



DEPARTMENT OF NURSING

PUEBLO CAMPUS
FREMONT CAMPUS
PCC SOUTHWEST CAMPUS

**RN to BSN PROGRAM
STUDENT HANDBOOK**

2020 – 2021

Please note that this handbook and agreements within are subject to change and revision during the course of instruction.

This Student Handbook (Handbook) contains pertinent information affecting students, current through the date of its issuance.

To the extent that any provision of this Handbook is inconsistent with State or Federal law, State Board for Community Colleges and Occupational Education Policies (BPs) or Colorado Community College System President's Procedures (SP's), the law, BPs and SPs shall supersede and control. BPs and SPs are subject to change throughout the year and are effective immediately upon adoption by the Board or System President, respectively. Students are expected to be familiar with and adhere to the BPs, SPs as well as College directives, including but not limited to the contents of this Handbook.

To access [BPs and SPs](https://www.cccs.edu/about-cccs/state-board/policies-procedures/), see <https://www.cccs.edu/about-cccs/state-board/policies-procedures/>

Nothing in this Handbook is intended to create (nor shall be construed as creating) an express or implied contract or to guarantee for any term or to promise that any specific processes, procedures or practice will be followed or benefit provided by the College.

The College reserves the right to modify, change, delete or add to the information in this Handbook as it deems appropriate.

Nursing Program Approval and Accreditation

The Baccalaureate Degree Program in Nursing at Pueblo Community College is pursuing initial accreditation by the Commission on Collegiate Nursing Education (<http://www.ccneaccreditation.org>). Applying for accreditation does not guarantee that accreditation will be granted.

Higher Learning Commission Accreditation

Pueblo Community College is accredited by The Higher Learning Commission and is a member of the North Central Association (www.ncacihe.org, 312-263-0456), 30 North LaSalle Street, Suite 2400, Chicago, IL 60602. In addition, several programs hold approval or accreditation from national and state level associations and agencies.

Gainful Employment Information

The US Department of Education requires disclosure of information for any financial aid eligible program that “prepares students for gainful employment in a recognized occupation.” Go to www.pueblocc.edu/Academics/DegreesCertificates/ for additional program & employment outlook information.

Statement of Non-Discrimination

Pueblo Community College is an equal opportunity educational institution and does not discriminate on the basis of age, race, religion, color, national origin, sex, or disability in its activities, programs, or employment practices as required by Title VI, Title IX, Section 504, Age Discrimination Act, and Title II of the ADA. The College has designated the Director of Human Resources as its Affirmative Action Officer with the responsibility to coordinate its civil rights compliance activities and grievance procedures. For information, contact the Director of Human Resources, 900 W. Orman Avenue, telephone and TDD (719) 549-3220; or the Office for Civil Rights, U.S. Department of Education, Region VIII, Federal Office Building, 1244 North Speer Boulevard, Suite 310, Denver, CO 80204, telephone (303) 844-3417.

ADA Notice

Reasonable accommodations will be provided upon request for persons with disabilities. To make a request, please notify the PCC Disability Resources Team at 719-549-3449 or email Disability.Resources@pueblocc.edu at least four working days before the event.

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To the 2020-2021 Baccalaureate Nursing Program Students:

As the faculty and staff of the Nursing Department at Pueblo Community College, we would like to extend a warm welcome to each and every one of you. The nursing profession is a continuing journey of strength, endurance, experiences and growth. We know that you are prepared, both mentally and physically, to continue the challenges you have undertaken.

*The faculty are here to guide you. We encourage you to **ask questions, do independent research, and keep in touch with your instructors.** We have one common goal: to see each of you complete the RN to BSN Program in Nursing at Pueblo Community College.*

FACIAL COVERINGS AND SOCIAL DISTANCING GUIDANCE FOR PCC STUDENTS

Effective on July 20, 2020, pursuant to guidance from the Center for Disease Control (CDC) and state and local health officials, all members and guests of the Pueblo Community College community who are on campus property are required to maintain social distancing of six feet apart and wear a face covering over their nose and mouth. This includes any indoor space on campus, including lobbies, hallways, bathrooms, break rooms, and any open office space with multiple workstations, if there are other individuals present. Face coverings are also required in any outdoor space on campus where there is a potential to encounter another individual and social distancing cannot be maintained.

PCC Administration will lead by example and strictly adhere to the Governor's Executive Order of mask wearing. Face coverings help to slow the spread of the COVID-19 virus, but they should be the last line of defense. Other preventive measures, including frequent hand washing, social distancing of six feet or greater, and minimizing the duration of contact time with others, need to be maintained even while wearing a face covering.

Wearing facial coverings may have a negative health impact on certain individuals, so we ask that you please be respectful, inclusive and understanding as you see others who are not wearing a facial covering. Individuals who cannot wear a facial covering due to disability or health reasons should contact Disability Support Services at <mailto:Disability.Resources@pueblocc.edu> or 719.549.3446 to seek an exemption or accommodation. If an accommodation is necessary, employees and students will be issued a blue lanyard to wear (if they so choose) identifying an exception to this requirement. If a student does not have a face covering or forgets to bring one to school, they can find facemask dispensaries inside every PCC academic building.

Additional CDC guidance on the “Use of Cloth Face Coverings to Help Slow the Spread of COVID-19” is available online. This guidance discusses wearing, cleaning and removing face coverings. This document also has instructions on how to make your own face covering.

The Governor’s Executive Order requires social distancing, which includes limited social interactions and maintaining at least a six-foot distance from other individuals while in class and on campus.

The College is monitoring applicable laws and guidance regarding social distancing and facial coverings, and this directive is subject to change as community knowledge about the virus and prevention methods grows. If any student violates the facial coverings or social distancing requirements, they may be subject to the Student Code of Conduct.

Thank you in advance for your cooperation!

Updated: July 21, 2020

Suggestions on How to Encourage Others to Help Keep Everyone Safe

Social Distancing

If you are having a conversation with someone and they are a little too close to you, take a step back without saying anything. Sometimes repositioning yourself will be enough of a hint.

If you are unable to move away – “We are standing a little too close. Let’s step back a bit. Thanks!”

If you see others not social distancing in a classroom or common space (Library, Courtyard or Pueblo Joe’s) or walking across campus together - Casually say, “hey folks, let’s space out a little more to keep everyone safe. Thanks for your help!”

Masks

With your colleagues or others you are familiar with - You could point to your mask and lightly say, “Don’t forget your mask.”

“I would love to have this conversation with you, but could you put your mask on first, please.”

With someone you are unfamiliar - “Hi, I know it’s not super comfortable, but we all need to wear our masks to keep everyone safe. Thanks for helping out with that!”

Recommendations:

- Lead with kindness and consideration.
- Be mindful of the tone of your voice.
- Reserve judgment.

- Walk away if someone becomes hostile, aggressive, angry, or argumentative. If you feel threatened, please contact Public Safety immediately. As always, you may file a concern or incident at <http://www.pueblocc.edu/Concerns/> .

EXPECTATIONS

To participate in this demanding and rewarding program you will be expected to:

1. Maintain required professional credentials in good standing (unencumbered RN license; unexpired BLS certification; up-to-date immunizations, background check and drug screening) and obtain malpractice insurance from the PCC Business Office prior to participating in practicums associated with BSN coursework.
2. Display an inquiring attitude and willingness to explore new or different concepts and ideas and apply them to your nursing practice as relevant.
3. Comply with Pueblo Community College policies and those specific to the department of nursing as stated in this manual.
4. Complete all course requirements and written assignments on time and at a minimum academic level of "C" (77%).
5. **Accept personal responsibility for requesting extra help and tutorial assistance early in the course if needed.**
6. Establish personal priorities that are realistic and a time management action plan for meeting curriculum requirements, completing all assignments and activities as scheduled.
7. Use the problem-solving process to resolve issues and complaints and accept and profit from constructive criticism, completing all assignments and activities as schedule.
8. Demonstrate behaviors indicative of personal and professional integrity.
9. Follow the chain of command if issues arise. The chain of command is as follows:
 - a) Instructor
 - b) RN to BSN Program Coordinator
 - c) Dean of Nursing
 - d) College President
10. Complete all assignments and activities as scheduled.

ABOUT THE COLLEGE

Pueblo Community College is an educational institution, whose mission is to provide quality educational opportunities that transform the lives of our students, enrich our communities, and strengthen the regional economy. In this context, academic programs and support services are designed to provide career skills and knowledge to meet learning and employment needs of a diverse, multicultural population. The rapid expansion of knowledge and the technological development characterizing the work place demands continuing and expanding skills and intellectual abilities by employees. As a result of these changes, adult workers are returning to school to update their knowledge and/or to prepare for new and different careers. College administrators, faculty and staff are committed to providing a wide variety of creative, up-to-date educational programs that will provide reentering adults and new high school graduate students with the knowledge and competencies to find meaningful employment. As a productive member of the communities (i.e. Pueblo, Fremont, Durango and Mancos), the college accepts the responsibility to design programs that will meet manpower needs of a variety of industries in our service areas. To meet the needs of employers and of students desiring health care careers, several nursing programs are offered by the college.

Advances in research and practice are revolutionizing the American health-care system. To maintain competency, nurses (and other health-care workers) must secure advanced knowledge and develop complex skills to meet the practice needs in this highly demanding profession.

The nursing faculty at Pueblo Community College acknowledges and endorses their institution's mission and philosophy. Faculty are committed to providing high-quality, relevant educational experiences to meet the demands of a technological and global economy congruent with the overall college purpose. The faculty recognizes and accepts professional standards that give substance and direction to the nursing program and are foundational components of the nursing curriculum.

MISSION STATEMENT DEPARTMENT OF NURSING

To provide excellent education that prepares the learner to become a member of the nursing profession and community, meeting the needs of diverse populations.

NURSING PROGRAM PHILOSOPHY

The faculty believe that nursing is the protection, promotion, and optimization of health and abilities; prevention of illness and injury; alleviation of suffering through the diagnosis and treatment of human response; and advocacy in the care of individuals, families, communities and populations. To practice effectively, the nurse must use nursing judgment and integrate evidence into practice. Critical thinking and clinical reasoning is evidenced through the use of the nursing process. These skills are also essential when interfacing with the clinical microsystem and the larger healthcare environment to deliver quality, safe, patient-centered care. An understanding of the healthcare organization allows the nurse to exhibit leadership, practice according to ethical, legal and professional/regulatory standards and improve the quality of care for patients, families and communities.

NURSING PROGRAM EDUCATIONAL PHILOSOPHY

The educational process is seen as a cooperative effort requiring extensive interaction between students and faculty. Educational experiences are selected and developed by the faculty and are located in both the academic and the practice setting, appropriately enhanced by technology where useful. Learning activities include instruction and practice in the application of knowledge and effective performance of nursing skills and patient care. Curriculum content is designed to proceed from the simple to the complex and progresses from the known to new material. In addition to acquisition of factual knowledge, course content is designed to promote critical thinking, clinical reasoning and nursing judgment along with the incorporation of a caring attitude within an ethical value system

Integrating professional standards, guidelines, and competencies is the basis for the nursing curriculum, which reflects current nursing practice based on current nursing and healthcare initiatives. The curriculum provides an evidence-based foundation to meet today's healthcare needs. The following resources were used in the development of the nursing curriculum and are continued resources for instruction:

- American Nurses' Association [ANA] *Code of Ethics for Nurses*
- American Nurses' Association [ANA] *Nursing: Scope and Standards of Practice.*
- Commission on Collegiate Nursing Education [CCNE] *The Essentials of Baccalaureate Education for Professional Nursing Practice.*
- Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine *The Future of Nursing: Leading Change, Advancing Health*
- National League for Nursing. *Outcomes and Competencies for Graduates of Practical/Vocational, Diploma, Associate Degree, Baccalaureate, Master's, Practice Doctorate, and Research Doctorate Programs in Nursing.*
- Quality and Safety Education for Nurses [QSEN]

Program student learning outcomes along with their related competencies reflect the expected knowledge, skills, and attitudes of the graduates of Pueblo Community College's Baccalaureate degree program. The RN to BSN program builds on the knowledge gained in a two-year ADN program and provides the graduate with additional skills in leadership, quality management, technology and informatics, population-based health, and integration of evidence into nursing practice. The emphasis on liberal education provides the graduate with the knowledge and skills needed to practice in a holistic and inclusive manner across the continuum of healthcare settings, and opens new avenues for career opportunities. The RN to BSN program addresses the local employer demands for Baccalaureate prepared RNs and gives RNs the means to advance their careers through ongoing post-graduate education.

In keeping with sound curriculum design principles, the program student learning outcomes are used to organize the course student learning outcomes. These student learning outcomes will be the basis for all activities related to the teaching/learning process, including delivery of instruction and evaluation of student progress.

NURSING PROGRAM STUDENT LEARNING OUTCOMES (PSLOs)

1. Provide safe, evidence-based, community-centered nursing care to diverse patient populations across the lifespan.
2. Engage in critical thinking and clinical reasoning to make patient-centered care decisions.
3. Implement quality measures to improve patient care.
4. Participate in collaborative relationships (communication) with members of the interdisciplinary team, the patient, and the patient's support persons.
5. Use information management principles, techniques, and systems as well as patient care technology to communicate, manage knowledge, mitigate error, and support decision-making.
6. Provide leadership in a variety of healthcare settings for diverse patient populations.
7. Assimilate professional, legal, and ethical guidelines in practice as a professional nurse.
8. Promote a culture of caring to provide holistic, compassionate, culturally-competent care.

DEFINITIONS OF MAJOR CONCEPTS USED IN THE PROGRAM STUDENT LEARNING OUTCOMES AND COMPETENCIES

Caring: In nursing, those values, attitudes, and behaviors that engender feeling cared for. (Duffy, 2010). Also, "promoting health, healing, and hope in response to the human condition" (NLN, 2010, p. 65).

Clinical judgment: A process of observing, interpreting, responding, and reflecting situated within and emerging from the nurse's knowledge and perspective (Tanner, 2006). Involves ways in which nurses come to understand the problems, issues, or concerns of clients and patients, to attend to salient information, and to respond in concerned and involved ways (Benner, Tanner, & Chesla, 2009).

Clinical microsystem: A small group of people who work together on a regular basis – or as needed – to provide care and the individuals who receive that care (who can also be recognized as members of a discrete subpopulation of patients) (Trustees of Dartmouth College, 2004, p. 5).

Clinical reasoning: the ability to reason as a clinical situation changes, taking into account the context and concerns of the patient and family. Capturing patient trends and trajectories. (Benner P, Sutphen M, Leonard V, Day L. 2010. Educating Nurses p. 85).

Collaboration: “Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.” (Quality and Safety Education for Nurses [QSEN], 2017). Collaboration also includes communication and partnerships with providers, patients, families, and stakeholders.

Critical thinking: “Identifying, evaluating, and using evidence to guide decision making by means of logic and reasoning” (NLN, 2010, p. 67). Critical thinking is the basis of clinical reasoning, clinical judgment, and clinical problem solving.

Cultural competence: Cultural competence is defined as “the on-going process in which the healthcare professional (HCP) continuously strives to achieve the ability and availability to work effectively within the cultural context of the patient (individual, family, community).” (Hart, P. and Mareno, N Volume 6, Number 1 (2016) Nurse's Perception of Their Competence in Caring for Diverse Patient Populations.

<https://www.ojccnh.org/pdf/v6n1a10.pdf>)

Diversity: Diversity signifies that each individual is unique and recognizes individual differences – race, ethnicity, gender, sexual orientation and gender identity, socioeconomic status, age, physical abilities, religious beliefs, political beliefs, or other attributes. It encourages self-awareness and respect for all persons, embracing and celebrating the richness of each individual. It also encompasses organizational, institutional, and system-wide behaviors in nursing, nursing education, and health care.

(<http://www.nln.org/docs/default-source/about/vision-statement-achievingdiversity.pdf?sfvrsn=2>)

Ethics: “Involves reflective consideration of personal, societal, and professional values, principles, and codes that shape nursing practice. Ethical decision making requires applying an inclusive, holistic, systematic process for identifying and synthesizing moral issues in health care and nursing practice, and for acting as moral agents in caring for patients, families, communities, societies, populations, and organizations. Ethics in nursing integrates knowledge with human caring and compassion, while respecting the dignity, self-determination, and worth of all persons” (NLN, 2010, p. 13).

Evidence-based care: Integrate best current evidence with clinical expertise and patient family preferences and values for delivery optimal health care. (QSEN, 2018)

Healthcare environment: the aggregate of surrounding things, conditions, or influences; surroundings; milieu. (dictionary.com, 2018 (Environment)). Maintaining a safe environment reflects a level of compassion and vigilance for patient welfare that is as important as any other aspect of competent health care. (Stone PW Hughes R, Dailey M, 2008).

Human flourishing: “An effort to achieve self-actualization and fulfillment within the context of a larger community of individuals, each with the right to pursue his or her own such efforts. The process of achieving human flourishing is a lifelong existential journey of hope, regret, loss, illness, suffering, and achievement. Human flourishing encompasses the uniqueness, dignity, diversity, freedom, happiness, and holistic well-being of the

individual within the larger family, community, and population. The nurse helps the individual in efforts to reclaim or develop new pathways toward human flourishing.” (NLN, 2010, p. 66-67).

Informatics: The use of information and technology to communicate, manage knowledge, mitigate error, and support decision making (Quality and Safety Education for Nurses [QSEN], 2018).

Information management: Refers to “the processes whereby nursing data, information, knowledge, and wisdom are collected, stored, processed, communicated, and used to support the delivery of health care” (Nelson, 2010, p. 653).

Integrity: “Respecting the dignity and moral wholeness of every person without conditions or limitation” (NLN, 2010, p. 13).

Knowledge, skills, and attitudes: In nursing education there are three domains of learning in which faculty engage students. The cognitive domain represents the knowledge needed to carry out the professional roles of the nurse. The skills are the psychomotor activities that are represented by the psychomotor domain. Attitudes represent the beliefs and values about all aspects of the patient and health care that represent the affective domain. The content of each domain is equally important and necessary for the student to fulfill the roles of the professional nurse (QSEN, 2018).

Leadership: Leadership is Standard 11 of the American Nurses Association’s Scope and Standards of Practice (2015, p. 75). Leadership is defined and evaluated with the following measurement criteria related to the student nurse:

- Contributes to the establishment of an environment that supports and maintains respect, trust, and dignity.
- Encourages innovation in practice and role performance to attain person and profession plans, goals, and vision.
- Communicates to manage change and address conflict.

- Mentors colleagues for the advancement of nursing practice and the profession to enhance safe, quality health care.
- Retains accountability for delegated nursing care.
- Contributes to the evolution of the profession through participation in professional organizations.
- Influences policy to promote health.

Nursing: Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities and populations (American Nurses Association's Scope and Standards of Practice, 2015).

Nursing-sensitive indicators: Nursing-sensitive indicators reflect the structure, process and outcomes of nursing care. The structure of nursing care is indicated by the supply of nursing staff, the skill level of the nursing staff, and the education/certification of nursing staff. Process indicators measure aspects of nursing care such as assessment, intervention, and RN job satisfaction. Patient outcomes that are determined to be nursing sensitive are those that improve if there is a greater quantity or quality of nursing care (e.g., pressure ulcers, falls, and intravenous infiltrations). Some patient outcomes are more highly related to other aspects of institutional care, such as medical decisions and institutional policies (e.g., frequency of primary C-sections, cardiac failure) and are not considered "nursing-sensitive". (ANA's Nursing World: http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/PatientSafetyQuality/Research-Measurement/The-National-Database/Nursing-SensitiveIndicators_1.aspx, Retrieved February 17, 2011).

Nursing judgment: "Encompasses three processes: namely, critical thinking, clinical judgment, and integration of best evidence into practice. Nurses must employ those processes as they make decisions about clinical care, the development and application of research and the broader dissemination of insights and research findings to the community, and management and resource allocation" (NLN, 2010, p. 67).

Patient: The recipient of nursing care or services. Patients may be individuals, families, groups, communities, or populations (QSEN, 2018).

Patient-centered care: 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 (Quality and Safety Education for Nurses [QSEN], 2018).

Personal and professional development: "A lifelong process of learning, refining, and integrating values and behaviors that (a) are consistent with the profession's history, goals, and codes of ethics; (b) serve to distinguish the practice of nurses from that of other health care providers; and (c) give nurses the courage needed to continually improve the care of patients, families, and communities and to ensure the profession's ongoing viability" (NLN, 2018, p. 68).

Professional identity: "Involves the internalization of core values and perspectives recognized as integral to the art and science of nursing. These core values become self-evident as the nurse learns, gains experience, and grow in the profession. The nurse embraces these fundamental values in every aspect of practice while working to improve patient outcomes and promote the ideals of the nursing profession. Professional identity is evidence in the lived experience of the nurse, in his or her ways of being, knowing, and doing" (NLN, 2010, p. 68).

Quality improvement: "Use data to monitor the outcomes of care processes, use improvement methods to design, and test changes to continuously improve the quality and safety of health care systems" (Quality and Safety Education for Nurses [QSEN], 2018). Also relates to the improvement of healthcare processes and at the local, state, and federal levels to affect positive outcomes from the impact of economics on healthcare quality.

Relationship-Centered care: Positions (a) caring, (b) therapeutic relationships with patients, families, and communities, and (c) professional relationships with members of the

health care team as the core of nursing practice. It integrates and reflects respect for the dignity and uniqueness of others, valuing diversity, integrity, humility, mutual trust, self-determination, empathy, civility, and capacity for grace, and empowerment. (National League of Nursing, 2018)

Safety: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance (Quality and Safety Education for Nurses [QSEN], 2018).

BASIC LIFE SUPPORT, BACKGROUND/DRUG SCREENS AND IMMUNIZATIONS

Basic life support certification for health care providers must be current (within 2 years) and proof of completion submitted to castlebranch.com or to the Nursing Department prior to the courses to which a practicum is attached. The preferred agency for certification is the American Heart Association; **an online course is not acceptable**. A student must be ready and able to comply with the immunization and background/drug screen policies of the institution where their practicum takes place.

Clinical agencies that serve as practicum sites may require that students successfully complete a background check and a urine drug screen. Students must submit proof of a successful background check and drug screen as completed for their current employer. If the student has not completed these checks within the year prior to acceptance into the program, they must arrange with PCC to complete current checks in order to be in compliance with clinical partners for practicums. Malpractice insurance prior to practicums is provided as part of the pass through fee on tuition for the practicum semester.

If a student is convicted of any criminal offense while enrolled in the nursing program, the Department Chair and Division Dean must be notified. Failure to report will result in dismissal from the program. The degree of offense may affect continuation/reapplication to the program.

GUIDELINES FOR PRACTICUMS/PRECEPTORSHIPS FOR NUR 409 & NUR 410

Overview

The clinical preceptorship is designed to provide mentorship by facilitating guided clinical experiences to enable the student to integrate new knowledge and to demonstrate the attainment of the course and program goals and outcomes. The student will be paired with an experienced preceptor who serves as a role model in preparing the student for the transition to a baccalaureate prepared nurse.

Please review the course description and outcomes that can be found in your Syllabus.

Roles and Activities

Following are the role descriptions for the main players in the preceptorship.

Clinical Preceptor

- Be fully qualified, licensed, and experienced in the area in which the student is seeking mentorship.
- Adhere to all relevant professional nursing standards and guidelines as established by the governing board of nursing and set forth in the Nurse Practice Act (<https://dpo.colorado.gov/Nursing/Laws>).
- Have a degree at least one degree higher than the student, i.e. a baccalaureate or master's degree, in order to mentor the BSN student.
- Evaluate the preceptee midway and at completion of the preceptorship; communicate regularly with both the student and the PCC faculty member to ensure that the program goals and expected student outcomes are being met.
- Sign off on Document of Clinical Hours form (student will provide).

Student Preceptee

- Work under the supervision of the clinical preceptor or designee and appropriately use other persons for consultation; i.e., nurse manager, RNs, supervisors, faculty liaison.
- Incorporate the information learned in the course into the practicum experience and keep a record of how this is achieved.

Faculty Liaison

- Help recruit clinical preceptors.
- Works with the clinical preceptor in planning, implementing, and evaluating student learning experiences and performance.
- Maintains attendance and other administrative records.
- Is in contact with the preceptor on a regular basis.
- Evaluates how the student meets the course goals and outcomes.

Preceptee Limitations

- Preceptees must not exceed their professional scope of practice.
- Preceptees must adhere to all facility policies while in a preceptorship agreement.

Helpful Hints for Student Preceptees

- Be courteous and introduce yourself to patients and staff
- Communicate your role and why you are there
- Actively participate in all aspects of the experience
- Orient yourself to the surroundings
- Pay attention to the decision-making process and critical thinking of your preceptor
- Touch base with the preceptor throughout the shift
- Learn from everyone
- Keep the academic learning objectives in mind
- Be open to feedback

The clinical preceptor is a staff nurse who has responsibilities to the hospital or Long Term Care Center, the clients and other staff, in addition to her/his commitment to the student. It should be understood that the clinical preceptor is *primarily* responsible to the patients.

Working With Your Clinical Preceptor

Since this is a new role, you are probably beginning to have some questions about the experience itself and working with your clinical preceptor. The solution to your questions can be found in your desire to take responsibility for initiating and maintaining open and clear communication with the clinical preceptor. Some cardinal rules for establishing this kind of a productive exchange of thoughts, feelings, and ideas are:

- Let your clinical preceptor know what you are feeling and thinking about a particular situation and about her/his behavior towards you.
- Let her/him know daily what learning objectives you are planning to work on and how you would like to be assisted in meeting them.
- Ask for feedback on a regular basis, on both your strengths and weaknesses.
- Listen carefully when your clinical preceptor gives you feedback. You are *learning*.
- Besides asking for feedback, be aware of the pressures on your clinical preceptor and ask for feedback at times when (s)he can focus on you and give quiet thought to your needs. Past preceptees and preceptors have found it essential to agree on a daily time and place to meet, and have agreed that the time spent in these meetings was always valuable. *Remember, urgent client needs have priority.*

If problems arise, such as the preceptor does not give you feedback, or does not support your learning needs, discuss concerns with your faculty liaison. Ask for an appointment to discuss problems *before* they become insurmountable.

RESPONSIBILITIES AND SCOPE OF PRACTICE ISSUES

Excused Absences. Attendance at the clinical site as scheduled with the clinical preceptor is mandatory. Please inform your faculty liaison and your preceptor of any excused absences.

Corrective and critical evaluation. You will be evaluated on performance, effort, and professionalism. Please keep in mind that your preceptor will likely provide the college with an honest, objective, behavior-based evaluation.

Student Scope of Practice. Please be aware that your independent practice is limited by multiple restrictions for nursing students. These are listed above under **Preceptee limitations**. These are important for patient safety.

FAILURE/CONTINUATION/READMISSION POLICIES

If the student has failed a course during their 4 semesters in the RN to BSN nursing program, continuation is not guaranteed. Students who fail a course will have to wait until the class is offered again.

- Continuation in the nursing program requires a minimum grade of “C” (70%) in all nursing courses.
- The Pueblo Community College Nursing Program uses the following grading scale (updated Spring 2021):

A	95-100
A-	90-94
B+	87-89
B	84-86
B-	80-83
C+	77-79
C	74-76
C-	70-73
D	69 ↓

1. Readmission into the program will be reviewed by the Admission Committee and the final decision will be made by the Dean of Nursing.
An exception is noted under Title IX Guidelines for pregnancy rules.
(Reference Appendix A)
2. A leave of absence is defined as a withdrawal from the program for extreme circumstances which prevent the student from continuing in the program. (For example, medical conditions, personal tragedy, family crisis, financial challenges, etc.). The student must be in good academic standing (77% on all exam scores) at the time the request is made. The student must submit a written request for leave of absence and must be approved by the Dean of Nursing.
3. When a student has **failed (less than 70%) or withdrawn from a nursing course**, the student is ineligible to continue in the program without permission from the Dean of Nursing. If a student has failed or withdrawn from the same nursing course twice, or failed/withdrawn failing from two separate nursing courses, the student is ineligible to reapply to the PCC program for 3 years.

READMISSION POLICY

1. To be **re-admitted** to or continue in the program, a student must apply in writing within one year of their last nursing course taken, detailing how he/she plans to correct any deficiencies and successfully complete the program. The student readmission plan is to be developed by the student, outlining any required or suggested activities to help them succeed. This may include, but is not limited to: identifying areas that impact student success. A written plan of problem-solving personal issues interfering with student success, and/or a study plan for improving academic performance. The student must submit the student readmission plan requesting consideration for re-entry. This document should be submitted to the Administrative Assistant for review by the Admission Team and Nursing Program Director
2. The Nursing Department Chair will consider the applications for readmission or continuance based upon remediation, a minimum of a 2.5 GPA in nursing courses and prerequisites and seat availability.
3. **If withdraw or failure occurred within the first semester the student must reapply with the next year's application period and will be scored based on the same criteria of the new cohort.**
4. A nursing student who has not returned to the program within a two years must reapply to the new cohort. The current admission criteria and policies will be applied. Re-admission is not guaranteed.
5. All re-entries will be on a space available basis. There is no guarantee that a semester re-entry may occur.
6. Students who have been previously dismissed from the program may not reapply to the Pueblo Community College Nursing Programs.
7. Any recorded academic dishonesty will prevent admission to PCC Nursing Programs.

TRANSFERRING POLICY

Nursing courses completed satisfactorily (minimum grade of C, clinical "satisfactory" and an overall cumulative 2.5 GPA (or higher) may be considered for transfer to the PCC Nursing program if the following criteria are met:

- A. Course was eligible for graduation requirements from the transferring nursing program.
- B. **The student must be able to complete a minimum of fifteen credits from PCC in order to qualify for graduation.**
- C. The last nursing course completed should not be more than 1 year prior to the time of enrollment to the PCC Nursing Program.

- D. If the criteria above on “c” is not met, the course must be taken at PCC.
- E. Meets all requirements (course competencies, contact hours, credits) based on the PCC Nursing curriculum.
- F. The student must write the letter of intent to the Department Chair of Nursing /Admission Team stating reason for transfer.
- G. Letter of recommendation from transferring Nursing program to be mailed in a sealed envelope directed to the PCC Nursing Program Director.
- H. **Students are not eligible for transfer if they have failed and/or withdrawn from two nursing courses in another nursing program or twice from the same course.**
- I. Any recorded academic dishonesty will prevent admission to PCC Nursing Programs
- J. It is the student’s responsibility to have all courses posted to the PCC transcript prior to acceptance.

APPENDIX A: Title IX

Title IX and Pregnancy Fact Sheet for Instructors – Colorado Community College System

“No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance.”

In addition to protecting students, instructors, and staff from discrimination and harassment based upon sex, gender, and sexual orientation, Title IX of the Education Amendments of 1972 also prohibits any form of discrimination based upon pregnancy and parental status, including any and all related conditions, such as abortion.

Therefore, it is important for instructors to be aware of their responsibilities should they be notified by a student that she is pregnant:

- Pregnant students must be granted the same accommodations and consideration given to any other student with a temporary medical condition.
- Colleges are obligated to excuse absences and allow for the makeup of work missed due to pregnancy and related conditions, whether or not school policy allows for this in other cases.
- Students cannot be prevented from participating in classroom or extracurricular activities, nor from returning to class for a predetermined time period following childbirth.
- Colleges must provide reasonable adjustments to a student's educational environment, such as a larger desk, or allowing her to take longer/more frequent restroom breaks.
- Instructors may not call unwanted attention to or reveal a student's pregnancy without her consent.

If you are informed that a student is pregnant, contact your Title IX Coordinator immediately.

Ken Nufer
900 W. Orman Ave, Pueblo, CO 81004
719-549-3474 | Ken.Nufer@pueblocc.edu

Pregnant students have the responsibility to notify the college of their status, and may only be granted certain accommodations (such as excused absences) for as long as they are medically necessary. However, instructors should not request documentation directly from the student. Maintaining appropriate records is the responsibility of the Title IX Coordinator.

Appendix B – ANA Code of Ethics for Nurses

American Nurses' Association Code of Ethics for Nurses

Provision 1

The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Provision 2

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

Provision 3

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

Provision 4

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

Provision 5

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

Provision 6

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

Provision 7

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

Provision 8

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

Provision 9

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

To access the ANA Code of Ethics with Interpretive Statements:
<http://nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics-For-Nurses.html>

***to view the entire Code of Ethics**, please go to the following website:

The American Nurses Association Center for Ethics & Human Rights 8515 Georgia Avenue,
Suite 400 Silver Spring, MD 20910
(301) 628-5000
<http://www.nursingworld.org>

Appendix C – The Essentials of Baccalaureate Education for Professional Nursing Practice (American Association of Colleges of Nursing 2008)

The nine Essentials are:

Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice

- A solid base in liberal education provides the cornerstone for the practice and education of nurses.

Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety

- Knowledge and skills in leadership, quality improvement, and patient safety are necessary to provide high quality health care.

Essential III: Scholarship for Evidence Based Practice

- Professional nursing practice is grounded in the translation of current evidence into one's practice.

Essential IV: Information Management and Application of Patient Care Technology

- Knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care.

Essential V: Healthcare Policy, Finance, and Regulatory Environments

- Healthcare policies, including financial and regulatory directly and indirectly influence the nature and functioning of the healthcare system and thereby are important considerations in professional nursing practice.

Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

- Communication and collaboration among healthcare professionals are critical to delivering high quality and safe patient care.

Essential VII: Clinical Prevention and Population Health

- Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.

Essential VIII: Professionalism and Professional Values

- Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing.

Essential IX: Baccalaureate Generalist Nursing Practice

- The baccalaureate-graduate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare environments.
- The baccalaureate graduate understands and respects the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients.

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