NURSING STUDENT MANUAL

2023 – 2025

CECIL COLLEGE
ONE SEAHAWK DRIVE
NORTH EAST, MARYLAND 21901

CECIL COLLEGE

Dear member of the nursing class:

Welcome to the Cecil College Nursing Program! We are so happy to welcome you to the nursing profession. You are beginning a challenging and exciting time.

Your class will be the 42nd Associate degree (RN) class and the 29th certificate (LPN) class to graduate from the Cecil College Nursing Program. Many changes have occurred since the nursing program's inception in 1981, but one important fact prevails: the nursing program continues to be highly regarded throughout the region and our graduates are respected and sought out by employers.

The nursing faculty extend greetings to you and pledge to you their knowledge, guidance, experience, leadership, and support, combined with a desire for your success. Your time in the nursing program will at times be inspiring, thought-provoking, frustrating, fun, and filled with opportunities to learn and grow. It will pass quickly and yield many interesting and wonderful experiences, memories, and relationships.

I look forward to sharing with you your excitement and achievements, as you pursue your educational and career goals.

Sincerely,

Nancy Norman-Marzella, DNP, MSN, RN, NP, CNE
Dean of Health, Human and Business Sciences

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Cecil College Nursing Program is fully accredited by ACEN.
For more information, students may contact:

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I. CECIL COLLEGE VISION, MISSION, AND VALUES

VISION

Transforming the lives of our students and enriching our community.

MISSION

Cecil College provides a supportive learning environment that focuses on innovation, student success, academic progress, and workforce development. We are committed to promoting opportunities that enrich the quality of life for the diverse communities we serve.

CORE VALUES

Accountability

We take responsibility for our words and actions, operate with transparency, and hold individuals accountable to those they serve.

Collaboration

We foster a cooperative environment that seeks consensus and builds on the strength of each individual within the College and the community.

Community

We demonstrate compassion for the well-being and success of our students, our community, and each other.

Excellence

We strive for excellence in all facets of our academic enterprise and operations.

Inclusion

We promote respect, inclusivity, and equity, recognizing differences as strengths.

Innovation

We pursue innovative learning environments for our students and community.

Integrity

We commit to ethical and honest conduct.

Stewardship

We honor public trust by being principled stewards of the human, fiscal, and physical resources of the College

II. PURPOSE, BELIEFS AND PHILOSOPHY OF THE NURSING DEPARTMENT

The purpose of the program in nursing is to prepare individuals to function as entry-level LPN or RN staff nurses in primary, secondary and tertiary care, i.e. as generalists attending to illnesses that are common, recurrent and relatively predictable. Nursing graduates will be able to meet the National League for Nursing's (NLN) competencies in human flourishing, nursing judgment, professional identity, and spirit of inquiry as well as the six QSEN (Quality and Safety Education for Nurses) competencies of patient-centered care, teamwork and collaboration, quality improvement, informatics, evidence-based practice, and safety. Further, nursing graduates are eligible to take the NCLEX (National Council Licensure Examination) for licensure as Licensed Practical and/or Registered Nurses. In addition, many students who are enrolled in the associate degree program are eligible for dual enrollment/dual admission options. Graduates of the associate degree program are prepared and may be eligible for direct transfer into RN to BSN or MSN programs of study.

A. National League for Nursing Education Competencies Model:

The nursing program at Cecil College believes in and utilizes the NLN Educational Competencies Model (NLN, 2012) as one of the guiding forces for nursing education. The NLN core values of C*aring, Integrity, Diversity and Inclusion, Excellence;* are all interwoven throughout the Cecil College nursing curriculum. The core values all support the achievement of the four competencies defined by the NLN for graduates of Practical nursing and Associate degree nursing programs.

Competencies for Associate degree nursing programs:

Human Flourishing

Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.

Nursing Judgment

Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and promote the health of patients within a family and community context.

Professional Identity

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, advocacy, and safe, quality care for diverse patients within a family and community context.

Spirit of Inquiry

Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities.

Outcomes for Practical nursing programs:

Human Flourishing

Promote the dignity, integrity, self-determination, and personal growth of diverse patients, their families, and oneself to provide individualized, culturally appropriate relationship-centered nursing care.

Nursing Judgment

Provide a rationale for judgments used in the provision of safe, quality care and for decisions that promote the health of patients within a family context.

Professional Identity

Assess how one's personal strengths and values affect one's identity as a nurse and one's contributions as a member of the health care team.

Spirit of Inquiry

Question the basis for nursing actions, considering research, evidence, tradition and patient preferences.

Philosophy:

The program's statements of belief are concerned with nursing, nursing education, teaching/learning, and the health and the role of the LPN and RN.

The discipline of nursing includes a growing body of knowledge and a unique perspective that defines and limits the nature and scope of its inquiry and practice. The concepts which are central to a program in nursing education are man, environment and community, health, nursing, and teaching/learning. The faculty's beliefs about these concepts are based on the Neuman Systems Model, developed by Betty Neuman (2011), and are described as follows:

Client – Neuman (2011, p.16) considers the client a system (whether one or a group). The system contains five variables: physiological ("bodily structure and internal function"), psychological ("mental processes and interactive environmental effects"), sociocultural ("combined effects of social cultural conditions and influences"), developmental ("age-related developmental processes and activities"), and spiritual ("spiritual belief and influence"). The client is in constant dynamic energy exchange with the environment.

Environment – Neuman defines environment as "all internal and external factors or influences surrounding the identified client or client system" (Neuman, 2011, p.19). The person may affect or be affected by stressors in the environment, positively and negatively. There are three divisions of environment: internal (intrapersonal in nature), external (inter- and extra-personal in nature), and created environment (intra-, inter-, and extra-personal in nature).

Health – Neuman views health as a wellness-illness continuum, changing throughout the life span. Health for the client is described as, "the best possible wellness state at any given time" (Neuman, 2011, p.23).

Nursing – "The … major concern for nursing is in keeping the client system stable through accuracy both in assessing the effects and possible effects of environmental stressors and in assisting client adjustments required for an optimal wellness level … Nursing actions are initiated to best retain, attain, and maintain optimal client health or wellness, using the three preventions as interventions to keep the system stable. In keeping the system stable, the nurse creates a linkage among the client, the environment, health and nursing" (Neuman, 2011, p.25).
"Identifying and eliminating health disparities and promoting health equity are essential actions by nurses. Nursing is a care-based profession. To provide this care, the nurse's own well-being and resilience are essential for promoting positive patient outcomes, advancing health equity, and improving the health of the nation. The nurse should strive to be informed, and committed to continued education, lifelong learning, & self-care practices" (Uddo & Garretson, 2022).

Teaching/Learning – Learning is a continuous life-long process through which individuals change their behavior. Learning occurs within individuals who are central to the learning process in which they participate. Faculty believe that structure is necessary

initially while students are becoming acclimated to the new environment and program expectations. As students are able to assume increasing responsibility for their own learning, faculty encourage self-direction by interacting with students in a facilitative role.

Faculty believe that assessment and evaluation are an integral part of the teaching/ learning process throughout the nursing program. The purpose of assessment and evaluation are to compare an action or plan with a set of standards to determine the effectiveness or worth of the action. Both formative and summative assessments and evaluations are part of the clinical educational process. Formative assessment and evaluation includes students' self-assessments and instructors' evaluations of clinical performance via criterion-referenced measures. Summative evaluation procedures reflect students' achievement of level and terminal outcomes. The evaluation of theoretical knowledge is accomplished through exams, quizzes, assignments and student presentations, both independently and in groups.

Nursing Education – Faculty believe that both associate degree and practical nursing education build on a base of humanities and science courses taught in an institution of higher learning in which nursing students participate with students and faculty members from other disciplines.

Nursing theory is incorporated with clinical practice in selected simulated and actual client care settings. Nursing education is viewed as a continuing process. The practical nursing requirements can be met in the first year of study in the 2-year associate degree nursing program. Also, licensed practical nurses may be admitted with advanced standing in the associate degree program. Furthermore, graduates of the associate degree nursing program have been provided an educational foundation for further study in advanced nursing programs.

III. CONCEPTUAL FRAMEWORK OF THE NURSING PROGRAM

The conceptual model which best exemplifies the philosophical beliefs of the nursing faculty at Cecil College is the Neuman Systems Model, designed by Betty Neuman (2011). It has been utilized by nurses in clinical practice and by nurse educators as a framework for developing, implementing, and evaluating educational programs. The model facilitates the fulfillment of QSEN competencies (Beckman & Fawcett, 2017). The model is derived from systems theory, Selye's stress/adaptation theory and Caplan's concepts of primary, secondary, and tertiary prevention.

The Neuman Systems Model presents the individual as the center of the system. The individual can be a client, family or community that is in interaction with the environment. The client is a holistic being composed of physical, psychological, socio-cultural, developmental, and spiritual variables. These variables are interrelated, dynamic, and are present at all times. Although each variable can be considered a subsystem within the total system, the relationships between them must be considered when examining one variable at a time (Neuman, 2011) Model I (p.7) is an adaptation of the original Neuman Systems Model that depicts the nurse and client as open systems interacting via three interventions.

The Neuman Model is an open system that permits further elaborating and interpretation. Faculty contributed an interpretation of the model in which the student is the center of the system. In this interpretation, students are open systems, bombarded by stressors, and in dynamic interaction with the faculty system that intervenes to teach, guide, facilitate, and counsel to promote growth and learning. Further, the student system interacts with the client system as care provider, communicator, teacher and manager of client care. Model II (p.8) depicts these ideas.

The environment, both internal and external, consists of stressors, defined as tension-producing stimuli with the potential of causing system instability, situational or maturational crises, stress or eustress. Stressors can be intra, inter, or extra-personal forces.

When the stressors penetrate the flexible and normal lines of defense of the client, illness occurs. The number of stressors and degree of reaction for each client is variable. This influences the process of reconstitution.

The nurse system interacts with the client system to influence the client's response to stress through primary, secondary, and tertiary prevention.

- Primary prevention deals with the system before an encounter with a stressor occurs. The goal is to prevent or reduce the possibility of the encounter and/or to thereby strengthen the flexible line of defense.
- Secondary prevention deals with the system after an encounter with a stressor has occurred, and is concerned with screening, treatment and care.
- Tertiary prevention deals with intervention following some degree of reconstitution, and focuses on re-adaptation, reduction, and maintenance of stability.

These three modes are termed prevention as intervention, and are presented as an organizing tool for clearer definition and refinement of nursing intervention strategies (Neuman, 2011). The nursing process is the tool utilized by the nurse to carry out interventions in the appropriate mode.

The goal of nursing intervention in any mode is to attain, maintain, or regain wellness. Individuals have their own normal or steady state influenced by their physiological makeup, coping patterns, life-style, age, developmental stage, and cultural factors. Invasion of the individual by stressors could constitute a mild reaction, an occurrence of symptoms, serious illness, or death. The process of reconstitution can be aided through nursing intervention (Neuman, 2011). The nurse's responsibility is to assess the five variables of the client and the stressors so that appropriate interventions can be mutually planned and implemented.

In summary, the Neuman Systems Model presents an open system of interactions between holistic persons and their environment(s). Nurses become part of the client system when interventions are necessary to attain and maintain system stability. The major constructs of the model that influence curriculum content are the identification of

the client as a composite of the five variables, the identification of simple or complex stressors which cause system instability, and nurses' utilization of primary, secondary, and tertiary interventions through the nursing process.

The Neuman Systems Model is broad enough to be applicable to clinical practice and nursing education programs at all levels. All the concepts of the model are defined and introduced in the classroom, but the emphasis is on secondary prevention in the clinical setting with community experiences emphasizing primary care. Students use primary prevention during childbearing, childrearing clinical courses and tertiary prevention is addressed during the first and the final semester clinical courses. One advantage of the Neuman Systems Model is that it is a nursing framework providing a structure in which students can relate a variety of ideas into a unified whole.

NEUMAN SYSTEMS MODEL TERMS & DEFINITIONS (Neuman, 2011)

Boundaries

a. Flexible Line of Defense:

"The flexible line of defense forms the outer boundary of the defined client system……it acts as a protective buffer system for the client's normal or stable state….ideally prevents stressor invasions. It is accordion-like in function." (p. 17-18).

b. Normal Line of Defense:

"Protected by the flexible line of defense……represents what the client has become, the state to which the client has evolved over time or the usual wellness level……adjustment of the five client system variables.." (p. 18).

c. Lines of Resistance:

"Activated following invasion of normal line of defense by environmental stressors……support the client's basic structure and normal line of defense line, thus protecting system integrity." (p. 18)

Environment

"All internal and external factors or influences surrounding the identified client or client system.." (p. 21)

Health

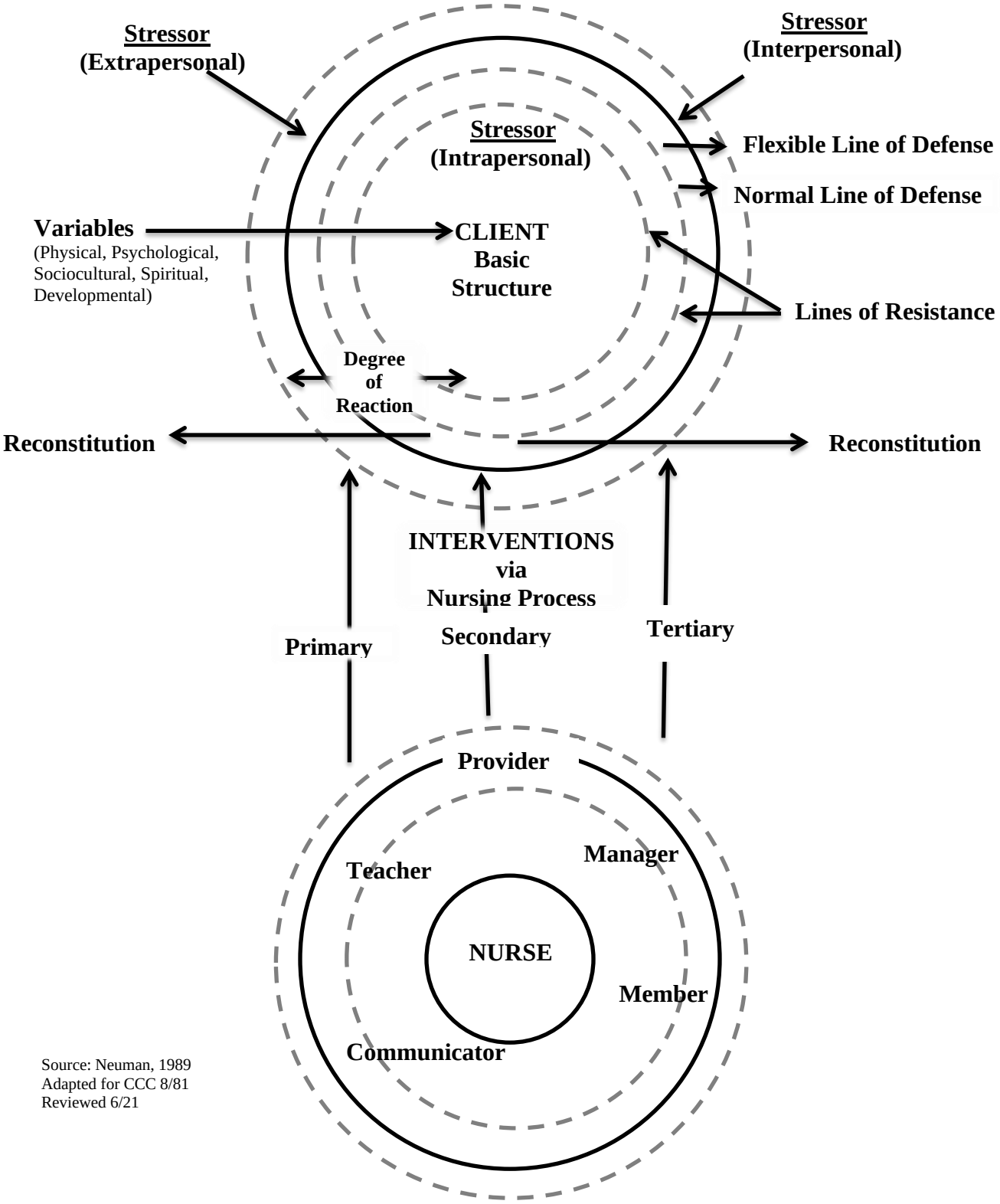
"Viewed as a continuum: wellness and illness are on opposite ends of the continuum....is equated with optimal system stability….best possible wellness state at any given time." (p. 23)

Movement of Boundaries

a. Degree of Reaction:
Amount of system instability caused by penetration of stressor(s) through the normal line of defense.

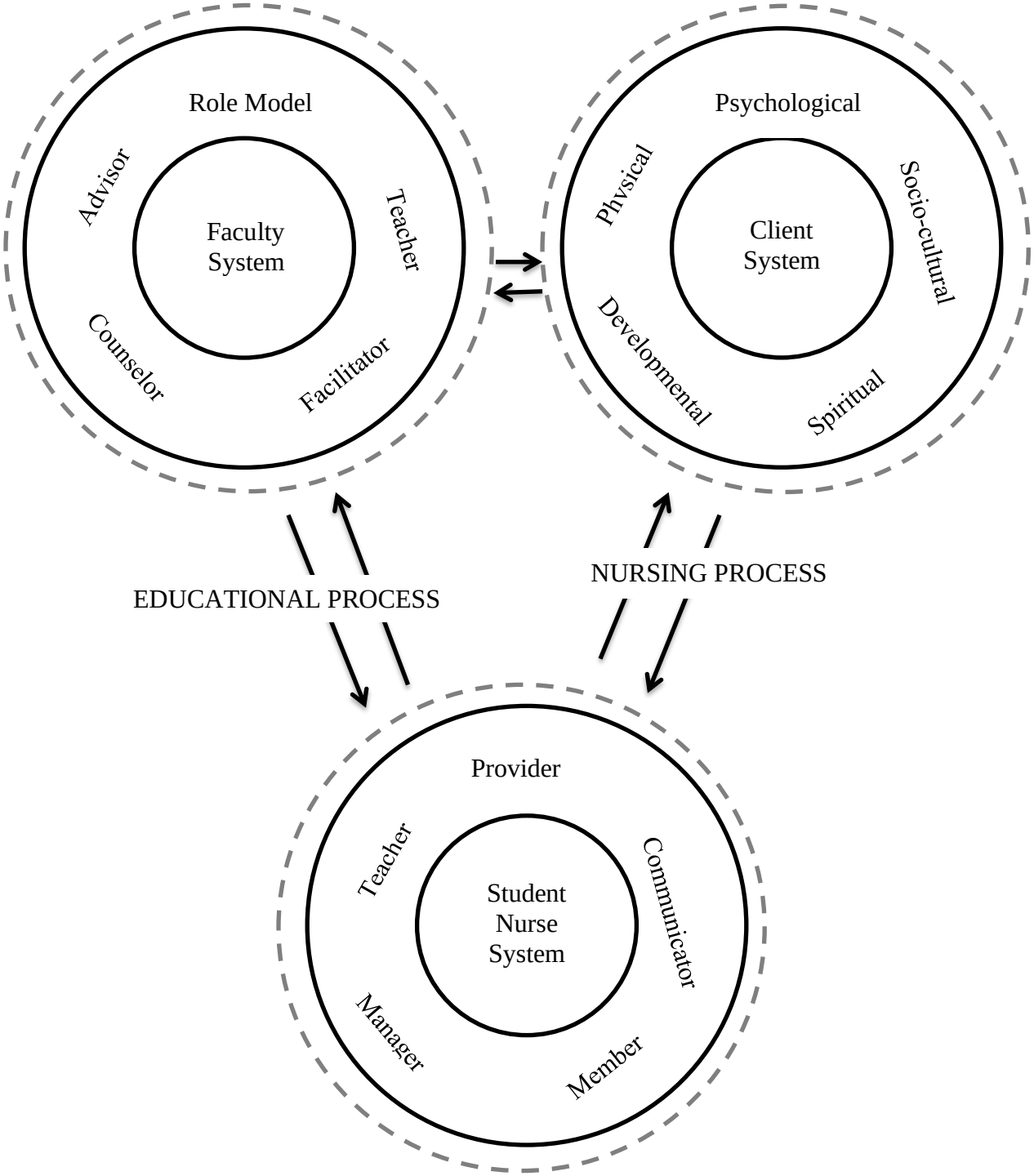
b. Reconstitution: (regaining wellness)
Resolution of the stressor from the degree of reaction back toward the normal line of defense.

MODEL I
THE NEUMAN SYSTEMS MODEL



Source: Neuman, 1989
Adapted for CCC 8/81
Reviewed 6/21

MODEL II
CURRICULUM MODEL



Nursing

"keeping the client system stable through accuracy in assessing the effects and possible effects of environmental stressors and in assisting client adjustments required for an optimal wellness level……the nurse creates linkages among the client, the environment, health and nursing." (p. 25).

Nursing Process

A problem-solving approach that seeks to restore and maintain the patient's optimum wellness. Neuman describes three stages:

a. Nursing Diagnosis:
   This incorporates two steps:
   1. Assessment:
      Systemic data collection for both the identification and classification of client status in relation to the five variables.
   2. Nursing Diagnosis:
      The formulation of statements supported by valid data of actual or potential variances from wellness which require nursing intervention.

b. Nursing Goals:
   Consists of the planning stage in which priorities are set, SMART goals are written, and nursing actions are planned in negotiation with the client.

c. Nursing Outcomes: Consists of two steps:
   1. Intervention:
      Utilizes three preventive modes to plan, implement, and continue data collection.
   2. Evaluation:
      Follows intervention to confirm goal statements or serve as a basis for reformulation of subsequent goals.

Person

An individual who is a composite of five variables: physiological, psychological, sociocultural, developmental, and spiritual.

Prevention as Intervention

Intervention typology or modes for nursing action and determinants for entry of both client and nurse into the health care system.

Primary Prevention – before a reaction to stressors occurs; wellness retention.

Secondary Prevention –identification and treatment of symptoms following a reaction to stressors; wellness attainment.

Tertiary Prevention – protect client system reconstitution or return to wellness following treatment; wellness maintenance.

Stress

Nonspecific reaction of the body to any demand made upon it. (Theorist: Selye)

Stressor(s) — Internal and external forces within an environment that may be actual or potential in nature and cause disequilibrium or crises.

Intrapersonal: Forces from within person.

Interpersonal: Forces between two or more persons or outside a person at close range.

Extrapersonal: Forces from outside person, usually distal.

System — An interdependent group of items forming a unified whole:

a. Nurse System:
Group of processes that the nurse utilizes to interact with the client.

b. Client System:
Five variables interdependently forming the whole person.

c. Stressor System:
External and internal forces interdependently creating stress.

d. Student System:
Resources, faculty, learning experiences, college/clinical labs, peers, classes, interacting with student.

System Instability — (Disequilibrium) The tendency to depart from equilibrium when the system is disturbed.

System Stability — (Equilibrium) The tendency of a system to return to a balanced state.

Systems Theory — Includes the following aspects:

a. Interrelated parts are called components.
b. What happens to one part affects one or more of the other parts and the overall functioning of the system.
c. Each system is a component of a larger system.
d. Because all systems are interrelated, the boundaries between systems are established arbitrarily at any time.
e. The functioning of the system depends on the quantity and quality of its input, throughput, output, and feedback.

Variable(s) — A classification of a group of specific needs which are categorized into the following components: physiological, psychological, developmental, socio-cultural, and spiritual.

a. Physiological Variable:
Normal functioning of a living organism to maintain equilibrium. (Theorists: Maslow, physiologists)

b. Psychological Variable:
Integrative function encompassing thinking (cognitive), feeling (affective) and behavior. (Theorists: Freud, Sullivan, and Maslow)

c. Developmental Variable:
The pattern of orderly, life span changes that evolve as a result of maturation, experience, and learning, resulting in new levels of maturity and integration. (Theorists: Duvall, Erikson, Gesell, and Piaget)

d. Socio-cultural Variable:
Influences of society and culture on the values, attitudes and behaviors of a group of people and passed on from one generation to the next. (Theorists: Leininger, Sullivan, Duvall)

e. Spiritual Variable:
Includes the concept of deity, practices related to one's faith, the relationship between spiritual beliefs, health, and moral development. (Theoretical Bases: Kohlberg, Maslow, Fowler, religious beliefs)

Variance from (illness)

Illness — One or more of the variables does not function at an optimal level.

Wellness — A state of well-being in which more energy is built and stored than expended.

Wellness/Illness — "The client, whether in a state of wellness or illness, is a dynamic composite of the interrelationships of variables-physiological, psychological, socio-cultural, development, and spiritual. Wellness is on a continuum of available energy to support the system in an optimal state of system stability." (p. 14).

NURSING PROGRAM OUTCOMES:

By the completion of the **Associate of Science in Nursing program (RN),** Cecil College nursing graduates will meet the General Education Student Learning Outcomes and are prepared to:

1. Provide safe and competent nursing care that acknowledges and encompasses the uniqueness, dignity, diversity, freedom and holistic well-being of each individual within their community and within the context of the Neuman Systems Model
2. Communicate professionally, effectively, and appropriately with clients, families, health care team members and peers, while promoting human dignity, patient advocacy and a spirit of inquiry
3. Operating within their scope of practice, demonstrate the appropriate application and integration of evidence, critical thinking, nursing concepts, and clinical judgment in the clinical decision-making process.
4. Demonstrate the fundamental core values of nursing identified by NLN: Caring; Integrity; Diversity and Inclusion; and Excellence.
5. Take the NCLEX-RN

By the completion of the **Practical Nurse certificate program (PN)**, the Cecil College nursing PN graduates are prepared to:

1. Provide safe and competent nursing care at the PN level, while promoting human dignity, integrity, self-determination
2. Communicate effectively and appropriately with clients, families, health care team members and peers while promoting human dignity and patient advocacy
3. Operating within their scope of practice, demonstrate the application of critical thinking and nursing concepts in the clinical decision-making process.
4. Demonstrate the fundamental core values of nursing identified by NLN: Caring; Integrity; Diversity and Inclusion; and Excellence
5. Take the NCLEX-PN

ASSOCIATE DEGREE – NURSING (RN)

GENERAL EDUCATION REQUIREMENTS:

COURSE NO.	COURSE TITLE	CREDIT
BIO 208	Human Anatomy & Physiology I	3
BIO 218	Human Anatomy & Physiology I Laboratory	1
BIO 209 *	Human Anatomy & Physiology II	3
BIO 219 *	Human Anatomy & Physiology II Laboratory	1
BIO 200 *	Microbiology	3
BIO 210 *	Microbiology Laboratory	1
EGL 101	Freshman Composition	3
EGL 102	Composition and Literary Forms	3
MAT 127	Introduction to Statistics	4
PSY 101	Introduction to Psychology	3
SOC 101	Introduction to Sociology	3
PSY 201+	Human Growth and Development	3
Humanities Elective		3

NURSING REQUIREMENTS:

First Semester (Level 1)		
NUR 101	Concepts & Process in Nursing	2
NUR 104	Nursing Fundamentals Theory	5
NUR 114	Clinical Lab I: Nursing Fundamentals	2
Second Semester (Level 2)		
NUR 105	Care of the Adult & Aging Client	4
NUR 115	Clinical Lab II: Medical/Surgical Settings	4
Third Semester (Level 3)		
NUR 201	Care of Childbearing/Childrearing Families	4
NUR 211	Clinical Lab III: Care of Childbearing/Childrearing Families	4
Fourth semester (Level 4)		
NUR 204	Care of Clients Affected by Complex Stressors	4
NUR 214	Clinical Lab IV: Medical/Surgical/Psychiatric	4
NUR 208	Professional Issues in Nursing	3
Total Credits Required In Program		**70**

* **BIO 209/219 and BIO 200/210 must be completed prior to the start of Level 3, the third semester.**

\+ **PSY 201 must be completed prior to the start of Level 4, the fourth semester**

CERTIFICATE - PRACTICAL NURSE (LPN)

GENERAL EDUCATION REQUIREMENTS:

COURSE NO.		COURSE TITLE	CREDIT
BIO	208	Human Anatomy & Physiology I	3
BIO	218	Human Anatomy & Physiology I Laboratory	1
BIO	209 *	Human Anatomy & Physiology II	3
BIO	219 *	Human Anatomy & Physiology II Laboratory	1
EGL	101	Freshman Composition	3

NURSING REQUIREMENTS:

First Semester (Level 1)

NUR	101	Concepts & Process in Nursing	2
NUR	104	Nursing Fundamentals Theory	5
NUR	114	Clinical Lab I: Nursing Fundamentals	2

Second Semester (Level 2)

NUR	105	Care of the Adult & Aging Client	4
NUR	115	Clinical Lab II: Medical/Surgical Settings	4

Final/Summer Semester

LPN	201	Care of Childbearing/Childrearing Families	2
LPN	211	Clinical Lab III: Care of Childbearing/Childrearing Families	1
LPN	205	Advanced Medical/Surgical & Psychiatric Theory	2
LPN	215	Clinical Lab IV: Medical/Surgical/Psychiatric	1
LPN	206	Professional, Legal & Ethical Issues	1

Total Credits Required In Program **35**

* **BIO 209/219 must be completed prior to start of final summer semester.**

NOTE: It is the students' responsibility to periodically review their Cecil transcripts.
Students are to:

1. Keep a record of courses completed and courses still outstanding in order to meet the requirements for graduation for their chosen degree/certificate in a timely manner;
2. Ensure courses taken at other colleges appear on their Cecil Official Transcript.

IV. OVERVIEW OF NURSING COURSES:

Critical thinking plays an important role in nursing practice and is incorporated throughout all theory and clinical courses. Critical thinking, as defined by the American Philosophical Association and reported by Facione (1990), is "purposeful self-regulatory judgment which results in interpretation, analysis, evaluation, and inference as well as explanation of the evidential, conceptual, methodological, criteriological, or contextual considerations upon which that judgment is based" (p.3). Also incorporated throughout theory and clinical courses are pharmacology concepts, including mathematical calculations and medications related to body systems. **Students are responsible for knowledge and skills from previous theory/clinical experiences and semesters, building upon previously acquired knowledge with each successive semester.**

A. THEORY:

Level 1

NUR 104: Nursing Fundamentals Theory introduces basic nursing concepts and processes with emphasis on assisting the aging adult to adapt in illness to achieve an optimum level of wellness. The student will also utilize the nursing process and the Neuman Systems Model – the conceptual framework used throughout the nursing program. The Neuman Systems Model visualizes the client/patient as a composite of five variables (physiological, psychological, sociocultural, developmental, and spiritual).

The emphasis of NUR 104 is on the aging client/patient (developmental variable) whose physiological variable is subdivided into eight sub concepts: safety; comfort; sexuality, mobility/neuro; nutrition; elimination; oxygenation; and circulation. The normal ranges of the physiological are considered as well as the effect of aging on these subconcepts.

NUR 101: Concepts and Processes in Nursing, introduces the student to the profession of nursing, the Neuman Systems Model, nursing as a discipline, nursing concepts, and the nursing process. Special emphasis is on utilizing the Neuman Systems Model and the nursing process in planning nursing care of elderly clients/patients.

NUR 101 also addresses the other four variables of the Neuman Systems Model – socio-cultural, developmental, psychological, and spiritual. The psychological variable includes five sub concepts: interpersonal relationships, communication, thought processes, crisis, and self-concept. The socio-cultural variable includes the sub concepts of family, ethnic background, environment, occupation, hobbies, and recreation. The spiritual variable includes spiritual/religious beliefs, morals, ethics, and values. The developmental variable encompasses challenges and tasks throughout the lifespan. The expected vs exhibited behaviors are considered as well as the effect of aging on these variables

Level 2

The focus in this semester is on adult and aging clients/patients who are experiencing an invasion of their normal line of defense by stressors so that hospitalization and secondary intervention is required.
NUR 105 emphasizes the care of the adult and aging client/patient in medical/surgical settings. Course work includes the study of clients/patients experiencing moderate alterations in level of wellness related to pathophysiological and psychological stressors. The nursing process is utilized in a one-to-one relationship with clients/patients for the purpose of meeting client/patient needs to attain/maintain optimal levels of wellness.

PN Certificate Option

Students are introduced to Family Systems Theory in relation to childbearing/childrearing families (LPN 201). Study includes growth and development and normal pediatric and obstetric concepts as well as the stressors affecting individual and family systems. Students are also introduced to the delivery of care to adult and aged clients/patients in various health care settings who are experiencing complex pathophysiological and psychological stressors (LPN 205). Professional, legal and ethical issues that influence the LPN role and responsibilities in today's health care setting are discussed in LPN 206.

LPN to ADN Transition Program

The LPN to ADN Transition program is designed to introduce the Licensed Practical Nurse to the role of the Registered Nurse. Coursework includes orientation to Cecil College Nursing, role differences and role transition, the nursing process, calculations, and an introduction to the Neuman Systems Model.

Level 3

NUR 201 includes the introduction and the use of Family Systems Theory in the study of childbearing/childrearing families. Study will include developmental, normal and complex pathophysiological and psychological stressors affecting individual and family systems, coupled with the nursing implications for assisting those clients/patients to attain, maintain, or regain optimal levels of wellness.

In this semester, students are introduced to the concept of primary intervention as it relates to infants, young children, adolescents, reproductive health, and maternity clients/patients who are members of families. The normal characteristics of each developmental group are considered, followed by study of selected stressors and how they affect the five variables.

Level 4

NUR 204 emphasizes care of adult and aging clients/patients in various health-care settings and includes study of clients/patients experiencing complex alterations in level of wellness related to pathophysiological and psychological stressors. The concepts of

synthesis and integration of nursing knowledge in the care of multiple clients/patients are introduced.

In this final semester, content focuses on the integrated, holistic person who is invaded by multiple, complex stressors that affect all five variables. The combination of stressors may result in more than one problem whose solution is not easily identified and the outcome is not always predictable. The psychiatric component of the course addresses abnormal psychiatric conditions.

Professional, social, legal, political and ethical issues (NUR 208) which influence the nurse's role and responsibilities in today's health care system are expanded upon in this course, providing a transition from the student role to the professional role. Concerns and issues that confront graduates are discussed and problem-solving techniques are utilized to determine solutions. Evidence-based nursing practice, professional activities and continued education in the field of nursing are emphasized.

B. CLINICAL*:

*Clinical locations and activities may be altered related to state and/or facility regulations, availability of sites, or unforeseen circumstances. Every effort will be made to provide students with optimal experiential learning.

Level 1

NUR 114 is the college lab/clinical setting that provides an opportunity for students to demonstrate safe and competent psychomotor and communication skills necessary for client/patient care. Beginning skills in the use of the nursing process will also be demonstrated. The demonstration of holistic client/patient care is based upon theoretical knowledge acquired from the co-requisite courses.

Starting with Level 1, students are introduced to the concept of **being responsible for their own learning by preparing, practicing, and demonstrating proficiency in fundamental skills**. This concept is consistent throughout the nursing program.

Instructors act as facilitators of learning. They are available in the college nursing lab for consultation and assistance. Scheduled lab sessions, including simulation, are used for evaluation, clarification, group activities, and testing; students also practice psychomotor skills and discuss theoretical aspects of the procedures.

After they have demonstrated proficiency in performing a skill, students may begin to provide aspects of client/patient care in an inpatient setting that reinforces the content taught in the classroom. Emphasis in this semester is placed largely on three components of the nursing process (assessment, planning, and implementation), therapeutic communication, and specific psychomotor skills.

Self-assessments are used weekly by students to recognize their own strengths and weaknesses with regard to clinical competencies. This self-assessment process is used at each level and is consistent with the Neuman Systems Model, NLN core competencies,

and the QSEN competencies. Critical thinking/Clinical judgement is introduced at this level, and is reflected in specific competencies in the *Clinical Assessment Tool*.

Level 2

NUR 115 focuses on clinical laboratory learning experiences in medical/surgical settings where students utilize the nursing process in the holistic care of adult and aging clients/patients.

In this semester, students have two rotations at inpatient acute care clinical sites. They begin to practice total care for one client/patient and continue to learn and practice new skills. Students are expected to incorporate critical thinking/clinical judgment when collecting data on their client/patient, performing physical assessments, planning, implementing and evaluating care. Emphasis is on organizational skills, priority setting, and viewing the client/patient as a holistic being whose normal line of defense has been invaded by stressors.

PN Certificate Option

The clinical experience in LPN 211 is conducted in inpatient, outpatient, and the college lab setting with a focus on applying the nursing process to childrearing/childbearing families, emphasizing assessment and planning of nursing care appropriate to the LPN role. LPN 215 stresses the nursing process as applied to clients/patients in medical/surgical settings emphasizing complex stressors and mental health. Again, the focus is assessment and planning of nursing care within the context of the LPN role.

Clinical assignments focus on the holistic care of clients/families in medical/surgical or long term care settings, with students refining and expanding on the skills acquired in Level 1 and 2. There may be selected experiences in specialty areas such as maternity, pediatrics, and clients experiencing psychiatric stressors. Emphasis is on critical thinking, organizational skills, communication with health care team members, and priority setting for multiple clients/patients in an inpatient setting within the context of the LPN role.

LPN to ADN Transition Program

The LPN to ADN Transition program is designed to introduce the Licensed Practical Nurse to the role of the Registered Nurse. Clinical experience focuses on the care of adult and aging clients experiencing medical and surgical stressors. Students will demonstrate proficiency in Level 1 and 2 basic nursing skills, caring for multiple clients, and will begin to utilize the nursing process at the level of a Registered Nurse. The student is expected to integrate theoretical knowledge into the practice of nursing and utilize effective communication skills.

Level 3

NUR 211 involves application of the nursing process and the Neuman Systems Model in the holistic care of adult clients/patients, childbearing/childrearing families and their members in a variety of inpatient, outpatient, and community settings.

As students progress through Level 3, assignments include total client/patient care for one to two patients with emphasis on the client/patient as members of families. Students are expected to assess and analyze data utilizing critical thinking/clinical judgment at a more independent and higher level. Emphasis in the pediatric component is on physical and developmental assessments. In the maternity component, emphasis is both on assessment and on teaching. Wellness enhancement and illness prevention are goals of this level. Level 3 also includes a medical/surgical component to allow students to remain current in those skills.

Adult, maternity, and pediatric clients/patients and families are also seen by students in community settings during which students may provide guidance and care under the supervision of licensed health care professionals.

Level 4

Clinical experiences involve holistic care of clients/patients with complex multiple stressors, including stressors resulting from psychiatric-mental health illnesses. The emphasis is on the client/patient as a member of the family and community. Discharge planning, rehabilitation referrals, and client/patient teaching are emphasized. Emphasis in this final semester is also on the nurse as a member of a health care team interacting with other professionals/personnel. Students are expected to become increasingly autonomous using the nursing process and are ultimately expected to demonstrate critical thinking and the application of sound clinical judgment with minimal faculty guidance. When available, students participate in a RN Immersion experience to facilitate the transition from student to practicing RN.

Leadership and organizational skills are developed through supervision of peers (team leading), other nursing personnel, and multiple client/patient assignments. Students implement primary, secondary, and/or tertiary intervention in acute care, caring for a minimum of two clients/patients. 3) in the psychiatric component of the course, students utilize therapeutic communication skills when interacting with patients with psychiatric stressors; may be inpatient, community, and/or simulations. 4) the completion of an RN clinical immersion experience under the guidance of a RN mentor [when available].

Students interact and plan care collaboratively with other members of the health care team and plan care mutually for and with clients/patients, their families, and make referrals to community agencies. Relevant observations and/or participant observations may be provided in selected institutional agencies or settings.

C. **Associates-to-Bachelor's (ATB)/Dual Admission options available:**

- **Towson University**
- **Frostburg State University**
- **University of Maryland School of Nursing**
- **Stevenson University**
- **American Public University System**

If enrolled in one of these options, students can begin concurrent coursework for their Bachelor of Science in nursing as early as Level 2. Dually enrolled students are responsible for managing two academic calendars and utilizing effective time management skills. To remain in ATB/Dual Admission, students must maintain good academic standing in Cecil's Associate of Science in nursing program (students who fail a Cecil nursing course must withdraw from their bachelor program for the remainder of the Cecil College nursing program). Successful completion of Cecil's program is a requirement to complete the Bachelor's program.

If interested in applying, make an appointment with the **Academic Progression Coordinator,** Cathy Jordan (jorda64963@cecil.edu **)**

Please note that students also have the option to begin an RN-BSN program after completing Cecil's nursing program; Cecil has articulation agreements with several 4-year universities. The Academic Progression Coordinator can assist in developing a personalized academic progression plan.

V. NURSING PROCESSES and PROCEDURES

Please note that unless noted below the nursing program follows College policies and procedures.

A. PROGRESSION THROUGH NURSING:

- **Students are responsible for reading and abiding by the program/course requirements as described in the *Nursing Student Manual***
- **Students are responsible for reading and abiding by the course requirements as described in each Course Syllabus.**
- **It is the student's responsibility to ensure that the requirements for progression through the nursing program are met.**
- **In addition, students need to have access to transportation, the internet, and a computer, and be proficient in Internet searches, Microsoft Word ®, PowerPoint ®, and Canvas ®.**

Upon receipt of all documents and transcripts and review by the Registrar, Cecil College will allow transfer credits from accredited institutions in Humanities, General Education and Science courses. It is recommended that Anatomy and Physiology taken more than five years prior to admission to the nursing program be repeated.

1. An earned grade of C (76%) will be required for passing each nursing course in order to progress in the Nursing Program.
2. A grade of "C" or better **must** be earned in the following non-nursing courses before progressing to the subsequent nursing course:

    a. English 101 prior to NUR 104/114.
    b. Placement into or higher than MAT 097 prior to NUR 104/114 or grade of "C" or better in MAT 127.
    c. Anatomy and Physiology I (BIO 208/218) prior to NUR 104/114
    d. Anatomy and Physiology II (BIO 209/219) prior to NUR 201/211
    e. Microbiology (BIO 200/210) prior to NUR 201/211
    f. Human Growth and Development (PSY 201) prior to NUR 204/214. (A grade of "D" or better must be earned)

3. All nursing courses must be taken in proper sequence; each semester's courses must be passed with a "C" (76%) or better before proceeding to the next semester. **Each clinical rotation** within each semester must be passed with a minimum of 76% in order for the student to progress through any successive rotation or to pass the course. Please see Passing/Failing/Withdraw Failing Process/Procedure for details regarding failure/withdraw failing of nursing courses.

4. **All general education courses must be completed by the time the student finishes the Nursing Program to be eligible for graduation and in order to take the NCLEX-RN exam.**

5. Students must have a minimum GPA of 2.5, related to courses required for the nursing program, to enter the nursing program. Students must maintain at least a 2.0 to continue or return to the nursing program.

6. Missed clinical days will be made up during Final Exam week. The student will be assessed a fee for each clinical makeup day. The fee must be paid to the cashier before grades will be released. If a student misses more than two (2) clinical days in a rotation the student is at risk for failing that clinical rotation. The faculty will meet to decide if the student can adequately meet the course outcomes. If it is determined by the nursing faculty that the clinical outcomes cannot be met, the student will be required to withdraw from the nursing program.

7. Nursing practice requires the application of theoretical material in the clinical setting and therefore, <u>all</u> nursing theory courses, with the exception of LPN 201 and LPN 205, are yoked with a clinical component course. These courses must be taken together (NUR 104/114, NUR 105/115, NUR 201/211 and NUR 204/214).

   The exceptions are LPN 201 and LPN 205. Nursing students who wish to take LPN 201 or LPN 205 in preparation for their second year of the Associate degree nursing program are permitted to do so <u>without taking the accompanying clinical course</u>. Students who wish to complete the requirements for the practical nursing program or who wish to take LPN 211 and/or LPN 215, **must** be enrolled in all other LPN courses: LPN 201; LPN 205; and LPN 206. Students enrolled in LPN courses, whether taking one or all five, will receive a letter grade for each course. **All** nursing courses,-including the LPN courses, are subject to the nursing program 2-course failure process.

8. A student who has withdrawn from or failed a course is not permitted to 'audit' that course.

9. Current immunizations and a complete health clearance without restrictions is required for entering and remaining in the nursing program. Any change in medical condition/health status **requires a revised health clearance stating 'no restrictions'** from the student's Health Care Provider and must be submitted to the Assistant Director of Nursing; **department approval is required before returning to clinical**. It is the student's responsibility to

notify the Assistant Director of Nursing as soon as possible of the change in health status*, and subsequent treatments/ limitations/ prognosis. Failure to report change in health status and/or failure to submit a health clearance may jeopardize the student's standing in the nursing program.

*May include, but is not limited to: medications that can alter level of consciousness/ability to think and process information, head injuries, bone injuries, injuries requiring assistive devices, any injury or illness that may affect patient safety and/or alter student safety, clinical judgement, and/or clinical performance

10. Nursing faculty and students are guests in the clinical facilities. If a clinical facility refuses to allow a nursing student to participate in a clinical rotation, reasonable efforts will be made to place the student at another clinical facility with which the College has a clinical rotation agreement and that provides a comparable clinical experience while meeting the clinical objectives for that nursing course. If no such comparable clinical experience that fulfills the clinical objectives is available, the student will have the option of withdrawing from the nursing program or the student will be considered to have failed that clinical nursing course. The student will not be eligible to return to the nursing program. (See Legal Limitations #7 and #8, p. 34-35)
11. Procedures for student misconduct and/or academic restrictions follow the institutional policies found in the *College Catalog.*

B. PASSING/FAILING/WITHDRAW FAILING PROCESS/PROCEDURES

Theory Courses: Theory courses include NUR 101^{O}, 104*, 105*, 201*, 204*, 208^{O}. Each Course Syllabus identifies the activities that are graded. [^{O} are non-yoked courses; grade determined by assignments, not exams];

Examples of course failures:

1. A student who has not achieved a minimum grade of 76% at the end of a semester will fail the course;
2. A student who withdraws from the course failing (student has taken 2 or more exams and has <76 exam average) is considered a 'withdraw/failing for nursing (will show as 'W' on college transcript);
3. If at any time during the semester, a student's grades are such that they are mathematically unable to achieve a minimum final grade of 76% in the course, the student will receive an 'F' on the transcript and must withdraw from the yoked clinical course]

Withdraw Failing from a Theory Course: A student who withdraws from a course after taking two or more exams, and the exam average is less than 76%, will be considered a 'Withdraw Failing' from the nursing program. The withdraw will not affect the student's GPA but will be counted toward the nursing program's 2-course failure process/procedure.

Administrative Withdrawal: The "M" grade may be awarded after the Last Day to Withdraw date has passed and at the instructor's discretion related to individual circumstance. Examples include but are not limited to: 1. If a student is unable to complete a semester due to health issues, etc, the "M" grade may be given; 2. If, after the Last Date to Withdraw has passed, a student is mathematically unable to achieve a minimum grade of 76% in the theory course, the student will be administratively withdrawn from the yoked clinical course. Administrative withdrawals do not count toward the 2- course failure process/procedure.

Clinical Courses: Clinical courses include NUR 114, 115, 211, 214. A student who earns more than 24 deficiency points* will fail the clinical course.
*Depending on the grades for submitted assignments, the number of deficiency points necessary to fail may be less. (Deficiency points are defined in the *Clinical Assessment Tool*)

Withdraw from Yoked Courses: Yoked courses include NUR 104/114, 105/115, 201/211, 204/214. A student who fails, or withdraws from, a nursing course prior to the completion of the semester, must withdraw from the yoked co-requisite course. Required withdrawal from the yoked course does not constitute a failure of that course.
A student who fails a clinical course after the last date of withdrawal has the option to complete the yoked theory course. Student will make this decision after speaking with nursing faculty.

Fail/Withdraw from non-Yoked Courses: NUR 101 is offered in the first semester and NUR 208 is offered in the fourth and final semester– a student who fails or withdraws from either of these courses prior to the completion of the semester, must withdraw from BOTH theory and yoked clinical courses [i.e. a student who fails NUR 101 prior to end of first semester MUST withdraw from NUR 104 and NUR 114]. Required withdrawal from theory/clinical courses does not constitute a failure of those courses.

C. 2-COURSE FAILURE PROCESS/PROCEDURE

Once a student fails or withdraws failing [withdrawing student has taken 2 or more exams in the semester and the exam average is less than 76%] from two nursing courses, the student is ineligible to return to the nursing program. After 5 years from the final fail/withdraw failing occurrence, the student is eligible to reapply for admittance into the **first semester** of the nursing program; the program must be completed from the beginning regardless of which semester the student incurred the second failure.
Students may request a waiver of the 2-course failure process/procedure in a letter sent to the Director of Nursing **within 30 days** of the second failure. The letter must explain the extenuating circumstances that led to the failure. All requests are addressed on an individual basis.

D. PROFESSIONAL VALUES/BEHAVIORS

For over 20 years, Americans have given the highest ethics ratings to nurses (Gallup, 2022). At Cecil College, we take this responsibility seriously. Professional Values/Behaviors Policy: Because the nursing profession mandates ethical behavior, students are required to adhere at all times to the five professional values/behaviors of altruism, autonomy, human dignity, integrity, and social justice. The demonstration of professional values/behaviors is a critical behavior and must be satisfactorily met throughout the program in order to progress.

Definition of Professional Values/Behaviors: The demonstration of professional values/behaviors is one of the critical behaviors identified by the nursing faculty. The following values/behaviors are considered essential for the professional nurse: altruism (a concern for the welfare of others); autonomy (the condition or quality of being self-governing and independent); human dignity (valuing and respecting all patients and colleagues); integrity (rigid adherence to an ethical code of conduct); and social justice (maintaining and facilitating moral, legal, and humanistic principles). **Any breach of the above values/behaviors may be grounds for dismissal from the program**.
(Refer to College Appeal Process for questions)

Professional Values/Behaviors:

Altruism:
- Regard for the well-being of clients/patients
- Regard for the well-being of colleagues

Autonomy:
- Includes client/patient in the plan of care
- Respects the right of clients/patients and their families to make decisions regarding their health care

Human Dignity:
- Maintains client/patient confidentiality
- Communicates to clients/patients and others in a culturally competent and sensitive manner

Integrity:
- Demonstrates accountability for own actions
- Demonstrates honesty in all interactions with clients/patients and others
- Adheres to all policies of the college, the nursing department, each clinical facility, etc.

Social Justice:
- Provides nonjudgmental and nondiscriminatory care

E. SOCIAL MEDIA:

These are examples, not an exhaustive list.

Maintain confidentiality. Do not post confidential or proprietary information about Cecil College, any affiliated health care agency, faculty or client/patient. Exercise sound ethical judgment and adhere to all College policies and requirements, such as HIPAA.

Think before you post. There is no such thing as a "private" social media site. Search engines will pick up posts and pictures years after the publication date. Archival systems may save posts/pictures even when they are deleted. Remember that comments can be forwarded or copied. All communication on social networking sites (i.e., wall posts, etc.) should be kept in accordance with standard professional and ethical practices. Common sense should be used regarding profiles, posts, photos and other information accessible through social networks.

Postings related to coursework. Students and nursing program graduates are not permitted to post course materials, such as: PowerPoints®, recordings, or any classroom materials on any social media or web site without written permission from the nursing program designee and the nursing faculty member who created the material. Materials created for classes are the intellectual property of Cecil College and the nursing faculty and may not be posted or used in any other manner without the express permission of the nursing program.

Creating social media site pages. No one may create a social media site/page using Cecil, Cecil College, Cecil Nursing, etc. in the name. This implies that the college and/or the nursing program is involved with the site and therefore becomes a legal issue.

Inappropriate, unethical or unprofessional posts, pictures, comments, etc., may result in deficiency points and/or dismissal from the Nursing Program. Please keep in mind that you are representing the Cecil College nursing program and the profession of nursing.

F. STANDARD PRECAUTIONS:

Because of the risk of exposure to infectious diseases, students are required to utilize universal precautions (Standard Precautions) at all times during client care. The student is referred to the content in their Level 1 resources for detailed guidelines for standard precautions. Standard precautions guidelines can also be found in the procedure manual of any clinical setting.

G. REFERRAL FOR ACADEMIC ASSISTANCE:

Students who desire tutoring or remediation in academic areas may seek assistance in the Math/Writing Center. In addition, tutoring may be available through the Department of Enrollment and Student Support Services. Students who are referred for remediation for non-nursing skills are **strongly** encouraged to seek assistance in the appropriate lab.

H. ASSISTANCE WITH NURSING PROGRAM COURSES:

~~1.~~ The Nursing Student Success Coordinator (NSSC) is available by appointment to all nursing students. The NSSC is able to help with test-taking techniques, stress and anxiety reduction, planning strategies for nursing school success, etc. Any student who fails an exam or has failed a Level is required to meet with the NSSC. Failure to do so may jeopardize your standing in the nursing program.

2. Students who receive a Demonstration and Skills (DAS) remediation form from their clinical instructor are:

    1) Required to make an appointment with the college lab coordinator for remediation of the designated skill(s);
    2) Required to follow up with their clinical instructor. Failure to comply may result in deficiency points and/or the inability to return to the clinical facility.

I. LEGAL LIMITATIONS:
Failure to adhere to the following guidelines may result in deficiency points, and/or failure of the clinical course and/or dismissal from the Nursing Program.

1. Upon application to the College, the student signs a form agreeing to abide by the drug and alcohol policy of the College. In addition, students are subject to the drug and alcohol policies of the institutions/facilities where they provide care.

2. By enrolling in the Nursing Program, students agree to meet and maintain all health requirements/records including BLS for Healthcare Providers Certification (American Heart Association) necessary to meet clinical agency requirements throughout the Nursing Program. Health clearances may change based on clinical facilities' requirements.

3. Students may audio-record lectures and/or instructional material for personal study use only. Material recorded for this purpose may not be shared with other people without the consent of the lecturer. Information contained in the audio-recorded lecture is protected under federal copyright laws and may not be published or quoted without the express consent of the lecturer and without giving proper identity and credit to the lecturer.

4. Students whose behavior places anyone in physical or emotional jeopardy may fail or be required to withdraw from the Nursing Program. (Refer to College Appeal Process for questions)

5. Students will be responsible for any expenses that result from injuries/illnesses that occur as a result of clinical. Students are required to have medical insurance upon entry into the program and to maintain it throughout the Nursing Program.

6. Any applicant for nursing licensure in the state of Maryland may be denied a license if the applicant is "convicted of/or pleads guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside." (*Maryland's Nurse Practice Act*, November 2022)

   MBON Review: Positive backgrounds will be reviewed by the Board prior to issuing a license. If the background check indicates arrests and/or convictions, additional information will be requested from the applicant. A Pre-licensure committee will review all information and will forward a report to the Board for a decision. The Board may deny licensure of an applicant, license the applicant with or without probation, or issue charges against a renewal applicant (MBON website, 2023: https://mbon.maryland.gov/Pages/chrc-initial.aspx)

7. Both background checks and drug screening **clearances** (both at the student's expense) are required:
   1. Prior to acceptance into the nursing program;
   2. Upon reinstatement; and
   3. If there is any change in the student's background check at any time throughout the program (it is the student's responsibility to inform the DON or ADON of any changes. Failure to do so may jeopardize the student's standing in the nursing program)

In accordance with the policies of many clinical facilities and the recommendations of National Council of State Boards of Nursing, and Maryland Board of Nursing, Cecil College's nursing program requires all nursing students to submit to criminal background checks and drug screenings. This background check and screening will be completed **prior to admission** to the program, **may be repeated randomly** throughout the student's enrollment in the nursing program, and **is required** if there is any change in the background check while student is enrolled in program.

All students must successfully be cleared via a background check and drug screening to be eligible to participate in clinical. Positive results will be shared with clinical facilities, as required by clinical affiliation agreements. If a student is denied entrance by a clinical facility, student is ineligible to complete all required clinical rotations that lead to successful nursing program completion, and will not be admitted to Cecil College's nursing program.

Students who do not pass a background check and drug screening during any point in their enrollment will be ineligible for admission or continued enrollment in the program. If the student refuses to submit to a background check or drug screening anytime during enrollment in the nursing program, the student will no longer be allowed to proceed in the clinical component, resulting in a clinical failure and withdrawal from the

nursing program. **Note:** Students have access to their individual drug screening and background check information through www.castlebranch.com .

8. A student who wishes to appeal the outcome of a background check and/or drug screening decision, may do so, in writing, addressed to the Nursing Department, Director of Nursing, within 7 days of receiving notice of the outcome. The written documentation and any supporting documentation will be shared with the clinical facilities and reviewed by them.
    - DO NOT CONTACT CLINICAL FACILITIES.
    - Contacting a clinical facility directly to inquire about a background check or drug screen **will result in immediate dismissal** from the Nursing Program (this includes having a third party contact the facility on the student's behalf).

    The final decision related to admittance to a clinical facility rests with the clinical facility. If a clinical facility determines that a student is ineligible to enter the clinical setting at their facility, the student may request a meeting with Director of Nursing to discuss this result, however all decisions by the clinical facilities are final. Students who have not successfully passed a background check and/or drug screen are not permitted in the clinical setting and will not be able to continue in the nursing program.

9. Clinical facilities may deny access to a student for other reasons in addition to background check and urine drug screen. This may occur at any time throughout the student's tenure in the program. If this occurs, all reasonable accommodations will be provided to locate another comparable clinical site. However, if no other clinical site is available, the student must withdraw from the nursing program. **The final decision related to admittance to a clinical facility rests with the clinical facility and these decisions are final**.

    - DO NOT CONTACT CLINICAL FACILITIES.
    - Contacting a clinical facility directly to inquire about the dismissal from clinical (this includes having a third party contact the facility on the student's behalf) constitutes a breach of professional behavior, jeopardizes the program's relationship with the facility and jeopardizes the student's standing in the program.

10. As mandated by the Maryland State Board of Nursing, all students graduating from the Nursing Program of Cecil College will be competent in communicating in the English language. This will be evidenced by the successful completion of English 101.

11. Graduates (RN) and certificate recipients (PN) are eligible to sit for NCLEX-RN or NCLEX-PN examinations, respectively.

J. ACADEMIC INTEGRITY:

"Cecil College adheres to the highest standards of academic integrity. Students at Cecil College are expected to maintain that high standard by taking responsibility for their own academic success and achievement. All forms of academic dishonesty are serious offenses, will not be tolerated, and could lead to sanctions up to and including expulsion from the College. The students, faculty, and staff of Cecil College share an obligation to participate in the academic life of the College in a responsible and intellectually honest manner. As members of the Cecil community, students have responsibilities and duties commensurate with their rights and privileges. One of these responsibilities is to be honest and forthright in their academic work. To falsify the results of one's work, to steal the words or ideas of another or to cheat on an examination corrupts the academic process. Academic integrity is a critical component of continued membership in the College community" (*Cecil College Catalog*, 2022-2023).

Nursing: Professionalism and professional behavior are expected at all times in all settings.

1. The nursing faculty follow the Academic Integrity Policy in the *Cecil College Catalog*.
2. A major form of academic dishonesty is plagiarism. As defined in the *Random House Webster's College Dictionary*, plagiarism is, "the unauthorized use of the language and thoughts of another author and the representation of one's own." Each occurrence will be formally documented in the student's permanent academic record. Disciplinary action will be at the discretion of the full nursing faculty in accordance with the Cecil College Academic Integrity Policy. If a student is not sure what specific events constitute plagiarism, please see the nursing faculty, refer to information given in required English courses, or consult the Writing Center.
3. Plagiarism includes submission of one's own work that has been previously submitted and/or graded. It is NOT permissible to submit work that has been previously submitted/graded, even if that work was one's own. A grade of '0' will be given for that assignment and a written record of the occurrence will be placed in the student's academic folder.
4. Group work is a common occurrence in the Nursing Program. Collaboration is allowed, with instructor permission. Collaboration means you may work with another person(s); it does NOT mean you may copy each other's' work. **Each student must be the sole author of the work submitted.**
5. Students must complete testing and remediation with academic integrity; use of illegally obtained test content and/or sharing of exam/test out information is considered a violation of the academic integrity policy. ILLEGAL: Instructor manuals/test banks are illegal, regardless of where/how obtained. Purchasing same from someone who has obtained it is also illegal. Possible consequences of obtaining and using illegally obtained information (e.g a test bank) include but are not limited to: academic honesty violation notice in student folder, zero for an exam score, dismissal from the course, and/or dismissal from the nursing program.
   Please ask a nursing faculty member regarding any questions related to academic integrity.

6. Artificial Intelligence (AI) generated assignments are a violation of the Academic Integrity policy and are not permitted in the nursing program.

K. EXAM and ON-LINE TESTING PROCEDURES*

*Subject to change r/t campus guidelines and social distancing status

1. All exams are given via computer using ExamSoft® program or Canvas®. An annual fee is due in early September.

2. Students are not permitted to bring **any** materials into the exam environment without specific instructor permission.

3. Questions during the Exam: Students are NOT permitted to ask any questions during the exam related to exam content. This environment mimics the environment of the NLCEX-RN and NCLEX-PN exams, where graduates are also not permitted to ask any questions.

4. Students are not to discuss exams or exam questions with faculty or classmates prior to scheduled exam review (approximately one week after exam is administered). This includes, but is not limited to: discussing questions in the hallway after an exam; e-mailing faculty questions about the exam content prior to exam review date; and questioning classmates about exam content. These are all potential forms of academic dishonesty and could be considered violations of the *Cecil College Academic Integrity Policy.*
5. Most exams and quizzes in the Nursing Program will be administered in an on-line format. Students are expected to abide by all of the Cecil College academic integrity policies and nursing program processes and procedures.

6. Specific time allotments are set for quizzes/exams. Time allotments will vary based on the exam content and the number of questions per quiz or exam. Exam and quiz time allotments will be published to notify students ahead of time.

Student responsibilities:

1. Students are responsible for starting the exam at the correct time. Allowances will not be made for students who start the exam late; students who try to enter the exam 20 minutes or more after the start time will not be permitted to take the exam. This will count as a missed exam and the student will be required to do a makeup exam
2. Students taking on-line quizzes or exams are responsible for tracking their own time during the exam.
3. Students who exceed allotted time on a quiz or an exam, may receive a zero for that quiz or exam.

7. The majority of online exams will be administered in a testing environment. However, for some on-line exams or quizzes, students will be able to take the exam/quiz at any location that facilitates internet or Canvas® access. Students

who are taking an on-line exam/quiz at an off- campus location and are 'kicked off' of the exam/quiz, the course coordinator or designee will reset the exam/quiz one time only. The student will be strongly encouraged to re-start the exam/quiz at an on-campus computer location. The exam/quiz must be completed within the original date/time parameters of the initial exam or at the faculty member's discretion. Exam location and format will be posted on Canvas and/or the Course Syllabus.

8. The individual traditional Final Exam will occur during Final Exam Week at Cecil College. Specific dates and number of questions for the Final Exam may be delineated on **Canvas®** for each theory course in the nursing program.

9. **Exam Make-Up Procedure***: If a student misses an exam, the following procedure will apply:
   - 1st missed exam- makeup exam (see Course Syllabus),
   - 2nd missed exam- no makeup and points added to Final Exam. Students are not permitted to miss more than 2 exams. If a third exam is missed, student must withdraw from theory and yoked clinical course. If student is failing at time of withdrawal, it counts as withdraw/fail.

   * Exam must be made up before the next exam.

10. Individual Exam Review**: is STRONGLY ENCOURAGED for exams 1-4 in each semester. Exam review is not available for any Final Exam. It is the student's responsibility to schedule review prior to next exam. Each faculty member has sign-ups for this review.

11. Failed Exam- students who fail an exam are strongly encouraged to meet with the Nursing Student Success Coordinator prior to the next exam. Failure to do so may jeopardize student standing in the nursing program.

L. CERTIFICATION REQUIREMENTS (PN): Students are required to:

1. Complete all requirements of the program
2. Earn a minimum overall grade-point average of 2.0 on a 4.0 scale
3. Achieve an earned grade of "C" (76%) or better in all Nursing theory and clinical courses
4. Make application as a candidate for the PN Certificate in the Registrar's office

M. GRADUATION REQUIREMENTS (RN): The graduation requirements for an Associate of Science in Nursing are consistent with those of the College and include these criteria:

1. Complete all the requirements of the program
2. Earn a minimum overall grade-point average of 2.0 on a 4.0 scale
3. Achieve an earned grade of "C" (76%) or better in all nursing theory and clinical courses

4. Make application as a candidate for the Associate of Science Degree in the Registrar's Office

N. GRIEVANCE PROCEDURES:

The student is advised to consult the Student Grievance Policy located in the *College Catalog* for further guidance.

O. ADVISING FOR STUDENTS:

1. The College advising services are available to all students as described in the *College Catalog*.

2. College Advisors complete an initial degree audit with students. It is the student's responsibility to follow up with their College advisor in the Advising Office through Student Services on matters related to transcripts and other prerequisite/co-requisite non-nursing courses that are needed to complete the nursing program.

Nursing Faculty Advisors

In addition to the college services, the Nursing Department has also instituted several advising mechanisms;

3. All students who are admitted to the Nursing Program will have a nursing faculty advisor. Faculty advisors are available to review student progress and identify strengths and weaknesses. It is the student's responsibility to meet with the Nursing Faculty Advisor (NOT College Advisors) regarding any questions/issues related to the Nursing Program. Appointments are recommended.

P. FINANCIAL AID:

Financial aid opportunities are the same for nursing students as for other college students. In addition, several scholarships are in place specifically designated for nursing students. These range from partial tuition awards to a full tuition and expenses award. Applicants may apply for these awards in the spring of each year through the Financial Aid Office or through the College Foundation. See the Resources tab on Canvas for additional Financial Aid/Scholarship information.

Q. ACADEMIC STANDARDS AND RESTRICTIONS:

With the exception of the required admission GPA of 2.5, academic restrictions for the program of nursing are the same as those described in the *Cecil College Catalog*. Once admitted to nursing, a student must maintain a minimum of 2.0 GPA on a 4.0 point scale for coursework at Cecil.

R. REINSTATEMENT PROCESS/PROCEDURE:

A student who fails or withdraws from the Nursing Program may be reinstated according to the following criteria:

1. The student is **STRONGLY ENCOURAGED** to meet with a nursing faculty member to complete the Exit Interview before withdrawing from or after failing a course.

2. If the student is interested in returning to the Nursing Program, the Reinstatement Application (Located in Appendices) MUST be completed **in its entirety**. It is a self-explanatory application and worksheet. Responses can be made directly on the application or attached as needed.

3. Reinstatement Applications must be emailed to the Assistant Director of Nursing by **March 1 for Fall withdrawal/failure** and by **July 1 for Spring withdrawal/failure** (all notifications will be no later than 2 weeks of the due dates regardless of when the application was received). The application and **all required documentation** must be submitted in **one** PDF document (multiple email attachments will not be accepted.) Students will **not** be contacted to provide the missing documentation requirements. Please use the checklist below to make sure the application is complete BEFORE submitting.

Student Checklist for Reinstatement Application	Yes	Date
Application in one PDF document		
Demographic Information complete (Name, Student ID, Phone, Cecil email)		
ATB Information complete		
Withdrawal/Failure Information complete		
Previous Performance (if applicable) complete		
Reasons for lack of success complete		
Strategies for remediation complete		
Strategies/resources to facilitate success complete		
VARK Learning Style Inventory completed and results page attached *		
Strategies Questionnaire completed and results page attached *		
1-week Time Management calendar** completed and attached		
Agreement to meet with NSSC		
Acknowledgement of renewed background check and urine drug screen		
Acknowledgement of AHA BLS and TB testing renewal between May 1-July 31 regardless of current expiration date		
Acknowledgement to complete any outstanding non-nursing courses required for graduation OR include statement if all non-nursing courses are completed		
Acknowledgement to check Cecil email weekly		
Acknowledgement to email A. Horn (ahorn@cecil.edu) by May 1st for fall re-entry/ October 1st for spring re-entry		
Verified current GPA ≥ 2.0 (i.e. unofficial Cecil transcript from the semester failed/withdrawn – transcript must include student name and Cecil College identification)		
Application form signed and dated		
Reinstatement Application emailed to Roxanne Rash rrash@cecil.edu by deadline		

*Results page is immediately after taking the questionnaire. **Do NOT pay money for extra results.**

**Time Management calendar example and template are located in Appendices

4. The Assistant Director of Nursing (ADON) will begin the Reinstatement Application review process for content and completeness.
    a. If all requirements are not met, the ADON will send an email to the student's Cecil email, stating the Reinstatement Application was not successfully completed and the student is ineligible for re-admission into the Cecil Nursing Program.
    b. If all requirements are met, the ADON will send an email to the student's Cecil email, stating the Reinstatement Application was successfully completed and student is eligible to return to exiting level.

NOTE: Students are responsible for checking Cecil email weekly once their reinstatement has been approved. Students are responsible for reading all documents received, redoing background check & urine drug screen, renewing AHA BLS and tuberculosis screening, and abiding by all deadlines.

Failure to do so forfeits the student's reinstatement.

5. There is no guarantee that a student will be readmitted.

6. If more than one year has elapsed since the withdrawal and/or failure, the student must re-apply to the nursing program

7. All returning students must complete a new background check & drug screen; and renew AHA BLS and tuberculosis screening between May 1-July 31, regardless of current expiration date.

8. With the exception of NUR 104/114, students must return to the nursing program **within one year** to be eligible to return to exiting level. Evaluation of NUR 101 and NUR 208 will be on an individual basis.

9. Students who are unsuccessful in the second year of the nursing program (NUR 201/211; NUR 204/214; NUR 208) and who wish to complete the summer PN program must enter the PN program the summer immediately following their unsuccessful fall or spring semester.

S. COMMUNICATION WITH STUDENTS:

Communication with students is conducted solely through their Cecil email accounts and through Canvas*.

1. EMAIL: All communication regarding *individual issues* will be conducted via Cecil email. Students are responsible for checking their Cecil email <u>weekly</u>. This includes weekends, holidays, and time in between semesters **when school is <u>not</u> in session**. Students who have failed a course are responsible for checking their Cecil email even when they are not enrolled in a nursing course.

2. Canvas®: Communication regarding *course or program issues* will be conducted via Canvas. Canvas® announcements are a common site for communication of policy/process/procedure changes, course changes, college notifications, job notifications, etc. Students are expected to check Canvas daily.
   *Note Canvas® should be checked on a computer. Smart phones do not always show all of the information.

VI. CLINICAL PROCESSES/PROCEDURES:

A. Guidelines for Clinical Experiences:

These guidelines pertain to **all** clinical experiences (i.e. on-unit, off-unit and community).

1. Students must have healthcare clearance stating 'no restrictions' to participate in the clinical experience. This must be maintained throughout the student's tenure in the nursing program, including any incidents which change the student's health status.
2. Students have the right by law to practice incidental to the educational process. Care provided by the student must meet the defined standards of care for nursing practice since everyone has a right to expect competent nursing care, even if provided by a student as part of clinical education. (Measured against conduct of other reasonably prudent RN's or LPN' s – depending on student's program of study – with similar knowledge and experience under the same circumstances.)
3. A student does not act under another person's license. Under malpractice theory, **each person is liable for his/her/their own actions**. Consequently, the student is responsible for seeking appropriate guidance if help is needed when performing an assigned function.
4. The facility and/or instructor have the responsibility to delegate according to the student's abilities and knowledge and to supply adequate supervision.
5. Under the law, each person is responsible for his/her/their own actions. Students are responsible for knowing and communicating their competency level to the instructor and/or off-unit supervisor. In addition, the facility should be clear about what the student can and cannot do as part of the experience.
6. When students do not possess the skills needed to carry out an assigned function, acting with reasonable care **requires** them to **refuse** to perform the function, even at the risk of appearing insubordinate.
7. A protocol for these experiences will be provided by faculty. The facility is responsible for providing any further necessary orientation.

8. Students must be supervised by licensed personnel when administering **all** medications.

9. Students MUST be supervised for all sterile and/or invasive procedures (e.g. suctioning, trach care) unless instructor permission was obtained prior to the procedure.

10. Students are expected to ask relevant questions and are to **report any abnormal assessment data or adverse changes in client status in a timely manner.**

11. If the facility has **ANY** questions concerning the safety of a student, these should be reported to the faculty member **IMMEDIATELY**.

12. The faculty member has the responsibility to address any concerns raised by the facility. And, the faculty member will adjust the learning experience according to client, student, and agency needs. The faculty member may need to remove a student from the clinical area for remedial assistance (e.g. skills lab, counseling, library research).The faculty member should counsel the student concerning observed deficient behaviors and offer the student an opportunity to present his/her/their concerns. The student is expected to seek the necessary remedial assistance to meet individual learning needs.
13. Nursing students must be mentally and physically able to provide safe patient care. If a student appears to be **unsafe mentally or physically, the clinical instructor will immediately dismiss the student** from the clinical setting. Further details are located in the Safe Clinical Judgment Process/Procedure below.

14. All clinical days must be attended. If missed, make-up days must be arranged with Level Coordinator & made up in order to pass the clinical course.

B. Safe Clinical Judgment Process/Procedure

Any clinical/college lab experience may include exposure to various patient care areas, laboratory, and/or research environments, and includes certain inherent risks. Working in a health care environment carries with it the possibility of personal injury, temporary or permanent disabilities, and in some cases, death, as well as potential exposure to airborne or blood borne pathogens, which could lead to an infectious illness such as HIV/AIDS, Hepatitis, tuberculosis, influenza, COVID-19, or other illness. The clinical/college lab experience may involve handling of sharp instruments or other equipment that could cause injury if not handled properly. The student agrees to assume all risks inherent in participating in the college lab/clinical experience, and agrees to follow all precautionary measures and instructions provided by Cecil College and by the assigned health care facility staff.

Maryland Department of Health- Standards of Practice for Registered Nurses: 10.27.09.03 "the RN has the right and the responsibility to refuse to perform, assign, or delegate nursing acts"

If, in the instructor's judgment, the student compromises the **safety** of the client, that instructor has the responsibility to protect the client. Examples of students not being mentally or physically prepared include but are not limited to: fatigue from working all day/night prior to clinical, substance (alcohol/drug) use/abuse, physical or emotional illness, unprofessional grooming, inadequate problem-solving skills, deficits, or anxiety. If a student appears to be **unsafe mentally or physically, the clinical instructor will dismiss the student** from the clinical setting immediately.

1. The student may be asked to go to Emergency Department (or equivalent) for drug and/or alcohol testing. If the student refuses testing, the student may be immediately dismissed from the nursing program.
2. Testing Results:
    a. If the drug/alcohol results are positive, the student must make an appointment with the Director of Nursing to discuss the results and subsequent behaviors and requirements.
    b. If the drug/alcohol results are negative, the student must make an appointment with the Director of Nursing to discuss the behavior(s) that resulted in dismissal from the clinical setting.
3. If dismissal from clinical is <u>not related</u> to substance use/abuse, the student must make an appointment with the Director of Nursing to discuss the behavior(s) that resulted in dismissal from the clinical setting.
4. If the student is deemed unsafe to drive a vehicle; it is the student's responsibility to arrange for transportation from the clinical facility
5. The student may not return to clinical until cleared by the Director of Nursing.

Penalties for unsafe behaviors that result in dismissal from the clinical setting include, but are not limited to: deficiency points, verbal warning, written statement, failure of the course, and/or dismissal from the nursing program.

C. <u>Definitions</u>:

1. Negligence –

    a. For negligence to be charged, actual harm must occur.
    b. One who directs a student could be seen as negligent for:
        1) ignoring the fact that the student is not competent; and/or
        2) not supervising a procedure if the student is inexperienced or requires close supervision in carrying out a function.

    c. A student could be seen as negligent for:
        1) performing an unsupervised task when the student does not possess the skills needed to carry out the assigned function; and/or

2) performing an unsupervised sterile/invasive procedure (e.g. suctioning, trach care, catheterization).

2. Reasonable and Thoughtful –

a. If the law perceives the student's actions as those of any reasonable prudent RN or LPN in the same situation, the student would not be seen as negligent.

b. Students must also behave in a reasonable and prudent manner. Example: A student is assigned to apply a heating pad and the student has been supervised before. If the student incorrectly applies the heating pad and injury results, the student would be held responsible.

D. Professional Attire – General Guidelines:

The appearance of the student in the clinical or college laboratory setting should inspire client confidences and facilitate safe care. Therefore, the student must present a well-groomed, professional appearance and must comply with facility policies. The student may be dismissed from the clinical or college laboratory setting for inappropriate/unprofessional attire and **must** make up the day.

1. **Cecil College Photo ID's and School Patches**
   a. Must be worn and must be visible at all times on the upper sleeve of uniforms and lab coats or jackets (it does not matter which sleeve). Patches should be attached to the uniform sleeve in a professional manner – pins and tape are not acceptable.
   b. In addition, many clinical facilities require students to wear a facility ID badge. Students are responsible for wearing ID badges, at the level of a collar or on a lanyard, at all times in the clinical setting.
      i. Clinical facility ID badges **must be turned in to the clinical faculty member or the level coordinator** at the end of the clinical rotation. A fee will be assessed for any lost clinical facility ID badges. Students are not permitted to wear 'work' IDs in the clinical setting.
2. **Uniforms**
   a. Uniforms shall be white top and dark pewter gray pants/skirts (from Cherokee or Dickie only), clean, unwrinkled, of appropriate size and professional appearance.
   b. No tight pants, jeans, leggings, sweat pants, pants with elastic ankles (also known as 'joggers'), or exercise apparel are permitted.
   c. No gauze tops, sleeveless shirts or T-shirts (unless used as undershirts) are permitted (e.g. no cleavage or midriff visible).
   d. No writing or graphic messages are permitted.
   e. Sleeve length must not impede proper hand washing.
   f. Skirt hemlines should not be shorter than 2 inches above the knee. Pants should be ankle length; pant hems should **not** be touching the floor for infection control purposes.

g. Community rotations and psych rotation: refer to protocol in clinical Course Syllabus

3. **Underclothes**
    a. Color shall be solid; NO patterns, colors or wording are permitted.
    b. No thongs are permitted. Student will be sent home and day must be made up during finals week
    c. Appropriate undergarments must be worn at all times and must not be visible under uniforms.
    d. White undershirts must be worn if outer shirt is of a thin material.
4. **Scrub Jackets**
    a. Must be **white**. Stockinet cuffs are required for wrist length lab coats or jackets.
    b. School patches and nametags must be visible.
    c. Sweaters are not permitted.
5. **Shoes**
    a. Must be **white**, clean, and presentable.
    b. Laces, if present, should likewise, be clean and white.
    c. Heels must be low, quiet, and constructed of a non-skid material.
    d. Shoes must fully encase the toes and heels; sandals are not permitted.
    e. All-white leather athletic shoes are permitted if they meet all the above conditions.
6. **Socks**
    a. Should be **white**.
    b. White hosiery, rather than socks or knee-hi stockings/socks must be worn with skirts.
7. **Nails**
    a. Must be neat and clean and short (not extending past the tips of the fingers) to facilitate manual dexterity and to avoid injuring patients.
    b. Polish, if worn, must be pale or colorless.
    c. Acrylic/Gel nails are not permitted - the student will be sent home and the day must be made up during Final Exam week.
8. **Tattoos**
    a. All reasonable effort must be made to cover tattoos. For further guidance see clinical faculty/clinical facility guidelines.
9. **Hair**
    a. Must be neat and clean.
    b. Hair color must be one that is naturally occurring in nature.
    c. Long hair shall be pinned up or otherwise secured off the shoulders and *away from the face.*
    d. Sideburns, moustaches, and other facial hair must be kept clean and well-trimmed to contour jaw line.
    e. Head coverings of solid, neutral colors (white, black, brown, beige) may be worn for religious purposes only; exceptions require faculty/facility approval. Headbands worn to keep hair out of face must be of solid, neutral colors (white, black, brown, beige).
10. **Hygiene**
    a. Students should pay strict attention to oral and body cleanliness.

b. No perfume, cologne, scented after shave, or scented hair spray should be worn. Ill clients can become nauseated by scents and odors.

11. **Jewelry**
    a. Shall be kept to a minimum and should not affect any aspect of providing care.
    b. Pierced parts of the body, other than earlobe, may not be used to display jewelry at the clinical setting/workplace.
    c. Jewelry must be minimal and acceptable as determined by clinical faculty and clinical facility policies.
    d. Only non-dangling earrings or studs (worn in the ear, and limited to two per lobe).
    e. **Watches with face and second hand** and wedding rings are permitted. Smart watches are NOT permitted.
    f. No bracelets except for Medical Alert bracelets
    g. Ear gauges must be removed and skin tone plugs inserted.
    h. Adornments considered excessive will be requested to be removed and/or the student may be sent home and will be responsible to make up the clinical day during Final Exam week.

If there are any questions about what is appropriate for a particular clinical setting, consult the instructor prior to appearing in clinical. Instructors may modify the above guidelines based on institutional policies.

E. Smoking Process for Clinical Areas:

Nurses serve as role models for healthy living and the odor and/or sight of tobacco products can be offensive to clients/patients, especially when ill. Therefore, the following guidelines have been established:

1. Students are not permitted to smoke (this includes vaping) while in the clinical setting.
2. No tobacco products will be carried on one's person while providing patient care.
3. Students who smoke should pay particular attention to oral hygiene after smoking and should take steps to avoid the odor of smoke on clothing.
4. Students who violate the above guidelines may be dismissed from the clinical setting, required to make up the day, and/or be given deficiency points.

F. Electronic Communication Devices:

Electronic communication devices (cell phones, etc.) are not allowed in the clinical setting without expressed consent of the clinical instructor. If permitted, student must abide by all faculty and facility guidelines. Ear buds are not permitted in the clinical setting.

G. Latex Allergies:

Students diagnosed with an allergic contact dermatitis to latex or an actual latex allergy must avoid contact with latex gloves and other latex containing products,

and avoid situations where there is a likelihood of inhaling the powder from latex gloves worn by other workers.

Students must wear either plastic, vinyl, or other non-latex gloves when the possibility exists that they may come in contact with latex products in the simulation lab or during the course of patient care. Hypoallergenic latex gloves are not acceptable.

It is the responsibility of the student to ensure that all necessary precautions are taken to minimize and prevent exposure to latex products.

Students will be responsible for the cost of any emergency care needed due to latex exposure.

H. Nursing Clinical Learning Lab and the Demonstration and Skills (DAS) Form

The college nursing lab can be used to practice newly learned skills and/or skills that the student has learned but not performed in a while. Be sure to check schedules to verify availability. If there is a specific skill to practice, please inform the lab coordinator- ext. 1552, clinicallearninglab@cecil.edu so that the lab coordinator can prepare the appropriate materials/equipment.

Clinical instructors may advise students that improvement and/or practice of: 1. A skill is required; and/or 2. Improvement in critical thinking/clinical judgment is required. The instructor will present the student with a Demonstration and Skills (DAS) form. The student should immediately contact the Clinical Learning Lab Coordinator to schedule an appointment to help the student. **Student is not permitted back in the clinical setting until meeting with the lab coordinator**; failure to follow up on the DAS form may result in deficiency points.

VII. EVALUATION: COLLEGE LAB/CLINICAL EXPERIENCE

A. Philosophy of the College Laboratory/Clinical Experience:

Within nursing education, the college laboratory and clinical experiences are focal points of the learning process. Learning is defined as the acquisition of new knowledge and skills that result in mental activity and behavior change. Learning is enhanced by an educational climate that promotes creativity, exploration, and freedom for discovery. The faculty act as facilitators who lead and guide the student through the educational experience and are resources who provide additional information to students where it is needed.

Within the college laboratory setting, the student learns psychomotor skills and how to care for a client within a simulated setting. The clinical setting provides the opportunity for the transference of knowledge and psychomotor skills into clinical practice. This facet of experience enhances competency and self-sufficiency, and provides opportunities to interact with clients.

The assessment/evaluation process is essential to determine if the expected behavioral outcomes have been successfully achieved. This process requires the instructor to gather and analyze data for the purpose of assessment/evaluation. Formative assessment occurs throughout the college laboratory and/or clinical experience, providing feedback for improvement. Summative evaluation occurs at the end of each rotation/semester to summarize students' progress.

B. Objectives of the College Laboratory/Clinical Experience:

1. To provide learning experiences for the student.

2. To measure student achievement and level of competence of behaviors and skills through assessment and summative evaluations. This process is presented in Model A and Model B (pp. 51 & 52). Performance behaviors are learned and evaluated within the college laboratory (Model A). Critical behaviors and performance behaviors will be evaluated within the clinical setting (Model B). Assessment of critical behaviors and performance behaviors provide the framework to determine whether the student has sufficient knowledge and skill for that specific level within the program.

C. CLINICAL REQUIREMENTS

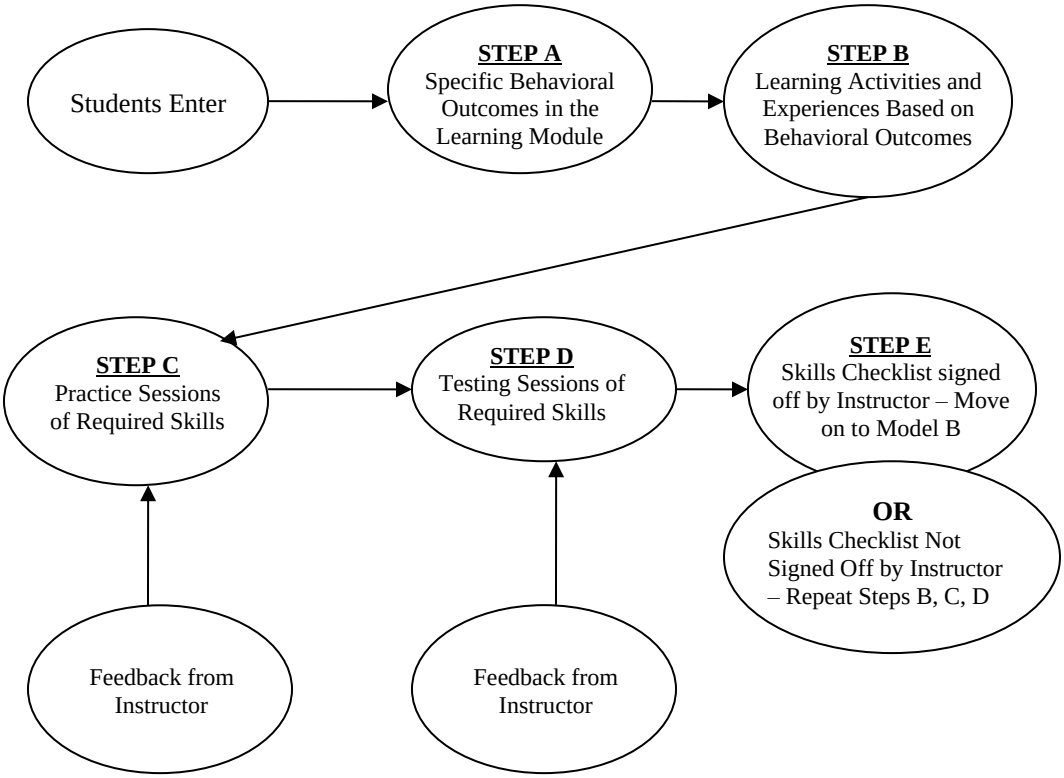
Essential Technical Standards for Safe Nursing Practice

MOTOR	MOTOR EXAMPLES
For admission and progression, an applicant to the ADN Program must have abilities and skills for the standards listed and perform them in a reasonably independent manner: Motor, sensory, interpersonal communication, and critical thinking. Students are required to provide complete and accurate information on the health forms required at the time of admission and as needed thereafter. In the event a student in the program demonstrates difficulty in meeting the technical standards, the student will be referred to the Director of Nursing for evaluation and recommendation. Reasonable accommodations will be made on an individual basis; however, the student must be able to perform in an independent manner or academic dismissal may occur. Examples provided do not comprise an exhaustive list.	A candidate must have adequate motor function to effectively work with nursing problems and issues and carry out related nursing care. Possess four (4) functional limbs (normal or artificial) that allow the student to perform abilities sufficient to move from room to room and maneuver in small places and possess gross and fine motor abilities sufficient to provide safe and effective nursing care. Possess the ability to exert 20-50 lbs. of force occasionally; 10-25 lbs. of force frequently; and negligible to 10 lbs. of force constantly to move objects. Examples of nursing care include but are not limited to: ambulating and positioning patients; cardiopulmonary resuscitation; the administration of medications via various routes; the application of pressure to stop bleeding; the opening of unobstructed airway; and the provision of patient/client ADL's.

SENSORY	SENSORY EXAMPLES
Visual Auditory Tactile	Possess the ability to assess and/or evaluate patient responses and to perform nursing interventions safely and accurately. Has normal or corrected vision within the range of 20/20- 20/80, be able to distinguish color shades. Examples include but not limited to: recognize changes in skin color, color of drainage; distinguish gradations on syringes when drawing up medications, observe patient response, visualize the appearance of surgical or traumatic wounds. Has normal or corrected hearing ability within the 0-45 decibel range. Examples include but not limited to: hearing alarms, emergency signals, cries for help, auscultator sounds. Possess at least one hand with the ability to perceive temperature changes and pulsations and to differentiate different structures and textures.
INTERPERSONAL COMMUNICATION Possess English communication abilities sufficient for appropriate and effective interaction with others in both oral and written form. Possess interpersonal abilities sufficient to interact appropriately and effectively with individuals, families, and groups from a variety of backgrounds.	EXAMPLES Examples include but not limited to: explain treatment procedures and/or initiate health teachings, document nursing actions and patient responses, establish appropriate and professional rapport with patients and colleagues.
CRITICAL THINKING Possess critical thinking ability sufficient for clinical judgement. Apply principles of logical or scientific thinking to define problems, collect data, establish facts, and draw valid conclusions. Interpret and implement a variety of technical instructions. Deal with several abstract and concrete variables.	EXAMPLES Examples include but not limited to: identify and affect relationships; develop nursing care plans; demonstrate personal organization; practical application of calculations (dimensional analysis, fractions, percentages, ratio and proportion, and measurements).

EVALUATION MODEL A – COLLEGE LABORATORY EXPERIENCE*

NUR 114 and NUR 115



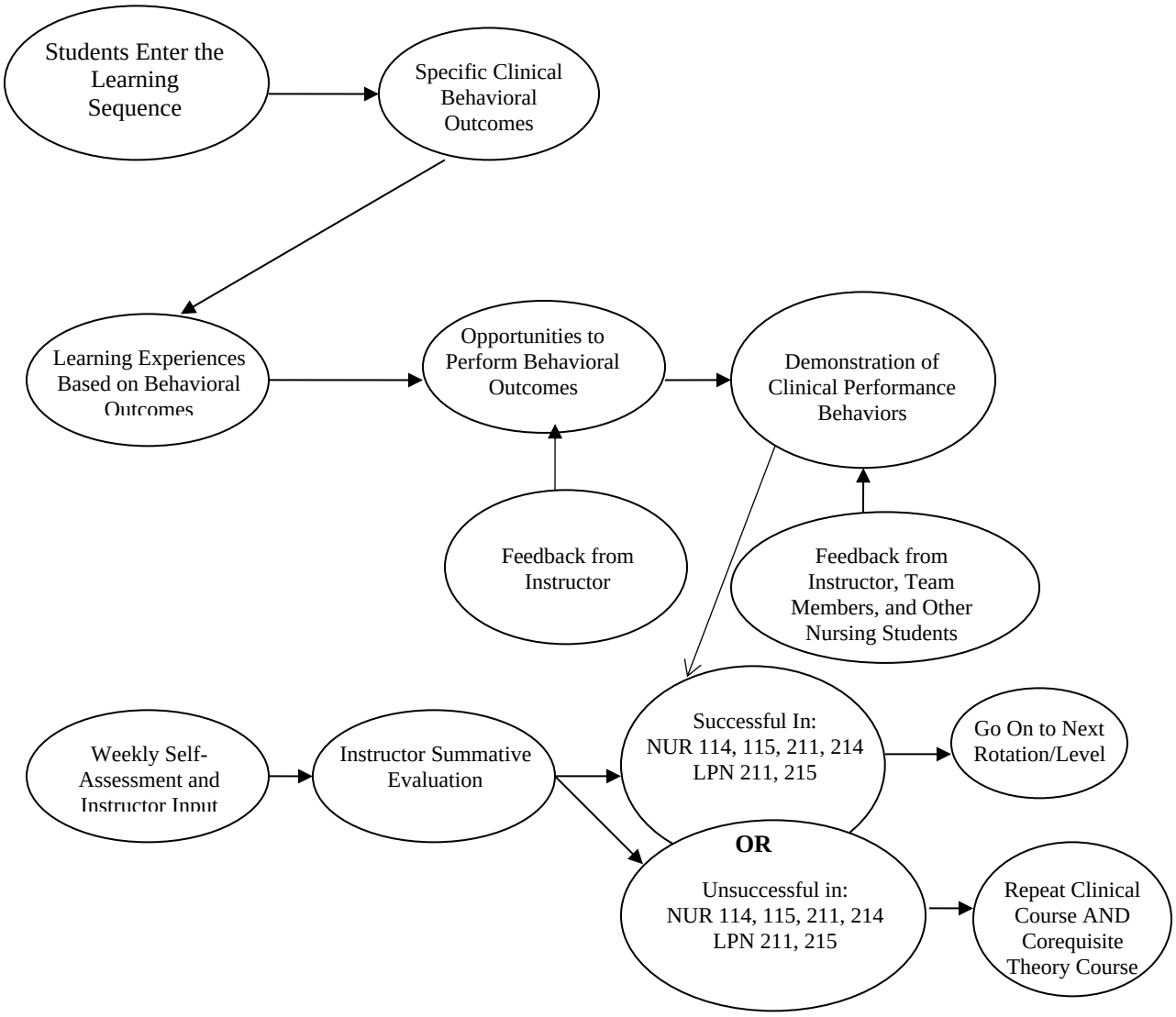
CRITERIA OF EVALUATION MODEL A

If a student does not satisfactorily pass a skill test-out, deficiency points will be given. The student must then redo the skill test-out within designated time frame. If the student again fails the test-out, additional deficiency points will be given. This pattern is repeated until the skill test-out is successfully completed or the student accrues enough deficiency points to fail.

*For details: Refer to NUR 114 Testout Guidelines or NUR 115 Course Syllabus.

EVALUATION MODEL B – CLINICAL EXPERIENCE

NUR 114, 115, 211, 214
LPN 211, 215



CRITERIA OF EVALUATION MODEL B :

After having passed skills in the College Laboratory, students are permitted to perform those skills in the clinical setting. To pass NUR 114, 115, 211, 214, LPN 211, 215, students must maintain safety as described by critical behaviors and meet performance behavior criteria. Failure will result from a final grade less than 76% in any clinical rotation.

D. Purpose of Core Components and Competencies:

Each week following clinical experiences, students assess their performance behaviors as listed on each page of the *Clinical Assessment Tool* under the appropriate level. Additionally, faculty assess students' clinical performance on a weekly basis.

The areas for assessment include performance behaviors:

1. Assessment of the NLN core competencies, the QSEN Competencies and integrating concepts includes:

   Human Flourishing
   Nursing Judgment
   Professional Identity
   Spirit of Inquiry

2. Clinical grade determination will be based on*:

   a. Criteria as specified for each clinical course;
   b. Assignments for each rotation; and
   c. Clinical performance for each rotation.

* Specifics are located in each clinical Course Syllabus

E. Formative Assessment:

1. Critical Behaviors:

   The student will be assessed on critical behaviors specific to the clinical course within the clinical agency. If the student does not successfully attain a critical behavior, the student will receive appropriate deficiency points.

2. Performance Outcomes:

   The student will be evaluated on clinical performance outcomes within each clinical agency. If unsafe practices/deficiencies are observed, the student will receive appropriate deficiency points. Deficiency points do not accumulate; each rotation, the student starts with '0' deficiency points.

F. Summative Evaluation:

To pass NUR 114, 115, 211, 214, and LPN 211, 215 the student will maintain physical safety to self and patient; asepsis; psychological/emotional safety; and professional values and behaviors (critical behaviors); and meet performance outcome criteria (Competencies identified in the *Clinical Assessment Tool*) for each level. Failure of the course or a clinical rotation within that course will result in a final grade of less than 76%. Each clinical rotation within each

semester must be passed with a minimum of 76% in order for the student to progress through any successive rotation or to pass the course.

ANY ACTION OR INACTION ON THE PART OF A STUDENT THAT JEOPARDIZES THE PATIENT/CLIENT'S PHYSICAL AND/OR EMOTIONAL WELL-BEING WILL RESULT IN DEFICIENCY POINTS AND MAY RESULT IN IMMEDIATE FAILURE OF THE CLINICAL COURSE AND/OR DISMISSAL FROM THE PROGRAM.

G. Critical Behaviors for NUR 114, 115, 211, 214 and LPN 211, 215:
(Fundamentals/Medical/Surgical Nursing)

Each level within the curriculum has established critical behaviors appropriate for that particular level of practice. These elements are overriding areas of concern. All must be performed safely to pass the level.

Definition:

Critical behaviors are those aspects of nursing care that are crucial to the physical and emotional well-being of others and essential to a professional clinical environment. Any action or inaction on the part of the student that jeopardizes another's physical and/or emotional well-being and necessitates instructor intervention will result in deficiency points and may be grounds for failure of the clinical course and/or dismissal from the program.

Examples include, but are not limited to:

Physical Safety:

1. Responsible safety measures used to reduce number of falls.
   a) Judicious use of side-rails and protective devices, e.g., after parenteral narcotic administration.
   b) Bed in lowest position when patient is unattended.
   c) Maintenance of a clutter and hazard free unit. e.g., immediate clean-up of spills.
   d) Adequate stabilization of wheelchairs, beds, stretchers, etc., with brakes or other means.

2. Prevention of equipment-related incidents include:
   a) Knowledge and understanding of equipment prior to use.
   b) Knowledge of signs that indicate potential malfunction
   c) Use of appropriate vehicles and protective devices on all modes of transportation.

3. Proper identification of clients at all times, e.g., checking 2 forms of I.D. prior to giving medications or initiating treatments.

4. Use of proper body alignment and mechanics for client and self, e.g., proper positioning with adequate support

5. Nutritional status and fluid balance include:
    a) Carefully check type of diet the client is to receive.
    b) Accurately record type and amount of food eaten
    c) Accurately measure and record I&O as necessary.
    d) Proper administration of tube feedings.

6. Medication Administration:
    a) Never give any medication without appropriate supervision as designated by instructor.
    b) Validate all orders per prescriber order sheet. Calculate proper dosage, and have knowledge of medication prior to contacting instructor for medication administration.
    c) Utilize the "Ten Rights" and the "Three Checks."

7. Recognition and responsibility in reporting to the appropriate person:
    a) Any abnormal signs/symptoms and/or significant changes in client's condition.
    b) All accidents/errors/omissions.
    c) Documentation according to agency protocols.
    d) Reporting according to agency protocols, (e.g. SBAR)

Asepsis:

Prevention of the introduction and/or transfer of organisms includes but is not limited to:

1. Hand hygiene before and after patient care, before entering and leaving a patient room.
2. Proper hand washing technique to maintain medical asepsis.
3. Protection of patient and self from contamination.
4. Proper disposal of contaminated materials.
5. Maintenance of surgical asepsis when required, including proficient application and maintenance of sterile gloves.

Psychological Safety and Emotional Safety:

Recognition and prevention of emotional jeopardy caused by any action or inaction that threatens the client's emotional well-being such as:

1. The use of words or movements that constitute disapproval or distrust.
2. The use of overt or covert threats to get the client to respond or cooperate.
3. Giving the client information about his/her/their condition without finding out what he/she/they knows.
4. Inappropriate questioning of clients. (i.e. asking questions for personal reasons or curiosity).
5. Failure to verbally inform the client of your intentions before proceeding with them.

Professional Values/Behaviors as specified previously in this manual.

<u>Note:</u> Students are responsible for knowledge and skills from previous clinical experiences and semesters.

H. In addition to general critical behaviors, the specialty areas (NUR 211, 214) have individualized critical behaviors.

<u>Critical Behaviors for NUR 211</u>:
(Childbearing – Maternity and Childrearing – Pediatrics)

Examples include, but are not limited to:

Physical Safety:

Responsible safety measures used to reduce number of falls.

a) Judicious use of bassinets; side rails/crib sides.
b) Children are placed in the type of beds that meet their developmental needs.
c) Moving infants in bassinet only. (Do not walk from room to room carrying a baby.)
d) Placing one hand firmly on newborn/infant when on scales, tabletop, or reaching for supplies.
e) Holding newborn securely.
f) Children in wheelchairs, carts, or on stretchers wear safety belts and are supervised by an adult.

<u>Proper identification of both mother and baby; proper maintenance of security measures</u>

Nutritional status and fluid balance: Infant/Child

a) Double checking kind and quantity of formula or type of diet client is to receive.
b) Discarding bottle after feeding.
c) Bottles are **never** propped.
d) Accurately record type and amount of formula/food ingested.
e) Documentation of voiding and stools; accurate I&O as necessary

Safety Factors:

a) Strict hand hygiene is used before and after touching each newborn/child.
b) Children are never left unattended on beds, scales, or tabletops.
c) Toys chosen are appropriate for the child's developmental age.
d) Children are not left alone in the tub or shower.
e) Children are properly restrained during treatment

Medication Administration:

a) Medications are **never** left on the bed or within reach of the child

Critical Behaviors – Psychiatric Nursing (NUR 214):

Examples include, but are not limited to:

a. Therapeutic Relationships:

1) Obtain consent from client for 1:1 relationship.
2) Keep all scheduled appointments with client/activity; seek client if client does not keep appointment.
3) Maintain privacy during 1:1.
4) Inform client of sharing of information with instructor and students, otherwise maintain confidentiality, unless jeopardizes client's safety.

b. Psychological Safety (Emotional Safety)

References

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A P P E N D I C E S

STANDARDS FOR A "C" PAPER

A. Content

The "C" paper fulfills the assignment, meeting all specified requirements, such as subject, organization, and length, and reflects the author's awareness of audience and purpose. The paper presents a central idea supported by relevant material (facts, figures, examples, quotations, or other details). The reasoning is sound; arguments are supported with adequate evidence. Other points of view are acknowledged and responded to as appropriate. Sources of information are accurately presented and fully attributed.

B. Organization

The "C" paper has a discernible and logical plan. It has a focus, and the writer maintains the focus throughout the essay. The writer has unified the entire essay in support of the central idea, or thesis, and individual paragraphs in support of subordinate points. Some individual paragraphs, however, may be weak. The writer promotes coherence through the logical order of paragraphs and the use of some or all of the following devices: thesis statement, topic sentences, opening and closing paragraphs, and transitions. The use of these devices may lack smoothness, but the writer has achieved an acceptable level of organization.

C. Style/Expression

The "C" paper uses reasonable stylistic options (tone, word choice, sentence patterns) for its audience and purpose. As a rule, the paper has smooth transitions between paragraphs, although some transitions may be missing or ineffective. The meaning of sentences is clear, although some sentences may be awkward or there may be a lack of variety in sentence patterns. Nonetheless, sentence structure is generally correct, although it may show limited mastery of such elements as subordination, emphasis, sentence variety and length, and modifiers. The paper reflects current academic practices of language use established by professional associations such as the Modern Language Association and the American Psychological Association.

D. Grammar/Mechanics

The "C" paper follows the conventions of standard written U.S. English; thus, it is substantially free of errors in grammar, spelling, punctuation, and mechanics. What errors are present must not impede meaning nor overly distract the reader. The paper reflects current citation and documentation of sources as specified in relevant guidebooks.

* Approved by the Intersegmental Chief Academic Officers of Maryland's public two- and four-year institutions of higher education on April 21, 1998. Approved by the Statewide English Composition Committee on March 3, 1998.

Holistic Critical Thinking Scoring Rubric

Facione and Facione

4. Consistently does all or almost all of the following:

Accurately interprets evidence, statements, graphics, questions, etc.
Identifies the salient arguments (reasons and claims) pro and con.
Thoughtfully analyzes and evaluates major alternative points of view.
Draws warranted, judicious, non-fallacious conclusions.
Justifies key results and procedures, explains assumptions and reasons.
Fair-mindedly follows where evidence and reasons lead.

3. Does most or many of the following:

Accurately interprets evidence, statements, graphics, questions, etc.
Identifies relevant arguments (reasons and claims) pro and con.
Offers analyses and evaluations of obvious alternative points of view.
Draws warranted, non-fallacious conclusions.
Justifies some results or procedures, explains reasons.
Fair-mindedly follows where evidence and reasons lead.

2. Does most or many of the following:

Misinterprets evidence, statements, graphics, questions, etc.
Fails to identify strong, relevant counter-arguments.
Ignores or superficially evaluates obvious alternative points of view.
Draws unwarranted or fallacious conclusions.
Justifies few results or procedures, seldom explains reasons.
Regardless of the evidence or reasons, maintains or defends views based on self-interest or preconceptions.

1. Consistently does all or almost all of the following:

Offers biased interpretations of evidence, statements, graphics, questions, information, or the points of view of others.
Fails to identify or hastily dismisses strong, relevant counter-arguments.
Ignores or superficially evaluates obvious alternative points of view.
Argues using fallacious or irrelevant reasons, and unwarranted claims.
Does not justify results or procedures, nor explain reasons.
Regardless of the evidence or reasons, maintains or defends views based on self-interest or preconceptions.
Exhibits close-mindedness or hostility to reason.

(Wnd-31) Holistic Critical Thinking Scoring Rubric.06.07+

Reinstatement Application

Refer to reinstatement process instructions and checklist (pp. 39-41)	
ALL requirements are to be submitted in one PDF document.	
Name:	Student ID:
Cecil email:	Phone #:
ATB Student: Yes No	If yes, I understand that I must withdraw from ATB program. Yes
Course Withdrawn/Failed:	
Withdrawal/Fail Date:	If failed, date of last exam:
Previous Level Final Grade: (if applicable) NUR 104: NUR 105: NUR 201: NUR 204:	
Identification of at least 3 specific reasons that contributed to the lack of success in the nursing course/program: *Attach response if necessary*	
Identification of at least 3 specific strategies that will be utilized to remediate until the time the student returns to the nursing program: *Attach response if necessary*	
Identification of at least 3 specific strategies and resources the student will utilize to facilitate success once he, she, they returns to the nursing program; include personal and/or academic behaviors that have been taken to foster success if reinstated: *Attach response if necessary*	
Page 1 of 2	

Results page* of: 1. VARK Questionnaire https://vark-learn.com/the-vark-questionnaire/ 2. Strategies Questionnaire *The Results pages are the pages immediately after you submit the questionnaires. DO NOT pay for results.	
Time Management Assignment: 1-week activity calendar: work, school, family , etc (see attached example and template). Calendar must be legible.	
Verified current GPA ≥ 2.0 (i.e. unofficial Cecil College transcript from most recent semester; make sure Cecil ID and your name are visible on the transcript)	
For acknowledgment, circle the Yes	
I agree to meet with NSSC as designated for repeated semester	Yes
I acknowledge that, after receiving reinstatement approval, I will renew background check and urine drug screen	Yes
I acknowledge that I will renew AHA BLS and TB testing between May 1 and July 31 regardless of current expiration date	Yes
Choose the appropriate statement: A. I acknowledge that I will complete any outstanding non-nursing courses required for graduation (include a list of outstanding non-nursing courses)	Yes
_____ OR _____	
A. I acknowledge that all non-nursing courses are completed	Yes
I acknowledge that, after receiving reinstatement approval, I will check my Cecil email weekly.	Yes
I acknowledge that I will email A. Horn by May 1/October 1 stating intent to return	Yes
I acknowledge that I am to submit all reinstatement documentation in ONE pdf document	Yes
I acknowledge that the document is to be submitted to the ADON by the designated due date	Yes
I have read and understood the Reinstatement Guidelines in the *Nursing Student Manual*. I understand that, if reinstated, failure to comply with Reinstatement Guidelines may jeopardize my standing in the nursing program.	
Student Signature:	Date:

Time Management Calendar EXAMPLE*							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5 AM	Sleep in	Get up at 0530			Get up 0530	Get up 0530	
6 AM	Sleep in	Drive to work			Clinical	Clinical	Drive to work
7 AM	Sleep in	Work 7-3			Clinical	Clinical	Work 7-3
8 AM	Sleep in	Work	Test taking tips	Nur 105 Lecture	Clinical	Clinical	Work
9 AM	Spiritual	Work	Review pathophys	Lecture	Clinical	Clinical	Work
10 AM	Spiritual	Work	Break/ snack coffee	Lecture	Clinical	Clinical	Work
11 AM	Spiritual	Work	Review treatments	Lecture	Clinical	Clinical	Work
12 PM	Lunch	Work	Review treatments	Lecture	Clinical	Clinical	Work
1 PM	Family time	Work	Break 20 min	Lecture	Clinical	Clinical	Work
2 PM	Family time	Work	Practice Questions	Break	Break after clinical	Break/downtime	Work
3 PM	Family time	Work	Watch Soap opera	Break	Take a walk/gym	Take a walk/gym	Work
4 PM	Family time	Help kids with homework	Help kids with homework	Read over ppt w/ lecture notes	Work on clinical assignments	Work on clinical assignments	Work
5 PM	Dinner	Dinner	Dinner	Dinner	Work on clinical assignments	Work on clinical assignments	Dinner
6 PM	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
7 PM	Study Behavioral Outcomes	Organize and research meds	Print out ppt for lecture	Supplement ppt	Dinner	Dinner	Date night
8 PM	Study B.O	Organize and research meds	Skim chapters for lecture	Supplement ppt	Study clinical S/S	Study group	Date night
9 PM	Study B.O	Organize and research meds	Skim chapters for lecture	Supplement ppt	Study clinical S/S	Study group	Date night
Specific directions on next page							

For the Time Management calendar please make sure to create a schedule based on the semester you plan to reinstate

Include the following

Study time with details: organize what you plan on studying, things you want to do to improve studying

Family Time

Lecture schedule

Time for clinical assignments

Clinical days (use the past semester as a template for days and times)

Household responsibilities: meal prep, cleaning, car pool, etc.

Time for yourself- Self care

Parental Obligations: soccer, helping with homework, etc.

Remember for every 1 hour of lecture you need 2 hours of study time minimum. So each week you have 6 hours of lecture, you need a minimum of 12 hours per week of study time.

Calculate the amount of hours in each week that you will have dedicated to studying and include that amount on the calendar.

*Copying this example to use as your own constitutes plagiarism and a violation of the Academic Integrity Policy of Cecil College.
Using the example as your own will invalidate your reinstatement application.

Calendar Template

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
12-6a							
6a-7a							
7a-8a							
8a-9a							
9a-10a							
10a-11a							
11a-12n							
12-1p							
1p-2p							
2p-3p							
3p-4p							
4p-5p							
5p-6p							
6p-7p							
7p-8p							
8p-9p							
9p-10p							
10p-11p							
11p-12m							

NOTIFICATION OF NON-EMERGENCY ABSENCE

Course # _____ Course Title _____

Taught by: _____
Faculty Name

I plan to be absent from class on the following date(s):

From: _____ To: _____

STUDENT'S REASON FOR ABSENCE:

I am aware that faculty have the option to deny my request to make up work.

Student Signature: _____ Date _____

_____
Student's Printed Name

****

FACULTY RESPONSE:

Student notified of response (date) _____

Faculty Signature: _____

_____
Faculty's Printed Name

NOTIFICATION OF NON-EMERGENCY ABSENCE

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_____
Faculty's Printed Name

Student Copy
CECIL COLLEGE
NURSING PROGRAM

ACKNOWLEDGEMENT FORM

(SIGNED BY ALL INCOMING NURSING STUDENTS)

***Nursing Student Manual* statement:**

It is important that **all entering and re-entering nursing students** read the *Nursing Student Manual* of Cecil College regardless of the level of entry into the Nursing Program. This manual serves as a resource for the philosophy, objectives, and conceptual model for the curriculum and for specific policies/processes/procedures concerning the admission, progression, evaluation, and graduation of nursing students.

Students are required to read the manual and post this signed form on CastleBranch by the designated due date.

I have read, understand, and will abide by, the Cecil College *Nursing Student Manual*.

Date: _____ Signature of Student: _____

_____
Student's Printed Name

Student Copy

STUDENT COPY

CECIL COLLEGE NURSING PROGRAM

CLINICAL SKILLS LABORATORY CONFIDENTIALITY STATEMENT

Cecil College Department of Nursing supports the college Academic Integrity Policy. The Academic Integrity Policy is binding to all members of the school community. This includes the clinical skills laboratory and simulation scenario experiences.

Students are expected to keep all events, procedures, and information used in conjunction with the clinical skills lab, test-outs, and simulation scenarios strictly confidential. This includes client/patient history information obtained prior to any actual simulation experience, as well as information obtained and used during the simulation and in the debriefing sessions.

Students are <u>not</u> to share information about the simulation experience with other students.

The clinical skills lab is a learning environment. All simulation scenarios, regardless of their outcome should be treated in a professional manner. All participants in the scenario should have everyone's respect and attention. Situations in the lab are to be used as a learning tool and not to be used for humiliation of fellow students.

The simulation mannequins are to be used with respect and treated as if they were live clients.

Violation of this confidentiality statement is a violation of the college's Academic Integrity Policy and will lead to consequences for the student, as outlined in the *Nursing Student Manual* and the *Cecil College Catalog*.

I, _____,
Printed Name of Student

have read the statement above and understand it. I agree to abide by the Academic Integrity Policy as it pertains to the Clinical Skills Lab, test-outs and simulation scenarios, and to abide by all rules for the Simulation Lab.

Date: _____ Signature of Student: _____

STUDENT COPY

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CECIL COLLEGE

CECIL COLLEGE
NURSING PROGRAM

ACKNOWLEDGEMENT FORM

(SIGNED FORM REQUIRED BY ALL INCOMING NURSING STUDENTS)

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Date: _____ Signature of Student: _____

_____
Student's Printed Name

Sign and post on CastleBranch

Intentionally Left Blank)

CECIL COLLEGE NURSING PROGRAM

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Date: _____ Signature of Student: _____

Sign and upload to CastleBranch