

2019-2020

Student Handbook



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Dean of Instruction, Health & Public Services, Director of Nursing

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Dean of Instruction Welcome

On behalf of the faculty, I would like to welcome you to the Hill College Associate Degree Nursing (ADN) Program. The Hill College program is a **Multiple Entry Exit Program** offering a Traditional two (2) year tract, Mid entry LVN-RN Transition and Paramedic-RN Transition tracts, and Early exit LVN tract. In addition to offering the best possible professional education, integral components of our program are honesty, integrity and an uncompromising emphasis on professionalism. You will be working closely with dedicated faculty who have considerable expertise and provide an exceptional professional role model.

After successful completion of Hill College's Associate Degree Nursing Program (Traditional and Transition tracts), you will be eligible to take the licensing exam (NCLEX-RN) to become a Registered Nurse. If you chose the early exit LVN tract, after successful completion you will be eligible to take the licensing exam (NCLEX-PN) to become a Licensed Vocational Nurse.

The purpose of the ADN Student Handbook is to acquaint students with the rules and procedures specific to the ADN Program. All students are expected to abide by the stated rules and procedures and failure to do so may lead to disciplinary action, suspension or dismissal from the program. This handbook is a supplement to Hill College's General Catalog and Student Handbook. Familiarize yourself with both the Hill College and ADN Program handbooks. If you have any questions about any of the provisions, we will be pleased to discuss these matters with you.

Once again, congratulations on being accepted into the Hill College ADN Program. You have been selected from a large group of individuals seeking entrance into the program. You will find our faculty eager to assist you in your educational endeavor.

Lori Moseley, MSN, RN
Dean of Instruction, Health and Public Services
Hill College

Article 1 General Hill College & Program Information

Section 1.01 Disclaimer

This handbook is published for the students of Hill College. Included are rules, procedures and regulations that contribute to the orderly life of the college community. Please refer to the College Catalog for rules relating to such items as admissions, records, graduation, and academic standards. This publication does not constitute a contract between Hill College and the student.

The college and the Associate Degree Nursing Program reserve the right to alter contents of this Student Handbook with notice to the student as necessary.

Section 1.02 Philosophy

The Board of Regents, administrators, and faculty at Hill College are committed to the concept that our College be an open door to learning. With this goal in mind, we extend an educational opportunity to students of all ages who can profit from instruction. Every effort is made to provide equal access to the educational opportunities offered at Hill College without regard to race, creed, color, age, sex, national origin, or disability.

In keeping with this philosophy, Hill College recognizes and accepts the responsibility for providing curricula for university bound students, for students seeking career opportunities in a variety of occupations, and for persons of the community seeking cultural enrichment, short-term skill training, or personal improvement opportunities. The College will seek to achieve these goals within the limits of its legal responsibilities and available fiscal resources.

Section 1.02 Mission Statements

Hill College provides high quality comprehensive educational programs and services. The college enhances the educational, cultural, and economic development of its service area and prepares individuals for a more productive life.

With the Hill College mission in mind, the mission of the ADN Program is to prepare nurses to be providers of evidence-based patient-centered care to individuals and families, a patient safety advocate, coordinators of care within a variety of health care systems, and contributing members of the nursing profession.

Section 1.02 SACS Accreditation

Hill College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award the associate degree.

Contact the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Hill College.

Section 1.03 Core Values

Accountability

Dedication

Integrity

Positivity

Respect

Section 1.04 Services for Students with Disabilities

Hill College is committed to maintaining an accessible campus community and providing reasonable accommodations to qualified students, faculty, staff and visitors. Section 504 of the Rehabilitation Act of 1973 (117 kB) and the Americans with Disabilities Act (ADA) of 1990 (117 kB) prohibit discrimination in the recruitment, admission, and treatment of students with disabilities. Students with qualified and documented disabilities may request accommodations, which will enable them to participate in and benefit from educational programs and activities. Students must provide appropriate documentation of the disability, complete an Accommodation Request Form for special accommodation/modification, and schedule and participate in an interview with a Hill College academic advisor or success coordinator. For additional information, students should go to the Academic Advising and Success Center or visit the website at <https://www.hillcollege.edu/Student/Advising/ADA.html>

Section 1.05 Nondiscrimination

Hill College is committed to the principle of equal opportunity in education and employment. The college does not discriminate against individuals on the basis of age, race, color, religion, sex, national origin, disability, genetic information, or veteran status in the administration of its educational programs, activities, or employment policies. Retaliation against anyone involved in the complaint process is a violation of College District policy and is prohibited.

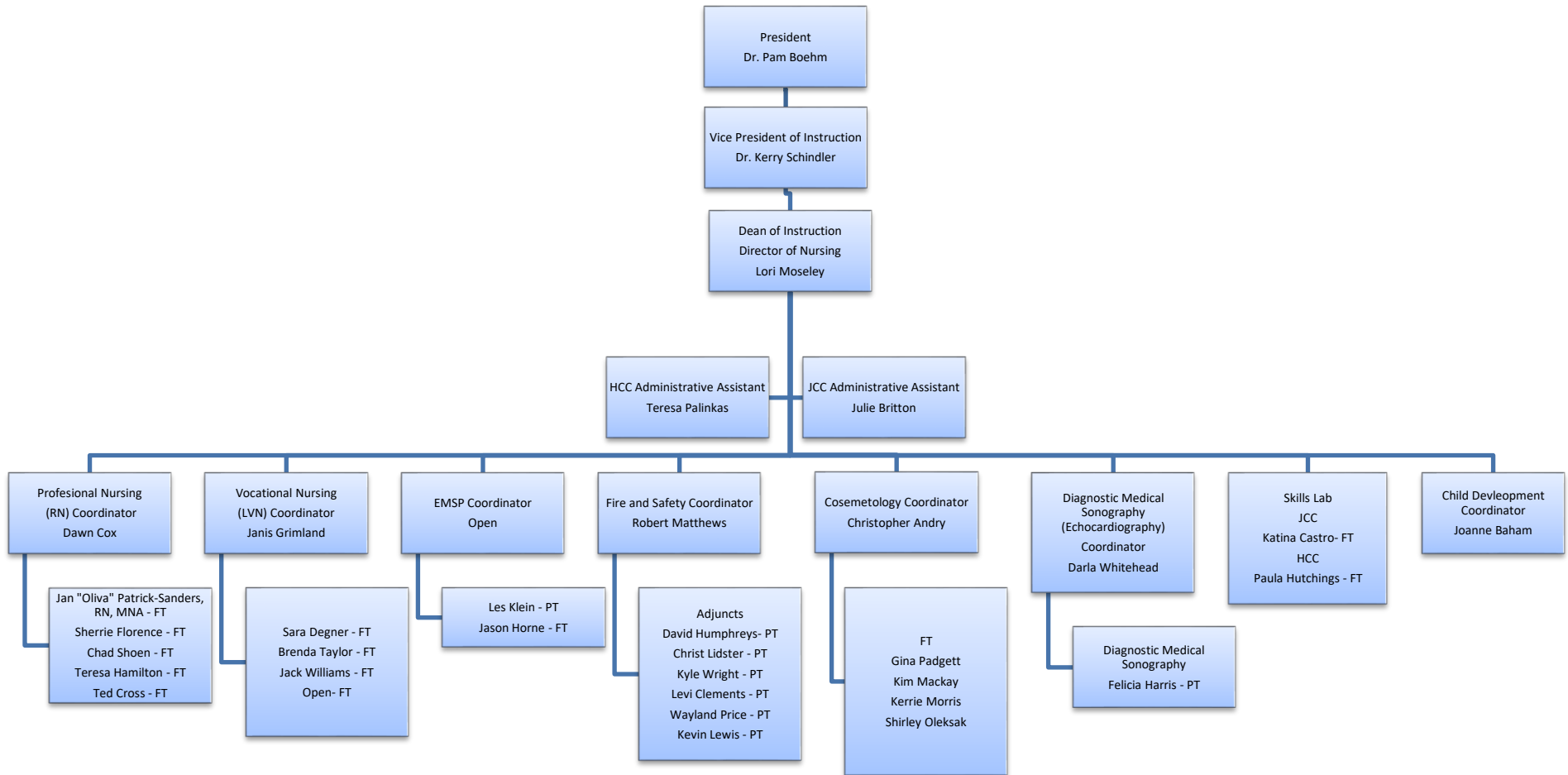
Reports of discrimination may be directed to the Title IX Coordinator. The College District designates the following person to coordinate its efforts to comply with Title IX:

Ms. Jamie Jaska, Director of Human Resources
112 Lamar Drive
Hillsboro, TX 76645
jjaska@hillcollege.edu
254-659-7731

U.S. Department of Education
Office for Civil Rights
1999 Bryan Street, Suite 1620
Dallas, Texas 75201-6810
Telephone: 214-661-9600
FAX: 214-661-9587; TDD: 800-877-8339
Email: OCR.Dallas@ed.gov

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Section 1.06 Hill College Health and Public Services Organizational Chart



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Section 1.07 Hill College Student Handbook

Link to Hill College Handbook, CTRL and click to follow the link:

<https://www.hillcollege.edu/Student/Student-Files/sthandbook17-18-bor-approved8162017.pdf>

Article 2 Nursing Philosophy

The Hill College faculty view nursing as a holistic practice that is provided to individuals and families. The Hill College faculty believes that nursing practice is guided by the biological, psychological and social sciences, nursing research and nursing theory. Holistic nursing practice integrates knowledge from the sciences coupled with the art of caring.

We believe that nurses as **Members of a Profession** engage in life-long learning that facilitates personal and professional growth through participation in activities that promote the development and practice of professional nursing, responsibility for continued competence in nursing practice and development of insight through reflection, self-analysis, and self-care. Nursing education prepares graduates to participate in the development and promotion of nursing as a profession through the acceptance and ability to function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.

We believe that nurses as **Providers of Patient-Centered Care** strive to meet the ever-changing needs of individuals and families through the promotion, maintenance and restoration of health across the life span, including end-of-life issues. Within the context of multicultural populations, nurses provide care that enables self-determination, respects personal dignity, and preserves or enhances the wholeness of each individual's environment. Nursing education strengthens critical thinking and problem-solving skills by use of clinical reasoning and knowledge based on the associate degree-nursing program of study and evidence-based outcomes as a basis or decision making in nursing practice.

We believe that nurses as **Patient Safety Advocates** must acquire and demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation

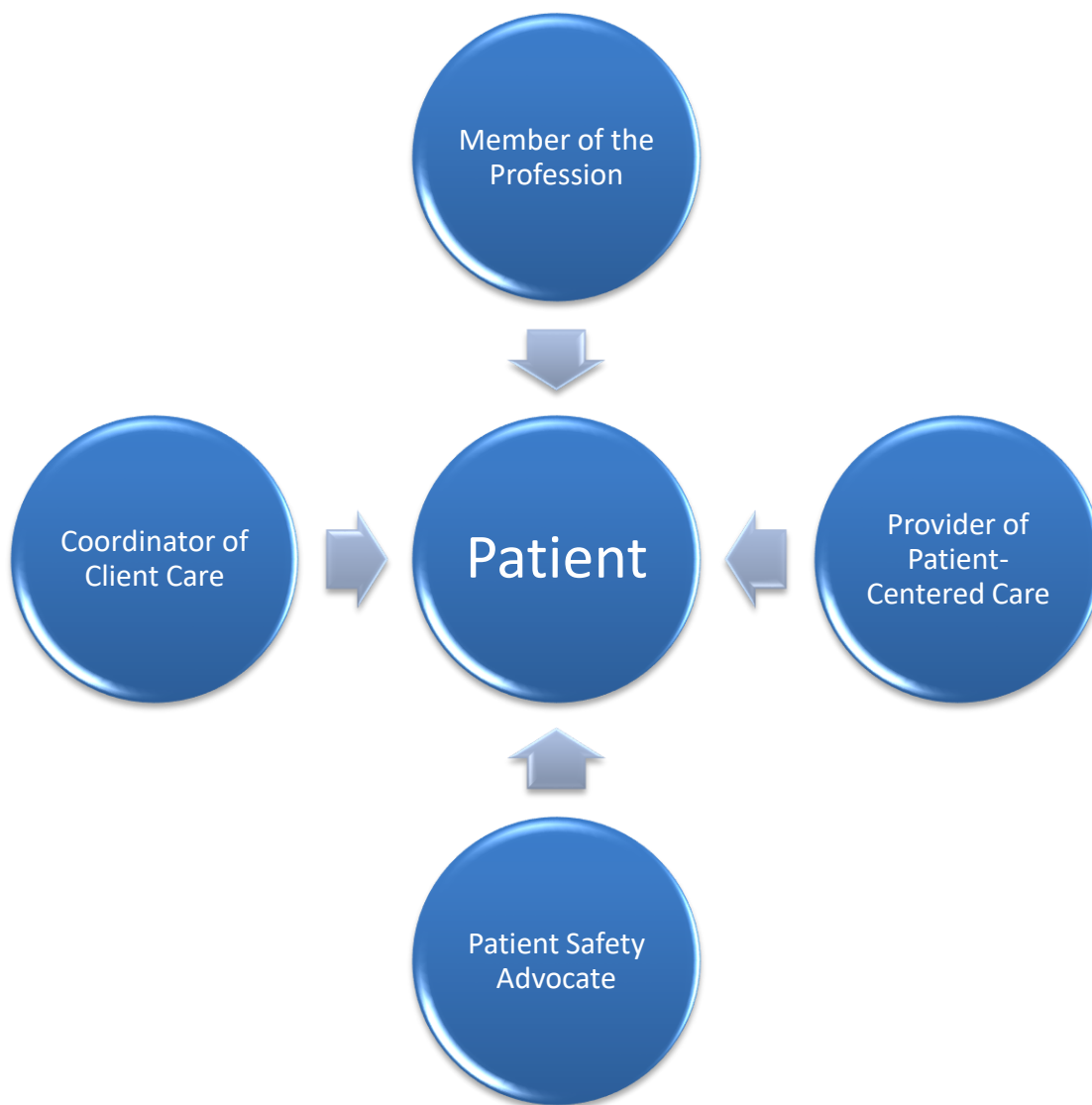
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organization safety requirements and standards. The education process focuses on implementing measures to promote quality and safe environments for patients, self and others. Patient risk is reduced by focus on formulation of goals and outcomes using evidence-based data and obtaining instruction, supervision, or training needed to implement nursing interventions.

We believe that nurses as a **Member of the Health Care Team** work within the health care system both independently and dependently. They coordinate, collaborate, and communicate with patients, their families, and the interdisciplinary health care team to plan, delivers, and evaluate patient-centered care. Nurses serve as advocates and develop referral networks to best meet each person's needs. Nursing education endeavors to prepare graduates to be coordinators of human and material resources, and deliverers of safe, cost-effective care.

Section 2.01 Conceptual Framework

The conceptual framework of Hill College's Associate Nursing program reflects the philosophy and objectives of the program. Man's human needs in wellness and in illness throughout the life span are integral to the curriculum. Emphasis is placed on utilization of the nursing process in meeting these needs. The Student Associate Degree Nurse is seen as being competent to function in four roles: Member of the Profession, Provider of Patient-Centered care, Patient Safety Advocate, and Coordinator of Client Care.



Section 2.02 Components of Conceptual Framework

The conceptual framework allows for the addition and deletion of relevant nursing content as the needs of society change.

1. Provides the structure around which the curriculum is built.
2. Integrates the philosophy of the nursing program, the instructional content (teaching plan), and related learning experiences within a given time frame.
3. Provides a systematic way to classify knowledge, skills and values in nursing.
4. Provides a comprehensive guide for program development, implementation, and evaluation.
5. Justifies selection or exclusion of certain content or learning experiences from the curriculum.
6. Allows for uniqueness, flexibility, and creativity within the program.
7. The learning process is enhanced by the presentation of content in a logical sequence and in a meaningful and realistic manner, and by utilization of a variety of learning experiences.
8. Throughout the curriculum, the permeating concepts include the utilization of the nursing process and the health-illness continuum. The nursing process is an approach to promote and maintain optimum health.

 This process involves:

- (1) assessing,
 - (2) diagnosing,
 - (3) planning,
 - (4) intervening,
 - (5) evaluating.
9. It is applicable from the most fundamental nursing actions to the more complex nursing interventions involving decision-making and coordination of care. Decision-making is a process which cannot be learned in a single course, but is developed as the student progresses through the three levels of the program.

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10. The goal directed approach utilized in the nursing process provides the framework for the program. The nursing process is presented in lecture and further developed by students in actual clinical practice. The student is given the opportunity to utilize critical thinking skills, to assess, determine nursing diagnoses, and provide appropriate patient care within the scope of professional nursing.
11. The four major roles of the nurse: Member of a profession, Provider of patient – centered care, Patient safety advocate, Member of the healthcare team, provide structure for the development of objectives. These objectives relate to outcomes identified as exit competencies expected of the student moving through each level. The program and level objectives assist the student in becoming proficient in knowledge communication, organization, professional conduct, and technical skills. The learner is responsible for achieving the behavioral objectives of the program of learning. The curriculum is organized in levels so that learning proceeds from simple to complex and from general to specific. By the time of graduation, the student will demonstrate mastery of essential competencies as mandated by the Texas Board of Nursing.

Section 3.04 Educational Outcomes

The graduate of the Hill College Associate Degree Nursing program will function as an entry-level practitioner in multiple settings. The graduate, using knowledge, skills and the holistic science of nursing and art of caring will:

As a Member of a Profession:

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

As Provider of Patient-Care:

- Use critical reasoning and knowledge based on associate degree nursing program of study and evidence-based practice outcomes as a basis of decision making in nursing practice.
- Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based upon interpretation of comprehensive health assessment findings compared with evidence-based data derived from the associate degree-nursing program of study.
- Analyze assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidenced-based practice in collaboration with patient, their families, and the interdisciplinary health care team.

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- Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.
- Implement the plan of care for patient and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
- Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.
- Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.
- Coordinate human, information, and material resources in providing care for patients and their families.

As Patient Safety Advocate:

- Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
- Implement measure to promote quality and a safe environment for patients, self, and others.
- Formulate goals and outcomes using evidence-based data to reduce patient risks.
- Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
- Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
- Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

As Member of the Health Care Team:

- Coordinate, collaborate, and communicate with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.
- Serve as health care advocate in monitoring and promoting quality and access to health care for patients and their families.
- Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.
- Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients and their families.
- Communicate and manage information using technology to support decision making to improve patient care.
- Assign and/or delegate nursing care to other members of the health care team based upon an analysis of patient or unit need.
- Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.

BASIC HUMAN NEEDS: The needs common to all human beings as related by Maslow: physiological, safety and security, love and belonging, self-esteem and recognition, self-actualization/aesthetic.

Disruptions: A disruption is any disturbance with the usual patterns of need gratification.

Minor disruption: Minor disruptions of basic needs are common self-limiting disorders with predictable outcomes.

Complex disruption: Complex disruptions are defined as uncommon, life-altering situations with unpredictable outcomes.

PATIENT/CLIENT: The term has been expanded to include the individual of any age, gender, or culture with nursing care needs, as well as the family, significant other, or the group to which the individual belongs.

Section 2.03 Nursing Process

NURSING PROCESS: The nursing process is a method of problem solving that is a series of planned steps and actions directed toward maintaining the integrity and fulfillment of human needs to promote homeostasis. If wellness cannot be achieved, the nursing process contributes to the highest possible quality of life for the client. The nursing process has five steps: assessing, nursing diagnosis, planning, intervening, and evaluating.

Assessment: Assessment is the process of gathering, verifying, and communicating data about a client for the purpose of establishing a database.

Nursing Diagnosis: The nursing diagnosis is a statement that describes a health state or an actual or potential alteration in one's life processes; physiological, psychological, sociocultural, developmental, and spiritual, that nurses are licensed to treat. The nursing diagnosis includes the problem and its etiology to help individualize the plan of care.

Planning: The next step is to determine a plan of action to assist the client toward attaining the highest level of fulfillment of human needs and to resolve the nursing diagnosis. It is appropriate for clients and family members to be involved in this planning process. Planning results in outcome criteria that are behavioral, patient-oriented, measurable, and realistic for the client.

Intervention: Intervention is the initiation and completion of actions necessary to attain the outcome criteria established in the planning phase.

Evaluation: Evaluation is the process of measuring the client's progress in attaining the outcome criteria.



Nursing Process

Section 2.04 Total Program Goal

The Total Program will prepare graduates who have the knowledge base to provide competent nursing care in a variety of health care settings within ethical/legal framework of the profession.

Article 3 Admission Requirements for the Associate Degree Nursing Program

Section 3.01 Admission Requirements

In addition to the general admission requirements to Hill College applicants to the associate degree nursing program must meet the following requirements:

1. Complete the Health and Public Services application at www.hillcollege.edu/rn
2. Make an appointment with the Health Science Department. (Walk-in's are welcome)
 - a. Hill County Campus – Teresa Palinkas 254-659-7920 or tpalinkas@hillcollege.edu
 - b. Johnson County Campus- Julie Britton 817-760-5921 or jbritton@hillcollege.edu
3. Completed/in-progress required pre-requisites with a “B” or better (BIOL 2401; BIOL 1322; ENGL 1301, MATH 1314)
4. Official College Transcripts showing completion/in progress with a “B” or better of the pre-requisites. Must be in the applicants file by the deadline date.
5. Achieve a minimum GPA of 3.0 on all pre-requisites listed above and recommended courses (RNSG 1301, BIOL 2402, BIOL 2420, PSYC 2314 and Language/Arts core elective).
6. Science courses must be within 5 years by the deadline date (BIOL 2401, 2402, and 2420).
7. High School graduates or High School Equivalency scores (Mandatory for ALL applicants).
 - a. Official High School Transcript with a date of graduation/completion or High School Equivalency scores OR
 - b. Out of Country High School Transcripts must be translated into English by a certified translator. The original document must be also be submitted.

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8. TOEFL Procedure: Demonstrate English proficiency as an admission requirement. Refer to #7 above.

This may be demonstrated by:

- a. 2 years of High School in the United States and its territories. OR
 - b. Submission of acceptable scores from the Test of English as a Foreign Language Test (TOEFL) within two years of the posted deadline date of program application.
9. TOEFL Waiver: TOEFL Waiver (RN applicants only) The student can request a TOEFL waiver form from the Health Science department if they meet the following criteria: completion with a “B” or better of 4 different college level English courses and 1 college level communication course; from an accredited US college/university.
10. TEAS test completed before deadline date
- a. Register and pay \$77.00 for the TEAS test at www.atitesting.com. Select one of the available Hill College testing dates. After you have scheduled your test date you will need to present a photo ID at the Hill College Testing Center on the day of your test.
 - b. Minimum passing on the following sections of the TEAS test:
 - Overall 66.1% ● Reading 72.8 % ●Math 68.8% ● Science 58.0%●
 - (English 66.8% Optional)
11. Professional References Submit three (3) professional references from Employers/Supervisors, Co-workers or Academic faculty. Must be on the approved Nursing Department reference form, which can be found on www.hillcollege.edu/rn.
12. Immunizations must be complete or in progress. List can be found on www.hillcollege.edu/rn.
13. Current American Heart Association BLS Provider

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14. Applicant must have a clear criminal background. For students in this course who may have a criminal background, please be advised that the background could keep you from being licensed by the State of Texas. If you have a question about your background and licensure, please speak with your faculty member or the department chair. You also have the right to request a criminal history evaluation letter from the applicable licensing agency.

Section 3.02 Eligibility to Register for Professional Nursing

Only students accepted into the professional nursing program may register for professional nursing courses.

All professional nursing students must be concurrently enrolled in didactic and clinical courses required.

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Section 3.03 Physical & Immunization Requirements

All Hill College students enrolled in any health science program will be required to show proof of immunization against Hepatitis B; varicella; measles, mumps, rubella; diphtheria/tetanus, and annual Flu. Also, students will be required to have a tuberculosis skin/blood test or chest x-ray annually. Costs for immunizations and x-rays will be the responsibility of the student. Failure to comply with immunization schedule will result in student being withdrawn from the clinical course and the program. The immunization requirement is mandated by the Texas Department of Health.

While information required on the Health Form is not used in the selection of students for acceptance into the ADN program, students are requested to have the physical and mental skills necessary to meet standards of the workplace within the clinical settings. Reasonable accommodations will be made for students who have documented disabilities and follow the required procedure by student services (see Hill College Student Handbook – Accommodations).

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

Section 3.04 Essential Performance Requirements for Nursing Students

Students are expected to demonstrate the ability to perform similar functions as would be expected in a nursing employment situation. All students must be able to tolerate physically taxing activities and perform during stressful situations in order to meet the demands of the profession.

Students must assess their own capabilities prior to entering the nursing program. The following list, although not comprehensive, identifies some of the more basic, minimum of essential skills necessary in the nursing program, as well as in the career.

Hours:

- Perform nursing student functions in a variety of health-care settings, up to 12 hours per shift (day or night), up to two shifts per week
- Attend nursing and other college classes an additional 1-5 days per week, as scheduled in the course catalog

Work Environment & Safety Issues:

- Be aware of potential bio-hazardous risks in health care settings which require wearing safety equipment such as masks, head coverings, glasses, latex or non-latex gloves, shoe coverings and gowns
- Be able to meet clinical agency, College and Department of Nursing performance standards
- Be able to arrange travel to and from academic and clinical sites
- Be aware that exposure to allergens (latex, chemicals, etc.) or other hazardous agents exists
- Follow all state, federal, College, Department of Nursing, clinical agency and HIPAA policies regarding confidentiality of patients' personal, family and health-related information

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- Provide for patient safety in various situations and settings which may be physically demanding
- Perform multiple assignments/tasks concurrently
- Tolerate the mental demands of differing shifts, body rhythm changes, increasingly difficult patient workloads, fatigue
- Recognize that any patient could potentially cause you harm
- Administer cardiopulmonary resuscitation. (CPR)
- Must be able to possess the ability to maneuver/move a minimum of 30 lbs, weekly and sometimes daily.

Interpersonal Skills:

- Establish professional relationships
- Establish rapport with individuals, families and groups
- Respect cultural differences
- Negotiate interpersonal conflicts effectively

Communication Skills:

- Teach others appropriately and effectively
- Speak and write English clearly
- Listen/comprehend both spoken and written English
- Work quickly and accurately from both written and verbal orders
- Collaborate with others
- Manage information from multiple sources
- Communicate in English directly, and by electronic methods, including using the telephone
- Clearly and safely delegate to others and follow-up as needed
- Document accurately, clearly and effectively patient condition and response to treatment
- Know how and when to use the chain of command to resolve problems

Cognitive Abilities:

- Correctly perform mathematical calculations
- Analyze information from many sources and determine appropriate nursing interventions
- Understand principles/rationale behind nursing interventions
- Follow physicians' orders
- Successfully pass exams and course work
- Perform basic computer functions, including word processing, e-mail and web access
- Continually increase and update knowledge base

Emotional Stability:

- Provide client with emotional support
- Build positive relationships with patients, families, peers, and other healthcare providers
- Manage frustration/anger from unsatisfied patients, families or other healthcare providers
- Focus attention on appropriate tasks
- Successfully cope with personal emotions
- Cope with strong emotions in others
- Continuously be in a functional state of mental health
- Function safely under stressful conditions with the ability to adapt to ever-changing or life-threatening environments
- Acknowledge inability to answer all questions without causing fear, embarrassment, or loss of self-worth
- Acknowledge if you are unable to cope with specific situations and seek assistance
- Have the ability to emotionally detach from situations enough to function effectively, objectively, and professionally
- Recognize one's personal symptoms of stress, fatigue and burnout
- Manage self: fears, time, commitment, health, stress

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- Ask for assistance/training when given responsibilities for unknown tasks

Critical/Analytical Thinking:

- Transfer knowledge appropriately from one situation to another
- Process and interpret information from multiple sources
- Analyze and interpret abstract and concrete data
- Determine and evaluate progression toward outcomes goals
- Problem solve effectively
- Prioritize and organize tasks according to patient needs and available resources
- Perform only those tasks/assignments for which you have been appropriately trained and given permission
- Use good judgment when making decisions
- Differentiate normal from abnormal patient situations and responses, and make decisions based on findings
- Recognize, correct (if possible) and report errors as soon as they are discovered
- Access resources as necessary for quality patient care
- Develop appropriate nursing plan of care for individual patients
- Coordinate patient care among health care providers

To verify a student's ability to provide essential nursing care during clinical training, a physical examination is required of all students. This examination will be documented by a physician/nurse-practitioner on the form provided by the Department of Nursing.

All prospective students must be in stable emotional or mental health. This must be documented on the student's physical examination form and signed by a licensed physician or nurse practitioner.

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Section 3.05 Drug Testing and Alcohol

Hill College has a drug policy (refer to the current [Hill College Student Handbook](#)). Hill College Professional Nursing Department will reserve the right to do drug testing if the Program Director or the nursing instructors suspect substance and/or alcohol abuse within the student body of the Hill College nursing program while the students are participating in any Hill College activity on or off campus. Students are not to attend any class or clinical under the influence of drugs or alcohol or the student may be recommended for dismissed from the nursing program.

The student is required to have a pre-enrollment drug screen. If the drug screen does not come back clear, the student must have a second drug test done using the hair follicle method, if available, within a 24-48-hour period. These are to be paid for at students' expense. The first drug screen must have been done within the three months prior to enrollment.

Hill College maintains an open admission policy; however, the number of nursing students that can be accepted is limited by the Texas Board of Nursing and the availability of clinical instruction facilities. Since there are often more applicants for the nursing program than spaces, student selection will be based on a point system. Hill College reserves the right to refuse admission to the nursing program to any applicant whose application is deemed unsatisfactory.

If a student is randomly tested for drugs and found positive for drugs, he/she will be required to have a second drug test done using the of hair follicle method, if available, within a 24-48-hour period. If the second drug test comes back positive for drugs, the student will be sent to the Director of Student Life for counseling. The student will not be allowed to participate in clinical or classroom settings as long as the drug screen is not clear.

Section 3.06 Progression

In order for a student to remain in the program and progress from one semester to the next in the ADN Hill College Nursing Program, the following requirements must be met:

1. Pre-requisites have been successfully completed with at least a grade of “B” or better.
2. Achievement of a grade of "C" (75%) or better in all RNSG nursing courses and a grade of “B” or better in academic courses within each semester, prior to progressing to the next semester.
3. A current CPR card for Healthcare Providers Certification must be maintained throughout program of study. A CPR course must follow the American Heart Association guidelines, with a hands-on skills component.
4. Proof of physical exam or diagnostic tests as recommended or required during the program. Documentation of current TB skin test and/or chest x-ray must be maintained throughout program of study.
5. Immunizations as required by Texas Department of Health and/or clinical sites must be maintained throughout program of study.

Section 3.07 Duty to Report

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

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

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

Sec. 301.401. Definitions.

In this subchapter:

- (1) "Conduct subject to reporting" means conduct by a nurse that:
 - (A) violates this chapter or a board rule and contributed to the death or serious injury of a patient;
 - (B) causes a person to suspect that the nurse's practice is impaired by chemical dependency or drug or alcohol abuse;
 - (C) constitutes abuse, exploitation, fraud, or a violation of professional boundaries;
or
 - (D) indicates that the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that the nurse's continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.
- (2) "Minor incident" means conduct by a nurse that does not indicate that the nurse's continued practice poses a risk of harm to a patient or another person. This term is synonymous with "minor error" or "minor violation of this chapter or board rule."

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- (3) "Nursing educational program" means an educational program that is considered approved by the Board that may lead to an initial license as a registered nurse or vocational nurse.
- (4) "Nursing student" means an individual who is enrolled in a nursing educational program.

[Amended by Acts 2009 (H.B. 3961), 81st Leg., eff. June 19, 2009.]

Section 3.08 Criminal History

Students entering the Associate Degree Nursing Program must have a criminal background check. This must be completed prior to admission. The student will be required to pay for the costs. Students will be instructed prior to admission the procedure to follow for obtaining a criminal background check. The prescribed procedure must be followed.

§213.28. Licensure of Persons with Criminal Offenses.

(a) This section sets out the considerations and criteria in determining the effect of criminal offenses on the eligibility of a person to obtain a license and the consequences that criminal offenses may have on a person's ability to retain or renew a license as a registered nurse or licensed vocational nurse. The Board may refuse to approve persons to take the licensure examination, may refuse to issue or renew a license or certificate of registration, or may refuse to issue a temporary permit to any individual that has been convicted of or received a deferred disposition for a felony, a misdemeanor involving moral turpitude, or engaged in conduct resulting in the revocation of probation.

(b) The practice of nursing involves clients, their families, significant others and the public in diverse settings. The registered and vocational nurse practices in an autonomous role with individuals who are physically, emotionally and financially vulnerable. The nurse has access to personal information about all aspects of a person's life, resources and relationships. Therefore, criminal behavior whether violent or non-violent, directed against persons, property or public order and decency is considered by the Board as highly relevant to an individual's fitness to practice nursing. The Board considers the following categories of criminal conduct to relate to and affect the practice of nursing: Refer to [Texas Administrative Code Title 22 Part 11 Chapter 213 Rule 213.28](#) for further clarification of the individual list of criminal offenses.

Section 3.09 State Board of Nursing Licensing Eligibility

All students seeking licensure as a vocational nurse must pass the NCLEX-PN. All students seeking licensure as a registered nurse must pass the NCLEX-RN. Both of these are administered by the Board of Nurse Examiners for the State of Texas. The Board of Nurse Examiners may delay or refuse to admit persons to their examinations or refuse to issue a license or certificate of registration.

The nursing candidate must submit a Petition for Declaratory Order if the candidate must answer "YES" to any of the following:

1. Have you been convicted, adjudged guilty by a court, plead guilty, no contest or nolo contendere to any crime in any state, territory or country, whether or not a sentence was imposed, including any pending criminal charges or unresolved arrest (excluding minor traffic violations)? This includes expunged offenses and deferred adjudications with or without prejudice of guilt. Please note that DUI's, DWI's, PI's must be reported and are not considered minor traffic violations.
2. Do you have any criminal charges pending, including unresolved arrests?
3. Has **any** licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously or ever fined, censured, reprimanded or otherwise disciplined you?
4. Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?
5. Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?

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If any of these criteria apply, you must complete a Petition for Declaratory Order. The Declaratory Order Form can be downloaded from the Board of Nurse Examiner Website at: https://www.bon.texas.gov/forms_declaratory_order.asp or can be accessed in the forms section [Declaratory Order Form](#).

Section 3.10 Eligibility Issues Occurring while in Health Science

Any student in a Health Science program who is arrested and charged for criminal conduct other than minor traffic violations, or who is notified of an outstanding warrant for his or her arrest for a non-traffic violation, must report the issue within 72 hours or before next clinical assignment (whichever comes first) to the Program Director and submit paperwork reflecting the arrest and charges.

Any student with pending charges for criminal conduct other than a minor traffic violation will not be allowed to attend any clinical assignment until the student provides proof of charges being cleared or state agency approval (such as a Declaratory Order). Charges are considered “cleared” when documentation is received from a law enforcement agency or court of law indicating dismissal or acquittal of all charges. Any clinical days missed will result in absences and the program’s absence rules will apply. No alternative clinical assignments will be made.

The student may withdraw and reapply for admission after charges are cleared or state agency approval is received. Readmission will be considered on an individual basis. Failure of the student to disclose eligibility issues at any time will result in dismissal from the health science program.

Section 3.11 Due Process

Due process is the right of all students. The process insures that any student, who feels that they have been unfairly treated, or that policy has been applied differently in their case than in others, may appeal any decision which affects them. Any problems should first be discussed with the course instructor. If satisfaction is not reached, the student then may discuss the problem with the program coordinator. If necessary, the program director and then the Dean of Health and Public Services may be contacted. Complaints and/or grievances will be addressed in a fair and professional manner.

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Section 3.13 Complaint/Grievance Procedure

All ADN Programs will observe the established Hill College Complaint and Grievance Procedures as outlined in the Hill College Student Handbook including the sections of Informal and Formal Process located on page 30 of the Student Handbook: (CRTL and click to follow the link) <https://www.hillcollege.edu/Student/Student-Files/sthandbook17-18-bor-approved8162017.pdf>

Section 3.12 Reinstated/Transfer Students

The Associate Degree Nursing program provides for readmission opportunities for students whose study was interrupted. Students may apply for readmission only two times. If a student is out of the program for more than one year, they must start the program over. When a student fails to maintain satisfactory progress in a nursing course or fails to register for the next semester courses, it is the student's responsibility to initiate an "Application for Readmission/Transfer" form. This form may be obtained from the ADN office.

To be eligible for readmission, a student must meet the minimum requirements for entry into the program and a GPA of 3.00. As a component of readmission, the student must forward the readmission form and an updated transcript to the Program Director. Any questions about the readmission process should be clarified with the Program Director. The Admission Committee comprised of the Program Director and full time faculty will review the readmission form each semester and will prioritize the request.

Priority is given to students whose attrition from the program was due to:

1. Withdrawal due to non-academic reasons: Documented acute illness or pregnancy, personal reasons (financial or family problem)
2. Withdrawal due to academic failure of nursing courses, or support courses.

Within these categories, students are also ranked according to:

first priority - nursing grade point average at the time of withdrawal

second priority - date of initial program entry

third priority – evaluation from previous instructors

A student will be accepted on a space available basis and will be notified in writing by the admissions committee. Readmission is contingent on the following:

- approval by the admissions committee
- updated transcripts
- current physical/immunization forms/drug screen
- current background check

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- current CPR

In addition -The following is required of all students out of the program \geq 3 months

- successfully pass reentry math exam with a score \geq 90%
- successful demonstration of skills.

Request for readmission must be submitted at least 90 days prior to the start of the semester student is trying to join.

CRTL and click to follow the link to submit an [Application for Readmission](#) or copy and paste the following into your web browser: <https://form.jotform.com/91536885677173>

Section 3.13 Transfers

Transfers are not accepted at this time.

Article 4 Classroom Requirements

ALL RNSG COURSES

1. Students will observe skills demonstration, practice skills, and be required to demonstrate satisfactory performance of skills.
2. Students will be required to demonstrate accurate calculation of medications for administration.
3. Students will be required to actively participate in Learning Management System assignments and dialog dealing with ADN transition, legalities, ethics, data collection, care planning, and documentation.
4. The instructor will coordinate skills, medication calculation, and Learning Management System assignments.
5. The level of student's independence to prepare and administer medications will be dependent upon the student's progress and the clinical instructor's judgment.
6. Each semester will build on previous RNSG courses and Academic courses.
7. Each semester requirements will be a higher level than in the previous semester.
8. Guidelines identified in each RNSG course will continue to apply in all courses that follow.

Section 4.01 Uniform Requirements in Classroom/Skills Lab

Royal Blue scrubs are to be worn in the classroom and in the skills lab. Scrubs must be correct size, the edge of pant hems will not touch the floor, and be in good repair. A circular Hill College Professional Nursing patch must be affixed on the upper left sleeve, centered mid sleeve and one and one half to two inches below the shoulder seam. The patch is to be affixed in such a manner that it lays flat at all times and does not give the appearance of peeling off the sleeve surface.

The only appropriate approved jackets for classroom are a white lab coat with Hill College Professional Nursing patch or a nursing fleece jacket from the bookstore.

No fleece jackets will be worn in the skills lab.

Section 4.02 Course Content

Content of each nursing course is identified through outlines and objectives for each unit. Specific readings, learning activities and classroom discussions are included in a unit guide.

Section 4.03 Theory (Classroom)

Theory may consist of seminars, lectures, simulation and small group interactions. Each student is expected to come to class prepared to participate in the class presentation/discussion and therefore is expected to have completed assigned reading and/or Learning Management System assignments prior to class. Each student will attend class up to six hours per week including skills lab experience in accordance with the ADN curriculum.

Each semester's acquired knowledge will build on the last, with requirements increasing in complexity and expectations. Students must be prepared to use any and all information learned in RNSG courses and prerequisite courses throughout the program. Students are strongly encouraged to read carefully instructors for each and every course. New instructions that are in writing, or posted to black board, within a course will be considered the most current instructions. Students are required to discuss with an instructor any instructions that they feel are not clear. Grades for a course will be based on the instructions given for and during that course, for that specific semester.

Students are responsible for signing a class attendance roll each class time. Failure to do so will be recorded as an unexcused absence. Failure to document actual time of a late arrival will be treated as falsification of a record and will be dealt with as unprofessional behavior. The clock in the class room will be considered the correct time with documenting arrival.

Section 4.04 Bulletin Boards/Learning Management System

Clinical focus sheets, schedules, forms, power point assignments, reading assignments, and other information will be posted to the Learning Management System. THE STUDENT IS RESPONSIBLE FOR ANY INFORMATION POSTED IN THE LEARNING MANAGEMENT SYSTEM. Students are encouraged to check the Learning Management System frequently for pertinent information.

Section 4.05 Written Assignments

The student is responsible for turning in all assigned work on time. Points may be deducted for any work turned in late. In most situations Faculty will evaluate assigned work and return within one week. Unsatisfactory work will be identified and reflected on the clinical evaluation form.

Any unsatisfactory work may be returned to the student for modification and correction. A student may be required to re-submit with the unsatisfactory copy within one week.

All written work must be legible with correct spelling and grammar. An instructor may require written work be typed, especially if hand written work is not legible. All assigned work becomes the property of the program and may not be returned to the student.

Instructions for assignments will be included in each course syllabi. Additional instructions may be provided by course instructors during the course.

Section 4.06 Textbooks & Electronic Subscriptions

The required textbooks, optional books, and computer-aided programs are listed in each course syllabus. Books can be obtained from the Hill College book store or from a vendor of choice. Usually, all required textbooks are used from one semester to the next semester. **DO NOT SELL A REQUIRED TEXTBOOK** without checking with the ADN department.

It is the student's responsibility to ensure any required electronic subscription remains current. Work that is missed due to an expired subscription will result in a grade of zero "0". If the required work is related to a clinical rotation assignment, that entire clinical rotation will receive a grade of zero "0".

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Section 4.07 Internet Access

The ability to access the internet is required in all courses. ALL WRITTEN WORK will be submitted using ONLY the “Word.doc or docx” format, according to instructors’ directions or Schoology. Work submitted in any other format, or by any other means, will not be accepted and will receive a grade of zero “0” for the work. Students are instructed to keep copies of work submitted, along with a copy of the transmit sheet (contains date/time sent) if available. In the event a document is “lost in space”, a copy of the transmit sheet will be required if the student wants credit for the late work. Work without a transmit sheet will not be accepted. Equipment failure will not be an acceptable reason for not submitting work as instructed.

Section 4.08 Skills Lab

The skills labs are located in the Health Sciences building on the Johnson County and Hill County campus. If a student desires additional lab time other than scheduled class/lab times, the student must contact their instructor(s). Instructor(s) must schedule any open lab times via the skills lab request form located in the Schoology Simulation Skills Lab Group resources section. Instructor must be present/available to the students during open lab times. Currently the skills lab is not open on weekends.

Nursing courses that include a skills lab time will take place in the skills lab. "Critical skills" are nursing skills that can directly impact patient safety. These skills must be satisfactorily accomplished in the skills lab or the student cannot progress in the course. See syllabi or below for details.

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Section 4.09 Skills Lab Demonstrations

Experience objectives and Grading criteria are explained in the attached Weekly skills or evaluation documents. An item on the weekly skills documents marked with an asterisk (*) is considered a critical element and must be appropriately and successfully demonstrated within three attempts. Student not successfully demonstrating any critical skill within three attempts will not be able to progress in the course and will receive a grade of “F”.

Students will be required to do return demonstrations for the following skills. Skills marked with an asterisk (*) are classified as patient safety skills. **Return demonstrations for skills marked with an asterisk (*) must meet all demonstration criteria to pass that skill. All skills marked with an asterisk (*) must be successfully demonstrated to pass the course.** See Course calendar for schedule skills demonstrations/practice/check-offs. An average of these skills demonstrations will count as part of the final average.

Hygiene & ADL'S	Vital Signs, Physical Assessment, Other
Bed Making & Bed Positions	*Vital signs, Peripheral Pulses, Pulse Oximeter, Pain
*Hand washing	*Physical Assessment
Assisting Client with Bedpan/Urinal	Colostomy Care & Enema Administration
Bathing & Personal Hygiene (i.e.Oral Care)	Specimen Collection (Sputum, Urine, Stool)
Transferring, Positioning & Ambulating	Nutrition via Tube Feeding
Range of Motion, Skin Care & Skin Breakdown Prevention	Documentation on Nurse's Notes
Feeding & Grooming	*Foley Catheterization
Anti-Embolism Stockings, Pneumatic Boots &/or Hose	Safety
Medication Administration	Safe Patient Lifting
*Non-Parenteral (Oral, via NG or Feeding Tube, etc.)	Restraints
*Parenteral (IM, SQ, intradermal etc.)	*Isolation Techniques, Infection Control Standards

Section 4.10 Clinical Practice/Simulation Sessions

Student clinical experiences may be scheduled any day Monday through Sunday, depending on program tract, clinical assignment, instructor and/or clinical site availability. Clinical experiences may occur AT ANY site where Hill College has an agreement with a Health Care facility. Students are required to attend clinical lab/simulation session each time it is offered. Students are assigned a lab experience/simulation session and must be prepared to meet objectives determined by their needs. Students may be required to bring a copy of the clinical evaluation tool to clinical lab each time as a reference. This is necessary for proper recording of accomplished objectives by the student and submission to the clinical instructor.

Section 4.11 Exams

Each RNSG course will have exams and a final exam, as described in the course syllabus. Exams may consist of multiple-choice answers; multiple, multiple choice, fill in the blank, matching, or auditory (see the course calendar for dates). An exam blueprint will be posted approximately one week prior to each exam and the final.

Exams will be given and/or reviewed **only in the presence of an instructor or proctor**. Each course instructor will notify their students of how, when and where an exam will be given or a review will be conducted. Access to, or review of, any exam material without the presence of an instructor or proctor is strictly prohibited and may result in disciplinary action up to dismissal from the program. Hill College prohibits scholastic dishonesty. Scholastic dishonesty shall include, but not be limited to, cheating, plagiarism, having access to testing materials and collusion. Students found to have participated in scholastic dishonesty are subject to disciplinary action according to the Hill College Student Handbook.

Exams may be given on **computer** or in **paper/pencil format**. It is the student's responsibility to provide his/her own #2 pencils and Scantron answer sheet if the exam is in paper/pencil format. Only answers entered into the computer, or marked on the Scantron answer sheet, will be accepted as the student's intended selection. If the exam is by computer, it is to the student's advantage to have a Scantron sheet at all times in the event there is a computer malfunction.

Students **are not** allowed to take any part of an exam during scheduled class time without written approval from the instructor. Students who do take an exam during scheduled class time without written approval will have the entire grade nullified and will earn the grade of "0" zero for the exam. The exam cannot be repeated.

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Students must make an average of “75”, “C” or better on unit exams in any given course to take the final exam. Students must make a grade of “75”, “C” or better on the final exam to be successful in an RNSG Theory course.

To be successful in any RNSG Theory course, the final course unit exams average must be $\geq 75\%$, “C” AND the final comprehensive exam must be $\geq 75\%$, “C”. Failure to achieve $\geq 75\%$, “C” on **BOTH** components will not meet course progression requirements and will result in a course grade of “D” or below. Final grade will not be figured into points calculation if grade is 75 or below.

Students in Level 1 through Level 4 who score less than 75% on an exam may be required to make an appointment with the instructor prior to taking the next exam. Failure to follow any instructions to meet with the instructor, prior to taking the next exam, will result in **ten (10) points being removed** from that exam.

1. Dates for unit exams will be included with syllabus for the particular course.
2. All students are expected to take exams at the scheduled time. Exams may be given by computer or by paper/pencil. Students who are late for an exam will not be afforded additional time to complete the exam.
3. Students with disabilities may request special examination accommodations as outlined in the general catalog. This needs to be done at the beginning of a course.
4. Exams are based on content outlines, which are made available to the students in the course packet. A blueprint for an exam will be available approximately one week prior to the exam date.
5. Exams may cover material from previously mastered course work. For example, anatomy, physiology, math, growth and development, pharmacology, and communications may appear in exams, along with current semester content.
6. When an exam is given in a classroom, No student will be allowed to start an exam after any other student has completed the exam and left the examination

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- room. The student must check with their instructor to determine if they are eligible for a make-up exam.
7. Once a student leaves the examination room, under no circumstance will they be allowed to re-enter prior to the end of the exam.
 8. Any student unable to take an exam at the scheduled time, **FOR ANY REASON**, must contact an ADN faculty member as soon as they are aware of a problem. At minimum, notification must be given 24 hours prior to an exam.
 9. Failure to notify an ADN faculty prior to missing an exam will result in a zero "0" for the exam. See excused absence information in [Section 7.01](#).
 10. A make-up exam may be scheduled for:
 - a. Authorized participation in official college function.
 - b. Personal illness (with physician note).
 - c. Death in the immediate family (with copy of obituary notice).
 - d. Extenuating circumstances related to the above (with appropriate documentation) will be reviewed on an individual basis. (Events such as elective doctors'/dentists appointments, orientation to a new job, are NOT considered extenuating circumstances.)
 11. Raw Exam grades will be available no later than one week following closure of the exam. (Times may vary according to the course.) Grades will be available by Learning Management System postings. No grades will be given out by phone.
 12. The purpose of the exam topic review is to provide a learning experience for the student.
 - a. Students who scored less than 75%, "C" on an exam is required to make an appointment with the instructor(s) to review a list of the topics missed on the exam.
 - b. Any student may make an appointment, by contacting the instructor via email or by instructor preference to schedule to review the list of topics missed on the exam.

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- c. The student must bring a printed list of the topics missed on the exam and their course textbook to the scheduled meeting with the instructor (s).
 - d. Failure to follow instructions to review the list of topic missed on the exam, with the instructor(s) prior to taking the next exam, will result in ten (10) points removed from the next exam.
 - e. Tests must be reviewed within 2 weeks of test date.
 - f. No missed exam topics may be reviewed one week prior to the final examination for any course.
 - g. No lists of missed exams topics may be reviewed anytime during the week of the scheduled final examination for any course.
 - h. Students may make an appointment with the Hill College success coordinator at any time for further educational assistance.
13. The ADN department reserves the right to make changes in the exam format or scheduling of exams or reviews in order to meet unexpected circumstances that might occur.

Section 4.12 Grade Determination

A grade of "C" (75) or above in theory/skill/clinical is required to pass a RNSG course.

The grade scale for a course is:

A = 90.00-100.00

B = 80.00-89.99

C = 75.00-79.99

D = 70.00-74.99

F = Below 70.00

Final theory grade determination may be based on exams, assignments, projects and ATI exams, as outlined in each course syllabus. To be successful in the course, the course unit exam average must be $\geq 75\%$, "C" the final exam must be $\geq 75\%$, "C" and the final course average must be $\geq 75\%$, "C". Exams may include material covered during current and previous program courses, and lectures, as well as reading assignments, handouts and information covered in skill labs. Specific subject topics will be included in each course syllabus.

Exam content may be designated on the course calendar or within the course syllabi.

Exam grades and the final course average are carried to two decimal points.

NOTE: *All exams, and assignments for a grade, are calculated on a percentage basis, which provides a grade that may be carried to three decimal point places. Only the final total grade will be rounded prior to being submitted to the registrar. Additional assignments or tests for non-credit may be added at the discretion of the instructor.*

Article 5 Clinical

Section 5.01 Personal Appearance and Performance Requirements

Our patients expect the best. Students have a responsibility to all of the patients to provide the best in health care services. To do this, here are some of your responsibilities during the working day:

Dress, grooming, and personal cleanliness standards contribute to the morale of all students and affect the professional image we present to patients, visitors, and the community.

Students who appear for clinical inappropriately dressed, or without a name badge, will be sent home and receive an absence. In the event the student continues to report to clinical inappropriately dressed, the student will be subject to further corrective action, probation and/or could include dismissal from the program if the practice continues.

Consult your clinical instructor if you have questions as to what constitutes appropriate attire.

ALL NURSING STUDENTS ARE EXPECTED TO COMPLY WITH THE FOLLOWING STANDARDS FOR PROFESSIONAL APPEARANCE: THIS INCLUDES CLASSROOM, CLINICAL LAB, AND THE CLINICAL SETTINGS.

REQUIREMENTS FOR ALL NURSING STUDENTS

Student in Classroom and Outside events:

The Hill College ADN student represents not only Hill College but also the profession of nursing. The ADN student is expected to be appropriate in dress and behavior any time they are in the classroom or at an event as a Hill College ADN student. Appropriate dress is considered clothing that is the appropriate size (not too snug or too large), conservative, clean, pressed if customary for the material, and without holes. Conservative clothing is

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considered a clothing style/design that does not show undergarments or allow an excessive display of the body in the bust, pelvic, or buttock areas. If any faculty member deems a student's dress does not meet these requirements, the student may be asked to leave the classroom/clinical site or event.

No unapproved jackets, hoodies, or coats are to be worn during classroom, skills lab or in the clinical setting

Uniform Requirements in Clinical Setting

Departmental, unit, or clinic guidelines may have additional requirements, but may not waive any of the following guidelines set forth in these rules.

All CLINICAL STUDENTS are UNIFORMED.

1. The term uniform in the future will be considered the approved described white top with blue stripe on the sleeves, royal blue pants, approved name badge, and white shoes.
2. The Hill College Professional Nursing patch must be worn within the designated pocket on the right side and the Student patch must be worn within the designated pocket on the left side of the uniform top.
3. The only appropriate approved jacket for clinical is a white lab coat with Hill College Professional Nursing patch.
4. Lab Coats: White mid-thigh or knee length lab coat with $\frac{3}{4}$ or full length sleeves and Hill College Professional Nursing patch on the upper left sleeve. The patch is to be affixed in such a manner that it lays flat at all times and does not give the appearance of peeling off the sleeve surface. Jackets and sweaters cannot be worn while in the clinical setting.
5. A circular Hill College Professional Nursing patch must be affixed to any lab coat on the upper left sleeve, centered mid sleeve and one and one half to two inches

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- below the shoulder seam. The patch is to be affixed in such a manner that it lays flat at all times and does not give the appearance of peeling off the sleeve surface.
6. At all times, uniforms and lab coats will be of correct size, clean, freshly laundered and pressed if needed. The edge of pant hems will not touch the floor.
 7. Uniforms will be worn when students are engaged in nursing program activities, all clinical experiences, skills lab, and occasions specified by the college. Students will wear full uniform except in situations where they are specifically instructed not to do so. Lab coat with Professional Nursing patch can be worn with uniform.
 8. Undergarments providing full coverage, white or skin tone and without patterns, shall be worn under all uniforms (ie: underwear, slip, and a bra). It is unacceptable for the student to wear undergarments that are visible, or visible through the outer garments.
 9. A **White** round collar T-shirt, short sleeved or long sleeved may be worn under uniform top, and will be tucked into the scrub pants. T-Shirts worn under the uniform must not have any logos or writing on them.
 10. All tops must be long enough so that there is no exposure of abdomen, lower back, or lower chest when sitting, standing, or bending.
 11. Socks must be worn at all times and must be **White**. Tops of the socks should not be visible and should be midcalf. White athletic socks are permissible with uniforms. Hosiery of white color is worn to coordinate with clothing (ie: Skirt). Tops of the hosiery should not be NON-UNIFORMED, visible below skirt and should be midcalf with pants. Hosiery or socks are required to be worn at all times.
 12. Shoes **ALL WHITE** (excluding logo) leather, or simulated leather, athletic-type or nursing shoes must be worn, unless other specific footwear is required due to the nature of the job. Shoes are polished and kept in good repair. Shoelaces are of the same color as the shoes and are tied for safety.
 13. Hill College name badge will be worn on the upper left side of the uniform top at all times during clinical and remain clearly visible to the public.

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14. Stethoscope, bandage scissors, watch with second hand (no ornate or decorative watches) must be brought to clinical each day.
15. Students are not to wear pins, patches, or other items unless authorized to do so under Hill College Nursing departmental rules and procedures.
16. Students who re-enter the program must have the required uniform and lab coat.
17. Students must select a neatly arranged hairstyle that remains off the collar, will not fall forward or over the face while performing patient care or during clinical activities. Hair shall be natural in appearance. Hair color or unnatural color patterns (ie: green blue, purple, pink, yellow, orange, blonde with black underneath etc.), and extensions of any type are not acceptable. A small no more than one-inch wide hair band that is blue, black or white in color may be used. No large bows or clips are allowed. Sideburns will not extend below the earlobe. Neatly trimmed mustaches and beards will be acceptable. Students will be counseled regarding hairstyles that cause the student to frequently handle or manipulate their hair.
18. Acceptable jewelry will be one simple wedding ring or set and one small chain necklace not to exceed 20 inches, including a small pendant not to exceed the size of a quarter, of yellow or white metal may be worn inside the neckline of the uniform. Those with pierced ears may wear a single pair of plain small metal studs (no precious stones) in the lower earlobes only. Earrings shall not extend below the earlobe. Jewelry worn for pierced nose, lip, cheek, mouth, tongue, eyebrow, or other visible areas will not be worn while in uniform. Ear gauges must be covered/non-conspicuous.
19. Tattoos must be covered while in nursing program activities. Tattoos must be completely covered and/or meet with clinical agency policies (waterproof tattoo concealing skin tone make-up or band-aids that are clear bordered or match skin tone may be used with prior approval).
20. Make-up is to be minimal (i.e. small amount of mascara, light blush, and inconspicuous lip color) and applied in a manner that will give a natural look. No false eyelashes will be worn.

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21. Fingernails are kept clean and well groomed and do not exceed one-eighth of an inch beyond the fingertip. No fingernail polish of any color may be worn. **NOT ACCEPTABLE - Acrylic or Artificial nails may not be worn** while in the Hill College uniform, in the college skills/simulation lab, or in a clinical facility.
22. Personal hygiene should include daily bathing as well as the use of deodorants and mouthwashes as needed. No fragrances, colognes, or perfumes will be worn. Offensive body odors are not acceptable and will be grounds to ask the student to leave the classroom and/or the clinical environment.
23. Chewing gum or eating candy while in uniform/scrubs will NOT be allowed. Breath mint and breath spray is permitted.
24. Smoking while in the student uniform or scrubs is not permitted whether in the clinical facility or on the college campus. The lingering smell of tobacco on breath, hands and clothing is objectionable to those who are ill and/or do not smoke. Students must adhere to this smoking rule. Violators will be reported to the program director.
25. Should a student not comply with the above dress code, hygiene requirements or smoking rule in either the clinical agency, skills lab or college campus, any member of the nursing faculty can require that the student leave the classroom, clinical or skills lab setting. In a preceptored clinical, the RN Preceptor can require the student leave the clinical setting if dress code, hygiene or smoking requirements are not met. Being asked to leave due to violation of dress code, hygiene or smoking requirements will count as an unexcused absence and may be subject to disciplinary action.

Section 5.02 Math Exam

The ability to correctly calculate medication dosages is one of nursing's primary safety skills. In order to demonstrate this primary safety skill, the student must pass a Math Exam each semester with a score $\geq 90\%$. The student will be given three opportunities to demonstrate the ability to achieve a math score $\geq 90\%$. There will be math instruction and/or remediation prior to and following Math Exam one and two. The average of math exam(s) will count as part of the final average.

The student will not be allowed to administer medication in the clinical setting prior to achieving a math score $\geq 90\%$. An inability to administer medication, after Math Exam #1 due to a Math score $<90\%$, will be reflected on the weekly clinical grade.

A student who is unsuccessful in passing the third and final Math Exam will not be eligible to continue go to clinic or progress in the course. **A student who is unable to go to clinical will not meet clinical objectives and will receive a grade of "F".**

Section 5.03 Clinical Assignments

Clinical assignments will be provided during pre-conference and will be posted on assigned health care units. Students must be prepared for clinical in appropriate uniform and with required forms for documentation (see syllabi). A patient is a human being and will be treated with respect and dignity. A student with any reservation about patient care must discuss the issue with their clinical instructor prior to clinical.

Clinical assignments will be made without regard to the sex and gender, disability, creed or religion, color, age, national origin or disease condition of the patient. Therefore, the student will be expected to provide safe nursing care for any patient assigned to their level of responsibility.

Students are required to meet the work force standard of providing care to any and all patients assigned to their level of responsibility, including but not limited to physical care, emotional care, and documentation.

Clinical assignments are made according to student needs, clinical facility availability restrictions, and faculty availability. Students with personal assignment issues should contact the ADN Coordinator.

Section: 5.04 Alternate Clinical Assignment

To provide nursing students an effective clinical experience when the usual resources are unavailable.

Students who may be assigned alternative clinical assignments after maximum clinical absences have been reached (no more than 10% of clinical may be alternative assignments due to student issues):

1. Post-surgical: not yet cleared for active floor duty
2. Post trauma: cast, splint, unable to bear weight

Clinical groups may utilize alternate clinical assignments under the following circumstances:

1. Instructor illness
2. Instructor unavailable due to other responsibility
3. Unexpected closure of unit
4. Unexpected drop in unit population that disallows effective assignment of student group

Students who may NOT utilize alternative clinical assignments:

1. Persons with contagious symptoms: fever, vomiting, diarrhea, nausea
2. Persons accompanied by children
3. Persons requesting to “make up a previous clinical absence”
4. Persons whom have had 2 alternative clinical assignments during the semester (exception: when alternate assignment is given to entire clinical group)
5. Student who cannot attend clinical facility due to an action of their own. For example: a student denied entrance by clinical facility due to criminal background or refusal to follow immunization requirements.

PROTOCOL:

1. Alternate clinical assignments are to be completed during the assigned clinical time.
2. Instructor notifies coordinator of student assignment. This notification can be made several days in advance or the morning of the assignment.
3. Instructor will select the clinical topic and the expectations the instructor has of the students for that assignment.
4. There will be **no collaboration** on assignments unless written instructions are received from the instructor to do so.
5. Student will report to clinical instructor/coordinator for instructions.
6. Student will turn in written assignment (if any) as instructed
7. Clinical instructor will record on the front of the evaluation tool the date of the alternative assignment.
8. Experience is recorded in an ongoing log.

The Hill College Nursing Department reserves the right and authority to make necessary adjustments and decisions in the best interest of the student, health care facility, and college.

Section 5.05 Clinical Preparedness

Clinical tools have been developed to assist the student to focus on goals and data collection used to meet expectations during the clinical assignment. The clinical instructor will evaluate the clinical tools and give the student feedback on their success in meeting expectations.

The following items have been identified as essential information for the student to collect/develop in order to demonstrate preparation and critical thinking application in the clinical setting (See syllabi for specific detail):

1. Medical Diagnosis/surgery
2. Medications
3. Special procedures
4. Laboratory findings
5. Nursing diagnosis
6. Nursing Goals - Specific, **M**easurable, **A**ttainable, **R**ealistic, **T**imed
7. Nursing Intervention
8. Intervention Evaluation

If the student is unable to demonstrate such preparedness and/or application, the instructor will note this behavior on the Clinical Evaluation rubric.

Section 5.06 Skills Performance

During the performance of clinical skills, Hill College Associate Degree Nursing students shall comply with standard Clinical Site policy and procedures. Any clinical site policy and procedure that conflicts with a Hill College ADN program rule must be discussed with the clinical Instructor PRIOR to performance of the skill in question.

The following table lists skills to be mastered as the student progresses semester to semester. The clinical instructor is responsible for supervising students perform these skills.

Where appropriate, and on a situation-by-situation basis, the clinical instructor may delegate direct supervision of a skill to a qualified registered nurse.

See [Skill Sheet](#) in Forms

Section 5.07 Medication Administration Supervision

The level of supervision of medication administration in the clinical area varies according to the course level of the student. The goal is to ensure the highest quality of patient care while providing maximum learning experience and the best utilization of faculty's time. Selected skills (new or previously demonstrated) may require they be performed in HILL COLLEGE Nursing Skills Lab prior to completing in clinical site. At times, clinical instructors may delegate supervision to staff RN's. Competency criteria will be made available to staff RN's.

SPECIAL NOTATION

1. *In administering narcotics or controlled substances, the instructor and student will follow the guidelines of the clinical facility. Only instructors will have narcotic keys and/or a password to the Pyxis/Omniceal system. Instructors will ensure narcotic count as correct prior to removal of each specific narcotic. If a discrepancy is noted, the charge nurse will be immediately notified and hospital protocol followed.*
2. *The student will not be responsible for titrating IV medications to regulate blood pressure or cardiac dysrhythmias without direct supervision of the clinical instructor or primary registered nurse.*
3. *The student will not be responsible for titrating or monitoring of any type of spinal drug administration or ICP pressure monitoring.*
4. *In maternity areas, students will not be responsible for regulating IV Pitocin or magnesium sulfate.*
5. *In select clinical facilities, their specific policies may override Hill College student policies.*

Section 5.08 Infectious Communicable Disease Exposure

I understand that in my role as a student nurse I may be exposed to infectious / communicable diseases. I understand I will be taught Standard Precautions (formerly known as Universal Precautions or Body Substance Isolation) as recommended by Centers of Communicable Diseases (CDC) and OSHA. Knowledge regarding Standard Precautions procedures will be implemented when caring for all patients regardless of their infectious status. Applying the knowledge of Standard Precautions and Transmission – Based Precautions reduce the potential for transmitting blood – borne pathogens and those from moist body substances and fluid.

The Standard Precautions are followed whenever there is potential for contact with:

- Blood
- All body fluids, secretions, and excretions regardless of whether they contain visible blood
- Non intact skin
- Mucous membranes

(See printable form [Infectious Communicable Disease Exposure Rule Acknowledgement](#))

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

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

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

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

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

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

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

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

RESUSCITATION - To minimize the need for emergency mouth-to-mouth resuscitation, the location of mouthpieces, resuscitation bags, and other ventilatory devices should be identified by the student at the start of each new clinical rotation.

These measures are recommended by the Centers for Disease Control.

Section 5.09 Pre/Post-Conferences

Pre/Post-conferences count as part of clinical experience and are held in a health care conference room when possible. You will attend pre/post-conference with the instructor with whom you were in clinical lab that day unless otherwise specified. In addition, some post-conferences may be held on campus. Absence from pre/post-conferences will be recorded as an absence from clinical lab.

Section 5.10 Observational Experiences

Observational experiences to enhance the student's learning may occur during each semester. These experiences can occur any place that employs a registered nurse.

Written assignments may be required. A grade may be applied to the assignment.

Section 5.11 Clinical Preceptorship

During the last semester of the program students may have the opportunity to participate in a Clinical Preceptorship. Student clinical times may be arranged with the RN Clinical Preceptor. Students will do clinical during the regular work hours of the preceptor. This can include working any time around the clock, seven days a week. Preceptorships occur only when there are adequate numbers of approved preceptors available.

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Section 5.12 Clinical Evaluation Guidelines and Final Grade Criteria

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

The clinical evaluation rubric tool reflects the student's level of competency. Students will be evaluated on their ability to meet learning objectives, rather than their mistakes. The final clinical grade will be determined from the student's performance during clinical rotations each semester.

Every clinical course will have a clinical evaluation rubric, with two areas of concentration and four levels of competency:

Clinical Performance	Exceeds expectations	Satisfactory	Needs improvement	Unsatisfactory
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Submitted Work	Exceeds expectations	Satisfactory	Needs improvement	Unsatisfactory
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The student will be evaluated each week and will receive a weekly grade. All weekly grades will be averaged at the end of the semester and merged with other semester assignments for the final course average. Each course syllabus will outline how all semester grades are merged.

****NOTE**** Any student activity that has the potential to place a patient in jeopardy (physically or mentally), or that demonstrates unprofessional conduct, will result in an overall grade of zero "0" for both areas of concentration on the weekly evaluation rubric

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(i.e. rails down, med error, inappropriate comments to patient, patient family, staff or instructor).

Each semester the clinical rubric will change to reflect the increased knowledge and increased responsibility required of the student. This is reflected in terminology and points assigned to each area. In any given semester a final course grade $\geq 75\%$ will be required to demonstrate minimal mastery of the course information and skills performance.

Section 5.13 Success Counseling

A plan is developed by the instructor to aid the student in focusing on methods of improvement, when the student's clinical performance is below the expected level of competency. The instructor will provide guidance and assistance to the student in reaching the identified goal. Comments and suggested areas of improvement will be included on weekly evaluation.

Section 5.14 Success Contract

A plan developed by the faculty outlining specific actions the student must take in order to achieve Expected Level of Competence Criteria, when the students' clinical performance has failed to improve following Success Counseling. The instructor will provide guidance and assistance to the student in reaching the identified goal.

Section 5.15 Clinical Release Forms

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

Section 5.16 Clinical Visitation

Students are not allowed to visit clients in the hospital on other units during clinical time.

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

Section 5.17 Insurance Requirements for Clinical Experiences

ACCIDENTAL INJURY AND/OR HEALTH COVERAGE

Neither the health care facility, nor the college, assumes responsibility for an injury during clinical hours. The student is strongly encouraged to carry private medical coverage. The student should report any injury to the clinical instructor immediately.

MEDICAL LIABILITY INSURANCE

The college provides a limited liability policy for nursing students. The coverage for students is effective only during clinical instruction time. Some clinical facilities do require that students have proof of medical insurance. The student is not covered outside of the clinical instruction time.

The nursing student is encouraged to carry private medical liability insurance, especially those students who are also licensed or certified at any level of nursing practice.

Section 5.18 **Criminal History**

If a student has a criminal history and a facility's policy prohibits the student from attending clinical, the Hill College Professional Nursing Program is not obligated to rearrange the clinical schedule to accommodate a single student. The student will receive a Zero (0) for each day missed.

Section 5.19 CPR Certification / Immunizations/ License

All students must complete a CPR course for healthcare providers (course must include hands on component) prior to enrollment in the ADN program and must maintain CPR certification during enrollment. All students must complete a panel of Immunizations/test for healthcare providers prior to enrollment in the ADN program and must maintain current TB, Flu, and tetanus immunizations/tests during enrollment.

Failure to maintain current CPR certification, or immunizations, will prohibit the student from attending clinical. Time missed due to an expired CPR card or expired immunization will be considered an unexcused absence and the student will receive a grade of “0” for each clinical day missed.

LVNs/Paramedics are required to maintain appropriate current licensure/certification while enrolled in the ADN Program. Students will not be allowed to attend any program activity; i.e. class, clinical and/or other program activities. If licensure/certification is expired, any time missed will be considered an unexcused absence.

Section 5.20 Clinical Related Problems

Inappropriate behavior and/or unsafe practice are grounds for requesting that the student leave the clinical facility. If the problem is not resolved, the student can receive a clinical unsatisfactory grade in the nursing course.

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

1. Attending clinical while under the influence of any substance (legal or illegal) affecting a student's ability to respond in a reasonable and acceptable manner.
2. Performing unsafe nursing care that potentially could place the patient at risk for physical injury or emotional stress: examples but not limited to - rails down, med error, inappropriate comments to patient, or patient family.
3. Failing to maintain patient confidentiality.
4. Falsifying verbal or written information concerning the patient, staff, peer group or assignment.
5. Verbal or physical actions that could be interpreted as argumentative or aggressive toward patient, patient family, facility staff, peer, or instructor.
6. Inability to perform skills learned in skills laboratory.
7. Performing skills that are not appropriate for level of practice.
8. Performing skills without appropriate supervision.
9. Removing any item, or document, from a patient's room or hospital without permission.
10. Being in possession of a cell phone while on a health care facility property.
(This does not apply to possession in personal vehicles).

The student is further expected to exhibit professional behavior in appropriate dress, attitude and conduct. Students will abide by all hospital policies and requests while in the facility proper and on the facility grounds

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

ARTICLE 6 ATI Standardized Testing/Review Course

Section 6.01 ATI Competency Exams

At a set time each semester students will be required to take one or more nationally standardized tests designed to evaluate the student's level of mastery of specific topics. At the end of the program, students will be required to take a national standardized Exit test designed to predict success on the NCLEX-PN or NCLEX-RN as well as measure achievement of content and concepts in nursing and other standards. NOTE: The Program currently uses the ATI Exam but reserves the right to require an alternate standardized exit exam if the ATI should be unavailable.

Content Mastery Exams: During each nursing theory course (except Pharmacology), content mastery exam(s) will be given and a percentage will include in the final average of the theory course. Students are expected to pass the content mastery exam at Level 2. Students will be given an opportunity to take practice exams and do remediation for points to be added into the content mastery score.

ATI Exam Schedule (subject to change)

Semester One: Nutrition, Critical Thinking

Semester Two: Maternal-Neonatal, Pharmacology, and Community

Semester Three: Mental Health and Leadership

Semester Four: Critical Thinking, Medical-Surgical, Care of Children, and
Comprehensive Predictor

Section 6.02 Requirements ATI Content Mastery Exams

Practice Assessments are not supervised by course faculty; however, faculty will schedule the practice assessments. Assessment A is given no later than the seventh week of the semester and Assessment B is given no later than the tenth week of the semester. **The student is not allowed to take the Content Mastery Exam unless requirements for the Practice Assessments have been met as scheduled by the instructor.** The Content Mastery Exam will be given approximately two weeks before the end of the semester. Instructors will provide instructions for Remediation (Active Learning) and use of templates in each course. The student for each course will keep all assessments and remediation in a notebook. Notebooks are to be brought to each examination.

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Section 6.03

Grading Grid for ATI Content Mastery Exams

Practice Assessment			
Worth 4 Points			
Complete Practice Assessment A Remediation (Active Learning) <ul style="list-style-type: none">One hour minimum focused reviewFor each topic missed, complete an active learning template and/identify three critical points Complete templates for Topics to Review. Templates must be handwritten and legible . Templates must be submitted to the instructor by the announced deadline unless prior arrangements have been made.		Complete Practice Assessment B Remediation (Active Learning) <ul style="list-style-type: none">One hour minimum focused reviewFor each topic missed, complete an active learning template and/identify three critical points Complete templates for Topics to Review. Templates must be handwritten and legible . Templates must be submitted to the instructor by the announced deadline unless prior arrangements have been made. Student will forfeit opportunity to take Content Mastery if templates are late without permission.	
Content Mastery Exam			
95% or above Passing	90% or above Passing	85% or above Passing	84% or below Passing
predictability	predictability	predictability	predictability
Score = 4 points	Score = 3 points	Score = 2 points	Score = 1 points
Remediation (Active Learning) One hour minimum focused review For each topic missed, complete an active learning template and/identify three critical points Complete templates for Topics to Review. Templates must be handwritten and legible . Grade for Content Mastery will not be finalized in the gradebook until templates are complete. Student earns grade of 0 if no templates are submitted by deadline unless prior arrangements have been made.	Remediation (Active Learning) Two hour minimum focused review For each topic missed, complete an active learning template and/identify three critical points Complete templates for Topics to Review. Templates must be handwritten and legible . Grade for Content Mastery will not be finalized in the gradebook until templates are complete. Student earns grade of 0 if no templates are submitted by deadline unless prior arrangements have been made.	Remediation (Active Learning) Three hour minimum focused review For each topic missed, complete an active learning template and/identify three critical points Complete templates for Topics to Review. Templates must be handwritten and legible . Templates must be submitted to the instructor by the announced deadline unless prior arrangements have been made. Student will earn 0 points for ATI if submitted late without prior arrangements. <i>Regardless, the Retake exam is required.</i>	Remediation (Active Learning) Four hour minimum focused review For each topic missed, complete an active learning template and/identify three critical points Complete templates for Topics to Review. Templates must be handwritten and legible . Templates must be submitted to the instructor by the announced deadline unless prior arrangements have been made. Student will earn 0 points for ATI if submitted late without prior arrangements. <i>Regardless, the Retake exam is required.</i>
2 points for remediation	2 points for remediation	2 points for remediation	2 points for remediation
No Retake Required (optional)	No Retake Required (optional)	Retake Required	Retake Required
Total Points = 10/10	Total Points = 9/10	Total Points = 8/10	Total Points = 7/10

Section 6.04 ATI Content Mastery Proficiency Level Scores

Content Mastery Assessment	Level 1	Level 2	Level 3
Adult Med-Surg (90 items)	56.7%	68.9%	81.1%
Fundamentals (50 items)	51.7%	63.3%	78.3%
Maternal Newborn (60 items)	55.0%	66.7%	80.0%
Mental Health (60 items)	56.7%	66.7%	85.0%
Nursing Care of Children (60 items)	53.3%	63.3%	78.3%
Nutrition (60 items)	46.7%	66.7%	81.7%
Pharmacology (60 items)	56.7%	71.7%	85.0%

RN CONTENT MASTERY SERIES 2016 PROFICIENCY LEVEL DEFINITIONS*

Level 1

Scores meeting the Proficiency Level 1 standard can be considered to meet the absolute minimum expectations for performance in this content area. Scores at this level were judged by the content expert panel to indicate a student as likely to just meet NCLEX-RN® standards in this content area. ATI advises these students to develop and complete a rigorous plan of focused review in order to achieve a firmer grasp of this content.

Level 2

Scores meeting the Proficiency Level 2 standard can be considered to exceed minimum expectations for performance in this content area. Scores at this level were judged by the content expert panel to indicate a student as fairly certain to meet NCLEX-RN standards in this content area. ATI advises these students to engage in continuous focused review in order to improve their knowledge of this content.

Level 3

Scores meeting the Proficiency Level 3 standard can be considered to exceed most expectations for performance in this content area. Scores at this level were judged by the content expert panel to indicate a student as likely to exceed NCLEX-RN standards in this content area. ATI advises these students to engage in continuous focused review to maintain and improve their knowledge of this content.

**Note that these definitions were based on expertise of the nurse educators who participated in the cut score study. No empirical study was conducted relating NCLEX-RN performance to performance on the Content Mastery Series, nor was any study conducted demonstrating a statistical relationship between Content Mastery Series performance and actual job performance. These Proficiency Level definitions were used by cut score study participants for the purpose of making their empirical ratings of item difficulty.*

Section 6.05 ATI Exit Competency Exam

The goals of ATI Exit Exam are to:

- a. Predict licensure success with a computerized comprehensive nursing exam
- b. Assist the graduating nursing student with identifying strengths and weaknesses of content necessary to successfully complete the NCLEX-RN exam.
- c. Develop a plan to improve any weakness thus enabling the likelihood of success on the graduate's initial NCLEX exam.
- d. Assist the graduate nurse to enter the health field as a safe practitioner.

All Associate Degree nursing students are required to take the ATI Exit Exam during the semester they are scheduled to graduate. The student is responsible for ATI exit exam costs.

Students who receive a score below 70 will have to follow a remediation plan developed by faculty before retesting. Additional costs for subsequent testing will be the responsibility of the student who fails to meet the minimum expected score. Students failing to achieve a score of 70 or better on the second exam will be given an "I" in the course. In addition, the student will be required to attend an approved review course.

Once proof of the completed review course is received, the "I" will be removed and the final course grade awarded.

Comprehensive Exit Exam: Successful completion of the exit exam, currently an ATI Exit Exam Score of 70 or better, is one of the course objectives for the last nursing theory course. Students will have two (2) opportunities to pass the exam. The first ATI exam will be administered toward the end of the semester. A percentage of the highest attempt will be averaged into the final course grade. All students at risk per Pulse will be placed on a Success Contract with mandatory remediation on campus.

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If a student is not successful on the first attempt, the student will have a second opportunity to pass the exam after completion of individualized remediation of the first attempt. The student will receive a grade of "I" (incomplete) for the course. The student may participate in pinning/graduation ceremonies, but will not be eligible for graduation or to make application to take the NCLEX licensure exam for initial licensure.

The student will be eligible to take the second opportunity only if the student has earned equal to or greater than 75%, "C" of the RNSG2331 course points, passes the Final with a score equal to or greater than 75%, "C" and completed all other course requirements, passed the co-requisite courses, and completed all remediation activities outlined in any contract.

If an ADN student is not successful on the second attempt, the student will be required to take a formal, in person, NCLEX-RN Review course, at their expense. If the student does not complete a formal NCLEX-RN Review Course, the student will receive a final grade of "D" in the course and may seek re-entry if eligible for readmission. Successful completion of the formal NCLEX- RN Review Course allows the student to receive the final course grade earned in the course. The student will then be allowed to continue with the licensure application process for initial licensure. (Refer to Hill College Catalog for information on "I" grades.)

Section 6.06 Testing

If testing is to be done in the **Testing Center**, it is each student's personal responsibility to make an appointment with the Testing Center to test for each and every exam. Dates and times for course exams will be posted on the course calendar.

The Testing Center will not schedule appointments thirty (30) minutes prior to closing and all testing must be done fifteen (15) minutes prior to closing. Appointments can be made in person or by calling the Testing Center at the Hill County or Johnson County Campus. It is advised you schedule well in advance of each exam. Appointments can be made for either campus; therefore, unavailability of a time slot is not an acceptable reason for missing an exam. A student will receive a grade of zero "0", for unexcused missed exams. Failure to follow instructions on any exam can result in a grade of zero "0" for that specific exam.

Section 6.07 NCLEX Review Course

The student is required to attend the NCLEX-RN review course to be scheduled in the 4th semester. If the student does not attend the scheduled NCLEX-RN review course he/she will receive an incomplete in RNSG 2262 Clinical IV Professional Nurse.

Section 6.08 Graduation

All Associate Degree Nursing Students will be required to pass the ATI Exit Exam. If a student does not achieve a passing grade on the exit exam, they will be required to participate in an approved remediation program. After completion of remediation, a student may take the ATI Exit Exam a second time prior to graduation. Should a student be unsuccessful on the second attempt, they will receive a course grade of incomplete "I". They will be required to participate in a formal remediation program (example, Kaplan). See Hill College Student Handbook for time lines for completing a course with a grade of incomplete "I".

Article 7 Attendance

In accordance with institutional policies of Hill College, regular and punctual attendance is expected of all nursing students.

1. Students are responsible for all material presented or assigned whether they are present or absent.
2. Students are required to comply with departmental rules regarding make-up work and notification guidelines when absent from classroom and clinical assignments.
3. Failure to comply with established rules may prohibit students from completing the required objectives of a course and the program.
4. A student who is absent from classes for the observance of a religious holy day will be allowed to make up all work provided that proper advance notification is given to the instructor.
5. A student who is called to active military service will be allowed to make up all work provided the student follows the proper advance notification procedure. An instructor may appropriately respond if the student fails to satisfactorily complete the assignment or examination within a reasonable time after the absence. Students may withdraw from the program after submitting documentation to Hill College Student Information Services. Students who are called for military reserves training may be excused absences but the student must submit documentation, notify instructor ASAP, and make up any time missed.
6. Hill College shall treat pregnancy, childbirth, false pregnancy, termination of pregnancy and recovery therefrom as a justification for a leave of absence for so long a period of time as is deemed medically necessary by the student's physician, as the conclusion of which the student shall be reinstated to the status which she held when the leave began.
7. For students enrolled in an online course: attendance in your class will be verified by your timely submission of require work each week and /or attendance at required seminars/labs. Failure to submit work in any given

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week will be counted as an absence and count toward the absence rule. (i.e. A 16 week 3 credit hour course is 3 hours per week equaling 48 total hours in the semester. A "0" zero would equal one week which equals 3 hours counted against the attendance rule)

8. When a student, in class or clinical, nears the maximum allowable absence hours (15%) the student will be referred to the Absence Review Committee.
9. If a student misses more than 15% of class meetings, the student will be referred to the Absence Review Committee with recommendation for dismissal from the program.

Section 7.01 Theory, Clinical and Skills Lab Attendance

Absence from 15%, or three consecutive weeks (whichever occurs first), of scheduled lecture, laboratory meetings and/or online course work will be taken as evidence that a student does not intend to complete the course and the student may receive a failing grade from the instructor. The instructor may reinstate the student if satisfied that the student will resume regular attendance and will complete the course.

- A. Nursing students are expected to attend all nursing classes.
- B. Tardiness is discouraged. A tardy is defined as arriving after the established start of the lecture/lab/clinical day. Three (3) tardies equate to one (1) unexcused absence, (the hours delegated for a normal lecture/lab/clinical day will count toward the 15% absence rule).
- C. Nursing students may be permitted to make up class work/clinical and assignments missed due to an excused absence. An excused absence is a result of one of the following:
 - 1. Authorized participation in official college function or military training.
 - 2. Personal illness (with physician note).
 - 3. Death in the immediate family (with copy of obituary notice).
 - 4. Extenuating circumstances related to the above (with appropriate documentation) will be reviewed on an individual basis. (Events such as elective doctors'/dentists appointments, orientation to a new job, are NOT considered extenuating circumstances.)
- D. It is the Associate Degree Student Handbook Exam Rule "Any student unable to take an exam at the scheduled time, FOR ANY REASON, will contact the ADN Department faculty at least 24 hours prior to the assigned examination time." FAILURE TO COMPLY WITH THE EXAMINATION RULE WILL RESULT IN 10 POINTS BEING SUBTRACTED FROM THE MAKE-UP EXAM". Extenuating circumstances (with appropriate documentation) will be reviewed on an individual basis. (Events such as elective doctors'/dentists appointments, orientation to a new job, are NOT considered extenuating circumstances.)

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- E. A missed exam can be made up only if missing the exam was due to an excused absence. The missed exam must be made up within two (2) weeks of the regular exam. Students not making up a missed exam within the time span will receive a grade of zero "0" for that exam.
- F. Students who are late to an exam will have only the remaining allotted time left to complete the exam. No additional time will be allowed for completion of the exam.
- G. Students are responsible for signing a class/lab attendance roll each class period. Failure to do so will be recorded as an unexcused absence.
- H. If a student misses a skills lab it is the student's responsibility to obtain the information and complete the skill check off in the lab. Any missed content related to skills may affect a student's grade. Depending on the course, some skills must be completed by the deadline set at the beginning of the semester and if they are not complete, the student may receive an incomplete in the course until the skills are completed, or may fail the course.
- I. Student activities performed in the classroom or skills lab are subject to being photographed, videotaped, or audio taped for educational/instructional purposes.
- J. Students are Not allowed to audio tape, video tape, take still photos during lecture/clinical settings or skills/simulation labs, or any public/private nursing meetings.
- K. To be successful in any VN SG/RN SG course, the final exam must be $\geq 75\%$ AND the final course average must be $\geq 75\%$. If either is below 75% the course grade is a "F".

Section 7.02 Clinical Course Attendance

ATTENDANCE AND PUNCTUALITY

To maintain a productive clinical experience the Nursing Department expects students to be reliable and to be punctual in reporting for scheduled clinical assignment. Absenteeism and tardiness place a burden on everyone.

Due to the significance of clinical, nursing students are expected to attend all clinical experiences only hours due to an excused absence are eligible for make-up. Any missed clinical hours will be discussed with the Clinical Instructor and must be remedied before credit will be given for the clinical course.

The clinical instructor is to be notified personally by their office phone or Hill College email by pre-conference time if the student will be absent or late. No messages are to be left with hospital personnel.

- A. The STUDENT must notify the clinical instructor of an absence at least 1 hour before the clinical start time or may receive an unexcused absence and/or a demerit for unprofessionalism.
- B. A student who is late to the clinical setting three times will incur an unexcused absence. The unexcused absence will be for one full clinical day and will count toward the 15% absence rule.
- C. A student who fails to notify the clinical instructor they will be late will lose ALL points assigned to Professionalism under clinical performance.
- D. A student who is thirty (30) or more minutes late to the clinical setting may not be allowed to remain at clinical. The resulting absence may be counted as unexcused.
- E. Missed (excused) clinical time can be made up only in eight (8) hour increments.

Section 7.03 Clinical Absences

1. The student is allowed to miss up to
 - a. 2 clinical days with 5 points off final clinical grade for each 8 hours missed in each semester.
 - b. If the student misses more than 16 hours in a semester, the student will need to go before an Absence Review Committee (which will be made up of 1 faculty member from each VN/ADN program, EMS Director, 1 academic faculty member, the VN Coordinator, ADN Coordinator, Criminal Justice Coordinator, Fire Science Coordinator, Echocardiology Coordinator, and the Director of Nursing).
 - c. If the Review Committee excuses the absence, the student will be allowed to makeup the time. If the committee does not excuse the absence, the absence will result in another 10 points off the final clinical grade for each absence over the initial 16 hours in a semester and may result in a failure in clinical.
 - d. Absences may only be made up in 8-hour increments.
 - e. Unexcused missed hours cannot be made-up and will count toward the 15% absence rule.
 - f. No student will be allowed to miss more than 32 hours in clinical for any given semester for any reason.
 - g. If the student exceeds the allowable absence, he/she will be referred to the Absence Review Committee with recommendation of dismissal.
2. Clinical tardies: three (3) clinical tardies will constitute one unexcused 8-hour absence. If the student is late to clinical, this will constitute one tardy. Correct time is based on the instructor's watch.

Section 7.04 Clinical Accident and/or Incident Report

1. An institutional incident report should be made out when the student is injured while in the clinical area.
2. In the event of unusual occurrences involving a student, and/or patient, the following procedure should be followed:
 - a. Notify the clinical instructor and the nurse in charge of the clinical area where the incident occurred.
 - b. Complete incident report form with the assistance of the instructor.
3. An unusual occurrence may include such things as a medication error, patient injury witnessed by a student, and/or student injury.

(See form [Potential or Actual Incident Report](#))

Section 7.05 Unsafe Student/Students with Unethical Issues

Maintaining client safety is the overriding principle in clinical practice. Nursing faculty has the responsibility to ensure that students are providing safe care. Nursing students must function at the expected clinical level as stated in the course objectives and clinical evaluation forms. Unsafe behavior is the failure to perform in the manner that any prudent student nurse, at the same level of preparation, would perform in a particular clinical situation. Nursing faculty have the responsibility to identify student conduct and performance in the academic and/or clinical area that are unsafe, unethical, and/or unprofessional, take immediate corrective action, and provide remediation contracts, and remove from clinical setting if appropriate. Any faculty that perceives a student is unsafe will take immediate corrective action, document the incident fully, and refer the student to the program director and the Incident Review Committee (which will consist of: 1 faculty member from each VN program, EMS director, 1 academic faculty, the VN Coordinator, ADN Coordinator, Criminal Justice Coordinator, Fire Science Coordinator, Echocardiology Coordinator, and the Director of Nursing) for evaluation. The committee will then review all documentation, including student's comments, to make a determination on possible remediation contract or recommended for dismissal from the nursing program.

Unsafe behavior includes, but is not limited to:

- Being under the influence of drugs or alcohol.
- Failure to use Standard precautions at all times.
- Failure to apply basic safety rules, such as leaving side rails down on beds and cribs.
- Failing to report an abnormal finding.
- Being unable to make sound judgments due to adversely affected thought processes and decision-making.
- Attending clinical with a possibly communicable infectious process.
- Failure to follow the five rights while administering medications.
- And any other action or failure to act that would jeopardize client safety.
- And any other action or failure to act that would jeopardize client safety.

(See also [Duty to Report](#))

Article 8 Honesty and Integrity

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

Confidentiality also extends to information gained about peers, or other individuals. It is not uncommon for personal information to sometimes be shared during class or clinical meetings. Discussion or sharing of personal or course work information is strictly prohibited. This type of information is to be held in confidence as any other information coming to the attention of a health care provider.

Any violation of personal/peer/client confidentiality can be grounds for disciplinary action, up to suspension or termination from the program.

Section 8.01 Scholastic Dishonesty

Scholastic dishonesty shall include, but not be limited to, cheating, plagiarism, having access to testing materials and collusion. Students found to have participated in scholastic dishonesty are subject to disciplinary action according to the Hill College Student Handbook. If a student is found to have cheated on any course assignment or exam, he/she will receive a failing grade for the work and may receive a failing grade for the course. Refer to academic misconduct. This includes possession of any part of an exam or possession any part of a test bank(s).

(See also [Academic Misconduct](#))

(See also [Unsafe Student](#))

(See also [Duty to Report](#))

Section 8.02 **Academic Misconduct**

Associate Degree Nursing students are expected to abide by the policies, procedures and regulations of Hill College as set forth in the Hill College Catalog, Student Handbook, Policy Manual and Departmental Handbook.

And

Associated Degree Nursing students are expected to abide by the rules and regulations of the Texas Board of Nursing.

And

Associated Degree Nursing students are expected to abide by the policy and procedures of all health care facilities where clinical experiences have been scheduled.

<p><u>Academic Integrity</u></p>

<p>In order to preserve the honor and integrity of the academic community, Hill College expects its students to maintain high standards of scholarly conduct.</p>

<p><u>Academic Honesty</u></p>

<p>All Hill College faculty, and staff, shall have the right to examine materials or electronic devices in the student's possession during any academic exercise. In instances of academic misconduct, the faculty may immediately suspend the student from further work on the academic exercise.</p>
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ACADEMIC MISCONDUCT

Academic misconduct shall include, but not be limited to:

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| <ol style="list-style-type: none"> 1. Copying from another student's test or class work. 2. Collusion: defined as the unauthorized collaboration with another person in preparing written (& electronic) work for fulfillment of course requirements. 3. Collaborating with or seeking aid from another student during a test without permission from the test administrator. 4. Knowingly using, buying, selling, stealing, or soliciting, in whole or in part, the contents of an unadministered test, paper, or another assignment. 5. The unauthorized transporting or removal, in whole or in part, of the contents of the unadministered test. 6. Substituting for another student, or permitting another student to substitute for one's self, to take a test. 7. Bribing another person to obtain an unadministered test or information about an unadministered test. 8. Using test materials not authorized by the person administering the test. 9. Manipulating a test, assignment or final course grade. 10. Forgery 11. Plagiarism: defined as appropriation, buying, receiving as a gift, or obtaining by any means another's work and the unacknowledged submission or incorporation of it in one's own written work. 12. Illicit and/or Unauthorized use of any Hill College computer program or assignment. 13. Fabrication of information for use in any academic exercise. 14. Fabrication, or falsification, of information submitted in a written or verbal report. 15. The resubmission of previously graded course work by the student to meet a course requirement. | <ol style="list-style-type: none"> 17. Actions that give reason to believe a person is under the influence of a substance (ETOH, prescription or otherwise) and/or mental incapacity. 18. Use of prescription medication contrary to prescription instructions. 19. Failing to cooperate with an investigation conducted by program faculty. 20. Engaging in conduct that constitutes harassment or bullying toward another person. 21. Failing to report suspected or known breach of Hill College Handbook policies, ADN Program rules and/or Texas Board of Nursing Rules and Regulations to ADN Program faculty. 22. Behavior of a boisterous and tumultuous character such that there is a clear and present danger of alarming persons where no legitimate reason for alarm exists. 23. Willful and malicious behavior that interrupts the speaker of any lawful assembly or impairs the lawful right of other to participate effectively in such assembly or meeting when there is reason to believe that such conduct will cause or provoke a disturbance. 24. Violent and forceful behavior at any time such that there is a clear and present danger that free movement of other persons will be impaired, or persons injured. 25. Providing information which was false, deceptive, or misleading in connection an investigation involving Hill College, Hill College ADN Program or the Texas Board of Nursing. 26. Leaving a nursing assignment, including a supervisory assignment, without notifying the appropriate personnel. |
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Section 8.03 Sanctions

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

I. Possible actions by the faculty member

- A. Notify the Program Director in writing that an incident has occurred and has been dealt with.
- B. Grant no credit for the work (exam or assignment) in question.
- C. Assign a grade of "F" or zero for the work in question.
- D. Recommend the student to be referred to the Incident Review Committee.
- E. If the alleged incident occurs during a final examination, a grade of "I" (incomplete) shall be given the student until a decision by the faculty is determined.

II. Possible actions by the Program Director

- A. The Program Director will investigate any misconduct or reported dishonesty related to testing and preparation of written assignments and documents the results of the investigation.
- B. Based on the results of the investigation, the Program Director shall refer the student through academic administration channels. The Program Director shall recommend to academic administration that one or more of the following specific actions be considered:
 - 1. Issue a warning and place a written report of the incident in the student's permanent record maintained in the Program Director's Office.
 - 2. Place the student on probation at the College for a specified period of time.
 - 3. Recommend the student be referred to the Incident Review Committee.

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Disciplines imposed on a student who has been found to have committed an act of academic misconduct or breach of Good Professional Character, will depend upon the nature of the violation and may include one or more of the following: verbal reprimand, written counseling, written contract, various types of learning activities, loss of grade points, loss of grade for entire assignment/project/exam, loss of points from final course grade, a grade of "F" for the course and/or probation or suspension from the college.

Upon confirmation of academic misconduct, an instructor will notify the program coordinator. The program coordinator will coordinate collection of information about the alleged infraction. All information will be shared with program faculty and Program Dean for evaluation and final determination of the infraction and level of any penalties.

Infractions of the ADN Program Student Rules may result in recommendations for disciplinary action, suspension and/or termination from the program.

Section 8.04 Disciplinary Action

Students are responsible to know and comply with all policies, procedures and rules contained within the Hill College Policy Manual, Student Handbook, ADN Program Student Handbook and course syllabi. It is imperative that all clinical care be carried out in accordance with accepted nursing standards. When, in the opinion of the Nursing Faculty, a student is not functioning in accordance with the accepted nursing standards, a student shall be subject to discipline:

1. The student will be counseled and required to sign a corrective action contract.
2. The student will receive a copy of the counseling statement/contract that details the problem and student action required to continue in the course/program.
3. If the student does not take immediate corrective action, the student may receive a second more strongly worded contract or may be dismissed from the course/program.
4. Dismissal from the program will result when the student has demonstrated an unwillingness, or inability, to follow disciplinary counseling/contracts, college policy/procedure/regulations or safe patient care practice.
5. If the student feels the disciplinary action is unwarranted, the student may follow the complaint or grievance procedure as outlined in the Hill College Student Handbook.

Section 8.05 Dismissal

Dismissal from the ADN Program can be for the following reasons:

- Failure to score $\geq 75\%$ “C” on a final RNSG course exam.
- Failure to obtain $\geq 75\%$ “C” final passing score in any RNSG course.
- Failure to maintain a grade $\geq 75\%$ “C” for any academic course required within the program.
- Demonstration of unprofessional, or unsafe, behavior.
- Continued deficiency in meeting clinical competencies following a remediation plan.
- Failure to meet the requirements as outlined in a disciplinary action.
- Failure to abide by the Code of Ethics set forth in the Hill College Student Handbook.
- Failure to abide by rules and guidelines set forth in the ADN Student Handbook.
- Failure to complete all required skills check off or required written assignments with a passing grade in designated time limits.

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Section 8.06 Withdrawal

Students withdrawing from the Professional Nursing Program must complete all withdrawal procedures as outlined in the current Hill College Catalog and Student Handbook.

The procedure for withdrawal from the program is located in the general catalog. Please follow college policy. You are also required to notify your current instructor of your decision. An exit interview with a nursing instructor or the Director is required. An Exit Interview form will be completed by the person conducting the interview.

Due to inter-relationship of nursing courses taught each semester, if a withdrawal from one nursing course is necessary, the student must withdraw from all nursing courses.

Article 9 Miscellaneous

Section 9.01 Professionalism

As each of you embark into the world of professional nursing for the first time, it is important that you understand with that role you will earn great privilege and have great responsibility. Becoming familiar with, and adhering to, the criteria for Good Professional Conduct is mandatory in order to be successful in that role. The Hill College Student Handbook, Hill College ADN Program handbook, the Texas Board of Nursing rules and regulations, the American Nurses Association's Standards and each course syllabus detail those criteria that will enable each of you to understand and cultivate your ability to perform those responsibilities as a professional nurse.

The process of becoming a professional nurse begins the first day of class and will continue throughout your nursing career. Students begin to demonstrate professionalism by incorporating Good Professional Character and Behavior into everything they do or say; dressing correctly, attending classes and clinical experiences, by exhibiting courteous behavior, being prepared for class/clinical assignments, and by being punctual for class/clinical.

The Texas Board of Nursing clearly defines Good Professional Character (Texas Administrative Code § Rule 213.27):

- ✓ Ability to distinguish right from wrong.
- ✓ Ability to think and act rationally.
- ✓ Ability to keep promises and honor obligations.
- ✓ Ability to be accountable for his or her own behavior.
- ✓ Ability to recognize and honor interpersonal boundaries.
- ✓ Ability to promptly and fully self-disclose facts, circumstances, events, errors, and omissions.
- ✓ Ability to conduct self in a professional manner

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The months spent in the Hill College ADN Program will be an exciting journey and filled with tremendous growth and role change. Evolving into a registered nurse means you will become part of the profession of nursing and a vital member of a health care team, providing and managing care of patients. Along the journey, you will be guided and mentored by professionals and it is imperative that you behave in a professional manner.

During the time you are in the ADN Program, you will be responsible for developing and demonstrating Good Professional Character. When in doubt ask, what would a prudent nurse/person do? When in any course a student has difficulty demonstrating or maintaining Good Professional Character, the student will first be counseled.

Any infractions after the first counseling will result in points being taken from the final course grade, up to a total of ten (10) points. As you learn and progress through each semester of the program, the value of points for an inappropriate behavior will increase. Loss of points will occur in addition to any other actions taken for the incident.

The table below lists the expected behaviors, examples of inappropriate behaviors, and point value per semester level. Use the criteria and examples as guidelines to implement and practice the professional behavior which will be expected of you as a registered nurse.

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	Expected Behavior	Inappropriate Behavior (Example but not limited to)	Points lost
A	Ability to distinguish right from wrong	<ol style="list-style-type: none"> 1. Plagiarism on any program project or assignment 2. Cheating on any program project or assignment 3. Giving false information to instructor, verbally or in writing 4. Falsifying time in/out of class 5. Withholding information from a program representative that any prudent person would know or suspect was deceptive, 6. Failure to follow College &/or ADN Policies, rules/regulations dishonest or illegal. 	
B	Ability to think and act	<ol style="list-style-type: none"> 1. Intemperate use or abuse of drugs/medication 2. Intemperate use or abuse of alcohol 	
C	Ability to keep promises and honor obligations	<ol style="list-style-type: none"> 1. Failure to follow instructions within a contract or counseling 2. Failure to abide by HCC Student Handbook policies 3. Failure to abide by ADN Student Handbook rules 4. Failure to abide by ADN course syllabi 	
D	Ability to be accountable for his or her own behavior	<ol style="list-style-type: none"> 1. Tardy to class (5 min. tardy; ≥ 30 min is unexcused absence) 2. Unexcused absence 3. Unauthorized cell phone use 4. No Call No Show for an exam 	
E	Ability to recognize and honor interpersonal	<ol style="list-style-type: none"> 1. Verbal abuse of another person 2. Physical abuse of another person 3. Pattern of harassment of person 4. Unwanted physical contact pushed on another person 	
F	Ability to promptly and fully self-disclose facts, circumstances, events, errors, and omissions.	<ol style="list-style-type: none"> 1. Failure to disclose in a timely manner a conflict between written instructions and actual event 2. Failure to disclose in a timely manner knowledge of a peer's inappropriate action/behavior 3. Failure to report personal behavior that involved police or other law enforcement agency 4. Failure to report information that any prudent person would know or suspect was deceptive, dishonest or illegal 	
G	Ability to conduct self in a professional manner	<ol style="list-style-type: none"> 1. Aggressive and/or disrespectful behavior (verbal or physical) when speaking 2. Use of foul language when speaking 3. Possession or use of inappropriate media (phone pictures/videos, recording devices, non-lecture material, my space, face book, etc.) on campus or at event 4. Refusal to cooperate with program faculty/staff during an inquiry/investigation 5. Failure to follow chain of authority when lodging a concern or resolving a disagreement 6. No Call No Show for appointments with program faculty/staff 7. Failure to address patients, physicians, instructors or mentors by title and name. Do not use nicknames or first names. 	

Level 1: each infraction is worth $\frac{1}{4}$ point, up to a maximum of ten (10) points per semester

Level 2: each infraction is worth $\frac{1}{2}$ point, up to a maximum of ten (10) points per semester

Level 3: each infraction is worth 1 point, up to a maximum of ten (10) points per semester

Level 4: each infraction is worth 2 points, up to a maximum of ten (10) points per semester

Section 9.02 Grade Information

In compliance with the Family Educational Rights and Privacy Act 1974 (FERPA), as Amended, information classified as “directory information” may be disclosed to the general public without prior written consent from a student unless the Hill College Student Information Services is notified in writing by the student before the census date in the term. Hill College will not be responsible for the release of Directory Information prior to receiving the **Request to Withhold/Release Disclosure of Directory Information Form** in Student Information Services. A hold will remain on the student record until the student cancels the request to withhold directory information in writing. For additional information regarding the Family Educational Rights and Privacy Act (FERPA) or to access the Request to Withhold/Release Disclosure of Directory Information Form, please see the website at http://www.hillcollege.edu/Admissions_and_Aid/FERPA.html. In accordance with FERPA, the following rules will be implemented by all Health Occupations faculty.

1. No grades will be posted.
2. No grade will be given over the telephone to a student or any other person under any circumstances.
3. No identification of grade status such as Pass-Fail will be given over the telephone to a student or any other person under any circumstances.

Section 9.03 Employment

The Hill College ADN Program faculty is aware some students may feel it necessary to work while enrolled in nursing school. If a student must work, they need to understand that working places additional demands on their time and energy expenditure. It must also be understood all students are held to the same course expectations, and course requirements, regardless of their working or nonworking status. Students are encouraged to carefully weigh all options when considering if work is something they truly must do while going to school. Faculty cannot guarantee special consideration for student requests to accommodate work schedules.

Section 9.04 Emergency Telephone Calls / Cell Phones

If there is an emergency, your families may contact the Health Professions Administrative Assistant when the student is in lecture or skills lab. When the student is in the clinical setting, the clinical instructor should be contacted. Please make certain that families are informed of your lecture schedule and clinical rotation, along with the appropriate phone numbers. Only emergency calls will be accepted.

CELLULAR PHONES must be silenced during class, and are not allowed in the skills lab and clinical settings. Should a cell phones emit a sound during class, the owner will be required to remove the device from the area immediately. Should a cell phone emit a sound during skills lab, or clinical setting, the owner will be asked to remove the device from the area immediately and their skills lab/clinical will be considered ended. In the clinical setting a grade of “0” zero will be given for the entire clinical rotation. If the device sounds during an exam, the owner will be required to remove the device from the area immediately, and their exam will be considered ended.

Section 9.05 Health Services

1. Hill College provides no on-campus facilities for treatment of illness or injury. In the event an emergency situation should arise which requires immediate medical attention, the local hospital provides emergency room service.
2. The student is encouraged to have a private physician or other qualified health care provider and to make arrangements for health care insurance. Students residing in the campus dormitories are required to carry health insurance.
3. If non-emergency questions arise regarding the student's personal health, they should be discussed with a physician after class or clinical hours.
4. If a student is injured or becomes ill during school hours, the instructor should be notified.
5. In the event of a serious illness or injury that hinders a student's ability to perform in the clinical setting, the student is required to have written documentation from a physician authorizing that the student can safely continue to give patient care to designated competency levels in the clinical situation.
6. The student is responsible for all medical costs arising from illness or injury during his/her instruction. It is particularly important that students understand that they are NOT employees of either Hill College or the clinical facility and are NOT covered under Workman's Compensation Insurance.

Section 9.06 Address Change, Email Address & Phone Number

It is the responsibility of any student enrolled in the ADN program to inform both,

- 1) The Student Information Services Office
- 2) The ADN Office of any changes of address or phone number.

For the ADN Program, complete an address, email or phone change form and give to a secretary of the ADN program. Be sure to include cell phone number.

Section 9.07 Smoking

The use and sale of all tobacco and/or e-cigarette products is prohibited inside all College District facilities. Smoking, dipping, and chewing are only allowed in designated areas. Students who are found with residue from, or items such as, but not limited to, cigarette butts, spittoons, tobacco juice, and tobacco waste in Hill College facilities are subject to disciplinary action. E-cigarette means an electronic cigarette or any other device that simulates smoking by using a mechanical heating element, battery, or electronic circuit to deliver nicotine or other substances to the individual inhaling from the device. Smoking in the clinical area is NOT permitted. The lingering smell of tobacco on breath, hands and clothing is objectionable to those who are ill and/or do not smoke. A student who has a strong odor of tobacco may be asked to take steps to remove the odor, to include changing clothes. Therefore, smoking and the use of tobacco products while in the student uniform or scrubs is not permitted whether in the clinical facility or on the college campus. Students must adhere to each institution's smoking/tobacco use rule. Violators will be reported to the program director.

Section 9.08 Offensive and Defensive Products

The possession of any offensive or defensive product/device is strictly prohibited in any nursing class, clinical site or sponsored event. This includes ANY product/device that has the potential to inflame/disrupt/damage an individual's eyes, skin, respiratory system, cardiac system, neurological system, digestive system or musculoskeletal system. This includes but is not limited to any offensive or defensive product/device designed to burn, slice/stab/pierce, produce smoke or aerosol, or conduct electrical current.

Section 9.09 Social Media

Hill College Professional Nursing has a zero tolerance for social media violations. Any student found to have a violated the social media rules by the incident review committee will receive a failing grade in RNSG 1160, RNSG 1261, RNSG 2261 or RNSG 2262 and will not be allowed to progress in the program.

Use the following link:

[15.29 Use of Social Media by Nurses](#)

Section 9.10 White Paper: A Nurse's Guide to the Use of Social Media

Double click on the document to read

Or use the following link: https://www.ncsbn.org/Social_Media.pdf



August 2011

Introduction

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

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

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

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

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

Confidentiality and Privacy

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context. Confidentiality and privacy are related, but distinct concepts. Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse. Such information may only be disclosed to other members of the health care team for health care purposes. Confidential information should be shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the nurse's obligation to safeguard such confidential information is universal.

Privacy relates to the patient's expectation and right to be treated with dignity and respect. Effective nurse-patient relationships are built on trust. The patient needs to be confident that their most personal information and their basic dignity will be protected by the nurse. Patients will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate "need to know." Any breach of this trust, even inadvertent, damages the particular nurse-patient relationship and the general trustworthiness of the profession of nursing.

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

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information he or she posts via social media. Examples may include comments on social

Section 9.11 Witnessing Documents

Students may not witness any permits or other legal medical documents.

Article 10 American Nurses Association Code of Ethics

Ethics are principles of conduct, which govern individual behavior. The professional associations in nursing have established the ethical standards for nurses. Students are expected to adhere to the basic guidelines included in the American Nurses' Association Code for Nurses, which states:

1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
4. The nurse has the authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
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.
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.
7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain integrity of the profession, and integrate principles of social justice into nursing and health policy.

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Article 11 Texas Administrative Code

Texas Board of Nursing Texas Administrative Code (TAC) www.bon.state.tx.us

Professional Nursing

The following Texas Administrative Code rules are included in this section:

Rule: §213.27	Good Professional Character
§213.28	Licensure of Persons with Criminal Convictions
§213.29	Fitness to Practice
§213.30	Declaratory Order of Eligibility for Licensure
§215.8	Students
§217.11	Standards of Nursing Practice
§217.12	Unprofessional Conduct

(See printable form [TAC Acknowledgment Form](#))

Article 12 Texas Occupations Code and Rules Regulating the Practice of Nursing

The following Texas Occupation Code rules are included in this section:

Rule: §301.252	License Application
Rule: §301.257	Declaratory Order of License Eligibility
Rule: §301.452	Grounds for Disciplinary Action
Rule: §301.4521	Physical and Psychological Evaluation
Rule: §301.453	Disciplinary Authority of Board; Methods of Discipline
Rule: §301.4535	Required Suspension, Revocation, or Refusal of License for Certain Offenses
Rule: §301.454	Notice and Hearing
Rule: §301.455	Temporary License Suspension or Restriction
Rule: §301.4551	Temporary License Suspension for Drug or Alcohol Use
Rule: §301.456	Evidence
Rule: §301.457	Complaint and Investigation
Rule: §301.458	Initiation of Formal Charges; Discovery
Rule: §301.459	Formal Hearing
Rule: §301.460	Access of Information
Rule: §301.461	Assessment of Costs
Rule: §301.462	Voluntary Surrender of License
Rule: §301.463	Agreed Disposition
Rule: §301.464	Informal Proceedings
Rule: §301.465	Subpoenas; Request for Information
Rule: §301.466	Confidentiality
Rule: §301.467	Reinstatement
Rule: §301.468	Probation
Rule: §301.469	Notice of Final Action

(See printable form [TOC Acknowledgement Form](#))

Article 13 Differentiated Essential Competencies of Graduates of Texas Nursing Program

Purpose:

The DEC's were designed to provide guidance to nursing education programs for curriculum development and revision and for effective preparation of graduates who will provide safe, competent, compassionate care. The DEC's outline knowledge, clinical behaviors, and judgments necessary to meet the essential competencies, but it is acknowledged that not all competencies can be evaluated upon graduation.

Definition of Competency: The American Nurses Association (2008) defined a competency as “an expected level or performance that integrates knowledge, skills, abilities, and judgment”.

There are Twenty-five core DECS competencies that are categorized under four main nursing roles:

1. Member of the Profession
2. Provider of Patient-Centered Care
3. Patient Safety Advocate
4. Member of the Health Care Team

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Section 13.01 DECS ADN Traditional Tract

The following Matrices demonstrate how the DECS are addressed in the Generic and Transition programs:

Associate Degree Nursing Curriculum (Traditional tract) DECS Matrix						
Required RNSG Courses and Identified Competencies						
Competencies				Course Number	Level	Course
I	II	III	IV			
A,B	A	A	A,B	RNSG 1301	PR	Pharmacology
A,B	A,D,E	A-E	B,C,D	RNSG 1513	1	Nursing Foundations
A-D	A,D,E	A-E	B,C,D	RNSG 1160	1	Clinical (Foundations)
A,B	A	A	A,B	RNSG 1441	2	Common Concepts of Adult Health
A-D	A-E	A-E	A-E	RNSG 1261	2	Clinical
A,B	A	A	A,B	RNSG 1412	2	Nursing Care of CB/CR Family
A,B	A	A	A,B	RNSG 2213	3	Mental Health Nursing
A,B	A	A	A,B	RNSG 1343	3	Complex Concepts of Adult Health
A-D	A-E	A-E	A-E	RNSG 2261	3	Clinical
A,B	A	A	A,B	RNSG 2201	4	Care of Children and Families
A,B	A	A	A,B	RNSG 2331	4	Advanced Concepts of Adult Health
A-D	A-H	A-E	A-G	RNSG 2262	4	Clinical
I - Member of Profession III - Patient Safety Advocate II - Provider of Patient-Centered Care IV - Member of the Health Care Team PR - Pre-requisite						

Section 13.02 DECS ADN LVN Tract

Associate Degree Nursing Curriculum (LVN Transition tract) DECS Matrix						
Required RNSG Courses and Identified Competencies						
Competencies				Course Number	Level	Course Title
I	II	III	IV			
A,B,C	A	A	A,C,E	RNSG 1327	2a	Transition from Vocational to Professional Nursing
A,B	A	A	A,B	RNSG 2213	3	Mental Health Nursing
A,B	A	A	A,B	RNSG 1343	3	Complex Concepts of Adult Health
A-D	A-E	A-E	A-E	RNSG 2261	3	Clinical
A,B	A	A	A,B	RNSG 2201	4	Care of Children and Families
A,B	A	A	A,B	RNSG 2331	4	Advanced Concepts of Adult Health
A-D	A-H	A-E	A-G	RNSG 2262	4	Clinical
I - Member of the Profession III - Patient Safety Advocate II - Provider of Patient-Centered Care IV - Member of the Health Care Team						

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Section 13.03 DECS ADN Paramedic Transition Tract

Associate Degree Nursing Curriculum (Paramedic Transition tract) Decs Matrix						
Required RNSG Courses and Identified Competencies						
Competencies				Course Number	Level	Course Title
I	II	III	IV			
A,B,C	A	A	A,C,E	RNSG 1417	2a	Concepts of Nursing Practice for Articulating Students
A-D	A-E	A-E	A-E	RNSG 1260	2b	Clinical
A,B	A	A	A,B	RNSG 2213	3	Mental Health Nursing
A,B	A	A	A,B	RNSG 1343	3	Complex Concepts of Adult Health
A-D	A-E	A-E	A-E	RNSG 2261	3	Clinical
A,B	A	A	A,B	RNSG 2201	4	Care of Children and Families
A,B	A	A	A,B	RNSG 2331	4	Advanced Concepts of Adult Health
A-D	A-H	A-E	A-G	RNSG 2262	4	Clinical
I - Member of the Profession III - Patient Safety Advocate II – Provider of Patient-Centered Care IV - Member of the Health Care Team						

Section 13.04 DECS ADN LVN Exit Tract

Associate Degree Nursing Curriculum (LVN Exit tract) Decs Matrix						
Required RNSG Courses and Identified Competencies						
Competencies				Course Number	Level	Course Title
I	II	III	IV			
A,B	A	A	A,B	RNSG 1301	PR	Pharmacology
A,B	A,D,E	A-E	B,C,D	RNSG 1513	3	Nursing Foundations
A-D	A,D,E	A-E	B,C,D	RNSG 1160	3	Clinical (Foundations)
A,B	A	A	A,B	RNSG 1441	3	Common Concepts of Adult Health
A-D	A-E	A-E	A-E	RNSG 1261	3	Clinical
A,B	A	A	A,B	RNSG 1412	2	Nursing Care of CB/CR Family
A,B	A	A	A,B	RNSG 2213	3	Mental Health Nursing
A,B	A	A	A,B	RNSG 1343	3	Complex Concepts of Adult Health
A-D	A-E	A-E	A-E	RNSG 2261	3	Clinical
				VNSG 1219	3	Leadership/Professional Development
				VNSG 1222	3	Vocational concepts
I - Member of Profession III - Patient Safety Advocate II – Provider of Patient-Centered Care IV - Member of the Health Care Team PR - Pre-requisite						

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Section 13.05 DECS Competency Roles

Section 13.05.01 I. Member of the Profession:

A licensed nurse (LVN or RN) who exhibits behaviors that reflect commitment to the growth and development of the role and function of nursing consistent with state and federal regulations and with ethical and professional standards; aspires to improve the discipline of nursing and its contribution to society; and values self-assessment and the need for lifelong learning.

Diploma and Associate Degree Nursing

A. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.

Knowledge

1.
 - a. Texas Nursing Practice Act.
 - b. Texas Board of Nursing Rules, Position Statements, and Guidelines.
 - c. Federal, state, or local laws, rules, and regulations affecting nursing practice.
2. Nursing scope of practice in relation to delegated medical acts and facility policies.
3. Standards and guidelines from professional organizations.
4. Facility policies and procedures.

Clinical Judgments and Behaviors

1. Function within the scope of practice of the registered nurse.
2. Use a systematic approach to provide individualized, goal-directed nursing care to meet health care needs of patients and their families.
3.
 - a. Practice according to facility policies and procedures and participate in the development of facility policies and procedures.
 - b. Question orders, policies, and procedures that may not be in the patient's best interest.

B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.

Knowledge

1.
 - a. Texas Board of Nursing Standards of Practice.
 - b. National standards of nursing practice and care.
 - c. American Nurses Association Code of Ethics.
 - d. Models of ethical decision-making.
 - e. Advocacy process.
2.
 - a. Legal parameters of nursing practice and the Texas Nursing Practice Act, including Safe Harbor.
- b. Legal principles relative to health care.
3. Issues affecting the registered nurse role and the delivery of culturally sensitive care to patients and their families.
4. Continuing competency and professional development.
5. Self-evaluation, staff evaluation, and peer evaluation processes.
6.
 - a. Employment setting policies and procedures.
 - b. Methods for the development of policies and procedures.
7.
 - a. Professional characteristics and values such as altruism, human dignity, truth, justice, freedom, equality, and esthetics.
 - b. Aspects of professionalism including attention to appearance and demeanor.
 - c. Communication techniques and management skills to maintain professional boundaries.
8. Principles of quality improvement and basic outcome measurement in health care organizations.

Clinical Judgments and Behaviors

1. Pass the Nursing Jurisprudence Examination before licensure.

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2.
 - a. Provide nursing care within the parameters of professional nursing knowledge, scope of practice, education, experience, and ethical/ legal standards of care.
 - b. Evaluate care administered by the interdisciplinary health care team.
 - c. Advocate for standards of practice through professional memberships.
3.
 - a. Practice nursing in a caring, nonjudgmental, nondiscriminatory manner.
 - b. Provide culturally sensitive health care to patients and their families.
 - c. Provide holistic care that addresses the needs of diverse individuals across the lifespan.
4.
 - a. Use performance and self- evaluation processes to improve individual nursing practice and professional growth.
 - b. Evaluate the learning needs of self, peers and others and intervene to assure quality of care.
 - c. Apply management skills in collaboration with the interdisciplinary health care team to implement quality patient care.
5.
 - a. Assume accountability for individual nursing practice.
 - b. Promote accountability for quality nursing practice through participation on policy and procedure committees.
 - c. Implement established evidence- based clinical practice guidelines.
6.
 - a. Follow established policies and procedures.
 - b. Question orders, policies, and procedures that may not be in the patient's best interest.
 - c. Use nursing judgment to anticipate and prevent patient harm, including invoking Safe Harbor.
7. Use communication techniques and management skills to maintain professional boundaries between patients and individual health care team members.
8. Comply with professional appearance requirements according to organizational standards and policies.
9. Collaborate with the interdisciplinary team on basic principles of quality improvement and outcome measurement.

C. Participate in activities that promote the development and practice of professional nursing.

Knowledge

1. Historical evolution of professional nursing.
2. Issues and trends affecting nursing practice, the nursing profession, and health care delivery.
3. The role of professional nursing organizations, regulatory agencies, and health care organizations.
4. Strategies to influence the public perception of nursing.
5.
 - a. The evolving practice roles of professional nurses and their contributions to the profession.
 - b. Types of leadership.
 - c. Political processes to promote professional nursing practice.

Clinical Judgments and Behaviors

1. Analyze the historical evolution of professional nursing and the application to current issues and trends.
2. Promote collegiality among interdisciplinary health care team members.
3.
 - a. Participate in activities individually or in groups through organizations that promote a positive image of the profession of nursing.
 - b. Collaborate with nursing colleagues and health care organizations to promote the profession of nursing.
 - c. Articulate the values and roles of nursing to the public.
4. Recognize roles of professional nursing organizations, regulatory agencies, and organizational committees.
5. Practice within the professional nursing role and Scope of Practice.
6.
 - a. Serve as a positive role model for students, peers, and members of the interdisciplinary health care team.
 - b. Participate in activities that promote consumer awareness of nursing's contribution to society.

D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

Knowledge

1. Texas Board of Nursing Rules for continuing competence.
2. Resources, tools, and processes to assess professional learning needs.
3. Lifelong learning opportunities to facilitate continuing competence (e.g., certifications and educational articulation/mobility).
4. Changing roles and competencies in professional nursing.

Clinical Judgments and Behaviors

1. Participate in educational activities to maintain/improve competence, knowledge, and skills.
- *2. Participate in nursing continuing competency activities to maintain licensure.
3. Use self-evaluation, reflection, peer evaluation, and feedback to modify and improve practice.

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4. Demonstrate accountability to reassess and establish new competency when changing practice areas.
5. Demonstrate commitment to the value of lifelong learning.

Section 13.05.02 II. Provider of Patient-Centered Care:

A licensed nurse (LVN or RN) who, based on educational preparation and scope of practice, accepts responsibility for the quality of nursing care and provides safe, compassionate nursing care using a systematic process of assessment, analysis, planning, intervention, and evaluation that focuses on the needs and preferences of patients and their families. The nurse incorporates professional values and ethical principles into nursing practice. The patients for LVNs and for Diploma and ADN educated RNs include individual patients and their families; the BSN-educated RN is also prepared to provide care to populations and communities.

A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as the basis for decision-making in nursing practice.

Knowledge

1.
 - a. A systematic problem-solving process in the care of patients and their families based on selected liberal arts and sciences, and evidence-based practice outcomes.
 - b. Conceptual frameworks of nursing practice as a means of planning care and solving clinical problems in the care of patients and their families.
2.
 - a. Priority setting based on patient health status and individual characteristics.
 - b. Clinical reasoning processes, systematic clinical judgment, and best practices.
3. Application of current literature and/or research findings and evidence-based practice in improving patient care.
4. Resources for accurate and scientifically valid current information.

Clinical Judgments and Behaviors

1. Use clinical reasoning and nursing science as a basis for decision-making in nursing practice.
2.
 - a. Organize care based upon problem-solving and identified priorities.
 - b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks.
3. Use knowledge of societal and health care trends and evidence-based outcomes to identify and communicate patient physical and mental health care problems.
4. Apply relevant, current nursing practice journal articles and evidence-based outcomes from research findings to practice and clinical decisions.
- B. Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based upon interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree-nursing program of study.

Knowledge

1. Steps of a systematic process, which includes assessment, analysis, planning, implementation, and evaluation.
2. Comprehensive nursing assessment of patients and their families.
3. Structured and unstructured data collection tools and techniques of assessment of patients and their families including interviewing.

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4. Characteristics, concepts, and processes related to patients, including: anatomy and physiology; physical and psychosocial growth and development; pathophysiology and psychopathology; ethical reasoning; and cultural and spiritual beliefs and practices related to health, illness, birth, death, and dying.
5. Cultural differences of patients across the lifespan and major needs of vulnerable patients.
6. Characteristics, concepts, and processes related to disease transmission, risk factors, preventive health practices, and their implications for selected populations and community resources.
7. Disease processes, pharmacotherapeutics, and other therapies and treatments.
8. Introduction to established theories, models, and approaches that guide nursing practice.
9. Characteristics, concepts, and processes related to families, including family development, risk factors, family communication patterns, and decision-making structures. Functional and dysfunctional characteristics of families that impact health.
10. Application of clinical technology and use of nursing informatics in the delivery of safe patient care.
11. Introduction to complex and multiple health care problems and issues, including evidence-based complementary health care practices.
12. Political, economic, and societal forces affecting the health care of individuals and their families.

Clinical Judgments and Behaviors

1. Use structured and unstructured data collection tools to obtain patient and family history in areas of physical, psychiatric/mental health, spiritual, cultural, familial, occupational, and environmental information, risk factors, and patient resources.
2. Perform comprehensive assessments to identify health needs and monitor changes in health status of patients and families.
3.
 - a. Validate, report, and document comprehensive assessment data for patients and families, including physical and mental health status and needs for patients and their families.
 - b. Evaluate the use of safe complementary health care practices.
4. Identify complex multiple health care needs of patients, with consideration of signs and symptoms of decompensation of patients and families.
5. Use clinical reasoning to identify patient needs based upon analysis of health data and evidence-based practice outcomes and communicate observations.
6. Perform health screening and identify anticipated physical and mental health risks related to lifestyle and activities for prevention.
7. Interpret and analyze health data for underlying pathophysiological changes in the patients' status.
8. Incorporate multiple determinants of health when providing nursing care for patients and families.
9. Recognize that political, economic, and societal forces affect the health of patients and their families.

C. Analyze assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.

Knowledge

1.
 - a. Principles of establishing nurse-patient/family relationship including cultural aspects of care.
 - b. Principles for recognizing functional and dysfunctional relationships.
2.
 - a. Techniques of written, verbal, and nonverbal communication including electronic information technologies.
 - b. Principles of effective communication and the impact on nursing practice.
3. Principles of disease prevention, health promotion, education, and rehabilitation for patients.
4.
 - a. Evidence-based clinical practice guidelines as a basis of interventions to support patients and their families throughout the lifespan, including end-of-life care.
 - b. Interdisciplinary collaboration.
5. Congruence of the relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members, and basic cost factors.
6. A systematic approach for problem-solving and decision-making for prioritizing and evaluating the plan of care.
7. Strategies for collaborative discharge planning.

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8. Concepts from humanities and natural, social, and behavioral sciences applied to care planning for patients and their families.

Clinical Judgments and Behaviors

1. Integrate knowledge from general education and sciences for the direct and indirect delivery of safe and compassionate care for patients and their families.
2. Establish short-term and long-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care in collaboration with patients, their families, and the interdisciplinary team.
3.
 - a. Use current technology and evidence-based information to formulate and modify the nursing plan of care across the lifespan, including end-of-life care.
 - b. Assist with collection of data from direct patient care to redefine practice guidelines.
4. Collaborate with interdisciplinary team members to plan for comprehensive services for patients and their families.
5. Plan, implement, and evaluate discharge planning using evidence-based guidelines in collaboration with the interdisciplinary health care team.
6. Demonstrate fiscal accountability in providing care for patients and their families.
7. Demonstrate knowledge of disease prevention and health promotion in delivery of care to patients and their families.

D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.

Knowledge

1.
 - a. Components of compassionate, patient-centered care.
 - b. Standards of Care, Standards of Practice, institutional policies and procedures for delivery of nursing care.
 - c. Professional ethics.
 - d. Professional characteristics and values such as altruism, human dignity, truth, justice, freedom, equality, and esthetics.
 - e. Nursing unit staff management.
2. Characteristics, trends, and issues of health care delivery.
3.
 - a. Basis for determining nursing care priorities in patient care.
- b. Principles for determining priorities and organization of nursing care.
4.
 - a. Scope of responsibilities and accountability for supervision and collaboration.
 - b. Principles of delegation, supervision, and collaboration including Texas Board of Nursing Delegation Rules.
 - c. Models and patterns of nursing care delivery.
5.
 - a. Channels of communication for decision-making processes within work settings.
- b. Principles of decision-making.

Clinical Judgments and Behaviors

1. Assume accountability and responsibility for nursing care provided within the professional scope of practice, standards of care, and professional values.
2.
 - a. Identify priorities and make judgments concerning the needs of multiple patients in order to organize care.
 - b. Anticipate and interpret changes in patient status and related outcomes.
 - c. Communicate changes in patient status to other providers.
 - d. Manage priorities and multiple responsibilities to provide care for multiple patients.
3.
 - a. Implement plans of care for multiple patients.
 - b. Collaborate within and across health care settings to ensure that health care needs are met, including primary and preventive health care.
 - c. Manage care for multiple patients and their families.
4. Apply management skills to assign and/ or delegate nursing care to other members of the nursing team.

E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.

Knowledge

1.
 - a. Health practices and behaviors and early manifestations of disease in patients and their families related to developmental level, gender, culture, belief system, and the environment.
- b. Healthy lifestyles and early manifestations of disease in patients and their families.
2. Patterns and modes of therapeutic and non-therapeutic communication, delegation, and collaboration.
3.
 - a. Rights and responsibilities of patients related to health care and advocacy.
 - b. Advocacy for health promotion for patients and their families.
4.
 - a. Physiological, psychiatric, and mental health aspects of nursing interventions.

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- b. Approaches to comprehensive health care, including health promotion and preventive practices for patients and their families.
5. Principles and factors that contribute to the maintenance or restoration of health and prevention of illness.
6.
 - a. Principles and rationale underlying the use, administration, and interaction of pharmacotherapeutic and psychopharmacotherapeutic agents using evidence-based outcomes which impact patients' responses.
 - b. Effects of misuse of prescription and nonprescription medications and other substances.
7. Principles and strategies of stress management, crisis intervention, and conflict management.
8. Code of ethics, ethical practices, and patient's rights; and framework for ethical decision-making.
9. Legal parameters of professional nursing practice and health care.
10. Intradisciplinary and interdisciplinary resources and organizational relationships including structure, function, and utilization of resources.
11.
 - a. Key federal and state statutes and institutional policies regarding patient confidentiality.
 - b. Issues and factors impacting confidentiality.
 - c. Management of nursing informatics using principles of confidentiality.
12. Nursing interventions to implement plan of care, reduce risks, and promote health for patients and their families.
13. Clinical reasoning for patients and their families with complex health care needs using a framework of knowledge derived from the diploma or associate degree-nursing program of study.

Clinical Judgments and Behaviors

1. Implement individualized plans of care to assist patients and their families to meet physical and mental health needs.
2.
 - a. Implement nursing interventions to promote health and rehabilitation.
 - b. Implement nursing care to promote health and manage acute and chronic physical and mental health problems and disabilities.
 - c. Assist patients and their families to learn skills and strategies to protect and promote health.
3.
 - a. Adjust priorities and implement nursing interventions in rapidly- changing and emergency patient situations.
 - b. Participate with the interdisciplinary team to manage health care needs of patients and their families.
4. Communicate accurately and completely and document responses of patients to prescription and nonprescription medications, treatments, and procedures to other health care professionals clearly and in a timely manner.
5.
 - a. Facilitate coping mechanisms of patients and their families during alterations in health status and end of life.
 - b. Apply evidence-based practice outcomes to support patient and family adaptation during health crises.
6.
 - a. Collaborate with other health care providers regarding treatments and procedures.
 - b. Promote interdisciplinary team collaboration in carrying out the plan of care.
 - c. Seek clarification as needed.
 - d. Provide accurate and pertinent communication when transferring patient care to another provider.
7.
 - a. Inform patient of Patient's Bill of Rights.
 - b. Evaluate and clarify patient's understanding of health care rights.
 - c. Encourage active engagement of patients and their families in care.
8. Use interdisciplinary resources within the institution to address ethical and legal concerns.
9. Use therapeutic communication skills when interacting with and maintaining relationships with patients and their families, and other professionals.
10. Apply current technology and informatics to enhance patient care while maintaining confidentiality and promoting safety.
11. Facilitate maintenance of patient confidentiality.
12.
 - a. Demonstrate accountability by using independent clinical judgment and established clinical guidelines to reduce risks and promote health.
 - b. Provide nursing interventions safely and effectively using evidence- based outcomes.
13. Provide direct and indirect patient and family care in disease prevention and health promotion and/or restoration.

F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.

Knowledge

1. Methods to evaluate health care processes and patient outcomes.
2. Factors indicating changes that have potential for life-threatening consequences based on knowledge of physiology, pathophysiology, and pharmacology.
3. Introduction to performance improvement concepts in patient care delivery.

Clinical Judgments and Behaviors

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1.
 - a. Report changes in assessment data.
 - b. Evaluate need to intervene to stabilize and prevent negative patient outcomes and/or to support end-of-life care.
 - c. Evaluate patterns of behavior and changes that warrant immediate intervention.
2.
 - a. Use standard references to compare expected and achieved outcomes of nursing care.
 - b. Analyze patient data to compare expected and achieved outcomes for patient using evidence-based practice guidelines.
3.
 - a. Communicate reasons and rationale for deviation from plan of care to interdisciplinary health care team.
 - b. Use nursing knowledge to recommend revisions of plan of care with interdisciplinary team.
4. Modify plan of care based on overt or subtle shifts in patient status and outcomes.
5.
 - a. Report and document patient's responses to nursing interventions.
 - b. Evaluate and communicate quality and effectiveness of therapeutic interventions.
 - c. Collaborate with interdisciplinary health care team to evaluate plan of care and to promote quality and effectiveness of care.
6. Evaluate the effectiveness of nursing interventions based on expected patient outcomes, modify interventions to meet the changing needs of patients, and revise plan of care as a result of evaluation.

G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.

Knowledge

1.
 - a. Lifespan development and sociocultural variables affecting the teaching/learning process.
 - b. Techniques for assessment of learning needs and factors affecting learning.
2.
 - a. Principles, methods, strategies, and outcomes of learning and teaching.
 - b. Methods and strategies to evaluate learning and teaching.
3.
 - a. Resources that support patient health care knowledge, decision-making, and self-advocacy.
 - b. Methods for advocating for patient and family health.

Clinical Judgments and Behaviors

1. Assess learning needs of patients and their families related to risk reduction and health promotion, maintenance, and restoration.
2.
 - a. Collaborate with the patient and interdisciplinary health care team to develop individualized teaching plans based upon developmental and health care learning needs.
 - b. Use best practice standards and other evidence-based findings in developing and modifying teaching plans for patients and their families.
3. Develop and implement comprehensive teaching plans for health promotion, maintenance, and restoration and risk reduction for patients and their families with consideration of support systems.
4. Evaluate learning outcomes of patients and their families receiving instruction.
5.
 - a. Modify teaching plans for health promotion and maintenance and self-care to accommodate patient and family differences.
 - b. Teach health promotion and maintenance and self-care to individuals and their families based upon teaching goals.
6. Provide patients and their families with the information needed to make choices regarding health.
7. Serve as an advocate and resource for health education and information for patients and their families.

H. Coordinate human, information, and materiel resources in providing care for patients and their families.

Knowledge

1. Organizational mission, vision, and values as a framework for care and management.
2. Types of organizational frameworks of various health care settings.
3.
 - a. Workplace safety consistent with current federal, state, and local regulations and guidelines.
- b. Promoting a safe environment.
4.
 - a. Key issues related to budgetary constraints impacting the use of resources.
 - b. Basic models of reimbursement.
5. Basic principles of management and communication within an organization.
6. Roles and responsibilities of members of the interdisciplinary health care team.
7. Change process and strategies for initiating and evaluating effectiveness of change.

Clinical Judgments and Behaviors

Professional Nursing Handbook

1. Identify and participate in activities to improve health care delivery within the work setting.
2. Report the need for corrective action within the organization for safe patient care.
3. Collaborate with the interdisciplinary health care team to select human and materiel resources that are optimal, legal, and cost-effective to achieve patient-centered outcomes and meet organizational goals.
4. Use basic management and leadership skills, act as a team leader, supervise and delegate care, and contribute to shared goals.
5.
 - a. Use management skills to delegate to licensed and unlicensed personnel.
 - b. Demonstrate leadership role in achieving patient goals.
6. Implement established standards of care.

Section 13.05.03 III. Patient Safety Advocate:

A licensed nurse (LVN or RN) who promotes safety in the patient and family environment by: following scope and standards of nursing practice; practicing within the parameters of individual knowledge, skills, and abilities; identifying and reporting actual and potential unsafe practices; and implementing measures to prevent harm. The BSN-educated RN is also prepared to be a patient safety advocate for populations and communities.

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

Knowledge

1. Texas Nursing Practice Act and Texas Board of Nursing Rules.
2. National Standards of Nursing Practice.
3. Federal, state, and local government and accreditation organizations' safety requirements and standards.
4. Facility policies and procedures.
5. Facility licensing agency or authority standards.
6. Principles of quality improvement and outcome measurement in health care organizations.

Clinical Judgments and Behaviors

1. Attain licensure.
2. Practice according to the Texas Nursing Practice Act and Texas Board of Nursing Rules.
3. Seek assistance if practice requires behaviors or judgments outside of individual knowledge and expertise.
4. Use standards of nursing practice to provide and evaluate patient care.
5.
 - a. Recognize and report unsafe practices.
 - b. Manage personnel to maintain safe practice including participation in quality improvement processes for safe patient care.
6. Participate in peer review.

B. Implement measures to promote quality and a safe environment for patients, self, and others.

Knowledge

1.
 - a. Principles of patient safety including safe patient handling.
 - b. Management of the patient environment for safety.
2. Methods for promoting safety in the patient care environment consistent with current standards and guidelines.
3. Role in safety and risk management for patients and others.
4. Principles of a culture of safety including safe disposal of medications and hazardous materials.
5. Texas Board of Nursing Rules related to mandatory reporting, Safe Harbor, and "Whistleblower" protection.

Clinical Judgments and Behaviors

1. Promote a safe, effective environment conducive to the optimal health and dignity of patients and their families.
2. Accurately identify patients.
3.
 - a. Safely perform preventive and therapeutic procedures and nursing measures including safe patient handling.
 - b. Safely administer medications and treatments.
 - c. Reduce patient risk related to medication and treatment administration based on evidence-based data.

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4. Clarify any order or treatment regimen believed to be inaccurate, non- efficacious, contraindicated, or otherwise harmful to the patient.
5. Document and report reactions and untoward effects to medications, treatments, and procedures and clearly and accurately communicate the same to other health care professionals.
6. Report environmental and systems incidents and issues that affect quality and safety, promote a culture of safety, and participate in organizational initiatives that enhance a culture of safety.
7. Use evidence-based information to participate in development of interdisciplinary policies and procedures related to a safe environment including safe disposal of medications and hazardous materials.
8. Assess potential risk for patient harm related to accidents and implement measures to prevent risk of patient harm resulting from errors and preventable occurrences.
9. Inform patients regarding their plans of care and encourage participation to ensure consistency and accuracy in their care.

C. Formulate goals and outcomes using evidence-based data to reduce patient risks.

Knowledge

1. Principles of disaster preparedness and communicable disease prevention and control for patients and their families.
2. Current national and state standards and guidelines and local procedures for infection control.

Clinical Judgments and Behaviors

1. Formulate goals and outcomes using evidence-based data to reduce the risk of health care-associated infections.
2.
 - a. Implement measures to prevent exposure to infectious pathogens and communicable conditions.
 - b. Anticipate risk for the patient.
3. Participate in development of policies to prevent exposure to infectious patho- gens, communicable conditions, and occupational hazards.

D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.

Knowledge

1.
 - a. Standards of Practice.
 - b. Texas Board of Nursing Rules (including Scope of Practice), Texas Board of Nursing Position Statements, and Guidelines.
 - c. Facility policies and procedures.

Clinical Judgments and Behaviors

1. Evaluate individual scope of practice and competency related to assigned task.
2. Seek orientation/training for competency when encountering unfamiliar patient care situations.
3. Seek orientation/training for compe- tency when encountering new equipment and technology.

E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.

Knowledge

1.
 - a. Standards of Practice.
 - b. Texas Board of Nursing Rules, Position Statements, and Guidelines.
 - c. Scope of Practice.
2. Facility policies and procedures.

Clinical Judgments and Behaviors

1. Report unsafe practices of health care providers using appropriate channels of communication.
2. Understand Safe Harbor Rules and implement when appropriate.
3. Report safety incidents and issues to the appropriate internal or external individual or committee.
4. Participate in committees that promote safety and risk management.

*** F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.**

Knowledge

1.
 - a. Standards of Practice.
 - b. Texas Board of Nursing Rules (including RN Delegation Rules), Position Statements, and Guidelines.
 - c. Scope of Practice.
2. Facility policies and procedures.

Clinical Judgments and Behaviors

1. Accept only those assignments that fall within individual scope of practice based on experience and educational preparation.

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- * 2. When making assignments and delegating tasks, ensure clear communication regarding other caregivers' levels of knowledge, skills, and abilities.
- * 3. a. When assigning and delegating nursing care, retain accountability and supervise personnel according to Texas Board of Nursing Rules based on the setting to ensure patient safety.
b. Implement and participate in development of organizational policies and procedures regarding assignments and delegated tasks.

Section 13.05.04 IV. Member of the Health Care Team:

A licensed nurse (LVN or RN) who provides patient-centered care by collaborating, coordinating, and/or facilitating comprehensive care with an interdisciplinary/multidisciplinary health care team to determine and implement best practices for the patients and their families. The BSN-educated RN is also prepared to become a leader of the health care team as well as to provide care to populations and communities.

A. Coordinate, collaborate, and communicate with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.

Knowledge

1. a. Structure, function, and interdisciplinary relationships within the health care delivery system.
b. Models of care delivery and roles of interdisciplinary health care team members.
2. Patterns and processes of effective communication and collaboration, including assertiveness, negotiation, conflict resolution, and delegation.
3. a. Principles of change, team management, and leadership.
b. Roles of all levels of nursing and other health care professionals.
4. a. Patient advocacy and consumer rights and responsibilities.
b. Legal and ethical processes related to health care.
5. a. Principles of evidence-based practice and application of evidence-based outcomes related to health care.
b. Methods of evaluation for continuous quality improvement.

Clinical Judgments and Behaviors

1. Involve patients and their families in collaboration with other interdisciplinary health care team members for planning health care delivery to improve the quality of care across the lifespan.
2. a. Use strategies of cooperation, collaboration, and communication to plan, deliver, and evaluate interdisciplinary health care.
b. Promote the effective coordination of services to patients and their families in patient-centered health care.
3. Apply principles of evidence-based practice and methods of evaluation with the interdisciplinary team to provide quality care to patients and their families.

B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families.

Knowledge

1. a. Rights and responsibilities of patients regarding health care, including self-determination and right of refusal.
b. Current legal and societal factors that influence access to health care for patients and their families relating to safeguarding patient rights.
2. a. Individual responsibility for quality of nursing care.
b. Role of the nurse as advocate for patients and their families.
3. a. Role of organizational committees, peer review committees, nursing organizations, and community groups involved with improving the quality of health care for patients and their families.
b. Knowledge of reliable online sites and other resources that provide quality health care data.
4. Role and responsibility for public safety and welfare, which may involve mandatory reporting.

Clinical Judgments and Behaviors

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1. a. Support the patient's right of self-determination and choice even when these choices conflict with values of the individual professional.
b. Apply legal and ethical principles to advocate for patient well-being and preference.
2. Identify unmet needs of patients and their families from a holistic perspective.
3. a. Act as an advocate for patient's basic needs, including following established procedures for reporting and solving institutional care problems and chain of command.
b. Advocate on behalf of patients and their families with other members of the interdisciplinary health care team.
c. Teach patients and families about access to reliable and valid sources of information and resources including health information.
4. a. Participate in quality improvement activities.
b. Participate in professional organizations and community groups to improve the quality of health care.
5. a. Refer patients and their families to community resources.
b. Serve as a member of health care and community teams to provide services to individuals and their families who experience unmet needs.

C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.

Knowledge

1. Institutional and community resources including agencies/services and health care providers.
2. Principles of case management.
3. Roles of family and significant others in providing support to the patient.
4. a. Roles and functions of members of the interdisciplinary health care team.
b. Confidentiality regulations (e.g., HIPAA).
5. Referral processes for patients and their families to promote continuity of care.
6. Issues and trends in health care delivery.
7. Major current issues affecting public/ government/private health care services, programs, and costs.
8. Organizational, local, and state resources for risk reduction, and health promotion, maintenance, and restoration.

Clinical Judgments and Behaviors

1. a. Assess the adequacy of the support systems of patients and their families.
b. Work with families to use resources to strengthen support systems.
c. Identify providers and national and community resources to meet the needs of patients and their families.
2. a. Facilitate communication among patients, their families, and members of the health care team to use institutional or community resources to meet health care needs.
b. Maintain confidentiality according to HIPAA guidelines.
c. Promote system-wide verbal, written, and electronic confidentiality.
3. a. Advocate with other members of the interdisciplinary health care team on behalf of patients and families to procure resources for care.
b. Assist patients and their families to communicate needs to their support systems and to other health care professionals.
4. Collaborate with the interdisciplinary team concerning issues and trends in health care delivery affecting public/ government/private health care services, programs, and cost to patients and their families.

D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients and their families.

Knowledge

1. Principles of communication theory with patients, families, and the interdisciplinary health care team.
2. Principles of management, decision-making, assertiveness, conflict management, communication, motivation, time management, delegation, and principles of change.
3. a. Functions of the interdisciplinary health care team members.
b. Group process as a means of achieving and evaluating goals.
4. Principles of change and conflict resolution and strategies for effective management and improvement of patient care.

Clinical Judgments and Behaviors

Professional Nursing Handbook

1.
 - a. Communicate changes in patient status and/or negative outcomes in patient responses to care with members of the interdisciplinary health care team.
 - b. Follow legal guidelines in communicating changes in patient status, including chain of command and the Texas Nursing Practice Act.
 - c. Facilitate joint decision-making with the interdisciplinary health care team.
2. Refer to community agencies and health care resources to provide continuity of care for patients and their families.
3.
 - a. Assist the interdisciplinary health care team to implement quality, goal-directed patient care.
 - b. Facilitate positive professional working relationships.
4. Use evidence-based clinical practice guidelines to guide critical team communications during transitions in care between providers.
5. Recognize and manage conflict through the chain of command.
6.
 - a. Initiate and participate in nursing or interdisciplinary team meetings.
 - b. Provide evidence-based information during interdisciplinary meetings.
7. Use change strategies in the work environment to achieve stated patient outcomes to facilitate optimum patient care.

E. Communicate and manage information using technology to support decision- making to improve patient care.

Knowledge

1.
 - a. Current information and communication systems for managing patient care, data, and the medical record.
 - b. Current technology-based information and communication systems.
2. Regulatory and ethical considerations protecting confidentiality when using technology.
3. Technology skills including word-processing, e-mailing, accessing databases, bibliographic retrieval, and accessing multiple online resources.

Clinical Judgments and Behaviors

1.
 - a. Identify, collect, process, and manage data in the delivery of patient care and in support of nursing practice and education.
 - b. Evaluate credibility of sources of information, including internet sites.
 - c. Access, review, and use electronic data to support decision-making.
 - d. Participate in quality improvement studies.
2.
 - a. Apply knowledge of facility regulations when accessing client records.
 - b. Protect confidentiality when using technology.
 - c. Intervene to protect patient confidentiality when violations occur.
3.
 - a. Use current technology and informatics to enhance communication, support decision- making, and promote improvement of patient care.
 - b. Advocate for availability of current technology.
 - c. Use informatics to promote health care delivery and reduce risk in patients and their families.
4. Document electronic information accurately, completely, and in a timely manner.

***F. Assign and/or delegate nursing care to other members of the health care team based upon an analysis of patient or unit need.**

Knowledge

1. Texas Board of Nursing RN Delegation Rules.
2.
 - a. Principles of supervision and management, team work/group dynamics, and nursing care delivery systems.
 - b. Competencies of assistive personnel and other licensed team members.
 - c. Structure and function of the interdisciplinary team.
 - d. Patient care requirements and assessment techniques.
 - e. Evaluation processes and methods to assess competencies.
3. Time management.
4.
 - a. Principles of communication.
 - b. Regulatory laws and facility policies.

Clinical Judgments and Behaviors

- *1.
 - a. Compare needs of patient with knowledge, skills, and abilities of assistive and licensed personnel prior to making assignments or delegating tasks.
 - b. Assess competency level and special needs of nursing team members.
 - c. Participate in decision-making related to delegation and assigned tasks.
- *2.
 - a. Assign, delegate, and monitor performance of unlicensed and licensed personnel in compliance with Texas Board of Nursing Rules.
 - b. Assign patient care based on analysis of patient or organizational need.
 - c. Reassess competency and learning needs of team members.

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- *3. a. Evaluate responses to delegated and assigned tasks and make revisions based on assessment.
- b. Plan activities to develop competency levels of team members.

***G. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.**

Knowledge

- 1. Principles of management and organizational behavior.
- 2. Principles of communication and group process.
- 3. a. Assessment of learning needs.
- b. Instructional methods.
- c. Evaluation of teaching effectiveness.
- 4. a. Facility policies and procedures.
- b. Organizational structure including chain of command.
- *1. Provide staff education to members of the health care team to promote safe care.
- *2. Provide direction and clarification to health care team members or seek additional direction and clarification to promote safe care by the health care team.
- *3. a. Oversee and follow through on patient care provided by the health care team members.
- b. Base assignments and delegation on team member competencies.
- *4. a. Ensure timely documentation by assigned health care team members.
- b. Ensure documentation of patient care follow-up.

Article 14 Secretary Commission on Achieving Necessary Skills (SCANS)

Secretary's Commission on Achieving Necessary Skills (SCANS, June, 1991) is an attempt to help make courses more relevant to the needs of the modern work force. SCANS are divided into two types of skills...competencies and foundations. Foundation skills are organized into the basic literacy and computational skills, the thinking skills necessary to put knowledge to work and the personal qualities that make workers dedicated and trustworthy. The competencies are the ability to manage resources, to work amicably and productively with others, to acquire and use information, to master complex systems and to work with a variety of technologies. Both are required for successful performance in most jobs.

WORKPLACE KNOW-HOW

The know-how identified by SCANS is made up of five competencies and a three-part foundation of skills and personal qualities that are needed for solid job performance.

These include:

COMPETENCIES - effective workers can productively use:

- **Resources** - allocating time, money, materials, space, and staff;
- **Interpersonal Skills** - working on teams, teaching others, serving customers, leading, negotiating, and working well with people from culturally diverse backgrounds;
- **Information** - acquiring and evaluating data, organizing and maintaining files, interpreting and communicating, and using computers to process information;
- **Systems** - understanding social, organizational, and technological systems, monitoring and correcting performance, and designing or improving systems;
- **Technology** - selecting equipment and tools, applying technology to specific tasks, and **maintaining and troubleshooting technologies**.

THE FOUNDATION - competence requires:

- **Basic Skills** - reading, writing, arithmetic and mathematics, speaking, and listening;
- **Thinking Skills** - thinking creatively, making decisions, solving problems, seeing things in the mind's eye, knowing how to learn, and reasoning;
- **Personal Qualities** - individual responsibility, self-esteem, sociability, self-management, and integrity

The competencies are further defined into 20 specific areas. The foundational skills are further defined into sixteen (16) specific areas. Each course will provide the necessary SCANS objectives as indicated on the following SCANS Matrix.

<http://wdr.doleta.gov/SCANS/whatwork/whatwork.pdf>

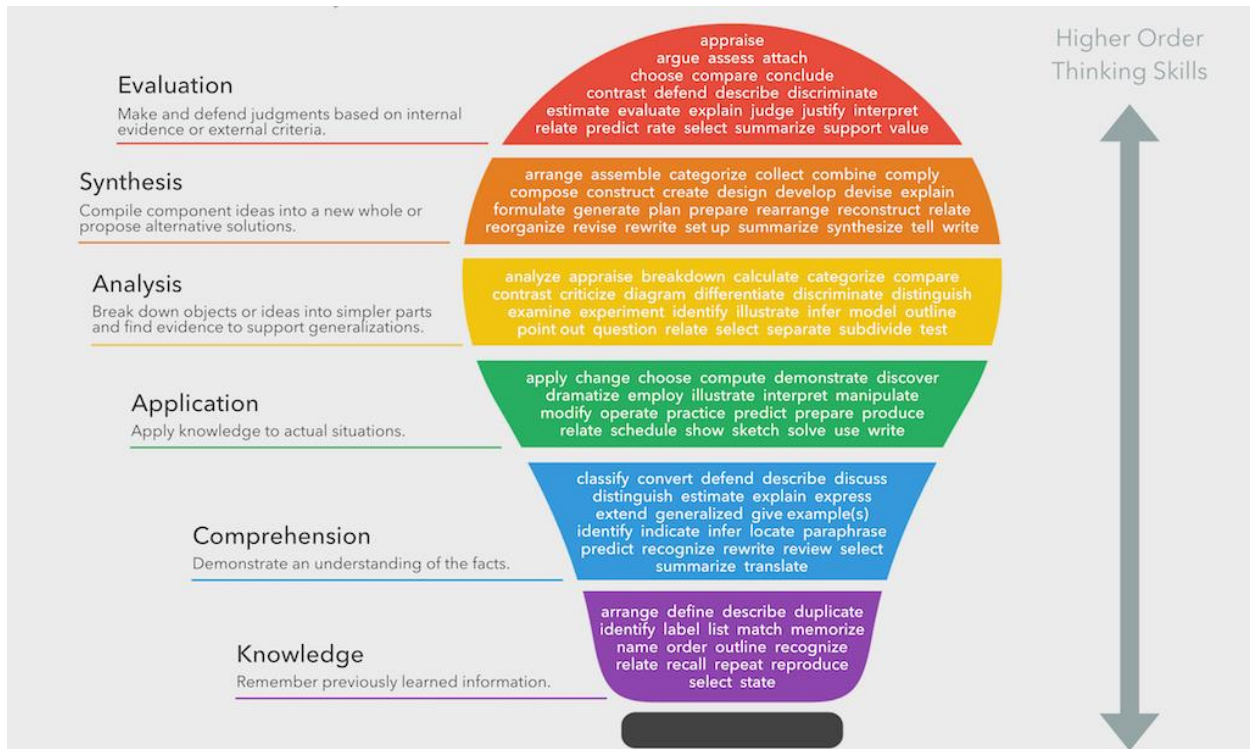
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The following matrix demonstrates where SCANS is addressed in the program.

Associate Degree Nursing Program Scans Matrix											
Required RNSG Courses and Identified Competencies											
Competencies								Course Number	Level	Course Title	
1	2	3	4	5	6	7	8				
X	X	X	X	X			X	RNSG 1301	1	Pharmacology	
X	X	X	X	X	X		X	RNSG 1513	1	Nursing Foundations	
X		X	x	X	X	X	X	RNSG 1160	1	Clinical (Foundations)	
X	X	X	X	X	X		X	RNSG 1441	2	Common Concepts of Adult Health	
X	X	X	X	X	X	X	X	RNSG 1261	2	Clinical	
X	X	X	X	X	X		X	RNSG 1412	2	Nursing Care of CB/CR Family	
X	X	X	X	X	X		X	RNSG 1327	2A	Transition from Vocational to Prof.	
X	X	X	X	X	X		X	RNSG 1417	2B	Concepts of Nursing Practice for Art.	
X		X	x	X	X	X	X	RNSG 1260	2B	Clinical	
X	X		X	X	X		X	RNSG 2213	3	Mental Health Nursing	
X	X	X	X	X			X	RNSG 1343	3	Complex Concepts of Adult Health	
X		X	X	X	X	X	X	RNSG 2261	3	Clinical	
X	X		X	X		X		VNSG 1219	3V	Leadership/Professional Development	
X	X		X	X		X		VNSG 1222	3V	Vocational Nursing Concepts	
X	X	X	x	X			X	RNSG 2201	4	Care of Children and Families	
X	X	X	X	X	X		X	RNSG 2331	4	Advanced Concepts of Adult Health	
X		X	X	X	X	X	X	RNSG 2262	4	Clinical	
1-Reading 2-Writing				3 – Arithmetic or Mathematics 4 – Speaking and Listening				5 – Think Skills 6 – Personal Qualities		7 – Workplace Competencies 8 – Use of Technology	

Article 15 Bloom's Taxonomy

Bloom's Taxonomy of Measurable Verbs will be used in addition to the DEC's and SCANS for development of evaluation tools of students in the Hill College ADN Program.



The most current taxonomy table will be used each semester.

Professional Nursing Handbook

Article 16 Curriculum

Section 16.01 Associate Degree Nursing Curriculum (Traditional Tract)

Pre-requisite courses are part of the acceptance criteria and are required prior to admission in the Associate Degree Nursing Program. Nursing courses for students enrolled in the Associate Degree Nursing Program will offered in the following sequence. Weekly clinical hours may vary depending upon scheduling and clinical sites but the total # will be the same.

Course	Lecture	Lab	Clinical	Contact Hours	SCH
Pre-requisites:					
BIOL 2401 Anatomy & Physiology I	3	3	0	96	4
MATH 1314 College Algebra	3	0	0	48	3
ENGL 1301 English Composition I	3	0	0	48	3
BIOL 1322 Nutrition	3	0	0	48	3
TOTAL PRE-REQUISITE HOURS	12	3	0	240	13
LEVEL I					
RNSG 1301 Pharmacology	3	0	0	48	3
BIOL 2402 Anatomy & Physiology II	3	3	0	96	4
RNSG 1513 Nursing Foundations	4	4	0	128	5
RNSG 1160 Clinical (Foundations)	0	0	6	96	1
TOTAL	10	7	6	368	13
LEVEL II					
PSYC 2314 Human Growth and Development	3	0	0	48	3
RNSG 1441 Common Concepts of Adult Health	2	6	0	128	4
RNSG 1412 Nursing Care of CB/CR Family	2	6	0	128	4
RNSG 1261 Clinical	0	0	12	192	2
TOTAL	7	12	12	496	13
Level III					
BIOL 2420 Microbiology	3	3	0	96	4
RNSG 2213 Mental Health Nursing	2	3	0	80	2
RNSG 1343 Complex Concepts of Adult Health	2	4	0	96	3
RNSG 2261 Clinical	0	0	12	192	2
TOTAL	7	10	12	464	11
Level IV					
Humanities/Fine Arts Elective	3	0	0	48	3
RNSG 2331 Advanced Concepts of Adult Health	2	3	0	80	3
RNSG 2201 Care of Children and Families	2	0	0	32	2
RNSG 2262 Clinical	0	0	12	192	2
TOTAL	7	3	12	352	10
TOTAL PROGRAM HOURS	43	35	42	1920	60

(Effective Fall 2014)

Professional Nursing Handbook

Section 16.01.01 Course Sequence ADN (Traditional Tract)

Nursing courses for students enrolled in the Professional Nursing Program will be offered according to the following sequence:

Course	Course Name	Semester
RNSG 1513	Nursing Foundations	Fall
RNSG 1160	Clinical Nursing (Foundations)	Fall
RNSG 1141	Common Concepts of Adult Health I	Spring
RNSG 1261	Clinical Nursing (Common Concepts of Adult Health/Care of CB/CR)	Spring
RNSG 1412	Nursing Care of CB/CR Family	Spring
RNSG 2213	Mental Health Nursing	Fall
RNSG 2261	Clinical Nursing (Complex Concepts of Adult Health/Mental Health	Fall
RNSG 1343	Complex Concepts of Adult Health II	Fall
RNSG 2331	Advance Concepts of Adult Health	Spring
RNSG 2262	Clinical Nursing Advanced Concepts	Spring
RNSG 2201	Care of Children/Family	Spring

*Weekly clinical hours may vary depending upon scheduling and clinical sites.



Section 16.02 Associate Degree Nursing Curriculum (VN Exit Tract)

Course	Lecture	Lab	Clinical	Contact Hours	SCH
Pre-requisites:					
BIOL 2401 Anatomy & Physiology I	3	3	0	96	4
MATH 1314 College Algebra	3	0	0	48	3
ENGL 1301 English Composition I	3	0	0	48	3
BIOL 1322 Nutrition	3	0	0	48	3
TOTAL PRE-REQUISITE HOURS	12	3	0	240	13
LEVEL I					
RNSG 1301 Pharmacology	3	0	0	48	3
BIOL 2402 Anatomy & Physiology II	3	3	0	96	4
RNSG 1513 Nursing Foundations	4	4	0	128	5
RNSG 1160 Clinical (Foundations)	0	0	6	96	1
TOTAL	10	7	6	368	13
LEVEL II					
PSYC 2314 Human Growth and Development	3	0	0	48	3
RNSG 1441 Common Concepts of Adult Health	2	6	0	128	4
RNSG 1412 Nursing Care of CB/CR Family	2	6	0	128	4
RNSG 1261 Clinical	0	0	12	192	2
TOTAL	7	12	12	496	13
Level III					
***VNSG 1219 Leadership & Professional Development	2	0	0	32	2
***VNSG 1222 Vocational Nursing Concepts	2	0	0	32	2
BIOL 2420 Microbiology**	3	3	0	96	4
RNSG 2213 Mental Health Nursing	2	3	0	80	2
RNSG 1343 Complex Concepts of Adult Health	2	4	0	96	3
RNSG 2261 Clinical	0	0	12	192	2
TOTAL	8	7	12	432	11
TOTAL PROGRAM HOURS	37/40	29/32	30	1536/1632	50/54

(Effective Fall 2014)

**BIOL 2420 Microbiology must be taken if student intends to continue in the ADN program.

***VN Exit Track courses are only offered when there are 10 or more students wanting to tack these courses.



Section 16.02.01 Course Sequence ADN (VN Exit Tract)

Nursing courses for students enrolled in the Professional Nursing Program will be offered according to the following sequence:

Course	Course Name	Semester
RNSG 1513	Nursing Foundations	Fall
RNSG 1160	Clinical Nursing (Foundations)	Fall
RNSG 1141	Common Concepts of Adult Health I	Spring
RNSG 1261	Clinical Nursing (Common Concepts of Adult Health/Care of CB/CR)	Spring
RNSG 1412	Nursing Care of CB/CR Family	Spring
VNSG 1219	Leadership & Professional Development	Fall
VNSG 1222	Vocational Nursing Concepts	Fall
RNSG 2213	Mental Health Nursing	Fall
RNSG 2261	Clinical Nursing (Complex Concepts of Adult Health/Mental Health	Fall
RNSG 1343	Complex Concepts of Adult Health II	Fall

*Weekly clinical hours may vary depending upon scheduling and clinical sites.



Section 16.03 Associate Degree Nursing Transition (LVN Entry Tract)

Course	Lecture	Lab	Clinical	Contact Hours	SCH
Pre-requisites:					
BIOL 2401 Anatomy & Physiology I	3	3	0	96	4
BIOL 2402 Anatomy & Physiology II	3	3	0	96	4
MATH 1314 College Algebra	3	0	0	48	3
ENGL 1301 English Composition I	3	0	0	48	3
PSYC 2314 Human Growth & Dev	3	0	0	48	3
TOTAL PRE-REQUISITE HOURS	15	6	0	336	17
LEVEL IIA					
RNSG 1327 Transition From Vocational to Professional Nursing	3	1	0	64	3
TOTAL	3	1	0	64	3
LEVEL III					
BIOL 2420 Microbiology	3	3	0	96	4
RNSG 2213 Mental Health Nursing	2	3	0	80	2
RNSG 1343 Complex Concepts of Adult Health	2	4	0	96	3
RNSG 2261 Clinical	0	0	12	192	2
TOTAL	7	10	12	464	11
LEVEL IV					
Humanities/Fine Arts Elective	3	0	0	48	3
RNSG 2331 Advanced Concepts of Adult Health	2	3	0	80	3
RNSG 2201 Care of Children and Families	2	0	0	32	2
RNSG 2262 Clinical	0	0	12	192	2
TOTAL	7	3	12	352	10
TOTAL PROGRAM HOURS	32	20	24	1216	41

(Effective Fall 2014)



Section 16.03.01 Course Sequence ADN Transition (LVN Entry Tract)

Nursing courses for students enrolled in the Professional Nursing Program will be offered according to the following sequence:

Course	Course Name	Semester
RNSG 1327	Transition from Vocational to Professional Nursing	Summer
RNSG 2213	Mental Health Nursing	Fall
RNSG 2261	Clinical Nursing (Complex Concepts of Adult Health/Mental Health	Fall
RNSG 1343	Complex Concepts of Adult Health II	Fall
RNSG 2331	Advance Concepts of Adult Health	Spring
RNSG 2262	Clinical Nursing Advanced Concepts	Spring
RNSG 2201	Care of Children/Family	Spring

*Weekly clinical hours may vary depending upon scheduling and clinical sites.



Section 16.04 Associate Degree Nursing Transition (Paramedic Entry Tract)

Course	Lecture	Lab	Clinical	Contact Hours	SCH
Pre-requisites:					
BIOL 2401 Anatomy & Physiology I	3	3	0	96	4
BIOL 2402 Anatomy & Physiology II	3	3	0	96	4
MATH 1314 College Algebra	3	0	0	48	3
ENGL 1301 English Composition I	3	0	0	48	3
PSYC 2314 Human Growth & Dev	3	0	0	48	3
TOTAL PRE-REQUISITE HOURS	24	16	0	640	28/27
LEVEL IIA					
RNSG 1417 Concepts of Nursing Practice I for Articulating Students	3	2	5	160	4
TOTAL	3	1	0	64	3
LEVEL IIB					
RNSG 1260 Clinical	0	0	8	128	2
TOTAL	3	2	13	288	6
LEVEL III					
BIOL 2420 Microbiology	3	3	0	96	4
RNSG 2213 Mental Health Nursing	2	3	0	80	2
RNSG 1343 Complex Concepts of Adult Health	2	4	0	96	3
RNSG 2261 Clinical	0	0	12	192	2
TOTAL	7	10	12	464	11
LEVEL IV					
Humanities/Fine Arts Elective	3	0	0	48	3
RNSG 2331 Advanced Concepts of Adult Health	2	3	0	80	3
RNSG 2201 Care of Children and Families	2	0	0	32	2
RNSG 2262 Clinical	0	0	12	192	2
TOTAL	7	3	12	352	10
TOTAL PROGRAM HOURS	32	20	24	1216	41

(Effective Fall 2014)



Section 16.04.01 Course Sequence ADN Transition (Paramedic Entry Tract)

Nursing courses for students enrolled in the Professional Nursing Program will be offered according to the following sequence:

Course ID	Course Name	Semester
RNSG 1417	Concepts of Nursing Practice I for articulating students	Summer I
RNSG1260	Clinical for Articulating Students	Summer II
RNSG 2213	Mental Health Nursing	Fall
RNSG 2261	Clinical Nursing (Complex Concepts of Adult Health/Mental Health	Fall
RNSG 1343	Complex Concepts of Adult Health II	Fall
RNSG 2331	Advance Concepts of Adult Health	Spring
RNSG 2262	Clinical Nursing Advanced Concepts	Spring
RNSG 2201	Care of Children/Family	Spring

*Weekly clinical hours may vary depending upon scheduling and clinical sites.



Article 18 Forms

The forms on the following pages need to be printed out, signed, and turned in on the 1st class day.



Essential Performance Requirements for Nursing Students Acknowledgment

Students are expected to demonstrate the ability to perform similar functions as would be expected in a nursing employment situation. All students must be able to tolerate physically taxing activities and perform during stressful situations in order to meet the demands of the profession.

Students must assess their own capabilities prior to entering the nursing program. The following list, although not comprehensive, identifies some of the more basic, minimum of essential skills necessary in the nursing program, as well as in the career.

Hours:

- Perform nursing student functions in a variety of health-care settings, up to 12 hours per shift (day or night), up to two shifts per week
- Attend nursing and other college classes an additional 1-5 days per week, as scheduled in the course catalog

Work Environment & Safety Issues:

- Be aware of potential bio-hazardous risks in health care settings which require wearing safety equipment such as masks, head coverings, glasses, latex or non-latex gloves, shoe coverings and gowns
- Be able to meet clinical agency, College and Department of Nursing performance standards
- Be able to arrange travel to and from academic and clinical sites
- Be aware that exposure to allergens (latex, chemicals, etc.) or other hazardous agents exists
- Follow all state, federal, College, Department of Nursing, clinical agency and HIPAA policies regarding confidentiality of patients' personal, family and health-related information
- Provide for patient safety in various situations and settings which may be physically demanding
- Perform multiple assignments/tasks concurrently
- Tolerate the mental demands of differing shifts, body rhythm changes, increasingly difficult patient workloads, fatigue
- Recognize that any patient could potentially cause you harm
- Administer cardiopulmonary resuscitation. (CPR)
- Must be able to possess the ability to maneuver/move a minimum of 30 lbs, weekly and sometimes daily.

Interpersonal Skills:

- Establish professional relationships
- Establish rapport with individuals, families and groups
- Respect cultural differences
- Negotiate interpersonal conflicts effectively

Communication Skills:

- Teach others appropriately and effectively
- Speak and write English clearly
- Listen/comprehend both spoken and written English



- Work quickly and accurately from both written and verbal orders
- Collaborate with others
- Manage information from multiple sources
- Communicate in English directly, and by electronic methods, including using the telephone
- Clearly and safely delegate to others and follow-up as needed
- Document accurately, clearly and effectively patient condition and response to treatment
- Know how and when to use the chain of command to resolve problems

Cognitive Abilities:

- Correctly perform mathematical calculations
- Analyze information from many sources and determine appropriate nursing interventions
- Understand principles/rationale behind nursing interventions
- Follow physicians' orders
- Successfully pass exams and course work
- Perform basic computer functions, including word processing, e-mail and web access
- Continually increase and update knowledge base

Emotional Stability:

- Provide client with emotional support
- Build positive relationships with patients, families, peers, and other healthcare providers Manage frustration/anger from unsatisfied patients, families or other healthcare providers Focus attention on appropriate tasks
- Successfully cope with personal emotions
- Cope with strong emotions in others
- Continuously be in a functional state of mental health
- Function safely under stressful conditions with the ability to adapt to ever-changing or life-threatening environments
- Acknowledge inability to answer all questions without causing fear, embarrassment, or loss of self-worth
- Acknowledge if you are unable to cope with specific situations and seek assistance
- Have the ability to emotionally detach from situations enough to function effectively, objectively, and professionally
- Recognize one's personal symptoms of stress, fatigue and burnout
- Manage self: fears, time, commitment, health, stress
- Ask for assistance/training when given responsibilities for unknown tasks

Critical/Analytical Thinking:

- Transfer knowledge appropriately from one situation to another
- Process and interpret information from multiple sources
- Analyze and interpret abstract and concrete data
- Determine and evaluate progression toward outcomes goals
- Problem solve effectively
- Prioritize and organize tasks according to patient needs and available resources
- Perform only those tasks/assignments for which you have been appropriately trained and given permission



- Use good judgment when making decisions
- Differentiate normal from abnormal patient situations and responses, and make decisions based on findings
- Recognize, correct (if possible) and report errors as soon as they are discovered
- Access resources as necessary for quality patient care
- Develop appropriate nursing plan of care for individual patients
- Coordinate patient care among health care providers

To verify a student's ability to provide essential nursing care during clinical training, a physical examination is required of all students. This examination will be documented by a physician/nurse-practitioner on the form provided by the Department of Nursing.

All prospective students must be in stable emotional or mental health. This must be documented on the student's physical examination form and signed by a license physician or nurse practitioner.

Name (Print) _____ Student ID _____

Signature _____ Date _____



Skill Sheet

SKILL LEVELS The different columns indicate the level of skills that the ADN students, at discretion of the instructor, may be permitted to perform.	RNSG 1160	RNSG 1261	RNSG 1327 RNSG 1417 RNSG 1260 Transition	RNSG 2261	RNSG 2361
Hygiene & ADL'S					
Bed Making & Bed Positions					
Assisting Client with Bedpan/Urinal					
Bathing & Personal Hygiene (i.e.Oral Care)					
Transferring, Positioning & Ambulating					
Range of Motion, Skin Care & Skin Breakdown Prevention					
Feeding & Grooming					
Anti-Embolism Stockings, Pneumatic Boots & Hose					
Safety					
Safe Patient Lifting					
Restraints					
Isolation Techniques, Infection Control Standard Precautions					
Basic CPR					
Vital Signs, Physical Assessment, Other					
Vital signs, Peripheral Pulses, Pulse Oximeter, Pain					
Physical Assessment					
Colostomy Care & Enema Administration					
Foley Catheter Insertion & Removal					
Nasogastric Tube Insertion, Lavage, Care, & Removal					
Specimen Collection (Sputum, Urine, Stool)					
Nutrition via Tube Feeding					
Documentation on Nurse's Notes					
Wound Care & Dressings					
Cold & Heat Application					
Wet-to-Dry (Damp) Dressing Change					
Wound Irrigation					
Staple & Suture Removal					
Medication Administration					
Non-Parenteral (Oral, via NG or Feeding Tube, etc)					
Parenteral (IM, SQ, etc.)					
Calculation & Administration of Primary/ IVPB Fluids					
Procedures					
Monitoring of Pulse Oximetry					
IV Catheter Insertion, Care & Removal					
Monitoring/Maintenance of Closed System of Chest Tubes					
Tracheobronchial Suctioning, Care, & Dressing Change					
Telemetry Lead Placement & Basic Interpretation of Strips					
Central Line Dressing Change					
Advanced Med Administration with Direct RN Supervision (DS)					
Administration of IV Push Medications (DS)					
Calculation & Administration of Cardiotonic Drips (DS)					
Hanging of Total Parenteral Nutrition (DS)					
PCA Pump (Monitoring)					



Infectious / Communicable Disease Exposure Rule

I understand that in my role as a student nurse I may be exposed to infectious / communicable diseases. I understand I will be taught Standard Precautions (formerly known as Universal Precautions or Body Substance Isolation) as recommended by Centers of Communicable Diseases (CDC) and OSHA. Knowledge regarding Standard Precautions procedures will be implemented when caring for all patients regardless of their infectious status. Applying the knowledge of Standard Precautions and Transmission – Based Precautions reduce the potential for transmitting blood – borne pathogens and those from moist body substances and fluid.

The Standard Precautions are followed whenever there is potential for contact with:

- Blood
- All body fluids, secretions, and excretions regardless of whether they contain visible blood
- Non intact skin
- Mucous membranes

Signature of Student

Date



Texas Board of Nursing
Texas Administrative Code (TAC) Acknowledgment
Professional Nursing

The following Texas Administrative Code rules are included in this section:

Rule: §213.27	Good Professional Character
§213.28	Licensure of Persons with Criminal Convictions
§213.29	Fitness to Practice
§213.30	Declaratory Order of Eligibility for Licensure
§215.8	Students
§217.11	Standards of Nursing Practice
§217.12	Unprofessional Conduct

I, _____, acknowledge that I have received a copy of the Texas Administrative Code that pertains to the Hill College Associate Degree Nursing Program. I acknowledge that the above rules have been explained to me. I understand it is my responsibility to seek further clarification regarding the contents of the above rules if needed and can be found on the following website: [Texas Administrative Code](#) Part 11 Texas Board of Nursing

Signature

Date



Texas Board of Nursing
Texas Occupation Code (TOC) Acknowledgement
Professional Nursing

The following Texas Occupation Code rules are included in this section:

Rule: §301.252	License Application
Rule: §301.257	Declaratory Order of License Eligibility
Rule: §301.452	Grounds for Disciplinary Action
Rule: §301.4521	Physical and Psychological Evaluation
Rule: §301.453	Disciplinary Authority of Board; Methods of Discipline
Rule: §301.4535	Required Suspension, Revocation, or Refusal of License for Certain Offenses
Rule: §301.454	Notice and Hearing
Rule: §301.455	Temporary License Suspension or Restriction
Rule: §301.4551	Temporary License Suspension for Drug or Alcohol Use
Rule: §301.456	Evidence
Rule: §301.457	Complaint and Investigation
Rule: §301.458	Initiation of Formal Charges; Discovery
Rule: §301.459	Formal Hearing
Rule: §301.460	Access of Information
Rule: §301.461	Assessment of Costs
Rule: §301.462	Voluntary Surrender of License
Rule: §301.463	Agreed Disposition
Rule: §301.464	Informal Proceedings
Rule: §301.465	Subpoenas; Request for Information
Rule: §301.466	Confidentiality
Rule: §301.467	Reinstatement
Rule: §301.468	Probation
Rule: §301.469	Notice of Final Action

I, _____, acknowledge that I have received a copy of the Texas Administrative Code that pertains to the Hill College Professional Nursing Program. I acknowledge that the above rules have been explained to me. I understand it is my responsibility to seek further clarification regarding the contents of the above rules if needed and can be found on the following website: [Nurse Practice Act – Chapter 301](#)

Signature

Date



Potential or Actual Incident Report

To be filled out by instructor:

Date: _____ Clinical area _____

Student's name: _____

Nature of error: _____

Description of Incident: (To be filled out by the Student)

How can I prevent a recurrence?

Student Signature

Date

Instructor Signature

Date



Letter of Understanding

I have been provided copies, and/or electronic website access, to the documents (or excerpts) listed below. Items below marked with an asterisk (*) have been read to me by Hill College Faculty. I understand that I am responsible for reading, understanding, and following instructions and information outlined and contained in these documents:

Student Initials	Must Read Information	Student Initials	Has Been Read/Explained To Me
	Hill College & ADN Student Handbooks		*RNSG Theory Course Syllabi
	Eligibility Issues Occurring while in Health Science (ADN Handbook excerpt)		*RNSG Clinical Course Syllabi
	§213.27 Good Professional Character		*Inappropriate behavior may incur discipline; to include counseling or demerits, up to and including possible suspension.
	§213.28 Licensure of Persons with Criminal Offenses		*To be successful in any RNSG Theory course, the final overall course average must be $\geq 75\%$ AND the final comprehensive exam must be $\geq 75\%$. Failure to achieve $\geq 75\%$ on BOTH components will not meet course progression requirements and will result in a course grade of "D".
	§213.29 Fitness to Practice		
	§213.30 Declaratory Order of Eligibility for Licensure		
	§215.8 Students		*Students in Level 1 through Level 4 who score less than 75% on an exam may be required to make an appointment with the success coordinator/instructor prior to taking the next exam.--Failure to follow any instructions to meet with the success coordinator, prior to taking the next exam, will result in ten (10) points being removed from that exam.
	§217.11 Standards of Nursing Practice		
	§217.12 Unprofessional Conduct		
	Texas Occupation Codes		
	TBON Eligibility Questions		
	ANA Code of Ethics		Use/grading of Content Mastery and Comprehensive Exit exams with required practice/remediation.
	§213.30 Declaratory Order of Eligibility for Licensure		

Should I have questions or concerns that are not addressed in these documents, or should I need additional clarification, I am responsible for immediately contacting a member of the ADN faculty.

Failure to follow instructions and information, or failure to address personal questions or concerns may prohibit me from meeting all required course objectives. All course objectives must be met in order to be successful in each course.

I understand that audio and/or videotaping may be used by instructors during demonstrations and as a means of instruction. I understand that audio and/or videotaping is not allowed by students unless specific written permission is obtained from the ADN Program Coordinator/Director and all individuals present during the audio and/or videotaping.

I understand this Letter of Understanding is valid and in effect for the entire time I am in the ADN Program.

Student Signature

Date



Texas Board of Nursing Petition for Declaratory Order

Double click the picture to open a PDF copy to download and complete.

For Office Use Only: RN / LVN	Texas Board of Nursing 333 Guadalupe, Ste. 3-480, Austin, TX 78701-3844 Phone: 512-305-7400 – Web Site: www.bon.texas.gov PETITION FOR DECLARATORY ORDER	For Office Use Only:
<div style="display: flex; justify-content: space-between;"><div>Last Name (Print or Type): _____</div><div>First Name: _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Middle Name (will appear on license): _____</div><div>Previous Name(s): _____</div></div> <div style="display: flex; justify-content: space-between;"><div>(Address) _____</div><div>(City) _____</div><div>(State/Country) _____</div><div>(Zip/Postal Code) _____</div></div> <div style="display: flex; justify-content: space-between;"><div>(E-Mail Address) _____</div><div>Phone Number _____</div></div> <div style="display: flex; justify-content: space-between;"><div>U.S. Social Security Number: _____ - _____ - _____</div><div>Date of Birth: _____ / _____ / _____ <small>Mo Day Yr</small></div></div> <div>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other</div>		
Nursing Program Information		
<div>Type of Nursing Program for which you are seeking clearance: (circle one) LVN RN BOTH</div> <div>Date of Enrollment/Potential Enrollment: _____ Date of Anticipated Graduation: _____</div>		
Eligibility Questions		
<p>These questions MUST be answered truthfully EACH TIME they are answered, even if you have previously disclosed information and/or undergone a previous eligibility review. Check either "Yes" or "No" in the box for each numbered question.</p> <p>1) <input type="checkbox"/> No <input type="checkbox"/> Yes *For any criminal offense, including those pending appeal, have you:</p> <ul style="list-style-type: none">A. been arrested and have a pending criminal charge?B. been convicted of a misdemeanor?C. been convicted of a felony?D. pled nolo contendere, no contest, or guilty?E. received deferred adjudication?F. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?G. been sentenced to serve jail time, prison time, or court-ordered confinement?H. been granted pre-trial diversion?I. been <u>cited</u> or charged with any violation of the law?J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action? <p><u>(You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)</u></p> <p>NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed may subject your license to a disciplinary order and fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)</p> <p>NOTE: Orders of Non-Disclosure: Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to Gov't Code chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character and fitness.</p>		

Applicant's Signature: _____

Date: _____

Page 1 of 2