ASSOCIATE DEGREE PROGRAM
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>4</td>
</tr>
<tr>
<td>Purpose and Philosophy</td>
<td>5</td>
</tr>
<tr>
<td>Organizing Framework</td>
<td>6</td>
</tr>
<tr>
<td>Integrating Concepts/Quilt</td>
<td>7</td>
</tr>
<tr>
<td>Orem Self-Care Theory /Orem Glossary of Terms</td>
<td>8-9</td>
</tr>
<tr>
<td>NANDA Nursing Diagnoses</td>
<td>10-13</td>
</tr>
<tr>
<td>Erikson/Kolb/Bloom Theories</td>
<td>14-17</td>
</tr>
<tr>
<td>Program Outcomes/Student Learning Outcomes/Curriculum Hours</td>
<td>18-22</td>
</tr>
<tr>
<td>Infection Control Guidelines</td>
<td>23</td>
</tr>
<tr>
<td>Academic/Clinical/Simulation/Lab Policies and Procedures</td>
<td>24</td>
</tr>
<tr>
<td>• CORI/SORI/National Background Check</td>
<td>25</td>
</tr>
<tr>
<td>• Health Policy, Drug Screening/Fingerprinting</td>
<td>25</td>
</tr>
<tr>
<td>• Technical Performance Standards, Change in Health Status</td>
<td>26</td>
</tr>
<tr>
<td>• Latex Allergy Policy</td>
<td>27</td>
</tr>
<tr>
<td>• Attendance Policy: Classroom, Clinical/Lab/SIM, School Cancellation, Student Records Policy, Request for Documents</td>
<td>28-29</td>
</tr>
<tr>
<td>• Policies Regarding Classroom: Use of Recording Devices, Visitors in the Classroom, Disruptive Behavior, Disability Support Services, Cell Phones and Electronic Devices, Grading Policy, Religious Accommodations, Sharing &amp; Copyright Infringement</td>
<td>30-31</td>
</tr>
<tr>
<td>• Nursing Skills Laboratory Policies &amp; Procedures</td>
<td>32-33</td>
</tr>
<tr>
<td>• Clinical Simulation Laboratory Policies &amp; Procedures</td>
<td>34-35</td>
</tr>
<tr>
<td>• Clinical Practice Policies: Clinical Performance Evaluation Process, Clinical Warning/ Professional Conduct, Clinical Failure, Clinical Dismissal, Returning to Nursing Skills Lab, Medication Administration Policy, Clinical Area Without Instructor, Leaving Clinical Facility, Computer Access, Smoking Policy, Plagiarism, Clinical Site Information, Injury or Illness in Clinical Area, Guidelines for Student Nurses’ Appearance in Uniform, Nursing Math Competency Testing Policy</td>
<td>36-41</td>
</tr>
<tr>
<td>Academic Information</td>
<td>42</td>
</tr>
<tr>
<td>• QCC Foundation Scholarships</td>
<td>43</td>
</tr>
<tr>
<td>• Academic Advising, Academic Counseling, Admission Policy</td>
<td>43</td>
</tr>
<tr>
<td>• Library Resources</td>
<td>43</td>
</tr>
<tr>
<td>• Student Support Services</td>
<td>43-44</td>
</tr>
<tr>
<td>• Call to Active Military Duty</td>
<td>44</td>
</tr>
<tr>
<td>• Retention/Progression in Program Policy</td>
<td>44</td>
</tr>
<tr>
<td>• Withdrawal Policy, Readmission Policy to Nursing Program</td>
<td>44-46</td>
</tr>
<tr>
<td>• Denial of Admission of Healthcare Programs</td>
<td>46</td>
</tr>
<tr>
<td>• Honors and Awards, Standardized Testing</td>
<td>46</td>
</tr>
<tr>
<td>• Graduation Requirements, Program Completion</td>
<td>47</td>
</tr>
<tr>
<td>• Eligibility for Licensure, Good Moral Character Policy</td>
<td>47</td>
</tr>
<tr>
<td>• Transfer Policy, Advanced Placement, Course Exemption, Educational Mobility Policy</td>
<td>47-48</td>
</tr>
<tr>
<td>• Nurse Aid Training Waiver Requests, National Student Nurses Association</td>
<td>48</td>
</tr>
<tr>
<td>Student Rights</td>
<td>Page</td>
</tr>
<tr>
<td>--------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>• Student Course Information, Course Evaluations</td>
<td>50</td>
</tr>
<tr>
<td>• Professional &amp; Academic Integrity, Social Media</td>
<td>50-51</td>
</tr>
<tr>
<td>• Student Rights and Grievance Policy</td>
<td>51</td>
</tr>
<tr>
<td>• Participation in Governance of Program</td>
<td>52</td>
</tr>
<tr>
<td>• Nursing Clubs, Nursing Club Constitution and Bylaws (Sample)</td>
<td>52-54</td>
</tr>
<tr>
<td>• Nursing Skills Lab Referral for Remediation Form/Remediation Summary</td>
<td>55</td>
</tr>
<tr>
<td>• Academic Learning Contract</td>
<td>56</td>
</tr>
<tr>
<td>• Clinical/Lab Make-up Form</td>
<td>57</td>
</tr>
<tr>
<td>• Communication for Resolution</td>
<td>58</td>
</tr>
<tr>
<td>• Statement of Understanding Regarding Clinical and Theory Process</td>
<td>59</td>
</tr>
<tr>
<td>• Statement of Confidentiality</td>
<td>60</td>
</tr>
<tr>
<td>• Photograph/Video (Film)/Audio Release Forms</td>
<td>61</td>
</tr>
<tr>
<td>• Indemnification / Hold Harmless Agreement</td>
<td>62</td>
</tr>
<tr>
<td>• Clinical Sites Information</td>
<td>63-65</td>
</tr>
</tbody>
</table>
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 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 A.D.N. Nurse Education Program is approved by the Massachusetts Board of Registration in Nursing (MBORN) and accredited by the Accreditation Commission for Education in Nursing, Inc. (ACEN), 3343 Peachtree Road, NE, Suite 850, Atlanta GA 30326. 1-404-975-5000.

Quinsigamond Community College is accredited by the New England Association of Schools and Colleges, Inc., (NEASC) through its Commission on Institutions of Higher Education.

Quinsigamond Community College 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 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.
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, 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.

**Practical Nursing** provides basic therapeutic, restorative, and preventative nursing care for individual patients in structured health care settings who have common, well-defined health problems. Practical nurses cooperate and collaborate with health team members, patients, and families and contribute to patient assessments (data collection) and care planning.

**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.
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, QSEN, Massachusetts Nurse of the Future Initiative, the Massachusetts Board of Registration in Nursing and 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.

1. **Nursing process** - 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.

2. **Communication and Teamwork** - To function effectively within nursing and interprofessional 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.

3. **Professional Identity** - 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.

4. **Nursing Judgement** - 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.

5. **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.

6. **Systems Based Practice and Leadership** - 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.

7. **Human Flourishing** - 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.

8. **Spirit of Inquiry** - 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.

**References**


1. The maintenance of sufficient **AIR**.
   - Ineffective airway clearance
   - Risk for Aspiration
   - Impaired gas exchange
   - Ineffective breathing pattern
   - Impaired Spontaneous Ventilation
   - Risk for Suffocation
   - Dysfunctional Ventilator Weaning Response

2. The maintenance of sufficient intake of **WATER**.
   - Risk for Electrolyte Imbalance
   - Risk for Imbalanced Fluid Volume
   - Deficient Fluid Volume
   - Risk for Deficient Fluid Volume
   - Excess Fluid Volume

3. The maintenance of sufficient intake of **FOOD**.
   - **Imbalanced Nutrition**: less than body requirements
   - Readiness for Enhanced Nutrition
   - Insufficient Breast Milk Production
   - Ineffective Breastfeeding
   - Interrupted Breastfeeding
   - Readiness for Enhanced Breastfeeding
   - Risk for Delayed Development
   - Impaired Dentition
   - Frail Elderly Syndrome and risk for
   - Ineffective adolescent Eating Dynamics
   - Ineffective child Eating Dynamics
   - Ineffective infant Eating Dynamics
   - Ineffective infant Feeding Pattern
   - Nausea
   - Obesity
   - Overweight
   - Overweight or risk for
   - Impaired Swallowing
4. The provision of care associated with **ELIMINATION** processes and excrements.

- Bowel Incontinence
- Constipation or risk for
- Perceived Constipation
- Chronic Functional Constipation
- Diarrhea
- Dysfunctional Gastrointestinal Motility or risk for
- Impaired Urinary Elimination
- Functional Urinary Incontinence
- Overflow Urinary Incontinence
- Reflex Urinary Incontinence
- Stress Urinary Incontinence
- Urge Urinary Incontinence or risk for
- Urinary Retention

5. The maintenance of a balance between **ACTIVITY** and **REST**.

- **Activity** Intolerance or risk for
- Impaired Bed Mobility
- Risk for Disuse Syndrome
- Decreased Diversional Activity Engagement
- Imbalanced Energy Field
- Impaired Physical Mobility
- Sedentary Lifestyle
- **Self-Care** Deficit: Bathing, Dressing, Feeding, Toileting
- Readiness for Enhanced Self-Care
- Impaired Wheelchair Mobility
- Impaired Sitting
- Impaired Standing
- Insomnia
- Sleep Deprivation
- Readiness for Enhanced Sleep
- Disturbed Sleep Pattern
- Fatigue
- Impaired Transfer Ability
- Impaired Walking
- Wandering

6. The maintenance of a balance between **SOLITUDE** and **SOCIAL INTERACTIONS**.

- Readiness for Enhanced Communication
- Impaired Verbal Communication
- Dysfunctional Family Processes
- Interrupted Family Processes
- Readiness for Enhanced Family Processes
- Readiness for enhanced Decision-Making
- Impaired Emancipated Decision-Making or risk for
- Readiness for enhanced Emancipated Decision-Making
- Loneliness
- Unilateral Neglect
- Rape-Trauma Syndrome
- Ineffective Relationship or risk for
- Readiness for Enhanced Relationship
- Parenteral Role Conflict
- Ineffective Role Performance
- Impaired Social Interaction
- Self-Neglect
- Risk for Impaired Attachment

- Risk for Allergic Reaction
- Risk for Adverse Reaction to Iodinated Contrast Media
- Latex Allergic Reaction or risk for
- Autonomic Dysreflexia or risk for
- Risk for Bleeding
- Risk for unstable Blood Glucose
- Risk for Unstable Blood Pressure
- Decreased Cardiac Output or risk for
- Acute Confusion or risk for
- Chronic Confusion
- Contamination or risk for
- Labile Emotional Control
- Deficient Community Health
- Risk-Prone Health Behavior
- Ineffective Health Maintenance
- Ineffective Health Management
- Readiness for Enhanced Health Management
- Ineffective Family Health Management
- Neonatal Hyperbilirubinemia or risk for
- Ineffective Impulse Control
- Risk for Corneal Injury
- Risk for Dry Eye
- Risk for Dry Mouth
- Risk for Falls
- Hyperthermia
- Hypothermia or risk for
- Risk for Perioperative Hypothermia
- Risk for Injury
- Risk for Occupational Injury
- Decreased Intracranial Adaptive Capacity
- Risk for Urinary Tract Injury
- Risk for Perioperative Positioning Injury
- Risk for Thermal Injury
- Impaired Oral Mucous Membrane Integrity or risk for
- Risk for impaired Liver Function
- Risk for Metabolic Imbalanced Syndrome
- Acute Pain
- Chronic pain
- Chronic Pain Syndrome
- Labor pain
- Risk for Peripheral Neurovascular Dysfunction
- Ineffective Protection
- Risk for Physical Trauma
- Risk for Poisoning
- Acute Substance Withdrawal Syndrome or risk for
- Risk for Vascular Trauma
- Risk for Pressure Ulcer
- Risk for Shock
- Impaired Skin Integrity or risk for
- Risk for Sudden Infant death
- Delayed Surgical Recovery or risk for
- Impaired Tissue Integrity or risk for
- Risk for Venous Thromboembolism
- Impaired Home Maintenance
- Risk for Infection
- Risk for Female Genital Mutilation
- Self-Mutilation or risk for
- Risk for Suicide
- Risk for Self-Directed Violence
- Risk for Other Directed Violence
- Risk for Surgical Site Infection
- Ineffective Thermoregulation or risk for
- Risk for Decreased Cardiac Tissue Perfusion
- Risk for Ineffective Cerebral Tissue Perfusion
- Ineffective Peripheral Tissue Perfusion or risk for
8. The PROMOTION OF NORMALCY of human functioning and development within social groups.

1. Ineffective Activity Planning or risk for
2. Anxiety
3. Disturbed Body Image
4. Impaired Comfort
5. Readiness for Enhanced Comfort
6. Defensive Coping
7. Ineffective Coping
8. Readiness for Enhanced Coping
9. Ineffective Community Coping
10. Readiness for Enhanced Community Coping
11. Compromised Family Coping
12. Disabled Family Coping
13. Readiness for Enhanced Family Coping
14. Death Anxiety
15. Ineffective Childbearing Process or risk for
16. Readiness for Enhanced Childbearing Process
17. Deficient Knowledge
18. Readiness for Enhanced knowledge
19. Readiness for enhanced Health Literacy
20. Risk for Disturbed Maternal-Fetal Dyad
21. Ineffective Denial
22. Fear
23. Grieving
24. Complicated Grieving or risk for
25. Hopelessness
26. Readiness for Enhanced Hope
27. Risk for Compromised Human Dignity
28. Disturbed Personal Identity
29. Impaired Memory

- Impaired Mood Regulation
- Powerlessness or risk for
- Readiness for Enhanced Power
- Impaired Resilience or risk for
- Readiness for Enhanced Resilience
- Chronic Sorrow
- Stress Overload
- Decisional Conflict
- Moral Distress
- Impaired Parenting or risk for
- Readiness for Enhanced parenting
- Neonatal Abstinence Syndrome
- Disorganized Infant Behavior or risk for
- Readiness for Enhanced Organized Infant Behavior
- Impaired Religiosity or risk for
- Readiness for enhanced Religiosity
- Caregiver Role Strain or risk of
- Spiritual distress or risk for
- Readiness for enhanced Spiritual Well-Being
- Risk for Complicated Immigration Transition
- Post-Trauma Syndrome or risk for
- Relocation Stress Syndrome or risk for
- Chronic Low Self-Esteem or risk for
- Situational Low Self-Esteem or risk for
- Risk for Disturbed Personal Identity
- Readiness for Enhanced Self-Concept
- Sexual Dysfunction
- Ineffective Sexuality Pattern

Reference
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

<table>
<thead>
<tr>
<th>Stage</th>
<th>Age</th>
<th>Central Task</th>
<th>Indicators of Positive Resolution</th>
<th>Indicators of Negative Resolutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy</td>
<td>Birth-18 mos</td>
<td>Trust vs. Mistrust</td>
<td>Learning to trust others. Sense of trust in self</td>
<td>Mistrust, withdrawal, estrangement</td>
</tr>
<tr>
<td>Early Childhood</td>
<td>18 mos to 3 yrs.</td>
<td>Autonomy vs. shame and doubt</td>
<td>Self-control without loss of self-esteem, Ability to cooperate and express self</td>
<td>Willfulness and defiance</td>
</tr>
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<td>Late Childhood</td>
<td>3-5 yrs</td>
<td>Initiative versus Guilt</td>
<td>Learning the degree to which assertiveness and purpose influence the environment. Beginning ability to evaluate one’s own behavior</td>
<td>Lack of self-confidence. Pessimism fear of wrongdoing. Over control and over restriction of own activity</td>
</tr>
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<td>School Age</td>
<td>6-12 yrs.</td>
<td>Industry versus Inferiority</td>
<td>Beginning to create, develop, and manipulate. Developing sense of competence and perseverance.</td>
<td>Loss of hope, sense of being mediocre, Withdrawal from school and peers</td>
</tr>
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<td>Adolescence</td>
<td>12-20 yrs</td>
<td>Identity versus Role Confusion</td>
<td>Coherent sense of self. Plans to actualize one’s abilities</td>
<td>Confusion, Indecisiveness</td>
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<tr>
<td>Young Adulthood</td>
<td>18-25 yrs</td>
<td>Intimacy versus Isolation</td>
<td>Intimate relationships with another person Commitment to work and relationships</td>
<td>Interpersonal relationships. Avoidance of relationship career or life-style commitments</td>
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<td>Adulthood</td>
<td>25-65 yrs</td>
<td>Generativity versus stagnation</td>
<td>Creativity, productivity, concern for others.</td>
<td>Self-indulgence, self-concern, lack of interests and commitments</td>
</tr>
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<td>Maturity</td>
<td>65-death</td>
<td>Integrity versus despair</td>
<td>Acceptance of worth and uniqueness of one’s own life. Acceptance of death</td>
<td>Sense of loss, contempt for others</td>
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Reference

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.

References

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

<table>
<thead>
<tr>
<th>Remembering (Knowledge)</th>
<th>Understanding (Comprehension)</th>
<th>Applying (Application)</th>
<th>Analyzing (Analysis)</th>
<th>Evaluating (Synthesis)</th>
<th>Creating (Evaluation)</th>
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<tr>
<td>Copy</td>
<td>Ask</td>
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Adapted from: Center for University Teaching, Learning, and Assessment [http://uwf.edu/cutla/SLO/ActionWords.pdf](http://uwf.edu/cutla/SLO/ActionWords.pdf)
References


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

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, families and communities.

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. Collaborate within the nursing and inter-professional teams to foster open communication, mutual respect, and shared decision making in order to achieve quality patient care.
References


Approved 12/12, Revised 9/18
ASSOCIATE SCIENCE DAY (NUR) and EVENING (NUE) CURRICULUM
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# ADVANCED PLACEMENT PARAMEDIC (NUP) TO ASSOCIATE IN SCIENCE CURRICULUM

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<th>Laboratory</th>
<th>Clinical</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>HUM Humanities Elective 3 cr</td>
<td></td>
<td>45</td>
<td>0</td>
<td>0</td>
<td>45</td>
</tr>
<tr>
<td>NUR 203 Current Concepts in Nursing And Health Care II 2 cr</td>
<td></td>
<td>30</td>
<td>0</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>NUR 202 Adv. Medical Surgical Nursing III/Mental Health 10 cr</td>
<td></td>
<td>75</td>
<td>0</td>
<td>225</td>
<td>300</td>
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<tr>
<td><strong>Total Hours in Term</strong></td>
<td></td>
<td>150</td>
<td>0</td>
<td>225</td>
<td>375</td>
</tr>
</tbody>
</table>
# INFECTION CONTROL GUIDELINES

## Standard Precautions: FOR ALL PATIENTS
- Clean hands with alcohol-based hand rub or soap and water before and after patient contact, after removing gloves and upon exiting room
- Clean hands after contact with patient environment and equipment
- Clean equipment with disinfectant between each patient use
- 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
- Anticipate need and use for other protective barriers including gowns, mask, and eye protection

<table>
<thead>
<tr>
<th>Precautions</th>
<th>Implementation of Precautions</th>
<th>Associated Disease or Condition(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact</strong></td>
<td>- Private room&lt;br&gt;- Gloves&lt;br&gt;- Gown for close contact&lt;br&gt;- Hand Hygiene (before and after, foam in foam out)&lt;br&gt;- Disinfect equipment</td>
<td>- Abscess, Major Draining&lt;br&gt;- Adenovirus&lt;br&gt;- Pressure Ulcer (Major)&lt;br&gt;- Multidrug-Resistant Organisms&lt;br&gt;- Escherichia Coli (E-Coli)&lt;br&gt;- Respiratory Syncytial Virus (RSV)&lt;br&gt;- Rotavirus</td>
</tr>
<tr>
<td><strong>Droplet</strong></td>
<td>- Private Room&lt;br&gt;- Mask&lt;br&gt;- Hand Hygiene (before and after, foam in foam out)&lt;br&gt;- Disinfect equipment</td>
<td>- Adenovirus&lt;br&gt;- Influenza (flu)&lt;br&gt;- Meningococcal Pneumonia&lt;br&gt;- Meningococcemia&lt;br&gt;- Mumps&lt;br&gt;- Respiratory Syncytial Virus (RSV)&lt;br&gt;- Streptococcus Group A&lt;br&gt;- Pneumonia, Pharyngitis&lt;br&gt;- Pertussis&lt;br&gt;- Rubella</td>
</tr>
<tr>
<td><strong>Airborne</strong></td>
<td>- Negative Pressure Private Room&lt;br&gt;- N-95 Mask&lt;br&gt;- Hand Hygiene (before and after, foam in foam out)&lt;br&gt;- Disinfect equipment</td>
<td>- Active Pulmonary Tuberculosis (TB)&lt;br&gt;- Varicella (Chicken Pox)&lt;br&gt;- Rubeola (Measles)&lt;br&gt;- Smallpox</td>
</tr>
<tr>
<td><strong>Contact Plus</strong></td>
<td>- Private Room&lt;br&gt;- Gloves&lt;br&gt;- Gown&lt;br&gt;- Hand Hygiene (before and after, foam in foam out)&lt;br&gt;- Hand Hygiene exception - wash hands with soap &amp; water for C-Diff and Norovirus&lt;br&gt;- Disinfect equipment</td>
<td>- Norovirus&lt;br&gt;- Clostridium Difficile (C-Diff)&lt;br&gt;- Diarrhea with environmental soiling</td>
</tr>
<tr>
<td><strong>Neutropenic</strong></td>
<td>- Private Room&lt;br&gt;- Gloves&lt;br&gt;- Gown for close contact&lt;br&gt;- Hand Hygiene (before and after, foam in foam out)&lt;br&gt;- Disinfect equipment&lt;br&gt;- Screen staff and visitors for illness&lt;br&gt;- No plants or flowers in the room</td>
<td>- Patient is Neutropenic</td>
</tr>
<tr>
<td><strong>Herpes Zoster-Shingles (Varicella Zoster)</strong></td>
<td>- Private Room&lt;br&gt;- Gloves&lt;br&gt;- Gown for close contact&lt;br&gt;- Hand Hygiene (before and after, foam in foam out)&lt;br&gt;- Disinfect equipment&lt;br&gt;- Cover Lesions&lt;br&gt;- Do not enter if you have not had Chicken Pox/Varicella</td>
<td>- Only people that have had Chicken Pox should enter the room&lt;br&gt;- Herpes Zoster Virus (Shingles) with open lesions</td>
</tr>
</tbody>
</table>

Reference

ACADEMIC/CLINICAL/SIMULATION/LAB POLICIES AND PROCEDURES
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. 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.

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 specified by the Massachusetts Department of Public Health and our clinical affiliates.

The required information must be submitted to the Health Compliance Officer by the assigned date (including evidence of healthcare provider level BLS/CPR certification).

Students may submit documents (with student ID#) via the drop-box located outside office 113D. 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.

The Healthcare Compliance Officer email is healthcompliance@qcc.mass.edu

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. The Health Compliance Officer will provide a copy of the drug testing results upon student request.

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.
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: https://www.qcc.edu/2019-2020-catalog/technical-performance-standards

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 class, lab, 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. In addition, students must adhere to facility policy regarding return to clinical. Health status changes include, but are not limited to:

- Injury
- 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.
- Splint/brace/cast/sling, etc.
LATEX ALLERGY POLICY

If a student has a latex allergy or sensitivity, they must complete the Latex Sensitivity/Allergy Student Disclosure/Release Form (available in the Program Office) 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 potential allied health and nursing program applicants 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, andoggles
- 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’s Office of Disability 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.
ATTENDANCE POLICY

1. Classroom Attendance
   Refer to the course syllabi.

2. 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 for all clinical experiences. **All missed clinical and lab experiences will be made up including faculty and weather related cancellations.** The format of the missed clinical absence will be at the discretion of the course team. 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(s) will be responsible for reimbursement of faculty through the Business Office. **The cost of clinical/lab make up is $25 per student per hour for each clinical make up. See form in the back of this handbook.** The student must pay in advance for the make-up clinical experience. Arrangements for this additional time will be made by the Nursing team for the designated course. See course materials. Based on inability to meet clinical objectives or excessive clinical absences, the student may receive a clinical failure. Students who do not arrive to clinical on their assigned day without notification to clinical instructor will result in a clinical warning. Students are responsible for transportation to/from the clinical sites as well as any parking fees.

   **Based on patient and student safety needs, students are not allowed to work the night shift (11pm-7am) prior to scheduled day clinical rotation.**

3. 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](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 or 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.

4. 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 QCC Student Handbook, Records Directory section [https://www.qcc.edu/student-handbook/college-policies](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 and academic performance contracts performance and evaluation, 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. The Health Compliance Officer as well as the Admissions
Office maintain immunization records. The Health Compliance Officer maintains copies of required healthcare program health forms.

5. **Request for Documents**
Students may request copies of the materials they require, in writing via the *Request for Information Form*, to the Program Coordinator. **Requests take approximately two weeks to process.**
POLICIES REGARDING CLASSROOM

1. **Use of recording devices (for personal use only)**

   Each student must request in writing a faculty member’s permission to use a recording device in class. It is the discretion of each faculty member whether recording is allowed. Instructions regarding recording will be provided by faculty. No recording devices are allowed in clinical or lab settings.

2. **Visitors in classroom (adult or child).**

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

3. **Disruptive Behavior**

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

4. **Disability Support Services**

   Refer to the Quinsigamond Community College Disability Services website: https://www.qcc.edu/services/disability-services.

   Students must notify course faculty by emailing a copy of the approved Disability Accommodation form no later than two weeks prior to the exam date that they will be testing with Disability Services. The student is responsible for informing Disability 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), the student must email the course faculty and Disability Services before the start of the exam.

5. **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).

6. **Grading Policy**

   In order to pass any 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 satisfactory performance in clinical practice/lab.

   Students who do not meet the expected outcome for the theory portion during the course will receive an Academic Learning Contract outlining the remediation plan and evaluation (see form at the back of this handbook).
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. Refer to the QCC Student Handbook and course syllabus of specific nursing courses.

7. **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.

8. **Sharing and Copyright Infringement**

   Any handouts 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. 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](https://www.qcc.edu/student-handbook/student-code-conduct).
NURSING SKILLS LABORATORY

NURSING SKILLS LAB
Purpose: To establish guidelines that will assist nursing students with the successful achievement of the required psychomotor skills performance competency necessary for passing the clinical requirements for each nursing course.

Nursing Skills Laboratory is a required clinical 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 all self-tutorial assignments. The Lab is equipped with manikins, on which many nursing interventions can be practiced, as well as a variety of equipment that can be found in clinical settings. There are manikins in the Skills Lab, on which students can practice assessment skills such as blood pressure, pulse, lung sounds, heart sounds, and bowel sounds.

REQUIRED PURCHASES
Students are required to purchase a dual-head stethoscope prior to the first scheduled lab. The stethoscope and lab kit is required to be brought to all scheduled lab and clinical experiences.

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

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.

OPEN/PRACTICE LABS
Practice labs are scheduled weekly 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.

LAB ATTENDANCE AND PUNCTUALITY
Any student who will be late or absent from a lab is required to notify the Lab Coordinator and faculty in advance, via telephone or e-mail, with a valid reason. Promptness is expected, as tardiness negatively impacts the learning process. Reasonable accommodation may be made by the lab for make-up, for those students who notify the Lab Coordinator in advance, with a valid reason for absence. Students are expected to leave the lab on time at the end of the scheduled session.
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 policy).

PREPARATION FOR LAB IS ESSENTIAL
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.** Evaluations are based on criteria contained in Nursing Skills Checklists book. Students are provided with three opportunities to demonstrate 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 competency evaluation, a practice session is required prior to being assigned an appointment for re-evaluation.** This process will be followed in the event that a second competency is unsuccessful. Re-testing must be completed within 7 days of initial testing. **In the event that a third competency is required, this will be completed with a full time faculty.** A 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 staff. Any student who fails to meet this deadline will be referred to 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.
CLINICAL SIMULATION LAB

Our Mission
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.

Our 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.

Simulation: 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, 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 *Statement of Confidentiality and Photograph / Video (Film) / Audio Release Forms* 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.
1. The Clinical Performance 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 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.

2. 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 Handbook 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 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.

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.

3. **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.

4. **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.

5. **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. See remediation process which follows:

Associate Degree Nursing Program 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 student has been unable to successfully perform
  - Whether instruction and/or re-testing for competency is required
o Date and signature of Clinical Instructor and Student

- Student directions contained on the form are explained by the Clinical Instructor, which include:
  o Student must contact Skills Lab Coordinator to arrange an appointment
  o Remediation must be completed within seven days of notice, unless otherwise documented on the referral form and arranged with the Lab Coordinator
  o 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.

6. 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).

7. 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.

8. 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.

9. Computer Access Regarding Clinical Practice

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.

10. 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.
11. **Plagiarism/False Information**

In clinical practice areas, the nursing student is expected to act in ways which safeguard the patient and the public at all times. Academic dishonesty is a direct violation of fundamental principles of ethical behavior. 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.

Academic dishonesty will result in academic failure in that nursing course in which it occurs, and may also include further college disciplinary action as deemed necessary by the course instructor(s).

Refer to QCC Student Handbook: [https://www.qcc.edu/student-handbook/student-code-conduct](https://www.qcc.edu/student-handbook/student-code-conduct) and the English Department guidelines: [https://www.qcc.edu/english/academic-honesty-documentation-guides](https://www.qcc.edu/english/academic-honesty-documentation-guides)

12. **Clinical Site Information**

Clinical site information is located at end of this Handbook.

13. **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.**

**GUIDELINES FOR STUDENT NURSES’ APPEARANCE IN UNIFORM IN THE CLINICAL SETTING**

Students must conform to the uniform policy of the cooperating agencies. In addition, the following guidelines must be followed: **Students may be dismissed from clinical/lab/simulation for any infractions of the uniform policy and guidelines 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 expected to wear name pins and **all** white or black non-canvas, closed toe shoes. Clogs are permitted only with heel strap in place. Students will sign 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 BP cuff and plastic coated tape measure, and gait belt, as required by facility.
- Students are expected to be neat, clean, well groomed, and to have fingernails trimmed. **No nail polish or artificial nails.** Hair should be off the collar neatly restrained, and 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 rings and one pair of small, non-dangling earrings for pierced ears. **No other visible body piercing jewelry 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.
## Associate Degree Nursing Program

### Nursing Math Competency Testing

**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.

<table>
<thead>
<tr>
<th>COURSE</th>
<th>COMPETENCY</th>
<th>PREPARATION</th>
<th>PROCESS</th>
<th>REMEDIATION</th>
<th>FAILURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 104</td>
<td>Math Competency Exam</td>
<td>Basic math calculations including metric conversions.</td>
<td>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</td>
<td>Math Competency Exam Students must achieve a passing score of 80%.</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>Medication Lab Competency</td>
<td>*Reading medication labels *Medication measures *Dosage calculations *Syringe calculations *Preparation and administration of oral and parenteral medications</td>
<td></td>
<td>Medication Lab Competency Students must pass this competency. Students may not administer medications on their assigned clinical unit until they have successfully passed the Math Competency Exam and Medication Lab Competency.</td>
<td></td>
</tr>
<tr>
<td>NUR 105</td>
<td>Math Competency Exam</td>
<td>*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</td>
<td>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</td>
<td>Math Competency Exam Students must achieve a passing score of 80%.</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>IV Medication Lab Competency</td>
<td>*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</td>
<td></td>
<td>IV Med Lab Competency Students must pass this competency. Students may not administer medications on their assigned clinical unit until they have successfully passed the Math Competency Exam and IV Med Lab Competency.</td>
<td></td>
</tr>
<tr>
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</tbody>
</table>
| NUR 201 | Math Competency Exam  
*Medication dosage calculation for all routes of administration  
*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 | 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 90%.  
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 90% or greater within 3 attempts are unable to meet the clinical objectives, which constitutes a clinical failure. |
| NUR 202 | Math Competency Exam  
*Medication dosage calculation for all routes of administration  
*Measurement conversions  
*IV flow rate calculations in ml/hr & drops/minute  
*IV infusion completion times in 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 90%.  
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 90% 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
ACADEMIC INFORMATION
QUINSIGAMOND COMMUNITY COLLEGE FOUNDATION SCHOLARSHIPS

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

ACADEMIC ADVISING

Refer to the QCC Services page: https://www.qcc.edu/services/academic-advising and the QCC Student Handbook: 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.

In addition, College Counseling Services are available: https://www.qcc.edu/services/counseling-services.

ADMISSION POLICY

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

LIBRARY RESOURCES

The General Academic Areas for tutoring, located on the 2nd 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/

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/tutoring.

In addition, nursing tutors are available to provide subject/course specific support. Detailed information regarding location and hours is posted at the beginning of each semester.
STUDY AREAS AT 25 FEDERAL STREET
1. Fairlawn Nursing Technology Lab (Room 229D)
2. Room 007D
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 computer workspace prior to leaving the computer lab.
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.

CALL TO ACTIVE MILITARY DUTY

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

RETENTION/PROGRESSION IN PROGRAM 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.

To be eligible to continue in the program, the student must achieve a final course grade of 77% or higher in all NUR designated courses and a passing evaluation for the laboratory and clinical components of each nursing course. Each nursing course must be completed in sequence in order to continue in the program. In order to continue in the next nursing course, the student must receive a grade of 73% or better in the science courses.

WITHDRAWAL POLICY

Students who wish to withdraw from the program must follow the college withdrawal procedure found in the QCC College Catalog and make an appointment to see the Program Coordinator.

Situations warranting separation from the Nurse Education programs prior to course completion for reasons related to the US Department of Labor Family and Medical Leave Act as follows:
- 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 will not be processed as a readmission. Students must submit 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 1 year of the date of separation from the program.

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

READMISSION POLICY TO NURSING PROGRAM

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. 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, the student must contact the Program Coordinator to schedule an appointment to request readmission.
• 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.

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:
  o Day Program NUR105, NUR201, NUR202, and NUR203: by June 30 if readmission is requested for fall semester; and by January 10 if readmission is requested for spring semester.
  o Advanced Placement/Evening Program NUR105: by November 15; NUR201: by January 10; NUR202 and NUR203: by June 30.
General Information for All Students Requesting Readmission:

- Students must request readmission within one year of the 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.
- A student is eligible for readmission if the student scored at the 50th percentile rank or higher on the Integrated Kaplan Test for the last successfully completed nursing course (Kaplan Fundamentals or Kaplan Medical-Surgical test).
  - If the student has not successfully completed a fundamentals or medical-surgical nursing course, or did not score at the 50th percentile rank or higher on the required Kaplan test in the last successful nursing course, then the student will sit for the Kaplan Critical Thinking test and must score at the 50th percentile rank or higher on the first attempt. This test will be arranged with the Program Coordinator.
- Readmission is based on space availability. When there are multiple candidates for readmission, the following criteria will be used:
  - Grade/status in last enrolled nursing course
  - QCC GPA
  - Number of credits completed at QCC
- If a student fails due to a clinical failure, the clinical failure will be reviewed by the program faculty to determine eligibility for readmission. Readmission is not guaranteed.
- If not accepted, the student must repeat the process the following semester to be considered for readmission.
- 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 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.

HONORS AND AWARDS

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

STANDARDIZED TESTING

Comprehensive Assessment and Review Program

This is a combination of e-books and on-line NCLEX-RN style tests designed to help prepare students for the NCLEX-RN exam. This program helps with test taking skills and content mastery. This program is used throughout the nursing program. Each semester students receive access to e-books, NCLEX-RN style tests and other resources related to the content learned in class. See course syllabi.
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, all financial obligations to the college must be met.

**Students must show evidence of completion of a NCLEX-RN review course before licensure application will be signed by the program administrator and forwarded for processing.**

ELIGIBILITY FOR LICENSURE

All students must have a Certificate of Graduation signed by the Program Administrator and a college transcript validated through the QCC Registrar’s Office in order to apply for licensure. The fees associated with the NCLEX-RN exam and licensure are the responsibility of the student. In addition, the MBORN requires applicants to have a social security number.

GOOD MORAL CHARACTER POLICY

The Massachusetts Board of Registration in Nursing (MBORN) has a policy regarding the “Good Moral Character” licensure requirement at MGL c.112, sections 74, 74A and 76. Refer to MBORN website for further information [https://www.mass.gov/service-details/good-moral-character-requirements-for-nursing-licensure](https://www.mass.gov/service-details/good-moral-character-requirements-for-nursing-licensure).

TRANSFER POLICY

Students interested in transferring from QCC can find more information on the Transfer Services page [https://www.qcc.edu/admissions/transfer](https://www.qcc.edu/admissions/transfer).

Students interested in transferring to QCC can find more information on the Admissions page [https://www.qcc.edu/admissions](https://www.qcc.edu/admissions). A student may seek a transfer of credit from another approved institution, provided that a grade of “C+” or better 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. 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.

ADVANCED PLACEMENT POLICY

Advanced Placement occurs in the Advanced Placement LPN to AD and Advanced Placement Paramedic to AD Programs. Advanced Placement occurs when students complete NUR100 Paramedic to AD Bridge Course (one credit for Paramedics) and/or the NUR101 Advanced Placement Nursing I (one credit 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.
Students seeking readmission/transfer from the evening AD program to the Day AD Program must credential for NUR103 Current Concepts in Nursing I (one credit) and NUR104 Fundamentals of Nursing I (7 credits). Academic credits are awarded based upon prior learning through certification (students are LPNs or Paramedics). Students complete credentialing forms with the Program Coordinator who then forwards the forms to the Career Placement Center, 272A for the process to be completed. Once completed, the student receives a P grade for the NUR 103 and NUR 104 courses.

**COURSE EXEMPTION POLICY**

Course exemption only occurs when students either request to transfer to QCC (see Transfer Policy) or when applying to the Advanced Placement LPN to AD or Paramedic to AD Programs. For nursing courses, course exemption only occurs for NUR103 Current Concepts in Nursing and Health Care I (one credit) and NUR104 Fundamentals of Nursing (7 credits) courses.

**EDUCATIONAL MOBILITY POLICY**

Students are advised to contact the school 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](https://www.qcc.edu/services/transfer/transfer-agreements)

**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.

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](https://www.redcross.org/take-a-class/cna-testing/massachusetts-nurse-aide-testing)

**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. For more information, please visit [https://www.nsna.org/](https://www.nsna.org/).

STUDENT RIGHTS
STUDENT 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.
5. Nursing Student Handbook including skills lab and simulation policies.
6. Nursing Math Competency Testing Policy

COURSE EVALUATIONS

At the completion of each course, students are required to evaluate the course, lab, and clinical sites. Failure to complete the evaluations will result in not receiving the final exam score for the nursing course. This is an opportunity for students to offer suggestions and recommendations for the continued growth and development of the nursing program.

PROFESSIONAL AND ACADEMIC INTEGRITY

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 Mass Board of Regulations; 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/

Tips for Nurses 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.
6 Tips to Avoid Problems

1. Remember that standards of professionalism are the same online as in any other circumstance.
2. Do not share or post information or photos gained through the nurse-patient relationship.
3. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
4. Do not make disparaging remarks about patients, employers or co-workers, even if they are not identified.
5. Do not take photos or videos of patients on personal devices, including cell phones.
6. Promptly report a breach of confidentiality or privacy.

The following behaviors are grounds for dismissal/clinical failure:

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.

Social networking/email/texting regarding patients, faculty/staff, clinical affiliates, and student nurse peers is prohibited and will result in clinical failure.

References

STUDENT RIGHTS AND GRIEVANCE POLICY

Student Rights can be found in the QCC Student Handbook: https://www.qcc.edu/student-handbook/student-responsibilities. The Student Grievance Policy is also located in the QCC Student Handbook: https://www.qcc.edu/student-handbook/college-policies

If a student has a concern with regard to the Associate Degree Program, Faculty, examinations, policies or procedures, the following steps must be followed:

1. The student will complete the ADN Communication for Resolution form (in the back of this handbook) including a detailed written description of the issue to be reviewed or resolved.
2. The student should make appointments and address the issue with the appropriate personnel in the order specified on the form.
3. The form must be signed by all parties involved as the resolution process continues.
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 team.

Refer to the current Quinsigamond Community College Student Handbook.

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 Constitution and Bylaw document is provided below, and may be edited based on agreement of club members.

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/cohoot.

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.
  o Amount to be determined and voted by the majority
  o Dues serve as supplemental funds for educational activities and pinning ceremony expenses
  o If collected, dues are non-refundable for any reason, including withdrawal from the club, failure to adhere to club policies, failure/inelegibility to enroll/progress in courses, etc.
  o 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.
  o 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.
Quinsigamond Community College

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.

<table>
<thead>
<tr>
<th>NURSING SKILL(S)</th>
<th>Requires Instruction</th>
<th>Requires Re-Testing</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Directions Provided to Student:
You must contact the Nursing Skills Lab Coordinator to arrange an appointment with Karen Hesselberg at (508) 854-2716 or via email at khesselberg@qcc.mass.edu for the ADN and PN Day Programs or contact Laurie Teece at (508) 751-7960 or via email at lteece@qcc.mass.edu for ADN and PN Evening Programs. 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: ____________________________________

<table>
<thead>
<tr>
<th>Nursing Skill(s)</th>
<th>Remediation Summary</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

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

Plan of Action: ____________________________________________

Student Directions:
- o Present signed copy of this form to your Clinical Instructor upon return to the clinical area
- o Other: ________________________________________________

__________________________________________________________             ______________________________
Student Signature        Date

__________________________________________________________             ______________________________
Nursing Skills Lab Coordinator                 Date

06/2019
ACADEMIC LEARNING CONTRACT

Student Name_________________ Student ID# ___________ Date ______________

**Issue**

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
Campus Ministry
Career Center
Communication Skills Center
Counseling Services
Disability Services
Library
Harrington Learning Center: General Academic Areas for Tutoring
Nursing/Math/English Tutors
Nurse Education Standardized Testing

**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

56
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: 

\[
\text{Cost} = \text{Number of Clinical Hours Needed} \times \$25
\]

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 labclinical remediation or make-up session

White Copy: Business Office  Yellow Copy: Student  Pink Copy: Healthcare Program
If a student has a concern with regard to the A.D.N. Program, the following steps must be followed:

The issue must be in writing and signed by student(s) communicating with appropriate personnel in the order listed below:

1. With the Professor/Clinical Faculty member.  

   If not satisfied with outcome:

2. With Specific Nursing Team

   If not satisfied with outcome:

3. With the Program Coordinator/Nurse Administrator

   If not satisfied with outcome:

4. With the Dean of Health Care.

   If satisfaction is not met after discussion with the Dean of Health Care, the student should begin Step I of the Grievance Process as detailed in the Quinsigamond Community College Student Handbook.

Student Name __________________________________________________________

Print (Last Name, First Name)

Student Signature_______________________________________________________

Student ID# ________________

Date ________________
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.

Signed______________________________

Print Name____________________________

Student ID# ______________

Instructor______________________________

Date ________________

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

DO NOT REMOVE THIS PAGE: you will be given another page to sign.

Revised 6/19
QUINSIGAMOND COMMUNITY COLLEGE
NURSE EDUCATION DEPARTMENT

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.

Signature ___________________________ Date _________

Print Name ___________________________ Student ID# _________

Instructor Signature ___________________________ Date _________

If under 18 years of age ___________________________

Parent/Guardian Signature

This applies the entire time student is in the Nurse Education Department. Form signed once each academic year which
runs from Fall to following Spring to Summer.

DO NOT REMOVE THIS PAGE: you will be given another page to sign.
Photograph / Video (Film) / Audio Release Form

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.

Full Name (Printed): _____________________________________
Student ID# _____________________________________
Signature: _____________________________________
Date: _____________________________________
Program: _____________________________________

DO NOT REMOVE THIS PAGE: you will be given another page to sign.
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.

**Agreed to:**

**By:** _________________________________

Student’s Authorized Signature

______________________________  ________________________________

Printed Name  Student ID#

______________________________

Date
### Clinical Site Information

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Contact</th>
<th>Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaumont Skilled Nursing Center</td>
<td>Nicole Croteau, RN, Director of Nursing</td>
<td>1 Lyman Street</td>
<td>508-366-9933</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Westborough, MA 01581</td>
<td></td>
</tr>
<tr>
<td>Beaumont at University Campus</td>
<td>Heidi Wilson, Director of Nursing</td>
<td>378 Plantation Street</td>
<td>508-755-7300</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Worcester, MA 01605</td>
<td></td>
</tr>
<tr>
<td>Fairlawn Rehab Hospital (Health South)</td>
<td>Augusta Ishola, RN, Staff Developer</td>
<td>189 May Street</td>
<td>508-791-6351</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Worcester, MA 01602</td>
<td></td>
</tr>
<tr>
<td>Harrington Memorial Hospital</td>
<td>Allison Richards</td>
<td>100 South Street</td>
<td>508-765-3005</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Southbridge, MA 01550</td>
<td></td>
</tr>
<tr>
<td>Health Alliance Leominster</td>
<td>Diane Hamilton</td>
<td>60 Hospital Road</td>
<td>(978) 466-2172</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Leominster MA 01453</td>
<td></td>
</tr>
<tr>
<td>Holden Rehabilitation and Skilled Nursing Facility</td>
<td>Dawn Auger, RN, Director of Nursing</td>
<td>32 Mayo Drive</td>
<td>(508) 829-4327</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Holden MA 01520</td>
<td></td>
</tr>
<tr>
<td>Holy Trinity Eastern Orthodox Nsg &amp; Rehab Ctr.</td>
<td>Anne Marie Leboeuf, RN, Director of Nsg</td>
<td>300 Barber Avenue</td>
<td>508-852-1000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Worcester, MA 01606</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meredith Toomey, RN, Staff Development</td>
<td></td>
<td>508-852-1000</td>
</tr>
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<tr>
<td>Jewish Health Care</td>
<td>Michelle Kephart, Staff Developer</td>
<td>629 Salisbury Street</td>
<td>508-798-8653 Ext 2479</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Worcester, MA 01609</td>
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<tr>
<td>Life Care Center of Auburn</td>
<td>Donna McElroy-Routhier, Director of Nursing</td>
<td>14 Masonic Circle</td>
<td>508-832-4800 ext 6431</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Auburn, MA 01501</td>
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<tr>
<td></td>
<td>Sara Campbell, Staff Development</td>
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<tr>
<td>Marlboro Hospital</td>
<td>Tricia Welch, RN, Education Coordinator</td>
<td>157 Union Street</td>
<td>508-486-5871</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marlboro MA 01752</td>
<td></td>
</tr>
</tbody>
</table>
Masonic Home
88 Masonic Home Road
Charlton MA 01507
Contact: Michelle Duval, RN, Staff Development
(508) 248-7344
mduval@overlook-mass.org

Meadows at Leicester
111 Huntoon Memorial Highway
Rochdale MA 01542
Contact: Mabel Adane-Konadu, Director of Nursing
Madame-konadu@vhmeadows.com
Marsha Bruce, RN, Staff Development
Telephone: (508) 892-4858

Milford Regional Hospital
14 Prospect Street
Milford, MA 01757
Contact: Karen Wians, RN, Nursing Education
kwians@milreg.org
Telephone: (508) 473-1190
Lisa Ryan, RN, Informatics
lryan@milreg.org
Telephone: 508-422-2675

Notre Dame Health Care
559 Plantation Street
Worcester, MA 01655
508 852-3011
Contact: Sharon Blane, RN, Director of Nursing
SBlane@notredamehealthcare.org
Aileen MacDonnell, RN, Staff Development
AMacDonnell@notredamehealthcare.org

Oakdale Rehabilitation & Skilled Nursing Center
76 North Main Street
West Boylston, MA 01583
Contact: Cynthia Snyder, RN, Director of Nursing
csnyder@oriolhealthcare.com
Telephone: 508-835-6076

St. Vincent Hospital at Worcester Medical Center:
20 Worcester Center Blvd.
Worcester, MA 01608
Contact: Jane Beahn, RN, MSN, Staff Educator
jane.beahn@stvincenthospital.com
Telephone: 508-363-7229

Tradewinds Clubhouse
309 Main Street
Southbridge, MA 01550
Contact: Brittany Clark
bclark@viability.org
Telephone: (508) 765-9947

UMass Memorial Medical Center
55 Lake Ave North
Worcester MA 01655
Contact: Helen Sullivan
Nsg. Professional Development and Allied Health Student Affiliations
Helen.sullivan@umassmemorial.org
Telephone: (508) 334-5322

Worcester Public School System
140 Apricot Street
Worcester MA 01603
Contact: Debra McGovern, RN, Director
McGovernD@worc.k12.ma.us
(508) 799-8553
Kate Perry, Supervisor
Perry@worc.k12.ma.us
Wanda Taylor, Human Resources
CRI/SORI/SAFIS issues
508-799-3020
<table>
<thead>
<tr>
<th>Worcester Recovery Center and Hospital</th>
<th>Contact:</th>
<th>Sharyn DiLauro, Nursing Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Drive</td>
<td>Telephone:</td>
<td>508-368-3665</td>
</tr>
<tr>
<td>Worcester, MA 01605</td>
<td>Email:</td>
<td><a href="mailto:Sharyn.dilauro@massmail.state.ma.us">Sharyn.dilauro@massmail.state.ma.us</a></td>
</tr>
<tr>
<td></td>
<td>Name:</td>
<td>Esther Small, RN, Assistant Director</td>
</tr>
<tr>
<td></td>
<td>Phone:</td>
<td>(508) 368-8358</td>
</tr>
<tr>
<td>Adolescent Unit</td>
<td></td>
<td>Marilza Tolomeo, Nurse Manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>508-368-3768</td>
</tr>
</tbody>
</table>