



Lemoore College
ASSOCIATE DEGREE
NURSING PROGRAM

Faculty Handbook
2025-2026

**LEMOORE COLLEGE
ASSOCIATE DEGREE NURSING
PROGRAM 2025-2026**

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Faculty Resources and Important Links

[Lemoore College Nursing Student Handbook](#)
[Lemoore College Nursing Handbook Appendices](#)
[Lemoore College Nursing Program Organizational Chart](#)
[Nursing Program Communication Organizational Chart](#)
[Nursing Program Policies and Procedures](#)
[Lemoore College Nursing Program Military Credit Policy](#)
[LC Academic Catalog](#)
[WHCCD Board of Trustees Policies and Procedures](#)
[California Board of Registered Nurses \(BRN\)](#)
[BRN Licensure by Examination](#)
[Understanding the Role of the Registered Nurse and Interim Permittee](#)
[Disabled Student Programs and Services](#)
[Title IX](#)
[Lemoore College Service/Process Complaint Form](#)
[Eagle Answer Center \(sharepoint.com\)](#)
[Contracts | West Hills Community College District \(westhillscollge.com\)](#)
[Div. 6. California Community Colleges title 5](#)
[55002 standards & criteria for courses BP 4020](#)
[Library and Learning Resources](#)
[Faculty Resources | Lemoore College](#)
[Application and Forms DSPS](#)
[Mental Wellness Services](#)

Available on the Nursing Department OneDrive for faculty access

New Faculty Orientation Checklist
Job Descriptions; campus and nursing department
Clinical facility agreements and Exhibit A
Theory and Clinical Syllabus Templates and detailed examples
Final Clinical Evaluations
Remediation Form
Exit Interview/Contract for Readmission
Dishonesty Infraction Form

Table of Contents

Program

Introduction/Organizational Charts	7
Mission Statement Lemoore College	9
Mission of the Associate Degree Nursing Program	9
Philosophy and Organizing Framework.....	10
Expected Student Learning Outcomes	14
End of Program Competencies	15
Standards of Performance.....	20
Nursing Code of Ethics	21
Curriculum.....	22
Curriculum Levels	22
Curriculum Assessment, Planning, Implementation and Evaluation	24
Curriculum Pattern	25

Faculty

Faculty Requirements and Expectations	29
New Faculty Orientation	29
Duties and Responsibilities of Instructors and Administrators	30
The Instructor/Instructor Assignments	30
Requesting Time Off.....	30
Adjunct Faculty Requirements	32
ADN Program Faculty Responsibilities	32
Clinical and Theory Instructor Attendance	34
Office Hours.....	35
Course and Instructor Evaluations.....	35
Example Evaluation.....	37
Payment for Teaching Assignments.....	41
Class Documentation & Roster Management	41
Class Roster.....	41
Maintaining Class Grading and Attendance Rosters.....	42
Clinical Site Agreements.....	42
Clinical Sites.....	42
Clinical Health Requirements for Students	42
Curriculum: College Standards & Regulations	43
Field trips.....	44
Library Resources & Academic Catalog.....	44
Copy and Copyright Guidelines us of Open Educational Resources (OER)...	45
Dress Code for Faculty	46
The Student/Student Responsibilities	47

Student Attendance.....	47
HIPPA Confidentiality & Student Clinical Paperwork	47
Social Networking Policy.....	48
Clinical Setting & Social Media.....	48
Providing Quality of Care in the Clinical Setting	49
Unsafe Student Performance	49
Legal Aspects of Clinical Instruction.....	49
Narcotic Keys, Pyxis/Omniceil Access & Admin of Narcotics	50
Student Performance Concerns, Safety issues & Medication Events	50
Medication Administration and Errors.....	52
Student Cheating & Plagiarism	54
Student Clinical Site Injury Procedure	54
General Liability Insurance	56
Evaluation of Students.....	59
Medication Math Exams	61
Clinical Instruction Faculty/Student Ratio	61
Student Resources for Support and Success.....	63
Disabled Student Programs & Services.....	63
Disability Related Accommodations	64
Faculty Role in Educating Students with Accommodations	64
Student Recording of Lecture.....	65
Student Mental Wellness Services	65
Guidelines for Assistance.	65
Student Mental Health Support	65
Student Academic Performance Support.....	66

Students

Student Rights	67
FERPA.....	67
Title IX	67
Student Grievance Procedure... ..	68
Nursing Program Communication Organizational Chart for Student Complaints.....	68
Drug Abuse Policy	69
Guidelines for Student Assistance.....	69
Clinical/Theory Instruction, Grading, Documentation, and Recordkeeping ..	70

Students student specific policies

located [Lemoore College Nursing Student Handbook](#)
[Lemoore College Nursing Handbook Appendices](#)

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INTRODUCTION and WELCOME

Welcome to the Lemoore College (LC) Nursing Program. The College Administration, Director of Nursing, and the Nursing Faculty and staff are all committed to your success as a member of our team. We sincerely wish you a satisfying personal and career growth during your educational teaching experience in our Nursing Program.

The Lemoore College ADN program is a “small but mighty” program with high standards and rigorous program preparation. We believe you will become a proud part of our team and will build a strong nursing career in nursing education that will lend itself to further education and professional growth.

Board of Registered Nursing

The Board of Registered Nursing (BRN) is a state governmental agency established by law to protect the public by regulating the practice of registered nurses. The BRN is responsible for implementation and enforcement of the Nursing Practice Act: the laws related to nursing education, licensure, practice, and discipline. The Nursing Practice Act created a nine-member Board which serves as the BRN decision-making body.

For more information on the BRN please visit:

[California Board of Registered Nurses \(BRN\)](#)

(916) 322-3350

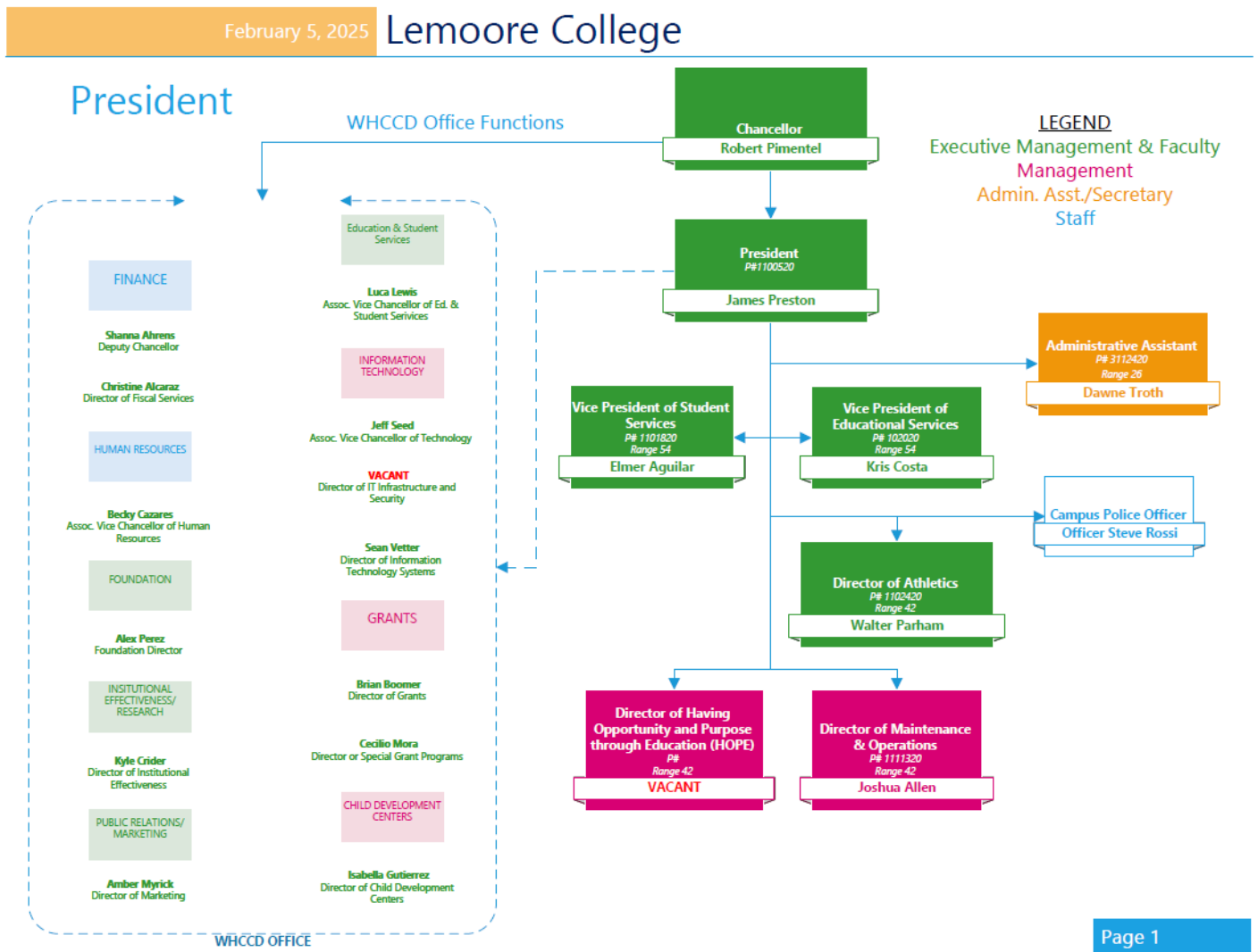
Physical Address: 1747 North Market Boulevard, Suite 150 Sacramento, CA 95834-1924.

Mailing Address: P.O. Box 944210 Sacramento, CA 94244-2100

This document and other program documents including policies and procedures are guided by these regulations [Browse - California Code of Regulations](#)

Policy and Procedures developed with guidance from the California Code of Regulations Board of Registered Nursing; Prelicensure Nursing Programs [CCR sections [1424\(k\)](#)] [CCR section [1426 \(g\)](#)] [CCR sections [1423.1](#); [1423.2](#); [1429\(a\)](#); [1430](#) and **Business and Professional Code BPC sections [2786.6\(a\)](#); [2786.6\(b\)](#)] [CCR sections [1423.1](#); [1423.2](#); [1424\(d\)\(3\)\(4\)](#); [1426\(d\)\(1\)](#); [1430](#)**

Lemoore College Campus Organizational Chart:



[Lemoore College Nursing Program Organizational Chart](#)

[Nursing Program Communication Organizational Chart](#)

MISSION AND VISION OF LEMOORE COLLEGE

Mission Statement

Lemoore College serves a diverse community of students who seek an affordable, accessible, relevant, and rigorous education. The college community is dedicated to student learning and achievement by providing quality courses that lead to certificates, associate degrees, transfer, and career pathways.

Vision Statement

Lemoore College is committed to the relentless pursuit of student success.

VISION AND MISSION OF THE LC ADN PROGRAM

The Lemoore College Nursing Program is dedicated to a commitment to excellence in nursing education that will position graduates for practice in dynamic health care environments.

The Lemoore College Associate Degree Nursing Program endorses the mission of Lemoore College (LC), which is: to serve “a diverse community of students who seek an affordable, accessible, relevant, and rigorous education. The college community is dedicated to student learning and achievement by providing quality courses that lead to certificates, associate degrees, transfer, and career pathways.” (West Hills College Lemoore 2018-2019 Catalog, p.7)
[LC Academic Catalog](#)

The Lemoore College Associate Degree Nursing Program adheres to this mission when offering the Associate Degree in Nursing. The mission of the nursing program is to provide an innovative, student-centered educational program that prepares diverse students as candidates to become Registered Nurses to provide safe, quality, evidence-based nursing care in the current healthcare environment. Upon completion of the program, the graduate is qualified to take the NCLEX-RN examination.

Lemoore College Nursing students will embody the Integrating Concepts of the National League for Nursing (NLN) and develop the ability to move with grace through the many realms of nursing. The students will master varied areas of knowledge and science. They will be prepared to operate in complex environments while meeting the highest standards of quality and safety. Students will be able to work comfortably in inter-disciplinary healthcare teams. With an awareness of their own personal and professional growing edge and learning needs, they will be able to build the relationships by which they touch and respond to those in need in the communities they serve (NLN, 2010).

The faculty envisions that the Lemoore College Nursing Program will be distinguished as:

- 1. A center of academic excellence grounded in the most innovative nursing education.***
- 2. A regional center for nursing education, practice expertise, and leadership.***
- 3. An organization that collaborates in community development, fosters cooperative efforts, and cultivates partnerships.***

Philosophy/Organizing Framework

The Lemoore College Associate Degree Nursing Program has developed a philosophy based on the following beliefs: nursing, patient, Culture of Health, environment, health, student, learning, and nursing education. The nursing faculty utilizes these beliefs as common threads throughout the nursing program.

The nursing faculty selects strategies, organizes content, arranges experiences, and facilitates learning, taking into consideration cultural factors, ethnic background, and individual learning styles of students. We believe adult students perceive learning experiences as meaningful when instruction is directed toward pertinent, applicable goals. We believe that technological and social advances in the healthcare field create the ongoing need for adapting nursing and nursing education to meet the changing needs of society. We provide learning experiences in settings which assist students to adapt to changing health needs. {California Nursing Practice Act, Business and Professions Code; California Code of Regulations, Title 16 Professional and Vocational Regulations, Division 14, Article 3, Prelicensure Nursing Programs, Section 1424(a) Administration and Organization of the Nursing Program.

We additionally believe it is essential that the framework for Lemoore College Nursing Program be based on ethical practices and state regulations for nursing scope of practice. Ethical practice is defined by the American Nurses Association Code of Ethics for Nurses (ANA, revised 2015). The scope of practice and responsibilities for registered nurses is set out in the Nursing Practice Act (NPA) located in the California Business and Professions Code (Board of Registered Nursing, 2020).

The faculty believe by incorporating into our curriculum the standards set forth by our governing bodies, and the values and criteria promoted by our national nursing organizations, our goal can best be accomplished.

Nursing

Incorporation of the California Board of Registered Nursing Practice Act, Definition of the Practice of Nursing

The nursing program incorporates the definition of the practice of nursing as a Registered Nurse as presented in the California Nursing Practice Act, Business and Professions Code, Division 2, Chapter 6, Article 2, Section 2725, which states:

The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that requires a substantial amount of scientific knowledge or technical skill, including all of the following:

- (1) Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and

protection of patients; and the performance of disease prevention and restorative measures.

(2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.

(3) The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.

(4) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (A) determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.

Nursing incorporates the core values of caring, diversity, excellence, integrity, ethics, holism, and patient-centeredness outlined in the National League of Nursing (NLN) 2010 Competency for ADN graduates.

- **Caring** means promoting health, healing and hope in response to the human condition (NLN, 2010).
- **Diversity** means recognizing differences among persons, ideas, values, and ethnicities while affirming the uniqueness of each (NLN, 2010).
- **Excellence** means creating and implementing transformative strategies with daring ingenuity (NLN, 2010).
- **Integrity** means respecting the dignity and moral wholeness of every person without conditions or limitations (NLN, 2010).
- **Ethics** involves consideration of personal, societal, and professional values, principles, and codes that shape nursing practice (NLN, 2010).
- **Holism** is the culture of human caring in nursing and health care that affirms the human person as the synergy of unique and complex attributes, values, and behaviors, influenced by that individual's environment, social norms, cultural values, physical characteristics, experiences, religious beliefs and practices, and moral and ethical constructs, within the context of a wellness-illness continuum (NLN, 2010).
- **Patient-centeredness** is an orientation to care that incorporates and reflects the uniqueness of an individual patient's background, personal preferences, culture, values, traditions, and family. A patient-centered approach supports optimal health outcomes by involving patients and those close to them in decisions about their care. Patient-centeredness supports the respectful, efficient, safe, and well-coordinated transition of the patient through all levels of care (NLN, 2010).

Concepts of **environment, knowledge and science; personal and professional development; quality and safety; relationship-centered care; and teamwork** (from related disciplines) (Integrating Concepts of the NLN) are included within the core values. Nurses provide safe, quality patient-centered, consumer-based care within the context of family and community to support positive patient outcomes through application of the nursing process.

The nurse demonstrates a **spirit of inquiry** defined as examining the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities (NLN, 2010). Through the application of evidence-based practices which support a **Culture of Health**, the nurse implements communication and inter-professional collaboration while advocating for shared decision-making with the patient in a variety of community settings.

Unifying Theme

The application of the nursing process to the Culture of Health framework will be incorporated throughout a concept-based curriculum. The curriculum defines the nursing process as a systematic method of identifying the application of the various concepts related to the Culture of Health and evidence-based nursing practice.

Students will learn to incorporate the nursing process through the concepts to provide safe, quality, evidence-based nursing care in the current healthcare environment. Maintaining a program centered on, and organized around, current nursing practice and the Culture of Health is achieved by constant evaluation of trends in the variety of healthcare environments that nurses practice in. To develop and maintain the nursing program curriculum, current trends in nursing and health care, including the Culture of Health, as well as traditional standards and values of nursing practice are used as the basis for the end-of-program student learning outcomes. Each program learning outcome is based on evidence from the nursing and healthcare literature that validates the importance of each learning outcome. Faculty meet each year to discuss new trends and data that influence nursing care to maintain program currency.

Curriculum Framework

A Culture of Health is a national framework for improving health, equity, and well-being, in which good health and well-being flourish across geographic, demographic, and social sectors; fostering healthy equitable communities' guides public and private decision-making; and provides individuals the opportunity to make choices that lead to healthy lifestyles.

A Culture of Health supports health promotion, advocacy for sick and well patients of all ages, ethnicities, and cultures in a variety of settings. A Culture of Health includes a nurse-patient partnership with emphasis on the role of patients as consumers, as well as supporting for health equity (Robert Wood Johnson Foundation).

Clinical Immersions

To support a Culture of Health through the curriculum, Lemoore College (LC) nursing program includes **Immersion**s to further expand the clinical experience to create a well-rounded registered nursing graduate to navigate the changing health care system. Health care systems are strengthening their commitment to their communities and Lemoore College is located in a rural community where this growth is actively occurring. To support an educational focus on the understanding of social determinants and their impact on health and wellness, LC clinical rotations are centered on immersing students in experiences that reflect a variety of care environments beyond the hospital. This type of clinical experience will prepare graduates of LC nursing program with the interpersonal skills and broad-based knowledge required to care for individuals and families. Each immersion is designed for students to spend time in both acute-care settings and areas where people transition along the life and care continuum all in the same clinical experience (Shaffer, Swan, Bouchaud, 2017).

Patient

The patient is the recipient of nursing care, which is provided in a holistic manner within a biopsychosocial context. The patient may include an individual, family, significant other, or the community. The patient is a consumer who has the opportunity to make choices that lead to healthy lifestyles.

Environment

Environments include settings throughout the community where nurses practice. Nurses support interprofessional practice in planning and providing nursing care in community environments. Nurses advocate for smooth patient transitions across environments.

Health

Health includes wellness, prevention of disease, and illness and disease management within a Culture of Health. The nurse acknowledges that patients practice consumer-driven care and that they move along a health continuum with needs that change over time.

Student

The student is an individual with diverse cultural and ethnic backgrounds, learning styles, goals, and support systems. The student assumes an active role in engaging and fully participating in their education. The student takes ownership and responsibility for their own learning and displays a sense of inquiry and commitment to learning.

Learning

Learning involves the development of knowledge, skills, and attitudes needed for professional nursing. Integrating the Quality and Safety Education for Nurses (QSEN) standards of patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety and informatics will be included in the learning of the students in the nursing program. Learning is impacted by culture, socioeconomic factors, commitment, accountability, ability to communicate, ability to work collegially and collaboratively, leadership, and mutual respect. Learning is a life-long process which involves ongoing professional development. Learning is conceptual with progression of knowledge from simple to complex. The learning environment facilitates active, engaged, flexible, and adaptable learning.

Nursing Education

The nurse educator is a facilitator who provides learning tools, knowledge and experience that promotes student learning and autonomy. The nurse educator mentors students and supports self-directed learning while addressing education barriers, supporting cultural learning, and enhancing socialization to the nurse's role. The nurse educator supports students in developing a spirit of inquiry by teaching and supporting critical thinking, clinical judgement, and clinical reasoning through the application of the nursing process for patients across the lifespan in a variety of settings.

Curriculum Concepts

The Lemoore College Associate Degree Nursing program is a concept-based curriculum. These will be the building blocks to support the curriculum framework. Students are provided a core set of concepts and will recognize recurring characteristics throughout the curriculum supporting critical thinking and clinical decision-making. A concept-based approach to learning is designed to assist nursing faculty in providing students with broader perspective

while promoting a deeper understanding of content across the lifespan in a focused, participative, and collaborative learning environment (Pearson, 2019).

1. Safe, Quality, Evidence-Based, Patient-Centered Care • Acid-base balance • Addiction • Assessment • Cellular regulation • Cognition • Comfort • Culture and Diversity • Development • Digestion • Elimination • Evidence Based Practice • Family • Fluid and electrolytes • Grief and loss • Health promotion • Immunity • Infection • Inflammation • Intracranial regulation • Metabolism • Mobility	• Mood and affect • Nutrition • Oxygenation • Perfusion • Perioperative Care • Reproduction • Self • Sensory perception • Sexuality • Spirituality • Stress and coping • Thermoregulation • Tissue integrity • Trauma 2. Nursing Judgement, Critical Thinking & Clinical Reasoning • Clinical Decision Making (Nursing Process) 3. Quality Improvement Processes • Health Care Systems • Quality Improvement • Safety 4. Communication & Interdisciplinary Collaboration • Collaboration • Communication • Teaching and Learning	5. Information Management & Patient Care Technology • Informatics 6. Leadership, Professional Identity, Legal and Ethical Principals • Accountability • Ethics • Health Policies • Leadership • Professionalism • Legal Issues • Managing Care 7. Caring Culture of Health: • Caring Interventions • Advocacy • Health wellness & illness
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EXPECTED PROGRAM STUDENT LEARNING OUTCOMES

1. Prioritize safe, quality nursing care incorporating application of the nursing process to diverse patients across the lifespan in a variety of health care settings.
2. Exercise nursing judgment through application of critical thinking, clinical reasoning, and evidence-based practice to promote the health of patients in a family and community context.
3. Participate in quality improvement processes to improve patient care outcomes.

4. Initiate communication and interdisciplinary collaboration with members of the healthcare team, patient and the patient's support system to facilitate improved patient outcomes.
5. Utilize the appropriate information management systems and patient care technology to communicate within an interdisciplinary team, manage knowledge, mitigate error and support decision making in the clinical environment.
6. Analyze professional identity through leadership and a commitment to caring, diversity, ethics, excellence, holism, integrity, and patient-centered care.
7. Create a caring Culture of Health by demonstrating a spirit of inquiry and providing care to sick and well patients of all ages, ethnicities, and cultures in a variety of community settings.

END OF PROGRAM COMPETENCIES

The End of Program Competencies are culmination of all learning experiences occurring during the program. The student's competency will be measured by each individual (7) outcomes list of competencies. These competencies are the measurable behaviors the students will demonstrate when meeting each learning outcome.

Each of the End of Program Student Learning Outcomes (PSLO) with their respective related competencies is listed below.

1. Prioritize safe, quality nursing care incorporating application of the nursing process to diverse patients across the lifespan in a variety of health care settings.
 - a. Construct a comprehensive and/or focused physical, behavioral, psychological, and spiritual assessment of health and illness parameters, using developmentally and culturally appropriate approaches.
 - b. Correlate assessment findings to identify patient needs.
 - c. Integrate evidence-based practice into a plan of care considering individual patient needs.
 - d. Implement patient-centered care based on an understanding of human growth and development, pathophysiology, pharmacology, nutrition, medical and nursing management, inclusive of health promotion.
 - e. Integrate evidence-based practices to deliver patient care.
 - f. Implement teaching strategies that individualize content to meet patient specific needs.
 - g. Evaluate the effectiveness and impact of nursing care on patient outcomes to meet, adapt, and modify care to meet patient needs.
 - h. Implement clinical psychomotor skills to ensure safe delivery of care, including medication practices.

- i. Document all aspects of patient care accurately
- 2. Exercise nursing judgment through application of critical thinking, clinical reasoning, and evidence-based practice to promote a culture of health for patients in a family and community context.
 - a. Implement comprehensive nursing knowledge to make effective patient care decisions and to predict and manage potential complications.
 - b. Analyze patient care needs to prioritize nursing interventions, evaluate patient responses, and modify care as needed.
 - c. Utilize nursing judgment to ensure safe, accurate nursing care.
- 3. Participate in quality improvement processes to improve patient care outcomes.
 - a. Integrate best available evidence, professional experience, and patient preferences in the design, coordination, and provision of care.
 - b. Apply quality improvement principles to develop plans and initiate actions to ensure continuous quality improvement.
 - c. Utilize evidence-based practices to reduce errors and improve patient safety.
 - d. Implement National Patient Safety Goals in all patient care settings.
- 4. Initiate communication and interdisciplinary collaboration with members of the healthcare team, patient and the patient's support system to facilitate improved patient outcomes.
 - a. Communicate and collaborate within interdisciplinary teams to plan patient care, including patient and families in decision making.
 - b. Collaborate within nursing and healthcare teams with open communication, mutual respect, and shared decision-making in delivery of optimal care.
 - c. Recognize situations that require conflict resolution to facilitate communication for optimal patient care outcomes.
- 5. Utilize the appropriate information management systems and patient care technology to communicate within an interdisciplinary team, manage knowledge, mitigate error, and support decision making in the clinical environment.
 - a. Demonstrate knowledge of information and technology to communicate and support decision making in the delivery of healthcare.
 - b. Evaluate and use information and technology to communicate, mitigate error, and support decision making.
 - c. Apply technology to find and analyze evidence-based information and current resources.
 - d. Evaluate the role of information technology and information systems in improving patient outcomes and creating a safe care environment.
- 6. Analyze professional identity through leadership and a commitment to caring,

diversity, ethics, excellence, holism, integrity, and patient-centered care.

- a. Practice within the legal and ethical frameworks of the Registered Nursing scope of practice.
 - b. Deliver patient care within the ANA Standards of Practice.
 - c. Exhibit leadership skills such as coordinating, collaborating, delegating, and supervising nursing care provided by others, to ensure optimal patient care outcomes.
 - d. Function as a member or leader of a collaborative inter-professional care team, implementing leadership and management skills.
 - e. Demonstrate patient advocacy to maintain quality of care and protect patients' rights.
 - f. Demonstrate accountability for formal and informal experiences that promote both personal and professional growth and lifelong learning.
 - g. Collaborate with individuals, groups, communities and populations through mutual goal setting, advocacy, and education to promote health and wellness.
7. Create a caring Culture of Health in demonstrating a spirit of inquiry and providing care to sick and well patients of all ages, ethnicities, and cultures in a variety of community settings.
- a. Foster healthy communities by providing individuals with choices that lead to healthy lifestyles.
 - b. Demonstrate the values central to nursing practice surrounding a Culture of Health including caring, diversity, excellence, integrity, ethics, holism, and patient-centeredness.
 - c. Support health promotion, advocacy for sick and well patients of all ages, ethnicities, and cultures in a variety of settings.
 - d. Develop nurse-patient partnerships with emphasis on the role of the patient as a consumer, while supporting the health of the community.

Alignment of Nursing End-of-Program Learning Outcomes with College Institutional Learning Outcomes (ILOs)

Lemoore College Nursing End-of-Program LO	Lemoore College ILOs
Prioritize safe, quality nursing care incorporating application of the nursing process to diverse patients across the lifespan in a variety of health care settings.	Analytical Inquiry: Identifies and frames a problem or question in selected areas of study and distinguishes among elements of ideas, concepts, theories or practical approaches to the problem or question.

Exercise nursing judgment through application of critical thinking, clinical reasoning, and evidence-based practice to promote the health of patients in a family and community context.	Ethical Reasoning: Describes the ethical issues present in prominent problems in politics, economics, health care, technology or the arts and shows how ethical principles or frameworks help to inform decision making with respect to such problems
Participate in quality improvement processes to improve patient care outcomes.	Quantitative Reasoning: presents accurate interpretations of quantitative information on political, economic, health-related or technological topics and explains how both calculations and symbolic operations are used in those offerings. Creates or explains graphs or other visual depictions of trends, relationships or changes in status.
Initiate communication and interdisciplinary collaboration with members of the healthcare team, patient and the patient's support system to facilitate improved patient outcomes.	Communication Competency: Develops and presents cogent, coherent and substantially error-free writing for communication to general and specialized audiences. Demonstrates effective interactive communication through discussion, i.e., by listening actively and responding constructively and through structured oral presentations to general and specialized audiences. Negotiates with peers an action plan for a practical task and communicates the results of the negotiation either orally or in writing.
Utilize the appropriate information management systems and patient care technology to communicate within an interdisciplinary team, manage knowledge, mitigate error and support decision making in the clinical environment.	Information Competency: Identifies and defines the nature and the extent of the information needed to accomplish a specific educational, professional, or personal objective and demonstrates the ability to locate, access, manage, evaluate, understand and use information from diverse sources ethically and legally.
Analyze professional identity through leadership and a commitment to caring, diversity, ethics, excellence, holism, integrity, and patient-centered care.	Personal, Academic, and Career Development: Assesses personal knowledge, skills, and abilities; sets personal, educational, and career goals; works independently and in group settings; and identifies lifestyle choices that promote self-reliance, financial literacy, and physical, mental and social health.

Create a caring Culture of Health in demonstrating a spirit of inquiry and providing care to sick and well patients of all ages, ethnicities, and cultures in a variety of community settings.	Ability to Engage Diverse Perspectives: Students will be able to describe how knowledge from different cultural perspectives might affect interpretations of prominent problems in politics, society, the arts and global relations. Describes, explains and evaluates the sources of their perspective on selected issues in culture, society, politics, the arts or global relations and compares that perspective with other views.
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STANDARDS OF STUDENT PERFORMANCE

Upon graduation from the LC ADN Program, the student must be able to perform at the BRN level of requirements of competence as stated in California Code of Regulations (CCR) Section 1443.5 as a Registered Nurse. In addition to CCR the expectation of the program is that all students in the program follow the Nursing Code of Ethics. Program policies, procedures, and curriculum are built around these BRN regulations and ethical standards as they are the essential competencies and characteristics of the nursing profession.

California Code of Regulations, Section 1443.5

A registered nurse shall be considered to be competent when consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:

- (1) Formulates a nursing diagnosis through observation of the client's physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.*
- (2) Formulates a care plan, in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.*
- (3) Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the client and family, and teaches the client and family how to care for the client's health needs.*
- (4) Delegates tasks to subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.*
- (5) Evaluates the effectiveness of the care plan through observation of the client's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the client and health team members, and modifies the plan as needed.*
- (6) Acts as the client's advocate, as circumstances require, by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided.*

Additional guidance can be found in this document off the BRN website: Table outlining the 3 key regulations for nursing practice

[Understanding the Role of the Registered Nurse and Interim Permittee](#)

CALIFORNIA BOARD OF REGISTERED NURSING
Understanding the Role of the Registered Nurse and Interim Permittee
According to the Nursing Practice Act, the California Code of Regulations, and Selected Sections of Title XXII

Nursing Practice Act Business & Professions Code Chapter 6 Nursing Section 2725	Standards Of Competent Performance California Code Of Regulations Title 16 Section 1443.5	California Code of Regulations Title 22 Section 70215.
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NURSES CODE OF ETHICS

The development of a personal code of ethics is an essential characteristic of a profession and provides one means whereby professional standards are established, maintained, and improved. A code indicates a profession's acceptance of the responsibility and trust with which it has been invested. Each practitioner, upon entering a profession, inherits a measure of that responsibility and trust and the corresponding obligation to adhere to standards of ethical practice and conduct set by the profession.

The American Nurses' Association (ANA) originally formulated The Code of Ethics, adopted by the membership in 1950. The original code has undergone revisions in the intervening years. The current code, *Code of Ethics for Nurses with Interpretative Statements*, was accepted by the ANA House of Delegates in 2001.

Preamble

The Code for Nurses is based upon beliefs about the nature of individuals, nursing, health, and society. Recipients and providers of nursing services are viewed as individuals and groups who possess basic rights and responsibilities and whose values and circumstances command respect. Nursing encompasses the promotion and restoration of health, the prevention of illness, and the alleviation of suffering. The statements of the code and their interpretations provide guidance for conduct and relationships in carrying out nursing responsibilities consistent with the ethical obligations of the profession and quality in nursing care.

1. *The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.*
2. *A nurse's primary commitment is to the recipient(s) of nursing care, whether an individual, family, group, community, or population.*
3. *The nurse establishes a trusting relationship and advocates for the rights, health, and safety of recipient(s) of nursing care.*
4. *Nurses have authority over nursing practice and are responsible and accountable for their practice consistent with their obligations to promote health, prevent illness, and provide optimal care.*
5. *The nurse has moral duties to self as a person of inherent dignity and worth including an expectation of a safe place to work that fosters flourishing, authenticity of self at work, and self-respect through integrity and professional competence.*
6. *Nurses, through individual and collective effort, establish, maintain, and improve the ethical environment of the work setting that affects nursing care and the well-being of nurses.*
7. *Nurses advance the profession through multiple approaches to knowledge development, professional standards, and the generation of policies for nursing, health, and social concerns.*
8. *Nurses build collaborative relationships and networks with nurses, other healthcare and non-healthcare disciplines, and the public to achieve greater ends.*
9. *Nurses and their professional organizations work to enact and resource practices, policies, and legislation to promote social justice, eliminate health inequities, and facilitate human flourishing.*
10. *Nursing through organizations and associations, participates in the global nursing and health community to promote human and environmental health, well-being, and flourishing.*

CURRICULUM

Course student learning outcomes (CLO) are expected culmination of all learning experiences for a particular course within the nursing program. Each CLO has competencies measured at the end of a specific course. All CLO's are designed to promote consistency and are leveled to the development and advancement of student knowledge, skills and attitudes as they progress through the program.

Curriculum Levels

Levels

LC ADN program identifies 4 levels of the students learning progression:

Level 1: Provides the foundation for fundamental principles of assessment, laboratory skills, critical thinking, pharmacology, and the knowledge needed to care for clients in all areas of nursing practice within a context of a Culture of Health. (first semester)

Level 2: Provides the development of clinical decision-making, theoretical knowledge and technical knowledge for individuals and families across the lifespan in a context of a Culture of Health. (second semester)

Level 3: Focuses on the application of clinical decision-making, theoretical knowledge and technical knowledge for individuals and families in complex and diverse environments within a context of a Culture of Health. (third semester)

Level 4: Focuses on the integration of all theoretical knowledge and technical knowledge for individuals and families in complex and diverse environments within a context of a Culture of Health. Nursing care is provided at an advanced level to prepare for practice in the role of the Registered Nurse. (fourth semester)

Planning, Implementation, and Evaluation of Curriculum and the Program

All faculty members are expected to implement the curriculum according to agreed upon philosophy, objectives and theoretical framework. All faculty members must participate in curriculum development and implementation. Faculty (full-time/part-time) in the program are involved in policy making, curriculum development and implementation, and evaluation of all aspects of the program.

Student Evaluation of Faculty and Course

Students evaluate faculty teaching performance and the corresponding course and faculty every semester for all courses. These evaluations are kept in the employee electronic file and are processed according to school policy and procedure.

1. The students evaluate the course and how the instructor is teaching the course after every course they have taken.
2. The instructors use the evaluations to improve the course and instructional strategies.
3. Each faculty member will review the evaluation results and summarize the results based on the evaluations of their respective course/clinical section.

4. In the summary, faculty will reflect on the results and any adjustments that should be made to the course; to the clinical experience; or their teaching strategies they may identify.

Pre-Course & Post/End of Course Meetings

1. Prior to the beginning of each semester, the lead faculty will meet to discuss the course with all other course faculty. A review of the syllabus, assignments, and course schedule will be completed. The meeting is intended to assist the faculty in discussing any questions or concerns there may be to assist in a successful course. Faculty are encouraged to discuss any changes to assignments, what thoughts they have regarding forms. Faculty need to follow the same assessment criteria for students in all groups. If there are recommendations for any changes, it is helpful to share them at the time of the pre-course meeting. Documents are shared with faculty prior to the meeting, so that the information is available for review prior to the meeting.
2. If any changes need to be made during the semester, a discussion needs to occur with the lead faculty and other clinical faculty. This will allow for input regarding any suggested changes. Students can grieve an assignment or grade if they feel that they are being held to a different standard than other students.
3. Discussion also needs to occur regarding student absences, points that are deducted for the absence, as well as any other concerns. Maintaining attendance in the course/college's LMS is important to do each week. Remaining consistent with all students in the program is of importance. If faculty have a question during the clinical rotation, they need to discuss with the lead faculty member for the course.
4. At the end of each semester, each course will have a post course meeting with the lead faculty.
5. During post course meetings, faculty will utilize their course/instructional student evaluation summary to share any suggestions or needs related to the clinical experience.
6. Potential changes or improvements should be discussed with the entire course faculty and lead faculty for any overall changes or adjustments that need to be considered/made to support the students meeting the course objectives and being successful in the program.
7. The faculty evaluation summaries will be kept in the faculty file, and course meeting minutes will reflect any discussion/changes that take place regarding the overall course/clinical areas.
8. General input from the faculty to the lead faculty and group will also be taken into consideration for any discussion or changes that support student success.
9. All course faculty will enter into the college's LMS their particular CSLO outcomes for each student at the end of the course. All course grades need to be entered within a week after completion of the clinical course.
10. A copy of the evaluation is requested to be sent to the Health Careers Administrative Assistant, so that they can be kept on file.

All evaluations, summaries, and meeting minutes shall be kept on file and shall be available for review by the BRN Educational Consultants during site visits.

Curriculum Chair and Total Program Evaluation

1. The nursing department curriculum chair should attend each post course meeting to collect overall changes/discussions regarding curriculum throughout the program.
2. At the end of the academic year (May) the curriculum chair will hold a curriculum review

meeting to report the overall curriculum discussion/changes to include ATI proctored exam results by cohort to compare trends in areas of improvement or needed improvement.

3. Students who may not have progressed in the program should also be evaluated for common threads that perhaps could be evaluated and addressed for the particular course.
4. Minutes from this curriculum meeting will be used to address the Total Program Evaluation (TPE)

Total Program Evaluation (TPE)

1. The April faculty meeting will address the TPE prior to the end of academic year curriculum meeting in May. DON will provide the following information:
 - A. NCLEX Results: The program must achieve at least a 75% annual pass rate of first-time takers on NCLEX for the last two years. The DON will provide the last two years annual pass rates. Including those students who dropped cohorts and returned, or those who did not return.
 - B. DON will address and provide explanation for attrition rate > 25% for those cohorts discussed.

Pattern of Student Satisfaction

To address the requirement of persistent, substantive pattern of student satisfaction with the program based on periodic anonymous student surveys:

1. The DON will discuss any common threads from course evaluations from students that should be addressed by the program with anonymity for all faculty and students.
2. The DON will also review with the faculty the recent graduate exit survey and the results to assess for any discussions or improvements for the next academic year.

Performance of Graduates Meeting Community Need

To address the need of persistent substantive pattern of the performance of graduates meeting community need based on identified program evaluation plan elements. (For example, employer surveys or other methods used):

1. The DON will share the employer surveys that are collected by specific employers every other year (even years) in March.
2. Collect data from nurse mentors and obtain facility satisfaction in regard to the student's performance on the nursing units.
3. DON will share any issues or concerns that have may have occurred over the academic year and the action that was taken for any issues. Central San Joaquin Valley Clinical Education Collaborative (CSJVCEC) previously Academic Service Partnership meetings and nursing program areas of improvement or support that were addressed in the meetings over the academic year will be discussed.

Any problems identified in the program's total evaluation plan will be addressed in this meeting for documentation.

Curriculum Pattern

The nursing curriculum is a correlated program of general education, related science, and nursing courses. Clinical experience is obtained in local hospitals and other community health agencies.

Traditional Student Nursing Courses			LVN-RN New Nursing Courses		
First Semester-Fall		Units			
NURS 016	Nursing and a Culture of Health	1			
NURS 017	Culture of Health 1	4			
NURS 017L	Culture of Health 1 Immersion	4			
NURS 018	Critical Thinking and a Culture of Health	1			
NURS 019 *elective	Foundations and a Culture of Health	2			
	Total	10-12*			

Second Semester- Spring			First Term-Summer LVN-RN Transition		
NURS 020	Culture of Health 2	2	NURS 012	Role Transition, Critical Thinking, and a Culture of Health	5 (3.5 units lecture; 1.5 units lab)
NURS 020L	Culture of Health 2 Immersion	2			
NURS 021	Culture of Health 3	4 (2 units OB; 2 units Peds)			
NURS 021L	Culture of Health 3 Immersion	3 units (1.5 units OB; 1.5 units peds)			
NURS 022 *elective	Family and Culture of Health	3			
	Total	11-14*		Total	5
Third Semester- Fall		*LVN's join	Second Term- Fall		
NURS 030	Culture of Health 4	3	NURS 030	Culture of Health 4	3
NURS 030L	Culture of Health 4 Immersion	3	NURS 030L	Culture of Health 4 Immersion	3
NURS 031	Culture of Health 5 Mental Health	1.5	NURS 031	Culture of Health 5 Mental Health	1.5
NURS 031L	Culture of Health 5 Mental Health Immersion	1.5	NURS 031L	Culture of Health 5 Mental Health Immersion	1.5
NURS 032 *elective	Issues, Trends and a Culture of Health	3.0	NURS 032 *elective	Issues, Trends and a Culture of Health	3.0
	Total	9-12*		Total	9-12*
Fourth Semester- Spring graduate			Third Term- Spring- LVN-RN graduate		
NURS 040	Culture of Health 6	2.5	NURS 040	Culture of Health 6	2.5
NURS 040L	Culture of Health 6 Immersion	3.5	NURS 040L	Culture of Health 6 Immersion	3.5
NURS 041	Transition into Practice in the Community	1.5	NURS 041	Transition into Practice in the Community	1.5
NURS 041L	Transition into Practice in the Community Immersion	1	NURS 041L	Transition into Practice in the Community Immersion	1
NURS 042 *elective	Community and a Culture of Health	3.5	NURS 042 *elective	Community and a Culture of Health	3.5

	Total	8.5-11.5*		Total	8.5-11.5*
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***30 unit option students LVN-RN: in conjunction with 17.5 program units, will also have BRN pre-requisites to include Physiology (4 units) Microbiology (4 units)**

ADDITIONAL PROGRAM REQUIREMENTS

Program Requirements	General Education Requirements
BIO 032 - Human Anatomy 4 Units BIO 035 - Human Physiology 4 Units BIO 038 - Microbiology 4 Units ENGLC1000 Academic Reading and Writing 4 Units *MATH 001A Introduction to Calculus 5 Units (or higher) will accept (3u) equiv *CHEM 002A Introductory Chemistry 4 Units PSYCH 1000 General Psychology 3 Units SOC 001 Introduction to Sociology 3 Units COM 001 Elements of Public Speaking 3 Units Or COM 004 Small Group Dynamics 3 Units Or COM 005 Interpersonal Communication 3 Units	Any Area C Humanities course 3 Units <i>SEE APPENDIX B for graduation requirements and APPENDIX C for student education tracking form</i>

FACULTY

FACULTY REQUIREMENTS AND EXPECTATIONS

This handbook is to be used as a reference for the Associate of Science (AS) Degree in Nursing faculty and staff. This handbook shall be reviewed annually by the faculty and revised, as necessary. Any changes will be noted as revised with a date of the revision.

The District and College, and everyone who represents the District or College, shall provide access to its services, classes, and programs without regard to national origin, religion, age, sex (gender), race, color, medical condition, ancestry, sexual orientation, marital status, physical or mental disability, or because they are perceived to have one or more of the previous characteristics.

New Faculty Orientation

All new faculty adjunct and full-time will be provided an orientation packet specific to the orientation to the department of nurses and the role of instructor. The orientation packet consists of:

- Orientation check-list
- New faculty EDP-10
- Policies and procedures
- Student handbook
- Faculty handbook
- Copy of BRN approval signed by the NEC
- One-on-one orientation to clinical site as determined by director/assistant director of nursing
- Educator education plan to support success in the classroom and clinical setting (based on educator competency assessment)
- District specific policies r/t contract, pay and other campus/district paperwork will be directed to HR or campus administration as appropriate.

Depending on teaching assignment, lead faculty will be responsible for scheduling appropriate orientation to the clinical facility for the new faculty as well as identifying a plan of clinical instruction training as determined through self-assessment educator competency, experience of new faculty member and BRN approval for teaching.

A team meeting of all instructors teaching the same subject/course will be held prior to the beginning of the rotation. Content reviewed during the team meeting includes:

1. Rotation schedule.
2. Course syllabus, including course objectives and requirements.
3. Policies specific to the course.
4. Anecdotal form (case notes).
5. Civitas notes; E-lumen.
6. Documentation of daily course attendance and final grades in Self-Service area of college's portal.
7. Canvas – opening course at least 2 weeks prior to the beginning of the semester.
8. Roster certification after the third week of the course.

9. Clinical evaluation tool.
10. Appropriate utilization of clinical areas and time requirements.
11. Facility-specific policies/procedures that affect instructors/students.
12. Provide clinical sites with a copy of immunizations, clinical schedule, course syllabus, and contact information.

Duties and Responsibilities of Instructors and Administrators

- A. West Hills Community College District (WHCCD) has established policies defining the duties and responsibilities of instructors. [ap7217](#)
- B. The Board of Registered Nursing (BRN) has defined the duties and responsibilities of the Instructors, Instructional Area Deans, and the Director of Nursing.
- C. See end of this document for the duties and responsibilities/Job Descriptions of Instructors, support staff, Instructional Area Deans and Director of Nursing.

The Instructor

1. Instructor Assignments

- A. All instructors will receive a schedule of teaching assignments in writing prior to the beginning of the semester, provided through Human Resources by the Director of Nursing.
- B. Instructors must communicate with the hospital nursing school education coordinator prior to the beginning of each clinical course. The instructor must submit to the hospital a copy of the course objectives/syllabus, student rotation assignments for each rotation, and any other documentation required per each facility's guidelines.
- C. Instructors are responsible for submitting required facility documentation or communicate with the Health Careers Office and have the requested documents made available for you to provide to the facility.
- D. Some facilities require proof of faculty immunizations, an AHA CPR card, and any required documentation for the students to be in the facility. Copies of the faculty member's documentation need to be provided to the Health Careers office to be available for the clinical rotation. The instructor is responsible for following the clinical site requirements; check with the site to note what is required for the clinical rotation. It is important to communicate with your clinical group what they need to do for the clinical rotation to be at the clinical site. If badges are required, you need to coordinate with the facility to obtain them prior to the clinical rotation.
- E. Reviewing your clinical roster, including student documentation is important prior to beginning and throughout the clinical rotation. Note if there are any students that will need to update their immunizations or BLS during the time that the students are at the clinical site. Students are not to be at the clinical site if they are not in compliance with the requirements.
- F. Instructors need to submit a copy of their course syllabus sent to LC administration prior to the end of the first week of the course.

Requesting Time Off

Instructors hired to teach during the term should arrange to be present in the classroom/clinical as expected when provided a teaching assignment. The department of nursing expects that the instructor attends classes as scheduled, is available to students as needed to support student success and meet the hours of the course as required. In addition, time outside of class time should be sufficient to

provide students with corrected assignments and feedback to assist in the student's educational growth and success in the nursing program. In the rare case that the instructor may need time off during a teaching assignment, *Time Off Request Forms* can be found at the following link [Eagle Answer Center \(sharepoint.com\)](http://Eagle Answer Center (sharepoint.com)). This form is located at the bottom of the webpage. This form must be completed and turned into the director of nursing for approval at least two weeks prior to the date needed and sooner if possible. Hours lost due to instructor absences may need to be rescheduled to meet the needs of the student and may be out of the instructors regularly scheduled class/clinical time if coverage cannot be found for day off requested.

2. Instructor and Adjunct Faculty Requirements

- A. Pre-employment - All potential nursing instructors who either express an interest in teaching or are recruited by the hospitals, clinical facilities, or faculty to teach are required to interview at LC, complete an application packet and be approved by the BRN. This process includes:
 - 1. An interview with the Director of Nursing and a panel consisting of 2 full-time instructors. The interview will be completed as per college policy.
 - 2. Completion of the WHCCD application packet and provide the following documents: Health Clearance requirements may change or be added to depending on facility requirements.
 - a. An up-to-date resume that highlights all clinical and teaching experience within the last **six (6)** years, particularly in the assigned teaching areas.
 - b. Copy of current California RN license, health professional CPR (AHA) card, fingerprint/background check for Education, TB skin test, and the following immunization records or proof of immunity:
 - (1) Hepatitis B: series of 3 doses, positive titer, or signed declination.
 - (2) Rubella: 1 dose or positive titer.
 - (3) Rubeola: 2 doses or positive titer.
 - (4) Mumps: 1 dose or positive titer.
 - (5) Varicella: 2 doses or positive titer.
 - (6) Influenza: between October 1 and April 15 each year or signed declination form; per the clinical site.
 - (7) Tdap or signed declination form.
 - c. The completed forms and application requirements must be submitted to WHCCD Human Resources (HR) Department.
 - d. Meet all of the WHCC District requirements and complete required paperwork.
 - e. Live Scan finger printing will need to be completed for hiring
 - 3. Completion of the BRN initial application for faculty. BRN approval is necessary before teaching can begin. The initial application will be submitted by the Health Careers Office to the BRN.
 - 4. Meet with the Director of Nursing, Assistant Director or Lead Faculty to:
 - a. Review the program curriculum, theory and clinical class syllabi.
 - b. Review teaching assignment including days, hours, clinical placement, skills lab, or theory.
 - c. Review the current course syllabus provided by the lead faculty.
 - d. Review LC and ADN Program policies and procedures specific to the clinical placement and clinical rotation.
 - (1) Grading policies.
 - (2) Failing or disruptive students.

- (3) Record of grades and attendance.
- (4) Filing of grades to the Admissions and Records Department, and copies to the LC Administration.
- (5) “My Portal” grade report.
- (6) Final evaluation conference with individual students.
- e. Each new faculty member will be required to complete a self-assessment related to teaching ability, exposure and competency. Based on that assessment, current background and teaching experience, the director of nursing or assistant director of nursing will identify educational strategies, tutorials or resources faculty can complete to increase your knowledge and competence in your educational experience. Each new faculty will be assigned a mentor to support them in their new role to assist with faculty responsibilities and teaching strategies in the classroom and/or clinical.
- f. All faculty MUST adhere to the course syllabus. The subject- area lead course instructor must approve any deviation from the syllabus prior to implementation.
- B. The Director of Nursing or lead faculty member will provide information about course textbooks. You may be provided a link to the publisher to obtain materials.

3. Adjunct Faculty Requirements

- A. Adjunct faculty need to attend ADN Program faculty meetings during the period that they have a teaching assignment. It is important that all faculty, both full-time and part-time, participate in the development and implementation of curriculum and program policies and procedures. The meetings are scheduled, but dates and times may vary. Contact the Director of Nursing, or Health Careers Office for the schedule of meetings. Information regarding meetings will be sent to faculty, usually via your campus email address. Please check your campus email frequently during the time that you are teaching for any posted information. Minutes of each meeting will be sent via campus email as well; it is your responsibility to review the information.
- B. A LC new faculty will complete the campus onboarding form and will be assigned a faculty member for nursing department orientation prior to the start of their teaching assignment and continue as needed through the first-time teaching assignment. Additional nursing department orientation materials will also be required to be complete for additional education and nursing education specific training as needed.
- C. Administrative staff in the health careers office will assist with badges and room access key fobs and any other printer or office technology you may need assistance with. They will also assist in providing access to necessary online documents in the campus one-drive that the instructor may need to full-fill their responsibilities.
- D. It is recommended that all faculty attend an annual meeting of students and faculty usually held at the beginning of the fall semester. Contact the Health Careers Office for the date and time; it is normally held within the first month of each semester.
- E. All adjunct instructors will be evaluated by the students and faculty as stated in the Part-Time Faculty Contract. In addition, the students will complete a BRN evaluation of the instructor and clinical site at the completion of each rotation.

4. ADN Program Faculty Responsibilities

- A. All nursing faculty, full-time and part-time, are to be active in curriculum development, implementation, and evaluation.

- B. All full-time and part-time faculty need to attend ADN Program Faculty Meetings.
- C. All faculty will **submit each year** to the department of nursing current CEUs completed for the year requested using the Report on Faculty EDP-P-10 document. CE hours and or clinical work experiences must be sufficient to demonstrate faculty expertise and continued clinical competency.
- D. Faculty may be asked to remediate per the BRN remediation guidelines to maintain or attain clinical competence to teach or continue to teach a particular course/content within the program.
- E. A team meeting of all instructors teaching the same subject/course will be held **prior** to the beginning of the rotation. Content reviewed during the team meeting includes:
 - 1. Clinical rotation schedule, clinical assignment for the facility.
 - 2. Course syllabus, including course objectives and requirements. Review the clinical assignments for the course.
 - 3. Lead faculty will provide electronic copies of clinical assignment forms.
 - 4. Policies specific to the course.
 - 5. Anecdotal form (case notes).
 - 6. Clinical evaluation tool.
 - 7. Appropriate utilization of clinical areas and time requirements.
 - 8. Explain the use of communication cards in the clinical setting by the students; provide a sample of the card for the faculty to provide to the students.
 - 9. Facility-specific policies/procedures that affect instructors/students.
- F. Clinical instructors are required to:
 - 1. Provide a learning environment where the students can meet the clinical objectives.
 - 2. Develop a schedule at the beginning of each clinical rotation indicating student assignments in all hospital and satellite experiences. The rotation schedule must be distributed to the students, posted in conspicuous locations at assigned nursing units and satellite locations, submitted to the facility staff education coordinator and unit managers, the theory instructor, the Health Careers Office, and the LC Director of Nursing. The lead faculty member will provide an example of an electronic template.
 - 2. Maintain attendance records, anecdotal notes, student evaluations and assignments, and other records pertinent to the course.
 - 3. Being an example of professional behavior, faculty need to follow the dress code for being in a clinical setting. This includes uniform, tattoos, jewelry, nails & hair. Students will look to you as an example of what they should be doing.
 - 4. Orient self to the College, and act as a liaison with the hospital staff regarding student learning and meeting objectives of the course.
 - 5. Provide a copy of the course syllabus and course objectives to the clinical agency and posted on the main clinical area. ***All clinical course objectives are also entered in the CCPS system to the corresponding clinical course for all clinical agencies to share with their facilities management.***
 - 6. A copy of course syllabus must be electronically emailed to the ***college administration*** at the beginning of the course within the first 2 weeks of the semester.
 - 7. A copy of the course syllabus must be electronically emailed in editable word document to the ***health careers department administrative staff*** to file in the OneDrive in the department for BRN record keeping.
 - 8. Instructors must check class rosters within the first and second weeks of class and notify administration and the health careers office of any variances in your roster so corrections or appropriate drops may be made.

9. Notify each student of the level of clinical performance at rotation mid-term, end, and any other time that is necessary or appropriate.
10. Establish written clinical assignments and objectives for students at the start of each rotation in conjunction with the course lead faculty.
11. Familiarize oneself with the broad content and course objectives for theory and clinical components of the course.
12. Notify students in writing when the student is not meeting course objectives that may lead to potential failure as early in the rotation as possible. Submit a copy to the LC Director of Nursing and lead faculty for the course. It is advisable to consult with the lead faculty prior to written notification for direction and guidance in the development of a plan to facilitate student success and provide remediation. Placing a note in Civitas Advisor is important as it establishes documentation of the concern regarding a student.
13. Provide feedback to students regarding their progress in the course; return graded assignments in a timely manner, with guidance for the student to be successful. Students need to know what the expectations are for the assignments. Assignments need to be corrected within a 7-10 day window from the time of submission, to allow students to know any areas that they may need to work on further to assist them with success in the course.
14. Inform the theory instructor and the LC Director of Nursing of student progress or any concerns that may come up during the rotation.
15. Report difficulties in meeting clinical objectives in the clinical area and/or clinical-related problems to the theory instructor and the LC Director of Nursing to support a plan to facilitate success.
16. Notify the lead instructor and LC Director of Nursing about any change in the health status of any student (e.g., pregnancy, surgery, hospitalization, alcohol or drug abuse).
17. Instructors may want to complete and maintain weekly clinical case notes or progress notes on each student to support the final clinical evaluation. The final clinical evaluation is turned in electronically, so that it can be filed electronically with the health careers office until the student graduates.
18. Ensure health office staff assist you in notifying sponsors, Workforce Connection, Proteus, or Job Training Office (JTO) if students are at risk for failing a course.
19. In the clinical course, the clinical performance evaluation supports the student's progress in the clinical rotation. The final evaluation needs to be submitted electronically to the health careers administrative staff.
20. Final grades and positive attendance hours must be turned in electronically to the college administration and the health careers office administrative staff within one week of course completion. Final grades are entered in via the College's Portal page, under the Self-Service area.

5. Clinical and Theory Instructor Attendance

- A. During assigned teaching hours, an instructor's responsibilities are to provide instruction to the students. No work for other employers or personal business may be conducted during assigned clinical hours. You should **be available** to the students in the clinical setting, so that the students can understand their learning experience.
- B. Being available to the students includes engaging with the students, assisting them with skills, assessments, and medication pass. Employing clinical judgment and critical thinking techniques to engage with the students, to facilitate their understanding of their particular client(s). Helping them connect the dots is important.

- C. Correcting clinical assignments during clinical is not recommended, as this can make you less available to the students. Being seen as a professional resource at the clinical site is your responsibility.
- D. **Instructors that are employed in the clinical area they are teaching students in may NOT schedule students come to “clinical” on days they are scheduled to work for the agency for make-up days or otherwise.** When employed as an instructor with LC, instructors must teach the clinical on the days that the program is approved to be at the facility.
- E. If for any reason an instructor is unable to attend an assigned class period, the instructor **MUST** notify:
 - 1. The course lead faculty and the Director of Nursing.
 - 2. The students in the class.
 - 3. The Health Careers Office.
 - 4. The nursing unit where the students are assigned (for a clinical course).
 - 5. Complete Request for Time Off Duty and submit to Director of Nursing [Eagle Answer Center \(sharepoint.com\)](#)Ask the health careers office staff for a form if this link is not available.

6. Office Hours

- A. Full-time faculty: *It is recommended all full-time faculty are present on campus every Tuesday and Thursday to teach assigned theory, be available to students, prep for class, collaborate with other faculty and attend any faculty related meetings scheduled on those days. Being available the full day on both Tuesdays and Thursdays supports consistency in the program and the opportunity for shared work. If a faculty member cannot be present for the full day on Tuesday/Thursday, they should let the AD and DON know so appropriate workload can be distributed.*

Full-time faculty are:

- 1. Required to have at least 5 hours per week of availability to students. Office hours are posted in the syllabus that is available in the course Canvas.
- 2. Instruction hours combined with office hours should normally be at least 20 hours per week.
- 3. Office hours must be posted for students to see.
- 4. At least one office hour must be scheduled at times when no classes are scheduled.
- 5. An office hour may be rescheduled to another day under the following circumstances by informing the supervisor not later than the day prior and publish the rescheduled office hour conspicuously for students.
 - a. Perform assignment-related work off-campus.
 - b. Participate in professional development.
 - c. Develop curriculum.
 - d. Engage in college-related activities with students currently enrolled in one of his/her classes.
- B. Part-time faculty are not required to hold office hours but are encouraged to meet with students on an as-needed basis.

7. Course and Instructor Evaluations

- A. At the completion of each learning rotation (whether for a theory or clinical course), the

student will be sent a link from the college to complete an evaluation of the course and the instructor. There are two purposes for this evaluation. First, it provides the students the opportunity to give feedback to the instructor to validate what is working in the course and instruction and identify what areas may need to improve to support the program TEP. Second, the BRN requires that students evaluate each course and that the evaluations are made available to the accrediting team during the BRN accreditation site visit. These informal evaluations cannot be used by administration to evaluate the performance of the Full-time tenure instructor.

For the Adjunct faculty, these evaluations will be completed by the students and provided to the adjunct faculty for review. The adjunct will then complete a self-assessment/summary at the minimum annually and discuss any needs, issues or support from the department to improve the teaching process, or to be provided training or educational opportunities to support the faculty member in development of a nursing educator.

- B. The process to be used for the student evaluations includes:
1. College provides the link to the students for the courses they are attending; both theory and clinical.
 2. Inform the students that the instructor and the Director of Nursing will be the only people from the college reading the evaluations.
Evaluation results are made available to the instructor and the DON via the LC portal or can be requested to be send via email.
 3. Keep the evaluations are kept electronically in a secure place for curriculum review and evaluation.

Example Evaluation

1 - Course learning objectives, student learning outcomes, grading procedures, etc. follow the criteria explained in the course syllabus.						
Response Option	Weight	Frequency	Percent	Percent Responses	Means	
Strongly agree	(5)	2	33.33%			4.17
Agree	(4)	3	50.00%			
Disagree	(3)	1	16.67%			
Strongly disagree	(2)	0	0.00%			
No opinion	(1)	0	0.00%			
Not applicable	(0)	0	0.00%			
Response Rate				Mean	STD	Median
6/22 (27.27%)				4.17	0.75	4.00

2 - The textbook relates to the course.						
Response Option	Weight	Frequency	Percent	Percent Responses	Means	
Strongly agree	(5)	2	33.33%			3.80
Agree	(4)	2	33.33%			
Disagree	(3)	0	0.00%			
Strongly disagree	(2)	0	0.00%			
No opinion	(1)	1	16.67%			
Not applicable	(0)	1	16.67%			
Response Rate				Mean	STD	Median
6/22 (27.27%)				3.80	1.64	4.00

3 - The material presented in class relates to the class subject.						
Response Option	Weight	Frequency	Percent	Percent Responses	Means	
Strongly agree	(5)	4	66.67%			4.50
Agree	(4)	1	16.67%			
Disagree	(3)	1	16.67%			
Strongly disagree	(2)	0	0.00%			
No opinion	(1)	0	0.00%			
Not applicable	(0)	0	0.00%			
Response Rate				Mean	STD	Median
6/22 (27.27%)				4.50	0.84	5.00

4 - The instructor meets the class during the scheduled time.						
Response Option	Weight	Frequency	Percent	Percent Responses	Means	
Strongly agree	(5)	4	66.67%			4.67
Agree	(4)	2	33.33%			
Disagree	(3)	0	0.00%			
Strongly disagree	(2)	0	0.00%			
No opinion	(1)	0	0.00%			
Not applicable	(0)	0	0.00%			
Response Rate				Mean	STD	Median
6/22 (27.27%)				4.67	0.52	5.00

5 - The instructor holds class for the entire scheduled time.							
Response Option	Weight	Frequency	Percent	Percent Responses	Means		
Strongly agree	(5)	4	66.67%		4.67		
Agree	(4)	2	33.33%				
Disagree	(3)	0	0.00%				
Strongly disagree	(2)	0	0.00%				
No opinion	(1)	0	0.00%				
Not applicable	(0)	0	0.00%				
				0 25 50 100	Question		
Response Rate				Mean	STD	Median	
6/22 (27.27%)				4.67	0.52	5.00	

6 - The instructor is enthusiastic about his/her subject.							
Response Option	Weight	Frequency	Percent	Percent Responses	Means		
Strongly agree	(5)	3	50.00%		3.67		
Agree	(4)	1	16.67%				
Disagree	(3)	0	0.00%				
Strongly disagree	(2)	1	16.67%				
No opinion	(1)	1	16.67%				
Not applicable	(0)	0	0.00%				
				0 25 50 100	Question		
Response Rate				Mean	STD	Median	
6/22 (27.27%)				3.67	1.75	4.50	

7 - The instructor presents ideas and theories clearly.							
Response Option	Weight	Frequency	Percent	Percent Responses	Means		
Strongly agree	(5)	3	50.00%		4.17		
Agree	(4)	2	33.33%				
Disagree	(3)	0	0.00%				
Strongly disagree	(2)	1	16.67%				
No opinion	(1)	0	0.00%				
Not applicable	(0)	0	0.00%				
				0 25 50 100	Question		
Response Rate				Mean	STD	Median	
6/22 (27.27%)				4.17	1.17	4.50	

8 - The instructor makes good use of examples and illustrations.							
Response Option	Weight	Frequency	Percent	Percent Responses	Means		
Strongly agree	(5)	2	33.33%		3.50		
Agree	(4)	2	33.33%				
Disagree	(3)	0	0.00%				
Strongly disagree	(2)	1	16.67%				
No opinion	(1)	1	16.67%				
Not applicable	(0)	0	0.00%				
				0 25 50 100	Question		
Response Rate				Mean	STD	Median	
6/22 (27.27%)				3.50	1.64	4.00	

9 - Class presentations are well planned and organized.							
Response Option	Weight	Frequency	Percent	Percent Responses	Means		
Strongly agree	(5)	2	33.33%		3.50		
Agree	(4)	2	33.33%				
Disagree	(3)	0	0.00%				
Strongly disagree	(2)	1	16.67%				
No opinion	(1)	1	16.67%				
Not applicable	(0)	0	0.00%				
				0 25 50 100	Question		
Response Rate				Mean	STD	Median	
6/22 (27.27%)				3.50	1.64	4.00	

10 - Assignments are related to the class subject.							
Response Option	Weight	Frequency	Percent	Percent Responses	Means		

11 - Exams reflect the class subject.							
Response Option	Weight	Frequency	Percent	Percent Responses	Means		
Strongly agree	(5)	2	33.33%		3.67		
Agree	(4)	2	33.33%				
Disagree	(3)	1	16.67%				
Strongly disagree	(2)	0	0.00%				
No opinion	(1)	1	16.67%				
Not applicable	(0)	0	0.00%				
				0 25 50 100	Question		
Response Rate				Mean	STD	Median	
6/22 (27.27%)				3.67	1.51	4.00	

12 - Tests and assignments are returned to students within a reasonable amount of time.							
Response Option	Weight	Frequency	Percent	Percent Responses	Means		
Strongly agree	(5)	2	33.33%		3.50		
Agree	(4)	2	33.33%				
Disagree	(3)	0	0.00%				
Strongly disagree	(2)	1	16.67%				
No opinion	(1)	1	16.67%				
Not applicable	(0)	0	0.00%				
				0 25 50 100	Question		
Response Rate				Mean	STD	Median	
6/22 (27.27%)				3.50	1.64	4.00	

13 - The instructor encourages discussion.						
Response Option	Weight	Frequency	Percent	Percent Responses	Means	
Strongly agree	(5)	3	50.00%		4.17	
Agree	(4)	2	33.33%			
Disagree	(3)	0	0.00%			
Strongly disagree	(2)	1	16.67%			
No opinion	(1)	0	0.00%			
Not applicable	(0)	0	0.00%			
Response Rate				Mean	STD	Median
6/22 (27.27%)				4.17	1.17	4.50

14 - The instructor accepts expressions of opinions differing from his/her own.						
Response Option	Weight	Frequency	Percent	Percent Responses	Means	
Strongly agree	(5)	3	50.00%		4.17	
Agree	(4)	2	33.33%			
Disagree	(3)	0	0.00%			
Strongly disagree	(2)	1	16.67%			
No opinion	(1)	0	0.00%			
Not applicable	(0)	0	0.00%			
Response Rate				Mean	STD	Median
6/22 (27.27%)				4.17	1.17	4.50

15 - The instructor is available for individual assistance.						
Response Option	Weight	Frequency	Percent	Percent Responses	Means	
Strongly agree	(5)	3	50.00%		4.00	
Agree	(4)	2	33.33%			
Disagree	(3)	0	0.00%			
Strongly disagree	(2)	0	0.00%			
No opinion	(1)	1	16.67%			
Not applicable	(0)	0	0.00%			
Response Rate				Mean	STD	Median
6/22 (27.27%)				4.00	1.55	4.50

16 - I would take class from this instructor again.						
Response Option	Weight	Frequency	Percent	Percent Responses	Means	
Strongly agree	(5)	3	50.00%		3.67	
Agree	(4)	1	16.67%			
Disagree	(3)	0	0.00%			
Strongly disagree	(2)	1	16.67%			
No opinion	(1)	1	16.67%			
Not applicable	(0)	0	0.00%			
Response Rate				Mean	STD	Median
6/22 (27.27%)				3.67	1.75	4.50

Open comments for:

17 - Write what you like about this course.

18 - Write what could be improved about this course.

- C. Specific formal evaluation procedures for full-time and part-time faculty are done per district policy. Full-time faculty designated in a tenure track position are evaluated annually with a four (4) year tenure process and evaluated every three (3) years thereafter. Adjunct faculty is evaluated annually, by the college administration. It is desirable for an initial evaluation to be done during the first semester of instruction. The CTA contract with

evaluation procedure and documents can be found at this link [Contracts | West Hills Community College District \(westhillscollege.com\)](https://westhillscollege.com/contracts)

When a faculty member's evaluation is coming due, the Director of Nursing will send out an email to the faculty with instructions to start the process for evaluation.

8. Payment for Teaching Assignments

- A. Regardless of teaching in the Contracted Programs, adjunct instructors must not teach more than 67% of a full-time instructor's load, a load assignment of 10 or work over 24 hours per week including prep time that is calculated into course load.
- B. Adjunct instructors will be paid through WHCCD Payroll/HR on a monthly basis. All documentation needs to be submitted at the time of hire with the college.
- C. Payment for Fall semester: first payment is dispersed at the end of September (August start of teaching), with the last payment dispersed at the end of January. For spring semester: the first payment is dispersed at the end of February (January start), with the last payment dispersed at the end of June.
- D. *In rare situations or in collaboration with clinical partners:* Adjunct instructors teaching in the Contracted Program who are employees of the hospital where teaching, will be paid by the hospital in the form of release time. All benefits are through the hospital, not the college. Adjunct contracted instructors must notify the appropriate supervisor verifying the teaching assignment to receive this release time. Hospitals operate differently in terms of which budgets pay the contracted instructors, therefore it is important to ensure that the hospital coordinators for the Contracted Program, as well as the instructor's immediate supervisor, are informed of teaching assignments. These special arranged adjunct instructors may not teach in the Traditional Program and the Contracted Program during the same semester.

Class Documentation & Roster Management

1. Class Roster

To access your class roster: go to **My West Hills Portal Page (MWHPP)**-> [West Hills Community - Home \(sharepoint.com\)](https://westhillscollege.com/) -> **Faculty Info-> Class Roster Select Section.**
Instructors can also access self service items, enter course final grades.
A reminder email with steps is sent out each semester to assist faculty.

- A. Prior to the start of each rotation, review the specific course Nursing Program Class Roster and ensure that it is correct.
- B. During the first meeting with the students, verify that all students are listed on the roster.
 - 1. If a student is present and not on the roster, call the Health Careers Office to verify that the student belongs in the course section. If the student belongs in the course, the health careers office secretary will coordinate to have the student added to the roster and work with the Admissions Office Secretary at the college. If the student has reported to the wrong clinical rotation, immediately send the student to the appropriate rotation. Again, contact the health careers office for any direction in this matter.
 - 2. If a student is on the roster but is not present, notify the Health Careers Office. If the student has not contacted the instructor prior to the second clinical day, the instructor is required to drop the student from the course on the LC Census Audit Roster (Drop Roster). *See instructions on how to drop a student that will be sent via email each semester by the Admission and Records office.*

3. If the roster is correct, it will be certified by the census date. If incorrect, make changes and send to the Health Careers office secretary to coordinate getting the roster to the Admissions Office. When the roster has been corrected, faculty will be directed via email from campus registrar to certify roster electronically by the appropriate census date.
 4. Drop students from a class section through the MWHPP. The Director of Nursing, Health Careers Office, and the Health Careers Counselor need to be informed when any student is dropped from the course or program. *See instructions on how to drop a student that will be sent via email each semester by the Admission and Records office.*
- C. Check the class roster on MWHPP prior to the beginning of each class (theory and clinical)) to verify student enrollment. ***Under no circumstance can a student be allowed to provide patient care unless officially enrolled in the course.*** The Admissions Office enrolls all students into the specific sections because nursing classes do not allow students to self-enroll.
 - D. Roster certification needs to be completed per the College's policy. An email reminder that it will need to be completed will be sent by administration.

2. Maintaining Class Grading and Attendance Rosters

- A. Instructions for completing class and attendance rosters are provided to each instructor at the beginning of the course either by the Health Careers Office for adjunct instructors, by email, or in faculty mailboxes for full-time instructors
- B. The final drop date is at 60% of the course and is identified via an email sent to the instructor with the drop date, final census date, and withdrawal information by the Admissions Office.
- C. Instructors are encouraged to use Canvas Learning System to maintain course grades and attendance.
- D. Each instructor is responsible for submitting course grades. The grades must be submitted through MWHPP-> Faculty Information-> Grades on the computer). The directions to access and send these items are provided in an email to faculty from the registrar's office.

Hospital Clinical Agreements

- A. The college has agreements with each of the clinical facilities and there are specific requirements of the college (of which the college is the agent) and the clinical facilities.
- B. Refer to the end of the document for a template of the contracts. This includes ***Exhibit A1*** that includes additional clarification of the role of the instructor, student and agency and meets the requirement for the BRN.
- C. It is the responsibility of the Director to ensure that the contracts are valid before assigning any instructor to a facility.

1. Clinical Sites

- A. Instructors and clinical groups will be assigned to clinical sites by the LC Director of Nursing with input from the faculty.
- B. The instructor needs to evaluate the learning experiences that are available on the assigned site(s) to determine if the students can meet the objectives of the course.
- C. The LC Director of Nursing must be informed if, in the instructor's professional opinion, the clinical site is not adequate (e.g., low patient census or acuity, difficulty meeting course objectives) and needs to be changed. The Instructor and the Director will then collaborate

on getting approval to move the clinical group to a different site or unit.

- D. The clinical instructor needs to keep the lead theory instructor apprised of any concerns and changes.

NOTE: Instructors must comply with all clinical facility requirements for instructors, such as submitting all required documentation, obtaining an Identification (ID) badge, and completing orientation. It is the instructor's responsibility to know when this needs to be completed by the contracting facility.

2. Clinical health Requirements for Students

- A. Prior to the first day of each clinical rotation, the students must provide the following to the Health Careers Office staff:
 - 1. Current Health Provider CPR (AHA) Card, current for the entire rotation.
 - 2. Negative TB skin test within the last 6 months, current for the entire rotation. If the student has a history of a positive TB skin test, the student must submit a clearance by history form to LC, within the last 6 months or a negative chest x-ray within the last year. Some sites require the Quantiferon Gold Plus TB test; students must meet the particular facility's requirements.
 - 3. The following immunization records or proof of immunity:
 - a. Hepatitis B: series of 3 doses, positive titer, or signed declination.
 - b. Rubella: 1 dose or positive titer.
 - c. Rubeola: 2 doses or positive titer.
 - d. Mumps: 1 dose or positive titer.
 - e. Varicella: 2 doses or positive titer.
 - f. Tdap, influenza: proof of vaccination or a declination form; students have the responsibility to provide information per faculty direction.
 - g. COVID-19 vaccination as required by the facility
- B. Proof of valid vehicle insurance.
- C. If required by the hospital, the instructor is to submit to the hospital HR Department or the Nursing Education department the above student- required documentation.
- D. Students will have drug and background clearances completed prior to program entry.
- E. Malpractice insurance will be provided through the ADN program.
- F. All of the above documentation needs to be kept current throughout the semester. Any student that is non-compliant will lose professional points from the final course clinical evaluation. The student is **not** allowed in the clinical setting until all documents are verified as current. The instructor will be provided a copy of the immunization documentation sent to their clinical facility by the health careers office staff. It is expected the Instructor will keep a copy of this document with them to access as necessary.

Curriculum College Standards (link to Title V) [Div. 6. California Community Colleges](#)

- A. Curriculum development is the responsibility of the faculty.
- B. Instructors must adhere to the Course Outline of Record (Title V) as approved by the ADN Program Faculty and the Lemoore College Curriculum Committee. [55002 standards & criteria for courses](#) BP 4020 Instructors are to take the Course Outline of Record and develop the expanded course syllabus for submission to the students.
- C. All courses must have a syllabus based on the Course Outline of Record. Each syllabus must include, but is not limited to, the following content: *See end of document for example. You will also be provided electronic copy for your use.*

1. Course title.
2. Textbook(s).
3. Course # (units will be included).
4. Class hours, room number.
5. Instructor of Record.
6. Office number (if full-time faculty), office hours.
7. Telephone number and e-mail address.
8. Course description.
9. Course objectives.
10. Attendance.
11. Grading criteria and review of tests.
12. Method of Evaluation.
13. Special needs students (learning disabilities).
14. Written assignments (when applicable).
15. Course expectations (include tape recording if not allowed).
16. Reading assignment.
17. Academic dishonesty.
18. Student Materials.
19. Student Learning Outcomes.

Field Trips- Request assistance from the office staff for help with this process

- A. If the instructor considers scheduling a field trip to enhance the learning experience of a course, the WHCCD field trip policies must be followed.
- B. The Health Sciences and the Arts Field Trip Request form must be completed and approved
- C. Transportation may be arranged through the District Maintenance and Operations Department and the Roster of Passengers form must be completed.
- D. Any individual, instructor or student who is driving a vehicle must submit a copy of a valid driver's license and any other documentation required by the college/district to the Transportation Coordinator/Department for clearance to operate a college vehicle.
- E. All students participating in the field trip must sign a Field Trip or Excursion Waiver Statement form. This form should be on file in the Health Careers Office.
- F. The instructor of record for the course must be present during the entire field trip.

Library Resources and Course Catalog- resources can be accessed through the following links

- A. [Library and Learning Resources](#)
- B. [Academic Catalog](#)

1. Copy and copyright Guidelines use of Open Educational Resources (OER)

Faculty Resources / Lemoore College

- A. Single copying for instructor use:
 1. A single copy of the following may be made for use by an instructor for their review, education, or preparation for a classroom lecture only:
 - a. A chapter from a book.
 - b. An article from a periodical or newspaper.
 - c. A short story, short essay or short poem, whether or not from a collective work.
 - d. A chart, graph, diagram drawing, cartoon or picture from a book, periodical or

- newspaper.
- e. Illustrations.
- f. One chart, graph, diagram, drawing, cartoon or picture per book or per periodical issue may be copied for distribution.
- 2. However, this information and copies cannot be distributed in the classroom.
- 3. Prohibitions:
 - a. Copying shall not be used to create or to replace or substitute for anthologies, compilations, or collective works. Such replacement or substitution may occur whether copies of various works or excerpts therefrom are accumulated or are reproduced and used separately.
 - b. There shall be no copying of or from works intended to be “consumable” in the course of study or teaching. These include workbooks, exercises, standardized test and test booklets, and answer sheets and like consumable material.
 - c. Copying shall not substitute for the purchase of books, publisher’s reprints or periodicals.
 - d. Copying will not be repeated with respect to the same item by the same teacher from term to term.
- 4. Identification of copyrighted materials:
 - a. The title page of copied material must contain the following information:
 - 1) Title of the article being copied.
 - 2) Name of the author.
 - 3) Copyright symbol and the year the material was copyrighted.
- 5. Additional copyright information can be found in the booklet Copyright Guidelines
- 6. OER can be easily located in Canvas in the “class” titled OER Resource Center. Other OER sources that may be helpful can be found in [community of practice for open education](#)

Additional OER resources

<http://www.cool4ed.org/> (Links to an external site.)Links to an external site.

<http://www.ecampusnews.com/top-news/oer-resources-educator-555/2/> (Links to an external site.)Links to an external site.

<http://ccconlineed.org/faculty-resources/underprepared-student-resources/> (Links to an external site.)Links to an external site.

<https://www.oercommons.org/> (Links to an external site.)Links to an external site.

https://docs.google.com/forms/d/e/1FAIpQLSeSwM8h_YBsMUFBWBn7Ixf84qCJVG9omeTwte8dgpqVYy1D7g/vie wform (Links to an external site.)Links to an external site.

<https://campustechnology.com/articles/2014/07/02/16-oer-sites-every-educator-should-know.aspx> (Links to an external site.)Links to an external site.

<https://www.merlot.org/> (Links to an external site.)Links to an external site.

<https://openstax.org/> (Links to an external site.)Links to an external site.

5. Dress Code for Faculty

- A. Faculty need to demonstrate professional dress when working with students. In the classroom, faculty members need to wear business casual. Business casual: What you would wear to a meeting with your boss.
 - 1. Pants: Capris are acceptable if below the knee. Very dressy jeans, no holes or tears or over-beaded work; no leggings.
 - 2. Tops: No cleavage; no spaghetti straps, tank tops or see-through material.
 - 3. Shoes: No flip-flops, through-the-toe nice sandals are acceptable.
 - 4. Skills or Simulation Lab: Vocational trainers and nursing faculty need to demonstrate professional clinical dress.
 - a. Skills Lab Days: Professional scrubs are to be worn including closed-toed shoes and jewelry per school handbook standards (as for students). Jewelry should be a single post at the ear lobe; no further piercings are allowed per the facility's preferences; no necklaces or bracelets should be worn to provide for your safety; rings- a single band only is all that is allowed. Hair should be pulled back away from the face- either with a headband, elastic band to or by using hair clips to hold any loose strands.
 - b. Coordinating Open Skills Labs - remediating a skill: A white lab coat is to be worn over business casual professional dress. If there is a risk of sharps, closed-toed shoes are to be worn in the lab.
 - c. Simulation Clinical Lab Days: Professional scrubs are to be worn including closed-toed shoes and jewelry per school handbook standards (as for students). Hair should be tied away from face. No artificial nails; A white lab coat may be added as needed within a scenario.
 - d. Singular Simulation Hour(s) or Simulation Demonstrations: A white lab coat is to be worn over business casual professional dress. Closed-toed shoes are to be worn.
 - 5. Hospital Clinical Day Dress: Faculty need to wear clinical scrubs during clinical days. Business dress may be worn with a white lab coat and the school badge. Ensure you are following the hospital dress code at all times. See above information regarding hair, jewelry, dress code.

The student: see the student handbook for details on students' responsibilities

[LC ADN Student Handbook](#)

1. Student Responsibilities

- A. Comply with guidelines as stated in the ADN Program Student Handbook.
- B. Familiarize self with objectives of the course.
- C. Prepare necessary background material in accordance with assigned patients.
- D. Outline plan of investigation using the Nursing Process.
- E. Formulate daily goals for nursing care.
- F. Provide competent, safe nursing care.
- G. Inform the nursing instructor about any needs.
- H. Seek assistance and validate actions from the instructor.
- I. Report patient clinical findings to the instructor and nursing staff as appropriate.
- J. Seek opportunities to practice skills and to build on newly gained knowledge in making application to other areas.
- K. Identify patients' needs.

- L. Accept responsibility for learning how to function effectively.
- M. Approach interpersonal relationships in the clinical setting with an open mind.
- N. Share mutual responsibility for optimum care.
- O. Offer feedback regarding clinical situations to instructor, nursing staff, and peers.
- P. Evaluate self-regarding progress made, areas of strengths and weaknesses, and areas in need of help.

2. *Student Attendance*

- A. Students must attend clinical sites for the full assigned hours. All absences will be recorded and there shall be no excused absences, except bereavement. If there are extenuating circumstances, such as a serious illness, the lead faculty and Director of Nursing will discuss with the clinical faculty a plan to facilitate the student's progress. Students will be sent to the Director of Nursing for counseling when the second absence occurs.
- B. Clinical absence is recorded on an hourly basis and can negatively impact on the student's ability to meet course objectives and performance evaluation and final clinical grade.
- C. Tardiness is to be defined in the course syllabus explaining the impact on attendance and grading.
- D. Students who are ill on a clinical day and unable to report to the hospital are responsible for notifying the instructor and the clinical site in accordance with policies established by that agency and/or clinical instructor. Failure to comply will impact the student's evaluation.
- E. According to college policy, students who miss two (2) successive weeks of classes in a semester long course will be dropped from the course. If enrolled in a 9-week course, students who miss one successive week of classes will be dropped. When petitioned, reinstatement will be considered under the college reinstatement procedure.
See link for catalog policy [Academic Catalog Attendance Policy](#)
- F. The maximum absence policy of the nursing program applies in the case of surgery and/or extended illness. The student will need a written physician's clearance to return to the clinical setting to ensure the student's safety and to ensure achievement of objectives.
- G. 2 weeks or 2 days of clinical can be missed due to severe illness or infectious illness without penalty to the student or hour make up requirement if student is meeting the clinical/course objectives at the time of absence.
- H. If student is not meeting clinical/course objectives at the time of the necessary absence due to severe illness, efforts will be made to identify an opportunity for makeup hours to assist in meeting the course objectives.
- I. The instructor will assist the student to meet clinical objectives within restrictions stipulated by the student's physician; however, the student must meet all clinical objectives to remain in good standing in the nursing program.

HIPPA Confidentiality and Student Clinical Paperwork

- A. Be aware of your responsibility as well as the legal implications in respecting the rights of others, especially the right to privacy. Confidentiality of patient information must never be violated.
- B. Be aware of and follow the HIPPA regulations and any others determined by the health care setting you are learning or working in.
- C. Do not discuss any patient, patient family member or any member of the health team, or any disease or symptoms in a place where you might be overheard and possibly infringe on someone's right to privacy.
- D. You must never take any patient personal, family or health related information out of the hospital

setting.

- E. Any written assignments must not have any patient identifying information on them and are to be treated with confidentiality (i.e., **do not share any of the information or paperwork with others** and only give that information to the instructor who can then provide feedback and grading). There are currently 18 patient identifiers that will be discussed in theory and clinical as PHI is constantly changing and becoming more rigorous. Students are held to the standard of each facility and for the PHI policies being followed.

SOCIAL NETWORKING POLICY

1. The American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN) support guidelines for use of social media within the nursing profession; Lemoore College nursing program supports implementation of the ANA's principles for Social Networking *See end of document for ANA tips*
2. Distribution of sensitive and confidential information is protected under HIPPA and FERPA whether discussed through traditional communication channels or through social media.
3. Students who share confidential or unprofessional information do so at the risk of disciplinary action including failure in a course and/or dismissal from the program.
4. Students should promptly report a breach of confidentiality or privacy to a faculty or administrative member of the nursing program.

Clinical Setting and social media

1. Students in the role of a Lemoore College nursing student will adhere to the clinical agency policy regarding use of cell phones or other personal technology in the workplace. Use of any PDA, cell phone or other media device in the clinical setting for reference material must be approved by the faculty member.
2. Students may not post any clinical related information on any form of social media (Facebook, Instagram, Twitter, Tumblr) or any venue that is supported and distributed by the internet in the form of; pictures or personal statements regarding clinical experience, patient condition, instructors, other nursing students, clinical staff encounters, including positive or negative experiences during the class or clinical day even if you obtain the clients verbal consent to take a photo with any of your personal devices.
3. Any breach of HIPPA, patient confidentiality may result in serious disciplinary action including dismissal from the program if warranted. See HIPPA policy in this handbook (Pg. 33).
4. No photos of any kind, using any photo enabled device may be taken inside the clinical agency at any time during the clinical rotation in a patient care area or public area of the agency. Any photos taken for pinning slide show, personal needs or clinical group experiences must be taken outside of the agency and include students and faculty with their permission.

Providing Quality of Care in the Clinical Setting

Patients have the right to safe nursing care. When a nursing student performs care that is customarily given only by a registered nurse, the courts have held the nursing student to the high standard of care of the registered nurse.

Nursing students are expected to maintain a physical and mental state, which will enable them to meet these professional responsibilities. This includes having sufficient and proper rest and nutrition prior to class attendance so that proper learning and clinical care can be accomplished. They must be intellectually and technically prepared to give nursing care. Improper student conduct in the clinical area can result in civil liability, loss of clinical facilities, and loss of program accreditation or loss of licensure. **At no time would a student assume responsibility for nursing care without the knowledge and supervision of his/her instructor.** Students may not prepare or administer medications without the supervision of an RN; either clinical instructor or clinical agency RN assigned to the patient being cared for by the student.

Unsafe Student Performance

If student is not prepared or performing in a safe manner, the instructor may restrict any or all patient care duties for safety purposes. The student can be asked to leave the unit for the clinical day if poorly prepared and not able to be adequately supervised safely. If a faculty member feels that a student is not prepared, the student can be asked to leave the clinical setting, or be given an alternative assignment, as well as lose all clinical points for the day.

If a student nurse is deemed unsafe in the clinical setting, faculty will discuss the concern with the student and administration. Depending on the degree of the safety concerns(s) (physical and/or emotional jeopardy), the student can be placed in varying degrees of corrective action, up to and including dismissal from the program.

Legal Aspects of Clinical Instruction

- A. As defined by the California Nursing Practice Act, Business and Professions Code Section 2729, nursing services may be rendered by a student when these services are incidental to the course of study of one of the following:
 - 1. A student enrolled in a board-approved pre-licensure program or school of nursing.
 - 2. A nurse licensed in another state or country taking a board-approved continuing education course or a post-licensure course.
- B. Students do not practice “under the instructor’s license” but under the “Nursing Practice Act”.
- C. An instructor is responsible for ensuring that students have appropriate preparation and supervision when performing nursing duties, following the established standard of care.
- D. The consequences of student acts are the responsibility of the clinical facility if the facility agrees to supervise nursing students on a precepted basis with supervision by hospital staff.
- E. Incident reports are to be completed when nursing situations occur which are not expected occurrences or outcomes. The incident report is to be completed and signed by the student(s) involved in the incident and co-signed by the clinical instructor.
- F. It is advised, if possible, to have a disinterested third person present when a corrective interview is held with a student. The student should sign the document indicating that he/she has discussed with the instructor the situation to be corrected and is aware of the

recommendation for improvement. An expected timeline for the correction should be stipulated in the document.

Narcotic Keys, Pyxis Access, and Administration of Narcotics

- A. The hospitals requested that faculty be reminded that students must be under supervision when accessing or administering narcotics.
- B. No student may carry narcotic keys or have access to Pyxis or Omnicell codes.

Student Performance Concerns, Safety Issues, and Medication Events

- A. Clinical instructors are **responsible for overseeing the students** in the clinical setting and **ensuring safe patient care**. This involves responsible accountability on the part of both the instructor and student that the assignment is appropriate for skills learned to date. The assignment should also reflect the competency and confidence of the student at the present time in their learning.
- B. If a pattern of performance/behavior puts the student at risk for not meeting course objectives or potentially failing, it is recommended that the instructor develop a “contract” for improvement/remediation. The contract should include:
 1. The incident or incidents of inadequate performance/behavior.
 2. The objectives not being met.
 3. What the student needs to do to meet the objectives.
 4. Any changes that the instructor may make to help facilitate the student successfully meeting the objectives. (An example would be reassigning the student from an observational experience to an additional patient care day).

See remediation form in OneDrive

- C. HIPPA violation of patient information and confidentiality standards, whether intentional or unintentional, may be subject to disciplinary actions by WHCCD and any agencies the District may be responsible to report violations based on investigation.

Protected Health Information is any information that can identify a patient and includes but is not limited to the following examples:

- Admission or procedure
- Diagnosis
- Prognosis
- Treatment plan or treatment options
- Discharge
- Name, address, telephone number
- Age
- Photographs
- Or any information that can identify a patient

Well-intentioned or “innocent” release of information is still a violation of the policy.

A breach of confidential patient information will be defined as:

- Disclosing/viewing
- Written or verbally discussing with another party including significant other
- Specific conversations of patient care situation in public areas
- Reproduction of records or patient information

- And/or any other methods that may reveal patient information or identification including and not limited to photographs taken on personal technology devices, social media, internet or iCloud or any other media not mentioned here.
- Any PHI that the patient has not specifically authorized or that is not required for the job function for the purpose of providing treatment, payment or operations of the medical center.

A breach of PHI by student or clinical instructor will be reviewed by the DON and violations will be investigated and assigned the appropriate level of breach.

Based on the investigative finding; notification of appropriate agencies will be completed without unreasonable delay; further agency notification will be assessed, and appropriate process of notification will be identified. Disciplinary action regarding student or clinical faculty will be determined and implemented by WHCCD taking into consideration the level of breach, agency impact and Health Career program policies and procedures. ([BP 5500](#), [AP 3050](#))

- D. Safety is directly concerned with the patient. Student nurses are entrusted with the responsibility of providing safe nursing care to patients. Safety encompasses:
- 1.1. Meeting the objectives of a course by the times designated for each objective and to the degree of mastery designated. This includes passing the medical mathematics tests with a grade of prior to passing medications
The first grade on the math test is the one used for calculating the final grade, but two more opportunities may be provided if the first or second test is failed. If there are three failures, the student cannot meet the objectives of the course and therefore cannot pass medication and fails the course.
 - 1.2. Responsible actions based on good judgment that insures the well-being of the patient at all times.
 2. Students may be dropped immediately from clinical laboratory courses due to demonstration of **unsafe patient care behaviors**. This includes any unsafe incident including medication administration.
 3. Students who do not display respectful behavior toward clinical instructors and nursing staff/preceptors in the clinical setting such as showing disinterest in learning; refusing to meet with clinical instructor regarding patient care prep or review; not attending requested meeting by the clinical instructor to ensure preparation and safety of the student or to provide feedback on assignments, will be identified as not accepting responsibility and potentially putting patients in unsafe situations. This could be cause for dismissal under the safety requirements of the student performance.
 4. Students who demonstrate unsafe patient care with or without result in error or patient harm may be removed from the clinical area until a proper investigation by the instructor and DON can be complete to assess next steps in the process of returning the student to the clinical setting or removing them from the program.
 5. If incident occurs while student with a clinical agency RN; the clinical agency RN and student should immediately contact the instructor and inform them of the situation.
 6. If an incident report is required to be completed, the student and the instructor should participate and be present for this process.
 7. The instructor should inform the DON and the course lead immediately upon discovering the incident regardless of day of week or hour of the day/evening.

8. Any inquiry by the clinical agency regarding the incident during the clinical day for completion of incident report or discussion with the health care team the instructor should be involved and present. The DON can be called to be present at any time as needed.
9. Any contact to the student or instructor **post** clinical day from the clinical agency or their representatives should be directed to the DON only. Students or instructors will not discuss the incident with any clinical agency personnel or representative post the clinical day unless directed by the DON.
10. Depending on the findings of the incident: the student potentially could receive a grade of “F” and may be dropped from the concurrent theory course.
11. All findings will be discussed with the student in detail and the plan of action following.
12. The DON will take into consideration all aspects of the situation including and not limited to; impact on the patient, clinical agency, clinical agency staff, WHCL nursing faculty and the student. As appropriate legal counsel will be consulted by the DON regarding the situation.
13. The hospital reserves the right to deny entrance onto its premises based on its belief that the student is not demonstrating improvement or that the student is unsafe or poses a problem for the institution. No special arrangements can be made for the student. The student will be dropped from the theoretical component of the program and, thus, from the Nursing Program, due to concurrent enrollment BRN regulations.

Medication Administration and Errors

1. Medication administration is one aspect of the framework for student evaluation.
2. Students must always prepare and administer medication under the **direct supervision of the clinical instructor or clinical agency RN** assigned to the patient being cared for by the student. If this process is followed, a medication error is highly unlikely.
3. It is recommended students in the 1st semester of the program only administer medication with the **direct supervision of the instructor** for full evaluation of competency and safety.
4. It is recommended students in the 2nd semester of the program and in specialty clinicals, such as pediatrics and OB, **primarily administer medications with the direct supervision of the instructor** and **may** administer with a clinical agency RN as delegated and authorized by the instructor.
5. It is recommended that students in the 3rd and 4th semester, if deemed competent by the instructor are able to administer medications with the clinical agency RN, with the clear understanding by the student that the RN will need to **directly observe them prepare and administer** the medication. At this level, the student should be observed by the instructor at least once administering medication.
6. It is the **student’s responsibility** to communicate to the clinical agency RN that they must be present and with them to administer medications to their patients. If the agency RN is too busy or does not want to supervise the student directly, the student cannot give the medication and must inform the clinical agency RN so they can administer the medication themselves, and the student should then inform their clinical instructor immediately.
7. The instructor has the authority to deny the student the opportunity to administer medications with the clinical agency RN and only with the instructor’s direct supervision. This may be for evaluation purposes and/or safety and competency concerns.

8. A medication error may be demonstrative of a continuous pattern of unsafe student performance. In this case, the student may be removed from the clinical area and receive a failing grade for the clinical day along with follow-up and a remediation plan. Student will be continued to be monitored by the clinical faculty each clinical day and will only pass medication under the direct supervision of the faculty if prepared to do so on the clinical day.
9. If a student commits a medication error serious enough to cause death, grave physiological sequelae, requiring pharmacological rescue for patient safety, the student may be suspended from the clinical rotation until the investigation is completed and faculty panel and DON have established a plan or position on the student status. The campus Dean of students will be informed of the situation as well.
 - 1.1 These actions are investigational and educational, with the goal of determining how to ensure patient safety. It is the desire of this procedure to safeguard the care of the patient and instills in the nursing student's, a sense of integrity and urgency when delivering medications.
 - 1.2 A medication error defined as, the action of incorrectly administering medications, or the intention of action to go to completion and interrupted by the instructor, staff nurse or client to prevent its occurrence.

10. If a Medication Error Occurs:

- 10.1. If an error is made with the student and the clinical agency RN in direct observation; the student will report the error immediately to the clinical instructor and they both will work with the clinical agency RN under the proper policy and procedure for medication error. Provisions for patient safety will be priority and interventions carried out as necessary.
- 10.2. If an error is made with the student and clinical instructor in direct observation; the student and instructor will report the error immediately to the clinical agency RN and they both will work with the clinical agency RN under the proper policy and procedure for medication error. Provisions for patient safety will be priority and interventions carried out as necessary. Instructor and student nurse will complete the appropriate agency forms and forward them as directed by agency policy. The DON and lead instructor will be informed at that time of the incident.
- 10.3. The clinical instructor will speak with the student, and other involved nursing personnel if appropriate. The student involved will give a written summary of events to the instructor.
- 10.4. The clinical instructor will educate the student about the specific error.
- 10.5. The clinical instructor and student will complete a narrative incident report to be sent to the DON for review and further action.
11. Appropriate actions that may be performed before the student is permitted to administer medications again include, but are not limited to:
 - 11.1. Review of theory and clinical components of medication administration through textbook assignment, and use of computer-assisted instruction.
 - 11.2. Write a paper on the circumstances surrounding the specific medication error and outline how a similar medication error could be avoided by not creating unsafe practice routines.
 - 11.3. View and summarize a virtual or computer programmed scenario on preventing medication errors.
 - 11.4. Supervision of all medications
12. When the required remediation and or recommendations are completed, the student must meet with the clinical instructor to determine if the student's level of medication delivery knowledge and performance suggests that the student could deliver medication safely to a patient.

13. The clinical instructor will continue to monitor the student's progress and communicate this with the Director of the Nursing program as needed.

Student Cheating or Plagiarism

When a faculty member discovers a violation of the cheating or plagiarism policy, the faculty member:

- A. Will arrange a conference with the student and at that time advise the student of the allegations.
- B. Will notify the lead faculty, Director of Nursing, and the Dean of Student Services, in writing, that an act of dishonesty has occurred. This report will become a part of the student's permanent record. A copy will be mailed or given to the student.
- C. May give the student an F for the assignment and/or for the course, and the student may be disciplined by the Dean of Students or dropped from the program, depending upon the seriousness of the infraction.

If the student's permanent record indicates more than one occurrence of cheating or plagiarism, the student may be placed on probation, suspended, or expelled.

A student who may believe they have been subject to unjust action can file a grievance following the current [AP 5530](#) college policy and procedure of Student Rights and Grievances.

Ethical Issues – Those students who engage in questionable ethical behavior may be subject to dismissal from the ADN Program after review by the faculty and LC administration. The student appeal process is the same as for cheating and plagiarism ([AP 5520](#), [AP 5530](#))

Student Clinical Site Injury Procedure

It is essential that the LC Health Careers Department be informed about all injuries including those at the hospital or other health facilities **on the day of the injury/accident**. This includes needle sticks, patient induced injuries, or any other accident or injury that occurred while actually participating in off campus clinical assignments as part of the Nursing Program.

The clinical instructor will call 1-877-518-6702 to report the injury, then notify the Director of Nursing and the Dean of Students at LC will also be informed by the health careers office staff or the director of nursing if the injury took place in clinical and the instructor has other students to tend to as well. If the injury happens on campus during class time or in Simulation lab, it is the instructor's responsibility to report the injury to the health careers office and ensure proper notification is communicated to the college administration and the proper forms are completed.

Accident, Injury and Illness Investigations

West Hills Community College District provides coverage for health career student clinical placement areas under the district policy. The district shall investigate all occupational injuries and illnesses. Minor incidents and near misses will be investigated as well as serious accidents. The following standardized procedures for reporting and investigating occupational injuries, illnesses, and accidents are detailed below.

Reporting Procedures

When a workplace injury/illness occurs, the injured student with assistance from the faculty member; will call Company Nurse directly after reporting the incident to their clinical faculty. **The Company Nurse will provide first aid advice and direct the injured employee to an appropriate medical treatment site. 1-877-518-6702.** The company nurse will advise the student and instructor where the student may seek treatment for their injury. In addition, the clinical agency may require the student be seen or followed by their employee health particularly if an exposure has occurred. The instructor will need to contact the unit manager or employee health where clinical is taking place to ensure all procedure has been followed within the clinical agency to ensure student safety and injury.

The clinical faculty will immediately contact the **Human Resources office 559-934-2155** to report deaths or serious injury or illness. The health careers office should also be notified so the director of nursing can be notified. **Lemoore: 559-925-3490.**

Death or serious injury or illness is defined as more than 24-hours' hospitalization for other than observation, permanent disfigurement, and loss of body part. The Human Resources office will immediately report any serious injury to Cal/OSHA, per 8 CCR 330. Other incidents will be reported to Cal/OSHA on a case-by-case basis (i.e., chemical carcinogen exposure.)

- If a student should become seriously ill **not** due to injury in the clinical area, the student must be transported to the nearest emergency facility. Clinical faculty should call 911 for transport. If the student refuses to be transported via ambulance and the student is alert and oriented and able to speak for themselves, the student may arrange for transportation to an emergency facility or other health care facility. In some instances, the clinical facility will see the student and treat the student in these situations, but that is on a case-by-case basis and depends on the severity of the issue.
- Student injuries that take place during on campus class time do not require a call to the Company Nurse. However, these injuries need to be reported and a report completed. Student's personal medical insurance would be first line of coverage in this situation.

For all other injuries, contact the immediate supervisor or the Human Resources office.
All completed report forms are to be submitted to:

**Human Resources Department
275 Phelps Ave
Coalinga, CA 93210
Phone Number: (559) 934 2155 for questions.**

- A. Report immediately to **WHCL Dean of Student Services at 559-925-3224** and notify the Director of Nursing.
- B. In the event of a serious injury requiring treatment on site, ensure treatment is initiated and notify Health Careers Office.
- C. Call the designated phone number for Company Nurse (**1-877-854-6877**); instructors must provide name and phone number of injured student to the Company Nurse.

- D. Arrange for the student to report in person to the Health Careers Office for claim processing and follow-up.

1. On Site Clinical Injury/Blood-Borne Pathogen Exposure Procedure

In addition to the instructions above:

- A. Provide appropriate first aid, e.g. caring for a needle stick, eye wash, etc.
- B. Inform the clinical agency unit manager to refer student as soon as possible to available Emergency Room (ER). Some pathogen exposures need follow-up within specific time frames. Follow protocol of clinical agency.
- C. With the assistance of the clinical agency nurse manager and/or employee health: ensure that patient information is obtained for LC Worker's Comp Provider: Name, Date of Birth (DOB), contact information and obtain a medical release of information from the patient.
- D. Contact Company Nurse. (1-877-854-6877)

2. Pregnancy

- A. The student must notify the nursing clinical instructor as soon as pregnancy is suspected as some scheduled experiences such as Assaultive Behavior units may need to be eliminated for her safety.
- B. In the case of the antepartum months of pregnancy, a written clearance submitted to the Director of Nursing is necessary within the first trimester of pregnancy.
- C. The pregnant student may remain active in the nursing program until she delivers with a physician's clearance, provided she is able to meet the clinical objectives and her attendance record remains satisfactory.
- D. The postpartum student may return no sooner than one week after giving birth, with a written clearance from her physician.

General Liability Insurance

The college carries general liability insurance on students who are participating in college activities. **THIS POLICY HAS SOME RESTRICTIONS.**

Injuries that happen in the clinical agency setting during clinical time (injury or exposure) must **ALWAYS** be reported to the company nurse **1-877-518-6702** as this is a benefit covered by the college for students in clinical class time. **The Company Nurse will provide first aid advice and direct the injured employee to an appropriate medical treatment site.**

- 1. For student injuries that take place on campus and not in a clinical agency, the policy pays only if there is no other coverage. The student's own insurance is first to pay. The form for this purpose is located here [West Hills Community - Home \(sharepoint.com\)](http://WestHillsCommunity-Home.sharepoint.com)
- 2. The policy has a strong pre-existing clause. Accordingly, if an old injury or condition is aggravated, the claim will be denied. However, if the injury happens in the clinical agency site, it will still need to be reported to the Company Nurse even if there is something pre-existing.

- 2.1. If class activities should aggravate existing medical problems, the college has no way of paying for the student's medical care.

Program Hours of Instruction [CCR section [1426 \(g\)](#)]

Required Curriculum

A. The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:

1. Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.
2. Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written, and group communication.
3. Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.

B. Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective, patient-centered care; practicing evidence-based practice; working as part of interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional content shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.

C. Semester Calculations of Hours for Course Instruction

1. The course of instruction shall be presented in semester or quarter units of the equivalent under the following formula:

- a. One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.
- b. Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course, that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426 (d) of the BRN in a board-approved clinical setting.

2. Scheduling Student Class Time

- a. Theory: Each hour is counted as 50 minutes. There is one (1) hour of each unit of credit during the 18-week semester. The students are required to take a 10-minute break after 100 minutes and 10-minute breaks every hour after the first break.
- b. Clinical: Each hour is counted as 50 minutes. There are three (3) hours for each unit of credit during the 18-week semester. See the following table for calculating the instructional hours, including the required industry breaks.

3. Calculations of hours for course credit:

- a. Theory example: A one (1) unit short-term theory course would require 18 hours of instruction.

b. Clinical example: A two (2) unit clinical course would require 108 hours of instruction (based on a 18 week semester).

4. In an agreement with LC Administration (College President and Dean of Instruction), American Federation of Teachers (Certificated Employees' Union), and the ADN Program Faculty; Nursing 9-week courses will be counted the same as a semester length course with the provision that second 9-week clinical courses conduct clinical evaluations during final's week.

5. Nursing summer school courses or short-term courses less than 9-weeks in length that are taught during the regular semester are calculated based upon the hours in class.

Schedule Overview: Breaks and lunch are required, and no instructor is allowed to cancel the breaks and subtract the time from the end of the clinical for an earlier dismissal time. See breakdown below based on a 50-minute hour.

Program Courses and units	Course hours clinical hours and minutes in a day	Required Lunch (within 6 hr. of start)	Number of required 15 Min. breaks	Total minutes (course, lunch and breaks)	Start time, break time, and finish time
First Year- 1st Semester 18 weeks- Fall					
NURS 017L 2units 2 nd 9 weeks Foundations of Nursing (1 st 9 weeks skills lab)	96 acute hours 12 hr clinical day 1 days per week 600 minutes per day	1 @ 30 min	3 (45 min total)	675 minutes	6:45am-12:20pm Break 1:30pm-7:30pm
First Year- 2nd Semester 18 weeks- Spring					
NURS 020L 2 units 2 nd 9 weeks Medical Surgical Nursing	108 total hours 12 hr clinical day 1 day per week 600 minutes per day	1 @ 30 min	3 (45 min total)	675 minutes	6:45am-12:20pm Break 1:30pm-7:30pm
NURS 021L 3 units 2 nd 9 weeks OB and Peds	162 total hours 12 hr clinical day 2 day per week 300 minutes per day	1 @ 30 min	3 (45 min total)	675 minutes	6:45am-12:20pm Break 1:30pm-7:30pm
Second Year-1st Semester 18 weeks-Fall					
NURS 030L 3 units 1 st 9 weeks Medical Surgical Nursing 2	162 total hours 12hr clinical day 1 day per week 600 minutes per day	1 @ 30 min	3 (45 min total)	675 minutes	6:45am-12:20pm Break 1:30pm-7:30pm
NURS 031L 1.5 units 2 nd 9 weeks Mental Health	81 total hours 9 hr clinical day 1 day per week 450 minutes per day	1 @ 30min	2 (30 min total)	510 minutes	7:00am-11:50am break 1:00pm-4:50pm

Second Year- 2nd Semester 18 weeks-Spring					
NURS 040L 3.5 units Medical Surgical Nursing 4	189 total hours 12 hr clinical day 1 day per week 600 minutes per day	1 @ 30 min	3 (45 min total)	675 minutes	6:45am- 11:50am break 12:30pm- 7:20pm
NURS 041L 1.0 units 18 weeks Transition to community	54 total hours Days and hours as arranged with approval from faculty				

Evaluation of Students

1. Theory and Theory Grading

A. All courses are to be graded using the established grading scale:

100-92% = A
91-84% = B
83-77% = C
68-76% = D
Less than 68% = F

The method of grading must be clearly identified on the course syllabus.

- B. Courses of three units or less require a minimum number of exams equal to the number of units in the course plus the final exam.
- C. The students must pass the exam portion of the course at 77% or better before other course assignments can be calculated into the grade.
- D. Exams should have a minimum overall course grade weight no less than 77%.
- E. There is no extra credit in LC ADN Courses.
- F. After every exam, the instructor needs to perform an item analysis on the exam. There are multiple ways to perform an item analysis. One commonly used method to perform an item analysis is to look at the percentage of students who missed an item. If more than 70% of the students answered an item correctly, then the instructor needs to evaluate if common knowledge rather than learned is being tested. If so, that item should be rewritten before the exam is administered again. If less than 50% of the students answered an item correctly, then the instructor needs to evaluate the item to determine if the item needs to be eliminated from the exam. If so, that item may not be counted in the exam and the item needs to be rewritten before the exam is administered again.

2. Clinical and Final Clinical Evaluations

- A. Each clinical course has a final clinical evaluation form that is used to assign the final course grade. On the first day of clinical each student needs to receive a copy of the final evaluation form. The first-time instructor needs to become very familiar with the final evaluation form prior to the first day of the students providing patient care.
- B. To pass the course, students must meet all of the clinical objectives. If a student does not meet an objective, designated as an unsafe performance on the evaluation tool, then the

student fails the course. If a student scores less than 77% on the evaluation form, including all course evaluation criteria, then the student fails the course.

The program grading scale is:

100-92% = A
91-84% = B
83-77% = C
68-76% = D
Less than 68% = F

- C. Final evaluations are to be scheduled with the student during the last day of the clinical rotation during the 1st 9 weeks of the semester or summer session. All 2nd 9 weeks of the semester, or semester-long clinical rotations, are required to schedule evaluations during finals week.
- D. Final evaluations must be scheduled in a private environment. Part-time instructors must schedule a room either at the clinical site or at the college for these private, confidential evaluations.
- E. All first-time clinical instructors need to work with the subject area full-time instructor when completing the student final evaluations to ensure consistency in the evaluation process.
- F. The instructor needs to review the final evaluation with the student and have the student sign the evaluation form. If a student requests a copy of the final evaluation form, make a copy for the student.
- G. Any students that are at risk of not passing a course should be brought to the attention of the lead faculty and the DON.
- H. Any student that does not pass a course due to academic reasons will meet with the DON and the course instructor to discuss the grade, answer questions, and clarify any questions the student may have. Students that pass either the clinical class or theory class, will receive the passing grade for that class that was passed. They will have to return and retake both the theory & clinical class, as well as submit a petition to reenter the program & retake the classes. The Director of Nursing will provide the student with the needed information regarding submission of the petition.
- I. Students who return to the program if failing a course meet with the DON and course instructor to develop a return plan that will support the student's success.
- J. If a student protests a grade, the student is to first discuss the grade with the instructor. If the student is still not satisfied, instruct the student to meet with the Director of Nursing. If the student is still not satisfied, the student may submit a Student Grievance Petition. Refer the student to the ADN Program Student Handbook or LC Catalog for directions for the Student Grievance Procedure.
- K. The final evaluation forms must be turned in to the Health Careers Office along with a copy of the course grade sheet. The forms will be placed in the student's file in the Health Careers Office. *See example in appendices* Each course will have a course/clinical specific laboratory evaluation for that course leveled to the course per semester. See the course syllabus or your lead faculty for that information.

3. Medication Math Exams

- A. Each course needs to validate student medication math proficiency prior to the student administering medications. The nursing faculty has determined the following requirements for this validation:
 - 1. Pass with 85% or higher (1st semester); 90% or higher (2nd semester); 95% or higher (3rd semester) and 100% (4th semester) on a medication math exam.
 - 2. Calculators may be used after the first semester of the program.
 - 3. Limit of three (3) attempts to pass the exam (alternate versions) per course.
 - 4. A student may not pass medications until the medication math exam has been passed, which will impact the student's clinical grade.
 - 5. If a student is unable to pass the exam on the 3rd attempt, the student may be dropped from the course since that student may not be able to meet the medication administration objectives of the course. The student will also be dropped from the co-requisite theory course. This will be assessed by the faculty and the DON.
 - 6. In the clinical courses, the medication math exam is only to test ability to do the mathematical calculations related to the clinical area. The exam is not to test students on any theory, pharmacology, or procedures when passing medications.
 - 7. Exams must be developed in consultation with subject-area full-time instructors.
 - 8. Instructors should provide the students with a practice worksheet with similar-type medication math problems prior to administering the first medication math exam.
- B. Timing of medication math exams:
 - 1. In the 1st semester, students will be tested by the 3rd and 7th week of the fundamentals course; med math exam may be administered during the corresponding elective course by mid-semester, prior to administering medications in the clinical.
 - 2. All other semesters: in the clinical course by the third week prior to administering medications. The 1st attempt at the exam should be given during the 1st week of the course.
 - 3. It is recommended that a second medication math exam be given during the last half of the course in 2nd, 3rd, and 4th semester clinical courses.

VIII. Math Tutoring for students needing additional assistance with medication math

- A. By the instructor one-on-one tutoring
- B. Assign additional ATI tutorials for medication math.
- C. Referral to open skills lab time for extra practice
- D. LC Tutorial Center/ACE lab or other college resources.

4. Clinical Instruction

All clinical faculty follow the policy for **Clinical Instruction Faculty/Student Ratio** [CCR sections [1424\(k\)](#)] located in policies and procedures [Nursing Program Policies and Procedures](#)

- A. Supervision of students in the clinical area involves the sensitivity to maintain a situation which will preserve the patient's physical and emotional safety while allowing the students the freedom to formulate a plan of action for accomplishing a given task.
- B. The clinical instructor will assume responsibility for guiding the students in those planned experiences designed to meet the desired outcomes for the specific course.
- C. Students should only perform skills for which they have received instruction and skill check-off in clinical, skills lab, and/or simulation lab.

- D. Charting by student nurses is to follow the objectives of the clinical course. Charting is to be co-signed by the clinical instructor, unless specified otherwise by the hospital.
- E. Instructors should emphasize to the students that they must be prepared to perform assigned nursing tasks, and to inform the instructor if they are not prepared. It is the student's responsibility to recognize and communicate any limits.
- F. The clinical instructor will assist the students in planning and organizing daily assignments relative to patients' needs and students' learning objectives, such as to:
 - 1. Plan clinical rotation in order to utilize maximum learning facilities in the clinical situation.
 - 2. Know the patients and the projected area of study.
 - 3. Distribute written objectives for the clinical experience and discuss them with the students.
 - 4. Post assignments for the day with specific learning objectives.
 - 5. Ensure students are involved in report and unit huddles.
 - 6. Inform the hospital staff of selected assignments for students for the day.
 - 7. Clarify with the students and the staff about student breaks and lunch break.
 - 8. Plan with the students the clinical schedule in order that nursing care is accomplished safely and punctually.
- G. Adjust plans to meet conditions in the clinical setting:
 - 1. Orient students to the clinical area, focusing on the expected learning opportunities and the expectations of the hospital staff.
 - 2. Guide students through the changes of their nursing care when patients, tasks, or schedules are altered.
 - 3. Relate to students as teacher, mentor, and advocate in order to facilitate the development of their own creative approaches to nursing care.
- H. Assist students in the application of theoretical concepts and principles to clinical nursing situations:
 - 1. Formulate clinical objectives which will help the student to correlate theoretical knowledge with the nursing skills performed in the clinical setting.
 - 2. Assign students to patients whose diagnoses or treatments will enhance learning.
 - 3. Correlate clinical assignments as closely as possible with theory assignments.
 - 4. Supervise students through questions and examples in a non-threatening atmosphere.
 - 5. Plan pre-or post-conferences in conjunction with learning objectives.
- I. Assist students in development of observations skills:
 - 1. Provide guidance in terms of assessment of patient needs.
 - 2. Plan appropriate nursing care according to the assessment of patient needs and the students' capabilities.
- J. Assist students to develop communication skills necessary for establishing therapeutic interpersonal relationships:
 - 1. Provide positive reinforcement.
 - 2. Guide the students to understand themselves.
 - 3. Teach therapeutic communication techniques.
 - 4. Teach assertiveness skills.
 - 5. Assist the student to view the patient holistically as a bio-psycho-social entity.
 - 6. Make oneself available for individual or group help.
 - 7. Utilize the Nursing Process format to provide patient-centered nursing care.
 - 8. Role-model and teach caring practice.

- K. Students will be evaluated during each clinical rotation using the Laboratory Evaluation Form based on the specific learning objectives for that rotation
- L. The grading criteria for clinical performance will be included in each clinical course syllabus.

Student Resources for Support and Success

Disabled Student Programs & Services (DSPS) [Disabled Student Services Link](#)

Disabled Student Program and Services (DSPS) is the mechanism which the college uses to provide access and accommodations for eligible students as required by law. In 1976, DSPS was enacted through the passage of AB-77 (Lanterman), which provided funding for support services and instruction for students with disabilities. Now, DSPS is an entity that is funded from various sources including state categorical funds, VATEA, the college district, and the state Department of Rehabilitation.

The DSPS department offers students access to a variety of specialized support services and assistive equipment. These services are intended to assist college students with disabilities to more successfully participate in regular college programs and activities. It is the goal of DSPS to provide these services in a timely manner.

Disability Related Accommodations

Section 504 of the Rehabilitation Act of 1973 states that:

"No otherwise qualified person with a disability in the United States.....shall, solely by reason of ...disability, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity receiving federal financial assistance."

A "person with a disability" includes "any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such an impairment or is regarded as having such an impairment.

The role of DSPS staff is to determine the eligibility of the student for an accommodation based on the educational limitation of the disability.

Instructional faculty members will become directly involved in the process of providing accommodations for students. To make the accommodation a successful one requires collaboration among the instructional faculty member, the student, and the DSPS faculty member. DSPS encourages instructional faculty to provide input regarding the academic conditions, which affect the implementation of the accommodation.

Faculty Role in Education of Students with Accommodations

If a faculty member notices a student using assistive devices and/or suspects that a student's difficulties stem from a disability, they may contact DSPS for ideas for student support. DSPS encourages faculty members to refer students to DSPS or to ask students whether or not they are utilizing services, but the program is voluntary. ADA emphasizes the direct involvement of the student with a disability in the educational process and in related decision-making. An important aspect of a student's success is empowering them with the ability to make their own decisions.

Students who are eligible and approved for accommodation in the classroom will provide you with an accommodation form prior to the start of class. Accommodations can include and are not limited to- extended testing time; preferred seating in the classroom; note taker in class; recording of lectures. As the faculty, you should meet with the student and go over the accommodation form, so you are clear as to the accommodations the student is allowed. This should always be a confidential conversation and should never be discussed in the classroom in front of other students or in an area without an ability to keep confidentiality.

If a student should bring up their need for accommodations in the classroom in front of other students; the instructor should ask the student to see them after class or at a time you can meet with the student to discuss further. Never engage in a conversation in the classroom with a student with accommodation needs even if the student initiated the conversation.

If a student has a testing accommodation, a testing request form will need to be completed by the faculty administering the exam in advance to the DSPS office so the student can schedule their exam with the DSPS office. All efforts should be made for the student to schedule their exam to start at the same time as the exam is given to the class. All efforts should be made for the student testing in DSPS with extended time to not miss class time to include follow up lecture after testing or a course following the course with the exam. The instructor needs to be aware of the testing times offered by DSPS and try to accommodate the student(s) as much as possible. Many times DSPS is also available to test the students in the nursing program a times that work better for our students and the program so no class time is missed. [Application and Forms DSPS](#) faculty can find the electronic testing forms in this link.

Classroom Courtesy: *We believe that everyone participating in classroom activities in this program is intelligent, capable, and cares about doing their best and wants to improve.* During theory courses, the goal for faculty is to use teaching strategies to connect the pieces of clinical reasoning of ***Noticing, Interpreting, Responding, and Reflecting***. Students are expected to be respectful of other student's learning by being quiet and attentive during class. Working collaboratively with your classmates is expected when the faculty has the students completing group work. The faculty member may ask you to leave the class if the behavior is disruptive to other students' learning. All cellular devices should be turned off or muted during class. If you need to have your phone on for a specific purpose, please communicate that prior to class to the faculty member.

Students should follow these class directions and expectations: Be punctual and prepared for class. Accept responsibility for your academic progress. Accept positive and constructive feedback. Raise your hand to speak and when asking questions. Share new ideas, be kind, polite and courteous to others. Be quiet when classmates are talking, refrain from discussion when instructor is talking- if need to clarify content, make notes to ask the instructor at the appropriate time during the lecture. Respect and listen to your classmates, respect and listen to your instructor.

Recording of lecture:

Faculty must give permission for students to record their lecture. Faculty may request that you do not record unless students have accommodations (through DSPS) to record class lectures. Any recording accommodations must be included on the accommodation form that is provided to the instructor prior to the start of the semester. *Students who have accommodations in the classroom are encouraged to schedule a meeting with the faculty member to review the accommodation form to ensure all accommodations are clarified for implementation.* Faculty, please be sure to communicate with any students who have submitted an accommodation form for clarification if you have any questions.

Mental Wellness Services

LC offers mental wellness services free of charge to students on campus. Many times, nursing students can become overwhelmed with the pressures of being in a high stakes program; issues at home; finances; working and trying to get by with little or no support. Many times, students do not come to us openly to share their struggles, however at times we can identify a need through their academic performance, personality changes or mood changes. A student can display characteristics of simply not performing to their potential as they were a few weeks or months ago. At times other students may bring to our attention that a classmate is struggling and needs help.

In these situations, the instructor should meet with the student and offer the free services of [DRAW Mental Wellness Services](#). The student is responsible for completing a simple online form to seek contact and services. If you ever feel a student is in an emergency mental situation where they may harm themselves or others, you should call 911 and contact an instructor or the DON or anyone else on campus from administration if nursing faculty are not available.

The LC ADN Program recognizes that student nurses affected by mental illness, alcoholism, and drug abuse are faced with personal problems that can readily result in serious, disruptive, and dysfunctional consequences to the individuals and their families. Mental illnesses and addictive processes of any nature are regarded as diseases and require therapeutic interventions and appropriate regimens to achieve a state of recovery.

In such cases, it is the responsibility of the student nurse to voluntarily seek assessment, diagnosis, and treatment for suspected illness. Confidentiality must be insured in every aspect of intervention, assessment, diagnosis, and treatment.

Instructors have the responsibility and authority to take immediate corrective action with regard to a student nurse's conduct and performance in the classroom and clinical setting.

The safety of our patients is important, and it is imperative that we do nothing to compromise patient safety.

Guidelines for Student Assistance

A. Definitions:

Personal problems or mental illness includes psychological, physical, or chemical dependency illnesses, and legal, financial, marital, or other types of problems that definitely and repeatedly interfere with the student's academic performance.

B. Academic Performance:

The health careers education is concerned with academic and clinical performance, which includes the student's class attendance, continued progress towards program completion, conduct and reliability during scheduled class and clinical assignments. It is the responsibility of the instructor evidencing substandard academic and clinical performance to seek to remedy the situation and make recommendations for the student to bring their performance up to standard. If it appears that the student's academic and clinical performance is being negatively influenced by a personal or emotional problem, and if after every alternative measure to deal with the substandard performance fails to improve the performance, the student will be sent to the Director of Nursing. If the Director of Nursing is not available, the student can meet with the Assistant Director of Nursing, or Lead Faculty. If necessary, the student may be referred to the Dean of Student Services for immediate attention if faculty in the nursing department are not immediately available and the student needs immediate assistance.

C. Procedure:

The Director of Nursing, Assistant Director of Nursing or Lead Faculty will meet with the student and seek to determine the cause of the substandard performance. The director will then refer the student to the appropriate community or professional resource for help and/or treatment.

D. Options:

1. At all times it is the prerogative of the student nurse to accept or reject referral and/or treatment. If the student elects to reject referral and/or treatment, it becomes the responsibility of the student to bring their performance up to standard or face such academic action as may be appropriate. If the student nurse elects to accept referral and/or treatment, this fact will be regarded in the same manner as treatment for any illness. Upon completion of the treatment, it will be the responsibility of the student nurse to achieve and maintain standard performance.
 2. The Health Careers Program recognizes that a student's academic and clinical performance can be adversely affected by the stresses resulting from personal or emotional problems of family members and loved ones. Professional assistance may be needed. All activity will be kept confidential.
- A. DSPS provides supportive services for students with learning, physical and/or psychological disabilities.
- B. The instructor should include in the syllabus instructions to DSPS students to immediately notify the instructor of any testing or other learning considerations in the classroom.
- C. The student must have a documented learning disability (through testing by DSPS and a triplicate form submitted to the instructor) before special considerations can be implemented.
- D. English as a Second Language (ESL) does not qualify for DSPS services.
- E. To make the specified accommodations, the nursing instructor is to:
1. Allow extended time to take exams (the standard time extension is 1 ½ hours for regular 1 hour's testing).
 2. If a quiet environment is required, make prior arrangements with DSPS.
 3. The student must take the exam at the same time the exam is given in the course.

4. The test is to be given to DSPS with instructions one week before the test date.

5. Identify appropriate note takers (approved and paid by DSPS).

F. Temporary accommodations can be made by the instructor until a learning disability is verified or ruled out..

STUDENT RIGHTS

Students Have the Right to:

1. According to the Family Educational Rights and Privacy Act (FERPA), have access to their educational records. The college will not release their records to anyone who is not designated by the student to receive them, except as provided by law itself and as outlined in the release of information the students must sign in order to obtain clinical placement.

[BP 5040 AP 5040](#)

2. Explanation of entries in their educational records.

3. Challenge contents in their educational records.

4. Use the college appeal procedure as indicated in the college catalog.

5. During the first-class session of the course, be given written information detailing course assignments, expectations, grading system and pertinent schedules.

6. General advisement as well as assistance with course work from their instructors.

7. Offer constructive input regarding the instructional process and overall curriculum of the program.

8. Prompt verbal and written notice of unacceptable and/or unsafe behaviors as a student nurse that includes suggestions for resolution of related problems.

9. Be free of sexual harassment. See Title IX links and information (*SEE APPENDIX Q*).

[LC Nursing Student Handbook Appendices Title IX](#)

Educational Program Standards and Progress

Efforts shall be made to maintain high standards for educational programs to ensure that students will meet requirements for the occupations for which they are preparing. This includes a commitment to provide adequate facilities and materials and qualified instructional personnel, as well as administrative support and supervision.

Likewise, students are expected to maintain established performance standards. Failure to do so jeopardizes their right to continuing attendance. Students are to be kept informed relative to their

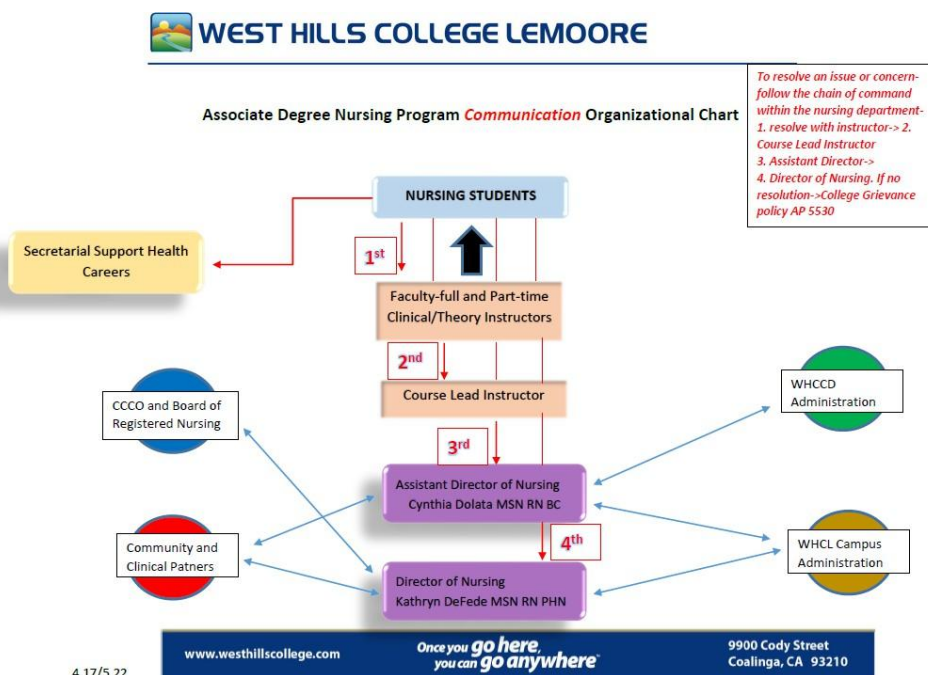
educational performance and progress (SEE APPENDIX L&N). [LC Nursing Student Handbook Appendices](#)

STUDENT GRIEVANCE PROCEDURE

The LC Nursing Program follows the Student Grievance Procedure as outlined in the college catalog and the AP 5530 college procedure. The student grievance procedure is established to allow student to submit a grievance in cases of rejected grade appeal or alleged unprofessional conduct. A student who has a grievance is recommended to follow the following process within the department of nursing. Students can also submit a complaint form online through the college website. [Campus Safety | Lemoore College](#)

Students are directed on the college website to first do steps 1 and 2 prior to submitting a complaint online.

1. Discuss the problem with the individual involved. **Use the chain of command within the Nursing Program.** For example: if the student's concern is with the clinical instructor; the student should first discuss concern with the clinical instructor. If not satisfied, then the student should proceed up the chain of command within the nursing department starting with the course lead theory instructor, followed by the Assistant Director of Nursing, followed by the Director of Nursing/District Director of Health Careers. If issue cannot be resolved within the nursing department, student may contact Dean of Instruction or Dean of Students. **See Nursing Department Communication Organizational Chart**



2. If a mutually satisfactory understanding has not been reached, the student may proceed with following the AP 5530 college procedure. It is recommended the student refer to the policy and the college catalog for additional information to ensure they are following the correct process that

is currently in place. Student can obtain the policy at the links below or obtain a copy from our nursing office.

Board Policies (BP) and Administrative Policies (AP) can be found at this link

[Board of Trustees Policies and Procedures](#)

The specific AP 5530 policy can be found at this link

[AP 5530](#)

DRUG ABUSE POLICY

For the protection of other students in the WHCCD, the Governing Board of this District may suspend or expel, and the Chancellor of this District is authorized to suspend a student whenever it is established to the satisfaction of the Board or the Chancellor, as the case may be, that the student has on college premises used, sold, or been in possession of narcotic or other hallucinogenic drugs or substances, or has on college premises inhaled, or breathed, the fumes of, or ingested any poison, classified as such by Schedule D in Section 4160 of the Business and Professions Code. Students entering a health program should be aware that past behaviors might impact your Nursing Program and career. Please read the BRN statement on this subject (*SEE APPENDIX R*). [LC Nursing Student Handbook Appendices](#)

GUIDELINES FOR STUDENT ASSISTANCE

Policy Statement

The LC ADN Program recognizes that student nurses affected by mental illness, alcoholism, and drug abuse are faced with personal problems that can readily result in serious, disruptive, and dysfunctional consequences to the individuals and their families. Mental illnesses and addictive processes of any nature are regarded as diseases and require therapeutic interventions and appropriate regimens to achieve a state of recovery.

In such cases, it is the responsibility of the student nurse to voluntarily seek assessment, diagnosis, and treatment for suspected illness. Confidentiality must be insured in every aspect of intervention, assessment, diagnosis, and treatment.

Instructors have the responsibility and authority to take immediate corrective action regarding a student nurse's conduct and performance in the classroom and clinical setting.

The student, for patient safety's sake, will, when deemed appropriate by the nursing director, not only make contact with a community or college resource person, but sign a form that allows director to have contact with the agency to assure that student is indeed being seen by a counselor. The safety of our patients is important, and it is imperative that we do nothing to compromise patient safety. Access the following link for all resources for psychological services.

See *APPENDIX S* for DRAW program form and information. [Disabled Student Programs and Services](#)

Clinical/Theory Instructional Evaluations, Documentation and Record Keeping

All student records are kept electronically. Some documentation is kept with the instructor for their records, some documentation is kept in the OneDrive for all faculty access or reference, and some documentation is filed upon completion of the program in the OnBase system with the College.

To be sent to the Nursing Office Secretary **each semester by the faculty** for department records:

1. Course syllabus in word document
2. Positive attendance for clinical courses requiring it
3. Any updated or changed clinical final evaluations

To be sent to the Nursing Office Secretary **each year by the faculty** for departmental records:

1. Report on Faculty form EDP-P-10
2. Faculty can keep all their own CEU certificates and do not need to send them to the office for filing. The EDP-P-10 will suffice for this information
3. Any updated health clearance information that is not available on the CCPS data base.

To be kept with the instructor: Recommended to create a OneDrive folder for each cohort of students with a file for each student in the cohort.

- **Student individual clinical evaluations** for students who have passed clinical without remediation, issue, or incident. These can be kept until the student graduates and passes NCLEX.
- **Syllabi acknowledgement forms signed by the student-** once student has passed the course those can be discarded
- **Instructor copies** of any remediation, student conferences or incidents they may have been in the role as the student's instructor. **Copy to be emailed to office secretary for filing in the student's electronic file.**
- **Student individual paper exams**

To be kept on the Nursing Program OneDrive: An electronic file will be created for each cohort and a file/folder for each student in the cohort NOTE: student health clearance information is kept with the CCPS system and not required to be kept with our office. Health clearance information can be accessed by both program and student.

- **Student program online application**
- **TEAS test results**
- **Transcripts**
- **Physical**
- **Insurance information**
- **Nursing program acceptance letter**
- **Confidentiality form**
- **Release of information form**
- **Student emergency contact information**
- **Student remediation forms**
- **Student specific incidents or student conferences**
- **Student exit/interview contract for readmission**
- **[LC Nursing Student Handbook Appendices](#)** (*SEE APPENDIX O*)

- **Student individual clinical evaluation** IF remediated, had student conferences for support for success. Passed with the minimum amount of points/percentage.
- **Student complaints and concerns**
- **Student conferences with the Director of Nursing**

To be kept on the Nursing Program OneDrive post-graduation

- **Student program online application**
- **Student contact information post-graduation**
- **Nursing program acceptance letter**
- **Confidentiality form**
- **Release of information form**
- **Student remediation forms**
- **Student specific incidents or student conferences**
- **Student exit/interview contract for readmission**
- [LC Nursing Student Handbook Appendices](#) (*SEE APPENDIX O*)
- **Student individual clinical evaluation** If remediated, had student conferences for support for success. Passed with the minimum amount of points/percentage.
- **Student complaints and concerns**
- **Student conferences with the Director of Nursing**

To be Discarded on the Nursing Program OneDrive post-graduation

- **Transcripts (would be with college OnBase)**
- **Teas test profile (unless did not pass NCLEX)**
- **Physical**
- **Insurance Information**