



DEPARTMENT OF NURSING

PUEBLO CAMPUS
FREMONT CAMPUS
PCC SOUTHWEST CAMPUS

STUDENT HANDBOOK

2022-2023

This Student Handbook applies to the following programs:
ADN, Paramedic-ADN, LPN-ADN

Revised 07/2021
07/2022

Please note that this Student Handbook (Handbook) and the agreements within are subject to change and revision during the course of instruction. This Handbook contains pertinent information affecting students, current through the date of 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 (BP's) or Colorado Community College System President's Procedures (SP's), then the law, BP's and SP's shall supersede and control. BP's and SP's 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 BP's, SP's as well as College directives, including but not limited to the contents of this Handbook.

Access and read more about [BP's and SP's](#).

This Handbook is not intended to create (nor shall be construed as creating) an express or implied contract nor to guarantee for any term or to promise that any specific process, procedure 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.

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PROGRAM OVERVIEW

1.1 NURSING PROGRAM APPROVAL AND ACCREDITATION

The Associate Degree Nursing program at Pueblo Community College, Pueblo, Fremont and Southwest campuses located in Pueblo, Colorado, Canon City, Colorado and Mancos, Colorado is accredited by:

Accreditation Commission for Education in Nursing (ACEN)

[Accreditation Commission for Education in Nursing](#)

3390 Peachtree Road NE, Suite 1400 Atlanta, GA 30326

(404) 975-5000

The most recent accreditation decision made by the ACEN Board of Commissioners for the Associate Degree Program is nursing program is continuing accreditation.

Approved by the Colorado State Board of Nursing.

1.2 HIGHER LEARNING COMMISSION ACCREDITATION

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

1.3 GAINFUL EMPLOYMENT INFORMATION

The U.S. Department of Education requires disclosure of information for any financial aid eligible program that “prepares students for gainful employment in a recognized occupation.” Read more about [additional program and employment outlook information](#).

1.4 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.

1.5 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 Disability.Resources@pueblocc.edu at least four working days before the event.

1.6 WELCOME STUDENTS

To the 2022-2023 Nursing Program Students:

As the faculty and staff of the Nursing Department at Pueblo Community College, we would like to extend a warm welcome. Nursing school is a journey of strength, endurance, experiences and growth. We know that each and every one of you is prepared, both mentally and physically, for the challenge that lies ahead.

The faculty are here to guide you in your journey as a nursing student. We encourage you to ask questions, do independent research, and talk with your instructors. We have one common goal, to see you complete the rigorous curriculum of the Associate Degree Program in Nursing at Pueblo Community College.

To prepare for this demanding and rewarding profession, you will be expected to:

1. Attend all classes and clinical/simulation activities as scheduled per course syllabus (see Attendance and Tardiness Policies).
2. Display an inquiring attitude and a willingness to explore new or different concepts and ideas.
3. Comply with Pueblo Community College policies and those specific to the Department of Nursing as stated in this Handbook.
4. Complete all course requirements at a minimum average of "C" (77%).
5. Accept personal responsibility for requesting extra help and tutoring assistance early when needed.
6. Establish personal priorities that are realistic and a time management action plan for meeting curriculum requirements.
7. Use the problem-solving process to resolve issues and complaints. Accept and benefit from constructive criticism.
8. Demonstrate behaviors indicative of personal and professional integrity.
9. Inform your instructor in a timely manner of any condition which would interfere with or impair your ability to care for an assigned patient.
10. Follow the chain of command if issues arise. The chain of command is as follows:
 - a. Faculty/Instructor (clinical or course)
 - b. Course Lead Faculty
 - c. Campus Coordinator (Fremont and Mancos)
 - d. Nursing Program Director (Director)
 - e. Dean of Medical and Behavioral Health Division
 - f. College President

1.7 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 by empowering individual achievement through a continuum of education. 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 (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 institutions' 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.

1.8 DEPARTMENT OF NURSING MISSION STATEMENT

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

1.9 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.

1.10 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. Nursing program curricula reflects current nursing practice based on current nursing and healthcare initiatives. The curriculum provides an evidence-based foundation to meet today's healthcare needs. This is a requirement evidenced in both the Colorado Nurse Practice Act and the expectations of the Accreditation Commission for Education in Nursing (ACEN). The following resources were used in the development of the nursing curriculum and are continued resources for instruction:

- NCLEX-RN® test plan
- American Nurses Association [ANA] *Nursing: Scope and Standards of 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 Associate Degree Nursing programs preparing graduates as registered nurses. The associate degree nurse acknowledges the uniqueness of each individual and practices in accordance with a personal value system and the standards of the Nurse Practice Act. The practical nursing (PN) exit option allows students to take additional coursework which qualifies them to take the licensing exam as a practical nurse with certification in basic intravenous therapy. The practical nurse provides competent general nursing care in a structured clinical setting under the guidance of a registered nurse or a licensed physician.

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.

1.11 END OF PROGRAM STUDENT LEARNING OUTCOMES

Upon successful completion of the Associate of Applied Science in Nursing Degree, the graduate will:

1. Analyze the provision of safe, quality, evidence-based, patient-centered nursing care in a variety of healthcare settings to diverse patient populations across the lifespan (Nursing process, safety and patient-centered care).
2. Integrate critical thinking and clinical reasoning skills to make patient-centered care decisions (Critical thinking, clinical decision-making and nursing judgment).
3. Apply quality measures to improve patient care (Quality improvement and safety).
4. Establish collaborative relationships with members of the interdisciplinary team, the patient, and the patient's support persons (Teamwork and collaboration).
5. Apply information management principles, techniques, systems, and patient care technology to communicate, manage knowledge, mitigate errors and support decision making (Informatics).
6. Provide leadership in a variety of healthcare settings for diverse patient populations (Leadership, management of care, delegation, and advocacy).
7. Utilize professional, legal, and ethical guidelines in practice as a professional nurse (Professionalism, ethical behavior, legal principles, and standards of practice).
8. Create a culture of caring to provide holistic, compassionate, and culturally-competent care (Caring, holistic care, and cultural competency).

1.12 DEFINITIONS OF MAJOR CONCEPTS USED IN THE PROGRAM

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, 2012).

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).

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, 2012). 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.

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. (Diversity in Nursing: An NLN Vision Statement, 02/16/2016)

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, 2012).

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, 2012).

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, 2012).

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, 4th Edition).

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-NationalDatabase/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, 2012).

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).

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, 2012).

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).

GENERAL ACADEMIC INFORMATION AND POLICIES

2.1 GENERAL INFORMATION FOR STUDENTS

The educational approach used in the Department of Nursing is a combination of discussion, lecture, technology, and self-directed learning. Time limitations prevent presentation of all the nursing course material within scheduled class periods, therefore, students are expected to utilize the nursing lab, computer lab, specified audio-visual resources, study guides, textbooks, and library material outside of class hours. All

schedules are subject to change and may be altered for enhanced learning at the discretion of the faculty. Students will be notified verbally and/or in writing of these changes and are responsible for keeping informed and complying with program standards.

2.2 Student Success

To be successful in your academic program, you must be committed to the course of study and will need to spend a significant amount of time preparing for class and clinical/simulation assignments. Keep in mind that this is a professional program and attendance is important, just as it will be in employment for which these courses are designed to prepare you. If your personal situation requires a significant amount of outside employment during school terms, it is strongly recommended that you extend your program.

2.3 Safety and Emergency Procedure

Safety videos are studied during orientation and are available on the [PCC Portal](#). For more on safety and crime:

Contact PCC Department of Public Safety (DPS)

Pueblo Campus

Student Center, Room 152

Phone: (719) 549-3355

Fremont Campus

Learning Resource Center, L104

Phone: (719) 296-6130

COVID-19

In response to the COVID-19 outbreak, Pueblo Community College Nursing Department is following the policies implemented by the Leadership team at PCC; the recommendations of the CDC; and our local and state Departments of Health.

2.4 Pueblo Community College Code of Conduct

Pueblo Community College students are expected to adhere to the PCC Student Code of Conduct found in the [PCC Student Handbook](#) which defines unacceptable behaviors.

Problematic behaviors are further described in this Program Handbook in order to clearly define specific behaviors to students and expectations. Students will be held accountable for all behaviors. All violations of behavior will be documented after discussing with the student by faculty and a written summary will be forwarded to Student Services for further investigation and action.

Academic cheating is considered a problematic behavior but may have program sanctions applied that impact the student academically, which indicates the interference or lack of acquiring knowledge and/or skills to achieve the course/program outcomes. Cheating, plagiarism, or other academic dishonesty behaviors may have program/course impacts such as lowering of grade, failure of the assignment/course or other sanctions as described on the Program Handbook. The due process for academic dishonesty is described in the PCC Student Handbook and may result in additional College sanction from Student Services.

2.5 Academic Dishonesty

“Academic dishonesty” is any form of cheating and/or plagiarism which results in students giving or receiving unauthorized assistance in an academic exercise or receiving credit for work which is not their own. [PCC Student Handbook](#)

PCC’s Student Code of Conduct lists, but is not limited to, the following acts of misconduct as acts of academic dishonesty:

1. Cheating
2. Fabrication
3. Facilitating academic dishonesty
4. Plagiarism
5. Unauthorized Collaboration
6. Accessing online test banks

If an instructor determines that an act of academic or clinical dishonesty has taken place, the student(s) will receive a zero for the test or assignment. This grade penalty may result in a failing grade in lecture or clinical and possible dismissal from the program. If a report of academic dishonesty has occurred, student disposition will be determined following the academic dishonesty procedure outlined in the PCC Student Handbook. Conditions for readmission to the program may be specified by the Program Director and/or the Campus Coordinator.

2.6 Classroom Behavior

A student may be dismissed from the lecture for any infractions of expected behaviors or professionalism guidelines.

1. Failure to comply with student handbooks, ANA Standards of Professional Behavior, and PCC policies.
2. Demonstrating unprofessional and disruptive behavior.
3. Failure to communicate respectfully with any PCC staff, classmates, and faculty.
4. Being unprepared for class. Students must be seated, quiet and prepared with required material at start of class time.
5. Being inattentive and refusing to participate.
6. Exhibiting unprofessional dress. Modest attire dress code is required for lecture.
7. Participating in side conversations.
8. Using electronic devices unrelated to class.
9. Leaving class without permission.
10. Exhibiting unprofessional behaviors that are offensive to others (e.g. rolling eyes, shaking head with disapproval and unfavorable facial expressions).
11. Unapproved cell phone use. No cell phone use is allowed during class/lab. All cell phones must be kept in a backpack, unseen and muted during all classes/lab. Students may return calls/messages during breaks and/or after class, outside of the learning environment.

NURSING PROGRAM POLICIES AND PROCEDURES

3.1 PROFESSIONAL GUIDELINES

Professional Behavior/Work Ethic

Professional behavior is expected of all students. This is a must for each required activity on or off campus (classroom/lab, on campus, clinical/simulation, workshops, professional meetings, volunteer activities, etc.). Courtesy and respect should be demonstrated in all forms of communication. All concerns regarding student behavior will be referred to PCC Student Services. Studies have shown incivility and lack of teamwork in Nursing can jeopardize patient safety.

Considering that uncivil, disrespectful behavior by nurses and other members of the health care team has been shown to result in patient harm, the PCC Nursing program has adopted a zero tolerance policy for such behaviors. Thus, any student engaging in incivility, bullying or workplace violence, [as defined in the ANA's Position Statement on Incivility, Bullying, and Workplace Violence](#), will be placed on probation for a first offense, and dismissed from the program after a second offense. All alleged cases of incivility or bullying will be reviewed by an ad hoc team of no less than three faculty members.

The student will display a professional work ethic, which includes but is not limited to:

1. Following PCC and Nursing Department policies as stated in this handbook.
2. Attending all required activities and dressed in PCC scrubs unless otherwise noted.
3. Reading all memo's, designated communication boards, e-mails, or D2L.
4. Being on time for all required activities.
5. Being prepared for class, campus lab, check-offs, clinical/simulation, and other required activities.
6. Reading and following directions.
7. As an adult learner, accepting responsibility and accountability for:
 - a. Own behavior
 - b. Own learning and self-development
 - c. Seeking help/tutoring per own needs
8. Having back-up childcare and back-up transportation.
9. Following HIPAA confidentiality and privacy policies.
10. Being respectful of instructor office hours/contact times by not contacting them outside of normal business hours except in emergencies.
11. Using the Chain of Command in the Nursing Department for any grievance:
 - a. Course Faculty/Instructor
 - b. Course Lead Faculty
 - c. Campus Coordinator (Fremont and Mancos)
 - d. Nursing Program Director
 - e. Dean of Medical and Behavioral Health
 - f. PCC President

Based on the ANA Code of Ethics, students are expected to comply with the following professional expectations.

Verbal Communication

To promote positive, comfortable interactions, always:

1. Speak with appropriate tone and volume of voice (e.g., not curt, rude nor abrupt).
2. Use inoffensive language that is neither slang nor profane.
3. Use choice of words and content of speech appropriate for the emotional climate of the moment (e.g., supportive, empathetic, joyful).
4. Make appropriate overtures to engage in conversation/communication with others.
5. Maintain the content and flow of conversation/communication (e.g., displays social and therapeutic finesse).
6. Bring conversation/communication to closure politely and hospitably.
7. Exhibit courteous telephone manners (e.g., greetings, identification, handling inquiries, taking messages, transferring and placing calls, providing closure).
8. Refrain from discussing personal issues and concerns with clients, families and others in the workplace.
9. Discuss client and work-related issues and concerns only with appropriate individuals and in private locations.
10. Exhibit discretion and restraint in displays of humor.

Non-Verbal Communication

To promote positive, comfortable interactions, always:

1. Exhibit facial expressions that are respectful and appropriate to given situational contexts.
2. Use eye contact that is appropriate, expected and comfortable to others.
3. Use body and head movements that support comfortable communication with others.
4. Respect others' personal space regarding position of self during interactions.
5. Place self in a non-confrontational position in relation to others during interactions.
6. Use appropriate gestures.
7. Demonstrate appropriate and modest body positions while standing, walking and sitting.

Social Skills

To reflect a positive and courteous professional image, always:

1. Acknowledge and greet others upon arrival (e.g., "good morning", "good afternoon" and "hello").
2. Make proper introductions of self to others (clients and other personnel).
3. Express appropriate social courtesies (e.g., "please", "thank you", "you're welcome", "excuse me" and "pardon me").
4. Present a pleasant demeanor and attitude by being polite, non-threatening and putting others at ease.

To demonstrate respect and consideration of others, always:

1. Address all but direct and familiar peers by title and last name until requested to do otherwise.
2. Acknowledge, greets and offers assistance to those (visitors, other personnel) making inquiries or conducting business.
3. Facilitate positive interactions by introducing people to each other (e.g., clients to other personnel, personnel to each other).

Professional Values

To demonstrate behaviors consistent with the ethical principle of non-maleficence (do no harm), always:

1. Practice within the parameters of the definition of Nursing described in the [Colorado Nurse Practice Act](#).
2. Report persons in violation of the Colorado Nurse Practice Act.
3. Report persons in violation of the physician and osteopathic physician Practice acts (e.g., practicing in a harmful and negligent manner).
4. Recognize limits of own competence by seeking assistance as necessary.
5. Report own errors and omissions to the appropriate persons.
6. Delegate assignments consistent with caregiver abilities.

To demonstrate behaviors consistent with the value of beneficence (to do good), always:

1. Practice within the parameters of the ANA Code of Ethics (e.g., is non-judgmental, protects the client's privacy, safeguards the client, maintains competence, and is responsible and accountable).
2. Practice within the ANA Standards of Professional Performance.
3. Accept constructive feedback as a means for improving personal growth.
4. Support peers and other personnel.
5. Willingly accepts assignments.
6. Exhibit adaptability and flexibility.
7. Handle stressful situations calmly, constructively and tactfully.
8. Delegate difficult assignments fairly.

To demonstrate behaviors consistent with the value of fidelity (faithfulness to agreements and responsibilities), always:

1. Exhibit accountability (e.g., is directly, clearly and willingly answerable for own actions).
2. Serve as a role model for others in the human, social manner in which service is delivered.
3. Keep commitments to clients, colleagues, and employers.

To demonstrate behaviors consistent with the value of veracity (telling the truth), always:

1. Exhibit honesty in all areas of responsibility.
2. Report others who knowingly and willingly mislead, falsify or otherwise display dishonesty.

3.2 American Nurses Association (ANA) tips for using social media

Social networks and the internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. Nurses and nursing students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior has the potential to enhance or undermine not only the individual nurse's career, but also the nursing profession. Nursing students should follow the following principles for social networking. Any activity contrary to these principles will result in academic or clinical warning and possible dismissal from the nursing program, especially in cases involving a breach of privacy or confidentiality.

ANA'S Principles for Social Networking

1. Nurses (students) must not transmit or place online individually identifiable patient information.
2. Nurses (students) must observe ethically prescribed professional patient-nursing boundaries.
3. Nurses (students) should understand that patients, colleagues, institutions, and employers may view postings.
4. Nurses (students) should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses (students) should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities.
6. Nurses (students) should participate in developing organizational policies governing online content.

3.3 Community Service

Nursing is a service profession and, as such, students will be expected to participate in two (2) hours of community service for each NUR 1006 & NUR 2030 each academic year. Hours must be health related and/or other community related activities. Documentation of community services hours earned are required prior to the end of spring semester. An incomplete course grade will be recorded until the requirement is fulfilled.

3.4 Electronic Communication Device Policy

1. Hospital/agency telephones are not to be used for personal calls.
2. All electronic communication devices, including cell phones, must be silenced during all classes, labs and clinical/simulations. Students may return calls/messages during breaks outside the classroom and/or after class.
3. If any student is discovered using their cell phone for any inappropriate reason other than the above, they will receive a written warning. A second offense will result in further disciplinary action.
4. In the case that a family emergency occurs during your clinical time, please inform your clinical instructor immediately and ensure your primary nurse is aware, should you need to leave the floor so your patient is not left unattended.
5. Tablets and personal computers are not allowed in any patient care setting.

6. Students must obtain prior permission of the instructor/faculty before recording lectures. In no circumstances can the recorded lectures be posted on social media/YouTube. Doing so will result in academic discipline.
7. Absolutely no recording or photo taking allowed in the clinical setting.
8. All electronic communication must follow netiquette.
9. Students are prohibited from “check in” and/or “tagging” anybody on any Social Media platforms from clinical facilities while in their student role.
10. Students must not send connection requests on any Social Media platforms to faculty, clinical instructors, PCC staff, patients, and healthcare staff in clinical settings.
11. Students must not post anything malicious regarding PCC faculty, employees, students, patients, or staff members of clinical facilities on any social media site.
12. Students who are identified as having engaged in cyber bullying will be subject to immediate disciplinary action by the program and college.
13. Students who have been a victim of cyber bullying should notify the course lead faculty immediately. PCC has a Zero Tolerance Policy.
14. Students who have witnessed any cyber bullying activity will notify the course lead faculty immediately.

3.5 Academic Performance

1. Continuation in the nursing program requires a minimum grade of “C” (77%) in all nursing courses. As defined in each course syllabus, a student must achieve an average of 77% or above on theory exams.
Final exam average grade will not be rounded up. For example, a 76.5 will result in a final average exam score of 76.5% and result in course failure.
2. If a student receives a grade lower than 77% on any exam during the program, the student is required to meet with course faculty within one week to review exam and sign academic warning. Additional remediation may be required. Failure to comply with this requirement will result in a written academic/behavioral contract.
3. Students must also achieve a minimum grade average of 77% on homework and clinical paperwork (Clinical Care Plan, Teaching Plan, and Homework assignments) in order to pass any course. Course paperwork grades will be calculated into the final course grade once the exam portion has been achieved at 77% or above. This will not be calculated into your course grade unless the 77% test grade average is achieved.
4. If a 77% exam grade is not achieved, the exam grade will be recorded as the final course grade.
5. Each exam grade will be calculated as a percent and carried out to the nearest hundredth.
6. The Pueblo Community College Nursing Program uses the following grading scale:

90-100	A
83-89	B
77-82	C
69-76	D
68-0	F

Final class grade will not be rounded. This means any score below 77% will result in course failure.

7. There will be three progression math exams which will require the nursing student to achieve a 90% or better. A math exam will be given in NUR 1009, NUR 1006, and NUR 2012. If the student does not attain a 90% after three attempts, the student will not successfully passed that course.

3.6 Readmission Policy

If the student has failed a course during the nursing program, continuation is not guaranteed.

1. To be re-admitted to or continue in the program, a student must provide a written letter of intent to the Nursing Program Director within one year of their last nursing course taken, detailing how they plan 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, and/or a study plan for improving academic performance. The student's letter of intent will be reviewed by the Admission Committee and Program Director.
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 (i.e. medical conditions, personal tragedy, family crisis, financial challenges, etc.). The student must be in good academic standing (77% average on exam scores) at the time the request is made. The student must submit a written request for a leave of absence and must be approved by the Nursing Program Director.
3. 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 Nursing Program for three years.
4. The Nursing Program Director will consider the applications for readmission or continuance based upon remediation and seat availability. Readmission will be contingent upon the student's successful completion of skills check-offs, a math competency test and other testing (at the student's expense) at the discretion of the Director. An exception is noted under Title IX Guidelines for pregnancy rules (Reference Appendix B).
5. If a withdrawal or failure occurred within the first semester, the student must reapply and will be scored based on the same criteria of the new class cohort.
6. Re-entering students needing to repeat a course (one course failure) are required to repeat both theory, lab, and clinical in courses offering these components.
7. Re-entering students will also be required to repeat and pass a criminal background investigation and drug test and all the other clinical requirements at the student's expense.
8. Students who have been previously dismissed for academic dishonesty or clinical performance issues from the program may not reapply to the Pueblo Community College Nursing Programs.

3.7 Transfer Policy

Nursing courses completed satisfactorily (minimum grade of “C”, clinical “satisfactory” and an overall cumulative 2.8 GPA (or higher) may be considered for transfer to the PCC Nursing Program if the following criteria are met:

1. Course(s) was eligible for graduation requirements from the transferring Nursing program.
2. The student must be able to complete a minimum of fifteen (15) credits from PCC in order to qualify for graduation.
3. The last nursing course completed should not be more than one year prior to the time of enrollment to the PCC Nursing Program.
4. No last semester transfers will be accepted.
5. Each requested transfer course must meet all requirements (course competencies, contact hours, credits for lecture/lab/clinical) based on the PCC Nursing curriculum.
6. Complete competency testing as required requested by Admission Committee/Program Director. This may include content, math or skills testing. Testing will be at student expense.
7. The student must provide in writing a letter of intent to the Program Director and Admission Committee stating reason for transfer.
8. The student must provide a letter of recommendation from transferring Nursing Program Director/Dean to be mailed in a sealed envelope directed to the PCC Nursing Program Director.
9. Students are not eligible for transfer if they have failed and/or withdrawn from two (2) nursing courses in another Nursing program or twice from the same course.
10. Any recorded academic dishonesty will prevent admission to PCC Nursing Programs.
11. It is the student's responsibility to have all courses posted to the PCC transcript prior to acceptance.

3.8 Warning/Probation

If a student demonstrates unsatisfactory performance (academic, clinical/simulation, and/or laboratory), a warning or probation will be issued to the student. The situation will be discussed with the student and a written report will be made and signed by the student; the Instructor/Faculty; Campus Coordinator and/or Program Director.

- The purpose of the warning is to clearly identify the problem areas that must be corrected, the steps to be taken by the student, and the date when the student's status will be reviewed by the current instructor/faculty. Depending on the nature of the problem, the warning may extend into the next clinical, academic and/or laboratory course, with a date when the student's status is to be reviewed.
- Probation is implemented by joint faculty decision. A date is specified at which time the probationary status will be reviewed by faculty, and either removed, or extended into the next course. Clinical, academic and/or laboratory failure will occur if the conditions of probation are not resolved in a timely manner.
- Three behavioral (**not academic warnings**) warnings during entire program will result in dismissal from the program

Notification/Documentation: The student will receive a copy of the warning/probation form. One copy will be placed in the student's file. In order to graduate, all conditions of warnings and/or probations must be met.

3.9 Drugs/Alcohol/Tobacco

1. The use of drugs classified as “controlled, dangerous substances”, unless prescribed by a physician for an identified therapeutic effect, is prohibited. Each student must review the PCC Marijuana Policy. Any student suspected of such use will be removed from any classroom/lab/clinical/simulation area and will be required to undergo urine and/or blood tests. If a student demonstrates physical or mental impairment as a result of prescription drug use, they will be removed from the classroom or clinical/simulation area and subject to clinical failure and/or dismissal from the Nursing Program.
2. All Nursing students are required, as part of admission into the programs, to complete drug testing and background child registry checks which will be conducted by designated agencies as recognized by PCC Division of Medical and Behavioral Health. Students will be responsible for the cost of these screenings. The Department Director or Dean has the discretion to request additional drug screens at the expense of the students. All background, child registry checks and drug screens will be reviewed by PCC Human Resources.
3. Drug screens that are **positive** will not be accepted and the student will not be admitted or if already enrolled will be dismissed from the health program. If the drug screen is reported as **dilute**, the student must repeat the drug screen within 24 hours. If a **second dilute** is reported, the drug screen will be considered **positive**. Prescriptions not shown at the time of the test or other medications not reported at the drug screen will be considered **positive**.
4. All agency policies related to drug or random drug testing will be followed.
5. The use of alcohol or controlled substances will not be condoned in the classroom/lab or clinical/simulation. If at any time a question arises that a student is under the influence, the student will be removed from any classroom/lab/clinical/simulation area and will be required to undergo appropriate testing at the student's expense.
6. Effective fall semester 2017, tobacco use in any form is prohibited on all PCC campuses. Vaporized cigarettes are also prohibited. Most clinical facilities are “non-smoking campuses” and students are subject to clinic rules regarding the use of tobacco during clinical and preceptorships. For those who wish to stop using tobacco products, support will be provided through the PCC Health Clinic such as pharmacological aides (as applicable), smoking cessation kits/educational aides and programs accessible through the Colorado Quit Line.

3.10 Standardized Testing

Each student must complete standardized testing as defined in each course syllabus.

3.11 Skills Competency Evaluation

Skills competency evaluations (Check-off) must be completed by the designated dates. Students may repeat a check-off ONLY one time after practicing skill. If a check-off is failed for the second time, a grade of unsatisfactory will be recorded, resulting in failure of the course regardless of the percentage grade on the written tests.

1. Unsatisfactory first-time check-offs of more than two different critical check-off skills as defined by the course syllabus, will also result in a failing grade for the course.
2. If a check-off must be repeated, it is the responsibility of the student to make an appointment with a faculty member to repeat the check-off on a different day. The criteria utilized for all check-offs are based on the current standards of practice.

3.12 Testing Guidelines

All testing will take place with a proctor and only during times designated by the faculty/instructor.

1. All computerized exams are taken in a designated area, with nursing program proctors. Students will begin the exam no later than 15 minutes after the designated exam time. If a student reports after the 15 minutes, the student will not be able to take the exam. Once the time is up, all computers will be turned off and final grades recorded. Test scores may not be available from the faculty/instructor for up to seven (7) working days following the exam. Exam scores will be posted on D2L. Individual exam reviews must be completed within one week ONLY following the exam.
2. No cell phones, PDAs, laptops, smart watches, or programmable electronics will be allowed in the exam area. No internet accessible or Bluetooth devices are permitted.
3. Students are not permitted to wear hats, jackets, hoodies or other outer garments during testing.
4. Students are not allowed to bring food or drinks into the testing area during testing.
5. Upon completion of the exam, students must quietly exit the building and may not loiter in the hall outside the exam room.
6. No children or individuals other than the examinee will be allowed in the testing area.
7. Students will not be allowed to communicate with anyone in the testing area during the exam, except proctors.
8. The test proctor will not answer any questions concerning the content of the exam. The proctor will assist with technical questions only.
9. For security reasons, bathroom breaks should be kept to a minimum. Only one student will be allowed to exit the testing area at any one time.
10. If you have a problem or question, raise your hand to alert the proctor.
11. It will be at the discretion of the faculty/instructor/proctor to assign seating for the exam.
12. Any open window/browser other than the exam during computerized testing will automatically be considered academic dishonesty and grounds for dismissal from the nursing program.
13. At the beginning of each exam, the student will be given a white board or blank piece of paper for notes/calculations, etc. The student will be asked turn in scratch paper and at the conclusion of the exam.
14. In the event a student is unable to take an exam, an essay/alternate format exam may be provided at the discretion of the instructor. No more than one essay/alternate exam per nursing course per semester can be made up in this manner without forfeiting the exam

points. Special consideration may be given to the student upon written request to the instructor that includes written, verifiable documentation. (10%) percent will be deducted from the final exam score for late testing.

15. The student has one (1) week to schedule an exam review.

3.13 Pinning

Pinning is a long honored Nursing tradition that dates back to Florence Nightingale and is held to welcome graduate Nursing candidates into their profession.

Pinning Ceremony Requirements

1. The PCC school pin is the only acceptable pin for the ceremony.
2. Appropriate attire for all pinning ceremonies will be designated by nursing faculty and approved by the Nursing Program Director.
3. A faculty advisor must be present at all planning meetings for the pinning ceremonies.
4. Final pinning ceremony plans should be a collaboration between students and nursing staff/faculty.

CLINICAL/NURSING LAB/SIMULATION POLICIES AND PROCEDURES

If at any time the student's clinical requirements are not up-to-date and complete, the student will not be permitted to attend clinical which will result in course failure. This is the student's responsibility to make sure all these documents are up to date and loaded into Castlebranch before the first day of class.

4.1 Essential Functions (Appendix A)

At the beginning of the program, each student signs the Essential Function document that states "I understand the Physical Performance Standards (functional abilities) specific to the occupation of Nursing. I have the ability to meet the Physical Performance Standards as specified." Should the student's ability to perform any of the essential functions change at any time during the program, the student must report this to the Program Director as this may affect clinical assignments/program progression.

4.2 Background Checks/Drug Screens

Clinical agencies used during the program require that students successfully complete a background check and a urine drug screen. Background checks and urine drug screens must be completed annually while in the program. Once you have registered for your drug screen, you will be emailed the form to report to the screening facility and must report within 72 hours. Do not ignore the notice. Check your email frequently. Non-compliance with this policy will result in suspension/denied admission to the nursing program.

If a student is convicted of any criminal offense while enrolled in the nursing program, the Branch campus Coordinator and/or Program Director must be notified. Failure to report will result in dismissal from the program. The degree of offense may affect continuation/reapplication to the program.

4.3 Basic Life Support and Immunizations

Basic Life Support certification for Health Care Providers must be current (within two years) and proof of completion submitted to Castlebranch a minimum of four weeks prior to the beginning of each semester. The only agency for certification is the American Heart Association; an online course is not acceptable. All immunizations must be up-to-date per current program policy. **If at any time the student's clinical requirements are not up-to-date and complete, the student will not be permitted to attend clinical which will result in course failure.** This is the student's responsibility to make sure all these documents are up to date and loaded into Castlebranch before the first day of class.

4.4 Attendance/Tardiness Policies

All Department of Nursing policies are in addition to those of the College. Policies apply to all required program activities. The limited time frame for covering an extensive amount of subject matter limits options for making up missed content. In addition, the fact that patients' lives may be adversely affected by lack of nursing knowledge mandates a strict attendance policy for all scheduled learning experiences. Expectations are as follows:

1. Students are expected to attend all scheduled academic, clinical/simulation, and/or laboratory for which they are enrolled unless excused by the instructor. Instructors will maintain an official attendance record for all scheduled activities. All time missed in the clinical/simulation and/or laboratory area must be made up within the same semester it was missed. If greater than twenty percent (20%) of the classroom/clinical/simulation or laboratory scheduled time is missed, the result may be withdrawal/failure with requirement to repeat the course, as there is no guarantee of clinical/lab/simulation make-up availability. This will affect student progression in the program.
2. Arriving late (more than five minutes) for clinical may result in a clinical warning, dismissal from the clinical site and count as a clinical absence for the day. A repeated pattern of tardiness will result in a clinical warning/clinical probation.
3. For excused clinical absences, the course lead faculty and clinical coordinator will decide the time, place, and extent of make-up, when available. Excused absences are at the discretion of the nursing faculty. Make-up of time lost will be at the availability of the instructor and, in case of clinical, the clinical agency. Note that due to clinical placement requirements, if you are absent in the last two weeks of the semester, it may result in an incomplete course grade and delay progression in the program. To comply with Colorado State Board educational regulations, 750 clinical/simulation hours must be completed to qualify for NCLEX testing.
4. While attendance is mandatory, the faculty realizes there may be extenuating circumstances in which a student must miss clinical/lab/simulation. Severe student illness that would pose a risk to both patients and the student is an example of such a circumstance. Examples of invalid excuses are, but not limited to: weddings, honeymoons, vacations, trips, work schedules, incomplete homework assignments, personal appointments, and other personal matters. Documentation will be required. Missed clinical for invalid excuses may result in an unexcused absence

for the clinical time missed. Two unexcused absences from clinical/simulation during each semester of the nursing program will result in course failure.

5. Clinical cancelation related to weather: This will be at discretion of the campus coordinators and Nursing Program Director.
6. As a part of any professional behavior, in the case of absence, the student is required to notify the clinical/simulation instructor prior to the start of the clinical day. The student must also notify:
 1. Course lead faculty with written documentation (email is acceptable).
 2. Students will submit written form found on the last page of Clinical Guidelines and Forms to the course lead.
7. All clinical makeups will be decided by course lead faculty.
8. If a student misses any clinical time in a course, it is the student's responsibility to initiate and complete the make-up process. Make-up work/time for missed clinical experiences will be determined by the course lead faculty, clinical faculty, and clinical coordinator. There is no guarantee of clinical make-up time, as clinical space and faculty may not be available. The make-up time may be scheduled during an evening, night or weekend shift. It is the student's responsibility to adjust their schedule to meet the prescribed dates/times/shifts. Students may be assigned independent work or work with a clinical instructor. It may not always be possible to arrange a clinical make-up time prior to the course completion date. The option to make-up missed clinical time will be contingent upon site and instructor availability and requires faculty approval. This option is to be utilized for extenuating circumstances and valid excuses only. This process/option will not be considered for invalid excuses.
9. Clinical pre-prep paperwork must be completed the night before clinical or students must arrive two (2) hours before clinical starts to complete pre-prep paperwork.

4.5 Working Prior To Clinical/Simulation

PCC Nursing is approved by the Colorado Board of Nursing and bound by its mission to "ensure safety, and certify competent nurses to care for patients and their families by protecting the public from unsafe practices and unprofessional conduct amount nurses."

Consequently, students shall not work within eight hours prior to a clinical/simulation assignment. If it is determined that the student has failed to comply with this policy, the clinical instructor shall dismiss the student from the clinical site and record it as a clinical absence.

4.6 Appearance and Dress Code

1. The official uniform for the Department of Nursing is an opaque, dark maroon uniform pant or skirt and an opaque, dark maroon uniform top; students may also wear a dark maroon uniform dress. Scrubs should be clean and well-pressed. The length of the dress/skirt uniform should extend to the middle of the knee. Scrub pants should be ankle length and not touching the floor. Jogger scrub pants are not permitted. Dress code for Colorado Mental Health Institute – Pueblo will include

approved dark maroon nursing polo shirt and black pants. A plain, white or black short or long sleeve T-shirt or turtleneck may be worn under the uniform top. If wearing long sleeves, must be able to push up to safely perform sterile skills and handwashing.

2. Soft rubber-soled professional shoes are to be worn. All white or all black, low top, leather athletic shoes are permitted. Sandals, clogs, crocs, spring shoes, and open toe/open heel shoes are not allowed. Shoes and shoelaces must be clean.
3. When dress or skirt uniform is worn, crew length, plain white socks or hose must be worn; hose must be neutral or white-colored, clean and without runs. Underclothing is not to be visible.
4. Body tattoos are permitted per facility policy while in the clinical setting. If at any time, the instructor, hospital staff or patient feels that the tattoo is offensive, then it must be covered.
5. Any additional dress standards of the health-care agency will be followed.
6. Grooming: Cleanliness and good grooming are essential for the student. The following guidelines should be met:
 - a. Daily bathing is recommended.
 - b. Use of a deodorant (unscented) is recommended.
 - c. Thorough, daily oral hygiene is essential; a mouthwash and/or breath mints are essential if the individual is a smoker or eats food with a strong odor.
 - d. No perfumed products are to be used, including scented cosmetics, lotions, deodorants and hair spray.
 - e. Minimal cosmetics may be used, in accordance with good taste.
 - f. Hair is to be neat, clean and off the face. Long hair must be pulled back and secured up and not able to fall forward ("messy buns" are not permitted). Small hair ornaments, white, black or maroon solid colored headbands are acceptable in the agency setting. A conservative hairstyle/hair color should be followed. Hair must be pulled back and secured prior to entering the clinical facility. Students must comply with any additional agency policies.
 - g. Male students must be clean-shaven or have a well-trimmed beard and mustache. If a male student is generally hirsute, they must wear a clean, white, full T-shirt under their uniform top.
 - h. Nails are to be clean, well-trimmed and unpolished. Artificial nails are not permitted.
7. Students should be prepared with a stethoscope, pen light, bandage scissors, hemostat, and name badge/picture ID.
8. Engagement/wedding rings and small, post pierced earrings (one per ear) may be worn. No other visible necklaces or pierced jewelry is permitted (including tongue and nose piercings). In some clinical areas, regulations may be stricter than this policy. Students are responsible for any loss or damage to their personal belongings brought into the clinical agency.
9. When in the agency to collect data, students must wear their uniform with name badge. Hair is to be neat, off the face, and pulled back and secured up if long. Other grooming standards listed under Item 6 above must be followed.

4.7 PCC Nursing Lab Guidelines

The nursing skills lab is a vital part of the Nursing curriculum. It is an integral part of nursing education and will teach patient safety and quality of care through demonstration of required skills. Opportunities to practice those skills during lab in a risk-free setting encourages critical thinking and increases confidence.

In the skills lab the student will use equipment such as life-size manikins, simulated vital signs manikins, intravenous training systems, IV pumps, task trainers and other medical equipment and supplies. The skills lab is designed to provide students an opportunity for hands-on experience in a safe learning environment that fosters an understanding of all aspects of health care.

Lab Dress Code

For all nursing labs, students will be expected to be in full PCC student clinical uniform. This includes check-offs, mandatory, open labs, practice labs and tutoring unless instructed otherwise at the discretion of the lead faculty. Students are also required to wear their student ID badge.

Students who are not in compliance with the required attire will be asked to leave the lab. The student may return once the appropriate attire is completed.

Student Lab Hours

Students must sign in and out of the lab rooms for all labs including practice times. A Lab Sign-In Log Book is located in each of the labs to validate lab hours.

Personal Belongings

Please label textbooks and personal items. Backpacks, personal belongings and outerwear must be stored on the rectangular lab tables or under the tables.

Lost and Found

Lost and found items will be retained by the Lab Coordinator or Nursing Office. Please inform the Lab Coordinator, instructors and Administrative Assistant of lost and found items.

Drinks and Food

No eating or food permitted in the lab. Fluids in covered containers per faculty discretion.

Cell Phones

Cell phones must be on silent and are not to be visible during labs. Absolutely no phone calls or texting during labs. Students can leave the lab to take important phone calls. The lab phone is not for personal use.

Supplies, Equipment and Resources

1. Please leave manikins in their beds. If a manikin needs to be moved, please contact lab coordinators.
2. Pencils are used in labs. Ink pens are not allowed near the manikins.

3. Using recycled supplies or sharing of resources may be necessary while practicing.
4. Use gloves located in boxes on the walls during any procedure that requires gloves. Do not simulate glove usage.
5. All needles are to be covered with a needle sheath and stored in the student's individual Nursing or IV Kit. Syringes and needles are not to be removed from the lab. After use, all needles are to be disposed in the sharps containers located throughout the labs.
6. Nursing and IV Kits are to remain locked in designated areas for each campus.
7. Lab resource books and supplies must not leave the lab without permission.
8. If extra equipment or supplies are needed for practice during labs, please contact lab coordinators or instructors.
9. Report any incidents or malfunctions to the lab coordinators immediately. Attach a note to the piece of equipment if lab coordinators are not immediately available.
10. Return any unused supplies and equipment to its designated area.
11. Notify the instructor or lab coordinators of any allergies and/or medical conditions (e.g., latex, etc.)

Needle Sticks and Other Incidences

If a student is accidentally stuck with a sterile/non-sterile needle or develops a skin reaction, immediately wash the area with soap and water and inform the instructor or lab coordinators of the incident.

Videotaping

Videotaping may be used in the labs at any time for instructional purposes by the instructors. Videotaping may be used in the labs by the students with prior consent from the instructor(s). The video may not be posted on any website, Facebook, YouTube or any other social media.

Children

Only PCC Nursing students/faculty/staff are allowed in the labs. Children are not allowed at any time.

Housekeeping

During labs, open labs or individual practice:

1. Clean and straighten up before leaving the lab and return lab equipment.
2. Straighten bed linens. Return beds to the lowest position with the side rails up. Leaving the side rails down and the bed up is a safety issue.
3. Place bedside tables beside the bed in their proper place.
4. Clean the manikins if simulated fluids are spilled on or around the manikin. Remove all simulated supplies from manikins unless instructed to do otherwise.
5. If simulated fluids are spilled on linens, change the linens.
6. Wipe up any spills on the floor and on the equipment. Clean up water/simulated blood spots on bedside tables, remove tape from tables or IV poles, etc.
7. Return clean equipment to its designated areas.

8. Dispose of supplies in proper receptacles. If an item is recyclable, place them in the recycle container. All simulated practice needles are to be disposed in sharps containers. Needles are not to be discarded in trash containers.

4.8 Clinical Incidents

A clinical incident is defined as any occurrence that will require an “unusual occurrence” summary form to be completed or as defined by the facility. An unusual occurrence form is to be filled out by a student and clinical faculty when an actual or potential injury occurs to a patient as a result of student care or lack thereof. Hospital policy should be followed in the event of an unusual occurrence. The person in charge on the unit must receive a copy of this report.

1. Student immediately reports the incident to the clinical instructor.
2. Clinical instructor investigates the incident.
3. Clinical instructor will advise the student to report the incident to appropriate staff.
4. Student and clinical instructor will complete all paperwork required by facility.
5. Clinical instructor will notify lead faculty and/or Clinical Coordinator of incident.
6. Student writes a summary of the nature of the incident and submits one copy of this to the clinical instructor and one copy to lead faculty. Summaries are to be submitted within three (3) working days of the incident. Other written assignments may be required by the lead faculty.
7. Action/follow-up will be determined depending on the severity of the concern.
8. The Unusual Occurrence Form should include patient initials, nursing unit, time, date, and objective summary of incident. Also, include time of the occurrence and to whom the incident was reported.

4.9 Injury and Accidental Exposure

1. If the student sustains an injury or is accidentally exposed to an infectious disease in the clinical area, they must notify the instructor immediately. An incident report will be filled out according to agency policy and a PCC Nursing Program Unusual Occurrence form will also be completed.
2. Students are covered under PCC Workers’ Compensation for clinical injury and exposure to infectious disease. The student must fill out a Workers’ Compensation form in the PCC Human Resources office (not the facility) within 24 hours of the incident.
3. If the clinical injury or exposure to infectious disease occurs after office hours or during the weekend, follow the Nursing instructor’s direction.
4. If the student is exposed to an infectious disease or is potentially exposed to an infectious disease, the exposure must be investigated within 24 hours.
5. It is recommended that the student carry his/her own health insurance. Students are not covered by Worker’s Compensation for injuries or exposure to infectious disease if it occurs in the nursing lab or classroom.

4.10 Medication Errors

1. Student will write a summary of the medication error with an opportunity to describe how to prevent errors in the future and submit one copy to the clinical instructor and one copy to the course lead faculty immediately.
2. If a medication error occurs, the student will be asked to meet with the clinical instructor/course faculty and/or the Program Director for remediation (See Appendix C - Clinical Retention Algorithm).
3. Discovery of a failure to report a medication error or failure to follow medication administration guidelines or those of the health care agency may result in a clinical failure.

4.11 Behavioral Misconduct In Clinical/Simulation

A student will be immediately dismissed from the clinical area and/or may fail clinical if the safety of the patient becomes a factor. Unsafe behaviors include, but are not limited to:

1. Falsifying documentation/reporting such as charting or reporting completion of nursing interventions when, in fact, such action was not taken.
2. Failure to report an error.
3. Failure to perform assigned care.
4. Failure to report changes in patient condition to instructor and appropriate staff.
5. Assuming responsibilities or performing skills in which the student has not demonstrated competency in the nursing laboratory.
6. Failure to practice within the scope of the Colorado Nurse Practice Act.
7. Violation of confidentiality (HIPAA).
8. Unsafe performance of clinical/simulation practice (See Critical Behaviors listed on the clinical evaluation form).
9. Demonstrated physical, mental and/or emotional impairment.
10. Abandonment of clinical assignment or patient care.
11. Incomplete clinical/facility requirements (CPR, immunizations, drug testing, etc.).
12. Leaving the assigned unit and/or clinical facility grounds without personally notifying and obtaining permission from the clinical instructor.
13. Overriding medication alerts.
14. Violation of social media guidelines (See Electronic Communication Device Use Policies).
15. Substance abuse (if suspected, faculty has the right to test for cause).
16. Violation of patients' rights.
17. Noncompliance with facility policies and procedures.

Protocol Following Behavioral Misconduct

1. The clinical instructor/faculty will complete an Interpersonal/Behavioral Issue Notification Contract form for each behavior misconduct.
2. The clinical instructor will notify the course lead faculty and clinical coordinator the same day that the incident occurs. If the conduct occurs in a classroom setting, the faculty will complete an Interpersonal/Behavioral Issue Notification form.

3. The completed forms will be reviewed with the student, signed by the student and faculty, and placed in student file.
4. **Two behavioral warnings will immediately result in probation and the third infraction will result in dismissal from the program.**

4.11.1 Clinical/Simulation Dismissal

A student who comes to the clinical/lab/simulation setting unprepared or late, as specified in the program/course guidelines, will be asked to leave. This will be considered an absence for the clinical day (See Attendance/Tardiness Policy). Before leaving the clinical area for that day, the student must schedule an appointment to meet with the course instructor prior to the next scheduled clinical experience and a clinical warning will be issued.

4.11.2 Dismissal from the Clinical Agency

Dismissal from the clinical agency as a result of inappropriate behavior may result in a clinical course failure and/or dismissal from the Nursing Program. Students who are dismissed from a clinical site by the agency are also subject to failure in that clinical course. Students may also be referred to PCC Student Services for disciplinary action. If a clinical agency/facility requests that a student NOT return to their facility (to complete a clinical the student is currently in or for a future clinical) due to behavior issues, substances, drugs, etc., the Nursing Program may terminate the clinical experience for the student and/or assign a failing grade.

The clinical instructor, in conjunction with or without the lead faculty, has the right to send a student home and record the day as an unexcused absence if they feel the student is unprepared or unable to care for assigned patients or has demonstrated a violation of professional behavior.

4.11.3 Clinical/Simulation Failure

1. Clinical instructors will evaluate student on **course Competencies (a)** and **critical behaviors (b)**, using the following rating key:

KEY

S = Satisfactory (meets competency at expected level)

NI = Needs improvement

U = Unsatisfactory (does not meet competency at expected level)

N = NOT OBSERVED

NA = NOT APPLICABLE (not expected at this level of the program)

- a. The following applies to the number of U's a student may receive on **Course Competencies** and still pass the course.
 - For **NUR 1009** - no more than two U's in any course competency.
 - For **NUR 1006** and **1050**, – no more than one U in any course competency.
 - For **NUR 2006, 2011, 2016, 2030**, U's at the final evaluation will result in clinical probation or course failure.
- b. Students will be evaluated daily on **Performance Critical Behaviors**: more than two U's per day or in one area during the clinical rotation will result in: **Dismissal from the clinical area and clinical warning.**

2. If the student exceeds the allotted unsatisfactory rating(s) at midterm or on a daily evaluation, a clinical warning will be issued. The situation will be discussed with the student; a written report will be made and signed by both the student and the instructor. The purpose of the warning is to clearly identify the problem area(s) that must be remedied, the steps to be taken by the student, and the date when the student's status will be reviewed by the current instructor. If the issue(s) presented in the warning are not resolved by the final clinical rating, clinical probation may be implemented after joint faculty discussion. Academic/laboratory/clinical failure can result if warning or probationary issues are not resolved.

Protocol Following Clinical Failure

1. The student must meet with the course instructor and Program Director/Coordinator within three working days from the day of clinical failure.
2. Department Chair will convene an ad hoc faculty committee to meet within five working days after meeting with the student.
3. Decision of the ad hoc faculty committee will be mailed to the student within five working days after the date of their meeting.
4. The student may request, in writing, to meet with the ad hoc faculty committee within five working days after signed receipt of the decision.
5. Demonstration of ability to perform safely in the clinical area must be validated by joint faculty decision before the student will be allowed to return to any clinical area in the future.

APPENDIX A: ESSENTIAL FUNCTIONS

Health Professions Division

_____ I have read and I understand the Essential Functions Form specific to the Occupation of **Nursing**.

_____ I have the ability to meet the Essential Functions as specified.

Please Print Name

(Signed)

(Date)

The Americans with Disabilities Act bans discrimination of persons with disabilities and in keeping with this law, PCC makes every effort to insure quality education for all students. It is our obligation to inform students of the essential functions demanded by this program and occupation. **Students requiring accommodations or special services to meet Essential Functions of the Nursing Program should contact the Disabilities Resource office at 719-549-3446.**

PCC is an Affirmative Action/Equal Opportunity Institution and complies with all requirements of the Americans with Disabilities Act.

Accommodations for students with handicaps are made through the Disabilities Resource office. This department works with the program faculty to provide appropriate accommodations for students with disabilities.

Nursing Program Requirements

Gross Motor Skills

- Move within confined space
- Sit and maintain balance
- Stand and maintain balance
- Reach above shoulders (e.g., IV poles)
- Reach below waist (e.g., plug electrical appliance into wall outlets)

Fine Motor Skills

- Pick up objects with hands
- Grasp small objects with hands (e.g., IV tubing, pencil)
- Write with pen or pencil
- Key/type (e.g., use a computer)
- Pinch/pick or otherwise work with fingers (e.g., manipulate a syringe)
- Twist (e.g., turn objects/knobs using hands)
- Squeeze with finger (e.g., eye dropper)

Physical Endurance

- Stand (e.g., at client side during surgical or therapeutic procedure)
- Sustain repetitive movements (e.g., CPR)
- Maintain physical tolerance (e.g., work entire shift)

Physical Strength

- Push and pull 25 pounds (e.g., position clients)
- Support 25 pounds of weight (e.g., ambulate client)
- Lift 25 pounds (e.g., pick up a child, transfer client)
- Move light objects weighing up to 10 pounds (e.g., IV poles)
- Move heavy objects weighing from 11 to 50 pounds
- Defend self against combative client
- Carry equipment/supplies
- Use upper body strength (e.g., perform CPR, physically restrain a client)
- Squeeze with hands (e.g., operate fire extinguisher)

Mobility

- Twist
- Bend
- Stoop/squat
- Move quickly (e.g., response to an emergency)
- Climb (e.g., ladders/stools/stairs)
- Walk

Hearing

- Hear normal speaking level sounds (e.g., person-to-person report)
- Hear faint voices
- Hear faint body sounds (e.g., blood pressure sounds, assess placement of tubes)
- Hear in situations when not able to see lips (e.g., when masks are used)
- Hear auditory alarms (e.g., monitors, fire alarms, call bells)

Visual

- See objects up to 20 inches away (e.g., information on a computer screen, skin conditions)
- See objects up to 20 feet away (e.g., client in a room)
- See objects more than 20 feet away (e.g., client at end of hall)
- Use depth perception
- Use peripheral vision
- Distinguish color (e.g., color codes on supplies, charts, bed)
- Distinguish color intensity (e.g., flushed skin, skin paleness)

Tactile

- Feel vibrations (e.g., palpate pulses)
- Detect temperature (e.g., skin, solutions)
- Feel differences in surface characteristics (e.g., skin turgor, rashes)
- Feel differences in sizes, shapes (e.g., palpate vein, identify body landmarks)
- Detect environmental temperature (e.g., check for drafts)
- Detect odors from client (e.g., foul smelling drainage, alcohol breath, etc.)
- Influence people
- Direct activities of others
- Convey information through writing (e.g., progress notes)
- Detect smoke
- Detect gases or noxious smells
- Reading
- Read and understand written documents (e.g., policies, protocols)

Math Calculation Competence

- Read and understand columns of writing (flow sheet, charts)
- Read digital displays
- Read graphic printouts (e.g., EKG)
- Calibrate equipment
- Convert numbers to and/or from Metric System
- Read graphs (e.g., vital sign sheets)
- Tell time
- Measure time (e.g., count duration of contractions, etc.)
- Count rates (e.g., drips/minute, pulse)
- Use measuring tools (e.g., thermometer)

- Read measurement marks (e.g., measurement tapes, scales, etc.)
- Add, subtract, multiply, and/or divide whole numbers
- Compute fractions (e.g., medication dosages)
- Use a calculator
- Write numbers in records

Emotional Stability

- Establish therapeutic boundaries
- Provide client with emotional support
- Adapt to changing environment/stress
- Deal with the unexpected (e.g., client going bad, crisis)
- Focus attention on task
- Monitor own emotions
- Perform multiple responsibilities concurrently
- Handle strong emotions (e.g., grief)
- Analytical thinking
- Transfer knowledge from one situation to another
- Process information
- Evaluate outcomes
- Problem solve
- Prioritize tasks
- Use long term memory
- Use short term memory

Critical Thinking

- Identify cause-effect relationships
- Plan/control activities for others
- Synthesize knowledge and skills
- Sequence information

Interpersonal Skills

- Negotiate interpersonal conflict
- Respect differences in clients
- Establish rapport with clients
- Establish rapport with co-workers

Communication Skills

- Teach (e.g., client/family about health care)
- Explain procedures
- Give oral reports (e.g., report client's condition to others)
- Interact with others (e.g., health care workers)
- Speak on the telephone

APPENDIX B: 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.

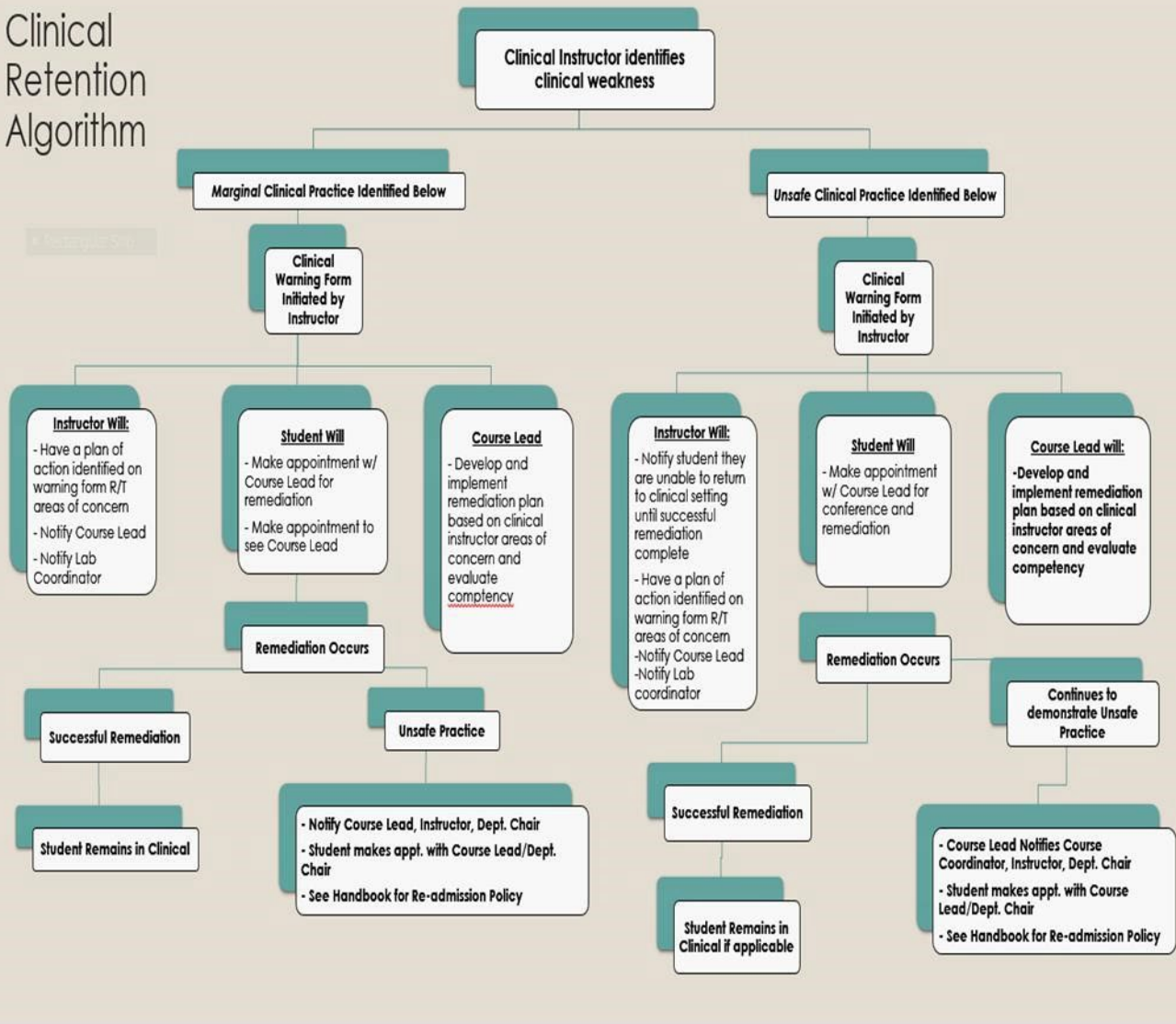
If you are informed that a student is pregnant, contact your Title IX Coordinator immediately.

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 C: CLINICAL RETENTION ALGORITHM

Clinical Retention Algorithm



Criteria for Marginal/Unsafe Practice

- **Marginal:** Performance is at risk to patient, student, or others, or safe only with direct supervision; it is not always accurate; achieves desired purpose and manner only occasionally; unskilled, inefficient, and expends considerable energy with marked delay in completion time; anxiety is pronounced or may be masked; and requires continued cueing.
- **Unsafe Practice:** See Clinical Guidelines and forms and Student Handbook

LETTER OF AGREEMENT

Attestation of Acknowledgement of PCC Nursing Program Student Handbook

I, _____, have read the electronic version of the Department of Nursing Student Handbook, posted on the Nursing Program D2L shell, and agree to comply with the published policies outlined in the Handbook. Furthermore, I have been informed that changes in standards may/can occur as determined by developments in clinical and/or academic settings, and that, in as far as possible, changes will be effective prior to the beginning of the new academic term. When notified verbally and/or in writing of these changes, I will comply with them. I understand that a minimum grade of "C" (77%) must be attained to pass each Nursing course. **My signature indicates my acceptance of all policies stated in this Handbook.**

Please initial each policy listed on the grid below:

Program Student Learning Outcomes	Initial _____
Appendix A – Essential Functions	Initial _____
Clinical Requests	Initial _____
Community Service Commitment	Initial _____
Castlebranch Requirements for CPR, Immunizations, Background Check and Drug Screen policy	Initial _____
Attendance/Tardiness Policies	Initial _____
Electronic Communication Device Use Policy	Initial _____
Failure/Continuation/Readmission Policy	Initial _____
PCC Code of Conduct: Course Issues Academic Dishonesty Behavioral Misconduct in Classroom and Clinical Settings	Initial _____
Testing Policy	Initial _____
Clinical/Simulation Dismissal	Initial _____
Clinical/Simulation Failure	Initial _____
Clinical Incidents	Initial _____
Medication Errors	Initial _____
Testing Guidelines	Initial _____
Appearance and Dress Code	Initial _____
Professional Guidelines	Initial _____

Program Student Learning Outcomes	Initial _____
Drugs/Alcohol/Tobacco Use	Initial _____
Nursing Lab Guidelines	Initial _____
Pinning Ceremony	Initial _____

Please PRINT student name

Student Signature _____

Date _____

Date of Graduation _____

This Letter of Agreement is to be turned into the Nursing Department Administrative Assistant and will become a part of the student's permanent file.