examination for Registered Nurses (NCLEX-RN) administered by the Texas BON. The graduate nursing student will apply for licensure to the BON; only the BON determines eligibility and approves applications for the licensure examination, not Collin College. Students who wish to apply for licensure outside of the state of Texas should refer to the respective state board of nursing for guidance. The student becomes a Registered Nurse (RN) only after successfully passing the licensure examination. Completion of the nursing program of study at Collin College does not guarantee licensure or employment in nursing.

Accreditation Commission for Education in Nursing (ACEN)

3390 Peachtree Rd NE Suite 1400

Atlanta, GA 30326

Phone: (404) 975-5000 Fax: (404) 975-5020

Email: info@acenursing.org

Web: <https://www.acenursing.org>

B. THE NURSING EXPERIENCE

Nursing is both a challenging and rewarding career. The standards the nursing profession sets for itself are high. To help the student learn about and adjust to these standards, they must acquaint themselves with procedures in this Nursing Student Handbook and the Collin College Student Handbook. Once a student accepts admission into the Nursing program, whether in the ADN or the LVN to RN bridge program, the student has made a commitment to study and work hard to be successful in the program. The nursing program at Collin College is rigorous. As a result, students in the program are advised to the following guidelines in order to ensure success:

1. Limit full-time work to fewer than 20 hours per week to allow time to study nursing.
2. Complete as many of the support courses as possible before starting the nursing courses.
3. Allow at least 10 hours per week to study and prepare for class and clinicals.
4. Get a good night's sleep before clinical, class, or any learning experience.
5. Eat a balanced, healthy diet to maintain optimal health.
6. Attend all scheduled classes and clinical rotations unless you are too ill to attend or have been granted an excused absence prior to the class/clinical rotation.
7. Allow extra time per semester for required Service-Learning activities.

The days as well as the number of hours each week for clinical and classroom instruction vary depending on the specific nursing program and semester level the student is enrolled in. Please see the specific nursing program overview and course layout for requirements at <https://www.collin.edu/nursing/>. **Nursing students should plan on being on campus or at clinical sites a portion of each week.**

Opportunities are also provided for students to attend nursing seminars and conventions, conduct nursing rounds, and participate in various activities on campus and in the community. Flexibility is **expected** due to other assigned activities that may exceed previously scheduled class and clinical hours. Detailed course, classroom/clinical activities will be outlined in each course calendar.

C. PHILOSOPHY

In accordance with the mission statement of Collin College, the faculty of the Nursing Division provide a quality nursing program in a learning-centered environment committed to developing skills, strengthening character, and challenging the intellect to meet the educational needs of students in our service and surrounding areas. Successful completion of the ADN or LVN to RN Bridge program curricula leads to the acquisition of skills, knowledge, and attitudes necessary for employment, thereby helping to meet the health care needs of the community served by Collin College. The faculty is committed to promoting the development of qualified students prepared for the professional role as a registered nurse (RN) at entry-level practice. The core values of Collin College: Learning, Service and Involvement, Creativity and Innovations, Academic Excellence, Dignity and Respect, and Integrity are reflected in the content below. Based on these beliefs, the nursing faculty adopts the following philosophy.

Nursing is a theory-guided, evidence-based discipline, which builds on a foundation of knowledge from biological, social, and behavioral science. The curriculum is concept-based, directed towards the competencies needed to provide patient-centered care to diverse populations across the life span and in complex environments that increasingly require interdisciplinary teamwork, leadership, use of quality improvement, informatics, and technology. The Collin College graduate nurse is prepared to meet the Differentiated Essential Competencies (DECS) of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors for the associate degree as leveled by the Texas Board of Nursing in four major roles: provider of patient-centered care, safety advocate, member of the healthcare team, and member of a profession. Core values of caring, ethics, and integrity, support the program's integrating concepts (patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics) and lead to the main division goals of quality of life, clinical judgment, professional identity, and spirit of inquiry.

(See Appendix A-C)

Learning is a continuous process that occurs when the individual is challenged and motivated to enhance personal knowledge and change behavior. Teaching and learning are interactive processes between faculty and students. The faculty is responsible for facilitating 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 and accountability for their own learning and 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 patients and clinical situations. Faculty incorporate evidence-based teaching such as increased contact between students and faculty, cooperation among students, active learning activities, prompt feedback, high expectations, and respect of diverse learning styles in face-to-face and on-line or distance learning environments. Experiences in simulation with a strong debriefing component complement clinical education and allow students to engage in high-risk practice focused situations in a safe environment.

The curriculum is conceptually based and founded on the principles of adult and collaborative learning. A constructivist approach to learning is applied helping the student foster new growth and learning from prior educational settings and experiences. 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 students develop a deeper understanding of prevalent health care conditions and situations across the lifespan. Faculty design learning activities promoting student engagement, self-assessment, and self-directed learning. Developing clinical judgment results from deep understanding of both professional nursing and health care concepts. Reflective practice, evidence-based practice, ethical practice, cultural sensitivity, interprofessional collaboration, 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 faculty values lifelong learning by offering multiple entry points into the nursing division and encouraging progression to Bachelor of Science in Nursing (BSN) and Master of Science in Nursing (MSN) levels. The nursing division 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 professional nurse graduates who are life-long learners, actively involved in service, who are members of an interdisciplinary health care team, and who use clinical judgment to provide safe, evidence-based, patient-centered care to promote quality of life.

Student Learning Outcomes

1. Use clinical reasoning and knowledge based on the nursing program of study, evidence-based practice outcomes, and research studies as the basis for decision-making and comprehensive, safe patient care to improve quality of life.
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/clients, families, and the interdisciplinary health care team to plan, deliver, and evaluate care.
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.

Conceptual Framework

The conceptual framework of the Collin College Nursing Division is an outgrowth of its philosophy and reflects the faculty's educational beliefs associated with nursing student development. The framework relies on components of the National League for Nursing (NLN) Educational Competencies Model. Integrating concepts within the framework are drawn from the Quality and Safety Education for Nurses (QSEN) knowledge, skills, and attitude (KSA) competencies for nursing graduates. Graduates will be prepared to meet the QSEN competencies. The model utilizes the image of a tree, depicting the fundamental appreciation of foundational roots, core student involvement, and branching attributes that support

necessary requirements and outcomes for licensure and professionalism. The framework provides guidance to curriculum development, management, outcomes identification, and evaluation and focuses on the developmental needs of students while responding to patient dynamics in multiple settings. A copy of this model can be found in Appendix C.

Core Values

Collin College core values are learning, integrity, creativity and innovation, academic excellence, dignity and respect, and service and involvement. The model for the Nursing Division further focuses on three foundational core values: caring, ethics, and integrity distilled from the Collin College core values. These elements are central to nursing education and professional development. Caring is associated with the patient and the promotion of their well-being. Caring relates to self, colleagues, and the profession of nursing. Caring is a learned dynamic to be experienced by students in the classroom, clinical, and simulation. Included within this dynamic are elements of compassion, empathy, concern, and helping others. Ethics is the systematic, autonomous, critical inquiry of inner values that direct decisions regarding right and wrong as they relate to conduct. Ethics involves the promotion of good and the avoidance of harm while providing nursing care. From a foundational core value perspective, integrity provides a cornerstone element that serves not only the needs of patients, but as important, the development of the student, especially as a professional nurse. This value addresses respect for an individual's moral being in a manner consistent and without conditions or limitations. This interpersonal growth of the student promotes personal and social responsibility and paves the way for the student to assume responsibility for patient care management while providing care utilizing critical judgment.

Integrated Concepts

The educational program is a learning-centered experience. The faculty facilitate this direction through incorporation of learning experiences based on established nursing competencies. Six Quality and Safety Education for Nurses (QSEN) competencies of knowledge, skills, and attitudes (KSAs) serve as integrating concepts which serve as support branches to the division's goals. The six concepts include patient-centered care, quality improvement, safety, teamwork and collaboration, evidence-based practice, and informatics. Patient-centered care

recognizes the patient as the central source of control in the care delivery dynamic. Teamwork and collaboration address the interactions and effectiveness of individuals as they work together to address patient needs. Evidence-based practice describes the direction required to incorporate current clinical and patient related resources and research. Quality improvement facilitates and supports the ongoing requirements to evaluate and improve healthcare delivery and systems. Safety emphasizes the importance of minimizing risk to patients/clients during health care delivery. Informatics is associated with the utilization, management, and incorporation of relevant data and support systems to document care delivery, minimize error, and maximize decision making. Together these six concepts serve as support and guidance to curriculum development, clinical and simulation experience planning, and foundation for career development over time. Each of these six elements supports at least one of the division goals.

Division Goals

The division goals address five areas: (1) quality of life, (2) clinical judgment, (3) professional identity, (4) spirit of inquiry, and (5) service and involvement. Quality of life is associated with the ability to promote growth and well-being of patients/clients, self, and collegial members of the healthcare team. Clinical judgment entails using clinical reasoning and nursing science as a basis for decision making in nursing practice. Faculty help students reflect on their decision-making to develop clinical judgment. Students develop over time a keen sense of identity as a professional nurse. That identity serves them individually as it relates to the nurse-patient relationship. Equally important is the development of identity with the larger association with the profession of nursing. The spirit of inquiry is a goal that serves the student and the life-long learner; its development encourages inquiring about all elements of patient care. Service and involvement increase as students engage in lasting relationships with community partners to continue professionally related volunteer service after graduation.

Each of these goals is associated with one or more integrating concepts and students' development over time as they progress through the various levels within the program. Achieving the outcome of quality of life requires thorough preparation in patient-centered care. Clinical judgment comes as students develop their knowledge and appreciation of both quality improvement and various aspects of patient safety. From early in the program, students are exposed to and develop skills in association with both teamwork and collaboration. Together

these skills contribute to the student's abilities and the development of professional identity. The outcome of spirit of inquiry comes as students develop their knowledge and appreciation of evidence-based practice, quality improvement, and informatics.

Successful program graduates will be positioned to show key competencies and roles as a professional nurse as designated by the Texas Board of Nursing in the Differentiated Essential Competencies. These roles include becoming members of the nursing profession, being providers of patient-centered care, serving as patient safety advocates, and contributing as members of the healthcare team.

D. DEFINITIONS

Caring - The value of nursing in which there is a high concern for human dignity. It includes forming relationships with individuals and families in compassionate, nurturing, protective, empathetic, nonjudgmental, open-minded, and altruistic ways.

Core Competencies - The discrete and measurable skills, essential for nursing practice developed by faculty to meet division goals.

Cohort – A group of students who start the nursing program together and are enrolled in similar nursing courses.

Ethics - The systematic, autonomous, critical inquiry of inner values that direct decisions regarding right and wrong as they relate to conduct. Ethics involves the promotion of good and the avoidance of harm to patients/clients under nursing care.

Evidence-Based Practice - Incorporates the best current evidence, patient-family preference, and values for delivery of optimal health care.

Informatics - Incorporates the use of information and technology to communicate, manage knowledge, mitigate error, and support decision-making.

Integrating Concepts - The defined quality and safety competencies related to knowledge, skills, and attitudes necessary to achieve division outcomes.

Integrity - Respecting the dignity and moral wholeness of every person without conditions or limitations.

Learner Centered - Learner centered relates to an orientation to learning that incorporates and reflects the uniqueness of an individual's background, preparation, values, and initiative.

Nursing Judgment - Is the ability to make decisions in practice, supported by evidence that incorporates nursing science and based on reflections of patient needs and responses in the provision of safe, effective, quality care and that promotes the health of patients/clients within a family and community.

Patient Centered Care - Recognizes the patient as the central source of control in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.

Professional Identity - Is the embodiment of the nursing role in ways that reflect integrity, responsibility, and ethical practice.

Quality Improvement - Utilizes data and ongoing monitoring of outcomes and processes to design and test changes to the health care system.

Safety - Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.

Quality of Life – Patient quality of life involves promotion of their self-determination, integrity, and ongoing growth as human beings.

Service and Involvement - Service Learning is service-based experiential application of nursing knowledge in real-world situations in which the service benefits the community.

Spirit of Inquiry - The practice of nursing that examines evidence, challenges the status quo, questions underlying assumptions, and offers new insights to improve the quality of care for patients, families, and communities.

Teamwork and Collaboration - Relates to effective functioning within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

E. ORGANIZING STRUCTURE

The content threads represent the program concepts. These threads permeate or weave through the nursing curriculum to integrate the program philosophy, program outcomes, and course semester level objectives. The content threads are identified and defined as follows:

- i. Nursing Process – The foundation of nursing practice; a systematic method of critical thinking used by nurses to provide individualized care. It is a framework for the evaluation of quality care guiding the nurse's ability to solve clinical problems, ethical dilemmas and manage demanding situations. The steps of the nursing process are Assessment, Analysis, Diagnosis, Implementation, and Evaluation.
- ii. Caring – The interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides encouragement, hope, support, and compassion to help achieve desired outcomes.
- iii. Communication/Documentation – The verbal and nonverbal interactions between the nurse and client, the client's significant others, and the other members of the health care team. Events and activities associated with client care are validated in written and/or electronic records that reflect standards of practice and accountability in providing care.
- iv. Roles/Competencies – Customary functions of a nurse including provider of care, coordinator of care; and member of profession within its legal and ethical framework. Upon graduation, the nursing student will be able to demonstrate basic entry level proficiency of these according to the Differentiated Essential Competencies of Graduates of Texas Nursing Programs as Evidenced by Knowledge, Clinical Judgments, and Behaviors established by the Texas BON. (See Appendix A)
- v. Teaching/Learning – The facilitation of the acquisition of knowledge, skills, and attitudes promoting a change in behavior.
- vi. Clinical Judgment – An evidence-based framework to measure clinical judgment and decision making (See Appendix I for National Council of State Boards of Nursing (NCSBN) Clinical Judgment Measurement Model (NCJMM))

SECTION II: PROCEDURES

F. ADMISSION PROCEDURES

10.1 - Admission Requirements

Students wishing to enter the Associate of Applied Science in Nursing Program must also be accepted into Collin College. For information on Collin College admissions please navigate to [Getting Started/Admissions](#). Admission to the college does not guarantee admission to the nursing program.

Admission into the Nursing program is selective and based on available spots. Applications are considered for the fall and spring semesters for the Associate of Applied Science programs (ADN and LVN to RN Bridge). All applications received before the deadline are screened for the selection process. Please refer to the ADN program website, [ADN Program](#) and the LVN-RN program website, [LVN-RN Program](#). Prospective students must submit an application, official transcripts, and official test scores for the ATI TEAS (Test of Essential Academic Skills).

Candidates for admission are required to:

1. Submit a completed application form available on the nursing program website:
ADN: [ADN Program](#) - select Admission requirements.
LVN-RN: [LVN-RN Program](#) - select Admission requirements.
2. Submit official transcripts from all colleges/universities attended to both the Admissions Office and the Nursing Department.
3. Complete the TEAS exam. The required entrance exam for consideration into the Associate of Applied Science in Nursing programs (ADN or VN to RN Bridge) is the Test of Essential Academic Skills (ATI TEAS Assessment) entrance exam. A minimum composite score of 65% is required to be considered for admission. Applicants should register for the exam at <https://atitesting.com>. Payment is made directly to the Assessment Technologies Institute (ATI) Company on-line. Study guides, practice tests, and “Launch: nursing academic readiness program” are available to assist the student to prepare for the exam through ATI. An applicant may take the TEAS Entrance Exam two (2) times between admission deadlines. TEAS exam results are good for one (1) year (12-months) from application submission. Please read the instructions on the website carefully to ensure your test score results will be sent to Collin College. This test may be taken at any official ATI TEAS testing site. Additionally, the ATI TEAS exam is administered at Collin College on set dates and times in the Collin College Testing Center

at the McKinney campus. A non-refundable fee must be paid at the Cashiers office at the Central Park Campus. Please see the Testing Center website for details:

<https://www.collin.edu/studentresources/testing/index.html>;

4. ADN, and LVN to RN candidates must maintain an overall prerequisite GPA (Grade Point Average) of 2.5 or above from all completed college courses applicable to the nursing degree plan including prerequisite courses.
5. ADN and LVN-RN Program applicants must complete Biology 2401 (Anatomy and Physiology I), Biology 2402 (Anatomy and Physiology II), and Biology 2420 (Microbiology) with a grade of "C" or better for the ADN program. The LVN-RN also requires PSYC 2301 (General Psychology). In the ADN program, biology courses are accepted only if taken within five years of the application deadline date. Biology courses do not expire after 5 years for the LVN-RN Program. Cumulative GPA on the three prerequisite courses must be a 2.5 or above for both programs. Applicants can apply with two out of the three prerequisite courses complete; the third prerequisite course must be listed on the unofficial transcript as being "in progress". The course must be complete with a grade before the semester begins. If the "in progress" course is completed prior to the official application deadline date, an updated transcript must be turned in immediately.
6. Provisional admission is granted according to a point system. Points will be calculated according to the specific program Admission Criteria found on the nursing program website: <https://www.collin.edu/nursing/>. Applicants will be ranked by total number of points and available spots in the class. Students are admitted to the Collin College Nursing Program on provisional status pending successful completion of the background check, drug screening, immunizations, and completion of functional abilities/core performance standards.
7. Applicants to the nursing program will be notified by email of their application status within five (5) to six (6) weeks after the deadline, regardless of whether they have been selected or not.
8. For further admission information, please refer to Collin College Nursing Program website at <https://www.collin.edu/nursing/>.

Wait List: The top 10% of Qualified unadmitted applicants whose Admission Criteria scores are passing but are not high enough to make the initial acceptance list, will be ranked and placed on a wait list. Should an initially accepted applicant not continue with the admission process, that applicant will be dropped and replaced with an applicant on the wait list. If a wait-listed applicant is not granted acceptance into the current class cohort, the applicant will be guaranteed admittance to the program the following application cycle.

Unsuccessful Applicants: Applicants who do not meet minimum score requirements on the entrance exam will not be granted acceptance into the program. These applicants can re-take the entrance exam and re-apply to the Nursing Program for future consideration.

10.2 – Program of Study

Collin College recognizes the diversity among students, and the Nursing Division offers two methods by which students may obtain their Associate of Applied Science in Nursing. The Associate of Applied Science Degree in Nursing consists of 60 credit hours and prepares the student to take the national licensure examination and prepare for licensure through the Texas Board of Nursing (BON). Students interested in additional information regarding any of the nursing programs should visit the department's website at <https://www.collin.edu/nursing/>.

Degree Plans for the Associate of Applied Science Degree in Nursing may be found at the following links:

ADN- [ADN Program](#)

LVN-RN - [LVN to RN Program](#)

Upon successful completion of the ADN or LVN to RN programs, students will receive an Associate of Applied Science (AAS) Degree and may be eligible to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN), which is a requirement for Registered Nurses in the State of Texas.

10.3 – Anticipated Costs

The nursing student should anticipate other costs in addition to books, tuition and fees paid to the college for courses taken. Some general additional fees include, but are not limited to:

1. Uniform, scrubs, and/or lab coat (as applicable to the specific program)
2. Collin College Nursing Student I.D.
3. CPR
4. Skills packet and/or medical equipment (as applicable to specific program)

5. Drug testing
6. NCLEX-RN Registration (as applicable to the specific program)
7. Texas State Board of Nursing licensing fee (as applicable to the specific program)
8. Castle Branch
9. FBI fingerprinting and background check
10. Health Insurance
11. Physical exams
12. Immunizations
13. Nursing pin
14. ATI Products (as applicable to the specific program)

Nursing students should contact the Collin College Nursing Division office for the most current pricing information or such information for the current academic year may be posted online at www.Collin.edu/nursing. Special fees and charges may be added as necessary and as periodically approved by the Board of Trustees of Collin College.

10.4 – Criminal Background Checks

Accepted students complete two criminal background checks (CBC):

1. Texas Board of Nursing (TBON)
2. Group One required by the North Texas Consortium of Professional Nursing Programs.

TBON background checks are required, and full admission is contingent upon completion and passing the background checks. The student is responsible for the cost of screening.

TBON Background Check

Background checks for the TBON require fingerprinting by Identigo. An email will be sent to the student by the Texas Board of Nursing. The student must complete finger printing within 10 days after receiving the email. Admission may be denied or rescinded based on the results.

A student with a positive criminal background screen will not be admitted into the program without a Declaratory Order from the TBON confirming eligibility to take the National Council Licensure Examination for Registered Nurses. (NCLEX-RN) after graduation.

GROUP ONE Background Check

The second background check is completed after acceptance to the nursing program through CastleBranch, approximately 30 days prior to clinical. **Group One background checks are required, and attending clinical facilities is contingent upon completion and passing. The student is responsible for the cost of screening.** A student that has a break in their enrollment is required to complete a new background check. A break in enrollment is defined as non-enrollment of at least one semester.

Reporting Arrests

Criminal history information (arrest) that occurs while a student is enrolled in the Nursing Program must be self-disclosed to the Director of Nursing within 48 hours. Students who have any new charges against them should notify the Director of Nursing no later than within 48 hours. Depending on the circumstances of the charge, student access to clinical experiences may be impacted. Failure to disclose information may result in dismissal from the Nursing Program.

A serious violation of any of these verifications may prohibit the applicant from being accepted into the Nursing Program. Under TBON Rule 213.28, the Nursing Practice Act sets out criteria on the eligibility of persons with criminal convictions to obtain a license. The TBON has the legal authority to deny or approve persons to take the licensure exam or to receive a temporary permit if that person has been convicted of a felony, a misdemeanor involving moral turpitude or engaged in conduct resulting in the revocation of probation imposed pursuant to such a conviction. The following criminal history offenses will disqualify an individual from consideration for assignment or placement at several of the clinical sites with which the program is affiliated (disqualifying histories are not limited to this list):

1. Felony convictions
2. Misdemeanor convictions or felony deferred adjudications involving crimes against children (for example, physical or sexual child abuse)
3. Misdemeanor convictions related to moral turpitude (for example, forgery, arson,

prostitution, public lewdness, etc.)

4. Felony deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances.
5. Substance abuse of drugs or alcohol
6. Registered sex offenders
7. Fraud or theft
8. Crimes involving lying, falsification, and deception.

Once required information is attained, it will be provided to those clinical affiliates that request and require it as a part of the affiliation agreement. This information will not be shared with other clinical facilities, persons, employers, or school officials unless the student has given prior consent. Students will sign the Consent for Release of Information form to enable CastleBranch to conduct the criminal background check. Failure to do so may result in an inability to attend classes and/or clinical experiences which could result in being unsuccessful in the nursing program. **If a student is found ineligible for licensure as determined by the BON, or has a stipulation with their license, they will be dismissed from the Nursing Program.**

10.5 - Declaratory Order of Eligibility:

The mission of the Texas Board of Nursing (TBON) is to protect the public from harm. As the regulating body for nursing in the state of Texas, TBON will perform a criminal background check on all initially accepted and wait-listed applicants. Please reference the Texas State Board of Nursing website for further information.

- Acceptance into the LVN to RN bridge nursing program is contingent on the student completing a background check and possessing a valid Texas license with no stipulations from the Texas Board of Nursing.
- Acceptance into the ADN nursing program is contingent on the Texas Board of Nursing FBI criminal background check. The student will receive an email from Identogo.com with a notification to complete the FAST Pass background check and fingerprint requirements. Once the FAST Pass is received, the student should complete the process immediately; see procedure 10.4 Criminal Background Checks for additional information.

Before the student will be permitted to begin any nursing classes, a copy of their 'Blue Card' or declaratory order (see below) must be uploaded and on file in the nursing office. If not received

before the paperwork deadline, the student will forfeit their slot in the Collin College Nursing Division and will be required to re-apply.

Note, the nursing department has no authority to act on a student's behalf regarding obtaining the 'Blue Card' or declaratory order. The petitioning individual or the BON may amend the petition at any time before a final determination is made. It may also be necessary for the Board to investigate the petition and the individual's eligibility for licensure.

If the board approves an applicant under BON rule §213.27 a "blue card" or other method of notification by the Texas BON will be issued to the student for admission. The blue card will only be valid through Collin College for one year if a student reapplies to the Nursing Program. Contact the Texas Board of Nursing (TBON) at www.bon.state.tx.us for information regarding eligibility. Should the student have a criminal event in their background that requires the BON to investigate further the student will need to begin the process of Declaratory Order of Eligibility. BON rule §213.30 Declaratory Order of Eligibility for Licensure is a process that must be completed by the student if required by the BON before admission into the college's Nursing Program. The DOE (Declaratory Order of Eligibility) process can take three (3) to six (6) months for the TBON to investigate and complete. Failure to complete this process will result in barring the applicant from admission into the Nursing Program. Without clearance from TBON, applicants will not be admitted.

10.6 – Substance Abuse Procedure

The Nursing Program requires a drug test prior to enrollment. Occasionally, random drug tests and/or "for cause" drug screens will be conducted if indicated by observation of student behaviors. If a student has a non-negative drug screen result, the student will be reported to the Dean of Students for a Violation and will be dismissed from the Nursing Program. Additionally, students will be reported to the Texas State Board of Nursing as required by the Nurse Practice Act. Students are encouraged to take responsibility for self-reporting and self-referral for inappropriate substance use.

Hospitals and agencies frequently require educational facilities to provide written

documentation indicating students have been screened for and are free of drugs. The reason for this is the concept of due diligence and the competency assessment of all individuals whose assignments bring them in contact with clients or employees at the clinical sites. Specific nursing interventions requiring critical- thinking and decision making can be altered by the influence of chemical substances. The safety of self and others is always foremost. Competency not only refers to an individual's technical skills; it also refers to an individual's health status.

Drug Screening Procedure

The student will:

1. Sign Consent to Drug Testing and Authorization for Release of Test Results **prior** to admission to the Nursing Program.
2. Submit to a supervised drug screen in the first semester and again in the third semester during the nursing program.
3. In addition, at the sole discretion of the Nursing Program, there may also be random drug screenings of students in each semester throughout the program. The screening may be conducted on campus or through an outside vendor.
4. Once a drug screen is announced, whether it is routine, random or "for cause "as defined in Section 10.7, if the student leaves the immediate presence of faculty, staff or administration escorting students to the testing environment, results will be treated as a **non-negative** for that individual and the student may be dismissed from the program. If a student refuses to partake in the drug screen when requested, this will be treated as a non-negative result.
5. Incur the costs associated with the Substance Abuse Panel 10 (SAP 10) or equivalent test. Once informed of the test, students will have 48 hours to pay on Sur Scan's website.
6. Be assured a Medical Review Officer, who specialized in the interpretation of questionable results, will review all non-negative drug screen results. The students will bear the extra costs incurred with this requirement if needed.
7. Be assured strict confidentiality will be maintained regarding the outcome of the test.
8. Be exempted from payment of the costs associated with screening if the student can demonstrate a financial hardship. All requests for a fee/cost waiver must be

- submitted to the Dean of Nursing at the start of each semester and before the drug screen.
9. Non-negative test results may deem the student ineligible for admission or continuance in the Nursing Program.
 10. Students admitted to the Nursing Program may be subject to future drug screens in the event “for cause” (suspicious behaviors) are demonstrated in the classroom and/or clinical areas, including service-learning locations. (See Procedure 10.7 “*For Cause*” *Drug Testing Procedure* for additional information.)
 11. Students who test non-negative in drug screening will be dismissed from the program, referred to a substance abuse program and be reported to the TBON.
 12. Students removed from the program due to a non-negative result may re-apply for the Nursing Division one (1) year and one day after exiting from the program. After the waiting period has expired, the student must provide, at the student’s expense, a negative drug screen 30 days prior to reapplying. Furthermore, the student must provide documentation from the Texas Board of Nursing stating the student is eligible for the NCLEX-RN, be in good academic standing and be in good standing with the Dean of Students. Upon validation of completion of a recognized/accredited substance abuse program/counseling and negative drug testing, a student in good academic standing from previous admission will be allowed to re-enter the nursing program, pending compliance with other applicable student handbook procedures.
 13. Students who test non-negative and/or declare a current or prior history of substance abuse will be required to submit a declaratory order to the Texas Board of Nursing. The cost is borne by the student; see the BON website for additional information. If the Board deems the student ineligible for licensure in the State of Texas, the student will be dismissed from the nursing program. (See Procedure 10.7 “*For Cause*” *Drug Testing Procedure* for additional information.)

10.7 – “For Cause” Drug Testing Procedure

The term “for cause” or “reasonable suspicion” drug testing indicates the student demonstrates behaviors consistent with reasonable suspicion of the use of illegal drugs, alcoholic

beverages, inhalants, or substances. These behaviors may put the student and/or others at risk for harm. Faculty will follow the procedures outlined below if a student is reasonably suspected of violating the Collin College **Student Code of Conduct and/or Substance Abuse Procedure for Nursing Students**:

1. For purposes of this procedure, suspicious behavior includes, but is not limited to, a combination of behaviors such as slurred speech, unsteady walk, sleeping during class or clinicals, excessive absenteeism, bloodshot eyes/dilated pupils, unexplained outburst, or difficulty with basic tasks such as focus/concentration, or sudden decline in performance in the program.
2. If suspicious behavior is observed, a faculty or staff RN must immediately be summoned to witness the suspicious behavior.
3. The student will be immediately removed from the classroom or clinical site pending further investigation.
4. The faculty member will discuss suspicious behavior with the student and will advise him/her of the need for immediate drug testing. All students will sign a copy of the *Consent to Drug Testing* and the *Authorization for the Release of Test Results* during orientation and it will be placed in their student file; it will remain valid for the duration of the student's enrollment the Collin College nursing program).
5. The incident will be reported promptly to the Dean of Nursing and the Director of Nursing or designee.
6. The faculty member will document the student's behavior in writing, including a review of the incident or pattern of incidents and behavior that contributed to the conclusion reasonable suspicion existed to conduct the "for cause" drug testing. The faculty member will also identify any other witnesses who observed the suspicious behavior.
7. The Medical Review Officer will be contacted by the faculty member for further instructions on specimen procurement.
8. Any student under the influence of mind-altering substances will not be permitted to operate a motor vehicle. Appropriate transportation will be secured at the student's expense.

9. Pending the findings of the drug testing, the student will be suspended from all clinical sites. Following review of the drug screen results, final recommendations will be made by the Director of Nursing regarding the student's ongoing participation in the Collin College Nursing Division.
10. If a non-negative result is found, the student will be reported to the Director of Nursing.
11. Non-negative results are also reported to the Texas BON as required by the Nurse Practice Act Sec. 301.404.
12. Confidentiality will be maintained throughout the process.
13. In the event any actions are contested by the student, the faculty member and the Dean of Nursing and Director Nursing or designee will make a report to the Collin College Dean of Students.

10.8 – Progression and Graduation

The Nursing Program follows the graduation or attainment criteria set forth in the Collin College Student Handbook **in addition** to the following:

The ADN and LVN to RN curriculum for the Nursing Program is organized so a student must satisfactorily complete all nursing courses and designated support courses at a given level before progressing to the next level. In addition, BIOL 2401, BIOL 2402, and BIOL 2420 must be completed prior to beginning the Nursing Program. Life Span Psychology (PSYC 2314) must be completed with a "C" or above; it may be taken concurrently with or prior to semester level 4 courses, but not after. These prerequisite courses must be completed with a "C" or above to progress, as well as having a minimum of a 2.5 GPA on prerequisite courses.

Each candidate for the Associate of Applied Science degree in Nursing from Collin College must complete a minimum of 60 credit hours, of which 15 credit hours must be taken at Collin College. The student must complete Collin College graduation requirements for the A.A.S. degree. Please refer to the college calendar for the filing deadline date for graduation.

After graduation, the nursing student is a graduate nurse (GN) and is eligible to take the National Council for Licensure Examination (NCLEX) once they have received the Authorization to Test. Completion of the Nursing Program of study does not guarantee state licensure or

employment in the field of nursing.

All ADN, and LVN to RN program courses must be taken sequentially. To progress to the next or sequential nursing course, a student must earn a "C" or above in any nursing course. Please see individual course syllabi for more specific criteria on points required on exam average only to progress to the next semester. Furthermore, for the ADN or LVN to RN student, when the overall clinical grade is comprised of two separate clinical rotations, the student may progress to the second clinical rotation for that course only if the clinical objectives for the first rotation were satisfactorily met, and clinical average of 70% with the addition of other assignments.

The nursing student who fails to maintain a minimum grade of "C" in any nursing course may not proceed to subsequent nursing courses until the failure is removed. ADN and VN to RN students failing to successfully complete a Skills Clinical Scenario within three attempts in the program may not proceed in the Nursing Program and will be dismissed from the nursing program.

Additionally, students who do not successfully complete Math Mastery at 90% and Pharmacology Proficiency at 80% within three attempts, as required per level course syllabi, cannot proceed, and will be dismissed from the Nursing Program. If the student does not initiate academic withdrawal from the course, they will receive an "F" in the respective course.

Academic success is only one requirement for progression in the nursing program. The student must also give evidence of satisfactory standards of personal and professional behavior as mandated by the general behaviors and content behaviors of the clinical evaluation form found in the respective clinical syllabi as well as the Student Code of Conduct in the Collin College Student Handbook. Discussion about students having academic and/or clinical difficulties will be addressed by the Director of Nursing. Recommendations from the Director of Nursing will be communicated to the student.

10.9 – Readmission Procedure

Readmission (within 12 months after departure)

The Nursing Division follows the criteria set forth in the Collin College Student Handbook in addition to the following:

Students are removed from the Nursing Program if: (1) they withdraw or leave Collin

College; (2) they withdraw or are removed from the Nursing Program; or (3) if they do not pass a nursing course with a grade of "C" or above. In the event of any of these circumstances, the student has the option of applying for readmission (only once) with strict adherence to the following criteria:

1. The student remains in good standing with Collin College
2. The exit interview process with the Director of Nursing has been completed and the required exit interview forms are submitted.
3. If they write a letter of success indicating what steps the student is committed to follow in order to be successful and submit it to the Director of Nursing.
4. An application for readmission into the program is on file in the student's records.

Readmission is considered on a space available basis.

Students who fail a nursing course because of unsafe clinical performance are **not eligible** for readmission and will not be considered as a candidate for readmission. Otherwise, readmission to the ADN and LVN to RN program is per availability and by faculty and Director decision.

If the decision to readmit is made, the student is readmitted at the level where the student was not successful.

Readmission will be considered the student's second admission into the Nursing Program. Readmission occurs only once. If the student withdraws or fails again after readmission, they are **not eligible** for another admission into the nursing program.

Appeals for readmission can be considered by the Dean of Nursing and a committee of nursing faculty. An appeal is available and may be granted only if extenuating circumstances exist.

Readmission (more than 12 months after departure)

If a student is requesting readmission into the ADN or LVN-RN nursing program after an absence of 12 months or more, the student will be considered as a new admit entirely. If they meet the current criteria for admission/readmission, they may be admitted into the Nursing Program as new students. In such cases, the student will only be eligible for readmission to the program once. If the student cannot complete the program upon readmission, they will be ineligible for second readmission. Readmitted students who previously

had been on any type of contact counseling do not remain on the counseling contract, but a new counseling contract must be initiated if applicable or needed.

10.10 – Adding or Dropping Courses

Students should review the *Withdrawal Policy* in the Collin College Student Handbook for information before initiating any course withdrawal. A nursing student should contact the Director of Nursing or a faculty member before initiating a drop or withdrawal from any nursing course, as this will likewise drop the student from the Nursing Program entirely.

To be eligible for readmission to the program, the student must have a **mandatory** exit interview with the Director of Nursing. See *Readmission Procedure 10.9* for specific details.

A student who discontinues class and/or clinical attendance and does not officially withdraw from the course will receive the earned grade for the course and may impact their ability to remain in or be readmitted to the Nursing Program. See College wide handbook for withdrawals.

10.11 – Transfer to Collin College from Other Colleges/Degree Evaluation

Transfer of credits is subject to the district policies and procedures as outlined in the Collin College Catalog. Credits are evaluated by the Collin College Admissions Office. The process may take up to four (4) to six (6) weeks to complete. Students can view academic requirements via Collin College website at <https://collin.edu> and through the Collin College Catalog at: <http://www.collin.edu/academics/pdf/2023-2024%20Collin%20College%20Catalog.pdf>.

Reviewing Degree Plans

Logging-in to Collin College email will require the student's college-wide identification (CWID) and PIN numbers. Once logged in, go to the Student Quick Links. In the 'Student Quick Links' section, choose 'Degree Audit.' Select a credit semester using the drop-down list. Once selected, the student will see the specific degree plan being followed. Click on '*Generate Degree Evaluation*' to view completed credits. ALL coursework must be completed by the last semester of the student's specific degree program.

Transfer into the ADN Program

Students wishing to transfer into the Nursing Division ADN program must meet the following criteria:

1. Apply for admission to Collin College (see Collin College Student Handbook for additional information).
2. Have attained a cumulative GPA of 2.5 or above on a 4-point scale.
3. Have attained a cumulative GPA of 2.5 or above on the three prerequisite courses (BIOL 2401, BIOL 2402, BIOL 2420).
4. Be in good standing in the last nursing program they attended.
5. Successfully completed the ATI TEAS Assessment for the ADN program.
6. Have completed courses appropriate for the program transferring into with a grade of "C" or better in the last 5 years from time of desired admission. Biology courses completed at other institutions must be equivalent to BIOL 2401 and BIOL 2402 at Collin College.
7. Have completed Anatomy and Physiology I, II, and Microbiology with a grade of "C" or above. The Microbiology course must be equivalent to BIOL 2420 at Collin College.
8. Have official copies of all college transcripts on file with the college.
9. Official course descriptions of all nursing and support courses from the college catalog(s) where the student completed these courses.
10. Have completed an application for the nursing program on file with Director of Nursing.
11. Two letters of recommendation by the dean, director and/or faculty of the previous program.
12. Nursing course syllabi from the previous institution may be requested to consider proper placement within the nursing program.

All students accepted for transfer into the ADN program must successfully demonstrate proficiency in completed theory courses by passing a comprehensive examination with 70% proficiency on the first attempt.

Any student accepted for transfer to the ADN program is required to complete all skills at a 90% proficiency to the point of admission with a maximum of two attempts before beginning

the semester. The student is required to have remediation between each attempt.

If the student is unsuccessful on the second attempt, with two faculty observing, the student will be ineligible for admission to the program.

ADN transfer students must demonstrate proficiency in all the following skills in semester one before advancing to semester two. Physical Assessment, Use of the Glucometer, Administration of Medications, Sterile Dressing Change, Insertion & Removal of a Nasogastric Tube, Insertion & Removal of a Foley Catheter, Insertion & Removal of an Intravenous Catheter.

Transferring students into the ADN Nursing Program is considered only on a space available basis.

The Dean of Nursing reserves the right to deny or accept transfer students into the Nursing Program considering the above criteria. Likewise, students are admitted to the Collin College Nursing Division on provisional status pending successful completion of the background check and drug screening. To be considered a nursing program graduate, a student must complete at least three semesters of the program at Collin College.

10.12 – Transferring to Other Colleges from Collin College

Students planning to transfer to a college or university should check with Collin College academic advisors and are encouraged to check the degree requirement of the intended transfer college prior to beginning this program to verify course degree applicability.

Students completing their ADN degree at Collin College now have the option to continue their education and obtain a Bachelor of Science degree in Nursing (BSN) at Collin College. The BSN program can be completed online. Program progression is flexible to accommodate a full-time work schedule. Students interested in obtaining their BSN degree through another accredited program should contact the RN to BSN director.

10.13 – Scholastic Dishonesty

Nursing faculty may initiate disciplinary proceedings against a student accused of scholastic dishonesty and will follow the Collin College Student Handbook concerning scholastic dishonesty.

The following process will be followed if a student is suspected of scholastic dishonesty or displays unacceptable professional behavior.

1. An incident report will be filed with the Dean of Student's Office.
2. Once the case has been adjudicated by the Dean of Student's Office, the faculty member who submitted the report will be notified as to whether a violation of the Student Code of Conduct occurred.
3. If the student is found responsible by the Dean of Student's Office of violating the Student Code of Conduct, a **zero** for the clinical day/assignment/ test/project will be given in addition to any other penalties assessed by the Dean of Student's Office.
4. The student will also be required to appear before the Director of Nursing. The Director's duty will be to reiterate the consequences of the students' actions.

10.14 – Expulsion from Nursing Program

Misconduct by a student or failure to follow the procedures and requirements outlined in this Nursing Program Student Handbook may lead to expulsion or removal from the Nursing Program.

Grounds for Expulsion/Removal from Nursing Program

The grounds for expulsion or removal from the Nursing Program are listed below and include, but are not limited to:

1. Falsification and/or alteration of records for patients, clinical site, Collin College, or of any other records.
2. Representing self as any person other than a Collin College Nursing Program student to gain access to secured resources intended for clinical site or faculty/instructor uses.
3. Substantiated complaint from any faculty or clinical site of unsafe behavior.
4. Substantiated complaint from any faculty or clinical site of a student's unprofessional conduct or of the student's violation of Section 10.25 (or the Civility Contract).
5. If the student is found responsible for a second scholastic dishonesty during the remaining period of their enrollment in the Nursing Program.

10.15 – Providing Student References

The Nursing division has developed this procedure when writing letters of reference.

1. A student must sign a release form which will allow nursing faculty to give information to nursing service, personnel manager, or any other letter of reference requested. This release form will become a permanent part of the student's file. The student may request the form be removed from the file at any time. Without a signed consent form, no information other than directory information such as name, address, telephone number, degree received, and date of graduation may be given. (See Credential File Request Form).
2. **ALL** faculty requests for letters **MUST** be in writing. If requesting reference from multiple faculties, each faculty member should receive a separate Request Form.
3. It is expected the student will obtain consent from a faculty member prior to any written recommendations.
4. Information given can come from grade reports, clinical evaluations, and the final summary.
5. Faculty giving the information should document the name and the position of the person requesting/receiving the information and record in the student's file.
6. A summary letter should be mailed to the person who requested the information on nursing letterhead. A copy should be retained for the student's file.
7. Faculty who receives forms to complete for reference purposes on a student should make a copy of the completed form for the student's file.
8. References by telephone are strictly prohibited. Student information should never be shared by phone, particularly with an unknown caller.
9. Students should request the letters a minimum of two weeks before they are needed.

10.16 - Minimum Course Requirements:

A grade of "C" or better in each nursing course is necessary to progress in the nursing program. Grades lower than 70% are considered failing. Grades are determined by the following:

ADN and RN to BSN Grading Scale

Score	Grade
90.00 - 100	A Outstanding performance
80.00 - 89.99	B Above average
70.00 – 79.99	C Meeting expectations
Below 69.99	F Fails to meet expectations

There will be no rounding of unit examination grades or the comprehensive and/or final examination grades. All grades achieved by the student will be recorded as earned, i.e., 80.12, 69.91, etc. The final course grade will reflect the earned grade achieved. A final course grade of 70.00 or above is required to pass a nursing course.

G. CLASSROOM, CLINICAL and TESTING PROCEDURES

10.17 – Class Attendance

According to the Collin College Student Handbook, class attendance is expected of all students and the policy is set by each class professor. However, the nursing department has adopted a division wide policy that attendance is **required for all nursing classes. Excused absence requests should be submitted to the level Discipline lead, the Clinical Coordinator, and the Director of Nursing in writing prior to the absence or as soon as possible in emergency situations.**

When a didactic class is missed, the student is responsible for all content delivered. Learning Activity points are only awarded if the student is present face to face and completes the assignment on time. There will be no make-up for Learning Activity points. If a student has 18% - typically 3 class absences, contact counseling will be given. Any further class absences will be reported to the Director and can lead to further disciplinary action, up to and including, dismissal from the Nursing Program.

10.18 - Tardiness

A student is tardy if not seated and ready for class at the time class is designated to start or if the student chooses to leave before dismissal time. If a student is tardy twice, this equals one absence. If a student receives a total of 18% - typically 3 class absences (including those resulting from tardiness), contact counseling will be given. Any further class absences will be reported to the Director and can lead to further disciplinary action, up to and including, dismissal from the Nursing Program.

10.19 - Late Assignments

Failure to complete written assignments by the stated date and time (given in writing), as delineated by the clinical or course instructor, will result in a **deduction of 15 percent off the assigned points per day**. Learning activity points are only awarded if the student is present face to face and completes the assignment on time. There will be no make-up points for learning activities. Papers graded on a Pass/Fail basis, which do not meet the stated criteria, will result in an alternate assignment as competency in the clinical setting must be demonstrated.

10.20 – Examination Periods

The Nursing Program utilizes computerized testing, and students take all exams on campus at the assigned location or at the Testing Center if approved on exam dates. The course calendar reflects the date and time of each examination period, including time for exam review (if applicable). Please refer to the course syllabus and semester calendar for specific examination information. Validations and Capstones are considered exams. If an exam is missed, the make-up exam must be taken within one week of returning to classes (refer to the Make-Up Examination procedure 10.21). Students who may be absent **must** notify faculty per Collin College email prior to the start of an examination to be eligible for a make-up exam. Students who do not timely provide written notification may not be allowed to make up for the missed exam. The following procedures will be followed for exams.

- Exams begin promptly at the scheduled time.
- Students are expected to be seated and prepared to begin the exam at the scheduled time. So as to avoid exam disruption to others, students who arrive 15

minutes after the start time of the exam may be denied entrance to the exam (Make-Up Examination procedure 10.21 found in the Nursing Division student handbook).

- During exam periods, students are not allowed to have any personal belongings such as bags (book bags, backpacks, satchels, purses, etc.), notebooks, books, cell phones, smart watches, or other personal technology devices around the desk.
- Students are permitted a drink/beverage, one writing utensil, and faculty provided scratch paper only. (Any items left at the desk are subject to inspection and approval by faculty.)
- Students are not permitted to use any type of ear/ headphones or earbuds during exams. For noise cancellation during exams, students are only allowed to use foam ear plugs.
- Coverings, such as caps and visors, or hooded shirts are not allowed during exam periods except if approved in writing in advance of the exam, as accommodations for religious or disability-related reasons.
- All personal belongings are to be left against the wall of the classroom. For this reason, students are discouraged from bringing these items to class.
- Students are not allowed to keep any testing materials or scratch paper at the completion of the exam. All papers should be submitted to the exam proctor prior to exiting the classroom.
- Backwards navigation is allowed in all semesters of the nursing program except level 4.
- **Students are responsible for validating answer selections prior to exiting the exam.**
- Students must ensure answer files are uploaded prior to logging off the computer.
- After a student completes an exam, they are required to leave the classroom, exit the room at the closest exit, and move to other areas of the building where noise levels will not be a distraction to the remaining test takers.
- Official exam grades are available after an exam analysis is completed by faculty. Students can review the exam with their advisor during faculty office hours, or by appointment.

10.21 – Make-Up Examinations

During each semester, a student may take only **one make-up examination** for a valid excused reason such as:

1. Illness of the student
2. Death of an immediate family member or relative
3. Extenuating circumstances such as a family emergency, and/or
4. Any other basis approved in writing by the Dean of Nursing.

Extenuating circumstances will be evaluated on an individual basis. A second make-up exam will be administered following a review of circumstances and approval by the Dean of Nursing.

A make-up exam may not be identical to the one missed and is at the course faculty's discretion. The student will schedule the make-up exam within one week with the testing center and notify the level discipline lead of date to be taken.

10.22 - Exam/Test Review

There are two types of test reviews, one is given through the testing software immediately after the test is submitted. Another is an optional group test review at the course faculty's discretion. The following procedures for the optional test review of unit exams and/or finals exams are as follows:

1. Rationales are available to students immediately after exam completion through the exam software.
2. Exams/tests/assessments containing copyrighted material (i.e., ATI assessments) are not reviewed.
3. The length of exam/test reviews are at the course faculty's discretion.
4. Testing mode remains in effect during a test review; no personal belongings (i.e., cell phones, smart watches, papers, personal calculators, etc.) in the testing environment. Permitted paper and/or calculators will be provided by the faculty.
5. Repeating students can only meet with nursing administration to review coursework from

a previous semester. Course faculty may not review or discuss exams taken in a previous semester/enrollment.

Testing software review policy is as follows:

1. After completing the test review, the student must ensure his/her answer files have been uploaded to the testing software before logging off the computer and shutting down.
2. Before collecting personal belongings and exiting the testing area, the student will remain seated until the computer shuts down.
3. Once the computer has been shut down, the student will return the college computer, if applicable, with all the cords in the designated bag and return them to the designated storage device. The student may then collect personal belongings and exit the testing area.
4. If the student is using a personal computer, the student must shut down their computer once the exam upload is complete. The student may then collect personal belongings and exit the testing area.
5. A student who disagrees with the correct answer on an exam item may submit their concern in the following manner:
 - a. The student may write a concern about an exam item(s), along with the item ID number as shown in the rationale in the testing software, and their name on their faculty-issued exam scratch paper.
 - b. The scratch paper must be submitted before leaving the testing environment.
 - c. The course faculty will review each of the exam item comments received on the exam scratch paper.
 - d. Within 5 academic days from the posting of grades, students may submit a written rationale to the professor of the content for each test item and provide citations from the required course materials as evidence for their request. After five academic days from the test date, requests will not be accepted and will not be reviewed.
 - e. Should faculty decide to give credit, adjustments will be made to all exams accordingly.

Students who score less than 70% on an exam are highly recommended to attend tutoring in the Nursing Tutoring Center (Room A104) for a continued plan of action. Any faculty member can recommend attending tutoring for any exam or assignment. Students will need to make an appointment prior to attending. Students requesting readmission to the program may be required to attend tutoring sessions for 1 hour per week for the semester as a condition of readmission.

10.23 – ATI Testing

ATI testing requirements vary across the nursing program and courses. Please refer to the specific nursing program section and/or course syllabus for details.

1. ATI Testing is a mandatory portion of the Collin College Program. The students must complete the assigned ATI proctored assessments on campus on the scheduled date and time per course syllabi.
2. If a student scores below the semester specific benchmark on any of the ATI Testing modules/assessments, the student will be required to complete mandatory remediation.
 - a. Remediation will consist of reviewing the appropriate individualized focused review generated by ATI.
 - b. Semester specific benchmarks are outlined in the syllabi for the students' corresponding program, semester, and course.

10.24 – Clinical Skills Validation Procedure

1. Clinical scenarios are designed for validation of clinical skills and evaluation of proficiency; they are graded and part of the skills course final grade average.
2. The student is expected to demonstrate each skill at a level of proficiency. If the skill is not successfully demonstrated at the proficiency level, remediation will be required to successfully master the skill. Students who are unable to demonstrate proficiency will not be able to perform the skill in clinical until they have successfully demonstrated proficiency and will potentially jeopardize their clinical grade.
3. Students have only three (3) opportunities to successfully master the skill. The 1st attempt and 1st remediation of the clinical scenario will be scheduled and graded by

one faculty member. A third attempt or 2nd remediation of the clinical scenario will be graded face-to-face by two (2) faculty members. Failure to succeed after the third attempt will result in the student being unable to meet the course's objectives, and dismissal from the program will be required. Upon dismissal from the Nursing Program, the student must withdraw from all courses, or a letter grade of "F" will be assigned to the student at the end of the semester.

10.25 – Civility Requirements

An expectation of every student accepted into the nursing program is to maintain civility in all encounters with college staff/faculty, peers, patients, and others in the community. Encounters include any interaction with others, both on and off Collin College property, in and out of the classroom setting, and off campus learning environments such as clinical and service-learning sites. These interactions include face-to-face encounters, as well as telephone communication, or using electronic devices, such as email, text messaging, or the internet (including, but not limited to, social media).

At the beginning of every semester, during orientation, every student will receive and sign a civility statement. The civility statement will be effective and enforced the entire time the student is enrolled in the Collin College Nursing Program. The civility statement is found in Appendix H. Those students who have any questions or concerns about the civility statement should consult with the Nursing Director prior to the start of the Program.

Collin College Nursing Department Student Civility Statement

Civility is behavior that shows respect toward another, causes another to feel valued, and contributes to mutual respect, effective communication, and team collaboration. Our primary commitment is to learn from faculty and from each other. We acknowledge differences amongst us in values, interests, and experiences. We will assume people are always doing the best they can, both to learn the material and to behave in professional ways. By sharing our views openly, listening respectfully, and responding critically to ideas, we will all learn.

Failure to comply with the civility statement will lead to disciplinary action as noted.

First Offense: Verbal Warning

Student and faculty meeting to discuss the incident; the meeting will be witnessed by another faculty member. The Director of Nursing will be notified in writing by the faculty member initiating the meeting of situation and notation of the meeting and verbal warning will be made in student's file along with other documentation as needed. The faculty member and/or the Director of Nursing or designee may opt to recommend the student seek specialized assistance, (i.e. Counseling) if appropriate.

Second Offense: Written Warning

For a second offense involving the same or similar conduct in violation of the civility statement, the student and faculty will meet to discuss the incident; the meeting will be witnessed by another faculty member. The Director of Nursing will be notified of the situation in writing by the faculty member initiating the meeting via the student incident report. A copy of the written warning will be placed in the student's file along with any other documentation as needed. The faculty member and/or the Director of Nursing or designee may opt to recommend the student seek specialized assistance, if appropriate. Additionally, an appropriate assignment or project may be arranged so the student will have the opportunity to observe and learn specific, valued human behaviors related to his or her own conduct, which led to disciplinary problems and action, e.g., an essay on incivility or related topic. Additional violations related to student civility will be directed to the Dean of Students after two offenses to determine further outcomes. Prior violations and actions taken by the department will be forwarded to the Dean of students when reporting the third violation. Some situations may result in a referral directly to the Dean of Students office.

See Appendix H for civility contract and student responsibilities.

10.26 – Dress Code and Personal Appearance

Students attending the nursing program at Collin College must be well groomed and reflect a professional image when in uniform or street clothes (where allowed or required in specific clinical settings). Procedures must be strictly enforced to remain in the clinical setting.

Dress Code

1. The Nursing Division approved student uniforms must be purchased through the Collin College bookstore and received ready to wear prior to clinical attendance (see course syllabus for specific dates and deadline for uniform purchases).
2. Students are not allowed to mix and match the scrub top with white jeans or corduroy slacks.
3. Approved Maternity uniforms are also available through the Collin College bookstore.
4. White uniform or duty shoes that are water resistant are to be worn with the Collin College nursing uniform; shoes should be clean, closed (no clogs, non-mesh), and have solid white shoelaces (if laced) always.
5. A Nursing Division approved scrub jacket or white lab coat may be required in some clinical areas.
6. While in Collin College uniform, students are to wear plain white socks that cover the ankles; may wear white, non-design support hose or support knee-hi stockings (with scrub pants only), if desired.
7. Program-approved picture IDs designating the student as a nursing student must be purchased during the first or second week of school; IDs must be worn each clinical day and must be easily visible above the waist. It is the student's responsibility to replace a lost ID promptly. Students will not be allowed access to patient charts without proper identification. Students must arrange replacement IDs through the Director of Nursing.
8. Students are expected to be in complete uniform during the clinical day. This includes a watch with a second-hand, student ID and a lab coat if needed.
9. Solid white undershirts may be worn under uniform top, but sleeves must be tight on the arm; Undergarments must not be visible through the uniform.
10. Students must comply with clinical dress code expectations in the lab, with the exception of Collin College scrubs and white shoes (may wear any color scrubs and any close-toed shoes). Students must be in Collin College uniform for all skills validations. Students can wear a Nursing Division-approved scrub jacket or white lab coat. The student may choose to wear a Collin College clinical uniform in the skills lab

instead of solid scrubs.

Personal Appearance

The Nursing Program prepares our students for the dress code and grooming expectations that many clinical settings have in place for their employees. In preparation for meeting those expectations, the following requirements are expected. Absent an approved accommodation, the following apply:

1. Hair is to be clean, neat, and well groomed. Shoulder length hair or longer must be pulled back behind the ears and secured completely off the neck in a bun. Hair should be kept off the face and in no way obscure vision. Distracting or unprofessional hair accessories including hair colors should be avoided.
2. Beards and mustaches must be neatly trimmed and well groomed.
3. Nails should be clean and short in length. Nail decorations, artificial nails, or tips, and/or polish of any kind may not be worn.
4. The only acceptable jewelry to be worn to the clinical area will be wrist watches (wedding band or ring, and/or post-type pierced earrings (non-hoop, non-wire, non-dangling). No clip earrings over 1/4" in diameter are worn during the clinical experience. For safety reasons, no other body piercing jewelry is allowed while in the clinical setting. Students with ear gauging are required to wear solid gauge plugs. The color of the plugs should be either clear or flesh and free of any designs or markings.
5. All tattoos must be appropriately covered and may require an undershirt to be worn with the uniform; see faculty for additional information on approved covers.
6. When assigned to surgery, recovery room, labor and delivery, or newborn nursery settings, students may be required to wear hospital issued scrubs. Students should come attired in Collin College uniform and may change into scrubs at the hospital as hospital policy dictates.
7. When attending a professional seminar, conference, or meeting, students should reflect a professional business appearance in their attire; blue jeans will not be worn.
8. Beepers, cell phones, Smart watches and any other personal technology devices are

prohibited in clinical settings; students should refer to faculty clinical expectations for specifics to their clinical site. When permitted, electronic devices should be placed on silent or vibrate (per hospital policy) during the clinical hours and are to be used for emergency purposes only.

9. Agency-specific dress code policies/procedures will be adhered to and may override the Nursing Division dress code procedure. This primarily applies to Mental Health and Pediatric nursing rotations.
10. Students must have a professional appearance that is neat, clean, odor and scent free (including but not limited to cigarette smoke, cologne/perfume, and scented lotions). Chewing gum is not allowed in any clinical setting.
11. Students who need to request accommodation for religious or disability reasons should submit the request prior to the first day of classes in writing to the Director of Nursing for approval.

10.27 - Communicating with Faculty and Staff

The faculty support the students as they learn and grow through the wide variety of experiences here at Collin College. However, faculty and staff have many other responsibilities that extend beyond the classroom and clinical areas. Therefore, certain things should be kept in mind when communicating with the faculty.

1. Faculty mailboxes can be found in the nursing office in the Cary A. Israel Health Science Building at McKinney Campus. Clinical assignments should be submitted according to the instructions of the individual clinical faculty. Paper submissions will be placed in a manila envelope (provided by the student) with the student's and instructor's name on the outside, when applicable. The envelope will be time stamped in the Nursing Office and placed in the appropriate bin for distribution to faculty by the nursing office staff.
2. Do not leave papers on a faculty's desk without the faculty being aware of it.
3. Utilize faculty office hours for discussion of classroom and clinical matters.
4. Do make appointments as necessary to discuss class or clinical concerns. Faculty usually make their own appointments.
5. Do not call faculty at home. Clinical absences should be reported in compliance with

procedure 10.33 – Clinical Expectations. Otherwise, leave messages via the Nursing Department at (972) 548-6772.

6. Communication with faculty should be through Collin email or Canvas, not through personal email or texts.
7. Do not slide paper under locked office doors. These can easily be mistaken for trash and thrown away.
8. The Nursing Department, faculty and lab office telephones are not for student use.
9. Faculty and staff should be addressed as, "Professor," "Mr.," "Mrs.," "Dr.," "Ms." or "Miss". First names should be avoided.
10. Office hours are posted and available for communicating with the instructor.
11. The procedure of the Nursing Division is faculty will not expect or accept gifts of any value from students during their enrollment.

10.28 – Grievance/Appeal Procedure

The intent of the Nursing Division is to be fair and reasonable with students always, and nursing faculty maintains an “Open Door” philosophy. Occasionally, problems may develop between a faculty member and a student or among students. In keeping with the procedure of Collin College, students are urged to bring problems to faculty rather than to triangulate communications or discuss problems with others who cannot address the concerns. Discussing issues with peers will not address a resolution to the grievance.

The purpose of the “Open Door” philosophy is to eliminate dissatisfaction and resolve problems so a positive and productive teaching-learning environment can be maintained. If students have any question(s) about interpretation or application of the Nursing Division procedures, disagree with a faculty member, feel they have been treated unfairly or have a problem that has not been resolved to their satisfaction, please follow the grievance procedure to resolve problems without fear of recrimination.

The appeal steps for student grievances are outlined in this procedure, and the student is responsible for using and submitting the Student Grievance Report found in Appendix E. A separate form must be completed for each grievance submission. All subsequent grievance forms shall be submitted together for a singular issue. At each level of review, if a solution is not agreed upon, the student should present the unsettled case to the next level of review within

three (3) Collin College business days. If this action is not completed, the assumption is the grievance has been resolved.

Procedure:

1. Step 1 – Faculty Member or Student

The student shall bring the situation in writing to the attention of the faculty member or student with whom the problem exists within three (3) Collin College business days of the occurrence of the problem. An explanation of the nature of the problem and a suggested solution should be submitted by the student if they have one. The faculty member will investigate and provide a solution or an explanation to the student within three (3) Collin College business days. In the event the faculty member fails to respond satisfactorily to the problem within three (3) Collin College business days, then proceed to Step 2.

2. Step 2 – Discipline Lead

If the decision by the faculty member does not resolve the situation, the student should refer their problem to the Discipline Lead in writing within three (3) Collin College business days of the faculty member's response. Once the Discipline Lead receives the written appeal, the Discipline Lead will determine if Step 1 has been followed. If it was not followed, the Discipline Lead will refer the student back to the faculty member or student for resolution (step 1). If Step 1 was deemed as followed, the Discipline Lead will respond to the written complaint within three Collin College business days of the Discipline Lead's receipt of the appeal. In the event the Discipline Lead fails to respond satisfactorily to the student complaint within three (3) Collin College business days, then proceed to Step 3.

3. Step 3 – Director of Nursing

If the decision the Discipline Lead gives does not resolve the situation, the student should refer their problem in writing to the Director of Nursing within three (3) Collin College business days after the Discipline lead's response. Once the Director of Nursing receives the written appeal, the Director of Nursing will determine if Step 2 has been followed. If it was not followed, the Director of Nursing will refer the student back to the Discipline lead or student for resolution (step 2). If Step 2 was deemed as followed, the Director of Nursing will respond to the written complaint within three (3) Collin College business

days of the Director of Nursing's receipt of the appeal. In the event the Director of Nursing fails to respond satisfactorily to the student complaint, then proceed to Step 4.

4. Step 4 – Dean of Nursing

If the decision by the Director of Nursing does not resolve the situation to the students' satisfaction, the student may refer their problem to the Dean of Nursing in writing within three (3) Collin College business days of the Director of Nursing's response. The Dean of Nursing will respond to the written complaint within three (3) Collin College business days of receiving the complaint. In the event the Dean of Nursing fails to respond satisfactorily to the student complaint, then the student proceeds to Step 5.

5. Step 5 – Campus Provost

If a student is dissatisfied with the solution provided by the Dean of Nursing, the student may appeal the decision, in writing, to the Campus Provost, within three (3) Collin College business days after the Dean of Nursing responds. The Provost will ensure prior steps of the grievance procedure have been followed and implemented. If not, the student will be referred back to the appropriate level to discuss with faculty member/student, Nursing Director and/or Dean of Nursing. After careful consideration of all facts, the Provost will render a final decision to the student in writing within fifteen (15) Collin College business days. At each level of review, if a solution is not agreed upon, the student should present the unsettled case to the next level of review within three working days. If action is not taken by the student to appeal, it is assumed the grievance is resolved.

10.29 – Pharmacology and Mathematics for Nurses

Pre-Entrance Mathematics

Newly admitted students to the Nursing Division are expected to be proficient in mathematics and must demonstrate proficiency in math mastery each semester. Incoming nursing students are encouraged to review math for medical professionals before the semester starts.

Math Mastery and Pharmacology Proficiency

Nursing math mastery and Pharmacology proficiency objectives are integrated into clinical nursing courses throughout the program and the objectives for each course are contained in the syllabi. The first exam will be given prior to the start of clinical. If the student does not meet the benchmark accuracy score on the first attempt, mandatory remediation is required prior to the next attempt at times denoted on the calendar. On subsequent attempts, the student is responsible for taking the test as scheduled by the instructor. Failure to take any subsequent tests by the date scheduled results in failure and forfeiture of one of the test opportunities. If a student fails to pass the benchmark on either the math or pharmacology exam on the third attempt, they will be unable to meet the clinical course's objectives, and therefore, will be required to withdraw from the nursing course. If the student does not initiate withdrawal, they will receive an "F" in the respective course.

- Math mastery is defined as 90% accuracy on a medical math test.
- Pharmacology proficiency is defined as 80% accuracy on a pharmacology proficiency test.

Any student who has not passed the math mastery and/or pharmacology proficiency test prior to clinical will not be able to administer medications in the clinical setting.

10.30 – Health Record Requirements

Every student accepted into the Nursing program must have a current medical statement completed by the student's primary healthcare provider on file. This form is distributed in the Nursing Program acceptance packet but can also be obtained from the nursing division office and is submitted only once at the start of the student's matriculation into the nursing program.

At the beginning of each semester, **prior** to the first day of class, all student files must contain current documentation of the following:

1. **Proof of immunization against measles, mumps, rubella, varicella, and hepatitis B; by titers** showing serologic confirmation of immunity. If a titer is negative, a booster will be required, and proof of previous immunizations will still need to be provided.
2. Tetanus, diphtheria, and pertussis (Tdap) immunization.
3. **Tuberculosis (TB) PPD or Mantoux skin test annually.** Students with a positive PPD

test result must have a chest x-ray every five years and may be required to repeat one before the pediatric clinical rotation starts. Chest X-ray must show negative results. Students who have received the BCG vaccine should not get this type of skin test. TB Blood Test: QuantiFERON®–TB Gold In-Tube test (QFT-GIT) or T-SPOT TB test (T-spot).

4. **Influenza (flu) immunization** with vaccine lot number will be required annually during flu season prior to clinical rotation.
5. Proof of health insurance will be required to be updated yearly.

Failure to comply with the health record requirements can result in missed class and clinical days, which can negatively affect the student's ability to meet the objectives of the nursing program. If objectives are not achieved, the student cannot be successful in the nursing program.

Students must update the above-mentioned documents before the start of the semester if the expiration date occurs during the scheduled clinical course.

Please Note: Effective 8/17/2023, Covid vaccination practices by healthcare facilities are amended periodically. In order to ensure student compliance, Collin College students must meet all agency requirements in order to attend clinical. If you apply to our nursing program, and you are not vaccinated for COVID-19 and do not plan to become vaccinated before clinical rotations or assignments, we cannot guarantee program completion if you are unable to complete clinical rotations or assignments. You may also be requested to provide a positive titer of your immunization showing it is still effective. This is not a Collin College policy or requirement. This is a requirement of our clinical affiliates. If you need to discuss this component further, we encourage you to set up an appointment with the Nursing Director as soon as possible and no later than the Castle Branch immunization completion deadline at the start of your nursing program.

10.31 – Smoking, Tobacco, or Electronic Smoking Devices

Students will not use tobacco products of any type (cigarettes, vapor/e-] cigarettes, chewing tobacco) at any time during the lab/clinical experience per Collin College Board policy FLBD(Local), the Collin College Student Handbook (refer to Chapter 2) and clinical site policies.

10.32 – CPR Certification

The American Heart Association CPR (Cardiopulmonary Resuscitation) Health Care Provider certification is required of all students in the nursing program. This certification is a prerequisite to clinical attendance in each nursing course. Students must submit a copy of their CPR card **prior** to the first day of class. CPR certification is current for two years; The student is responsible to know when their card expires and obtain recertification before the first day of class each semester. If a student's CPR certification is due to expire during a clinical rotation, certification must be renewed prior to the start of the clinical rotation. Any delay in beginning a clinical rotation in the nursing program could result in failure to meet objectives for the clinical course and the nursing program. CPR courses are offered at Collin College. Students interested in obtaining certification through Collin should contact the nursing department for information.

10.33 – Clinical Expectations

Several healthcare facilities are assigned for the student's clinical experience as they matriculate through the curriculum. The student will be given the opportunity to experience nursing at various clinical sites. Each semester the student's clinical experiences consist of hospital experience in conjunction with theory, classroom, and/or distance instruction. Some clinical learning experiences will also take place in the campus-based hospital and simulated laboratories. Clinical experiences may be scheduled during the day, evening or night shifts and can range in length from 6 to 12 hours. Students will be assigned clinical rotations throughout the program.

Each semester, students are expected to attend clinicals as designated. Certain clinical behavior is expected to satisfactorily meet the objectives of each course. These include:

1. No children, family members, or significant others of the student will be allowed on clinical units for any reason at any time.
2. Students are not allowed to be at the clinical site outside the specific day they are assigned.
3. Students are required to attend every clinical in fully approved uniform. Exceptions to this are when students attend mental health and pediatric rotations (see clinical faculty members during those rotations for details regarding clinical site specifics).

4. The school uniform is not allowed to be worn for any outside activity. The Collin College nursing uniform is to be worn only for school-related clinical activities (where appropriate). Pictures of students in uniform posted to any internet site should not violate any confidentiality concerns or depict the Nursing Program in a negative or demeaning manner.
5. If a student expects to be absent or late, the student must notify the clinical instructor at least 30 minutes before clinical begins. An email must also be sent at least 30 minutes beforehand to the Clinical Coordinator and Discipline Lead.
6. Students will always be courteous to their instructors, peers, hospital staff, physicians, and others.
7. The student will not participate or observe in any clinical activity without the permission of the instructor (i.e., activities off the unit).
8. Invasive procedures must be observed and supervised by the clinical instructor, unless supervised by a preceptor or primary nurse (with instructor's permission only). See procedure 10.40 *Student Limitations* for additional information.
9. No pictures or photocopies of any part of the client record will be allowed. Computer printouts can be used during clinical time but cannot be removed from the unit or submitted for written clinical assignments. If this occurs, it can be grounds for disciplinary action. Any forms with patient information MUST be disposed of appropriately according to hospital HIPAA (Health Insurance Portability and Accountability) policies.
10. Students are expected to adhere to their clinical instructor's expectations for each rotation.
11. All students must carry malpractice insurance with a minimum of \$1,000,000 per occurrence/\$5,000,000 per aggregate. Students are assessed a fee each fall to be paid to the school for this coverage.
12. Student's credentials to be used for documentation and all email communications in the program should be as follows:

ADN or LVN-RN

1st Semester – CCSN1

2nd Semester – CCSN2

3rd Semester – CCSN3

4th Semester – CCSN4

13. Alcohol will not be consumed while in school uniform.
14. Students are prohibited from taking pictures or videos in any clinical setting including simulation, skills lab, clinics, and/or hospitals.
15. Students are prohibited from posting any information pertaining to the clinical site (photos, videos, patient information, cases seen,) to any social media site.

Any violation of these procedures may result in disciplinary action including dismissal from the program.

10.34 – Clinical/Hospital Lab Requirements

Attendance at clinical is required and clinical absences are strongly discouraged. However, during a given semester, a student is allowed one (1) virtual clinical make-up for unforeseen circumstances such as:

1. Illness
2. Death in the student's immediate family
3. Extenuating circumstances such as a family emergency
4. Orientation for a job in a hospital (Documentation must be provided to the student's level lead or clinical instructor).
5. Or any other reasons approved by the Nursing Director.

When the student is absent from clinical (hospital/simulation), a virtual assignment will be given for one (1) **excused** absence. A second absence will result in a zero for the day. Any other absences will be considered on a case-by-case basis and may be reviewed by the Director, Clinical Coordinator, or Dean of Nursing. Students with three (3) clinical absences will be required to appear before the Director of Nursing, which may result in a course failure and dismissal from the program or receiving a grade of incomplete ("I").

10.35 – Clinical Tardiness:

If a student expects to be absent or late, the student must call to notify the clinical instructor at least 30 minutes BEFORE clinical begins. Failure to notify faculty of a clinical absence PRIOR to the scheduled start time constitutes a clinical NO SHOW. Clinical NO SHOWS result in a zero in all areas of the daily clinical evaluation, as defined by clinical “no shows.” The student will also be required to appear before the Director of Nursing.

Students who are late by 15 minutes or more to clinical may be sent home from clinical and receive a zero for the day (constituting a clinical absence). If the student is tardy to clinical twice, this counts as one clinical absence. The student will receive a zero for the clinical day on the second tardy.

10.36 – Clinical Preparedness:

Students who come to clinical unprepared (according to the syllabus and/or the clinical instructor’s written expectations) for the day’s activities or who do not have the necessary homework assignments, may be sent home for the day and will be given a ZERO for the clinical day. Absence at a scheduled campus hospital laboratory activity or professional seminar constitutes a clinical absence.

10.37 - Simulation:

All students will be assigned to simulation days, which occur on campus as part of the clinical course requirements for each semester. Simulation is a clinical day and an absence from simulation will be recorded as a clinical absence. Failure to attend a clinical related lecture will constitute a clinical absence.

10.38 - Unsafe Clinical Practice

Unsafe clinical practice is defined as actions performed or not performed by a student at a clinical site which threatens the safety of patients or the safety of others. This procedure is based on and modeled after the scope of practice for the professional nurse as defined and described in the Texas Nurse Practice Act. A record of unsafe clinical practice will be maintained

throughout the student's matriculation in the nursing program. This cumulative record of incidents will be maintained in the student record. All clinical faculty having students with warnings and/or on probationary status will be notified of such, to assist the student and protect the public.

Any student committing the following offenses will be subject to disciplinary action up to and including immediate dismissal from the program:

1. Any clinical action contrary to hospital/facility policy and procedure which has the potential for or results in harm to the patient.
2. Presenting to the clinical site under the influence of any non-prescribed drug that adversely affects the student's performance during clinical or bringing said drugs into the hospital or consuming these drugs while on hospital property.
3. Presenting to the clinical site under the influence of alcohol or controlled substances.
4. Any verbal or physical act of aggression against another person on clinical site premises.
5. Theft or deliberate destruction/damage to property of the clinical site, client/patient, student, visitor, or employee property.
6. Deliberate falsification of any hospital/medical record either by omission or addition.
7. Indications of consistent unsafe decision-making and practice.
8. Breach of confidential information/HIPAA.
9. Failure to accurately report and document the client's symptoms, responses, and status.
10. Failure to implement measures to prevent exposure to infectious pathogens and communicable conditions.
11. Failure to institute appropriate nursing intervention(s) which might be required to stabilize a client's condition and/or prevent complications.
12. Insubordination or refusal to follow an appropriate or lawful order from assigned clinical nurse or clinical faculty except where a student is not qualified to perform a task.

13. Accepting nursing interventions or assignments that are not commensurate with one's own educational preparation, experience, knowledge, and ability, except where proper supervision is available.
14. Performing invasive procedures without the instructor's knowledge.
15. Failure to complete required paperwork for the clinical course (i.e., pre-clinical paperwork).
16. Communicating false information or misrepresentation of the truth in any form.

The student who is determined to be unsafe by demonstrating behaviors of omission, commission, negligence, threats, or violations to the health and welfare of the public and of the patient under the student's care will have the incident recorded in the student record via an Occurrence Report and/or a Corrective Counseling Record. **Any** violation pertaining to unsafe practice or behavior will result in points deducted from the clinical grade and a student conference with a possible clinical contract, clinical warning, or recommendation for dismissal from the nursing program. If a student is placed in a clinical contract due to lack of practice or professional behaviors, the highest grade that can be earned in that clinical course for that semester is a "C." Should the student not be able to meet the requirements of the clinical contract or not meet the course outcomes then a failing grade for the clinical course will be issued. As in all situations, readmission to the nursing program is not automatic and is based on seat availability and the severity of the situation.

The sequence of disciplinary actions that will be taken is:

1. **Warning:** For the first incident of unsafe practice or conduct, a written warning (an Occurrence Report and/or Corrective Counseling Record) will be issued.
2. **Probation:** For the second incident of unsafe practice or conduct, the student will be placed on probationary status for the duration of the student's entire tenure in the nursing program.
3. **Dismissal:** Any student who has accumulated three (3) incidents of unsafe practice or who engages in one incident of serious conduct at any time during the program will be dismissed from the Nursing Division. In some instances, an initial or second incident

may result in immediate dismissal from the program, depending on outcome, severity, and nature of the occurrence, particularly if it results in any injury or harm. Before dismissal from the program, the incident(s) of unsafe practice or conduct will be reviewed by the Director of Nursing.

Those students dismissed from the program will receive a failing grade. The student may file a grievance/appeal as outlined in procedure 10.28 *Grievance/Appeal Procedure* and in the *Student Code of Conduct* section of the Collin College Student Handbook.

A clinical faculty member may require a student to return to the lab to practice a skill, as needed. The clinical instructor will complete a Contact Counseling with the student and include – skill(s) to be practiced, hours required to practice, re-checking is required and due date. If one-on-one supervision is required, the clinical instructor must be present or refer the student to the Nurse Tutoring Center (Room A104). If attending Open Lab, students are responsible for signing up through Calendly, will bring all necessary materials and paperwork (Open Lab Remediation Form and rubrics, as needed). The Open Lab Remediation Form is signed by lab staff to document the student's practice time and returned to their clinical instructor after completion. Any additional skill "check-off" with rubrics in the lab is highly dependent on lab staff availability and can be completed by the clinical instructor at the clinical site as required. Failure to complete the assigned practice time and/or check-off will result in point(s) being deducted on the Clinical Evaluation Tool.

10.39 – Contact Records

Contact records include the Contact/Counseling Record and the Performance Report/Alert and are notations an instructor keeps describing specific behaviors of a student. These inappropriate behaviors are documented and presented for the student to read and sign. The student may also record his/her description of the behavior on the contact record. **Absence of student signature does not discard student accountability. A witness may be called to witness non-signature.** The instructor uses the contact record to make the student aware of the behaviors they may be exhibiting in the classroom, skills lab, simulation lab, and/or in clinical practice. Contact records are used in conjunction with lab, clinical, and classroom evaluation

tools when:

1. Further explanation or documentation of behavior is needed.
2. The student needs to be informed immediately of his/her behavior.

Contact records:

1. May contain a contact that addresses areas of concern and identifies a plan for resolution of the problem. The contact record should include a date for completion and the consequences of failure to complete the contact record by the assigned date. Become a permanent part of the student's academic file.
2. Are written in duplicate (student and file copy).
3. Can include but are not limited to performance(s) identified on the daily clinical evaluation tool and other documentation.
4. If a student receives a failing grade on an exam the student will receive an academic alert to meet with their instructor and a contact counseling form will be filled out by the instructor as a record of that meeting.

10.40 – Student Limitations

For LVN to RN and ADN students:

Any skills performed in the clinical setting by students have limitations which must be strictly adhered to. Likewise, healthcare facilities may have other specific limitations on student experiences which the Collin College clinical instructor and student will be expected to uphold.

Students will **not** be allowed to perform the following activities in the clinical setting:

1. Administering blood products such as whole blood, packed red blood cells, etc. (with the exception of RhoGAM based on healthcare facility policy)
2. Administering chemotherapeutic intravenous products
3. Administering experimental drugs
4. Witnessing signed consent forms and living wills
5. Transcribing physician orders to Kardex or medication record
6. Final narcotic count
7. Taking verbal orders from physicians
8. Changing or altering the medication record

9. Epidural lines
10. Removal of Endotracheal tubes
11. Wasting of narcotics
12. Co-signing double verification medications
13. Caring for a patient in an airborne isolation room

When performing invasive procedures, students **must** be directly supervised by the clinical instructor or faculty designee or appointee.

Students are required to first inform the clinical instructor of the invasive procedure before implementation. Invasive Procedures that must be supervised or approved by the clinical instructor prior to implementation include:

1. Administration, maintenance, and discontinuation of intravenous infusions
2. Insertion/removal of intracaths, jelcos, angiocaths, heparin/saline lock, and scalp vein IVs
3. Administration of IV medication by secondary or heparin lock
4. Administration of IV medications by intravenous push
5. Administration of controlled drugs
6. Insertion, irrigation, and removal of gastrointestinal tubes
7. Performance of dressing changes, especially complex activities involving packing, irrigation, wet-to-dry, and/or strict aseptic technique
8. Irrigation and care of ostomies
9. Suctioning, irrigation, and care of tracheostomies
10. Administration of oral and tracheal suctioning
11. Administration of tube feedings
12. Administration of enemas (excluding Fleets)
13. Intramuscular and subcutaneous medications
14. Removal of chest tubes
15. Insertion of Foley/urinary catheters

Collin College nursing students are not licensed or certified to perform care of the magnitude stated above and they must be directly supervised. Also, for continuity of clinical expectations and the faculty member's role, it will be the expectation of all clinical sites that students will

be directly supervised in the performance of these skills. Furthermore, the clinical affiliation agreement speaks to the fact students will be directly supervised by a qualified nursing instructor or appointee. Failure to adhere to these limitations will result in a review of the behavior. Action will be taken based on the severity of the offense including possible immediate course failure and dismissal from the program. Students must stay within the requirements of the instructor and the instructors stay within the requirements of the facility.

10.41 – Exposure/Injury to the Student

In the event of any injury to or exposure of the student to blood or body fluids, the following steps must be done:

1. Inform the faculty or clinical instructor (clinical instructor will inform the charge nurse)
2. With clinical instructor, file an incident/occurrence report with the clinical facility (per hospital or agency policy)
3. Complete a Nursing Division occurrence form with clinical instructor (form to be placed in the student's record).

Treatment and follow-up care will be the responsibility of the student.

Students should seek medical attention with their personal health care provider.

10.42 – Infection Control Precautions

Responsibility

The nursing student is responsible to comply with Standard Precautions in the clinical setting & Collin College Laboratory Setting. The Nursing Division complies with the American Nurses Association position that all health care workers must follow established infection control procedures to reduce infection risk to patients, to themselves, and to others. The nursing student is responsible for complying with the infection control practices of assigned clinical sites.

Fundamentals of Isolation Precautions

Appropriate universal precautions should be taken, as outlined by the Center for Disease Control (CDC) guidelines, by all nursing students and the responsibility of the student. The CDC guidelines describe risk reduction measures for health care workers to use if contact occurs with blood or body fluids of patients.

Handwashing and Gloving

Handwashing is frequently called the single most important measure to reduce the risks of microorganism transmission from one person to another or from one site to another on the same patient. Handwashing should take place promptly and thoroughly between patient contact and after contact with blood, body fluids, secretions, excretions, and equipment or articles contaminated by them.

Gloves are worn for three important reasons: 1) provide a protective barrier and to prevent gross contamination of the hands when touching blood, body fluids, secretions, and excretions, mucous membranes, and non-intact skin. Wearing gloves under these circumstances is mandated by the Occupational Health and Safety Agency (OSHA); 2) reduces the likelihood microorganisms present on the hands of personnel will be transmitted to patients during invasive or other patient-care procedures that involve touching a patient's mucous membranes or non-intact skin; 3) reduces the likelihood hands of personnel contaminated with microorganisms from a patient or other source can transmit these microorganisms to another patient. In this instance, gloves must be changed between patient contact and hands washed after gloves are removed. Examples for wearing gloves include oral care, wound care, suctioning, suture/staple removal, intubation, nasogastric tube insertion, giving injections, performing venipuncture, perineal care, handling newborns in the nursery, emptying bedpans, or Foley catheter bags, handling soiled pads or dressings, emptying drains, or suction equipment, handling any contaminated equipment, assisting health care providers with invasive procedures.

Masks, Respiratory Protection, Eye Protection, Face Shields

Several types of masks, goggles, and face shields are worn alone or in combination to provide barrier protection. A mask covering both the nose and the mouth, and goggles or a face shield are worn by hospital personnel during procedures and patient-care activities according to OSHA, CDC, and the hospital agency policies. A surgical mask is worn by hospital personnel to provide protection against the spread of infectious large-particle droplets transmitted by close contact and travel only short distances from infected patients who are coughing or sneezing. Special masks are required for certain transmission-based precautions as determined by the CDC or healthcare agency.

Gowns and Protective Apparel

Gowns and protective apparel are worn to provide barrier protection and to reduce opportunities for transmission of microorganisms. They are worn to prevent contamination of clothing and to protect the skin of personnel from blood and body fluid exposures. Specially treated Gowns to make them impermeable to liquids, leg coverings, boots, or shoe covers provide greater protection to the skin when splashes or large quantities of infective material are present or anticipated.

The wearing of gowns and/or protective apparel is also mandated by OSHA. When gowns or other protective apparel are used, they must be removed. Hands must be washed prior to leaving the patient's environment.

Patient-Care Equipment and Articles

Sharp contaminated needles are never recapped or otherwise manipulated after use. Place used needles with syringes attached, scalpels, or other sharp objects in puncture resistant containers.

Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth- to-mouth resuscitation methods in areas where the need for resuscitation is predictable.

Any patient-care articles used with the potential to expose other patients, personnel, visitors, and the environment to infective material are enclosed in containers or bags to prevent transmission of pathogens. One bag is adequate if the bag is sturdy and the article can be placed into the bag without contaminating the outside of the bag; otherwise, two bags are used.

Non-critical equipment (equipment touching intact skin) contaminated with blood, body fluids, secretions, or excretions is cleaned and disinfected after use, according to the hospital policy. Discard contaminated disposable patient-care equipment according to hospital policy.

Linen and Laundry

The methods for handling, transporting, and laundering of soiled linen are determined by hospital policy and any applicable regulations. Soiled linen should be handled as little as possible and with minimum agitation. Handle and/or transport used linen soiled with blood, body fluids, secretions, and excretions in a manner preventing skin and mucous membrane exposures and contamination of clothing, and avoiding transfer of microorganisms to other patients, people, and environments.

Transmission-Based Precautions

In addition to Standard Precautions, Airborne Precautions apply to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route. These precautions are designed to reduce the risk of airborne transmission of infectious agents. Airborne transmission occurs by dissemination of either small droplet nuclei ($\geq 5 \mu\text{m}$ size) of evaporated droplets that may remain suspended in the air for extended periods of time or dust particles containing the infectious agent.

1. Private room for the patient in a negative air-flow room.
2. Wear respiratory protection (NIOSH-approved N95 respirator or higher) when entering the room of a patient with tuberculosis. If susceptible also wear respiratory protection for patients with varicella, measles, chickenpox, disseminated zoster, smallpox, rubeola and/or Covid 19. Limit movement and transport of the patient from the room. If that is not possible, the patient should wear a surgical mask and observe respiratory hygiene/cough etiquette.
3. Consult the agency policy for further requirements.
4. Students will be required to follow the current CDC guidelines when ill.

Droplet Precautions

In addition to Standard Precautions, Droplet Precautions are instituted when a patient is known or suspected of being infected with microorganisms transmitted by large particle droplets that can be generated by the patient during coughing, sneezing, talking, or the performance of procedures.

1. Private room or in same room with other patients infected with the same pathogen. If not possible, maintain at least three (3) feet between the infected patient and others.
2. Masks should be worn when entering the patient's room or when working within three (3) feet of the infected patient. The patient should be masked and follow respiratory hygiene/cough etiquette when leaving the room.
3. Consult the agency policy for further requirements.

Examples: *Hemophilus influenzae epiglottitis or meningitis*, *Neisseria meningitidis*, *Influenza*, *Mycoplasma pneumoniae*, *Whooping cough*.

Contact Precautions

In addition to Standard Precautions, use Contact Precautions for specified patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient (hand or skin-to-skin contact occurring when performing patient-care activities that require touching the patient's dry skin) or indirect contact (touching).

1. Private room or cohorts for patient
2. Gloves anytime entering patient's room.
3. Gown anytime entering patient's room.

Examples: Abscesses that are large and draining, bronchiolitis in infants or young children, enteroviral infections in children, herpes simplex, lice, multidrug resistant organisms, RSV, *Clostridium difficile*, Croup, Gastroenteritis caused by *Escherichia Coli*, *salmonella*, or *shigella* on diapered or incontinent patients, some respiratory infectious diseases in infants and young children.

Protective Environment Precautions

An additional tier two transmission-based precaution issued by the C.D.C (Center for Disease Control). in 2017 is protective environment precautions which are for allogenic hematopoietic stem cell transplants patients. Barrier protection required includes private room, positive airflow, HEPA filtration for incoming air, masks worn by patient when out of room during times of construction in area.

Waste and Cleanup

Students must comply with Standard Precautions and agency policies regarding inadvertent spills or potential contamination by infected materials.

Source: Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings by the Healthcare Infection Control Practices Advisory Committee (HICPAC): [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(2007\) \(cdc.gov\)](#)

10.43 – Class Officers

Class officers will be elected from each ADN class and will consist of a President, Vice President, Secretary, and Treasurer. The election for the officers for each class shall be held during the 1st and 3rd semesters. The class elections during the first and third semesters shall be held early in the semester and will be announced to the class. Office vacancies will be filled by a special election process. Students must be in good academic standing at the time of the election. **“Good academic standing” is maintaining a grade of “C” or higher in all courses at the time of the election and lack of excessive absences in either didactic courses or clinical.**

Class officers from each class will have similar and exclusive duties as follows:

1. Duties of the first semester ADN class officers are to organize the class to accomplish the following:
 - a. Serve as the hosts/hosts at the sophomore pinning ceremony.
 - b. Maintain effective communication with the appointed faculty advisor(s).
 - c. Participate as a committee member as assigned on faculty standing committees.
 - d. Serve as group leaders for class activities and group dynamics/problem solving.
2. Duties of the third semester class officers are to organize the class to accomplish the following:
 - a. Maintain effective communication with the appointed faculty advisor(s).
 - b. Participate as a committee member as assigned on faculty standing committees.
 - c. Serve as group leaders for class activities and group dynamics/problem solving.
3. Duties of the ADN and LVN to RN class representatives are to organize the class to accomplish the following:
 - a. Maintain effective communication with the appointed faculty advisor(s).
 - b. Participate as a committee member on any assigned faculty standing committees.
 - c. Serve as group leaders for class activities and group dynamics/problem solving.
4. The class officers in good standing may serve on Nursing Division committees as follows:
 - a. Class President – Program Specific Leadership Committee representative
 - b. Class Vice-President -Program Specific Curriculum-Testing Committee
 - c. Class representatives from ADN and LVN to RN programs will serve on committees as assigned by the Dean/Program Director of Nursing.

- d. Class representative elected from semester 3 will serve as student representative on the Nursing Division Student Affairs Committee.

The Collin Nursing Students' Association (CNSA) also has officers elected from the entire student body and serve in different capacities. If elected by their peers, students can serve as a class officer and a CNSA officer, but the faculty strongly recommend not holding dual positions. The responsibilities for each set of officers differ. See procedure 10.44 *Collin Nursing Students' Association (CNSA)* for additional information.

10.44– Collin Nursing Students' Association (CNSA)

The purpose of Collin Nursing Students' Association (CNSA) is to foster the development of student nurses at Collin College by collaborating with the community to promote health, participation, service, and transition to the profession of nursing. CNSA is a constituent of the Texas Nursing Students' Association (TNSA), a chapter of the National Student Nurses' Association (NSNA).

The many objectives of CNSA are to:

1. Promote and encourage participation in community affairs and activities towards improved health care and related social issues.
2. Promote and encourage collaborative efforts and relationships between nursing students and related healthcare organizations.
3. Promote and encourage recruitment efforts, participation in student activities, and educational opportunities regardless of race, color, creed, sex, national origin, economic status, age, or lifestyle.
4. Influence health care, nursing education, and practice through legislative activities as appropriate.

Membership

Any student enrolled in nursing and pre-nursing courses is eligible for membership in the organization. The fiscal year of the organization shall be from September 1 to August 31. Members of CNSA must pay annual membership dues as determined and directed by the NSNA. CNSA board of directors will award scholarships for membership dues per semester based on need and availability.

General Meetings

Meetings shall be held monthly and as needed. The organization's business will be presented to the membership at each meeting. Meetings will be held on a day when all CNSA members are assumed to be present on campus. Meetings must last at least 30 minutes but shall not exceed one hour.

Officer Requirements

All officers must be currently enrolled in the Collin College Nursing Program. All officers must be members of CNSA, TNSA, and NSNA. Eligibility for an officer or chairperson of a committee includes current acceptance, enrollment, active participation and in good standing in the Collin College nursing program for the elected term. An academic approval form must be completed and signed (See Appendix G). The office term for each Officer and Class Representative shall be for one calendar year. Faculty Advisors will serve for two years. New officers and Faculty Advisors will assume responsibility on April 1 of each year.

10.45 – Student Professional Travel

The faculty encourages student participation in professional and academic activities on and off campus. Participation in these activities contributes to the professional growth of the student. The clinical faculty has the discretion to design the clinical rotation based on the student's learning needs. Therefore, students who anticipate attending an off-campus activity involving representation of the student body/organization, during class or clinical time, must be in good academic standing and also meet student travel procedures and requirements set by the Collin College Office of Student Engagement. **Good academic standing is defined as maintaining a grade of "C" or higher in all courses at the time of the planned activity as well as not having excessive absences in either didactic courses or clinical.**

Permission to miss clinical will be determined after a review of the student's clinical performance and academic status. A student placed on contract, or a plan of progression, or who has had two or more clinical absences will not be eligible for professional travel. Permission to miss clinical must be obtained from the clinical instructor before the planned absence, and alternative assignments may be assigned. Prior to attending the off-campus activity, the student must complete all travel requirements and Mandatory Student Travel Training from the Office

of Student Engagement and should submit to the Dean of Nursing the completed Student Travel Form and official written verification of activity attendance. (See Appendix F). Please refer to the Collin College Handbook for Mandatory Student Travel Training. Students are responsible for obtaining signatures from lectures, lab, and clinical faculty on the Student Travel Form prior to the scheduled trip.

10.46 – Nursing Scholarships

Several scholarships are available to students currently enrolled in nursing courses. Students accepted into the program are also eligible to apply for nursing scholarships. Most scholarships are awarded based on financial need. Other scholarship information, when available, is distributed during the year from entities such as the Texas Nurses Association, Texas Student Nurses Association, and the National Student Nurses Association. Additional information on scholarships and applications can be found in the Collin College Student Handbook, in person from the nursing office, the Office of Financial Aid and Veterans Services, the Foundation Office, or the Collin College website.

10.47 – Financial Aid

Nursing Students seeking financial assistance, including grants, scholarships, and student loans to help pay for their educational expense should refer to the Collin College Student Handbook or visit the Office of Financial Aid and Veterans Services webpage for further information:

<https://www.collin.edu/gettingstarted/financialaid/>

10.48 – Employment During Nursing Program

Full-time students are encouraged to work or hold outside employment no more than 20 hours a week, so adequate time is allowed for study, assignments, and meeting requirements for Nursing Program completion. If you are interested in federal work study program or similar programs, contact the Office of Financial Aid and Veterans Services for further information:

<https://www.collin.edu/gettingstarted/financialaid/>

10.49 – Essential Physical Competencies for Nursing

Functional Abilities/Core Performance Standards worksheet. Thereafter, each accepted student must regularly and successfully demonstrate/perform the listed activities, as a required component to continue in the program.

These competencies include, but are not limited to:

1. extended walking and standing daily.
2. ability to grasp, push and/or pull.
3. ability to bend and stoop.
4. moving quickly in response to emergency
5. using upper body movements
6. carrying and moving equipment
7. reaching and/or lifting

Other essential competencies identified for nursing care include, but are not limited to:

1. vision allowing detecting physical change.
2. hearing allows responding to physical and verbal cues.
3. a sense of touch allowing for assessment and palpation
4. critical thinking
5. interpersonal and communication skills

Accommodations most frequently reported as being used by nursing staff were hearing aids.

Request for Accommodation

For students requesting accommodations under the Americans with Disabilities Act of 1990 (ADA), Americans with Disabilities Act and Amendments Act of 2008 (ADAAA (Americans with Disabilities Act and Amendments Act)), and/or Section 504 of the Rehabilitation Act of 1973, or other laws, please refer to the Collin College Student Handbook regarding equal opportunity and Accommodations at Collin College for Equal Support Services (ACCESS) Office at 972.881.5898 or access@collin.edu. If a student is unable to meet the Core Performance Standards, the student must request accommodation through the ACCESS center. All accommodations, requests, and appeals are handled through the ACCESS center.

10.50 – Disability Services and Accommodations

Collin College provides equal access to education and safeguards against discrimination by offering specialized services and reasonable accommodations to qualified students who may have a disability. These services are coordinated through the Accommodations at Collin College for Equal Support Services (ACCESS) Office as outlined in the Collin College Student Handbook. For more information and to apply for disability services, students are encouraged to go online to: <https://www.collin.edu/studentresources/disabilityservices/index.html>

10.51 – Use of Information Technology

Appropriate use of technology and media is detailed in the Collin College Handbook

1. All students must adhere to the Collin College Student Handbook procedures and all laws governing the use of computing and communication facilities.
2. No guarantees can be given for the privacy of emails, use of computer software, or files stored on Collin College systems. Note: administrators will not examine personal files without the individual's consent or knowledge, except in emergencies.
 - a. Students must approach individual instructors prior to the start of each class to request and obtain approval for any type of recording to be done in the class, including for approved accommodations. **A student found in violation may result in dismissal from the nursing program.**

10.52 – Service Learning

Each semester ADN students will participate in a minimum of 14 hours of Service Learning (SL) activities. Service Learning is service-based experiential application of knowledge in real world situations in which the service benefits the community. SL projects are a component of a credit-bearing class, aligned with specific academic learning objectives, and part of the course requirements. This unique method of education connects a student's personal, career, and civic interests to learning in the classroom.

The ADN program requires successful completion of a total of 56 hours and the RN-LVN bridge requires successful completion of a total of 42 hours. Completion of all SL hours are mandatory prior to graduation. Students completing 100 or more hours are designated as

members of the “100 Plus Club,” and are honored by the Director of Nursing with this distinction at their class pinning ceremony.

If a student has not completed the required number of hours during a semester, they will receive an incomplete in that course until all required hours have been completed. If the hours are not completed before the last day of registration for the next semester, they will receive an “F” in the course and will be required to apply for readmission to the program.

More information is in the Collin College Student Handbook and on the college's Service-Learning webpage. Student SL Orientation, the Student Documentation Log, and the Student Travel Training Liability Waiver and Acknowledgement Form can be found on this website. These items must be completed each semester. Additional specifics related to the nursing program can be found in the syllabus and will be discussed during nursing student orientation. For more information, go to www.collin.edu/academics/servicelearning/.

Appendix A

Differentiated Essential Competencies of Graduates of Texas Diploma and Associate Degree Nursing Education Programs

The Differentiated Essential Competencies (DECs) are written for nursing programs to meet the approval criteria established by the Texas Board of Nursing (BON) and are consistent with the Texas BON “Standards of Professional Nursing Practice.” Competencies are defined as “effective demonstration, of nursing knowledge, skills, abilities, and judgment among graduates from Texas nursing programs” (Texas BON, 2021). Twenty-five core competencies in the DECs are characterized under four main nursing roles: Member of the Profession, Provider of Patient-Centered Care, Patient Safety Advocate, and Member of the Health Care Team. Each core competency is further developed into specific knowledge areas, clinical judgments and behaviors based upon the knowledge areas. Redundancy is intentional so that the section under each role can stand alone. Competencies for each level of educational preparation are presented in a table format. The competencies are differentiated and progressive by educational preparation. The scope of practice and competency level may be compared across the table. The competencies below were obtained from the TBON document, Differentiated Essential Competencies of Graduates of Texas Nursing Programs, which can be found on their website at:

https://www.bon.texas.gov/pdfs/publication_pdfs/Differentiated%20Essential%20Competencies%202021.pdf

Member of the Profession

- A. Function within the nurse’s legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.
- B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.
- C. Participate in activities that promote the development and practice of professional nursing.
- D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

Provider of Patient-Centered Care

- A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision-making in nursing practice.
- B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families based upon interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.
- C. Analyze comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their family's using information from evidence-based practice in collaboration with patients and their families, using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.
- D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.
- E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
- F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.
- G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.
- H. Coordinate human, information, and physical resources in providing care for patients and their families.

Patient Safety Advocate

- A. Demonstrate knowledge of the Texas Nursing Practice Act (NPA) and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.

- B. Implement measures to promote quality and a safe environment for patients, self, and others.
- C. Formulate goals and outcomes using evidence-based data to reduce patient risks.
- D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
- E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act (NPA).
- F. Accept and make assignments and delegate tasks that consider patient safety and organizational policy.

Member of the Health Care Team

- A. Coordinate, collaborate, and communicate in a timely manner with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.
- B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families.
- C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.
- D. Communicate and manage information using technology to improve patient care.
- E. Assign and/or delegate nursing care to other members of the health care team based upon analysis of patient or workplace need.
- F. Supervise nursing care by others for whom the nurse is responsible by using evidence-based nursing practice.
- G. Participate with health care teams during local or global health emergencies or pandemics to promote health and safety and prevent disease.

Downloaded from:

https://www.bon.texas.gov/pdfs/publication_pdfs/Differentiated%20Essential%20Competencies%202021.pdf

The Collin College ADN End of Program Student Learning Outcomes can be found here:

<https://www.collin.edu/nursing/associatedegreenursing/index.html>

The Collin College LVN-RN End of Program Student Learning Outcomes can be found here:

<https://www.collin.edu/nursing/LVNtoRN/index.html>

Appendix B

Quality and Safety Education for Nursing (QSEN) Competencies

(<https://www.qsen.org/competencies>)

Patient Centered Care

Definition: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.

KNOWLEDGE (K)	SKILLS (S)	ATTITUDES (A)
<p>Integrate understanding of multiple dimensions of patient centered care:</p> <ul style="list-style-type: none"> - patient/family/community preferences, values - coordination and integration of care - information, communication, and education - physical comfort and emotional support - involvement of family and friends - transition and continuity <p>Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values</p>	<p>Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care.</p> <p>Communicate patient values, preferences and expressed needs to other members of health care team.</p> <p>Provide patient-centered care with sensitivity and respect for the diversity of human experience.</p>	<p>Value seeing health care situations "through patients' eyes."</p> <p>Respect and encourage individual expression of patient values, preferences and expressed needs.</p> <p>Value the patient's expertise with own health and symptoms</p> <p>Seek learning opportunities with patients who represent all aspects of human diversity.</p> <p>Recognize personally held attitudes about working with patients from different ethnic, cultural, and social backgrounds.</p> <p>Willingly support patient-centered care for individuals and groups whose values differ from own</p>
<p>Demonstrate comprehensive understanding of the concepts of pain and suffering, including physiologic models of pain and comfort.</p>	<p>Assess the presence and extent of pain and suffering.</p> <p>Assess levels of physical and emotional comfort</p> <p>Elicit expectations of patient & family for relief of pain, discomfort, or suffering</p> <p>Initiate effective treatments to relieve pain and suffering considering patient values, preferences and expressed needs</p>	<p>Recognize personally held values and beliefs about the management of pain or suffering.</p> <p>Appreciate the role of the nurse in relief of all types and sources of pain or suffering.</p> <p>Recognize that patient expectations influence outcomes in management of pain or suffering.</p>
<p>Examine how the safety, quality and cost effectiveness of health care can be improved through the active involvement of patients and families.</p> <p>Examine common barriers to active involvement of patients in their own health care processes.</p> <p>Describe strategies to empower patients or families in all aspects of the health care process</p>	<p>Remove barriers to presence of families and other designated surrogates based on patient preferences.</p> <p>Assess the level of patient's decisional conflict and provide access to resources.</p> <p>Engage patients or designated surrogates in active partnerships that promote health, safety and well-being, and self-care management</p>	<p>Value active partnership with patients or designated surrogates in planning, implementation, and evaluation of care</p> <p>Respect patient preferences for degree of active engagement in care process</p> <p>Respect patient's right to access to personal health records</p>
<p>Explore ethical and legal implications of patient-centered care.</p>	<p>Recognize the boundaries of therapeutic relationships.</p>	<p>Acknowledge the tension that may exist between patient rights and the</p>

Describe the limits and boundaries of therapeutic patient-centered care.	Facilitate informed patient consent for care.	organizational responsibility for professional, ethical care. Appreciate shared decision-making with empowered patients and families, even when conflicts occur
Discuss principles of effective communication Describe basic principles of consensus building and conflict resolution. Examine nursing roles in assuring coordination, integration, and continuity of care.	Assess your own level of communication skills in encounters with patients and families. Participate in building consensus or resolving conflict in the context of patient care. Communicate care provided and needed at each transition in care	Value continuous improvement of own communication and conflict resolution skills

Teamwork and Collaboration

Definition: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

KNOWLEDGE (K)	SKILLS (S)	ATTITUDES (A)
Describe own strengths, limitations, and values in functioning as a member of a team	Demonstrate awareness of own strengths and limitations as a team member Initiate plan for self-development as a team member Act with integrity, consistency, and respect for differing views	Acknowledge your own potential to contribute to effective team functioning. Appreciate importance of intra- and inter-professional collaboration
Describe scopes of practice and roles of health care team members Describe strategies for identifying and managing overlaps in team member roles and accountabilities. Recognize contributions of other individuals and groups in helping patient/family achieve health goals	Function competently within own scope of practice as a member of the health care team Assume role of team member or leader based on the situation. Initiate requests for help when appropriate to situation Clarify roles and accountabilities under conditions of potential overlap in team member functioning. Integrate the contributions of others who play a role in helping patient/family achieve health goals	Value the perspectives and expertise of all health team members Respect the centrality of the patient/family as core members of any health care team. Respect the unique attributes that members bring to a team, including variations in professional orientations and accountabilities
Analyze differences in communication style preferences among patients and families, nurses, and other members of the health team. Describe impact of own communication style on others Discuss effective strategies for communicating and resolving conflict.	Communicate with team members, adapting own style of communicating to needs of the team and situation. Demonstrate commitment to team goals. Solicit input from other team members to improve individual and team performance.	Value teamwork and the relationships upon which it is based. Value different styles of communication are used by patients, families, and health care providers. Contribute to resolution of conflict and disagreement.

	Initiate actions to resolve conflict	
Describe examples of the impact of team functioning on safety and quality of care Explain how authority gradients influence teamwork and patient safety.	Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care. Assert own position/perspective in discussions about patient care. Choose communication styles that diminish the risks associated with authority gradients among team members	Appreciate the risks associated with handoffs among providers and across transitions in care
Identify system barriers and facilitators of effective team functioning. Examine strategies for improving systems to support team functioning	Participate in designing systems that support effective teamwork	Value the influence of system solutions in achieving effective team functioning

Evidence-Based Practice (EBP)

Definition: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

KNOWLEDGE (K)	SKILLS (S)	ATTITUDES (A)
Demonstrate knowledge of basic scientific methods and processes Describe EBP to include the components of research evidence, clinical expertise, and patient/family values.	Participate effectively in appropriate data collection and other research activities. Adhere to Institutional Review Board (IRB) guidelines. Base individualized care plan on patient values, clinical expertise, and evidence	Appreciate strengths and weaknesses of scientific bases for practice. Value the need for ethical conduct of research and quality improvement Value the concept of EBP as integral to determining best clinical practice
Differentiate clinical opinion from research and evidence summaries. Describe reliable sources for locating evidence reports and clinical practice guidelines	Read original research and evidence reports related to area of practice. Locate evidence reports related to clinical practice topics and guidelines	Appreciate the importance of regularly reading relevant professional journals
Explain the role of evidence in determining best clinical practice. Describe how the strength and relevance of available evidence influences the choice of interventions in provision of patient-centered care	Participate in structuring the work environment to facilitate integration of new evidence into standards of practice. Question rationale for routine approaches to care that result in less-than-desired outcomes or adverse events	Value the need for continuous improvement in clinical practice based on new knowledge
Discriminate between valid and invalid reasons for modifying evidence-based clinical practice based on clinical expertise or patient/family preferences	Consult with clinical experts before deciding to deviate from evidence-based protocols	Acknowledge own limitations in knowledge and clinical expertise before determining when to deviate from evidence-based best practices

Quality Improvement (QI)

Definition: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.

KNOWLEDGE (K)	SKILLS (S)	ATTITUDES (A)
Describe strategies for learning about the outcomes of care in the setting in which one is engaged in clinical practice	Seek information about outcomes of care for populations served in care setting. Seek information about quality improvement projects in the care setting	Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals
Recognize that nursing and other health professions students are parts of systems of care and care processes that affect outcomes for patients and families. Give examples of the tension between professional autonomy and system functioning	Use tools (such as flow charts, cause-effect diagrams) to make processes of care explicit. Participate in a root cause analysis of a sentinel event.	Value own and others' contributions to outcomes of care in local care settings
Explain the importance of variation and measurement in assessing quality of care	Use quality measures to understand performance. Use tools (such as control charts and run charts) that are helpful for understanding variation. Identify gaps between local and best practice	Appreciate how unwanted variation affects care. Value measurement and its role in good patient care
Describe approaches for changing processes of care	Design a small test of change in daily work (using an experiential learning method such as Plan-Do-Study-Act) Practice aligning the aims, measures and changes involved in improving care. Use measures to evaluate the effect of change	Value local change (in individual practice or team practice on a unit) and its role in creating joy in work. Appreciate the value of what individuals and teams can do to improve care.

Safety

Definition: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.

KNOWLEDGE (K)	SKILLS (S)	ATTITUDES (A)
Examine human factors and other basic safety design principles as well as commonly used unsafe practices (such as, workarounds and dangerous abbreviations) Describe the benefits and limitations of selected safety-enhancing technologies (such as, barcodes, Computer Provider Order Entry, medication pumps, and automatic alerts/alarms) Discuss effective strategies to reduce	Demonstrate effective use of technology and standardized practices that support safety and quality. Demonstrate effective use of strategies to reduce risk of harm to self or others. Use appropriate strategies to reduce reliance on memory (such as, forcing functions, checklists)	Value the contributions of standardization/reliability to safety Appreciate the cognitive and physical limits of human performance.

reliance on memory		
Delineate general categories of errors and hazards in care. Describe factors that create a culture of safety (such as, open communication strategies and organizational error reporting systems)	Communicate observations or concerns related to hazards and errors to patients, families, and the health care team. Use organizational error reporting systems for near miss and error reporting	Value own role in preventing errors
Describe processes used in understanding causes of error and allocation of responsibility and accountability (such as, root cause analysis and failure mode effects analysis)	Participate appropriately in analyzing errors and designing system improvements. Engage in root cause analysis rather than blaming when errors or near misses occur	Value vigilance and monitoring (even of own performance of care activities) by patients, families, and other members of the health care team
Discuss potential and actual impact of national patient safety resources, initiatives, and regulations	Use national patient safety resources for own professional development and to focus attention on safety in care settings	Value relationship between national safety campaigns and implementation in local practices and practice settings

Informatics

Definition: Use information and technology to communicate, manage knowledge, mitigate errors, and support decision making.

KNOWLEDGE (K)	SKILLS (S)	ATTITUDES (A)
Explain why information and technology skills are essential for safe patient care	Seek education about how information is managed in care settings before providing care. Apply technology and information management tools to support safe processes of care	Appreciate the necessity for all health professionals to seek lifelong, continuous learning of information technology skills
Identify essential information that must be available in a common database to support patient care. Contrast benefits and limitations of different communication technologies and their impact on safety and quality	Navigate the electronic health record. Document and plan patient care in an electronic health record Employ communication technologies to coordinate care for patients	Value technologies that support clinical decision-making, error prevention, and care coordination Protect confidentiality of protected health information in electronic health records
Describe examples of how technology and information management are related to the quality and safety of patient care. Recognize the time, effort, and skill required for computers, databases, and other technologies to become reliable and effective tools for patient care	Respond appropriately to clinical decision-making supports and alerts. Use information management tools to monitor outcomes of care processes. Use high quality electronic sources of healthcare information	Value nurses' involvement in design, selection, implementation, and evaluation of information technologies to support patient care

Appendix C

SCANS COMPETENCIES

SCANS (Secretary's Commission on the Acquisition of Necessary Skills) Skills are grouped into two areas: (1) foundation skills and (2) workplace competencies.

- I. **Foundation Skills** three areas: (a) basic skills, (b) thinking skills, (c) personal qualities.
 - A. **Basic Skills:** A worker must read, write, perform arithmetic and mathematical operations, listen, and speak effectively. These skills include:
 1. Reading: locate, understand, and interpret written information in prose and in documents such as manuals, graphs, and schedules
 2. Writing: communicate thoughts, ideas, information, and messages in writing; and create documents such as letters, directions, manuals, reports, graphs, and flow charts
 3. Arithmetic and Mathematical Operations: perform basic computations and approach practical problems by choosing appropriately from a variety of mathematical techniques.
 4. Listening: receive, attend to, interpret, and respond to verbal messages & other cues
 5. Speaking: organize ideas and communicate orally.
 - B. **Thinking Skills:** A worker must think creatively, make decisions, solve problems, visualize, know how to learn, and reason effectively. These skills include:
 1. Creative Thinking: generate new ideas.
 2. Decision Making: specify goals and constraints and generate alternatives, consider risks, and evaluate and choose the best alternative.
 3. Problem Solving: recognize problems and devise and implement plan of action.
 4. Visualize ("Seeing Things in the Mind's Eye"): organize and process symbols, pictures, graphs, objects, and other information.
 5. Knowing How to Learn: use efficient learning techniques to acquire and apply new knowledge and skills; and
 6. Reasoning: discover a rule or principle underlying the relationship between two or more objects and apply it when solving a problem.
 - C. **Personal Qualities:** A worker must display responsibility, self-esteem, sociability, self-management, integrity, and honesty. These qualities include:
 1. Responsibility: exert a high level of effort and persevere toward goal attainment

2. Self Esteem: believe in one's own self-worth & maintain a positive view of oneself.
3. Sociability: demonstrate understanding, friendliness, adaptability, empathy, and politeness in group settings
4. Self-Management: assess oneself accurately, set personal goals, monitor progress, and exhibit self-control; and
5. Integrity and Honesty: choose ethical courses of action.

II. **Workplace Competencies** five areas: (a) resources, (b) interpersonal skills, (c) information, (d) systems, and (e) technology.

A. **Resources:** A worker must identify, organize, plan, and allocate resources effectively.

1. Time: select goal-relevant activities, rank them, allocate time, and prepare and follow schedules.
2. Money: Use or prepare budgets, make forecasts, keep records, and adjust meet objectives.
3. Material and Facilities: Acquire, store, allocate, and use materials or space efficiently.
4. Human Resources: Assess skills and distribute work, accordingly, evaluate performance and provide feedback.

Examples: use computer software to plan a project; prepare a budget; conduct a cost/benefits analysis; design an RFP process; write a job description; develop a staffing plan.

B. **Interpersonal Skills:** A worker must work with others effectively.

1. Participate as Member of a Team: contribute to group effort.
2. Teach Others New Skills.
3. Serve Clients/Customers: work to satisfy customers' expectations.
4. Exercise Leadership: communicate ideas to justify position, persuade and convince others, responsibly challenge existing procedures and policies.
5. Negotiate: work toward agreements involving exchange of resources, resolve divergent interests.
6. Work with Diversity: work well with people from diverse backgrounds.

Examples: collaborate with a group member to solve a problem, work through a group conflict situation, train a colleague, deal with a dissatisfied customer in person, select and use appropriate leadership styles, use effective delegation techniques, conduct an individual or team negotiation, demonstrate an understanding of how people from different cultural backgrounds might behave in various situations.

C. **Information:** A worker must be able to acquire and use information.

1. Acquire and Evaluate Information.
2. Organize and Maintain Information.
3. Interpret and Communicate Information.
4. Use Computers to Process Information.

Examples: research and collect data from various sources, develop a form to collect data, develop an inventory record-keeping system, produce a report using graphics, make an oral presentation using various media, use on-line computer databases to research a report, use a computer spreadsheet to develop a budget.

D. **Systems:** A worker must understand complex interrelationships.

1. Understand Systems: know how social, organizational, and technological systems work and operate effectively with them.
2. Monitor and Correct Performance: distinguish trends, predict impacts on system operations, diagnose deviations in systems' performance and correct malfunctions.
3. Improve our Design Systems: suggest modifications to existing systems and develop new or alternative systems to improve performance.

Examples: draw and interpret an organizational chart; develop a monitoring process; choose a situation needing improvement, break it down, examine it, propose an improvement, and implement it.

E. **Technology:** A worker must be able to work with a variety of technologies.

1. Select Technology: choose procedures, tools or equipment including computers and related technologies.
2. Apply Technologies to Task: understand overall intent and proper procedures for setup and operation of equipment.
3. Maintain and Troubleshoot Equipment: Prevent, identify, or solve problems with equipment, including computers and other technologies.

Examples: read equipment descriptions and technical specifications to select equipment to meet needs, set up and assemble appropriate equipment from instructions, read and follow directions for troubleshooting and repairing equipment.

These descriptions of the SCANS skills are taken from the 2010 Guidelines for Instructional Programs in Workforce Education published by the Texas Higher Education Coordinating Board.

This document may be found at

<http://www.theccb.state.tx.us/aar/undergraduateed/workforceed/gipwe.htm>

Appendix D

STUDENT GRIEVANCE REPORT

In accordance with the Nursing Program’s grievance procedure (10.28), the following grievance is being reported:

A separate form must be completed for each grievance you are requesting to petition (refer to procedure 10.28). Submit all relevant information and/or previous grievance forms together.

Description of grievance:

Signature: _____ Date: _____

Received by: _____ Date: _____

Faculty Response/Resolution to grievance:

Signature: _____ Date: _____

Received by: _____ Date: _____

Discipline Lead Response/Resolution to grievance:

Signature: _____ Date: _____

Received by: _____ Date: _____

Director of Nursing Response/Resolution to grievance:

Signature: _____ Date: _____

Received by: _____ Date: _____

Dean of Nursing Response/Resolution to grievance:

Signature: _____ Date: _____

Received by: _____ Date: _____

VP/Provost of CPC Response/Resolution to grievance:

The student has exhausted all administrative appeals for grievance. The above response/resolution is final.

Signature: _____ Date: _____

APPENDIX E

CREDENTIAL FILE REQUEST FORM

Student Name: _____ Date: _____

Phone Number: _____ Semester: 1st 2nd 3rd 4th

Faculty Requested to Provide Reference: _____

Request Reason: Personal Portfolio Employment Other _____

Academic and Professional Training

Name of college where degree earned:	Degree Earned	Graduation Date	Major/Minor

Extracurricular Activities:

Organization	Role/Office	Dates

Send References to:

Contact Person/Title	Institution	Mailing Address

I hereby authorize the above faculty to send a reference list of characteristics to the above-mentioned facilities to secure employment. I understand to revoke this authorization, I must do so in writing and such revocation shall not apply to records released prior to the date of revocation. I further understand it is my responsibility to supply the prospective employer with copies of the required transcripts, licenses and/or other information required. I understand I must give faculty a minimum of two weeks to provide the requested reference and the faculty may not agree to provide the requested reference.

Student Signature _____ Date _____

APPENDIX G

Running for a Collin Nursing Student Association (CNSA) Officer

I realize I must be a student in good standing to run for an office for CNSA. Good standing is both from an academic perspective as well as attendance. Officers may have times attending a function may result in missing classes and/or clinical.

I realize I must submit this form to the Faculty Advisor with all appropriate signatures PRIOR to running for the selected office.

The office I choose to run for is: _____

Student's Signature

Date

The following instructors have verified I am a student in good standing in my courses. (Signatures MUST be obtained from primary faculty in each of your courses.)

Theory: RNSG/NURS _____ Grade: _____ RNSG _____ Grade: _____

Faculty's Signature

Date

Clinical: RNSG _____ Grade: _____

Faculty's Signature

Date

LAB: RNSG _____ Grade: _____

Faculty's Signature

Date

The student is not in good standing and should NOT run for the above listed CNSA office.

Course: _____

Faculty's Signature

Date

Appendix H

Collin College Nursing Student's Responsibilities

Failure to comply with the requirements of any of the following items or other procedures in the Collin College Student Handbook may result in a conference with the Director of Nursing or his/her designee to discuss the difficulty. If the problems warrant immediate action, the Director and/or Dean may recommend the student be dismissed from the Collin College nursing program. The following is a description of the scholastic, non-cognitive performance responsibilities of a nursing student.

Responsibilities	Description
Attentiveness	The student regularly attends class. All extended absences are for relevant and serious reasons and approved, where applicable, by the appropriate authority. The student is on time for lectures and stays until the end of presentations. The student is alert during the presentation and demonstrates attentiveness by taking notes and asking appropriate questions.
Professionalism/ Demeanor	The student has a positive, open attitude towards peers, teachers, and others during nursing studies. The student maintains a professional bearing in interpersonal relations. The student functions in a supportive and constructive fashion in group situations and makes good use of feedback and evaluations.
Maturity	The student functions as a responsible, ethical, law-abiding adult.
Cooperation	The student demonstrates his/her ability to work effectively in large and small groups and with other members of the team, cohort, or faculty, giving and accepting freely in the exchange of information.
Inquisitiveness	The student acquires an interest in his/her courses and curricular subjects, demonstrating individual pursuit of further knowledge.
Responsibility	Student/student and student/faculty academic exchanges are conducted in a reliable and trustworthy manner. The student exhibits a high level of responsibility and deep commitment to their nursing school performance.
Authority	The student shows appropriate respect for those placed in authority over him/her both within Collin College and in society.
Effective Communication	The student demonstrates an ability to communicate effectively verbally, nonverbally, and in writing with peers, teachers, patients, and others.
Judgment	The student shows an ability to think critically regarding options, reflecting his/her ability to make intelligent decisions in his/her academic life and chosen career.
Professional Role	The nursing student conducts self as a professional role model always and in compliance with Standards of Practice Relative to Registered Nurses and the ANA (American Nurses Association) Code of Ethics for Nurses, http://www.nursingworld.org/mainmenucategories/ethicsstandards/codeofethicsfornurses . The student demonstrates the personal, intellectual, and motivational qualifications of a professional nurse.

Collin College, School of Nursing reserves the right to dismiss a student at any time on grounds Collin College may deem inappropriate. Each student, by admission to the school of nursing, recognizes this right of Collin College. Appropriate behaviors and actions must be maintained in the classroom, labs, simulation, clinical site, college event or whenever Collin College is being represented indirectly.

Examples of unacceptable behavior are listed below, but this list is not inclusive:

1. Demeaning, belittling or harassing others.
2. Gossiping about or disseminating false information about a classmate/professor that is intended to injure their professional reputation.
3. Habitually interrupting as others speak
4. Not paying attention or listening to others who address you; not responding to email, letters or voice mail that requires a reply.
5. Engaging in unjustified yelling or screaming at instructors, peers, or clinical staff
6. Habitually arriving late to class
7. Falsification of information contained in classwork, assignments, reports, or other records submitted to the Nursing Program.
8. Knowingly withholding information needed by a peer, instructor, or clinical staff; Discounting or ignoring solicited input from instructors/faculty regarding classroom and/or clinical performance or professional conduct.
9. Overruling decision without direct discussion and rationale
10. Not sharing credit for collaborative work and/or not completing an equitable share of collaborative work assigned
11. Threatening others: this refers to physical threats, verbal/nonverbal threats, and implied threats of violence.
12. Using up supplies or breaking equipment without notifying appropriate staff/faculty
13. Behaviors or actions of any kind that put people's potential safety in jeopardy or harm occurs.

As Collin College, School of Nursing Students We Commit to:

1. Follow conventions of good classroom manners and student responsibilities as outlined above.
2. Ask permission to record and respect the instructor's decision to allow or disallow, provided approved accommodations are followed.
3. Refrain from unlawful harassment as defined in Board policies.
4. Refrain from unlawful harassment via email, Facebook, or any other electronic/Wi-Fi media or devices
5. Refrain from using the internet during classroom time unless utilized as part of the class instruction.
6. Listen respectfully to each other.
7. Respond respectfully and reflectively to ideas aired in the classroom.
8. Refrain from personal insults, profanity, and other communication-stoppers.
9. Recognize and tolerate diverse levels of understanding of complex social and cultural issues among your classmates and professors.
10. Issue "gentle reminders" when these guidelines are breached.
11. Arrive timely to class/clinical sessions.

12. Bring the required supplies and be ready to be actively engaged in the learning process.
13. Focus on the business at hand: the class, its content, learning, and the professor.
14. Turn cell phones on vibrate before the start of class, or as otherwise instructed.
15. Refrain from texting during class time.
16. Pick up your trash when leaving the room.
17. Refrain from sleeping in class. (Laying your head on the desk or sleeping in class is rude, and it is distracting to others)
18. Turn in assignments on time; Written assignments utilize APA (American Psychological Association) format and doc. file.
19. Be courteous in class. (This does not mean you must agree with everything being said. However, your point will be much more credible if conveyed in a professional manner. If you strongly disagree with your professor, it is recommended to speak with him/her after class.)
20. Raise a hand to indicate a question or comment as a courtesy to classmates and the professor. Remember, your questions are NOT an imposition – they are welcome.
21. If an emergency arises requiring an absence from a session, students should arrange to get the notes and other information covered in class from another student in the same class.
22. Respect the need to request to meet individually with the instructor of a course for review of an exam and following administration of the exam as needed.
23. Respect the rules of the syllabus; (Content of exams and calculation of grades earned are not starting points for negotiation; Nursing faculty is willing to work with students to meet learning needs).

By signing this statement, I acknowledge receipt and understanding of this statement and expectations for professionalism in the Nursing Program. I understand any behavior or action determined to be a breach of this statement may result in my being subject to immediate dismissal from the Collin College Nursing Program.

Student Name (please print): _____

CWID _____

Student Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____