2018-2019 Handbook

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DEAN INTRODUCTION

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 Community Services
Hill College
FACULTY BELIEFS

Mission

Hill College provides high quality comprehensive educational programs and services. The college enhances the educational, cultural, and economic development of its service area and assists both individuals and the community to prepare 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.

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 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.

Education 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, ethically, 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.
- 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.

**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.

**Conceptual framework**

The conceptual framework of Hill College's Associate Degree 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 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,
Nursing process

The nursing process is a method of problem solving that uses a series of planned steps and actions directed toward maintaining 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 includes five steps: assessment, nursing diagnosis, planning, intervention, and evaluation.

**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.

**Plan:** 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.

Roles of the associate degree nurse

The graduate of associate degree-nursing program is competent to function in the four main areas.

**Member of the profession:** As a member of the profession, the associate degree nursing graduate explores the role of the nurse, functions in a beginning nurse role within the ethical-legal framework, and assumes responsibility for his or her learning.

**Provider of Patient-Centered care:** As a provider of patient-centered care, the associate degree nurse functions applying the steps of the nursing process to formulate and deliver individual nursing care to clients.

**Patient Safety Advocate:** As a patient safety advocate, the associate degree nurse demonstrates knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules and emphasizes safety, as well as all federal, state, and local government and accreditation organizations safety requirements and standards.

**Member of the Health Care Team:** As a member of the health care team, the associate
degree nurse coordinates, collaborates, and communicates with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care. The associate degree nurse also serves as health care advocate in monitoring and promoting quality and access to health care for patients and their families.

Coordinator of care: As a coordinator of care, the associate degree nurse utilizes the nursing process in providing care to groups of clients with common well-defined health problems, utilizing other levels of nursing personnel as needed, and guiding other nursing personnel to develop skills in providing care.

**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.

**STANDARDS**

Standards of Nursing Practice: Rules and Regulations

**THE FOLLOWING ARE EXCERPTS FROM THE BOARD OF NURSE EXAMINERS’ RULES AND REGULATIONS RELATING TO NURSING EDUCATION, LICENSURE AND PRACTICE:**

§213.27. Good Professional Character.

(a) Every individual who seeks to practice nursing in Texas must have good professional character. This requirement includes all individuals seeking to obtain or retain a license or privilege to practice nursing in Texas.

(b) The Board defines good professional character as the integrated pattern of personal, academic, and occupational behaviors which, in the judgment of the Board, indicates that an individual is able to consistently conform his/her conduct to the requirements of the Nursing Practice Act, the Board’s rules and regulations, and generally accepted standards of nursing practice. An individual must maintain good professional character to
ensure that he/she is able to consistently act in the best interest of patients/clients and the public. In all cases, it is
the individual's burden to provide evidence of good professional character in order to obtain or retain licensure.

(c) When evaluating whether an individual has demonstrated good professional character in an eligibility or
disciplinary matter, the Executive Director, the Board, and the State Office of Administrative Hearings (SOAH)
shall consider the following factors:

1. the individual's age, education, experience, and behavioral history;
2. whether the individual is able to distinguish right from wrong;
3. whether the individual is able to think and act rationally;
4. whether the individual is able to keep promises and honor obligations;
5. whether the individual is accountable for his/her own behavior and/or accepts responsibility for his/her
   actions;
6. whether the individual is able to practice nursing in an autonomous role with patients/clients, their families,
significant others, healthcare professionals, and members of the public who are or who may become physically,
emotionally, or financially vulnerable;
7. whether the individual is able to recognize and honor the interpersonal boundaries appropriate to any
   therapeutic relationship or health care setting;
8. whether the individual is able to make appropriate judgments and decisions that could affect patients/clients
   and/or the public;
9. whether the individual has exhibited an inability to conform his/her behavior to the requirements of the
   Nursing Practice Act, Board rules and regulations, including §217.11 (relating to Standards of Nursing Practice)
   and §217.12 (relating to Unprofessional Conduct) of this title, and generally accepted standards of nursing
   practice;
10. whether the individual is able to promptly and fully self-disclose facts, circumstances, events, errors, and
    omissions, when such disclosure could enhance the health status of patients/clients or the public and/or could
    protect patients/clients or the public from an unnecessary risk of harm; and
11. any other behaviors bearing on the individual's honesty, accountability, trustworthiness, reliability, or
    integrity.

(d) The following eligibility and disciplinary sanction policies, as applicable, and §213.28(d) of this chapter
relating to Licensure of Individuals with Criminal History) shall be used by the Executive Director, Board, and
SOAH in conjunction with this section when evaluating good professional character in eligibility and disciplinary
matters, as applicable:

1. Sanctions for Behavior Involving Fraud, Theft, and Deception, approved by the Board and published on
   August 28, 2015, in the Texas Register and available on the Board's website at
   http://www.bon.state.tx.us/disciplinaryaction/dsp.html;
2. Sanctions for Behavior Involving Lying and Falsification, approved by the Board and published on August
   28, 2015, in the Texas Register and available on the Board's website at
   http://www.bon.state.tx.us/disciplinaryaction/dsp.html;
   Register (33 TexReg 1649) and available on the Board's website at
   http://www.bon.state.tx.us/disciplinaryaction/dsp.html; and
4. Sanctions for Substance Use Disorders and Other Alcohol and Drug Related Conduct, approved by the Board
   and published on August 28, 2015, in the Texas Register and available on the Board's website at
   http://www.bon.state.tx.us/disciplinaryaction/dsp.html.

(e) Actions from Other Jurisdictions.

1. A certified copy of an order of adverse action or a judgment from another jurisdiction relating to an
   individual's license or privilege to practice nursing in that jurisdiction is prima facie evidence of the matters
   contained in such order or judgment and is conclusive evidence that the disciplined individual committed the
   misconduct set forth in the order or judgment.
(2) Any individual who seeks to obtain or retain a license or privilege to practice nursing in Texas during the period of discipline imposed by a disciplining jurisdiction, or, in the case of revocation or surrender, prior to licensure reinstatement in the disciplining jurisdiction, must provide sufficient evidence that he/she has good professional character.

(3) Any individual who seeks to obtain or retain a license or privilege to practice nursing in Texas following the completion of the disciplinary period assessed by a disciplining jurisdiction, or, in the case of revocation or surrender, after the reinstatement of licensure in the disciplining jurisdiction, must provide sufficient evidence that he/she has good professional character.

Source Note: The provisions of this §213.27 adopted to be effective October 29, 2015, 40 TexReg 7403 (§ 213.28. Licensure of Persons with Criminal Offenses

(a) This section establishes the criteria utilized by the Board in determining the effect of criminal history on nursing licensure and eligibility for nursing licensure. This section applies to all individuals seeking to obtain or retain a license or privilege to practice nursing in Texas.

(b) The practice of nursing involves patients/clients, their families, significant others, healthcare professionals, and the public in diverse settings. Nurses practice in autonomous roles with individuals who are physically, emotionally, and financially vulnerable. Nurses have access to personal information about all aspects of a patient/client's life, resources, and relationships. Therefore, criminal behavior, whether violent or non-violent, directed against persons, property, or the 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:

(1) Offenses against the person. These types of crimes relate to the practice of nursing because:

(A) nurses have access to persons who are vulnerable by virtue of illness or injury and are frequently in a position to be exploited;

(B) nurses have access to persons who are especially vulnerable, including the elderly, children, persons with mental disorders, sedated and anesthetized patients/clients, those whose mental or cognitive ability is compromised, and patients/clients who are disabled or immobilized and may be subject to harm by similar criminal behavior;

(C) nurses are frequently in situations where they provide intimate care to patients/clients or have contact with partially clothed or fully undressed patient/client who are vulnerable to exploitation, both physically and emotionally;

(D) nurses are in the position to have access to privileged information and opportunity to exploit patient/client vulnerability; and

(E) nurses who commit these crimes outside the workplace raise concern about the nurse's propensity to repeat similar misconduct in the workplace and raise concern regarding the individual's ability to provide safe, competent care to patients/clients.

(2) Offenses against property.

(A) These types of crimes relate to the practice of nursing because:

(i) nurses have access to persons who are vulnerable by virtue of illness or injury and are frequently in a position to be exploited;

(ii) nurses have access to persons who are especially vulnerable, including the elderly, children, persons with mental disorders, sedated and anesthetized patients/clients, those whose mental or cognitive ability is compromised, and patients/clients who are disabled or immobilized, and may provide easy opportunity to be victimized;
(iii) nurses have access to persons who frequently bring valuables (medications, money, jewelry, items of sentimental value, a checkbook or credit cards, etc.) with them to a health care facility with no security to prevent theft or exploitation;

(iv) nurses frequently provide care in private homes and home-like settings where all of the patient/client's property and valuables are accessible to the nurse;

(v) nurses frequently provide care autonomously without direct supervision and may have access to and opportunity to misappropriate property; and

(vi) nurses who commit these crimes outside the workplace raise concern about the nurse's propensity to repeat similar misconduct in the workplace and, therefore, place patient/clients' property at risk.

(B) Certain crimes involving property, such as cruelty to animals and criminal trespass, may also concern the safety of persons and, as such, raise concern about the propensity of the nurse to repeat similar conduct in the workplace, placing patients/clients at risk.

(3) Offenses involving fraud or deception. These types of crimes relate to the practice of nursing because:

(A) nurses have access to persons who are vulnerable by virtue of illness or injury and are frequently in a position to be exploited;

(B) nurses have access to persons who are especially vulnerable including the elderly, children, persons with mental disorders, sedated and anesthetized patients/clients, those whose mental or cognitive ability is compromised, and patients/clients who are disabled or immobilized;

(C) nurses are in the position to have access to privileged information and opportunity to exploit patient/client vulnerability;

(D) nurses frequently in situations where they must report patient/client condition, record objective/subjective information, provide patients/clients with information, and report errors in the nurse's own practice or conduct;

(E) the nurse-patient/client relationship is of a dependent nature; and

(F) nurses who commit these crimes outside the workplace raise concern about the nurse's propensity to repeat similar misconduct in the workplace and, therefore, place patients/clients at risk.

(4) Offenses involving lying and falsification. These crimes are related to the practice of nursing because:

(A) nurses have access to persons who are vulnerable by virtue of illness or injury;

(B) nurses have access to persons who are especially vulnerable including the elderly, children, persons with mental disorders, sedated and anesthetized patients/clients, those whose mental or cognitive ability is compromised, and patients/clients who are disabled or immobilized;

(C) nurses are frequently in situations where they must report patient/client condition, record objective/subjective information, provide patients/clients with information, and report errors in the nurse's own practice or conduct;

(D) honesty, accuracy and integrity are personal traits valued by the nursing profession, and considered imperative for the provision of safe and effective nursing care;

(E) falsification of documents regarding patient/client care, incomplete or inaccurate documentation of patient/client care, failure to provide the care documented, or other acts of deception raise serious concerns whether the nurse will continue such behavior and jeopardize the effectiveness of patient/client care in the future;

(F) falsifying employment applications and/or failing to answer specific questions that would have affected a decision to employ, certify, or otherwise utilize a nurse raises concerns about a nurse's propensity to lie and whether the nurse possesses the qualities of honesty and integrity;

(G) falsification of documents or deception/lying outside of the workplace, including falsification of an application for licensure to the Board, raises concerns about the person's propensity to lie, and the likelihood that such conduct will continue in the practice of nursing; and

(H) a crime of lying or falsification raises concerns about the nurse's propensity to engage in similar conduct while practicing nursing and place patients/clients at risk.
(5) Offenses involving the delivery, possession, manufacture, or use of, or dispensing or prescribing a controlled substance, dangerous drug, or mood-altering substance. These crimes relate to the practice of nursing because:

(A) nurses have access to persons who are vulnerable by virtue of illness or injury;
(B) nurses have access to persons who are especially vulnerable including the elderly, children, persons with mental disorders, sedated and anesthetized patients/clients, those whose mental or cognitive ability is compromised, and patients/clients who are disabled or immobilized;
(C) nurses provide care to critical care, geriatric, and pediatric patients/clients who are particularly vulnerable, given the level of vigilance demanded under the circumstances of their health condition;
(D) nurses are able to provide care in private homes and home-like setting without supervision;
(E) nurses who have a substance use disorder or who abuse or misuse drugs or alcohol may have impaired judgment while caring for patients/clients and are at risk for harming patients/clients;
(F) an offense regarding the delivery, possession, manufacture, or use of, or dispensing, or prescribing a controlled substance, dangerous drug, or mood altering drug raises concern about the nurse's propensity to repeat similar misconduct in the workplace; and
(G) Driving While Intoxicated offenses involve the use and/or abuse of mood altering drugs while performing a state licensed activity affecting public safety, and repeated violations suggest a willingness to continue in reckless and dangerous conduct or an unwillingness to take appropriate corrective measures, despite previous disciplinary action by the state.

(c) The Executive Director, the Board, and the State Office of Administrative Hearings (SOAH) shall utilize this section in conjunction with the Disciplinary Guidelines for Criminal Conduct (Guidelines) set forth in subsection (d) of this section in all disciplinary and eligibility matters involving an individual's criminal history. Taken together, this section and the Guidelines identify the categories of criminal offenses, as well as specific criminal offenses, that the Board has determined relate to or affect the practice of nursing. However, neither this section nor the Guidelines contain an exhaustive listing of all of the criminal offenses that may affect an individual's ability to obtain or retain a license or privilege to practice nursing in Texas. In matters involving an offense that is not specifically listed in this section or the Guidelines, including a violation of another state law, federal law, the Uniform Code of Military Justice, or other law, the appropriate sanction shall be determined by comparing that offense to the specified categories of crimes in this section and the specific crimes in the Guidelines that contain substantially similar elements.

(d) The Guidelines are as follows:

Attached Graphic

(e) The Executive Director, the Board, and SOAH shall consider the following factors in conjunction with the Guidelines when determining the appropriate sanction in disciplinary and eligibility matters involving criminal conduct. To the extent applicable, this section and the Guidelines should also be considered in conjunction with the recommended sanctions in the Board's Disciplinary Matrix, located at §213.33(b) (relating to Factors Considered for Imposition of Penalties/Sanction) of this chapter. If multiple criminal offenses are present in a single case, the most severe sanction recommended for any one of the individual offenses should be considered by the Board pursuant to Tex. Occ. Code §301.4531. The factors include:

(1) the knowing or intentional practice of nursing without a license issued under the Nursing Practice Act (NPA);
(2) any felony or misdemeanor involving moral turpitude;
(3) the nature and seriousness of the crime;
(4) the relationship of the crime to the purposes for requiring a license to engage in nursing practice;
(5) the extent to which a license might offer an opportunity to engage in further criminal activity of the same type as that in which the person previously had been involved;
(6) the relationship of the crime to the ability, capacity, or fitness required to perform the duties and discharge the responsibilities of nursing practice;
whether imprisonment followed a felony conviction, felony community supervision revocation, revocation of parole, or revocation of mandatory supervision;

whether conduct that results in the revocation of probation imposed because of conviction for a felony or for a misdemeanor involving moral turpitude;

the extent and nature of the person's past criminal activity;

the age of the person when the crime was committed;

the amount of time that has elapsed since the person's last criminal activity;

the conduct and work activity of the person before and after the criminal activity;

evidence of the person's rehabilitation or rehabilitative effort while incarcerated or after release; and

other evidence of the person's present fitness, including letters of recommendation from: prosecutors and law enforcement and correctional officers who prosecuted, arrested, or had custodial responsibility for the person; the sheriff or chief of police in the community where the person resides; and any other persons in contact with the convicted person.

The Board is required under Tex. Occ. Code §301.4535(b) to deny an individual initial licensure or licensure renewal and/or to revoke an individual's nursing license or privilege to practice nursing in Texas upon a final conviction or a plea of guilty or nolo contendere for a criminal offense specified in §301.4535(a). Further, pursuant to Tex. Occ. Code §53.021(b), the Board is required to revoke an individual's license or privilege to practice nursing in Texas upon the individual's imprisonment following a felony conviction, felony community supervision revocation, revocation of parole, or revocation of mandatory supervision.

In matters involving an individual's criminal history, the record of conviction, order, or deferred adjudication is conclusive evidence of guilt. Further, in addition to the remedies available to the Board pursuant to Tex. Occ. Code §301.452(b)(3) and (4) and Tex. Occ. Code Chapter 53, an individual guilty of a felony is conclusively deemed to have violated Tex. Occ. Code §301.452(b)(10) and is subject to appropriate discipline, up to and including revocation.

It shall be the responsibility of the individual seeking to obtain or retain a license or privilege to practice nursing in Texas, to the extent possible, to obtain and provide to the Board recommendations of the prosecution, law enforcement, and correctional authorities. The individual shall also furnish proof in such form as may be required by the Board that the individual has maintained a record of steady employment, has supported his or her dependents, has otherwise maintained a record of good conduct, and has paid all outstanding court costs, supervision fees, fines, and restitution, as may have been ordered in all criminal cases.

If requested, and to the extent possible, it shall be the responsibility of the individual seeking to obtain or retain a license or privilege to practice nursing in Texas to ensure that legible, certified copies of all court and law enforcement documentation from all jurisdictions where the individual has resided or practiced as a licensed health care professional is provided in a timely fashion to the Board. Failure to provide complete, legible, and accurate documentation will result in the delay of the resolution of an eligibility or disciplinary matter involving an individual's criminal history.

The fact that a person has been arrested will not be used as grounds for disciplinary action. If, however, evidence ascertained through the Board's own investigation from information contained in the arrest record regarding the underlying conduct suggests actions violating the NPA or rules of the Board, the Board may consider such evidence as a factor in its deliberations regarding any eligibility or disciplinary matter.

Youthful Indiscretions. Some criminal behavior that would otherwise affect an individual's licensure status may be deemed a "Youthful Indiscretion" as determined by an analysis of the behavior utilizing the factors set out in §213.27 of this chapter (relating to Good Professional Character), this section, and the following criteria:

1. age of 22 years or less at the time of the behavior;
2. the offense was not classified as a felony;
3. absence of criminal plan or premeditation;
4. presence of peer pressure or other contributing influences;
(5) absence of adult supervision or guidance;
(6) evidence of immature thought process/judgment at the time of the activity;
(7) evidence of remorse;
(8) evidence of restitution to both victim and community;
(9) evidence of current maturity and personal accountability;
(10) absence of subsequent undesirable conduct;
(11) evidence of having learned from past mistakes;
(12) evidence of current support structures that will prevent future criminal activity; and
(13) evidence of current ability to practice nursing in accordance with the NPA, Board rules, and generally accepted standards of nursing. If an individual's behavior is deemed to be a youthful indiscretion under this subsection, then the matter may be eligible for resolution through a lower sanction than would otherwise be considered.

(l) Minor Criminal History. The Board has adopted a Minor Criminal History Policy. Some criminal behavior that would otherwise affect an individual's licensure status may fall within the Board's Minor Criminal History Policy. If behavior is deemed to fall within the Board's Minor Criminal History Policy, then the matter may be closed without further action, in accordance with the provisions of that policy. However, the mere listing of a criminal offense in the Board's Minor Criminal History Policy does not mean that the offense does not affect or is not related to the practice of nursing or that an individual will not be subject to licensure action due to the criminal behavior. To the extent that a conflict exists between this section, the Guidelines, and the Board's Minor Criminal History Policy, this section and the Guidelines control.

(m) The following eligibility and disciplinary sanction policies, as applicable, shall be used by the Executive Director, the Board, and SOAH in evaluating the impact of criminal conduct on nurse licensure in eligibility and disciplinary matters:
   (1) Sanctions for Behavior Involving Fraud, Theft, and Deception, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html;
   (2) Sanctions for Behavior Involving Lying and Falsification, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html;
   (3) Sanctions for Sexual Misconduct approved by the Board and published on February 22, 2008, in the Texas Register (33 TexReg 1649) and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html; and
   (4) Sanctions for Substance Use Disorders and Other Alcohol and Drug Related Conduct, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html.

(n) The Executive Director is authorized to close an eligibility file when the individual seeking licensure has failed to respond to a request for information or to a proposal for denial of eligibility within 60 days of the request or proposed denial, as applicable.

Source Note: The provisions of this §213.28 adopted to be effective October 29, 2015, 40 TexReg 7407 TexReg 1304; amended to be effective October 10, 2007, 32 TexReg 7058; amended to be effective July 2, 2008, 33 TexReg 5007; amended to be effective July 10, 2013, 38 TexReg 4327.

§213.29. Criteria and Procedure Regarding Intemperate Use and lack of Fitness in Eligibility and Disciplinary Matters.
(a) Each individual who seeks to practice nursing in Texas must possess current fitness to practice. This requirement includes all individuals seeking to obtain or retain a license or privilege to practice nursing in Texas and applies in all eligibility and disciplinary matters. Each individual has a duty to self-evaluate to ensure that he/she is fit to practice before providing nursing care.

(b) An individual's fitness to practice will be determined by evaluating the individual's ability to consistently comply with the requirements of the Nursing Practice Act, the Board's rules and regulations, and generally accepted standards of nursing practice. An individual's fitness to practice may be subject to Board review due to an individual's substance use disorder; possession, abuse, or misuse of alcohol or drugs, prescribed or otherwise; or physical or mental health condition. This is not an exhaustive list. If an individual exhibits any conduct that may prevent him/her from practicing nursing with reasonable skill and safety, the Board will review the individual's conduct to determine if he/she possesses current fitness to practice.

(c) Evaluations. If an individual exhibits conduct that raises questions about his/her fitness to practice, the Board may require the individual to undergo a physical and/or psychological evaluation that meets the criteria of the Occupations Code §301.4521 and §213.33 of this chapter (relating to Factors Considered for Imposition of Penalties/Sanctions). Pursuant to §301.4521, an individual subject to this rule is responsible for paying the costs of the evaluation. Utilizing the results of the evaluation and the individualized facts of the case, the Board may deny licensure (including renewal, reinstatement/reactivation, or the return to direct patient care from a limited license); suspend or revoke the individual's license or privilege to practice nursing in this state; or impose probationary conditions or restrictions on the individual's ability to practice nursing in this state.

(d) Substance Use Disorders and Abuse/Misuse of Alcohol or Drugs.

(1) Individuals who have been diagnosed, treated, or hospitalized for a substance use disorder that may impair their ability to practice nursing safely, will, at a minimum, be required to demonstrate sobriety and abstinence from drugs and alcohol for a minimum of twelve consecutive months, through verifiable and reliable evidence, in order to obtain or retain licensure. Verifiable and reliable evidence of sobriety and abstinence from drugs and alcohol may include evidence of the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. Depending upon the individualized facts of each case, an individual may be required to establish this period of sobriety and abstinence prior to being permitted to practice nursing in this state. If appropriate, based upon the individualized facts of the case, an individual may also be eligible to obtain or retain licensure and practice nursing under an en-cumbered license with conditions/restrictions determined by the Board or through participation in a Board-approved peer assistance program created pursuant to the Texas Health and Safety Code Chapter 467 or other lawfully authorized peer assistance program. Licensure conditions/restrictions may include the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public.

(2) Individuals who have not been diagnosed, treated, or hospitalized for a substance use disorder, but have nonetheless exhibited behaviors raising concerns about the individual's ability to practice
nursing with reasonable skill and safety due to the possession, misuse, or abuse of alcohol or drugs, prescribed or otherwise, including related criminal conduct, may be required to demonstrate sobriety and abstinence from drugs and alcohol for a minimum of twelve consecutive months, through verifiable and reliable evidence, in order to obtain or retain licensure. Verifiable and reliable evidence of sobriety and abstinence from drugs and alcohol may include evidence of the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. If appropriate, and depending upon the individualized facts of each case, an individual may be eligible to obtain or retain licensure and practice nursing under an encumbered license with conditions/restrictions determined by the Board, which may include the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public.

(3) An individual's prior substance use disorder diagnosis or history of prior criminal conduct involving drugs or alcohol, prescribed or otherwise; or misuse or abuse of alcohol or drugs, prescribed or otherwise; will be considered by the Board only to the extent that it may be indicative of the individual's current lack of fitness to practice nursing.

(e) Mental Health Conditions and Diminished Capacity.

(1) Individuals who have been diagnosed, treated, or hospitalized for a mental health condition that may impair their ability to practice nursing safely, will, at a minimum, be required to demonstrate controlled behavior and consistent compliance with recommended treatment, including compliance with a prescribed medication regime, for a reasonable amount of time, through verifiable and reliable evidence, in order to obtain or retain licensure. Depending upon the individualized facts of each case, an individual may be required to establish controlled behavior and compliance with recommended treatment, including compliance with a prescribed medication regime, prior to being permitted to practice nursing in this state. If appropriate, and depending upon the individualized facts of the case, an individual may also be eligible to obtain or retain licensure and practice nursing under an encumbered license with conditions/restrictions determined by the Board or through participation in a Board-approved peer assistance program created pursuant to the Texas Health and Safety Code Chapter 467. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public.

(2) Individuals who have not been diagnosed, treated, or hospitalized for a mental health condition, but have nonetheless exhibited behaviors raising concerns about the individual's fitness to practice due to a mental health condition or diminished capacity may be required to demonstrate controlled behavior and compliance with recommended treatment, including compliance with a prescribed medication regime, for a reasonable amount of time, through verifiable and reliable evidence, in order to obtain or retain licensure. If appropriate, and depending upon the individualized facts of each case, an individual may also be eligible to obtain or retain licensure and practice nursing under an encumbered license with conditions/restrictions determined by the Board. The outcome of any particular case will be based upon an evaluation of the individualized factors of the case and the potential risk of harm the individual's practice may pose to patients/clients and/or the public.
(3) An individual's prior mental health diagnosis or behavioral history will be considered by the Board only to the extent that it may be indicative of the individual's current lack of fitness to practice nursing.

(f) Other Medical Conditions.

(1) The Board recognizes that individuals may have a variety of medical conditions that require medical treatment and/or a medication regime that includes prescription drugs. Although authorized by law and medically necessary, prescription drugs may affect an individual's fitness to practice. An individual must be able to function safely while under the effects of prescription drugs. An individual who abuses his/her prescription drugs or who has been unable to stabilize the synergistic effect of his/her medications may not possess current fitness to practice. Further, some prescription medications may cause side effects that affect an individual's fitness to practice, even when taken properly. In some cases, an individual's physical condition may prevent the individual from practicing nursing safely. In addition to an individual's medication regime, the Board will review an individual's behavior, diagnosis/condition, and treatment plan to determine if he/she possesses current fitness to practice. Based upon the individualized facts of the case, including the results of a required evaluation, if any, the Board may deny licensure (including renewal, reinstatement/reactivation, or the return to direct patient care from a limited license); suspend or revoke the individual's license or privilege to practice nursing in this state; or impose probationary conditions or restrictions on the individual's ability to practice nursing in this state, including limiting the practice setting to one in which the individual is safe to practice nursing.

(2) An individual's prior medical condition and/or diagnosis will be considered by the Board only to the extent that it may be indicative of the individual's current lack of fitness to practice nursing.

(g) Authority of Executive Director. In eligibility and disciplinary matters involving an individual's fitness to practice, the Executive Director may:

(1) review information submitted by the individual and materials and information gathered or prepared by Board Staff; including evidence of the individual's safe practice, compliance with the Nursing Practice Act, Board rules and regulations, and generally accepted standards of nursing practice; verification of compliance with treatment; and evidence of sobriety;

(2) identify any deficiencies in the information necessary for a determination regarding the individual's current fitness to practice;

(3) close any eligibility file in which the individual seeking licensure has failed to respond to a request for information from the Board or to a proposal for denial of licensure within 60 days of the request or proposed denial, as applicable;

(4) approve an individual's eligibility for licensure, enter eligibility orders as authorized in §211.7 (relating to Executive Director) of this title, and approve renewals, without Board ratification, when the evidence is clearly insufficient to support denial of licensure; and

(5) propose eligibility and disciplinary orders in eligibility, disciplinary, and renewal matters consistent with the Board's rules and regulations and the interests of public safety and enter disciplinary orders as authorized in §211.7 of this title.

(h) The following eligibility and disciplinary sanction policies, as applicable, shall be used by the Executive Director, SOAH, and the Board in evaluating the impact of criminal conduct on nurse licensure in eligibility and disciplinary matters:
(1) Sanctions for Behavior Involving Fraud, Theft, and Deception, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html;

(2) Sanctions for Behavior Involving Lying and Falsification, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html;

(3) Sanctions for Sexual Misconduct approved by the Board and published on February 22, 2008, in the Texas Register (33 TexReg 1649) and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html; and

(4) Sanctions for Substance Use Disorders and Other Alcohol and Drug Related Conduct, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html.

Source Note: The provisions of this §213.29 adopted to be effective October 29, 2015, 40 TexReg 7416

§213.30. Declaratory Order of Eligibility for Licensure

(a) For purposes of this section only, "petitioner" means an individual who:

(1) is enrolled or planning to enroll in an educational nursing program that prepares individuals for initial licensure as a registered or vocational nurse;

(2) seeks licensure by endorsement pursuant to §217.5 of this title (relating to Temporary License and Endorsement); or

(3) seeks licensure by examination pursuant to §217.2 (relating to Licensure by Examination for Graduates of Nursing Education Programs Within the United States, its Territories, or Possessions) or §217.4 (relating to Requirements for Initial Licensure by Examination for Nurses Who Graduate From Nursing Education Programs Outside of United States' Jurisdiction) of this title.

(b) An individual who has reason to believe that he or she may be ineligible for initial licensure or licensure by endorsement due to issues discussed in this rule may petition the Board for a declaratory order as to his or her eligibility.

(c) A petitioner must submit a petition, on forms provided by the Board, and the following information:

(1) a statement by the petitioner indicating the reason(s) and basis of his/her potential ineligibility;

(2) if the potential ineligibility is due to the petitioner's criminal history, all court documents, including, but not limited to: indictments, agreements for pre-trial diversion or deferred prosecution, orders of deferred adjudication, judgments, probation records, and evidence of completion of probation, as applicable;

(3) if the potential ineligibility is due to the petitioner's mental health condition or diminished capacity, verifiable and reliable evidence of controlled behavior and consistent compliance with
recommended treatment, including compliance with a prescribed medication regime, for a reasonable amount of time, as applicable;

(4) if the potential ineligibility is due to the petitioner's substance use disorder and/or the abuse/misuse of alcohol or drugs, verifiable and reliable evidence of sobriety and abstinence from drugs and alcohol, which may include evidence of the completion of inpatient, outpatient, or aftercare treatment, random drug screens, individual or group therapy, and/or support group attendance;

(5) the required fee, which is not refundable; and

(6) an evaluation that meets the criteria of the Occupations Code §301.4521 and §213.33 of this chapter (relating to Factors Considered for Imposition of Penalties/Sanctions), as applicable.

(d) Once the Board has received all necessary information, including the information required by subsection (c) of this section, an investigation of the petition and the petitioner's eligibility shall be conducted. The investigation will be based upon an evaluation of the individualized factors of the case, the potential risk of harm the individual's practice may pose to patients/clients and/or the public, and the petitioner's ability to meet the requirements of §213.27 (relating to Good Professional Character), §213.28 (relating to Licensure of Individuals with Criminal History), and §213.29 (relating to Fitness to Practice) of this chapter, as applicable. Based upon the individualized facts of the case, the Board may approve licensure without encumbrance, impose probationary conditions or restrictions on the individual's ability to practice nursing in this state, or deny licensure.

(e) The petitioner or the Board may amend the petition to include additional grounds for potential ineligibility at any time before a final determination is made.

(f) If an individual is seeking licensure by endorsement pursuant to §217.5 of this title and has been licensed to practice nursing in any jurisdiction and has been disciplined in that jurisdiction or allowed to surrender in lieu of discipline in that jurisdiction, the provisions of §213.27(e) of this chapter will apply to the eligibility of the petitioner.

(g) If a petitioner's potential ineligibility is due to his/her criminal history, the provisions of §213.28 of this chapter will apply to the eligibility of the petitioner.

(h) If a petitioner's potential ineligibility is due to a substance use disorder and/or the abuse/misuse of alcohol or drugs, a mental health condition or diminished capacity, or another issue relating to the individual's fitness to practice, the provisions of §213.29 of this chapter will apply to the eligibility of the petitioner.

(i) If the Executive Director proposes to find the petitioner ineligible for licensure, the petitioner may obtain a hearing before the State Office of Administrative Hearings (SOAH). The Executive Director shall have discretion to set a hearing and give notice of the hearing to the petitioner. The hearing shall be conducted in accordance with §213.22 of this chapter (relating to Formal Proceedings) and the rules of SOAH. When in conflict, SOAH's rules of procedure will prevail. The decision of the Board shall be rendered in accordance with §213.23 of this chapter (relating to Decision of the Board).

(j) A final Board order is issued after an appeal results in a Proposal for Decision from SOAH. The Board's final order must set out each basis for potential ineligibility and the Board's determination as to eligibility. In the absence of new evidence not disclosed by the petitioner or not reasonably available to the Board at the time the order is issued, the Board's ruling determines the petitioner's
eligibility with respect to the grounds for potential ineligibility as set out in the order. An individual whose petition is denied by final order of the Board may not file another petition or seek licensure by endorsement or examination until after the expiration of three years from the date of the Board's order denying the petition. If the petitioner does not appeal or request a formal hearing at SOAH after a letter proposal to deny eligibility made by the Eligibility and Disciplinary Committee of the Board or the Executive Director, the petitioner may re-petition or seek licensure by endorsement or examination after the expiration of one year from the date of the proposal to deny eligibility, in accordance with this section and the Occupations Code §301.257.

(k) The following eligibility and disciplinary sanction policies, as applicable, shall be used by the Executive Director, SOAH, and the Board in evaluating an eligibility matter under this section:

(1) Sanctions for Behavior Involving Fraud, Theft, and Deception, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html;

(2) Sanctions for Behavior Involving Lying and Falsification, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html;

(3) Sanctions for Sexual Misconduct approved by the Board and published on February 22, 2008, in the Texas Register (33 TexReg 1649) and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html; and

(4) Sanctions for Substance Use Disorders and Other Alcohol and Drug Related Conduct, approved by the Board and published on August 28, 2015, in the Texas Register and available on the Board's website at http://www.bon.state.tx.us/disciplinaryaction/dsp.html.

(l) If an individual seeking licensure by endorsement under §217.5 of this title or licensure by examination under §217.2 or §217.4 of this title should have had an eligibility issue addressed pursuant to the Occupations Code §301.257, the filed application will be treated and processed as a petition for declaratory order under this section, and the individual will be treated as a petitioner under this section and will be required to pay the non-refundable fee required by this section and §223.1 of this title (relating to Fees).

(m) This section implements the requirements of the Occupations Code Chapter 53 Subchapter D and the Occupations Code §301.257.

Source Note: The provisions of this §213.30 adopted to be effective August 15, 2002, 27 TexReg 7107; amended to be effective May 17, 2004, 29 TexReg 4884; amended to be effective February 19, 2006, 31 TexReg 847; amended to be effective October 10, 2007, 32 TexReg 7058; amended to be effective July 2, 2008, 33 TexReg 5007; amended to be effective November 15, 2009, 34 TexReg 7812; amended to be effective July 12, 2010, 35 TexReg 6074; amended to be effective July 10, 2013, 38 TexReg 4342; amended to be effective October 29, 2015, 40 TexReg 7422

(a) The number of students admitted to the program shall be determined by the number of qualified faculty, adequate educational facilities and resources, and the availability of appropriate clinical learning experiences for students.

(b) A program must seek approval prior to an increase in enrollment of twenty-five percent (25%) or greater by headcount in one (1) academic year for each nursing program offered. The program must notify Board Staff four (4) months prior to the anticipated increase in enrollment. The Executive Director shall have the authority to approve an increase in enrollment on behalf of the Board. When determining whether to approve a request for an increase in enrollment under this rule, the Executive Director and/or the Board shall consider:

1. the comparison of previous to projected nursing program enrollment by headcount;
2. enrollment projections and enrollment management plan;
3. the change of enrollment on faculty workload;
4. clinical placement/utilization;
5. additional resources required by the enrollment increase; and
6. the program's plan to evaluate the effect of the enrollment increase on the program's success.

(c) Individuals enrolled in approved professional nursing education programs preparing students for licensure shall be provided verbal and written information regarding conditions that may disqualify graduates from licensure and of their rights to petition the Board for a Declaratory Order of Eligibility. Required eligibility information includes:

1. Texas Occupations Code §§301.252, 301.257, and 301.452 - 301.469; and
2. Sections 213.27 - 213.30 of this title (relating to Good Professional Character, Licensure of Individuals with Criminal History, Fitness to Practice, and Declaratory Order of Eligibility for Licensure).

(d) The program shall have well-defined, written nursing student policies based upon statutory and Board requirements, including nursing student admission, dismissal, progression, and graduation policies that shall be developed, implemented, and enforced.

1. Student policies shall be in accordance with the requirements of all applicable federal and state agencies.
2. Nursing student policies which differ from those of the governing entity shall be in writing and shall be made available to faculty and students.

(e) Reasons for dismissal from the program shall be clearly stated in written nursing student policies and shall include any demonstration of the following, including, but not limited to:

1. evidence of actual or potential harm to patients, clients, or the public;
2. criminal behavior whether violent or non-violent, directed against persons, property or public order and decency;
3. intemperate use, abuse of drugs or alcohol, or diagnosis of or treatment for a substance use disorder, mental illness, or diminished mental capacity; and
4. the lack of good professional character as evidenced by a single incident or an integrated pattern of personal, academic, and/or occupational behaviors which indicates that an individual is unable to consistently conform his or her conduct to the requirements of the Nursing Practice Act, the Board's
rules and regulations, and generally accepted standards of nursing practice including, but not limited to: behaviors indicating honesty, accountability, trustworthiness, reliability, and integrity.

(f) Policies shall facilitate mobility/articulation, be consistent with acceptable educational standards, and be available to students and faculty.

(g) Student policies shall be furnished manually or electronically to all students at the beginning of the students' enrollment in the professional nursing education program.
   (1) The program shall maintain a signed receipt of student policies in all students' records.
   (2) The program shall maintain evidence of student receipt of the Board's license eligibility information as specifically outlined in subsection (c) of this section.
   (3) It is the responsibility of the program and the nursing faculty to define and enforce nursing student policies.

(h) Acceptance of transfer students and evaluation of allowable credit for advanced placement remains at the discretion of the dean or director of the program and the governing entity. Upon completing the program's requirements, the transferred student is considered to be a graduate of the program.

(i) Students shall have mechanisms for input into the development of academic policies and procedures, curriculum planning, and evaluation of teaching effectiveness.

(j) Students shall have the opportunity to evaluate faculty, courses, and learning resources and these evaluations shall be documented.

Source Note: The provisions of this §215.8 adopted to be effective January 9, 2005, 29 TexReg 12190; amended to be effective October 19, 2008, 33 TexReg 8509; amended to be effective December 27, 2010, 35 TexReg 11668; amended to be effective October 23, 2012, 37 TexReg 8304; amended to be effective April 19, 2016, 41 TexReg 2753

§217.11. Standards of Nursing Practice.

The Texas Board of Nursing is responsible for regulating the practice of nursing within the State of Texas for Vocational Nurses, Registered Nurses, and Registered Nurses with advanced practice authorization. The standards of practice establish a minimum acceptable level of nursing practice in any setting for each level of nursing licensure or advanced practice authorization. Failure to meet these standards may result in action against the nurse's license even if no actual patient injury resulted.

(1) Standards Applicable to All Nurses. All vocational nurses, registered nurses and registered nurses with advanced practice authorization shall:
   (A) Know and conform to the Texas Nursing Practice Act and the board's rules and regulations as well as all federal, state, or local laws, rules or regulations affecting the nurse's current area of nursing practice;
(B) Implement measures to promote a safe environment for clients and others;
(C) Know the rationale for and the effects of medications and treatments and shall correctly administer the same;
(D) Accurately and completely report and document:
   (i) the client's status including signs and symptoms;
   (ii) nursing care rendered;
   (iii) physician, dentist or podiatrist orders;
   (iv) administration of medications and treatments;
   (v) client response(s); and
   (vi) contacts with other health care team members concerning significant events regarding client's status;
(E) Respect the client's right to privacy by protecting confidential information unless required or allowed by law to disclose the information;
(F) Promote and participate in education and counseling to a client(s) and, where applicable, the family/significant other(s) based on health needs;
(G) Obtain instruction and supervision as necessary when implementing nursing procedures or practices;
(H) Make a reasonable effort to obtain orientation/training for competency when encountering new equipment and technology or unfamiliar care situations;
   (I) Notify the appropriate supervisor when leaving a nursing assignment;
   (J) Know, recognize, and maintain professional boundaries of the nurse-client relationship;
   (K) Comply with mandatory reporting requirements of Texas Occupations Code Chapter 301 (Nursing Practice Act), Subchapter I, which include reporting a nurse:
      (i) who violates the Nursing Practice Act or a board rule and contributed to the death or serious injury of a patient;
      (ii) whose conduct causes a person to suspect that the nurse's practice is impaired by chemical dependency or drug or alcohol abuse;
      (iii) whose actions constitute abuse, exploitation, fraud, or a violation of professional boundaries; or
      (iv) whose actions indicate that the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that the nurse's continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.
   (v) except for minor incidents (Texas Occupations Code §§301.401(2), 301.419, 22 TAC §217.16), peer review (Texas Occupations Code §§301.403, 303.007, 22 TAC §217.19), or peer assistance if no practice violation (Texas Occupations Code §301.410) as stated in the Nursing Practice Act and Board rules (22 TAC Chapter 217).
   (L) Provide, without discrimination, nursing services regardless of the age, disability, economic status, gender, national origin, race, religion, health problems, or sexual orientation of the client served;
   (M) Institute appropriate nursing interventions that might be required to stabilize a client's condition and/or prevent complications;
(N) Clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non-efficacious or contraindicated by consulting with the appropriate licensed practitioner and notifying the ordering practitioner when the nurse makes the decision not to administer the medication or treatment;

(O) Implement measures to prevent exposure to infectious pathogens and communicable conditions;

(P) Collaborate with the client, members of the health care team and, when appropriate, the client's significant other(s) in the interest of the client's health care;

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

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

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

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

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

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

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

(A) Shall utilize a systematic approach to provide individualized, goal-directed nursing care by:
   (i) collecting data and performing focused nursing assessments;
   (ii) participating in the planning of nursing care needs for clients;
   (iii) participating in the development and modification of the comprehensive nursing care plan for assigned clients;
   (iv) implementing appropriate aspects of care within the LVN's scope of practice; and
   (v) assisting in the evaluation of the client's responses to nursing interventions and the identification of client needs;

(B) Shall assign specific tasks, activities and functions to unlicensed personnel commensurate with the educational preparation, experience, knowledge, and physical and emotional ability of the person to whom the assignments are made and shall maintain appropriate supervision of unlicensed personnel.
(C) May perform other acts that require education and training as prescribed by board rules and policies, commensurate with the licensed vocational nurse's experience, continuing education, and demonstrated licensed vocational nurse competencies.

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

(A) Utilize a systematic approach to provide individualized, goal-directed, nursing care by:
   (i) performing comprehensive nursing assessments regarding the health status of the client;
   (ii) making nursing diagnoses that serve as the basis for the strategy of care;
   (iii) developing a plan of care based on the assessment and nursing diagnosis;
   (iv) implementing nursing care; and
   (v) evaluating the client's responses to nursing interventions;

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

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

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

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

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


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

(1) Unsafe Practice--actions or conduct including, but not limited to:
   (A) Carelessly failing, repeatedly failing, or exhibiting an inability to perform vocational, registered, or advanced practice nursing in conformity with the standards of minimum acceptable level of nursing practice set out in Rule 217.11.
(B) Carelessly or repeatedly failing to conform to generally accepted nursing standards in applicable practice settings;

(C) Improper management of client records;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(F) Threatening or violent behavior in the workplace;

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

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

(I) Failing to answer specific questions or providing false or misleading answers that would have affected the decision to license, employ, certify or otherwise utilize a nurse; or
(J) Offering, giving, soliciting, or receiving or agreeing to receive, directly or indirectly, any fee or other consideration to or from a third party for the referral of a client in connection with the performance of professional services.

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

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

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

(10) Other Drug Related--actions or conduct that include, but are not limited to:

(A) Use of any controlled substance or any drug, prescribed or unprescribed, or device or alcoholic beverages while on duty or on call and to the extent that such use may impair the nurse's ability to safely conduct to the public the practice authorized by the nurse's license;

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

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

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

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

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

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

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

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

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

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

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

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

(a) Each applicant for a registered nurse license or a vocational nurse license must submit to the board a sworn application that demonstrates the applicant’s qualifications under this chapter, accompanied by evidence that the applicant:

1. has good professional character; and
2. has successfully completed an approved program of professional or vocational nursing education.

(b) The board may waive the requirement of Subsection (a)(2) for a vocational nurse applicant if the applicant provides satisfactory sworn evidence that the applicant has completed an acceptable level of education in:

1. a professional nursing school approved by the board; or
2. a school of professional nurse education located in another state or a foreign country.

(c) The board by rule shall determine acceptable levels of education under Subsection (b).


§Sec. 301.257. Declaratory Order of License Eligibility.

(a) A person may petition the board for a declaratory order as to the person’s eligibility for a license under this chapter if the person has reason to believe that the person is ineligible for the license and:

1. is enrolled or planning to enroll in an educational program that prepares a person for an initial license as a registered nurse or vocational nurse; or
2. is an applicant for a license.

(b) The petition must state the basis for the person’s potential ineligibility.

(c) The Board has the same powers to investigate the petition and the person’s eligibility that it has to investigate a person applying for a license.

(d) The petitioner or the Board may amend the petition to include additional grounds for potential ineligibility at any time before a final determination is made.

(e) If the Board determines that a ground for ineligibility does not exist, instead of issuing an order, the Board shall notify the petitioner in writing of the Board’s determination on each ground of potential ineligibility. If the Board proposes to find that the petitioner is ineligible for a license, the petitioner is entitled to a hearing before the State Office of Administrative Hearings.

(f) The Board’s order must set out each basis for potential ineligibility and the Board’s determination as to eligibility. In the absence of new evidence known to but not disclosed by the petitioner or not reasonably available to the Board at the time the order is issued, the Board’s ruling on the petition determines the person’s eligibility with respect to the grounds for potential ineligibility set out in the written notice or order.

(g) The Board may require an individual accepted for enrollment or enrolled in an educational program preparing a student for initial licensure as a registered nurse or vocational nurse to submit information to
the Board to permit the Board to determine whether the person is aware of the conditions that may disqualify the person from licensure as a registered nurse or vocational nurse on graduation and of the person's right to petition the Board for a declaratory order under this section. Instead of requiring the person to submit the information, the Board may require the educational program to collect and submit the information on each person accepted for enrollment or enrolled in the program.

(h) The information required under Subsection (g) must be submitted in a form approved by the Board.

(i) If, as a result of information provided under Subsection (g), the Board determines that a person may not be eligible for a license on graduation, the Board shall notify the educational program of its determination.

(j) The board may file a petition under this section based on the results of a criminal history record information check conducted under Section 301.2511. The board by rule shall adopt requirements for the petition and determination under this subsection. The rules must:
   (1) identify the criminal offenses that constitute grounds for the board to file the petition; &
   (2) describe the documents required by the board to make a determination of license eligibility.

(k) The board shall make a determination of license eligibility under Subsection (j) not later than the 120th day after the date the person submits the required documents to the board under that subsection.

[Amended by Acts 2009 (H.B. 3961), 80th Leg., eff. June 1, 2009. Subsections (j) and (k) added by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

301.452-301.469
§ 301.452. Grounds for disciplinary action.

(a) In this section, “intemperate use” includes practicing nursing or being on duty or on call while under the influence of alcohol or drugs.

(b) A person is subject to denial of a license or to disciplinary action under this subchapter for:
   (1) a violation of this chapter, a rule or regulation not inconsistent with this chapter, or an order issued under this chapter;
   (2) fraud or deceit in procuring or attempting to procure a license to practice professional nursing or vocational nursing;
   (3) a conviction for, or placement on deferred adjudication community supervision or deferred disposition for, a felony or for a misdemeanor involving moral turpitude;
   (4) conduct that results in the revocation of probation imposed because of conviction for a felony or for a misdemeanor involving moral turpitude;
   (5) use of a nursing license, diploma, or permit, or the transcript of such a document, that has been fraudulently purchased, issued, counterfeited, or materially altered;
   (6) impersonating or acting as a proxy for another person in the licensing examination required under Section 301.253 or 301.255;
   (7) directly or indirectly aiding or abetting an unlicensed person in connection with the unauthorized practice of nursing;
   (8) revocation, suspension, or denial of, or any other action relating to, the person's license or privilege to practice nursing in another jurisdiction or under federal law;
   (9) intemperate use of alcohol or drugs that the Board determines endangers or could endanger a patient;
   (10) unprofessional or dishonorable conduct that, in the board's opinion, is likely to deceive,
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defraud, or injure a patient or the public;
(11) adjudication of mental incompetency;
(12) lack of fitness to practice because of a mental or physical health condition that could result in injury to a patient or the public; or
(13) failure to care adequately for a patient or to conform to the minimum standards of acceptable nursing practice in a manner that, in the Board's opinion, exposes a patient or other person unnecessarily to risk of harm.

(c) The Board may refuse to admit a person to a licensing examination for a ground described under Subsection (b).

(d) The Board by rule shall establish guidelines to ensure that any arrest information, in particular information on arrests in which criminal action was not proven or charges were not filed or adjudicated, that is received by the board under this section is used consistently, fairly, and only to the extent the underlying conduct relates to the practice of nursing.

[Amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

§ 301.453. Disciplinary authority of board; methods of discipline.

(a) If the Board determines that a person has committed an act listed in Section 301.452(b), the Board shall enter an order imposing one or more of the following:
   (1) denial of the person's application for a license, license renewal, or temporary permit;
   (2) issuance of a written warning;
   (3) administration of a public reprimand;
   (4) limitation or restriction of the person's license, including:
      (A) limiting to or excluding from the person's practice one or more specified activities of nursing; or
      (B) stipulating periodic board review;
   (5) suspension of the person's license;
   (6) revocation of the person's license; or
   (7) assessment of a fine.

(b) In addition to or instead of an action under Subsection (a), the Board, by order, may require the person to:
   (1) submit to care, counseling, or treatment by a health provider designated by the Board as a condition for the issuance or renewal of a license;
   (2) participate in a program of education or counseling prescribed by the Board, including a program of remedial education;
   (3) practice for a specified period under the direction of a registered nurse or vocational nurse designated by the Board;
   (4) perform public service the Board considers appropriate; or
   (5) abstain from the consumption of alcohol or the use of drugs and submit to random periodic screening for alcohol or drug use.

(c) The Board may probate any penalty imposed on a nurse and may accept the voluntary surrender of a license. The Board may not reinstate a surrendered license unless it determines that the person is competent to resume practice.
(d) If the Board suspends, revokes, or accepts surrender of a license, the Board may impose conditions for reinstatement that the person must satisfy before the Board may issue an unrestricted license.


§ 301.4535. Required suspension, revocation, or refusal of license for certain offenses.

(a) The board shall suspend a nurse’s license or refuse to issue a license to an applicant on proof that the nurse or applicant has been initially convicted of:
   (1) murder under Section 19.02, Penal Code, capital murder under Section 19.03, Penal Code, or manslaughter under Section 19.04, Penal Code;
   (2) kidnapping or unlawful restraint under Chapter 20, Penal Code, and the offense was punished as a felony or state jail felony;
   (3) sexual assault under Section 22.011, Penal Code;
   (4) aggravated sexual assault under Section 22.021, Penal Code;
   (5) continuous sexual abuse of young child or children under Section 21.02, Penal Code, or indecency with a child under Section 21.11, Penal Code;
   (6) aggravated assault under Section 22.02, Penal Code;
   (7) intentionally, knowingly, or recklessly injuring a child, elderly individual, or disabled individual under Section 22.04, Penal Code;
   (8) intentionally, knowingly, or recklessly abandoning or endangering a child under Section 22.041, Penal Code;
   (9) aiding suicide under Section 22.08, Penal Code, and the offense was punished as a state jail felony;
   (10) an offense involving a violation of certain court orders or conditions of bond under Section 25.07, 25.071, or 25.072, Penal Code, punished as a felony;
   (11) an agreement to abduct a child from custody under Section 25.031, Penal Code;
   (12) the sale or purchase of a child under Section 25.08, Penal Code;
   (13) robbery under Section 29.02, Penal Code;
   (14) aggravated robbery under Section 29.03, Penal Code;
   (15) an offense for which a defendant is required to register as a sex offender under Chapter 62, Code of Criminal Procedure; or
   (16) an offense under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements that are substantially similar to the elements of an offense listed in this subsection.

(a-1) An applicant or nurse who is refused an initial license or renewal of a license or whose license is suspended under Subsection (a) is not eligible for a probationary, stipulated, or otherwise encumbered license unless the board establishes by rule criteria that would permit the issuance or renewal of the license.

(b) On final conviction or a plea of guilty or nolo contendere for an offense listed in Subsection (a), the board, as appropriate, may not issue a license to an applicant, shall refuse to renew a license, or shall revoke a license.

(c) A person is not eligible for an initial license or for reinstatement or endorsement of a license to practice nursing in this state before the fifth anniversary of the date the person successfully completed and was dismissed from community supervision or parole for an offense.
described by Subsection (a).

[NOTE: Section 301.4535, Occupations Code, applies only to a person who is initially convicted of an offense or placed on deferred adjudication after a plea of guilty or nolo contendere for an offense on or after September 1, 2005. A person initially convicted of an offense or placed on deferred adjudication before that date is governed by the law in effect on the date the conviction or plea occurred, and the former law is continued in effect for that purpose.


§ 301.454. Notice and hearing.

(a) Except in the case of a temporary suspension authorized under Section 301.455 or 301.4551 or an action taken in accordance with an agreement between the board and a license holder, the board may not take any disciplinary action relating to a license unless:

(1) the board has served notice to the license holder of the facts or conduct alleged to warrant the intended action; and

(2) the license holder has been given an opportunity, in writing or through an informal meeting, to show compliance with all requirements of law for the retention of the license.

(b) If an informal meeting is held, a board member, staff member, or board representative who attends the meeting is considered to have participated in the hearing of the case for the purposes of ex parte communications under Section 2001.061, Government Code.

(c) A person is entitled to a hearing conducted by the State Office of Administrative Hearings if the Board proposes to:

(1) refuse to admit the person to examination;

(2) refuse to issue a license or temporary permit;

(3) refuse to renew a license; or

(4) suspend or revoke the person’s license or permit.

(d) The State Office of Administrative Hearings shall use the schedule of sanctions adopted by the Board for any sanction imposed as the result of a hearing conducted by that office.

(e) Notwithstanding Subsection (a), a person is not entitled to a hearing on a refusal to renew a license if the person:

(1) fails to submit a renewal application; or

(2) submits an application that:

(A) is incomplete;

(B) shows on its face that the person does not meet the renewal requirements; or

(C) is not accompanied by the correct fee.

[Subsection (a) amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

§ 301.455. Temporary license suspension or restriction.

(a) The license of a nurse shall be temporarily suspended or restricted on a determination by a majority of the Board or a three-member committee of board members designated by the Board that, from the evidence or information presented, the continued practice of the nurse would constitute a continuing and
imminent threat to the public welfare.

(b) A license may be temporarily suspended or restricted under this section without notice or hearing on the complaint if:
   (1) institution of proceedings for a hearing before the State Office of Administrative Hearings is initiated simultaneously with the temporary suspension or determination to restrict; and
   (2) a hearing is held as soon as possible under this chapter and Chapter 2001, Government Code.

(c) The State Office of Administrative Hearings shall hold a preliminary hearing not later than the 17th day after the date of the temporary suspension or restriction to determine whether probable cause exists that a continuing and imminent threat to the public welfare exists. The probable cause hearing shall be conducted as a de novo hearing.

(d) A final hearing on the matter shall be held not later than the 61st day after the date of the temporary suspension or restriction.

[Subsection (c) amended by Acts 2011 (S.B. 193), 82nd Leg., eff. Sept. 1, 2011.]

§ 301.456. Evidence.
A certified copy of the order of the denial, suspension, or revocation or other action under Section 301.452(b)(8) is conclusive evidence of that action.

[Amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

§ 301.457. Complaint and investigation.

(a) The Board or any person may initiate a proceeding under this subchapter by filing with the Board a complaint against a nurse. The complaint must be in writing and signed by the complainant.

(b) Except as otherwise provided by this section, the Board or a person authorized by the board shall conduct each investigation. Each complaint against a nurse that requires a determination of nursing competency shall be reviewed by a board member, consultant, or employee with a nursing background the Board considers sufficient.

(c) On the filing of a complaint, the board:
   (1) may conduct a preliminary investigation into the identity of the nurse named or described in the complaint;
   (2) shall make a timely and appropriate preliminary investigation of the complaint; and
   (3) may issue a warning or reprimand to the nurse.

(d) After any preliminary investigation to determine the identity of the subject of the complaint, unless it would jeopardize an investigation, the Board shall notify the nurse that a complaint has been filed and the nature of the complaint. If the investigation reveals probable cause to take further disciplinary action, the Board shall either attempt an informal disposition of the complaint or file a formal charge against the nurse stating the provision of this chapter or board rule that is alleged to have been violated and a brief description of each act or omission that constitutes the violation.

(e) The Board shall conduct an investigation of the complaint to determine:
§ 301.458. Initiation of formal charges; discovery.
(a) Unless there is an agreed disposition of the complaint under Section 301.463, if probable cause is found under Section 301.457(e)(2), the Board or the Board's authorized representative shall file formal charges against the nurse.

(b) A formal charge must:
   (1) be written;
   (2) be specific enough to enable a person of common understanding to know what is meant by the formal charge; and
   (3) contain a degree of certainty that gives the person who is the subject of the formal charge notice of each particular act alleged to violate a specific statute, board rule, or board order.

(c) A copy of the formal charge shall be served on the nurse or the nurse's counsel of record.

(d) The Board shall adopt reasonable rules to promote discovery by each party to a contested case.

[Subsection (a) amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

§ 301.459. Formal hearing.
(a) The board by rule shall adopt procedures under Chapter 2001, Government Code, governing formal disposition of a contested case. The State Office of Administrative Hearings shall conduct a formal hearing.
(b) In any hearing under this section, a nurse is entitled to appear in person or by counsel.
§ 301.460. Access to information.

(a) Except for good cause shown for delay and subject to any other privilege or restriction set forth by statute, rule, or legal precedent, the board shall, not later than the 30th day after the date the board receives a written request from a license holder who is the subject of a formal charge filed under Section 301.458 or from the license holder's counsel of record, provide the license holder with access to:
   (1) all known exculpatory information in the board's possession; and
   (2) information in the board's possession that the board intends to offer into evidence in presenting its case in chief at the contested hearing on the complaint.
(b) The board is not required to provide:
   (1) board investigative reports or investigative memoranda;
   (2) the identity of nontestifying complainants;
   (3) attorney-client communications;
   (4) attorney work product; or
   (5) other materials covered by a privilege as recognized by the Texas Rules of Civil Procedure or the Texas Rules of Evidence.
(c) The provision of information under Subsection (a) does not constitute a waiver of privilege or confidentiality under this chapter or other applicable law.

§ 301.461. Assessment of costs. The board may assess a person who is found to have violated this chapter the administrative costs of conducting a hearing to determine the violation.

§ 301.462. Voluntary surrender of license. The board may revoke a nurse's license without formal charges, notice, or opportunity of hearing if the nurse voluntarily surrenders the nurse's license to the board and executes a sworn statement that the nurse does not desire to be licensed.

§ 301.463. Agreed disposition.

(a) Unless precluded by this chapter or other law, the board may dispose of a complaint by:
   (1) stipulation;
   (2) agreed settlement;
   (3) agreed order; or
   (4) dismissal.
(b) An agreed disposition of a complaint is considered to be a disciplinary order for purposes of reporting under this chapter and an administrative hearing and proceeding by a state or federal regulatory agency regarding the practice of nursing.
(c) An agreed order is a public record.
(d) In civil or criminal litigation an agreed disposition is a settlement agreement under Rule 408, Texas Rules of Evidence.

§ 301.464. Informal proceedings.

(a) The board by rule shall adopt procedures governing:
   (1) informal disposition of a contested case under Section 2001.056, Government Code; and
(2) an informal proceeding held in compliance with Section 2001.054, Government Code.

(b) Rules adopted under this section must:
   (1) provide the complainant and the license holder an opportunity to be heard; and
   (2) require the presence of a representative of the board's legal staff or of the attorney general to advise the board or the board's employees.

§ 301.465. Subpoenas; request for information.
   (a) The board may request issuance of a subpoena to be served in any manner authorized by law, including personal service by a board investigator and service by certified mail.
   (b) Each person shall respond promptly and fully to a request for information by the board or to a subpoena issued by the board. A request or subpoena may not be refused, denied, or resisted unless the request or subpoena calls for information within the attorney-client privilege. No other privilege applies to a board proceeding.
   (c) The board may pay a reasonable fee for photocopies subpoenaed at the board's request. The amount paid may not exceed the amount the board charges for copies of its records.
   (d) The board shall protect, to the extent possible, the identity of each patient named in information received by the board.

[Subsection (a) amended by Acts 2013 (S.B. 1058), 83rd Leg., eff. Sept. 1, 2013.]

§ 301.466. Confidentiality.
   (a) A complaint and investigation concerning a nurse under this subchapter, all information and material compiled by the board in connection with the complaint and investigation, and the information described by Subsection (d) are:
      (1) confidential and not subject to disclosure under Chapter 552, Government Code; and
      (2) not subject to disclosure, discovery, subpoena, or other means of legal compulsion for release to anyone other than the Board or a board employee or agent involved in license holder discipline.
   (b) Notwithstanding Subsection (a), information regarding a complaint and an investigation may be disclosed to:
      (1) a person involved with the Board in a disciplinary action against the nurse;
      (2) a nursing licensing or disciplinary board in another jurisdiction;
      (3) a peer assistance program approved by the Board under Chapter 467, Health and Safety Code;
      (4) a law enforcement agency; or
      (5) a person engaged in bona fide research, if all information identifying a specific individual has been deleted.
   (c) The filing of formal charges against a nurse by the Board, the nature of those charges, disciplinary proceedings of the board, and final disciplinary actions, including warnings and reprimands, by the Board are not confidential and are subject to disclosure in accordance with Chapter 552, Government Code.
   (d) Notwithstanding Subsection (c), if the board orders a nurse to participate in a peer assistance program approved by the board under Section 467.003, Health and Safety Code, the complaint, filing of formal charges, nature of those charges, final board order, and disciplinary proceedings are subject to disclosure:
      (1) only to the same extent as information regarding a complaint is subject to disclosure under Subsection (b); or
(2) in a subsequent matter relating to the board order or a subsequent violation of this chapter or a board rule.

§ 301.467. Reinstatement.

(a) On application, the board may reinstate a license to practice professional nursing or vocational nursing to a person whose license has been revoked, suspended, or surrendered.

(b) An application to reinstate a revoked license:

(1) may not be made before the first anniversary of the date of the revocation; and

(2) must be made in the manner and form the board requires.

(c) If the board denies an application for reinstatement, it may set a reasonable waiting period before the applicant may reapply for reinstatement.

§ 301.468. Probation.

(a) The Board may determine that an order denying a license application or suspending a license be probated. A person subject to a probation order shall conform to each condition the Board sets as the terms of probation, including a condition:

(1) limiting the practice of the person to, or excluding, one or more specified activities of professional nursing or vocational nursing;

(2) requiring the person to submit to supervision, care, counseling, or treatment by a practitioner designated by the Board; or

(3) requiring the person to submit to random drug or alcohol tests in the manner prescribed by the board.

(b) At the time the probation is granted, the Board shall establish the term of the probationary period.

(c) At any time while the person remains subject to the probation order, the Board may hold a hearing and rescind the probation and enforce the Board’s original action in denying or suspending the license. The hearing shall be called by the presiding officer of the Board, who shall issue a notice to be served on the person or the person’s counsel not later than the 20th day before the date scheduled for the hearing that:

(1) sets the time and place for the hearing; and

(2) contains the charges or complaints against the probationer.

(d) Notice under Subsection (c) is sufficient if sent by registered or certified mail to the affected person at the person’s most recent address as shown in the Board’s records.

(e) A hearing under this section is limited to a determination of whether the person violated the terms of the probation order under Subsection (a) and whether the board should:

(1) continue, rescind, or modify the terms of probation, including imposing an administrative penalty; or

(2) enter an order denying, suspending, or revoking the person’s license.

(f) If one of the conditions of probation is the prohibition of using alcohol or a drug or participation in a peer assistance program, violation of that condition is established by:

(1) a positive drug or alcohol test result;

(2) refusal to submit to a drug or alcohol test as required by the board; or

(3) a letter of noncompliance from the peer assistance program.

[Amended by Acts 2009 (H.B. 3961), 81st Leg., eff. June 19, 2009.]
§ 301.469. NOTICE OF FINAL ACTION. If the board takes a final disciplinary action, including a warning or reprimand, against a nurse under this subchapter, the board shall immediately send a copy of the board's final order to the nurse and to the last known employer of the nurse.

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**TBON QUESTIONS**

**SECTION C: Eligibility Questions**

**BON Questions**

1) [ ] No [ ] Yes Have you been practicing as a licensed vocational nurse within the past four (4) years?

2) [ ] No [ ] Yes Have you ever held a Texas Licensed Vocational Nurse License?

3) [ ] No [ ] Yes *For any criminal offense, including those pending appeal, have you:
   - A. been convicted of a misdemeanor?
   - B. been convicted of a felony?
   - C. pled nolo contendere, no contest, or guilty?
   - D. received deferred adjudication?
   - E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
   - F. been sentenced to serve jail or prison time? court-ordered confinement?
   - G. been granted pre-trial diversion?
   - H. been arrested or have any pending criminal charges?
   - I. been cited 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/penal punishment/action?

(You may only exclude Class C misdemeanor traffic violations.)

**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, will at a minimum, subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

**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 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.

1) [ ] No [ ] Yes Are you currently the target or subject of a grand jury or governmental agency investigation?

2) [ ] No [ ] Yes Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

3) [ ] No [ ] Yes *Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

4) [ ] No [ ] Yes *Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?

If “YES” indicate the condition: [ ] schizophrenia and/or psychotic disorders, [ ] bipolar disorder, [ ] paranoid personality disorder, [ ] antisocial personality disorder, [ ] borderline personality disorder *Pursuant to the Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of
AMERICAN NURSE’S ASSOCIATION CODE OF ETHICS

Ethics are principles of conduct, which govern individual behavior. The ethical standards for nurses have been established by the professional associations in nursing. 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.

Revised 2015. ANA.org
DifferenTiated ESsential CoMpetencies (Decs) oF Graduates oF Texas diploma and associate degree nursing education programs

Purpose:
The Decs 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 Decs 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

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

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Course Number</th>
<th>Level</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>A, B</td>
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<td>PR</td>
<td>Pharmacology</td>
</tr>
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<td>RNSG 1160</td>
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<td>RNSG 1441</td>
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<td>Common Concepts of Adult Health</td>
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<td>A, B, C, D</td>
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<td>Clinical</td>
</tr>
<tr>
<td>A, B, C, D</td>
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<td>Mental Health Nursing</td>
</tr>
<tr>
<td>A, B, C, D</td>
<td>RNSG 1343</td>
<td>3</td>
<td>Complex Concepts of Adult Health</td>
</tr>
<tr>
<td>A, B, C, D</td>
<td>RNSG 2261</td>
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<td>Care of Children and Families</td>
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<tr>
<td>A, B, C, D</td>
<td>RNSG 2331</td>
<td>4</td>
<td>Advanced Concepts of Adult Health</td>
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<td>A, B, C, D</td>
<td>RNSG 2262</td>
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<td>Clinical</td>
</tr>
</tbody>
</table>

I - Member of Profession   III - Patient Safety Advocate
II – Provider of Patient-Centered Care IV - Member of the Health Care Team
PR - Pre-requisite
### Associate Degree Nursing Curriculum (LVN Transition tract) Decs Matrix

#### Required RNSG Courses and Identified Competencies

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Course Number</th>
<th>Level</th>
<th>Course Title</th>
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<tbody>
<tr>
<td>I</td>
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<td>IV</td>
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<td>A,B</td>
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<td>A-D</td>
<td>A-H</td>
<td>A-E</td>
<td>A-G</td>
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</table>

I - Member of the Profession II - Provider of Patient-Centered Care III - Patient Safety Advocate IV - Member of the Health Care Team

### Associate Degree Nursing Curriculum (Paramedic Transition tract) Decs Matrix

#### Required RNSG Courses and Identified Competencies

<table>
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<th>Competencies</th>
<th>Course Number</th>
<th>Level</th>
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<tr>
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<td>IV</td>
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<td>A,C,E</td>
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<td>A-D</td>
<td>A-H</td>
<td>A-E</td>
<td>A-G</td>
</tr>
</tbody>
</table>

I - Member of the Profession II - Provider of Patient-Centered Care III - Patient Safety Advocate IV - Member of the Health Care Team
### Associate Degree Nursing Curriculum (LVN Exit tract) Decs Matrix

**Required RNSG Courses and Identified Competencies**

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Course Number</th>
<th>Level</th>
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<td>A, E</td>
<td>VNSG 1222</td>
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<td>Vocational concepts</td>
</tr>
</tbody>
</table>

I. Member of Profession:

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

**Knowledge:**

1. a. Texas Nursing Practice Act.
   b. Texas Board of Nursing Rules, Position Statements, and Guidelines.
   c. Federal, state, or local rules, and regulations affecting nursing practices.
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.
   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 organization.

Clinical Judgments and Behaviors:
1. Pass the Nursing Jurisprudence Examination before licensure.
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.
   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 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).

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

II. Provider of Patient-Centered Care:

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

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 care of patients and families.
2. a. Priority setting based on patient health status and individual characteristics.
3. Applicant 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 Judgment 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 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 approach, 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.

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 healthcare problems and issues, including evidence-based complementary health care practices.

12. Political, economic, and societal forces affecting the health 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 assessment to identify health needs and monitor changes in health status of patient 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 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 communicates 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 patient’s 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.

10. N/A

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 patient, their families, and the interdisciplinary health care team.

Knowledge:


   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.


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.
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- 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 and staffing 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 patient 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 patient 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 their 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.
   b. Approaches to comprehensive health care, including health promotion and preventive practices for patients and 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 pharmacotherapeutics and psychopharmacotherapeutic
agents using evidence based outcomes which impact patients’ responses.
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 patient and their families.
13. Clinical reasoning for patients and their families with complex health care needs framework of knowledge derived from the diploma or associate degree nursing program of study.

**Clinical Judgments and Behaviors:**
1. Implement individualized plan 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 for 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 crisis.
6. a. Collaborate with other health care providers with 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.
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 including physiology, pathophysiology, and pharmacology.
3. Introduction to performance improvement concepts in patient care delivery.

Clinical Judgments and Behaviors:
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.
4. Modify plan of care based on overt or subtle shifts in patient status and outcomes.
   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 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.

F. 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 patient 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 their support systems.

4. Evaluate learning outcomes of the 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.

G. Coordinate human, information, and material 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:
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 interdisciplinary health care team to select human and material 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.

III. Patient Safety Advocate:

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 Texas Nursing Practice Act and Texas Board of Nursing rules.
3. Seek assistance if practice requires behaviors or judgments 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.
3. Role in safety and risk management for patients and others.
4. Principles of culture of safety including safe disposal of medication and hazardous materials.
5. Texas Board of Nursing rules related to mandatory reporting, Safe Harbor, and “Whistleblower” protection.

Critical Judgments and Behaviors:
1. Promote a safe, effective environment conducive to the optimal health and dignity of the patients and their families.
2. Accurately identify patients.
3. a. Safely performs preventive and therapeutic procedures and nursing measures including safe patient handling.
   b. Safely administer medications and treatments.
   c. Reduce patient risk related to medication administration and treatment based on evidenced-based data.
4. Clarify and 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 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 risks 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:**
2. Current national and state standards and guidelines and local procedures for infection control.

**Clinical Judgment 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 pathogens, 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 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 competency 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.

Clinical Judgments and Behaviors:
1. Report unsafe practices of healthcare 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.

Clinical Judgments and Behaviors:
1. Accept only those assignments that fall within individual scope of practice based on experience and educational preparation.
*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.

IV. Member of the Health Care Team

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 communications 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 healthcare.
   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 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 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 patient and 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:
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 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.
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 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 interdisciplinary team concerning issues and trends in health care delivery affecting public/government/private health care services, programs, and cost to patients and 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, communications, motivation, time management, delegation, and principles of change.
3. a. Functions of 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:
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 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 records.
   b. Current technology-based information and communication systems.
2. Regulatory and ethical considerations protecting confidentiality when using technology.
3. Technology skills including work-processing, e-mail, accessing databases, bibliographic retrieval and accessing multiple online resources.

Critical 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.
3. Time management.
   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.
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.

Clinical Judgments and Behaviors:
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 health care team.
3. a. Oversee the following through on patient care provided by health team members or seek additional direction and clarification to promote safe care by health care team.
   b. Base assignments and delegation on team member competencies.
4. a. Ensure timely documentation by assigned health team members.
   b. Ensure documentation of patient follow-up.

WORK FORCE COMPETENCY

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 team, 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 an troubleshooting technologies.

**THE FOUNDATION** – competence requires:
- **Basic Skills** – reading, writing, arithmetic, and mathematics, speaking, and learning.
- **Thinking Skills** – thinking creatively, making decision, solving problems, 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.

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

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Course Number</th>
<th>Level</th>
<th>Course Title</th>
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<tr>
<td>1 X X X X X</td>
<td>RNSG 1301</td>
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<td>Pharmacology</td>
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<tr>
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<td>Nursing Foundations</td>
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<td>Common Concepts of Adult Health</td>
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<td>Nursing Care of CB/CR Family</td>
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<td>Transition from Vocational to Prof.</td>
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<td>RNSG 1343</td>
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1-Reading  3 – Arithmetic or Mathematics  5 – Think Skills  7 – Workplace Competencies  
2-Writing  4 – Speaking and Listening  6 – Personal Qualities  8 – Use of Technology
Bloom’s Taxonomy of Measurable Verbs will be used in addition to the DECs and SCANS for development of evaluation tools of students in the Hill College ADN Program.

**Bloom’s Taxonomy of Measurable Verbs**

<table>
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<th>Verbs that demonstrate Critical Thinking</th>
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The most current taxonomy table will be used each semester.
GENERAL NURSING INFORMATION
Associate Degree Nursing Curriculum (Traditional Tract)
(Effective Fall 2014)

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COURSE SEQUENCE
Pre-requisite courses are part of the acceptance criteria and are required prior to admission in the ADN (RN) program.

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

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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.

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+ BIOL 2420 Microbiology must be taken if student intends to continue on in ADN program.
COURSE SEQUENCE

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*Weekly clinical hours may vary depending upon scheduling and clinical sites.
Associate Degree Nursing Transition (LVN Entry Tract)
(Effective Fall 2014)

Pre-Prerequisite 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.

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<tr>
<td>TOTAL</td>
<td>7</td>
<td>3</td>
<td>12</td>
<td>352</td>
<td>10</td>
</tr>
<tr>
<td>TOTAL PROGRAM HOURS</td>
<td>32</td>
<td>20</td>
<td>24</td>
<td>1216</td>
<td>41</td>
</tr>
</tbody>
</table>

COURSE SEQUENCE
Pre-requisite courses are part of the acceptance criteria and are required prior to admission in the ADN (RN) Transition program.

Nursing courses for students enrolled in the LVN to ADN Transition Program will be offered according to the following sequence:
<table>
<thead>
<tr>
<th>Course:</th>
<th>Semester:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNSG 1327 Transition from Vocational to Professional Nursing</td>
<td>Summer</td>
</tr>
<tr>
<td>RNSG 2213 Mental Health Nursing</td>
<td>Fall</td>
</tr>
<tr>
<td>RNSG 2261 Clinical-Nursing (Complex Concepts of Adult Health/Mental Health)</td>
<td>Fall</td>
</tr>
<tr>
<td>RNSG 1343 Complex Concepts of Adult Health II</td>
<td>Fall</td>
</tr>
<tr>
<td>RNSG 2331 Advanced Concepts of Adult Health</td>
<td>Spring</td>
</tr>
<tr>
<td>RNSG 2262 Clinical-Nursing (Advanced Concepts of Adult Health/Practicum)</td>
<td>Spring</td>
</tr>
<tr>
<td>RNSG 2201 Care of Children/Family</td>
<td>Spring</td>
</tr>
</tbody>
</table>

*Weekly clinical hours may vary depending upon scheduling and clinical sites.*
## Associate Degree Nursing Transition (Paramedic Entry Tract)

(Effective Fall 2014)

Pre-Requisite courses are part of the acceptance criteria and are required prior to admission in the Associate Degree Nursing Transition Program. Nursing courses for students enrolled in the Associate Degree Nursing Transition 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.

<table>
<thead>
<tr>
<th>Course</th>
<th>Lec</th>
<th>Lab</th>
<th>Clinical</th>
<th>Contact Hours</th>
<th>SCH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-requisites:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 2401 Anatomy &amp; Physiology I</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>96</td>
<td>4</td>
</tr>
<tr>
<td>BIOL 2402 Anatomy &amp; Physiology II</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>96</td>
<td>4</td>
</tr>
<tr>
<td>MATH 1314 College Algebra</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>96</td>
<td>3</td>
</tr>
<tr>
<td>ENGL 1301 English Comp I</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>48</td>
<td>3</td>
</tr>
<tr>
<td>PSYC 2314 Human Growth &amp; Dev.</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>48</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL PRE-REQUISITE HOURS</strong></td>
<td>24</td>
<td>16</td>
<td>0</td>
<td>640</td>
<td>28/27</td>
</tr>
<tr>
<td><strong>LEVEL IIA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RNSG 1417 Concepts of Nursing Practice I for</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>160</td>
<td>4</td>
</tr>
<tr>
<td>Articulating Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>64</td>
<td>3</td>
</tr>
<tr>
<td><strong>LEVEL IIB</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RNSG 1260 Clinical</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>128</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>3</td>
<td>2</td>
<td>13</td>
<td>288</td>
<td>6</td>
</tr>
<tr>
<td><strong>Level III</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 2420 Microbiology</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>96</td>
<td>4</td>
</tr>
<tr>
<td>RNSG 2213 Mental Health Nursing</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>80</td>
<td>2</td>
</tr>
<tr>
<td>RNSG 1343 Complex Concepts of Adult Health</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>96</td>
<td>3</td>
</tr>
<tr>
<td>RNSG 2261 Clinical</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>192</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>7</td>
<td>10</td>
<td>12</td>
<td>464</td>
<td>11</td>
</tr>
<tr>
<td><strong>Level IV</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humanities/Fine Arts Elective</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>48</td>
<td>3</td>
</tr>
<tr>
<td>RNSG 2331 Advanced Concepts of Adult Health</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>80</td>
<td>3</td>
</tr>
<tr>
<td>RNSG 2201 Care of Children and Families</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>32</td>
<td>2</td>
</tr>
<tr>
<td>RNSG 2262 Clinical</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>192</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>7</td>
<td>3</td>
<td>12</td>
<td>352</td>
<td>10</td>
</tr>
<tr>
<td><strong>TOTAL PROGRAM HOURS</strong></td>
<td>32</td>
<td>21</td>
<td>37</td>
<td>1440</td>
<td>44</td>
</tr>
</tbody>
</table>
COURSE SEQUENCE

Pre-Requisite courses are part of the acceptance criteria and are required prior to admission in the ADN (RN) Transition program.

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

<table>
<thead>
<tr>
<th>Course:</th>
<th>Semester:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNSG 1417 Concepts of Nursing Practice I for Articulating Students</td>
<td>Summer I</td>
</tr>
<tr>
<td>RNSG 1260 Clinical for Articulating Students</td>
<td>Summer II</td>
</tr>
<tr>
<td>RNSG 2213 Mental Health Nursing</td>
<td>Fall</td>
</tr>
<tr>
<td>RNSG 2261 Clinical-Nursing (Complex Concepts of Adult Health/Mental Health)</td>
<td>Fall</td>
</tr>
<tr>
<td>RNSG 1343 Complex Concepts of Adult Health</td>
<td>Fall</td>
</tr>
<tr>
<td>RNSG 2331 Advanced Concepts of Adult Health</td>
<td>Spring</td>
</tr>
<tr>
<td>RNSG 2262 Clinical-Nursing (Advanced Concepts of Adult Health/Practicum)</td>
<td>Spring</td>
</tr>
<tr>
<td>RNSG 2201 Care of Children/Family</td>
<td>Spring</td>
</tr>
</tbody>
</table>

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

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.

Course 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.

To be successful in any RNSG Theory course, the final overall course average must be ≥ 75% AND the final comprehensive exam must be ≥ 75%. Failure to achieve ≥ 75% 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.

ATI Exam: 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 included 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 Content Mastery Exams

**Requirements and Grading Grid for 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.

| Practice Assessment | Worth 4 Points | Completes Practice Assessment A
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.
Templates must be submitted to the instructor by the announced deadline unless prior arrangements have been made.

<table>
<thead>
<tr>
<th>Remediation (Active Learning)</th>
<th>Score = 4 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 3</td>
<td>Level 2</td>
</tr>
<tr>
<td>Score = 3 points</td>
<td>Score = 2 points</td>
</tr>
<tr>
<td>Remediation (Active Learning)</td>
<td>Remediation (Active Learning)</td>
</tr>
<tr>
<td>- One hour minimum focused review</td>
<td></td>
</tr>
<tr>
<td>- For each topic missed, complete an active learning</td>
<td></td>
</tr>
<tr>
<td>Remediation (Active Learning)</td>
<td>Remediation (Active Learning)</td>
</tr>
<tr>
<td>- Two hour minimum focused review</td>
<td></td>
</tr>
<tr>
<td>- For each topic missed, complete</td>
<td></td>
</tr>
<tr>
<td>Remediation (Active Learning)</td>
<td>Remediation (Active Learning)</td>
</tr>
<tr>
<td>- Three hour minimum focused review</td>
<td></td>
</tr>
<tr>
<td>- For each topic missed, complete an active learning template</td>
<td></td>
</tr>
<tr>
<td>Remediation (Active Learning)</td>
<td>Remediation (Active Learning)</td>
</tr>
<tr>
<td>- Four hour minimum focused review</td>
<td></td>
</tr>
<tr>
<td>- For each topic missed, complete an active learning template</td>
<td></td>
</tr>
</tbody>
</table>

**Content Mastery Exam**

<table>
<thead>
<tr>
<th>Level 3</th>
<th>Level 2</th>
<th>Level 1</th>
<th>Below Level 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score = 4 points</td>
<td>Score = 3 points</td>
<td>Score = 2 points</td>
<td>Score = 1 points</td>
</tr>
</tbody>
</table>

Remediation (Active Learning)
- One hour minimum focused review
- For each topic missed, complete an active learning

Remediation (Active Learning)
- Two hour minimum focused review
- For each topic missed, complete

Remediation (Active Learning)
- Three hour minimum focused review
- For each topic missed, complete an active learning template

Remediation (Active Learning)
- Four hour minimum focused review
- For each topic missed, complete an active learning template

The student for each course will keep all assessments and remediation in a notebook. Notebooks are to be brought to each examination.
### ATI Content Mastery Proficiency Level Scores

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

**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.

Comprehensive Exit Exam: Successful completion of the exit exam, currently an ATI Exit Exam score **Level II**, 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.**

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 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% of the RNSG2331 course points, passes the Final with a score equal to or greater than 75% 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.)
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.

**Grade Determination:**

A grade of "C" 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 final exam must be \( \geq 75\% \) and the final course average must be \( \geq 75\% \). 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.*

**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.

**BULLETIN BOARDS/LEARNING MANAGEMENT SYSTEM**
Clinical focus sheets, schedules, forms, power point assignments, reading assignments, and other information will be posted on the bulletin board and/or Learning Management System. THE STUDENT IS RESPONSIBLE FOR ANY INFORMATION POSTED ON THE BULLETIN BOARD/LEARNING MANAGEMENT SYSTEM. Students are encouraged to check the board frequently for pertinent information.

**SKILLS LAB**
The skills labs are located in the Health Sciences building on the Johnson County and Hill County campus. The skills lab is open Monday through Friday. A time slot to use the skills lab, other than during scheduled class time, can be obtained by making an appointment with the Skills Lab Coordinator. 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 for details.

**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”.

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. A current program subscription for Electronic Medical Records (EMR) is required for all courses that are clinical based.

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.

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.

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.

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, via the Hill College email system. Work submitted in any other format, or by any other email system, 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). 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.
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.

RE-ADMISSION

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 form 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
current CPR

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

- successfully pass reentry math exam with a score ≥ 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.

See Appendix: Application for Re-admission form

PROGRESSION REQUIREMENTS

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" or better in all RNSG nursing 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.

Removed # 6
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?

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:

www.bon.texas.gov/olv/pdfs/DOapp.pdf

MANDATORY REPORTING OF NURSING STUDENTS

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

Sec nursing educational program" and "nursing student" have the, 301.404. Duty of Nursing Educational Program to Report.
(a) In this section, " meanings assigned by Section 301.402(a). (b) 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.
[Amended by Acts 2003 (H.B. 1483), 78th Leg., eff. Sept. 1, 2003]
PROGRAM RULES
General Remarks

HILL COLLEGE ADN Rules

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.

ACADEMIC MISCONDUCT

Academic Integrity

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

Academic Honesty

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.
<table>
<thead>
<tr>
<th>Academic Misconduct shall include, but not be limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Copying from another student’s test or class work.</td>
</tr>
<tr>
<td>2. Collusion: defined as the unauthorized collaboration with another person in preparing written (&amp; electronic) work for fulfillment of course requirements.</td>
</tr>
<tr>
<td>3. Collaborating with or seeking aid from another student during a test without permission from the test administrator.</td>
</tr>
<tr>
<td>4. Knowingly using, buying, selling, stealing, or soliciting, in whole or in part, the contents of an unadministered test, paper, or another assignment.</td>
</tr>
<tr>
<td>5. The unauthorized transporting or removal, in whole or in part, of the contents of the unadministered test.</td>
</tr>
<tr>
<td>6. Substituting for another student, or permitting another student to substitute for one’s self, to take a test.</td>
</tr>
<tr>
<td>7. Bribing another person to obtain an unadministered test or information about an unadministered test.</td>
</tr>
<tr>
<td>8. Using test materials not authorized by the person administering the test.</td>
</tr>
<tr>
<td>9. Manipulating a test, assignment or final course grade.</td>
</tr>
<tr>
<td>10. Forgery</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>12. Illicit and/or Unauthorized use of any Hill College computer program or assignment.</td>
</tr>
<tr>
<td>13. Fabrication of information for use in any academic exercise.</td>
</tr>
<tr>
<td>14. Fabrication, or falsification, of information submitted in a written or verbal report.</td>
</tr>
<tr>
<td>15. The resubmission of previously graded course work by the student to meet a course requirement.</td>
</tr>
<tr>
<td>16. Intentionally, knowingly, or negligently causing physical harm to any person.</td>
</tr>
<tr>
<td>17. Actions that give reason to believe a person is under the influence of a substance (ETOH, prescription or otherwise) and/or mental incapacity.</td>
</tr>
<tr>
<td>18. Use of prescription medication contrary to prescription instructions.</td>
</tr>
<tr>
<td>19. Failing to cooperate with an investigation conducted by program faculty.</td>
</tr>
<tr>
<td>20. Engaging in conduct that constitutes harassment or bullying toward another person.</td>
</tr>
<tr>
<td>21. Failing to report suspected or known breech of Hill College Handbook policies, ADN Program rules and/or Texas Board of Nursing Rules and Regulations to ADN Program faculty.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>26. Leaving a nursing assignment, including a supervisory assignment, without notifying the appropriate personnel.</td>
</tr>
</tbody>
</table>
Discipline

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, suspension from the course and/or probation or suspension from the college.

Upon suspicion 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.

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.

ATTENDANCE RULE

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 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 nears 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.

CLASS: Theory, Clinical and Skills Lab

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.)
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 VNSG/RNSG course, the final exam must be ≥ 75% AND the final course average must be ≥ 75%. If either is below 75% the course grade is a “F”.

CLINICAL COURSE

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. Unexcused missed hours cannot be made-up and will count toward the 15% absence rule.

A. 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.

B. 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.

C. 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.

D. A student who fails to notify the clinical instructor they will be late will lose ALL points assigned to Professionalism under clinical performance.

E. 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.

F. Missed (excused) clinical time can be made up only in eight (8) hour increments.

CLINICAL ABSENCE RULES

1. The student is allowed to miss up to 2 clinical days with 5 points off for each 8 hours missed in Semester I and up to 2 clinical days with 5 points off for each 8 hours missed in a semesters. 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). 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 clinical grade for each absence over the initial 16 hours in a semester and may result in a failure in clinical. No student will be allowed to miss more than 32 hours in clinical for any given semester for any reason. 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 8 hour absence. If the student is late to clinical, this will constitute one tardy. Correct time is based on the instructor’s watch.

CLINICAL ASSIGNMENT RULES

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.

Clinical Preceptorship

During the last semester of the program students may have the opportunity to participate in a Clinical Preceptorship. Student clinical times will 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.

**NCLEX-RN 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.

**ALTERNATE CLINICAL ASSIGNMENT**

**PURPOSE:** 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.

4. Student will report to clinical instructor/coordinator for instructions.

5. Student will turn in written assignment (if any) as instructed

6. Clinical instructor will record on the front of the evaluation tool the date of the alternative assignment.

7. 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.*

**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:

<table>
<thead>
<tr>
<th>Clinical Performance</th>
<th>Exceeds expectations</th>
<th>Satisfactory</th>
<th>Needs improvement</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitted Work</td>
<td>Exceeds expectations</td>
<td>Satisfactory</td>
<td>Needs improvement</td>
<td>Unsatisfactory</td>
</tr>
</tbody>
</table>

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 (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 > 75% will be required to demonstrate minimal mastery of the course information and skills performance.

**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.

**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.

**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, Measurable, Attainable, Realistic, Timed**
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.

**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.

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.

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.

CLINICAL VISITATION RULE

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.

Incident Review

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, Echocardiography 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)

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. An unexcused absence receives a grade of zero “0”.

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.

DISMISSAL

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

- Failure to score \( \geq 75\% \) on a final RNSG course exam.
- Failure to obtain \( \geq 75\% \) final passing score in any RNSG course.
- Failure to maintain a grade \( \geq \text{“C”} \) 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.

DRUG SCREENS AND CRIMINAL BACKGROUND CHECKS

Drug Screens

Students entering the Associate Degree Nursing Program must have a 11-panel drug screen. This must be completed prior to orientation. The student will be required to pay for the costs. A verified positive drug screen, without a legal prescription, will result in dismissal from the program. Students will be instructed prior to admission the procedure to follow for drug screening. The prescribed procedure must be followed. The Hill College ADN Program reserves the right to require a random drug screen without cause. The student will be required to pay for the costs should they be among the selected group for screening.

“For Cause” Screening

At any time during the classroom, lab, or clinical setting, a student is suspected of being under the influence of drugs (prescription or illicit) or alcohol, the student can be required to be tested for drugs and/or alcohol. The student is responsible for the cost of the screening. Impaired
function, coupled with a positive drug/alcohol test, demonstrates poor decision making skills and places others in potential jeopardy. In such situations a positive drug/alcohol test is grounds for dismissal from the program.

Criminal Background Checks

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.

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 course coordinator. If necessary, the program director and then the Director of the Division of Allied Health may be contacted. Complaints and/or grievances will be addressed in a fair and professional manner.

ELIGIBILITY ISSUES OCCURRING WHILE IN HEALTH SCIENCE

Any student in a Health Science program who is arrested and/or charged for criminal conduct other than minor traffic violations, or who is notified of an outstanding warrant for his or her arrest for any 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 rule 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. Clinical facilities may refuse for a student with criminal background to attend clinicals at their site regardless of any findings by the nursing program and/or BON. Inability to attend clinical at a site due to criminal background will result in an unexcused absence and alternative arrangements may not be made. Failure of the student to disclose eligibility issues at any time will result in dismissal from the health science program.

EMERGENCY/PERSONAL PHONE CALLS

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.

EXAMINATION POLICY

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 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.

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 or by email request only. No grades will be
given out by phone.

12. The purpose of the exam review is to provide a learning experience for the student.
   a. A time for the class to review an exam will be made available within one week of the exam date.
   b. Exams must be reviewed in the presence of an instructor or proctor. c. There will be no note taking during the exam review process.
   d. The student has a 30-minute time period to review the exam. If more time is necessary, the student must make an appointment to meet with the Instructor to complete the review.
   e. A student will have 72 hours, following the date the exam was made available for general review, in which to submit a challenge to specific questions.
   f. Exam results are final one-week following the date the exam was open for review.
   g. Tests must be reviewed within 2 weeks of test date.

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.

GRADE DETERMINATION

A grade of "C" or better in theory is required to pass all nursing courses. A Clinical laboratory grade of "C" or better is required to pass the clinical course.

The student must pass both theory and clinical to progress in the Associate Degree Nursing Program.

ADN Program Grading Scale

A grade of "C" or better in theory and in clinical is required to pass all ADN courses. The grade values are as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>A</td>
<td>90 - 100</td>
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<td>B</td>
<td>80 - 89.99</td>
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<td>C</td>
<td>75 - 79.99</td>
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<td>D</td>
<td>70 - 74.99</td>
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<td>F</td>
<td>Below 70</td>
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Grade Calculations

All unit and/or standardize exams, any special assignments, and final exams are calculated by a percentage and may be computed to as many as four decimal places. A Final Grade for the course will be an accumulation of percentages earned on unit exams, any special assignments, Content Mastery/Exit exam, and the final exam. The Final Course Grade will be computed to two decimal places with no further rounding.
GRADUATION RULE

All Associate Degree Nursing Students will be required to pass the ATI Exit Exam. A student must have successfully passed the final theory course to be eligible to take 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”.

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.

ATI EXIT EXAM RULE

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.

Rule:

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 900 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.

HEALTH RULE

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.

ACCOMMODATIONS

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 contact the Academic Advising and Success Center or visit the website at http://www.hillcollege.edu/students/Advising/ada.html.

HONESTY & INTEGRITY

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

INFECTION CONTROL RULE

*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.
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.

**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.

**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/Omnicel 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.
NOISE POLLUTION

CELLULAR PHONES and PAGERS must be silenced during class, and are not allowed in the skills lab and clinical settings. Should a cell phone or pager emit a sound during class, the owner will be required to remove the device from the area immediately (see college handbook). Should a cell phone or pager 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.

NON-DISCRIMINATION POLICY

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
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

PINNING

Pinning is a symbolic welcoming of newly-graduated nurses into the nursing profession. The new nurses are presented with nursing pins by the Hill College ADN faculty. Cost of the pin is the student’s responsibility. Pinning may be formal or informal and is scheduled during the week of graduation. Students will be expected to wear modest dress cloths, with a white lab coat. Hair, jewelry, and make-up will follow the clinical guidelines.
PROFESSIONAL CONDUCT AND BEHAVIOR

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.

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.
<table>
<thead>
<tr>
<th></th>
<th>Expected Behavior</th>
<th>Inappropriate Behavior (Example but not limited to)</th>
<th>Points lost</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Ability to distinguish right from wrong</td>
<td>1. Plagiarism on any program project or assignment&lt;br&gt;2. Cheating on any program project or assignment&lt;br&gt;3. Giving false information to instructor, verbally or in writing&lt;br&gt;4. Falsifying time in/out of class&lt;br&gt;5. Withholding information from a program representative that any prudent person would know or suspect was deceptive&lt;br&gt;6. Failure to follow College &amp;/or ADN Policies, rules/regulations dishonest or illegal.</td>
<td></td>
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<tr>
<td>B</td>
<td>Ability to think and act rationally</td>
<td>1. Intemperate use or abuse of drugs/medication&lt;br&gt;2. Intemperate use or abuse of alcohol</td>
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<tr>
<td>C</td>
<td>Ability to keep promises and honor obligations</td>
<td>1. Failure to follow instructions within a contract or counseling&lt;br&gt;2. Failure to abide by HCC Student Handbook policies&lt;br&gt;3. Failure to abide by ADN Student Handbook rules&lt;br&gt;4. Failure to abide by ADN course syllabi</td>
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<tr>
<td>D</td>
<td>Ability to be accountable for his or her own behavior</td>
<td>1. Tardy to class (5 min. tardy;  ≥ 30 min is unexcused absence)&lt;br&gt;2. Unexcused absence&lt;br&gt;3. Unauthorized cell phone use&lt;br&gt;4. No Call No Show for an exam</td>
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<td>E</td>
<td>Ability to recognize and honor interpersonal boundaries</td>
<td>1. Verbal abuse of another person&lt;br&gt;2. Physical abuse of another person&lt;br&gt;3. Pattern of harassment of person&lt;br&gt;4. Unwanted physical contact pushed on another person</td>
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<tr>
<td>F</td>
<td>Ability to promptly and fully self-disclose facts, circumstances, events, errors, and omissions.</td>
<td>1. Failure to disclose in a timely manner a conflict between written instructions and actual event&lt;br&gt;2. Failure to disclose in a timely manner knowledge of a peer’s inappropriate action/behavior&lt;br&gt;3. Failure to report personal behavior that involved police or other law enforcement agency&lt;br&gt;4. Failure to report information that any prudent person would know or suspect was deceptive, dishonest or illegal</td>
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<td>G</td>
<td>Ability to conduct self in a professional manner</td>
<td>1. Aggressive and/or disrespectful behavior (verbal or physical) when speaking&lt;br&gt;2. Use of foul language when speaking&lt;br&gt;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&lt;br&gt;4. Refusal to cooperate with program faculty/staff during an inquiry/investigation&lt;br&gt;5. Failure to follow chain of authority when lodging a concern or resolving a disagreement&lt;br&gt;6. No Call No Show for appointments with program faculty/staff&lt;br&gt;7. Failure to address patients, physicians, instructors or mentors by title and name. Do not use nicknames or first names.</td>
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Level 1: each infraction is worth ¼ point, up to a maximum of ten (10) points per semester
Level 2: each infraction is worth ½ 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
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 following chart

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

TOBACCO PRODUCTS

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.

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.

TRANSFERS

Transfers are not accepted at this time.

UNIFORM/DRESS RULE

Student in Classroom and Outside events:
A 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 class room 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 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.

**Students in the Clinical Facility of Skills Lab Setting:**
Approved Hill College uniform, white top with blue stripes and royal blue pants.

White round collar T-shirts, short sleeved or long sleeved may be worn under uniform tops. T-Shirts worn under the uniform must not have any logos or writing on them. Undergarments providing full coverage, white or skin tone and without patterns, shall be worn under all uniforms.

A Hill College ADN Nursing patch must be worn on the left sleeve, centered mid sleeve three inches below the shoulder seam of required scrubs. 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.

**Scrubs:** Royal Blue scrubs will be allowed in the skills lab. Scrubs must be correct size, in good repair, clean/pressed may be used.

**Lab Coat:** White mid-thigh or knee length lab coat with ¾ or full length sleeves and Hill College ADN 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.

**Additional:**
White leather shoes with rubber soles and may have neutral trim, no clogs.
Stethoscope
Bandage scissors
Watch with second hand (no ornate or decorative watches)
Name badge
Glasses, or items to secure the hair, must be neutral in color and style

**Uniform Requirements in Clinical Setting**

1. 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. The term uniform in the future will be considered the described white top with blue stripe on the sleeves, royal blue pants, approved name badge, and white shoes.

2. 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 ADN Nursing patch can be worn with uniform.

3. The color of hose/socks to be worn with the uniform will be white or neutral.

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

5. 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.
6. Students who re-enter the program must have the required uniform, and lab coat.

7. 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 neutral in appearance. Hair color, or color patterns that do not normally appear in nature, and extensions of any type are not acceptable. Neutral barrettes the color of the hair will be acceptable. 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.

8. Acceptable jewelry will be one simple wedding ring or set and one small chain necklace. Those with pierced ears may wear a single pair of conservative studs in the earlobes. Earrings shall not extend below the earlobe. Body piercing in other areas should NOT be visible. Tattoos must be covered while in nursing program activities. Tattoos must be completely covered and/or meet with clinical agency policies (make-up or band-aids are not acceptable).

9. Make-up is to be minimal and applied in a manner that will give a natural look. No false eyelashes will be worn.

10. Fingernails will be kept smoothly rounded, sufficiently short, not to extend beyond the tips of the fingers. Clear Nail polish may be worn only if in good repair without chipping. No artificial nails are to be worn while in the Hill College uniform, in the college skills/simulation lab, or in a clinical facility.

11. 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.

12. Chewing gum or eating candy while in uniform/scrubs will NOT be allowed. Breath mint and breath spray is permitted.

13. 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.

14. Should a student not be in compliance with the above dress code, hygiene requirements or smoking rule either in 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.
VIOLATIONS OF STUDENT RULES

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

WITHDRAWAL FROM PROGRAM

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.

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-submitted 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.

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.
Appendix
APPLICATION FOR RE-ADMISSION

This Application is Effective for ONLY ONE Admission Review

NAME (Please Print) ________________________________

SS # _____________________________________________

CURRENT ADDRESS __________________________________

_________________________________________________________________

CITY/STATE _____________________________________________

Home PHONE: _____________  Cell PHONE: ________________

EMAIL ADDRESS _______________________________________

RE-ADMISSION STUDENTS

(Attach Updated Unofficial Transcript)

(Please Circle)
Original Program Entry Date: FALL/SPRING/SUMMER
YEAR____________

Last Semester in Program FALL/SPRING/SUMMER  YEAR____________

Requesting Re-Admission to FALL/SPRING/SUMMER YEAR__________
RNSG___________  RNSG___________

I CERTIFY THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE
AND CORRECT.

Signature______________________________________________

Date___________________________________________________

FURNISHING FALSE INFORMATION TO THE COLLEGE WITH INTENT TO DECEIVE
MAY RESULT IN ADMISSION DENIAL OR PROGRAM DISMISSAL
PETITION FOR DECLARATORY ORDER

The following Texas Board of Nursing information is attached as a separate pdf document:

- Petition for Declaratory Order
- Petition of Declaratory Order Instructions to take the NCLEX examination for licensure as an RN or LVN.
- Frequently asked questions regarding Petitions for Declaratory Order
- Petition for a Declaratory Order Check List

This information may also be obtained from the Board of Nursing web site:
http://www.bon.texas.gov/olv/pdfs/DOapp.pdf
LETTER OF UNDERSTANDING

ADN Nursing Program
Hill College

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:

<table>
<thead>
<tr>
<th>Student Initials</th>
<th>Must Read Information</th>
<th>Student Initials</th>
<th>Has Been Read/Explained To Me</th>
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<tbody>
<tr>
<td></td>
<td>Hill College &amp; ADN Student Handbooks</td>
<td></td>
<td>*RNSG Theory Course Syllabi</td>
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<td>Eligibility Issues Occurring while in Health Science (ADN Handbook excerpt)</td>
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<td>*RNSG Clinical Course Syllabi</td>
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<td>§213.27 Good Professional Character</td>
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<td>*Inappropriate behavior may incur discipline; to include counseling or demerits, up to and including possible suspension.</td>
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<td>§213.28 Licensure of Persons with Criminal Offenses</td>
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<td>*To be successful in any RNSG Theory course, the final overall course average must be ≥ 75% <strong>AND</strong> the final comprehensive exam must be ≥ 75%. Failure to achieve ≥ 75% on <strong>BOTH</strong> components will not meet course progression requirements and will result in a course grade of “D”.</td>
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<td>§213.30 Declaratory Order of Eligibility for Licensure</td>
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<td>§215.8 Students</td>
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<td>§213.29 Criteria &amp; Procedure Regarding Intemperate Use &amp; lack of Fitness in Eligibility &amp; Disciplinary Matters</td>
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<td>*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.</td>
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<td>§217.11 Standards of Nursing Practice</td>
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<td>§217.12 Unprofessional Conduct</td>
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<td>Texas Occupation Codes</td>
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<td>TBON Eligibility Questions</td>
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<td>ANA Code of Ethics</td>
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<td>Use/grading of Content Mastery and Comprehensive Exit exams with required practice/remediation.</td>
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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

Copy to Student: ____________