

# **QUINSIGAMOND COMMUNITY COLLEGE**

## **NURSE EDUCATION DEPARTMENT**



## **ASSOCIATE DEGREE PROGRAM NURSING STUDENT HANDBOOK**

**FALL 2021/SPRING 2022/SUMMER 2022**

<https://www.qcc.edu/academics/healthcare/nurse-education>

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## ***WELCOME***

Welcome to the Nursing Education Program at Quinsigamond Community College. The faculty hope that this experience will be a rich and rewarding one for you. This student handbook has been developed to provide you with information relative to the Associate Degree (A.D.) Nursing Program and its policies. It will serve as an ongoing resource as you proceed through the program. The policies and guidelines included in the handbook are applicable to all nursing courses.

Quinsigamond Community College (QCC) A.D. Nurse Education Program is approved by the Massachusetts Board of Registration in Nursing (MABORN) and accredited by the Accreditation Commission for Education in Nursing, Inc. (ACEN), 3390 Peachtree Road, NE, Suite 1400, Atlanta GA 30326. 1-404-975-5000.

QCC is accredited by the New England Commission of Higher Education, Inc. (NECHE). QCC is an affirmative action/equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, genetic information, gender identity or sexual orientation in its programs and activities as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and college policies. The College prohibits sexual harassment, including sexual violence. Inquiries or complaints concerning discrimination, harassment, retaliation or sexual violence shall be referred to the College's Affirmative Action and/or Title IX Coordinator, the Massachusetts Commission Against Discrimination, the Equal Employment Opportunities Commission or the United States Department of Education's Office for Civil Rights. Liz Woods, Dean for Compliance and Education Title IX, can be reached at 508-854-2791 (Room 374A). The College's Affirmative Action Officer is Sara Simms, Assistant Director of Human Resources, who can be reached at 508-542-2757 (Room 222A).

In addition to the Nurse Education Student Handbook, please refer to the Quinsigamond Community College Catalog and Quinsigamond Community College Student Handbook for the current academic year.

# The Quinsigamond Community College School of Healthcare

## Diversity, Equity, and Inclusion Statement

The Quinsigamond Community College (QCC) School of Healthcare is open to all individuals. We are committed to inclusive and equitable opportunities, and we do not discriminate against applicants, students, or employees based on age, race, sex, gender identity, ability, religious convictions, socio-economic status, national origin, ethnic heritage, sexual orientation, and/or veteran status. Any inquiries or issues concerning compliance with this policy should be brought to the attention of the QCC Dean for Compliance and Education, Liz Woods or Human Resources Assistant Director and Affirmative Action Officer for Employees, Sara Simms (<https://www.qcc.edu/human-resources/title-ix-and-affirmative-action>). QCC will respond to all inquiries in a timely and effective manner with the goal of promoting equitable treatment.

The School of Healthcare promotes educational equity by recruiting, enrolling, retaining and matriculating a diverse and inclusive student body. We prepare students to join the work force to reduce barriers and promote access to health care in our community. The School of Healthcare is strongly committed to ensuring that its learning and working environments are free of harassment and discrimination and supports respect for every person's inherent dignity, worth, and unique attributes.

We want to acknowledge that we gather as QCC on the traditional land of the Nipmuc, past and present. While a land acknowledgment statement is an important initial step and not enough, it is a necessary decolonial practice that promotes indigenous visibility and social justice, reminding us that we are on settled indigenous land. We condemn the unjust deeds done in the past and honor with gratitude the land itself and the indigenous people who have stewarded it throughout the generations. We commit to continuing to work for peace and reconciliation and to be better neighbors and caretakers of the land we inhabit.



**Quinsigamond Community College**  
**Nurse Education Department**  
*Purpose/Philosophy*

**Purpose**

The purpose of Quinsigamond Community College, Nurse Education unit, is congruent with the Mission Statement of the College. The Nurse Education Unit provides a high quality education that is accessible and affordable to a diverse student population. The program in nursing serves the learner, the community and the nursing profession. At the completion of each program, the graduate is prepared to write the National Council Licensure Examination for Registered Nurses, (NCLEX-RN) and the National Council Licensure Examination for Practical Nurses (NCLEX-PN) and to assume an entry level nursing position.

**Philosophy**

We believe that:

**Nursing** is a caring, theory-based discipline focused on assisting the patient and significant support person(s) to achieve an optimal level of self-care, while protecting and promoting patient dignity. The science of nursing is a distinct, constantly evolving body of knowledge that encompasses rational and scientific principles upon which nursing interventions are based. Plan of care is flexible, patient centered, cost effective, attentive to patient diversity, and occurs within the context of the patient's family and environment. Nurses utilize the nursing process, open, civil and therapeutic communication, critical thinking, evidence-based information while working collaboratively with members of the health-care team. Nurses function within the standards of practice, demonstrating safe, competent, legal ethical practice.

The **individual** is a valued, complex and unique being that has a dynamic capacity for self-care. The individual is understood as an integrated and whole being who functions biologically, psychologically, socially, spiritually and developmentally. The individual has the potential to make choices that will meet his/her own needs for self-care and lead to ongoing growth as human beings.

**Environment** – Individuals are best understood in the context of their environment. The environment consists of evolving, dynamic, culturally diverse conditions, which are influenced by family, specific living conditions, political, social, demographic, and economic factors.

**Health** is a state of physical, social, emotional, and spiritual well-being and not merely the absence of illness. Health status exists on a continuum and varies because of interactions between the patient and the environment.

**Teaching/Learning** is an active, dynamic, continuous and creative process of attaining and sharing knowledge, involving the patient, significant support person(s) and the health care team. As educators, nurses assist the patient/families by supporting self-care activities, while facilitating informed decision and achievement of positive outcomes.

**Nursing education/scholarship** occurs within a system of higher education and is a planned approach to the acquisition of knowledge. Nursing education progresses from the simple to the complex, facilitates the development of cognitive, psychomotor and affective knowledge and provides for multiple points of entry into the profession. The outcome of nursing education, at all levels, is to

prepare a graduate who accepts professional responsibility and accountability. Nursing education supports participation in professional organizations. Cultural diversity within the classroom is valued and promotes appreciation and respect for differences within the college and beyond. The role of the faculty is to guide, support, facilitate learning, and model professional practice, while instilling commitment to lifelong learning. Faculty also strive to instill a sense of professional empowerment including commitment to social justice and community service. The role of the student is to translate classroom learning into nursing practice through the spirit of inquiry, evidence-based and reflective nursing practice.

**Licensed Practical Nurse (LPN)** provides quality patient-centered, evidenced-based care to vulnerable multicultural/diverse groups across the health care continuum, particularly among older adults and other population clusters that need long-term, community-based chronic care. The Practical Nurse cooperates and collaborates with health team members, patients and families and delegates the nursing care provided by unlicensed personnel. The Licensed Practical Nurse uses scientific knowledge and technical skills to continually assess the physical, emotional and social status of their clients and they work with patients and their families to devise care plans for each situation in accordance with best nursing practice.

**The Associate Degree Nurse** advances the nursing process to implement nursing actions in varied complex settings, and assist patients in meeting or maintaining self-care needs. The associate degree nurse cooperates and collaborates with other members of the health care team to give direct care to patients, families, and community groups. The associate degree nurse is also responsible for the delegation of nursing action.

# A.D. NURSE EDUCATION ORGANIZING FRAMEWORK AND INTEGRATING CONCEPTS



## ASSOCIATE DEGREE NURSING CONCEPTUAL MODEL EXPLANATION

The nursing program conceptual model, “The Quilt”, was created by faculty to incorporate all integrated concepts relevant to the QCC Associate Degree Nursing curriculum. The quilt reflects the merging of the nursing theorist Orem, psychoanalyst Erikson, and integrating concepts in alignment with the National League for Nursing competencies for Associate Degree Programs in Nursing and other influences. In the center of the quilt resides the patient, who serves as a reminder of the focus of those completing this program. The faculty believes that this conceptual model is appropriate to the level of the learner and the role that will be assumed upon completion of the Associate Degree Nursing program of studies.

## INTEGRATING CONCEPTS

The Associate Degree in Nursing curriculum integrates professional standards and competencies from the National League for Nursing (NLN), Quality and Safety Education for Nurses (QSEN), Massachusetts Nurse of the Future Initiative, the Massachusetts Board of Registration in Nursing (MABORN) and Accreditation Commission for Education in Nursing (ACEN). Each of these has contributed to the Mission and Philosophy of the Associate Degree in Nursing program and ultimately the end of program student learning outcomes. The following define the concepts that are integrated across the curriculum of the program.

**Nursing Process/Theoretical Foundations** - An outcome based problem oriented approach to the delivery of nursing care based on established theoretical foundations. This process involves assessment, nursing diagnosis, planning, implementation and evaluation to promote the health of patients within a family and community context.

**Teamwork/Collaboration/Communication** - To function effectively within nursing and inter-professional teams, fostering open dialogue between patients, families and health care professionals, mutual respect, and shared decision making. Interactions may take place via verbal, nonverbal, written, and electronic means.

**Professional Identity/Evidence-Based Practice** - To implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring and advocacy.

**Nursing Judgement/Quality and Safety** - Making practice decisions, substantiated with evidence, that integrate nursing science in the provision of safe, quality care. Health care services are provided consistent with current professional knowledge; minimize the risk of harm and increase the likelihood of desired health outcomes.

**Relationship-Centered Care** - Positions caring, therapeutic relationships with patients, families, and communities. To integrate respect for the dignity of others, valuing diversity, mutual trust, empathy, civility, the capacity for grace, and empowerment.

**Systems Based Practice/ Leadership and Management** - Influences the behaviors of individuals or groups of individuals by incorporating an awareness of and responsiveness to the larger context and system of health care. Effectively utilize system resources to provide care that is of optimal quality and value.

**Human Flourishing/Diversity** - Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings. Recognizing the differences among people, ideas, values and ethnicities while affirming the uniqueness of each to promote health, healing, and hope.

**Spirit of Inquiry/Teaching/Learning** - Examine the evidence that underlies 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.

## OREM'S SELF-CARE THEORY

Orem's self-care theory identifies several components essential to the delivery of nursing care. The theory identifies self-care requisites as those activities and universal needs common to all individuals and health deviations that can occur due to illness. A self-care deficit arises when a patient cannot meet self-care requisites, thereby requiring nursing care. Orem further describes the role of nursing and the degree of involvement in providing those activities which are necessary to restore patient health.

## OREM GLOSSARY OF TERMS

**Self-Care:** Activities personally initiated and performed by individuals/families on their own behalf (or behaviors of individuals directed toward) maintaining life, health and well-being.

**Deliberate action:** The behavior or activity that is involved to achieve a result which is preceded by reflection and judgment.

**Self-care agency:** The complex acquired ability to meet one's continuing requirements for care that regulates life processes, maintains or promotes integrity of human structure and functioning and human development, and promotes well-being. The capacity to engage in self-care.

**Therapeutic self-care demand (TSCD):** A set of established requisites which assist a person to maintain present states of health or to move toward more desirable states of health (universal, health deviation and developmental requisites).

**Universal self-care requisites:** Requisites that are universally required by humans. Seven categories are: air, food and water, excrements, activity/rest, balance between solitude and social interaction, prevention of hazards to life, and normalcy.

**Developmental self-care requisites:** Particularized in events of maturational and situational changes, e.g. pregnancy, separation, loss and related developmental processes.

**Health-deviation requisites:** Required only in event of illness, injury or disease. For example, changes in human structure, physical functioning, behavior and habits of daily living.

**Self-care deficit:** An inability to engage in self-care; occurs when there is an inability to meet the therapeutic self-care demand.

**Nursing Agency:** The power of the nurse to engage in nursing actions. Involves the capacity of the nurse to utilize the nursing process to develop and initiate a set of assisting actions which compensate for the deficit between a person's self-care agency and the therapeutic self-care demand.

**Basic Conditioning Factors:** Identified variables that are judged to have an effect on the concrete values of the therapeutic self-care demand and/or the self-care agency of individuals. These include: age, sex, developmental state, conditions of living, family system factors, sociocultural orientations, patterns of living, health state and health care system factors.

**Nursing Systems:** The approaches nurses use to assist people with deficits of self-care.

**Wholly compensatory system:** The nurse compensates for the patient's inability to engage in self-care and totally supports and protects the patient.

**Partly compensatory system:** The nurse and the patient/family participate together in meeting self-care demands.

**Supportive-Educative:** The nurse facilitates the patient's ability to meet his/her own self-care demands through education, support and consultation.

**Methods of helping:** Actions nurses utilize to assist patients in meeting therapeutic self-care demand. These include doing for or acting for another, guiding and directing another, providing physical support, providing psychological support, providing an environment that supports development, and teaching.

<b>NANDA NURSING DIAGNOSES</b> <b>2021-2023</b>
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**OREM Requisite I****The maintenance of sufficient AIR.**

- Airway clearance, ineffective
- Aspiration, Risk for
- Breathing, Ineffective pattern
- Gas exchange, Impaired
- Suffocation, Risk for suffocation
- Ventilation, Impaired spontaneous ventilation
- Ventilatory weaning response, Dysfunctional
- Ventilatory weaning response, Dysfunctional adult

**OREM Requisite II:****The maintenance of sufficient intake of WATER.**

- Electrolyte Imbalance, Risk for electrolyte imbalance
- Fluid Volume, Deficient fluid volume
- Fluid Volume, Excess fluid volume
- Fluid Volume, Risk for deficient fluid volume
- Fluid Volume, Risk for imbalanced fluid volume

**OREM Requisite III****The maintenance of sufficient intake of FOOD.**

- Imbalanced Nutrition: less than body requirements
- Readiness for Enhanced Nutrition
- Blood glucose, Risk for unstable
- Breast Milk Production, Insufficient
- Breastfeeding, Ineffective Breastfeeding
- Breastfeeding, Interrupted Breastfeeding
- Breastfeeding, Readiness for Enhanced Breastfeeding
- Eating dynamics, Ineffective Adolescent
- Eating dynamics, Ineffective Child
- Eating dynamics, Ineffective Infant
- Hyperbilirubinemia, Neonatal
- Hyperbilirubinemia, Risk for Neonatal hyperbilirubinemia
- Infant suck-swallow response, ineffective
- Metabolic syndrome: Risk for metabolic syndrome
- Obesity
- Overweight
- Overweight, Risk for
- Swallowing, Impaired

## **OREM Requisite IV**

### **The provision of care associated with ELIMINATION processes and excrements**

- Constipation
- Constipation, Risk for constipation
- Constipation, Perceived constipation
- Constipation, Chronic functional constipation
- Constipation, Risk for chronic functional constipation
- Diarrhea
- Gastrointestinal motility, Dysfunctional
- Gastrointestinal motility, Risk for Dysfunctional
- Incontinence, Impaired bowel continence
- Incontinence, Disability associated urinary incontinence
- Incontinence, Urinary Stress Incontinence
- Incontinence, Urinary Urge Incontinence
- Incontinence, Risk for Urinary Urge Incontinence
- Urinary, Impaired Urinary Elimination
- Urinary Retention
- Urinary Retention, Risk for urinary retention

## **OREM Requisite V**

### **The maintenance of balance between ACTIVITY and REST**

- Activity, Decreased tolerance
- Activity, Risk for decreased tolerance
- Blood pressure, Risk for unstable
- Breathing pattern, Ineffective
- Cardiac output, Decreased
- Cardiac output, Risk for decreased
- Cardiovascular function, Risk for impaired function
- Cerebral tissue perfusion, Risk for ineffective
- Disuse Syndrome, Risk for
- Energy field, Imbalanced
- Fatigue
- Impaired Sitting
- Impaired Standing
- Impaired Transfer Ability
- Impaired Walking
- Insomnia
- Mobility, Impaired Bed
- Mobility, Impaired Wheelchair
- Mobility, Impaired Physical
- Self-care deficit Bathing

- Self-care deficit Dressing
- Self-care deficit: Feeding
- Self-care deficit: Toileting
- Self-care: Readiness for enhanced
- Self-neglect
- Sleep, Deprivation
- Sleep, Readiness for Enhanced
- Sleep, Disturbed pattern
- Tissue perfusion, Risk for decreased cardiac
- Tissue perfusion, Risk for ineffective cerebral
- Tissue perfusion, Ineffective peripheral
- Tissue perfusion, Risk for ineffective peripheral
- Thrombosis, Risk for
- Wandering

## **OREM Requisite VI**

### **The maintenance of balance between SOLITUDE and SOCIAL INTERACTIONS**

- Attachment, Risk for Impaired Attachment
- Decisional conflict
- Decision making, Readiness for enhanced decision making
- Decision making, Impaired emancipated decision-making
- Decision making, Risk for impaired emancipated decision-making
- Decision making, Readiness for enhanced emancipated
- Family identity, Disturbed family identity syndrome
- Family identity, Disturbed family identity syndrome, Risk for
- Family processes, Dysfunctional Family Processes
- Family processes, Interrupted Family Processes
- Family processes, Readiness for Enhanced Family Processes
- Moral Distress
- **Parenting**, Impaired parenting
- **Parenting**, Risk for impaired parenting
- **Parenting**, Readiness for enhanced parenting
- Relationships, Ineffective relationships
- Relationships, Risk for ineffective relationships
- Relationships, Readiness for enhanced relationships
- Role conflict, Parental role conflict
- Role performance, Ineffective role performance
- **Role strain**, Caregiver role strain
- **Role strain**, Risk for caregiver role strain
- Social interaction, Impaired social interaction

## **OREM Requisite VII**

### **The prevention of HAZARDS to human life, functioning and well-being**

- Airway Clearance: Ineffective airway clearance
- Aspiration: Risk for aspiration
- Bleeding: Risk for bleeding

- Dentition: Impaired dentition
- Dry eye: Risk for dry eye
- Dry eye: Ineffective dry eye self-management
  - Dry mouth: Risk for dry mouth
  - Falls: Risk for adult falls
  - Falls: Risk for child falls
- Hyperthermia:
- Hypothermia:
- Hypothermia: Risk for hypothermia
- Hypothermia: Neonatal hypothermia
- Hypothermia: Risk for neonatal hypothermia
- Hypothermia: Risk for perioperative hypothermia
  - Injury: Risk for injury
  - Eye: Risk for corneal injury
  - Nipple: Nipple-areolar complex injury
  - Nipple: Risk for nipple-areolar complex injury
  - Urinary tract injury: Risk for urinary tract injury
  - Positioning injury: Risk for perioperative positioning injury
  - Thermal injury: Risk for thermal injury
  - Mucous membranes: Impaired oral mucous membrane
  - Mucous membranes: Risk for impaired oral .... integrity
  - Neurovascular: Risk for peripheral neurovascular dysfunction
  - Physical trauma: Risk for physical trauma
  - Vascular Trauma: Risk for vascular trauma
  - Pressure injury, Adult pressure injury
  - Pressure injury, Risk for adult pressure injury
  - Pressure injury, Child pressure injury
  - Pressure injury, Risk for child pressure injury
  - Pressure injury, Neonatal pressure injury
  - Pressure injury, Risk for neonatal pressure injury
  - Risk for shock
  - Skin Integrity, Impaired skin integrity
  - Skin Integrity, Risk for impaired skin integrity
- Self-mutilation
- Self-mutilation: Risk for self-mutilation
- Suicide: Risk for suicidal behavior
  - Risk for sudden infant death
  - Risk for suffocation
- Self-mutilation
- Self-mutilation: Risk for self-mutilation
- Suicide: Risk for suicidal behavior
  - Surgical recovery: Delayed surgical recovery)
  - Surgical recovery: Risk for delayed surgical recovery
- Thermoregulation: Ineffective thermoregulation
  - Thermoregulation: Risk for ineffective thermoregulation
  - Tissue integrity: Impaired tissue integrity
  - Tissue integrity: Risk for impaired tissue integrity
  - Violence: Risk for other-directed violence
  - Violence: Risk for self-directed violence

## **OREM Requisite VIII**

### **The PROMOTION OF NORMALCY of human functioning and development within social groups**

- Activity, Ineffective activity planning
- Activity, Risk for ineffective activity planning
- Acute substance withdrawal syndrome
- Acute substance withdrawal syndrome: Risk for acute
- Autonomic dysreflexia
- Anxiety
- Anxiety, Death anxiety
- Comfort, Impaired comfort
- Comfort, Readiness for enhanced comfort
- Community health: Deficient community health
- Coping, Compromised family coping
- Coping, Defensive coping
- Coping, Disabled family coping
- Coping, Ineffective coping
- Coping, Ineffective community coping
- Coping, Readiness for enhanced community coping
- Coping, Readiness for enhanced coping
- Coping, Readiness for enhanced family coping
- Decisional conflict
- Decision making, Readiness for enhanced decision making
- Decision making, Impaired emancipated decision-making
- Decision making, Risk for impaired emancipated
- Decision making, Readiness for enhanced emancipated
- Denial, Ineffective denial
- Development: Delayed child development
- Development: Risk for delayed child development
- Development: Delayed infant motor development
- Development: Risk for delayed infant motor development
- Elopement: Risk for elopement attempt
- Exercise: Readiness for enhanced exercise engagement
- Fear
- Frail elderly syndrome
- Frail Elderly: Risk for frail elderly syndrome
- Grieving, Maladaptive grieving
- Grieving, Readiness for enhanced grieving
- Grieving, Risk for maladaptive grieving
  - Health literacy: Readiness for enhanced health literacy
  - Sedentary lifestyle
    - Health maintenance behaviors: ineffective health
    - Health self-management: Readiness for enhanced health
    - Health self-management: Ineffective family health self
    - Home maintenance: Ineffective home maintenance behaviors
    - Home maintenance: Risk for ineffective ... behaviors

- Home maintenance: Readiness for enhanced home...behaviors
- Mood, Impaired mood regulation
- Moral Distress
- Nausea
- Pain: Acute pain
- Pain Chronic pain
- Pain Chronic pain syndrome
- Pain Labor pain
- Post trauma syndrome
- Post trauma syndrome, Risk for post trauma syndrome
- Power, Readiness for enhanced power
- Powerlessness
- Powerlessness, Risk for powerlessness
- Protection: Ineffective protection
- Rape-trauma syndrome
- Religiosity, Impaired religiosity
- Religiosity, Risk for impaired religiosity
- Religiosity, Readiness for enhanced religiosity
- Relocation stress syndrome
- Relocation stress syndrome, Risk for
- Resilience, Impaired resilience
- Resilience, Readiness for enhanced resilience
- Resilience, Risk for impaired resilience
- Risk for loneliness
- Risk-prone health behavior
- Risk for complicated immigration transition
- Sexual dysfunction
- Sexual pattern, ineffective sexual pattern
- Social isolation
- Sorrow, Chronic sorrow
- Spiritual distress
- Spiritual distress, Risk for spiritual distress
- Spiritual Well-Being, Readiness for enhanced spiritual well-being
- Stress, Stress overload

## **ERIKSON'S PSYCHOSOCIAL DEVELOPMENT THEORY**

Erikson's Psychosocial Development Theory proposes that individuals progress through several distinct stages of development throughout life. His theory suggests that these stages are universal to all individuals and must be successfully resolved in order to proceed to the next stage of psychosocial development. When an individual is unable to successfully pass through a particular stage of development, conflict will result and the person will not proceed to the next stage of development (regardless of chronological age) until the conflict is resolved. Nurses can assist individuals with unresolved conflict by providing empathetic, compassionate care, while guiding the individual towards achieving optimal psychosocial development.

### **Erikson's Eight Stages of Development**

<b>Stage</b>	<b>Age</b>	<b>Central Task</b>	<b>Indicators of Positive Resolution</b>	<b>Indicators of Negative Resolutions</b>
Infancy	Birth-18 mos	Trust versus Mistrust	Learning to trust others. Sense of trust in self	Mistrust, withdrawal, estrangement
Early Childhood	18 mos to 3 yrs.	Autonomy versus shame and doubt	Self-control without loss of self-esteem, Ability to cooperate and express self	Willfulness and defiance
Late childhood	3-5 yrs	Initiative versus Guilt	Learning the degree to which assertiveness and purpose influence the environment. Beginning ability to evaluate one's own behavior	Lack of self-confidence. Pessimism fear of wrongdoing. Over control and over restriction of own activity
School Age	5-12 yrs.	Industry versus Inferiority	Beginning to create, develop, and manipulate. Developing sense of competence and perseverance.	Loss of hope, sense of being mediocre, Withdrawal from school and peers
Adolescence	12-18 yrs	Identity versus Role Confusion	Coherent sense of self. Plans to actualize one's abilities.	Confusion, Indecisiveness
Young/early Adulthood	20-39 yrs	Intimacy versus Isolation	Intimate relationships with another person. Commitment to work and Relationships.	Interpersonal relationships. Avoidance of relationship career or life-style commitments
Middle Adulthood	40-59 yrs	Generativity versus stagnation	Creativity, productivity, concern for others.	Self-indulgence, self-concern, lack of interests and commitments
Maturity/Late Adulthood	60 + yrs	Integrity versus despair	Acceptance of worth and uniqueness of one's own life. Acceptance of death	Sense of loss, contempt for others

## KOLB'S EXPERIENTIAL LEARNING THEORY

Kolb's Experiential Learning Theory explores how students understand and process information through experiences geared towards different learning styles. Learning progresses through stages supported by activities that allow for concrete experience, reflective observation, abstract conceptualization, and active experimentation. Application and integration of Kolb's theory can assist the learner in developing problem-solving and critical thinking abilities.

## BLOOM'S TAXONOMY AND THEORY OF MASTERY LEARNING

Bloom's Theory of Mastery Learning refers to using a variety of teaching methods to help students succeed, along with regular feedback, specific remediation strategies, and enrichment activities. This theory was developed in order to provide a framework for curriculum and promote thinking that begins with the simplest cognitive processes (knowledge) and progresses to the most complex processes (evaluation). In addition, three domains of learning activities were identified as cognitive, affective, and psychomotor and are essential skills for learning acquisition.

### Action Words for Revised Bloom's Taxonomy

Remembering (Knowledge)	Understanding (Comprehension)	Applying (Application)	Analyzing (Analysis)	Evaluating (Synthesis)	Creating (Evaluation)
Copy	Ask	Act	Analyze	Appraise	Adapt
Define	Associate	Administer	Appraise	Argue	Anticipate
Describe	Categorize	Articulate	Attribute	Assess	Arrange
Discover	Cite	Change	Calculate	Check	Assemble
Duplicate	Clarify	Chart	Categorize	Choose	Collaborate
Enumerate	Classify	Choose	Classify	Compare	Collect
Examine	Compare	Complete	Compare	Conclude	Combine
Identify	Convert	Compute	Conclude	Consider	Compile
Label	Describe	Demonstrate	Connect	Convince	Construct
List	Differentiate	Determine	Contrast	Coordinate	Design
Listen	Discover	Develop	Correlate	Criticize	Develop
Locate	Discuss	Employ	Criticize	Critique	Devise
Match	Distinguish	Establish	Deduce	Debate	Facilitate
Memorize	Estimate	Examine	Devise	Decide	Formulate
Name	Explain	Execute	Diagram	Defend	Generalize
Observe	Generalize	Implement	Differentiate	Detect	Generate
Omit	Give examples	Interpret	Distinguish	Discriminate	Hypothesize
Quote	Group	Interview	Divide	Evaluate	Infer
Recall	Identify	Judge	Estimate	Find errors	Intervene
Recognize	Indicate	List	Explain	Grade	Justify
Record	Match	Manipulate	Focus	Judge	Manage
Repeat	Observe	Modify	Illustrate	Measure	Modify
Reproduce	Paraphrase	Operate	Integrate	Monitor	Negotiate
Remember	Predict	Practice	Order	Order	Plan
Retrieve	Represent	Prepare	Organize	Persuade	Prepare
Select	Research	Produce	Outline	Predict	Produce
State	Restate	Record	Plan	Rank	Propose
Tabulate	Review	Relate	Prioritize	Rate	Reorganize
Tell	Rewrite	Report	Question	Recommend	Revise
Visualize	Summarize	Show	Select	Summarize	Simulate
	Translate	Teach	Separate	Support	Solve
	Understand	Transfer	Structure	Test	Speculate
		Use	Survey	Weigh	Substitute
		Write	Test		Validate

**Quinsigamond Community College  
Associate Degree Nursing Program**

**PROGRAM OUTCOMES**

Program outcomes are defined as performance indicators that reflect the extent to which the purposes of the nursing education unit are achieved and by which program effectiveness is documented. Program outcomes are measurable, consumer-oriented indexes designed to evaluate the degree to which the program is achieving its mission and goals. Example include, but are not limited to, program completion rates, job placement rates, NCLEX-RN pass rates, and graduation satisfaction rates.

**STUDENT LEARNING OUTCOMES**

At the completion of the program, the graduate will:

1. Use the nursing process and other theoretical concepts in the comprehensive planning and delivery of nursing care to patients\* throughout the life cycle.
2. Collaborate to effectively communicate with patients and inter-professional teams verbally, in writing, and electronically to achieve quality patient care outcomes.
3. Assume the role of the nurse in ways that reflect integrity, responsibility, ethical practice and an evolving identity as a professional nurse committed to evidence-based practice, caring, patient advocacy, and safe quality care for diverse patients in various settings.
4. Make judgments in nursing practice, based on evidence, that integrate nursing science in the provision of safe, quality care and promote the health of patients.
5. Employ relationship-centered interventions that are caring, compassionate, nurturing, protective, therapeutic and respectful of human differences.
6. Manage patient care through planning, organizing, directing and delegating with an emphasis on system effectiveness to provide quality health care and a safe environment for patients and workers.
7. Advocate for patients and oneself to retain or develop new pathways which encompass one's uniqueness, dignity, diversity, and freedom toward a holistic well-being.
8. Participate in a spirit of inquiry to help promote and maintain health and reduce risks for patients by challenging the status quo, questioning underlying assumptions, and offering new insights to improve quality of care.

*\*Patients (clients) are defined as the individual, family or group, including significant others and population.*

**NURSE EDUCATION ASSOCIATE in SCIENCE DAY (NUR) and EVENING (NUE)  
CURRICULUM  
SUMMARY OF COURSE HOURS IN TERMS**

<u>Course</u>	<u>Semester 1</u>	<u>Class</u>	<u>Laboratory</u>	<u>Clinical</u>	<u>Total</u>
BIO 111 Anatomy & Physiology I 4 cr		45	45	0	90
ENG 101 English Composition & Literature I 3 cr		45	0	0	45
Total Hours in Term		90	45	0	135

<u>Course</u>	<u>Semester 2</u>	<u>Class</u>	<u>Laboratory</u>	<u>Clinical</u>	<u>Total</u>
BIO 112 Anatomy & Physiology II 4 cr		45	45	0	90
PSY 101 Introduction to Psychology 3 cr		45	0	0	45
NUR 103 Current Concepts in Nursing and Health Care I 1 cr		15	0	0	15
NUR 104 Fundamentals of Nursing 7 cr		60	30	105	195
Total Hours in Term		165	75	105	345

<u>Course</u>	<u>Semester 3</u>	<u>Class</u>	<u>Laboratory</u>	<u>Clinical</u>	<u>Total</u>
PSY 121 Survey of Life Span Development 3 cr		45	0	0	45
BIO 232 Medical Microbiology 4 cr		45	45	0	90
NUR 105 Medical Surgical Nursing I/ Maternal Newborn 8 cr		60	24	156	240
Total Hours in Term		150	69	156	375

<u>Course</u>	<u>Semester 4</u>	<u>Class</u>	<u>Laboratory</u>	<u>Clinical</u>	<u>Total</u>
ENG 102 English Composition & Literature II 3 cr		45	0	0	45
HST History Elective 3 cr		45	0	0	45
SOC 101 Introduction to Sociology <b>or</b> SOC 111 Social Problems & Change 3 cr		45	0	0	45
NUR 201 Medical Surgical Nursing II/ Pediatric 10 cr		75	0	225	300
Total Hours in Term		210	0	225	435

<u>Course</u>	<u>Semester 5</u>	<u>Class</u>	<u>Laboratory</u>	<u>Clinical</u>	<u>Total</u>
HUM Humanities Elective 3 cr		45	0	0	45
NUR 203 Current Concepts in Nursing And Health Care II 2 cr		30	0	0	30
NUR 202 Adv. Medical Surgical Nursing III/Mental Health 10 cr		75	0	225	300
Total Hours in Term		150	0	225	375

**NURSE EDUCATION ASSOCIATE in SCIENCE ADVANCED PLACEMENT LPN (NUL)  
CURRICULUM  
SUMMARY OF COURSE HOURS IN TERMS**

<u>Course</u>	<u>Semester 1</u>	<u>Class</u>	<u>Laboratory</u>	<u>Clinical</u>	<u>Total</u>
BIO 111 Anatomy & Physiology I 4 cr		45	45	0	90
ENG 101 English Composition & Literature I 3 cr		45	0	0	45
Total Hours in Term		90	45	0	135
<u>Course</u>	<u>Semester 2</u>				
BIO 112 Anatomy & Physiology II 4 cr		45	45	0	90
PSY 101 Introduction to Psychology 3 cr		45	0	0	45
Total Hours in Term		90	45		135
<u>Course</u>	<u>Semester 3 (FALL)</u>				
NUR 101 Advanced Placement Nursing I (Oct-Dec) 1 cr.		7.5	22.5	0	30
NUR 888 Upon successful completion of NUR 101 (with a grade of C+ or higher) and current License as a Practical Nurse, seven credits credentialed.					
Total Hours in Term		7.5	22.5	0	30
<u>Course</u>	<u>Semester 4 (SPRING)</u>				
PSY 121 Survey of Life Span Development 3 cr		45	0	0	45
BIO 232 Medical Microbiology 4 cr		45	45	0	90
NUR 105 Medical Surgical Nursing I/ Maternal Newborn (Jan-Apr) 8 cr		60	24	156	240
Total Hours in Term		150	69	156	375
<u>Course</u>	<u>Semester 5 (SUMMER 1)</u>				
ENG 102 English Composition & Literature II 3 cr		45	0	0	45
HST History Elective 3 cr		45	0	0	45
SOC 101 Introduction to Sociology <b>or</b> SOC 111 Social Problems & Change 3 cr		45	0	0	45
NUR 201 Medical Surgical Nursing II/ Pediatric (Apr-July) 10 cr		75	0	225	300
Total Hours in Term		210	0	225	435
<u>Course</u>	<u>Semester 6 (FALL)</u>				
HUM Humanities Elective 3 cr		45	0	0	45
NUR 203 Current Concepts in Nursing And Health Care II 2 cr		30	0	0	30
NUR 202 Adv. Medical Surgical Nursing III/Mental Health 10 cr		75	0	225	300
Total Hours in Term		150	0	225	375

**NURSE EDUCATION ASSOCIATE in SCIENCE ADVANCED PLACEMENT PARAMEDIC  
(NUP) CURRICULUM  
SUMMARY OF COURSE HOURS IN TERMS**

<u>Course</u>	<u>Semester 1</u>	<u>Class</u>	<u>Laboratory</u>	<u>Clinical</u>	<u>Total</u>
BIO 111 Anatomy & Physiology I 4 cr		45	45	0	90
ENG 101 English Composition & Literature I 3 cr		45	0	0	45
Total Hours in Term		90	45	0	135
<u>Course</u>	<u>Semester 2</u>				
BIO 112 Anatomy & Physiology II 4 cr		45	45	0	90
PSY 101 Introduction to Psychology 3 cr		45	0	0	45
Total Hours in Term		90	45		135
<u>Course</u>	<u>Semester 3 (FALL)</u>				
NUR 100 Paramedic to AD Bridge (Sept-Oct) 1cr		8	10	12	30
NUR 101 Advanced Placement Nursing I (Oct-Dec) 1 cr		7.5	22.5	0	30
NUR 888 Upon successful completion of NUR 100 and NUR 101 (with grade of C+ or higher) and successful completion of state or national Paramedic exam, six credits credentialed					
Total Hours in Term		15.5	32.5	12.	60
<u>Course</u>	<u>Semester 4 (SPRING)</u>				
PSY 121 Survey of Life Span Development 3 cr		45	0	0	45
BIO 232 Medical Microbiology 4 cr		45	45	0	90
NUR 105 Medical Surgical Nursing I/ Maternal Newborn (Jan-Apr) 8 cr		60	24	156	240
Total Hours in Term		150	69	156	375
<u>Course</u>	<u>Semester 5 (SUMMER 1)</u>				
ENG 102 English Composition & Literature II 3 cr		45	0	0	45
HST History Elective 3 cr		45	0	0	45
SOC 101 Introduction to Sociology <b>or</b> SOC 111 Social Problems & Change 3 cr		45	0	0	45
NUR 201 Medical Surgical Nursing II/ Pediatric (Apr-July) 10 cr		75	0	225	300
Total Hours in Term		210	0	225	435
<u>Course</u>	<u>Semester 6 (fall)</u>				
HUM Humanities Elective 3 cr		45	0	0	45
NUR 203 Current Concepts in Nursing And Health Care II 2 cr		30	0	0	30
NUR 202 Adv. Medical Surgical Nursing III/Mental Health 10 cr		75	0	225	300
Total Hours in Term		150	0	225	375

# ***MASSACHUSETTS BOARD OF REGISTRATION IN NURSING (MABORN) REQUIRED POLICIES***

## **ADMISSION POLICY**

See the QCC College Catalog <https://www.qcc.edu/academics> and the program website for the admission process and program admission requirements.

## **ACADEMIC AND PROFESSIONAL INTEGRITY POLICY**

The faculty of the Nurse Education Program promote the holistic development of the prospective nurse, including ways in which personal values influence the development of professional values. In keeping with the American Nurses' Association (ANA) Code of Ethics and MA Board of Registration in Nursing; honesty and integrity is expected of all students. The Nurse Education Program abides by and adheres to the Code of Ethics, which is set forth by the ANA as it relates to the professional conduct of nurses. The website for the Nursing Code of Ethics: <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>

In clinical practice areas, the nursing student is expected to act in ways which safeguard the patient and the public at all times. As described in the Quinsigamond Community College Student Handbook, academic dishonesty includes "cheating, plagiarism, or knowingly furnishing false information". Plagiarism is the representation of another's work as one's own. Students found in violation of this policy are subject to the QCC Student Code of Conduct Policy <https://www.qcc.edu/student-handbook/student-code-conduct>.

### **Plagiarism/False Information**

Plagiarism and/or providing false information, may result in academic failure in the nursing course in which it occurs, and may also include further college disciplinary action. See the QCC English Department guidelines: <https://www.qcc.edu/english/academic-honesty-documentation-guides> and the QCC Code of Conduct Policy.

### **Sharing and Copyright Infringement**

Any handouts, faculty developed educational materials, or postings related to course content is the intellectual property of QCC faculty and cannot be shared by any means to other students or outside entities. In addition, the posting/sharing of proprietary content from book publishers, testing companies, and other sources without authorization is considered a violation of academic integrity and a behavior inconsistent with the nursing profession.

## **ADVANCED PLACEMENT POLICY**

Advanced Placement occurs in the NUL and NUP program options. Advanced Placement occurs when students complete NUR100 (for Paramedics) and/or the NUR101 (for LPNs and Paramedics). Students who complete the one credit course(s) successfully with a C+ grade or better are granted advanced placement into the NUR105 course.

## ATTENDANCE POLICY

### **Classroom Attendance**

Course faculty may track student classroom attendance. Students are expected to attend all classroom activities. Refer to the course syllabi.

### **Clinical /Lab/Simulation Attendance**

- To enable the student to achieve a competent skills level in the clinical practice in nursing, a standard number of hours of instruction is required. Therefore, each student is expected to be present and punctual for all clinical/lab/simulation experiences.
- Students are responsible for transportation to/from the clinical sites as well as any parking fees.
- Notification: In order to ensure continuity of patient care, a student must notify the clinical/lab faculty via phone or email of an absence prior to the start of a clinical experience. This must be done one hour prior to the scheduled start of the clinical day. Tardiness also requires faculty notification.
  - Absence: Failure to notify the clinical faculty of an absence in advance of the clinical experience will be documented and the student will receive a written clinical warning for failure to provide proper notification. Second occurrence will result in clinical failure.
  - Tardiness: Failure to notify the clinical faculty of tardiness of 15 minutes or more may result in clinical warning. Repeated tardiness, regardless of notification, may result in clinical failure.
- *Based on patient and student safety needs, students are not allowed to work the night shift (11pm-7am) prior to scheduled day clinical rotation.*

### **Make-Up: All missed clinical, lab, and simulation experiences will be made up including faculty and weather related cancellations** (see School Cancellation, Delays, and Clinical Snow Day Policy)

- The format of the missed clinical, lab, or simulation may include virtual or face-to-face lab, simulation, and/or on-site clinical at the clinical site and will be comparable to the time missed. Make up clinical may mean the student will return to the clinical area after completion of the planned semester or within the semester for lab make up.
- The student is responsible for reimbursement of faculty through the Business Office for student-related clinical absences. **The cost of clinical/lab make up is \$25 per student per hour for each make up day.** See form in the back of this handbook. The student must pay in advance for the make-up clinical or lab experience. Arrangements for this additional time will be made by the Nursing team for the designated course. See course materials.
  - There are exceptions for requiring payment for lab/clinical make-up:
    - Military deployment
    - Title IX
    - Bereavement
  - Based on inability to meet clinical objectives due to clinical absences, the student may receive a clinical failure.
- Student clinical/simulation/lab absences (no excused absences, all missed time will be made up):
  - 1st absence: will be documented by course faculty
  - 2nd absence: written clinical warning and meeting with Program Coordinator
  - 3rd absence: Student's clinical performance and written statement from the student regarding absences will be reviewed by the Associate Degree Faculty Organization (ADFO). Outcome options to include continuation in the program, program warning, clinical failure, counselled to withdraw, or/and administratively withdrawn.

- All documents (conference summary, clinical warning, clinical failure) are cc'd to the Program Coordinator and the student record.
- Student can receive a clinical warning/failure at any point for failing to notify faculty of an absence - “no call/no show”
- The following will require clinical make up but these situations will not result in clinical warning as described above
  - Military deployment
  - Title IX
  - Bereavement

### **School Cancellation, Delays, and Clinical Snow Day Policy**

Refer to the Quinsigamond Community College Student Handbook and the QCC Inclement Weather Information: <https://www.qcc.edu/alerts/inclement-weather>

Official school closings will be announced by the college via radio, television, mobile text alert, QCC web site, or by calling QCC number 508-854-4545. Without an official school announcement, the faculty will make an internal decision.

- Students are responsible for making their own decision according to local weather conditions. The student is responsible for notifying the clinical agency and faculty in the event that he/she is unable to travel because of inclement weather conditions.
- If the instructor cancels the clinical day, he or she will notify the clinical agency and contact the students responsible for initiating the telephone chain of communication.
- Clinical faculty will send students a virtual clinical simulation assignment via the course web page and/or via QCC email. Students will participate in clinical virtually in the event of a school cancellation. This may take place synchronously or asynchronously.

### **COURSE EXEMPTION POLICY**

Course exemption only occurs when students either request to transfer to QCC (see Transfer Policy) or when applying to the NUL or NUP program options. Course exemption only occurs for NUR103 Current Concepts in Nursing and Health Care I (one credit) and NUR104 Fundamentals of Nursing (7 credits) courses – see Advanced Placement Policy.

Course substitution may occur upon approval of a Course Petition request submitted by the student to the Registrar’s Office.

### **EDUCATIONAL MOBILITY POLICY**

Students are encouraged to pursue advanced education upon completion of program of study at QCC. The student should contact the program of their choice for specific considerations. Most schools will expect that pre-requisite courses are completed prior to admission to nursing courses.

Information relative to articulation agreements can be obtained by visiting the Transfer Office at 508-854-4404 or <https://www.qcc.edu/services/transfer/transfer-agreements>

## **GOOD MORAL CHARACTER**

The Massachusetts Board of Registration in Nursing has a Good Moral Character (GMC) policy. In the Commonwealth, Massachusetts Laws (MGL) Chapter 13, section 13, 14, 14a, 15 and 15D and Chapter 112, section 74 through 81 C authorize the Board of Registration in Nursing to regulate nursing practice and education. Pursuant to these laws, the Mass. Board of Registration in Nursing issues licenses to qualified individuals. Misdemeanor and felony convictions, and discipline by a licensure/certification body are evaluated by the Massachusetts Board of Registration in Nursing to determine licensure applicant compliance with the “good moral character” licensure requirement established in the Massachusetts General Laws, Chapter 112, section 74 and 74A. Nursing graduates are evaluated for GMC in accordance with MA BORN regulations.

<http://www.mass.gov/eohhs/docs/dph/quality/boards/nursing/nursing-good-moral-policy.pdf>. The Board has the authority to deny or revoke nursing licensure for an individual who has been found guilty of committing a felony or an act that does not conform to the accepted standards of the nursing profession. A student who wishes/needs to discuss this may make a private appointment with the Program Administrator at any point in the program.

## **GRADUATION POLICY**

### **Graduation Requirements/Program Completion**

Students must satisfy all course and program requirements including regulations related to attendance and conduct, in order to be eligible for graduation. In addition, students must complete an *Intent to Graduate* form with the Registrar’s Office and all financial obligations to the college must be met.

## **LICENSURE ELIGIBILITY & PROCESS**

**Eligibility** - All students must have a Certificate of Graduation signed by the Program Administrator and validated through the QCC Registrar’s Office in order to apply for licensure. In addition, a copy of the student’s transcript is provided with the Certificate of Graduation.

**Review Course** - Completion of a NCLEX-RN review course is required prior to licensure applications being forwarded for processing. See Program Coordinator or Program Administrator for further information.

**Fees** - There are fees associated with licensure including application, licensure, passport photo, etc. These fees currently total around \$450 and are the responsibility of the student (prices may increase).

**Good Moral Character** - A graduating student may be denied the opportunity to take the NCLEX exam based on information obtained through the CORI/SORI report.

**Child Protective Services** – A graduating student may be denied the opportunity to take the NCLEX exam based on information obtained through a Child Protective Services report.

**Registering to take the NCLEX-RN exam** – instructions for registering for the NCLEX-RN exam will be provided by the Program Coordinator or Program Administrator prior to graduation. Students in the last semester of the program should visit the National Council of State Boards of Nursing (NCSBN) website for the Candidate Bulletin, NCLEX-RN Test Plan, and other useful information:

<https://www.ncsbn.org/nclex.htm>

**Accommodation Requests** - Testing accommodations for qualified candidates is provided only with the authorization of the Massachusetts Board of Registration in Nursing (MABORN).

Student who wish to request testing accommodations should:

- Request information from the MABORN concerning its requirements for receiving testing accommodations. This should be done before submitting your NCLEX registration to Pearson VUE.
- Make a written request for accommodations to the MABORN.
- Send their request to the MABORN as early as possible so that, if approved, the testing accommodations can be made in a timely manner.
- Do not schedule an appointment to take the NCLEX until you have received written confirmation of your accommodations and your Authorization to Test (ATT) email listing the granted accommodations.
- Candidates approved for testing with accommodations must schedule their testing appointment by calling Pearson VUE NCLEX Candidate Services at the telephone number listed on their ATT and asking for the NCLEX Accommodations Coordinator.
- Candidates with accommodations cannot cancel their accommodations at the time of their appointment.
- Candidates who seek to test with accommodations cannot schedule their appointments through the NCLEX Candidate website.

### **MILITARY POLICY: TRANSFER OR ADVANCED PLACEMENT OF MILITARY EDUCATION, TRAINING OR SERVICE FOR A MILITARY HEALTH CARE OCCUPATION**

QCC does not provide training specific to the military, however the Nurse Education Program can prepare graduates for a nursing career in the military upon graduation and licensure.

Applicants who have military health care education, training, or service may be eligible for credit for prior learning or transfer of previously completed course credit.

Due to the variety of opportunities for military health care occupations; education, training or service can vary. Therefore, each applicant will be considered on a case-by-case basis. Materials that may be required to determine credit for prior learning or transfer include, but may not be limited to: transcripts; course descriptions; skills checklists; and/or evaluations. Credit for Prior Learning provides opportunities to earn credit for learning acquired through life experiences: including work, the military and non-collegiate training programs. Refer to the Career Services regarding Credit for Prior Learning: [https://theq.qcc.edu/ICS/Student\\_Services/Credit\\_for\\_Prior\\_Learning\\_\(CPL\).jnz](https://theq.qcc.edu/ICS/Student_Services/Credit_for_Prior_Learning_(CPL).jnz)

Veterans are welcome and encouraged to attend the Nurse Education Program. Students who are veterans are encouraged to contact the QCC Veteran's Affairs Office and/or visit the website: [https://theq.qcc.edu/ICS/Student\\_Services/Veterans\\_Services.jnz](https://theq.qcc.edu/ICS/Student_Services/Veterans_Services.jnz)

### **PROGRAM WARNING POLICY**

Nursing students are expected to behave in an ethical, professional, safe, and collegial manner, and adhere to published policies while in the program. If a student exhibits behavior in violation of these expectations, faculty will formally address the behavior with the student by completing a program warning. Thereafter, faculty will collaborate with the Program Coordinator and/or Program Administrator to determine subsequent actions. This may include completion of a QCC Student

Incident Report such as in cases of academic dishonesty, plagiarism, copyright infringement, sharing or posting of instructor materials, social media violation, discrimination, and other student code of conduct violations.

The Program Warning remains active throughout the student's enrollment in the program. Two or more program warnings will be brought to the Associate Degree Faculty Organization (ADFO) for review and decision. Outcome options may include continuation in the program, clinical failure, counselled to withdraw, and/or immediate dismissal through Administrative Withdrawal by the Dean of the School of Healthcare (see Withdrawal Policy-Administrative).

### **PROGRESSION POLICY**

The curriculum of the Associate Degree Nursing Program is planned according to the Faculty belief that:

- Learning shall reflect the accumulation of knowledge.
- Clinical performance must reflect consistent application of both fundamental and advancing theory and skills.

#### **Retention/Progression in Program**

In order to progress to the next nursing course, the student must achieve a grade of "C+" (77%) or better in theory (the course grade is rounded at the end of the semester, for example 76.5% rounds up to 77%, and 76.4% rounds down to 76%) and must achieve a passing evaluation of performance in clinical practice/lab. Each nursing course must be completed in sequence in order to continue in the program. To continue in the next nursing course, the student must receive a grade of 73% or better in the *science courses*.

**A failure in Clinical Practice/Lab in any clinical rotation will constitute a failure ("F") for the course and the student will not be allowed to continue in clinical practice.**

### **READMISSION POLICY**

Readmission includes students who left the program due to withdrawal (except as noted in the Withdrawal Policy) or academic failure.

NUR100 and NUR101 Request for Readmission:

- Students requesting readmission to either of these courses must schedule an appointment with the Program Coordinator to complete the Request for Readmission form.
- Readmission requirements and documents must be completed by April 15 if readmission is requested for the fall semester.

NUR103 and/or NUR104 Request for Readmission:

- Students seeking readmission must complete an Application for Admission form with the Admissions Office at the West Boylston campus or online via the Q. The Admissions Office will review the student's academic record to ensure the current admission requirements for the program are met, and if so, will mail a qualification letter to the student.
- Once the student receives the qualification letter from the Admissions Office, the student must contact the Program Coordinator to schedule an appointment to request readmission. Alternatively, the student can decide to remain on the waitlist and begin the program as a new student, rather than using the one-time Readmission policy.

- The student must bring the qualification letter to the meeting with the Program Coordinator in order to complete the Request for Readmission form.
- Readmission requirements and documents must be completed by April 15 if readmission is requested for September, and November 15 if readmission is requested for January of the following year.
- Students accepted for readmission must attend the program orientation prior to the start of the semester.
- Students who are denied readmission will remain on the wait list

NUR105, NUR201, NUR202, and NUR203 Request for Readmission:

- Students requesting readmission to any of these courses must schedule an appointment with the Program Coordinator to complete the Request for Readmission form.
- Readmission requirements and documents must be completed as follows:
  - Day Program NUR105, NUR201, NUR202, and NUR203: by May 30 if readmission is requested for fall semester; and by December 21 if readmission is requested for spring semester.
  - Advanced Placement/Evening Program NUR105: by November 15; NUR201: by January 10; NUR202 and NUR203: by June 30.
  - NUR202 and NUR203 requests for readmission are exempt from meeting the current admission criteria to qualify for readmission.
    - For example, a student passed all NUR courses except NUR202. The student does not meet the current TEAS admission requirement but qualifies for readmission without having to retake the TEAS.

*General Information for All Students Requesting Readmission:*

- Students must request readmission within one year of withdrawal or failure. If the student does not apply for readmission within one year, the student is ineligible for readmission and can apply to the program as a new student. Any nursing courses taken more than one year prior must be repeated even if a passing grade was previously earned.
- Readmission is based on space availability. When there are multiple candidates for readmission, the following criteria will be used:
  1. Grade/status in last enrolled nursing course
  2. Kaplan Fundamentals or Medical-Surgical test percentile ranking for last successfully completed nursing course (if applicable, otherwise Kaplan Fundamentals or Medical-Surgical test percentile ranking for the last enrolled course).
  3. QCC GPA
- The Nurse Education Readmission Committee (Program Coordinators and Administrator) will review all requests for readmission to determine ranking according to the criteria, if necessary due to space limitations.
- If not accepted, the student must repeat the process the following semester to be considered for readmission.
- If the student failed due to a clinical failure or policy violation, the failure will be reviewed by the program faculty to determine eligibility for readmission. Readmission is not guaranteed.
- There is a **one-time readmission policy** for the Nurse Education Program.
- Readmission request consideration is based on current published policies.
- Refer to the QCC College Student Handbook *Readmission for Health Programs* policy: <https://www.qcc.edu/student-handbook/college-procedures>

### **Denial of Admission/Readmission to Healthcare Programs**

Students who have been dismissed or withdrawn from a program within the School of Healthcare at Quinsigamond Community College for reasons of “clinically unsafe practice/behavior” or who violate the College’s Student Code of Conduct or Policy on Affirmative Action are not eligible for admission/readmission to any Healthcare program.

### **SOCIAL MEDIA POLICY**

Social networking/email/texting regarding patients, faculty/staff, clinical affiliates, and student nurse peers is prohibited and will result in disciplinary action, up to and including clinical failure and/or administrative withdrawal.

*The following behaviors are grounds for disciplinary action:*

The posting, distribution, emailing, texting, etc. of:

- Images or disparaging remarks about other students, faculty, staff, or clinical affiliates, even if identifying information appears to have been removed.
- Student or faculty images without permission of all involved parties.
- Any content or images that could in any way compromise the safety, emotional well-being, reputation and/or professional image of the Nursing Department, staff, faculty or students.
- Disrespectful, inappropriate, lewd, offensive, violent, potentially threatening, derogatory or discriminatory content while identifying oneself as a nursing student.

### **Tips for Using Social Media**

Social networks and the internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. Nurses and nursing students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior has the potential to enhance or undermine not only the individual nurse’s career, but also the nursing profession.

### **ANA’s Principles for Social Networking**

- Nurses must not transmit or place online individually identifiable patient information.
- Nurses must observe ethically prescribed professional patient — nurse boundaries.
- Nurses should understand that patients, colleagues, institutions, and employers may view postings.
- Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
- Nurses should bring content that could harm a patient’s privacy, rights, or welfare to the attention of appropriate authorities.
- Nurses should participate in developing institutional policies governing online conduct.

### **Tips to Avoid Problems**

- Remember that standards of professionalism are the same online as in any other circumstance.
- Do not share or post information or photos gained through the nurse-patient relationship.
- Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.

- Do not make disparaging remarks about patients, employers or co-workers, even if they are not identified.
- Do not take photos or videos of patients on personal devices, including cell phones.
- Promptly report a breach of confidentiality or privacy.

## STUDENT RIGHTS AND GRIEVANCES

### **Student Rights and Grievances Policy**

Student Rights can be found in the QCC Student Handbook: <https://www.qcc.edu/student-handbook/student-responsibilities>. If a student has a concern with regard to the Associate Degree Program, Faculty, examinations, policies or procedures, the following steps must be followed:

The student must document the concern or issue in writing to the appropriate personnel in the order listed below, and request a meeting to discuss the concern. Meetings to discuss concerns will be scheduled as follows, and if not satisfied with the outcome the student can proceed to the next step:

1. Professor/Clinical/Simulation/Lab faculty
2. Course Nursing Team
3. Program Coordinator/Nurse Education Department Chair (Administrator)
4. Dean of Healthcare

If satisfaction is not met after discussion with the Dean of Health Care, the student may begin Level I of the Grievance Procedure as detailed in the QCC Student Handbook: <https://www.qcc.edu/student-handbook/college-policies>

### **Student Records Policy**

It is the policy of Quinsigamond Community College to retain academic transcripts of the students and graduates in perpetuity. Student records are retained both on campus and in an off-campus storage facility. For details see the Records Directory section of the QCC Student Handbook <https://www.qcc.edu/student-handbook/college-policies>. In addition to records maintained by college offices, student files are maintained in the Nursing Education Department. These files contain information related to clinical evaluation and academic performance contracts, as well as documents indicating receipt of Nursing Education policies. The student records maintenance schedules can be found in the Nurse Education Department Records Maintenance and Retirement Policy. Immunization and health records are maintained in the Castle Branch system.

### **Request for Documents**

Students may request copies of the documents they require, in writing via the *Request for Information Form*, to the Program Coordinator. **Requests take approximately two weeks to process.**

### **Participation in Governance of Program**

Each class elects two representatives (one representative and one alternate) who serve on the faculty organization. Students will also elect representatives to serve on select committees as the need arises in a non-voting capacity.

Faculty organization will ask for student recommendations regarding agenda items. The student representative will bring forward to faculty members issues and concerns related to the nurse education program. Course concerns need to be brought to each course faculty team.

Refer to the current Quinsigamond Community College Student Handbook.

### **TRANSFER POLICY**

Students interested in transferring from QCC can find more information on the Transfer Services page <https://www.qcc.edu/admissions/transfer>. See the Educational Mobility Policy.

Students interested in transferring to QCC can find more information on the Admissions page <https://www.qcc.edu/admissions>. A student may seek a transfer of credit from another approved institution, provided that a passing grade has been earned in all previous nursing courses and the course work is comparable to the course offered at QCC. Transfer credit will be considered for NUR103 and NUR104 only if the student has not been away from the program for more than one year. See the QCC College Catalog for additional information, transfer is not guaranteed.

Students who wish to request transfer from one QCC nursing program to another QCC nursing program must meet with the Program Coordinator of the most recently enrolled program to review the process. The student must meet the admission requirements of the prospective program. Transfer is not guaranteed.

### **WITHDRAWAL POLICY**

Students who wish to withdraw from the program must follow the college withdrawal procedure found in the QCC College Catalog. In addition, students must make an appointment to see the Program Coordinator to complete an exit interview and discuss plans for readmission, if applicable. Students who withdraw from the program, or any nursing courses within the program, may request readmission as specified in the Readmission Policy.

Certain student situations warranting separation from the Nurse Education program prior to course completion for reasons related to the US Department of Labor Family and Medical Leave Act, will not be processed as a readmission. The criteria include:

- The birth of a child or placement of a child for adoption or foster care to bond with the child
- To care for student's spouse, child, or parent who has a qualifying serious health condition
- Student's qualifying serious health condition that makes the student unable to perform requirements of the program
- For qualifying exigencies related to the foreign deployment of a military member who is the student's spouse, child or parent

In addition, these criteria also apply:

- Military deployment of the student
- Title IX
- Death of a significant person/immediate family member (i.e. parent, spouse/partner, or child)
- Community/state emergency
  - Within 4 weeks of declaration
  - If previously declared, within 4 weeks of the start of the semester

Students must submit relevant documentation from medical provider, court document, or military agency to the Program Coordinator and meet to establish steps that must be taken to request reentry into the program. The request for reentry must be submitted to the Program Coordinator within one (1) year of the date of separation from the program.

**Please note: Withdrawing from one or more courses can impact course sequencing, pre-requisites, financial aid and/or family medical insurance.**

**Call to Active Military Duty**

Please refer to the Students Called to Active Military Duty policy in the QCC Student Handbook <https://www.qcc.edu/student-handbook/college-procedures>

**Administrative Withdrawal Policy**

The Dean of Healthcare can administratively withdraw a student from the program for reasons of “clinically unsafe practice/behavior”, violation of the College’s Student Code of Conduct or Policy on Affirmative Action, and/or failure to comply with program policies including health requirements for clinical attendance.

# ***CLASSROOM POLICIES***

## **CELL PHONES AND ELECTRONIC DEVICES**

Use of cell phones and electronic devices in any mode are subject to faculty and clinical facility guidelines (see course syllabi).

## **COURSE INFORMATION**

At the start of each nursing course, the following information will be reviewed with the students by faculty:

1. Criteria for course evaluation and grading policy
2. Course syllabus and day-by-day projection
3. A clinical performance evaluation tool
4. An Academic Learning Contract
5. Nursing Student Handbook including skills lab and simulation policies
6. Nursing Math Competency Testing Policy

## **COURSE EVALUATIONS AND SURVEYS**

At the completion of each course, students are required to evaluate the course, lab (if applicable), and clinical. In addition, students may be asked to complete online evaluations and surveys for the Nurse Education Program and/or the College. This is an opportunity for students to offer suggestions and recommendations for the continued growth and development of the nursing program. Students are asked to complete these evaluations and surveys in a timely manner. Failure to complete the course evaluations may result in not receiving the final exam score for the nursing course.

## **DISRUPTIVE BEHAVIOR**

Refer to the Quinsigamond Community College Student Code of Conduct Policy  
<https://www.qcc.edu/student-handbook/student-code-conduct>

## **RELIGIOUS ACCOMMODATIONS**

Students who are requesting religious accommodations must notify the faculty prior to the first two weeks of the start of classes of any potential scheduling conflicts. The faculty will make efforts to provide a reasonable accommodation of a student's sincerely-held religious belief.

## **REMOTE/ONLINE LEARNING AND TECHNOLOGY**

Faculty communicate with students via email, utilize an online learning platform (Blackboard) for announcements, course documents, tests, assignments, grades, etc., and assign learning activities utilizing web-based resources. There is currently one blended course in the AD program, NUR203-F1. All students are required to meet the technology requirements of the program.

Remote/online learning and assessment of learning may be required for program and clinical orientation, class, lab, clinical, and/or simulation. Regardless of the method of learning, students are expected to be present and engaged.

Remote/online learning sessions (including lecture, lab, and clinical) may be recorded for viewing by students in the course. Students may be required to be present on camera for lab/clinical/simulation. Faculty may request students to upload videos of themselves performing lab skills to demonstrate competency.

Remote/online learning and/or assessment may be required in the event of inclement weather, community emergency, and other unanticipated situations. This includes testing using Blackboard, Respondus Lockdown Browser/Monitor, Zoom and/or other testing and proctoring tools.

Students are responsible for self-testing the functionality of their computer, web cam, microphone, and internet connectivity a minimum of two days prior to remotely proctored exams, lab, or clinical. If the student anticipates or discovers a technology issue, they must notify the course faculty immediately.

### **Remote Testing Policy**

Students may be required to complete course tests/exams remotely. The technology requirements of the program include a laptop or desktop computer with a microphone and webcam, internet capability, and internet access.

Students must download:

- Google Chrome on their laptop/desktop computer: <https://www.google.com/chrome/>
- Zoom on their smart phone or iPad/tablet: from the Apple Store, Google Play store or <https://zoom.us/download>
- Respondus LockDown Browser *QCC version* for NUR course tests: <https://download.respondus.com/lockdown/download.php?id=936751450>
- Respondus LockDown Browser *Kaplan version* for Integrated Tests: log in to the Kaplan student website, click on the Integrated Testing tab, and download the Windows or Mac version following the prompts.

*Test Preparation/Student Responsibility:* Students may be required to acknowledge the Remote Testing and Academic Integrity Policies prior to the start of an exam. Similar to classroom test settings, students must have a clear desk/testing area with only items approved by course faculty such as a sheet of blank paper for notetaking (if allowed). Students may be asked to complete a 360 degree video room scan, as well as scan the desk they are working on. Student identity must be established using a QCC ID or an official driver's license/picture ID. No watches of any type are allowed to be worn during the testing. If allowed by faculty, cell phones may be brought to the testing environment to allow for contacting faculty in the event of technical difficulty. Cell phones should be stored out of view, face down and silenced. If a sheet of paper for notetaking is allowed by faculty, you must show both sides of the paper to the camera at the start of the exam to demonstrate it is blank.

*During the Test:* Students are responsible for establishing and maintaining a quiet, well-lit environment without interruption for the duration of the testing time. Students must use

Respondus Lockdown browser at the designated test time, and may need to test their microphone and webcam for the purposes of Respondus Monitor. Respondus is a software system that automatically proctors students throughout the examination. The system records the student while taking the exam, flag any suspected violation, and provide faculty with brief video clips and screenshots if a suspected violation occurs. In addition, faculty may require the use of Zoom to live proctor exams, in case of questions or difficulties during the exam.

Students may not use headphones or earbuds of any type unless approved by faculty. If the student has a question or encounters a problem during the exam, announce this to the camera, then retrieve your cell phone to text/call faculty or start a private chat with faculty through Zoom. Backtracking is not allowed, and students must save each answer before proceeding to the next question.

Students (including those who exercise their right to use accommodations) must adhere to all policies regarding remote testing, including academic honesty and integrity.

*Testing Violations:*

- Privacy violations (another person in the room/on the phone with the student)
- Facial obstruction/suspicion (no hats)
- Outside noise/sound
- Opening additional computer applications/windows
- Leaving the exam room without permission and/or without announcing on video, or excessive time away
- Having multiple monitors or devices in the room (including cell phones/tablets/smart watch)
- Having resources in the testing area such as open text books, notes, etc.

Any violation of the remote testing policy will be considered an academic integrity violation and subject to disciplinary action.

*After the Test:* If scrap paper was used, the student must slowly show both sides of the entire paper to the camera and then shred/destroy the paper while still on camera/Zoom.

**Electronic Signatures**

An original student signature is preferred on documents, however there may be circumstances warranting an electronic signature or typed signature as confirmation of receipt. Verification of the student electronic or typed signature is confirmed if the document is sent using the student's QCC email and/or if submitted through Blackboard.

**STANDARDIZED TESTING**

**Comprehensive Assessment and Review Program:** This is a combination of e-books and on-line NCLEX-RN style tests and videos designed to help prepare students for the NCLEX-RN exam. This program helps with test taking skills and content mastery and is used throughout the nursing program. Each semester students receive access to e-books, NCLEX-RN style tests, videos, and other resources related to the content learned in class. Each course may require students to complete specific standardized tests, which may be included in the course grade. In

addition, an NCLEX-RN review course is offered upon graduation. This resource is included in the student fees. See course syllabi.

### **STUDENT ACCESSIBILITY SERVICES**

Formerly known as Disability Services: Refer to the Quinsigamond Community College Student Accessibility Services website: <https://www.qcc.edu/services/student-accessibility-services>

Students with documented disabilities who encounter any barrier in the course material may contact Student Accessibility Services to request an accommodation and begin the interactive process to determine effective and reasonable accommodation solutions while maintaining the course policies and learning outcomes. Students approved for accommodations must notify course faculty by emailing a copy of the approved Accommodation Form no later than two weeks prior to the exam date that they will be testing with Student Accessibility Services. The student is responsible for informing Student Accessibility Services of upcoming exam dates and if the exam requires use of a computer. If a student has accommodations in place and decides not to use the accommodations (i.e. decides to test in the classroom/with the class in person or remotely), the student must email the course faculty and Student Accessibility Services before the start of the exam.

### **USE OF RECORDING DEVICES**

Each student must request in writing a faculty member's permission to use a recording device in class *for personal use only*. It is the discretion of each faculty member whether recording is allowed, and students are not allowed to record until permission is granted. Instructions regarding recording will be provided by faculty. No recording devices are allowed in clinical, simulation, or lab settings. Recordings are to be destroyed at the completion of the course.

### **VISITORS IN THE CLASSROOM**

Any student bringing a visitor (adult or child) to class must request approval by the faculty in advance of the class. See the Children on Campus Policy in the QCC Student Handbook <https://www.qcc.edu/student-handbook/college-policies>

# ***NURSING LAB POLICIES***

Nursing Skills Laboratory is a required component of the nursing program. It provides a safe learning environment for students to practice and demonstrate basic competency in essential skills required to provide safe and effective nursing care. Faculty and lab instructors are available to facilitate learning. The student is expected to come to each Skills Lab session prepared with a basic knowledge and understanding of the specific content area, gained by the completion of self-tutorial assignments. The lab is equipped with a variety of equipment that can be found in clinical settings, as well as manikins on which many nursing skills can be practiced such as blood pressure, pulse, lung sounds, heart sounds, and bowel sounds.

## **LAB EXPERIENCES DEFINITIONS**

**Nursing Skills Laboratory:** An on-campus setting designed to look, feel and/or function as a real-world practice environment, offering learning experiences which may include the use of low to moderate fidelity simulation equipment. Students utilize the nursing skills laboratory setting for skills practice and competency evaluation.

**Remote Synchronous Lab Experiences:** Skills laboratory experiences that take place when the student and faculty are not physically present in a traditional lab environment. Assignments include virtual demonstrations and skills videos.

## **LAB KITS**

Students are provided with a Lab Kit which contains supplies that are necessary for practice. Students are required to bring the Lab Kit to all labs and competency testing (or the applicable supplies from the kit).

## **LAB POLICIES AND ETIQUETTE**

All cell phones and electronic devices are to be shut off. Sitting on beds or leaning on over-bed tables is not permitted. No food or drink is allowed in the Skills Labs or Simulation Lab at any time. Equipment may not be removed from the Labs. Static manikins are to be treated with care, according to guidelines posted in the labs. Students are responsible for appropriate handling and disposing of sharps and syringes. No manikin should be moved unless directed by lab staff. Students are required to return lab to an orderly condition at the conclusion of each session. The labs are not latex free environments (see Latex Allergy Policy).

## **LATEX ALLERGY POLICY**

*If a student has a latex allergy or sensitivity, they must complete the Latex Sensitivity/Allergy Student Disclosure/Release Form (see Faculty or Coordinator) and submit it to the Nursing Skills Lab Coordinator and Nursing Course Faculty each semester.*

Latex products are common in the medical environment. Allergic responses to latex can range from irritation and allergic contact dermatitis to the possibility of life threatening anaphylactic

shock. Guidelines have been established at Quinsigamond Community College to provide information to nursing program students and staff who are sensitive to latex.

Latex free environments are seldom available in either clinical or academic settings. Therefore, an individual with a latex allergy/sensitivity wearing alternative vinyl or nitrile gloves is still exposed to latex residue of others working in the area or to latex present in the equipment, models and mannequins. Although latex gloves are the most prominent source of latex allergens, many other products may contain latex including, but not limited to:

- Blood pressure cuffs, medication vials, syringe connectors and wound drains
- Stethoscopes, catheters, respirators, and goggles
- Oral and nasal airways, surgical masks, and electrode pads
- Endotracheal tubes, syringes, IV tubing, and tourniquets

Any student who has or develops symptoms consistent with latex allergy/sensitivity is advised to consult a qualified allergist for evaluation prior to enrollment in the Health Programs at Quinsigamond Community College. All such evaluations are at the student's expense. If it is determined that a student suffers from a latex sensitivity/allergy and the student desires an academic adjustment, including auxiliary aids or service, or reasonable accommodation due to this condition, the student must contact the College Student Accessibility Services at 508-854-4471.

As with all matters related to one's health, the utmost precautions should be taken by the student to reduce the risk of exposure and allergic reactions. This may include the carrying of an epinephrine auto-injector (Epi-Pen) by the individual or other precautions as advised by the student's health care provider. It is the responsibility of the student with a latex sensitivity to understand and acknowledge the risks associated with continued exposure to latex during a clinical education and healthcare career, even when reasonable accommodations are made and to regularly consult with his/her health care provider.

In an effort to minimize the presence of latex in the College's lab facilities, Quinsigamond Community College will provide latex-free and powder-free gloves in all College lab facilities. Should a clinical agency site NOT provide latex-free gloves, the College will provide latex-free gloves for clinical use. Additionally, the College is taking the following steps to minimize latex in its lab facilities: 1) replacement of all gloves in use by faculty and students with nitrile or vinyl gloves; 2) maintaining an inventory of all products/equipment and supplies in the School of Healthcare that contain or could contain latex; and 3) future purchase of latex-safe supplies and equipment whenever possible.

As with all students in the Healthcare Programs, a student with a latex sensitivity or allergy is required to satisfactorily complete all requirements and technical performance standards of the program to which they have been accepted.

### **OPEN/PRACTICE LABS**

Practice labs are scheduled throughout the semester. Students are encouraged to attend the regularly scheduled practice labs. Students are required to wear casual business attire and name pin to practice lab. Practice labs are not mandatory, but successful return-demonstration of

psychomotor skills is dependent upon practice. Students are responsible for coordinating their schedules to include time to practice skills. Students must sign up for practice labs in advance on the schedules posted on the bulletin board outside of lab. Students who sign up for a practice lab are expected to attend. If you are unable to attend, cross your name off the sign-up sheet in advance, so that another student can sign up. A Lab Instructor is available in the lab during practice labs. Students are expected to pair up with a lab partner and critique each other's performance using the appropriate text and skills checklist for the course, which students are required to bring to labs.

### **PREPARATION FOR LAB**

Specific requirements related to lab are described in course materials. Students are required to prepare for all labs in advance, by completing assignments.

### **PSYCHOMOTOR SKILL COMPETENCY EVALUATION**

The clinical component of the Nursing curriculum requires each student to demonstrate an ability to satisfactorily perform learned psychomotor skills. Specifically, the curriculum of NUR104 and NUR105 require that each student must demonstrate competency of designated psychomotor skills in the laboratory setting before performing the skill in the clinical area. Students are evaluated at the end of each Learning Module for skill competency. Students are required to report for all competency evaluations in full uniform, with name pin and supplies required from their lab kit (if applicable). Evaluations are based on criteria contained in Nursing Skills Checklists book. Students are provided with three opportunities to demonstrate each competency, and must pass by the third attempt in order to receive a satisfactory clinical evaluation. Return demonstration of skills must be completed without prompting and passed by a designated deadline. If a student fails an initial and/or second competency evaluation, a practice session is required prior to being assigned an appointment for re-evaluation. Re-testing must be completed within 7 days. In the event that a third competency is required, this will be completed with full time faculty. Failure to achieve competency on the third attempt will constitute a clinical failure.

**A failure in Clinical/Lab in will constitute a failure (“F”) for the course and the student will not be allowed to continue in clinical practice.**

If competency evaluation is missed for any reason, it is the responsibility of the student to contact the Lab Coordinator and complete the evaluation within 7 days of the competency evaluation, according to the availability of lab faculty. Any student who fails to meet this deadline will be referred to the course faculty, and will be given an opportunity to present the reason for the missed deadline. A no call/no show for any competency evaluation constitutes a failure for the competency.

### **REFRESH YOUR SKILLS**

Scheduled Refresher Practice Labs may be made available prior to the start of each semester for all nursing students. Stations are set up for the practice of previously learned skills for which students have already been evaluated for competency.

## **REQUIRED PURCHASES**

Students are required to purchase a dual-head stethoscope and adult size manual blood pressure cuff prior to the first scheduled lab. The stethoscope and blood pressure cuff are required to be brought to all scheduled lab and clinical experiences (blood pressure cuff is required for clinical only as specified by faculty).

## **SCHEDULED SKILLS LABS**

Attendance in the scheduled skills labs is mandatory. Students are expected to be on time and labs will begin promptly at the designated times. Any problems in lab will be discussed with the student, documented and communicated to faculty. Students are required to wear the full QCC nursing student uniform, white lab coat and name pin to all scheduled skills labs. Facial jewelry is to be removed and hair off the collar – see Uniform/Dress Code Policy.

# ***CLINICAL POLICIES***

## **CENTRALIZED CLINICAL PLACEMENT**

The Centralized Clinical Placement (CCP) is an online clinical orientation, training, and scheduling resource available to facilitate nursing education clinical placements with local health care organizations. Each semester students will be provided with information needed to access the system to complete required modules prior to clinical placement. In addition, there may be documentation and trainings specific to the health care organization(s) where the student is assigned to attend clinical. Completion of the modules is required at least annually, and updated each semester with changes in clinical faculty and placement.

## **CHANGE IN HEALTH STATUS**

Students are responsible for notifying faculty and the Program Coordinator regarding a change in health status. In order for a student to continue in face-to-face class, lab, simulation, and/or clinical when his/her health status has changed, the student must provide documentation from a health care provider to the Program Coordinator that clearly states the limitations or the ability of the student to fully participate in all activities. If limitations are indicated, this may impact the student's ability to participate in lab/clinical. In addition, students must adhere to facility policy regarding return to clinical. Health status changes include, but are not limited to:

- Injury/Surgery
- Pregnancy/Delivery
- Major illness i.e. physical or mental
- Communicable disease i.e. strep, conjunctivitis, fever-related illness, flu-like symptoms, shingles, vomiting/diarrhea, etc.
- Unprotected exposure to communicable disease
- Splint/brace/cast/sling, etc.

## **CLINICAL EXPERIENCES DEFINITIONS**

### **Clinical Experiences**

Direct, hands on planned learning activities with patients across the lifespan, interaction with the interprofessional team and interaction with the patient's family that are sufficient and appropriate to achieve the end-of-program student learning outcomes, program outcomes and/or role specific professional competencies and are overseen by qualified faculty who provide feedback to students in support of their learning.

### **Practice Learning Environments**

Commonly known as "clinical" and held in settings that facilitate students' application of knowledge, skills and behaviors in the care of patients and support the end-of-program student learning outcomes and program outcomes.

### **Clinical Learning Modalities**

*Face-to-Face Clinical:* Experiential learning based on work done with real patients in diverse health settings with pre and post conferences and personalized feedback. Settings may include,

but are not limited to, acute care and specialty hospitals, long term care facilities, school settings, ambulatory care and other office settings.

*Remote Synchronous Clinical:* Clinical experiences that take place when the student and faculty are not physically present in a traditional clinical environment. Assignments and assessments are made using adaptive, interactive clinical learning experiences through virtual simulations, unfolding case studies with integrated curriculum resources and pre-briefing, debriefing and personalized feedback. Online interactive virtual simulations with pre- and post-simulation assessment quizzes, guided reflection questions, and activities to development clinical judgement. Students can interact with patients in a safe, realistic environment.

Computer Based Simulation: The modeling of real-life processes with inputs and outputs exclusively confined to a computer, usually confined to a monitor, keyboard or other simple assistive device. May include virtual simulations, case studies and/or online resources.

Virtual Simulation: Simulations that use a variety of immersive, highly visual, 3D characteristics to replicate real-life simulations and or nursing procedures. These incorporate three dimensional images of patients and care environments for the development of nursing knowledge and skills

*Face to Face Clinical Simulation Learning:* An on campus educational modality that creates a situation or environment to allow persons to experience a representation of a clinical scenario for the purpose of practice, learning, evaluation, testing or to gain an understanding of systems or human actions using low to high fidelity simulation equipment.

Regardless of clinical modality being offered, students are expected to adhere to the clinical uniform/dress code policy.

## **CLINICAL PERFORMANCE EVALUATION**

### **Evaluation Process**

The primary outcome of the evaluation process is to provide the student and the instructor with a formal opportunity to assess student's mastery of the theoretical knowledge and clinical skills identified in the currently enrolled course. A secondary outcome is to ensure that all theoretical knowledge and clinical skills acquired in previous nursing courses (if applicable) has been retained and demonstrated with competence in the currently enrolled course.

The student is encouraged to seek out the instructor's guidance regarding his/her ongoing performance. To be successful, there must be mutual respect and trust between the student and instructor. Students must also demonstrate the ability to assume responsibility, complete all assigned work, including written assignments on time, and consult with the instructor if he/she has a problem with the clinical requirements.

Failure to complete and submit written assignments by the instructor's designated deadline may result in an unsatisfactory (U) grade on the evaluation. Late assignments may jeopardize the student's clinical evaluation and the completion of the nursing course/program.

At the completion of each clinical area, the student will receive written evaluation of his/her clinical, simulation, and/or remote clinical performance. Clinical behaviors and student strengths/action plan for areas needing improvement are evaluated in the evaluation tool (see course materials). If it is determined that unsatisfactory (U) performance is occurring, a clinical warning/failure may be issued to the student (see clinical warning and clinical failure policies).

The entire course team will review any unsatisfactory (U) or needs improvement (NI) performance and determine the student status within the course (warning/pass/fail). To pass clinical at the summative evaluation, students must obtain all Satisfactory (S) or Needs Improvement (NI) with **no** Unsatisfactory (U).

#### Definitions:

- Clinical Evaluation – A continuous, ongoing process designed to evaluate the student’s performance in the clinical setting.
- Formative Evaluation – Identifies a student’s strengths and weaknesses in order to help the student learn. Formative evaluation occurs formally during student/instructor discussions, and during the clinical experience.
- Summative Evaluation – Determines clinical competence and occurs at the end of the course.
- Satisfactory (S) - The student demonstrates consistent and progressive mastery of the clinical objective/behavior.
- Needs Improvement (NI) - The student demonstrates weakness or inconsistent mastery of the clinical objective/behavior.
- Unsatisfactory (U) - The student demonstrates inability to master the clinical objective/behavior.

#### **Clinical Warning/Professional Conduct**

Conduct that is unethical, unprofessional, and/or unsafe so as to affect or potentially affect the well-being of the patient may result in immediate suspension from the clinical rotation pending the initiation of the student discipline process as outlined in the QCC Student Code of Conduct: <https://www.qcc.edu/student-handbook/student-code-conduct>. A student will be placed on clinical warning for failure to perform at a satisfactory level.

A student who receives a clinical warning during the clinical rotation must bring his/her clinical performance to a satisfactory level based on clinical guidelines. A student who receives a warning at the end of a clinical rotation must bring their level of clinical performance to a satisfactory level by the end of the next rotation/end of the course. Clinical warnings may not be transferred from one course to another. A student must have satisfactory performance in the clinical area at the end of each semester. If a student receives a warning in the last clinical experience, the outcome (pass/fail) will be determined by the course faculty team. See program warning policy.

The instructor will communicate this warning in writing to the student, team members, to the next clinical instructor (if necessary) and to the Program Coordinator. The student must make an appointment to see the Program Coordinator within seven days of receiving the warning.

### **Clinical Failure**

Clinical failure will be determined by the team. A student may receive a failure in the clinical practice area at any point in the program. A clinical failure will be clearly documented on the clinical evaluation form and will clearly state behaviors (with examples) which indicate unsafe, unethical and/or unprofessional clinical practice. Refer to the Nursing Math Competency Testing Policy. *Clinical failure for unsafe, unethical, and unprofessional clinical practice can occur without a prior clinical warning.*

**A failure in Clinical Practice/Lab in any clinical rotation will constitute a failure (“F”) for the course and the student will not be allowed to continue in clinical practice.**

### **Clinical Dismissal**

If an instructor deems a student as being unable to perform satisfactorily in the clinical area, i.e. the student is not prepared to carry out his/her assignment responsibilities for the day or arrives late, it is faculty responsibility to dismiss that student from the clinical area. This dismissal will constitute a clinical absence. Satisfactory performance is defined by the behaviors identified by the course clinical evaluation tool. The instructor must notify the Program Coordinator and the Clinical Coordinator of the incident immediately. Written documentation of the situation surrounding dismissal must be given to the student and the Program Coordinator within two school days following the incident. The nursing team will discuss the incident within one week and decide if the incident constitutes grounds for clinical warning or failure.

### **CLINICAL AREA WITHOUT INSTRUCTOR**

Students may not be in a clinical area without a QCC clinical instructor present in the facility. An assigned clinical/observational experience will be under the direction of a QCC clinical instructor e.g. Worcester Public Schools. Students may not remain or return to clinical facilities outside of regularly scheduled clinical experience hours.

### **CLINICAL SITE INFORMATION**

Clinical site information is located at end of this Handbook.

### **COMPUTER ACCESS**

Student computer access at the clinical facility is limited to scheduled clinical hours only, and limited to their assigned patient. If a student possesses computer access via employment, it is never to be utilized in a student role. Breach of employer/employee computer access policy must require the instructor to report the incident to the facility. No patient identifying information may be removed from the clinical facility. Specific confidentiality/user access agreement will be signed by student per clinical agency requirements, as requested by clinical partners' contracts, student sensitive information (date of birth, social security number, etc.) may be shared.

### **CORI/SORI/NATIONAL BACKGROUND REGISTRY CHECK**

Criminal Offender Record Information (CORI), Sex Offender Registry Information (SORI), and National Background checks are required for all students accepted into the Nurse Education Program. Readmitted students will have to redo when they are readmitted. CORI/SORI checks

are completed every semester, and the National Background Registry check is done annually as required by our clinical contracts. Students should be aware that individual clinical agencies may refuse to accept anyone into their clinical facilities based upon the CORI/SORI/National Background results. An issue with CORI/SORI and/or the National Background Registry check could prevent a student from participating in a clinical rotation, which could result in dismissal from the program, and ineligibility for the licensure exam.

### **DRUG SCREENING/FINGERPRINTING POLICY**

Finger printing and drug testing are required in the Nurse Education Program as specified by clinical agencies. Finger printing and drug testing results must meet clinical requirements. An issue with finger printing and/or drug testing could prevent a student from participating in a clinical rotation, which could result in dismissal from the program.

Information regarding testing will be given to students by the Health Compliance Officer. Students may request a copy of their drug testing results by contacting [healthcompliance@qcc.mass.edu](mailto:healthcompliance@qcc.mass.edu) or Castle Branch customer support at (888)723-4263.

A student may be removed from clinical for any reason related to Code of Conduct issues (i.e. impairment or issue with drug testing) and the student will be responsible for all expenses incurred including transportation and testing, if required. It is the responsibility of the student to notify faculty of a clinical absence if they cannot attend due to a Code of Conduct issue. Refer to the college policies on Alcohol and Other Drugs: <https://www.qcc.edu/student-handbook/college-policies> and the Student Code of Conduct: <https://www.qcc.edu/student-handbook/student-code-conduct>.

### **HEALTH POLICY**

Prior to being eligible for clinical in the Nurse Education Program, all students must show evidence of compliance with health requirements as defined by the Nurse Education Department clinical agencies and as specified by the Massachusetts Department of Public Health and QCC clinical affiliates.

The required information must be submitted to the Castle Branch website by the assigned date (including evidence of healthcare provider level BLS/CPR certification). Information about how to upload documents to Castle Branch is provided upon acceptance to the program.

In addition to submitting data prior to entering the program, students must ensure updated information is provided as required while in the program. An issue with compliance with QCC health requirements could prevent a student from participating in a clinical rotation, which could result in dismissal from the program.

Questions about health requirements can be directed to the QCC Healthcare Compliance Officer via email [healthcompliance@qcc.mass.edu](mailto:healthcompliance@qcc.mass.edu)

## **ILLNESS POLICY (COVID-19 and PANDEMIC RELATED)**

Students/faculty attending on-campus activities and/or clinical sites need to follow the requirements of QCC and clinical sites related to training, screening, testing, reporting, and vaccination if required. Failure to comply with QCC and clinical site policies will result in the student/faculty being unable to attend on-campus and clinical site activities. This can impact the student's learning experience and ability to complete the program.

All students/faculty must take responsibility to protect themselves by following the guidelines for use of personal protective equipment (PPE), appropriate hand hygiene, infection control practices, and distancing when possible.

Students/faculty have an ethical obligation to report exposure or signs of illness and stay home when not feeling well to protect others from potential exposure. If a student/faculty has unprotected exposure to a person with presumed or known positive \*Covid-19, develops symptoms of \*Covid-19, or tests positive, they must immediately quarantine at home and notify the Program Coordinator.

Symptoms of \*Covid-19 may include:

- Fever
- Sore throat
- New cough
- New shortness of breath
- New muscle aches
- Unexplained loss of taste or smell
- Diarrhea
- Headache

The student/faculty should attend all remote classroom, lab, and clinical sessions (if applicable) during the quarantine period. All missed lab and clinical sessions will be made up.

The Program Coordinator (or designee) will determine the appropriate action to take for each occurrence based on current guidelines from these entities: Centers for Disease Control and Prevention, Massachusetts Department of Public Health, and Massachusetts Department of Elementary and Secondary Education. Documentation of test results may be required prior to resuming in-person educational activities.

\*Covid-19 is referenced in this policy due to the pandemic of 2020-2021 but the policy can apply to any identified pandemic illness, which may have different symptoms than those listed.

## INFECTION CONTROL GUIDELINES

<b>Standard Precautions: FOR ALL PATIENTS</b>	<ul style="list-style-type: none"> <li>• Clean hands with alcohol-based hand rub or soap and water before and after patient contact, after removing gloves and upon exiting room</li> <li>• Clean hands after contact with patient environment and equipment</li> <li>• Clean equipment with disinfectant between each patient use</li> <li>• Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or potentially contaminated intact skin (e.g., of a patient incontinent of stool or urine) could occur</li> <li>• Anticipate need and use for other protective barriers including gowns, mask, and eye protection</li> </ul>	
<b>Precautions</b>	<b>Implementation of Precautions</b>	<b>Associated Disease or Condition(s)</b>
<b>Contact</b>	<ul style="list-style-type: none"> <li>• Private room</li> <li>• Gloves</li> <li>• Gown for close contact</li> <li>• Hand Hygiene (before and after, foam in foam out)</li> <li>• Disinfect equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Abscess, Major Draining</li> <li>• Adenovirus</li> <li>• Pressure Ulcer (Major)</li> <li>• Multidrug-Resistant Organisms</li> <li>• <i>Escherichia Coli</i> (E-Coli)</li> <li>• <i>Respiratory Syncytial Virus</i> (RSV)</li> <li>• Rotavirus</li> </ul>
<b>Droplet</b>	<ul style="list-style-type: none"> <li>• Private Room</li> <li>• Mask</li> <li>• Hand Hygiene (before and after, foam in foam out)</li> <li>• Disinfect equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Adenovirus</li> <li>• COVID-19 (coronavirus)*</li> <li>• <i>Influenza</i> (flu)</li> <li>• Meningococcal Pneumonia</li> <li>• Meningococemia</li> <li>• Mumps</li> <li>• <i>Respiratory Syncytial Virus</i> (RSV)</li> <li>• Streptococcus Group A</li> <li>• Pneumonia, Pharyngitis</li> <li>• Pertussis</li> <li>• Rubella</li> </ul>
<b>Airborne</b>	<ul style="list-style-type: none"> <li>• Negative Pressure Private Room</li> <li>• N-95 Mask</li> <li>• Hand Hygiene (before and after, foam in foam out)</li> <li>• Disinfect equipment</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Active Pulmonary Tuberculosis</i> (TB)</li> <li>• <i>Varicella</i> (Chicken Pox)</li> <li>• Rubeola (Measles)</li> <li>• Smallpox</li> </ul>
<b>Contact Plus</b>	<ul style="list-style-type: none"> <li>• Private Room</li> <li>• Gloves</li> <li>• Gown</li> <li>• Hand Hygiene (before and after, foam in foam out)</li> <li>• Hand Hygiene <u>exception</u> - <b>wash hands with soap &amp; water for C-Diff and Norovirus</b></li> <li>• Disinfect equipment with <b>BLEACH</b></li> </ul>	<ul style="list-style-type: none"> <li>• Norovirus</li> <li>• Clostridium Difficile (C- Diff)</li> <li>• Diarrhea with environmental soiling</li> </ul>
<b>Neutropenic</b>	<ul style="list-style-type: none"> <li>• Private Room</li> <li>• Gloves</li> <li>• Gown for close contact</li> <li>• Hand Hygiene (before and after, foam in foam out)</li> <li>• Disinfect equipment</li> <li>• Screen staff and visitors for illness</li> <li>• No plants or flowers in the room</li> </ul>	<ul style="list-style-type: none"> <li>• Patient is Neutropenic</li> </ul>
<b>Herpes Zoster-Shingles (Varicella Zoster)</b>	<ul style="list-style-type: none"> <li>• Private Room</li> <li>• Gloves</li> <li>• Gown for close contact</li> <li>• Hand Hygiene (before and after, foam in foam out)</li> <li>• Disinfect equipment</li> <li>• Cover Lesions</li> <li>• Do not enter if you have not had Chicken Pox/Varicella</li> </ul>	<ul style="list-style-type: none"> <li>• Only people that have had Chicken Pox should enter the room</li> <li>• Herpes Zoster Virus (Shingles) with open lesions</li> </ul>

*Reviewed 5/21*

*\*N95 mask is required, research about transmission is ongoing.*

## **INJURY OR ILLNESS IN CLINICAL AREA**

In the event of injury/illness in the clinical area/campus, students will be referred for treatment by the clinical instructor/faculty based on the policy of the affiliating agency. **The student is responsible for payment of services rendered.** In case of injury, the student and the clinical instructor/faculty must report the incident to the Clinical Coordinator in a timely manner.

## **LEAVING THE CLINICAL FACILITY**

Students are not allowed to leave the clinical facility during the assigned clinical time without prior arrangements with the clinical instructor. If an emergency arises, students leaving the clinical facility must notify the instructor. Failure to do so may result in clinical failure.

## **MEDICATION ADMINISTRATION POLICY**

Students may not access and/or administer any medication by any route without the clinical instructor present. Medications are never to be administered by a student with a staff nurse. Students may not administer medications until competency has been satisfactorily demonstrated in the skills lab and successful completion of the math competency test in each course (see Nursing Math Competency Policy).

## **NURSING MATH COMPETENCY TESTING POLICY**

Purpose: To facilitate measures for the safe preparation and administration of medication in the clinical area.

General Guidelines:

1. All pharmacology/math competency exams will be selected and administered by faculty teaching in the course.
2. Students will be notified on Blackboard of the initial exam date/time prior to the start of each course.
3. Students will be notified regarding learning activities available to prepare for the exam on Blackboard prior to the start of each course.
4. Students must successfully pass the test within 4 weeks of the initial test with a maximum of 3 total attempts.
5. Students who are unable to achieve the passing percentage for each course are unable to meet the clinical objectives, which constitutes a clinical failure.
6. The grade for the pharmacology/math competency exam is based on the initial attempt.
7. The initial attempt grade will be worth 5% of the course grade in NUR104, and 2.5% of the course grade in NUR105, NUR201, and NUR202.

NUR 104				
COMPETENCY	PREPARATION	PROCESS	REMEDATION	FAILURES
<p><b>Math Competency Exam</b> Basic math calculations including metric conversions.</p> <p><b>Medication Lab Competency</b> *Reading medication labels *Medication measures *Dosage calculations *Syringe calculations *Preparation and administration of oral and parenteral medications</p>	<p>Students are advised to: *Review dosage calculation texts and pharmacology texts *Use practice pharmacology/math tests posted on Blackboard prior to start of course. *Complete standardized focused math review</p>	<p><b>Math Competency Exam</b> Students must achieve a passing score of <b>80%</b>.</p> <p><b>Medication Lab Competency</b> Students must pass this competency.</p> <p>Students may not administer medications on their assigned clinical unit until they have successfully passed the Math Competency Exam and Medication Lab Competency.</p>	<p>Student must review exam with faculty. In addition, students may: *Review dosage calculation in pharmacology texts and course textbook as they relate to content covered *Use computer assisted instruction /on-line program standardized focused math review *Utilize nursing and math tutors *Repeat Blackboard posted practice pharmacology/math test</p>	<p><b>Math Competency Exam</b> Students unable to achieve an <b>80%</b> or greater within 3 attempts are unable to meet the clinical objectives, which constitutes a clinical failure.</p> <p><b>Medication Lab Competency</b> Students unable to pass the Medication Lab Competency within 3 attempts are unable to meet the clinical objectives, which constitutes a clinical failure.</p>

NUR 105				
COMPETENCY	PREPARATION	PROCESS	REMEDATION	FAILURES
<p><b>Math Competency Exam</b> *Medication dosage calculation for all routes of administration *Measurement conversions *IV flow rate calculations in ml/hr &amp; drops/minute *IV infusion completion times in ml/hr &amp; drops/minute</p> <p><b>IV Medication Lab Competency</b> *IV flow rate calculations in ml/hr &amp; drops/minute *IV infusion completion times in ml/hr &amp; drops/minute *Preparation and administration of IV fluids and medications</p>	<p>Students are advised to: *Review dosage calculation texts and pharmacology texts *Use practice pharmacology/math tests posted on Blackboard prior to start of course. *Complete standardized focused math review</p>	<p><b>Math Competency Exam</b> Students must achieve a passing score of <b>80%</b>.</p> <p><b>IV Med Lab Competency</b> Students must pass this competency.</p> <p>Students may not administer medications on their assigned clinical unit until they have successfully passed the Math Competency Exam and IV Med Lab Competency.</p>	<p>Student must review exam with faculty. In addition, students may: *Review dosage calculation in pharmacology texts and course textbook as they relate to content covered *Use computer assisted instruction /on-line program standardized focused math review *Utilize nursing and math tutors *Repeat Blackboard posted practice pharmacology/math test</p>	<p><b>Math Competency Exam</b> Students unable to achieve an <b>80%</b> or greater within 3 attempts are unable to meet the clinical objectives, which constitutes a clinical failure.</p> <p><b>IV Med Lab Competency</b> Students unable to pass the IV Medication Lab Competency within 3 attempts are unable to meet the clinical objectives, which constitutes a clinical failure.</p>

NUR 201				
COMPETENCY	PREPARATION	PROCESS	REMEDATION	FAILURES
<p><b>Math Competency Exam</b> *Medication dosage calculation for all routes of administration</p>	<p>Students are advised to: *Review dosage calculation texts and pharmacology texts *Use practice pharmacology/math tests posted on</p>	<p>Students must achieve a passing score of <b>90%</b>.</p> <p>Students may not administer medications on their</p>	<p>Student must review exam with faculty. In addition, students may: *Review dosage calculation in pharmacology texts</p>	<p>Students unable to achieve a <b>90%</b> or greater within 3 attempts are unable to meet the clinical objectives, which</p>

*Measurement conversions *IV flow rate calculations in ml/hr & drops/minute *IV infusion completion times in ml/hr & drops/minute *Pediatric weight-based dosage calculations	Blackboard prior to start of course. *Complete standardized focused math review	assigned clinical unit until they have successfully passed the Math Competency Exam.	and course textbook as they relate to content covered *Use computer assisted instruction /on-line program standardized focused math review *Utilize nursing and math tutors *Repeat Blackboard posted practice pharmacology/math test	constitutes a clinical failure.
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NUR 202				
COMPETENCY	PREPARATION	PROCESS	REMEDICATION	FAILURES
<b>Math Competency Exam</b> *Medication dosage calculation for all routes of administration *Measurement conversions *IV flow rate calculations in ml/hr & drops/minute *IV infusion completion times ml/hr & drops/minute *IV infusion titration calculations	Students are advised to: *Review dosage calculation texts and pharmacology texts *Use practice pharmacology/math tests posted on Blackboard prior to start of course. *Complete standardized focused math review	Students must achieve a passing score of <b>90%</b> .  Students may not administer medications on their assigned clinical unit until they have successfully passed the Math Competency Exam.	Student must review exam with faculty. In addition, students may: *Review dosage calculation in pharmacology texts and course textbook as they relate to content covered *Use computer assisted instruction /on-line program standardized focused math review *Utilize nursing and math tutors *Repeat Blackboard posted practice pharmacology/math test	Students unable to achieve a <b>90%</b> or greater within 3 attempts are unable to meet the clinical objectives, which constitutes a clinical failure.

6/22/15; rev 4/30/18; 4/1/19, 5/2020, reviewed 5/2021

### PATIENT CONTACT AND RISK OF EXPOSURE

Students will have contact with patients, which increases the risk for exposure to communicable diseases. Students will be educated about common communicable diseases in the clinical setting, guidelines for the prevention of unprotected exposure, universal precautions, and the use of personal protective equipment (PPE). Students who have a known unprotected exposure (needle stick or other incident) must notify their clinical instructor immediately, and follow the policies of the affiliating agency. In addition, the Clinical Coordinator must be notified of the incident.

### RETURNING TO NURSING SKILLS LABORATORY

Any student who is unable to satisfactorily perform nursing skills previously demonstrated satisfactorily in the clinical area will return to the Nursing Skills Laboratory with a communication memo from the instructor with request for additional practice. The remediation process is as follows:

Students who are unable to competently perform skills previously demonstrated in the Nursing Lab may be referred back to the Nursing Lab by clinical faculty for remediation of skills.

## Procedure

- When referral to the Remediation Lab is indicated, the Clinical Instructor completes a *Nursing Skills Lab Referral for Remediation* (see form in the back of this handbook). Students shall not be referred to the Skills Lab without the proper documentation. Referral documentation shall include:
  - List of skills the student has been unable to successfully perform
  - Whether instruction and/or re-testing for competency is required
  - Date and signature of Clinical Instructor and student
- Student directions contained on the form are explained by the Clinical Instructor, which include:
  - Student must contact the Skills Lab Coordinator to arrange an appointment
  - Remediation must be completed within seven days of notice, unless otherwise documented on the referral form and arranged with the Lab Coordinator
  - Student must bring the referral form to the Lab on date of appointment
- Upon completion of successful remediation, a copy of the *Nursing Skills Lab Referral for Remediation* and a *Remediation Summary* are given to the student to present to the Clinical Instructor upon return to the clinical area.
- If remediation is not accomplished, the Skills Lab Coordinator shall notify the Clinical Faculty and Program Coordinator.
- Original copies of the *Nursing Skills Lab Referral for Remediation* and *Remediation Summary* will be filed in the student's record.

## **SIMULATION LAB**

The use of clinical simulation is an educational method designed to provide a realistic working environment. The learner is to demonstrate skills, techniques, decision making, and critical thinking. The purpose of simulation is an attempt to recreate scenarios, as seen in clinical practice by multiple disciplines, by utilizing low and high fidelity mannequins.

### **Goals**

- To allow students to learn in a risk-free environment with an active learning experience.
- To allow students to improve competency and efficiency through practice of skills, techniques, decision making, and critical thinking.
- To provide the opportunity for multidisciplinary development and cooperation that will facilitate better communication in the medical field.
- To encourage self-evaluation and feedback for better leadership and delegation skills.

### **What is involved in Simulation?**

*Simulation* is an attempt to create realistic medical situations. By utilizing a risk free environment and essential aspects of clinical situations, the student can apply skills, critical thinking, reasoning, and fundamentals. At the end of the simulation, a *debriefing* occurs so feedback and corrections can be discussed by peers and instructors. Evaluation of the simulation provides critical thinking and reflection of the simulation exercise.

### **General Lab Conduct/Policies**

- There is absolutely no eating, drinking, smoking, or using electronics in the simulation laboratory.

- No pens or markers are allowed, use pencils only. Pens and markers stain the mannequins.
- Betadine is not allowed in the simulation lab because it will stain the mannequins.
- Only use 24g or smaller needles for mannequin injections and IVs.
- Professionalism is expected at all times. If unsafe, unethical, or unprofessional conduct is witnessed, those involved will be dismissed from the laboratory.
- Do not infringe upon the rights, privacy, privileges, health, or safety of other simulation lab users.
- The mannequins are to be treated with respect as they represent real patients. You must handle them gently and with great care as if they are live humans. Do not move the mannequins unless permission is granted by the simulation coordinator or specialist.
- All personal belongings are to be left in the designated classroom where the class originates.
- All students will be oriented to the Clinical Simulation Lab by faculty or the Lab Coordinator.
- Professional clinical attire is required for all simulation activities.
- Students are not allowed in the Clinical Simulation Lab without a trained faculty, instructor or Simulation Coordinator present.

### **Confidentiality**

All simulation scenario sessions involving students and/or recordings are considered confidential. All mannequins should be treated as real patients. Discussion of the scenarios and participant performance outside of the simulation and debriefing sessions is prohibited.

### **Clean Up**

Everyone involved in laboratory time is responsible for leaving the labs clean and orderly before departing. Mannequins should be left in the beds. All equipment must be turned off and placed in the appropriate storage location unless coordinated with the simulation specialist.

### **Media**

The QCC Clinical Simulation Laboratory is capable of utilizing audio and video equipment. There are cameras and microphones set up in each simulation bay with the capability of recording the activity. All recordings are saved on a data drive or in DVD format. Recordings are for educational purposes and debriefing discussions. Students are to sign the *Statement of Confidentiality* and *Photograph / Video (Film) / Audio Release* Forms (see forms in back of this handbook) prior to participating in simulation activity. This protects privacy and discourages inappropriate discussion of the video contents or the student's performance in the simulation. Any viewing or publication of such content outside of the classroom, on public social media, is unacceptable and unethical. This will result in disciplinary action from the program. Students should conduct themselves in a professional manner since all interactions can be recorded.

## **SMOKING POLICY**

All QCC campuses are smoke free. Students are expected to adhere to the smoking policy at each facility. **Students may not smoke while in uniform.**

## **TECHNICAL PERFORMANCE STANDARDS**

Students must be in compliance with all QCC health requirements prior to attending clinical and must meet the Technical Performance Standards of the program: [www.qcc.edu/catalog/technical-performance-standards](http://www.qcc.edu/catalog/technical-performance-standards)

### **UNANTICIPATED EXPOSURE TO COMMUNICABLE/INFECTIOUS DISEASE**

Upon notification of exposure, the Program Coordinator, Clinical Coordinator or Dean of Healthcare shall contact the Clinical Instructor and students impacted by unanticipated clinical exposure to a communicable/infectious disease to determine follow-up action. Participation in clinical activities at the clinical agency may be suspended, while an investigation is pending. The decision to suspend clinical activities during this time rests with the Program Coordinator, Clinical Coordinator or the Dean of Healthcare.

The Program Coordinator, Clinical Coordinator or Dean of Healthcare must also report this exposure to the college Health Consultant, who will report to the QCC Chief of Police within the same time frame. When available, full demographic, clinical and epidemiologic information must be included.

### **UNIFORM/DRESS CODE POLICY**

Students must conform to the uniform policy of the cooperating clinical agencies. Students may be dismissed from clinical/lab/simulation for any infractions of the uniform policy as stated.

- Nursing student attire will be burgundy scrub uniform from \*McGill's with monogrammed insignia and a white lab jacket with appropriate color undergarments (a plain white or black shirt only), school insignia on the left sleeve, and A.D.N. student rocker above the school insignia. All students are required to wear a name pin purchased from McGill's.
- Shoes must be all white or black non-canvas, closed toe shoes. Clogs are permitted only with heel strap in place. Shoes may be purchased from McGill's or elsewhere.
- Students will sign clinical documentation as QCC, A.D.N., SN.
- All students must have with them: bandage scissors, a watch with a second hand, a black ink pen, small note pad or paper, pen light, a dual head stethoscope, manual blood pressure cuff, and plastic coated tape measure, and gait belt, as required by facility.
- Students are expected to be neat, clean, and well groomed.
  - Pants that touch the ground poses an infection control risk and is not acceptable.
  - No nail polish or artificial nails, and fingernails must be trimmed.
  - Hair should be off the collar neatly restrained/ pulled back and away from the face.
  - Hair which has been dyed a color other than the normal/typical range of hair coloring (i.e. black, brown, blonde, red, gray or white) is not allowed.
  - Facial hair should be neat and trimmed.
  - Make-up, if worn, must be "natural/neutral/bare" looking.
  - No scents or strong odors (aftershaves, colognes, cigarette smoke, etc.)

- No jewelry except for wedding or engagement ring and one pair of small, non-dangling earrings for pierced ears. No other visible body piercing jewelry is allowed. Students who have ear lobe expanders must wear a skin tone ear plug.
- Tattoos must be covered while in the clinical/simulation/lab area.
- \*McGill's, Inc. 410 Chestnut Street Manchester, NH 03101 Phone: 603-627-3472  
<https://mcgillsinc.com/>

# ***STUDENT RESOURCES***

## **ACADEMIC ADVISING**

Refer to the QCC Academic Advising page: <https://www.qcc.edu/services/academic-advising> and the QCC Career and Academic Planning Services page: <https://www.qcc.edu/student-handbook/career-and-academic-planning-services>

## **ACADEMIC COUNSELING**

All nursing students will be assigned a nursing faculty member as an academic advisor. Faculty will post their office hours at the beginning of each semester. Students are encouraged to see their advisor at least twice a semester. Students who are not achieving a grade of 77% or better in theory will receive an Academic Learning Contract from the course faculty (see form in back of this handbook).

The QCC Office of Counseling and Wellness Services information is available here: <https://www.qcc.edu/services/counseling-services>.

## **HONORS AND AWARDS**

Refer to the Quinsigamond Community College Student Handbook and current Catalog.

## **LIBRARY RESOURCES**

The General Academic Areas for tutoring, located on the 2<sup>nd</sup> floor of the George I. Alden Library Teaching and Learning Center, is an area students use to view videos, movies and computer simulations of nursing procedures and patient care simulations. A variety of learning resources are available to assist students in their learning. Students are encouraged to use these materials to enhance their class and clinical work.

Library services and resources are also available in the Downtown Campus. Computers and study rooms are available for student use. Information about the library hours and services, resources, databases, and the online librarian chat link is available here: <http://www.qcc.mass.edu/library/>

## **NATIONAL STUDENT NURSES' ASSOCIATION**

All students in the Nurse Education program are encouraged to join the National Student Nurses' Association (NSNA), which includes membership in the local/state chapter. The mission of the NSNA is "to mentor students preparing for initial licensure as registered nurses, and to convey the standards, ethics, and skills that students will need as responsible and accountable leaders and members of the profession" (National Student Nurses' Association, 2019).

NSNA membership offers scholarship and award opportunities, local and national conferences, networking with other nursing students, a professional magazine for student nurses, career planning, discounts, and many other resources/topics of interest. Visit <https://www.nсна.org/>.

## **NURSE AID TRAINING WAIVER REQUESTS**

Students who successfully complete NUR104 Fundamentals of Nursing may be eligible to request a waiver of the nurse aid training requirement to take the Massachusetts Nurse Aide Competency Evaluation at the Red Cross. The application is completed and submitted by the student.

For further information and to download a copy of the Nurse Aid Training Waiver Application please visit: <https://www.redcross.org/take-a-class/cna-testing/massachusetts-nurse-aide-testing>

## **NURSING CLUBS**

Each class is encouraged to form a club as outlined by the QCC Office of Student Life and Leadership. Club handbooks and packets can be found on the Student Life website: <https://www.qcc.edu/student-life/student-resources>. Each club elects officers and is assigned a Nursing Faculty Advisor. As part of the process for forming a club, members must create a constitution and bylaws. A sample Nursing Club Constitution and Bylaw document is provided in the back of this handbook, and may be edited based on agreement of club members.

## **QCC FOUNDATION SCHOLARSHIPS**

To apply for scholarships, please use this link: <https://www.qcc.edu/foundation/foundation-scholarships>

## **STUDENT SUPPORT SERVICES POLICY**

Students in the Nurse Education Program may avail themselves of a network of integrated services and a broad range of programs designed to support the teaching and learning process. These services are outlined in the QCC College Catalog and online <https://www.qcc.edu/services>

In addition, nursing tutors are available to provide subject/course specific support. Detailed information regarding location and hours is communicated at the beginning of each semester.

### **Study Areas at 25 Federal Street**

1. Fairlawn Nursing Technology Lab (Room 229)
2. Room 007
3. Library
4. Private study rooms may be reserved through the sign-up sheet available at the welcome desk on the first floor of the downtown campus.

### **Policies for Study Areas**

1. No food or drink are permitted in the computer lab because of the potential for equipment damage.
2. Students are expected to clean the computer workspace prior to leaving the room.
3. No equipment is to leave the computer lab and no data files or software may be brought into the lab.

4. Students will be instructed to leave the computer lab immediately and may be subject to disciplinary action if they are found using computers in any manner that violates the QCC Code of Conduct policy.

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APPENDIX A

QUINSIGAMOND COMMUNITY COLLEGE

HEALTHCARE CLINICAL/LAB MAKE-UP FORM

Student ID#: \_\_\_\_\_

Student Name: \_\_\_\_\_

Clinical/Lab Make-up for Program: \_\_\_\_\_

Clinical/Lab Make-up date/s: \_\_\_\_\_

Cost:	_____	X	<b>\$25</b>	=	\$	_____
	<i>Number of Clinical Hours Needed</i>		<i>Cost Per Hour</i>			<i>Total Cost to be Paid by Student</i>

Program Coordinator Signature: \_\_\_\_\_

Payment Information:

Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Cash/Ck/MC/Visa: \_\_\_\_\_

Coding: 10-3020-4385

- 1 – Department will recommend or mandate clinical or lab remediation or make-up time to the student
- 2 – Student will complete form and obtain proper signature of coordinator
- 3 - Bring completed form to the Student Payment Center or Business Office to make payment
- 4 - Payment needs to be in full before attending clinical make-up
- 5 - Official receipt will be printed for the student
- 6 – Bring student yellow copy of this form and official receipt as proof of payment to the clinical Professor when attending the lab/clinical remediation or make-up session

White Copy: **Business Office**

Yellow Copy: **Student**

Pink Copy: **Healthcare Program**

**APPENDIX B**

QUINSIGAMOND COMMUNITY COLLEGE  
NURSE EDUCATION DEPARTMENT

**ACADEMIC LEARNING CONTRACT**

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_ Date \_\_\_\_\_

**Issue**

**Expected Outcome**

Exam Grade < 77%

Student will achieve exam grade to maintain greater than or equal to 77% for the course

Assignment(s) not submitted

Missing assignment will be submitted by \_\_\_\_\_. All subsequent assignments will be completed and submitted on time.

Other:

**Student Resources**

- Advising Center
- Career Center
- Communication Skills Center
- Counseling Services
- Library
- Harrington Learning Center: General Academic Areas for Tutoring
- Nursing/Math/English/Writing Tutors
- Standardized Testing
- Student Accessibility Services

**Remediation Plan:**

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Evaluation**

Student has met expected outcome(s) \_\_\_\_\_

Student has not met expected outcome(s) \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

White: Student File      Pink: Student Copy: Initial      Yellow: Student Copy: Follow-up

## APPENDIX C

### NURSING SKILLS LAB REFERRAL FOR REMEDIATION

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Nursing Course: \_\_\_\_\_  
 Program: \_\_\_\_\_ Associate Degree Nursing \_\_\_\_\_ Practical Nursing

The purpose of this document is to inform you that your clinical performance is not at the expected competency level. You have been unable to satisfactorily perform nursing skill(s) previously demonstrated.

NURSING SKILL(S)	Requires Instruction	Requires Re-Testing

**Directions Provided to Student:**

You must contact the Nursing Skills Lab Coordinator to arrange an appointment. Remediation must be completed within 7 days of this notice.

Bring this form with you and present it to the Nursing Skills Lab Coordinator on the date of your scheduled appointment.

If you do not complete remediation within the above time frame, you will not be permitted to return to clinical, which may result in clinical failure. Upon completion of successful remediation, present the signed copy of the Remediation Summary to your clinical instructor upon return to the clinical area. The original of this document is filed in your record.

Your signature below indicates that you have been notified of the above unsatisfactory performance, have read, and understand your responsibilities as outlined in this document.

\_\_\_\_\_  
 Student Signature Date

\_\_\_\_\_  
 Faculty Signature Date

\*\*\*\*\*

### REMEDIATION SUMMARY

Appointment Date / Time: \_\_\_\_\_

Nursing Skill(s)	Remediation Summary

- Student has attained expected level of performance
- Student has not attained expected level of performance / Program Coordinator Notified

Plan of Action: \_\_\_\_\_  
 \_\_\_\_\_

**Student Directions:**

- Present signed copy of this form to your Clinical Instructor upon return to the clinical area
- Other: \_\_\_\_\_

\_\_\_\_\_  
 Student Signature Date

\_\_\_\_\_  
 Nursing Skills Lab Coordinator Date

## APPENDIX D

### STATEMENT OF CONFIDENTIALITY

I agree that, except as required by subpoena or other legal process, I will not divulge any patient information which comes to me through carrying out my responsibilities as a student in the nursing program at Quinsigamond Community College.

This includes:

1. Discussing any patient or any information pertaining to any patient or his/her family with anyone (including my own family or friends), who is not directly involved in providing care to the patient other than in a nursing class or clinical setting.
2. Discussing any patient, or any information pertaining to any patient or his/her family, in any location where it can be overheard by anyone not directly involved in providing care to the patient.

I will not contact any individual or agency outside of this institution to get or give information about a patient unless I have been duly authorized in writing by my clinical instructor to do so.

## APPENDIX E

### Photograph / Video (Film) / Audio Release

Please read carefully:

I agree to be photographed and/or videotaped as a learner and hereby grant permission to **Quinsigamond Community College** and its agents or employees to use, without restriction or remuneration, for education or research, any photographs, video and/or audio (“media”) taken of me during this session. I understand and acknowledge the use of this media, at the discretion of the college, may be of benefit to the college, the healthcare professions, and the public at large.

I hereby guarantee that any information about the teaching scenarios, simulation exercises, and the performance of other learners will be held in confidence, and will not be communicated in any form.

**I accept and acknowledge that personal recording of any component of this session is strictly forbidden.**

I am 18 years of age or older and have read this release before signing below, fully understanding the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

## **APPENDIX F**

### **QUINSIGAMOND COMMUNITY COLLEGE NURSE EDUCATION DEPARTMENT**

#### **STATEMENT OF UNDERSTANDING REGARDING CLINICAL AND THEORY PROCESS**

I have read the current academic year\* Nursing Student Handbook and course materials, and I understand all of the implications. In order to pass any Nursing course, I must achieve a grade of “C+” (77%) or better in theory and must receive a satisfactory in Clinical Practice/Clinical Lab. A failure in Clinical Practice/Clinical Lab in any clinical rotation will constitute a failure (“F”) for the course and I will not be allowed to continue in clinical practice.

\*Academic year runs from Fall to following Spring into Summer.

## APPENDIX G

I *voluntarily* partake in QCC Associate Degree or Practical Nursing Program blood glucose measuring lab. During this lab I agree to perform a finger stick on myself to obtain a drop of blood, or will use the control substance provided with the glucose meter for this lab, using correct universal precautions as practiced in the laboratory and clinical setting.

### **Indemnification / Hold Harmless Agreement**

\_\_\_\_\_, hereinafter called the student, shall be responsible for, and agrees to indemnify and hold harmless the Massachusetts Board of Higher Education and its executive officers and Quinsigamond Community College, and its trustees, executive officers, agents, employees and students, and \_\_\_\_\_, hereinafter called the providers, from all loss, damage suits, claims, costs, expenses, demands, judgments or liabilities of whatsoever kind or nature arising out of or in any way connected with the student's enrollment in the Associate Degree or Practical Nursing Program's undertakings, activities, or performances under this permit whether they are due or claim to be due to any negligence of the College or any internship provider, its officers, agents, employees, or students.

In the event of any such claim and/or litigation arising out of, or in any way connected with the student's activities under this agreement, the student shall take charge of any such claim and/or litigation and shall be responsible for defending same at his/her own expenses through legal counsel designated by the student or his/her insurer. The College and any internship provider shall have the right in their discretion and without obligation to provide counsel to participate with the student in the conduct of the defense. The student shall pay his or her own expenses and any and all judgments arising out of or resulting from any and all such claims and/or litigation.

## APPENDIX H

### Nursing Club Constitution and Bylaws (*Sample*)

#### Article I. Name

The name of this club is the Quinsigamond Community College Associate Degree (AD) Nursing Program Club (Month/Year Cohort/Nursing Club #####)

#### Article II. Purpose

The QCC AD Nursing Program Club is a group of nursing students interested in educational and professional development experiences, including:

- Promotion of communication, comradery, and mentorship of nursing students
- Development of leadership qualities and skills
- Community service projects and volunteer opportunities
- Educational advancement through seminars and conference attendance
- Providing a forum for the exploration of topics of concern and/or interest to student nurses
- Promoting collaborative relationships with healthcare professionals and members of the college community
- Representation of the QCC AD Nursing program within the college community, to other organizations, and the public
- Plan, organize, and conduct the Nurse Pinning Ceremony upon successful completion of the AD Nursing Program

#### Article III. Membership and Dues

##### Membership

- Membership is open to all students currently enrolled in the Associate Degree nursing classes; each cohort will have their own club.
- Members must review and sign that they have received a copy of the hazing policy annually.
- Members must adhere to the QCC Club/Organization policies. Information can be found here: <https://www.qcc.edu/student-life/student-resources>
- Membership for each nursing club is limited to the number of students enrolled in the course/cohort.

##### Dues/Funds

- The club will receive \$300 “seed money” from the Office of Student Life yearly as specified in the QCC Club/Organization Handbook.
- Additional funds may come from organized fundraisers approved by the club advisor.
- Dues may provide an additional source of funds, if approved by the majority of members.
  - Amount to be determined and voted by the majority
  - Dues serve as supplemental funds for educational activities and pinning ceremony expenses
  - If collected, dues are non-refundable for any reason, including withdrawal from the club, failure to adhere to club policies, failure/ineligibility to enroll/progress in courses, etc.
  - Amount: \$\_\_\_\_\_. Frequency of collection: \_\_\_\_\_

- Expenditure of funds will be in accordance with QCC club policies

### **Article V. Electing, Appointing, and Removing Officers**

Officers shall include the President, Vice President, Secretary, and Treasurer, with responsibilities as outlined in the QCC New Club Packet *Executive Board Position Responsibilities* section.

- Nominations will be sought from current members to fill open club officer positions whenever necessary, with elections resulting from majority votes.
- A listing of officers shall be provided to the faculty advisor, Office of Student Life, and the Nursing Program Coordinator upon formation of the club and updated as needed. The listing shall include the officer's name, position, cell phone number, and QCC email.
- Each position will be held for a period of two years unless the officer resigns, withdraws from the club, is ineligible to progress in the nursing program, etc.
- The club Advisor will be informed by members in writing if an officer does not perform their duties to the satisfaction of the club members. The officer will be given feedback regarding the concerns of members with an opportunity to either resolve the issue or resign from the elected position. If the officer does not satisfactorily resolve the issue, the officer may be removed from office by majority vote of the membership.
- In addition to the officers, student representatives will be elected to attend AD Nursing Faculty meetings. Each club may elect one or two representatives, following the same guidelines for nominations, length of service, and recall of officers.
  - Student representatives attend the monthly Nursing Faculty Meeting to represent the AD Nursing Program Nursing Club respective cohort, present information in regards to upcoming events, and discuss any class concerns.

### **Article VI. Meetings**

- Meetings will be held at least twice per semester, or more often if needed.
- A schedule of meetings will be posted by the designated club officer at the beginning of each semester, with the date, time, and location indicated.
- Meeting agendas will be posted on the course Blackboard page and/or shared via email to all members and the faculty advisor 24 hours prior to the meeting.
- Special meetings will be posted as soon as feasible by the club officers. Special meetings may be called by the club officers, faculty advisor, or by a majority vote of the membership.
- Meetings will be held in an orderly, respectful manner
- All attendees shall sign an attendance sheet indicating their presence, or alternatively, if the meeting is held virtually the Secretary (or designee) shall make note of all attendees.

### **Article VII. Quorum and Voting**

- Majority votes require at least 50% of the officers (President, Vice President, Secretary, and Treasurer) to be present.
- Additionally, there must be at least 25% of club members in attendance for a majority vote to occur.

### **Article VIII. Amendments**

- If club officers or members seek to amend the constitution and bylaws a meeting must be held with the club faculty advisor and Program Coordinator to discuss the areas of

concern and proposed changes. The proposed changes must be submitted in writing with rationale.

- The faculty advisor and Program Coordinator will provide feedback to the club members.
- Club members will vote on the proposed change. A majority vote is required for a change to occur.
- Following a majority vote, the club officers will submit the change in writing to the Office of Student Life and the faculty advisor.
- All amendments are subject to final approval by the Student Life Office.

### **Article IX. Ratification**

Upon the formation of a new nursing club, members shall have access to the constitution and bylaws. Members shall be given the opportunity to propose changes to the constitution and bylaws by following the “Amendments” section. All members will sign a “Constitution and Bylaws Acknowledgment” form indicating receipt and agreement.

### **Article X. Non-Discrimination Statement**

Quinsigamond Community College AD Nursing Program Clubs do not and shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. We are committed to providing an inclusive and welcoming environment for all members.

## STUDENT CLINICAL SITE CONTACT INFORMATION

<b>AdCare Hospital</b> 107 Lincoln St Worcester, MA 10605 / 866-493-4187	<b>Notre Dame Health Care</b> 559 Plantation St. Worcester, MA 01655 / 508-852-5800
<b>Beaumont Skilled Nursing Center</b> 3 Lyman Street <i>Westborough</i> , MA 01581 / 508-366-9933	<b>Oakdale Nursing &amp; Rehab Center</b> 76 N. Main St. W. Boylston, MA 01583 / 508-835-6076
<b>Beaumont at University Campus</b> 378 Plantation St. <i>Worcester</i> , MA 01605 / 508-755-7300	<b>Overlook Health &amp; Rehabilitation Center</b> 88 Masonic Home Rd. Charlton, MA / 866-753-5429
<b>Beaumont Skilled Nursing Center</b> 85 Beaumont Drive <i>Northbridge</i> , MA 01534 / 508-343-8280	<b>Saint Francis Rehab &amp; Nursing Center</b> 101 Plantation St Worcester MA, 10604 / 508-755-8605
<b>Blackstone Valley Health &amp; Rehabilitation Center</b> 447 Hill St. Whitinsville, MA 01588 / 508-234-7306	<b>Saint Vincent Hospital</b> 123 Summer St Worcester, MA 01608 / 508-363-5000
<b>Harrington Memorial Hospital</b> 100 South St. Southbridge, MA 01550 / 508-765-9771	<b>UMass Memorial Health Alliance: <u>Leominster Hospital</u></b> 60 Hospital Rd. Leominster, MA 01453 / 978-466-2000
<b>Harrington Health Care</b> <b>Co-Occurring Disorders Unit (CDU)</b> 340 Thompson Rd. Webster, MA / 508-640-2986	<b>UMass Memorial: <u>Marlborough Hospital</u></b> 157 Union St. Marlborough, MA 01752 / 508-481-5000
<b>Holy Trinity Nursing &amp; Rehab Center</b> 300 Barber Ave. Worcester, MA 01606 / 508-852-1000	<b>UMass Memorial: <u>PTRC Unit</u></b> 26 Queen St. Worcester, MA 01655 / 508-334-2670
<b>Jewish Health Care</b> 629 Salisbury St. Worcester, MA 01609 / 508-798-8653	<b>UMass <u>University Campus</u></b> 55 Lake Ave. N. Worcester, MA 01655 / 508-334-1000
<b>Life Care Center of Auburn</b> 14 Masonic Circle Auburn, MA 01501 / 508-721-2400	<b>UMass <u>Memorial Campus</u></b> 119 Belmont St Worcester, MA 01605 / 508-334-1000
<b>Meadows at Leicester</b> 111 Huntoon Memorial Highway Rochdale, MA 01542 / 508-892-4858	<b>Vibra Hospital of Western Mass</b> 111 Huntoon Memorial Highway Rochdale, MA 01542 / 717-954-0278
<b>Milford Countryside Healthcare</b> 1 Countryside Dr Milford, MA 01757 / 508-473-0435	<b>Worcester Public School System</b> Nursing Department: 40 Apricot St. Worcester, MA 01603 / phone # is school specific
<b>Milford Regional Hospital</b> 14 Prospect St. Milford MA 01757 / 508-473-1190	<b>Worcester Recovery Center and Hospital</b> 309 Belmont St Worcester, MA 01604 / 508-368-4000

**QUINSIGAMOND COMMUNITY COLLEGE  
NURSE EDUCATION DEPARTMENT**

**STATEMENT OF AGREEMENT  
STUDENT SIGNATURE/ACKNOWLEDGMENT**

Upon my signature, I agree that I have read, understand and will abide by all of the process/ policy/ statements located in the Associate Degree Program Nursing Student Handbook for the current academic year, including the following documents:

- Statement of Understanding Regarding Clinical and Theory Process
- Statement of Confidentiality
- Photograph / Video (Film) / Audio Release Form
- Indemnification / Hold Harmless Agreement
- Clinical Simulation / Laboratory Policy

\*I further understand that the Nurse Education Program reserves the right to modify the curriculum and policies as needed. These changes may occur at any point during enrollment. Students currently enrolled in the program will be notified of changes in writing and will be asked to sign a document acknowledging receipt. The student signature may be an original signature, electronic signature, or typed name via email or learning management system submission (Blackboard).

**Full Name Printed:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Student ID#** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If you have any questions about this form or the Nursing Student Handbook please see course faculty or the Program Coordinator.*