

LOS ANGELES SOUTHWEST COLLEGE DEPARTMENT OF NURSING



NURSING STUDENT HANDBOOK

This handbook and the college catalog contain information, guidelines, and policies relating to all students in the nursing program. The contents of this handbook affect all students enrolled in the program.

Revised February 2020

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For Information call (323) 241-5461

www.lasc.edu/nursing



Welcome

Dear Students,

The faculty and staff of Los Angeles Southwest College (LASC) Associate Degree Nursing Program welcome you to our campus. We hope that your enrollment in the Associate Degree Nursing Program here at LASC will lead you to a challenging and satisfying career as a leader in the nursing profession. The faculty, program director, staff and college administrators are here to help you reach your goals and are available to you for assistance, guidance and consultation.

The information presented in this students' hand book will help to facilitate your entry into and progression through the nursing program. An overview of the curriculum, policies and procedures that govern your educational experience, both in the classroom and clinical areas are included in this handbook. You will find these guidelines useful and relevant throughout this Registered Nursing Program. We are happy to answer your questions.

Equal Access/Equal Opportunity

Los Angeles Southwest College is committed to provide equal access to education and employment opportunities to all regardless of sex, race, religion, marital status, age, national origin or disability. The Administration is committed to implementing Federal and State laws and regulations and the District Trustees Policies governing equal access/equal opportunity.

ACCREDITATION

The Associate Degree Nursing program is Approved/Accredited by California Board of Registered Nursing.

NOTE: PLEASE KEEP THIS COPY OF THE POLICY FOR THE DURATION OF YOUR NURSING PROGRAM.

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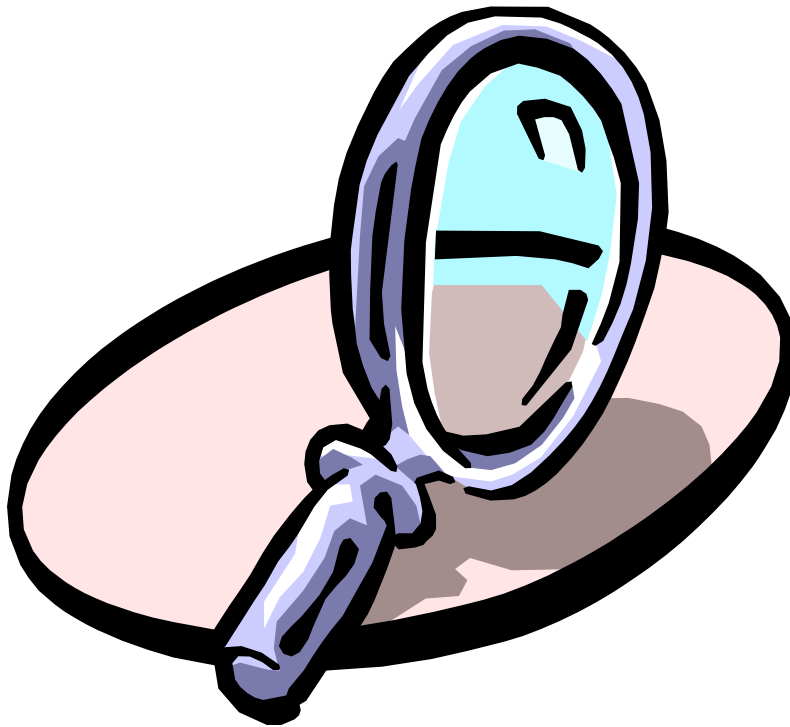
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SECTION I

OVERVIEW



**HISTORICAL OVERVIEW OF LOS ANGELES
SOUTHWEST COLLEGE NURSING PROGRAM**

One year after the opening of Los Angeles Southwest College, the nursing department admitted thirty-six students. The nursing faculty was Ms. Eleanor Haffke and Ms. Vivian Lott. The department chair was Ms. Helen Perkins. The first class graduated (26) students.

Los Angeles Southwest College offered the first twilight nursing program, one of its kinds in the United States, in February 1973. The non-traditional twilight nursing program was initiated with a federal grant. Twenty-four students attended lecture and clinical classes during the evening hours. In 1997, due to financial constraints, students in the twilight program had to attend the lecture component during the day hours.

Students are admitted to the nursing program bi-annually during the fall and spring semesters. Each semester, students are assigned day or evening clinical rotations.

The nursing program has full-time and adjuncts faculty members, a program director, one laboratory assistant, one senior office secretary, two nursing counselors (60% and 25%) and a student worker.

The nursing program is approved by the California Board of Registered Nursing graduates of the program are eligible to take the NCLEX-RN licensure examination.



EDUCATIONAL PHILOSOPHY

The Los Angeles Community Colleges affirm the principle that individuals should have opportunities to develop to their full potential. To that end, our main responsibility is to students and to the provision of education that benefits students and enable them to contribute to society.

Our Colleges, therefore, should be accessible to all individuals who have the capacity and motivation to profit from higher education. Curricula and services of our colleges should provide means for fulfilling the promise of open access.

We recognize the necessity to adapt to the changing educational needs of the Los Angeles Community Colleges' communities and to the growing diversity among students.

The quality of the educational experience is to be judged by its value to students and communities, not merely by quantitative appeal. We further recognize that academic freedom is essential to excellence in education.

Los Angeles Southwest College Mission Statement

"In honor of its founding history, Los Angeles Southwest College provides a student-centered learning environment committed to empowering students and the community to achieve their academic and career goals through the attainment of certificates and associate degrees leading to transfer and workforce preparation."

In order to accomplish the mission, LASC has established the following goals:

Goal 1 (Access): Expand educational opportunity & access.

Goal 2 (Success): Implement strategies for student success.

Goal 3 (Excellence): Support student learning & educational excellence.

Goal 4 (Accountability): Foster a college-wide culture of service & accountability.

Goal 5 (Collaboration & Resources): Cultivate and maintain new resources & external partnerships.

Goal 6 (Career & Technical Education): Participate in regional workforce and economic development.

Los Angeles Southwest College (LASC) Nursing and Allied Health Program Mission

We are committed to building futures for students by providing opportunities for academic achievement, workplace preparation, and service to the community in a variety of allied health careers and health occupations to meet the needs of health care agencies and populations served. In addition, we encourage lifelong learning in personal health and human movement to enhance quality of life for all.

Los Angeles Southwest College Nursing Program Mission Statement

The LASC Registered Nursing Program provides students with a high-quality education in a learner-centered environment in collaboration with healthcare partners that leads to:

- An Associate Degree in Nursing and Licensure;
- An entry-level professional registered nurse who has the ability to utilize the latest health-care technology and implement current evidence-based practice.
- The acquisition of the knowledge, skills, and attitudes (KSA) to provide safe patient-centered care that meets the diverse and changing health care needs of individuals, families and communities.
- A desire for life-long learning

Los Angeles Southwest College: Goals

In order to accomplish the mission, our goals are to provide:

Goal 1 (Access): Expand educational opportunity & access.

Goal 2 (Success): Implement strategies for student success.

Goal 3 (Excellence): Support student learning & educational excellence.

Goal 4 (Accountability): Foster a college-wide culture of service & accountability.

Goal 5 (Collaboration & Resources): Cultivate and maintain new resources & external partnerships.

Goal 6 (Career & Technical Education): Participate in regional workforce and economic development.

Institutional Student Learning Outcomes (ISLO)

1. Communication (Oral and Written)
2. Cognition (Reading Comprehension, Computational Skills, and Critical Thinking)
3. Information Competency (Information Competency and Technological Literacy)
4. Social Responsibility (Responsible Citizenship and Valuing Diversity)
5. Personal and Professional Development (Employability and Confidence Building)

MISSION AND VISION STATEMENTS

LOS ANGELES SOUTHWEST COLLEGE (LASC)	DEPARTMENT OF NURSING AND ALLIED HEALTH SCIENCES	REGISTERED NURSING PROGRAM
<i>LASC Mission & Goals</i> In honor of its founding history, Los Angeles Southwest College provides a student-centered learning environment committed to empowering students and the community to achieve their academic and career goals through the attainment of certificates and associate degrees leading to transfer and workforce preparation. <i>LASC Strategic Goals</i> 1. Access and Preparation for Success: Improve equitable access to a high-quality education that promotes student success. 2. Success: Increase student success and academic excellence with a focus on student-centered instruction and support services. 3. Institutional Effectiveness and Accountability: Enhance institutional effectiveness and accountability through data-driven decision making, as well as planning, evaluation, and improvement of college programs, professional development opportunities, and governance structures. 4. Resources: Optimize human, physical, technological, and financial resources to ensure quality services for our students. 5. Collaboration and Partnerships: Maximize collaboration within the college while cultivating and strengthening partnerships with industry, community, and other educational institutions.	<i>Mission Statement</i> We are committed to building futures for students by providing opportunities for academic achievement, workplace preparation, and service to the community in a variety of allied health careers and health occupations to meet the needs of health care agencies and populations served. In addition, we encourage lifelong learning in personal health and human movement to enhance quality of life for all.	<i>Mission Statement</i> The LASC Registered Nursing Program provides students with a high-quality education in a learner-centered environment in collaboration with healthcare partners that leads to: • An Associate Degree in Nursing and Licensure; • An entry-level professional registered nurse who has the ability to utilize the latest health-care technology and implement current evidence-based practice. • The acquisition of the knowledge, skills, and attitudes (KSAs) to provide safe patient-centered care that meets the diverse and changing health care needs of individuals, families and communities. • A desire for life-long learning <i>Our Vision:</i> Transforming lives by continuously striving to provide excellent nursing education to meet the individual needs of the student and the health care needs of the community.

LASC NURSING PROGRAM PHILOSOPHY

Program Philosophy

The philosophy of the LASC Associate Degree Nursing Program reflects the interrelationship between the four central metaparadigms of nursing (person, environment, health, and nursing), incorporates the core values and program outcomes of the National League for Nursing's (NLN) Educational Competencies Framework and integrates the competencies of the Quality and Safety for Educating Nurses (QSEN) and Massachusetts Nurse of the Future (MNOF) competencies of communication, patient education, leadership, and professionalism.

While firmly based in science and the arts, the essence of nursing is ***caring*** and ***compassionate patient-centered*** care. ***Ethical standards***, respect for individual ***dignity***, and consideration of cultural ***diversity*** are implicit in the practice of ***holistic*** patient-centered care. The nurse advocates for patients, families, communities, and themselves in ways that promote self-determination, ***integrity***, and ongoing growth as human beings (***human flourishing***). Nursing care is provided in collaboration with the patient, the family and members of the health care team. The nurse displays a ***spirit of inquiry*** by examining evidence to improve quality of care, promote ***safety*** and improve patient outcomes. ***Nursing judgment*** is integral to making competent decisions related to the provision of safe and effective nursing care. Information essential to nursing care is ***communicated*** by a variety of technological and human means. The adoption of these key philosophical components fosters the development of the nurse's ***professional identity***.

The faculty is committed to ***excellence*** in the profession of nursing and quality education. Nursing education takes place in collegiate and community health care settings. It is a process whereby students learn from a theoretical foundation based upon the humanities and principles from the biological, physical, and behavioral sciences. The nursing program is based on the faculty's beliefs about the central metaparadigms of the discipline of nursing; the ***person*** receiving nursing, the ***environment*** within which a person exists, the ***health-illness*** continuum within which the person falls at the time of the interaction with the nurse, and, finally ***nursing*** actions themselves.

Beliefs about Person

A person is ***holistic*** and autonomous being with physical and psychosocial needs and desires worthy of dignity and respect.

A person is the combined effect of unique and complex attributes, values, and behaviors influenced by that person's experience.

Beliefs about Environment

The environment is comprised of both internal and external variables with genetic, physiological, socioeconomic, cultural, political, legal, ***ethical***, and spiritual dimensions that influences the person's health, and the person acts upon and influences the health of the environment.

Beliefs about Health

Health is a dynamic and fluctuating state, which may be viewed on a continuum.

The optimal state of health for the person is that which maximizes *human flourishing*.

Beliefs about Nursing

Nursing, as a profession, provides a unique service to society and is distinguishable from other healthcare professions.

The function of nursing is to promote optimal health, inspire hope, and respond to the needs of patients, families, and communities. Professionalism, leadership skills, effective communication, and patient education are integral components of this function.

Nursing is the promotion of *patient-centered* care that enhances *human flourishing* for patients and families, and communities through *teamwork and collaboration*; the use of *evidence-based practice*, the integration of technology and *informatics*; the endeavor of continuous *quality improvement*.

Beliefs about Students

Students realize goals through his/her own efforts and is responsible for his or her own acts. Each student strives for an “ideal self” against which measurements and evaluations are made. Adult students are self-motivated, take initiative and responsibility for learning outcomes, and strive to actively apply knowledge.

Beliefs about Education

Nursing education must enable students to understand and integrate knowledge from the biological and social sciences, the arts and humanities, and the body of knowledge about the practice of nursing to create and implement *evidence-based* plans of *patient-centered* care.

Nursing education must enable students to build relationships and communicate effectively with others and work comfortably in teams in order to promote a culture of open communication, respect, and shared decision-making to achieve quality patient care.

Nursing education must afford the student maximum opportunity to develop as a person by providing an environment which will cultivate the development of self-discipline, sound *nursing judgment*, *professional identity*, and a *spirit of inquiry*.

Nursing education should promote personal and professional growth, including the desire for a lifelong process of learning, refining, and internalizing behaviors and values that are consistent with Nursing’s history, goals, and Code of *Ethics* and provide students with the desire to continually improve the care of patients and ensure the sustainability of the profession.

Nursing education utilizes a variety of learning resources including the community, academic, and clinical settings.

Nursing education prepares students to function in complex environments while maintaining the highest standards of quality and *safety*.

Beliefs about Nursing Faculty

Nursing Faculty must adhere to the beliefs of nursing education; select appropriate learning experiences for which learning objectives can be met; create a positive and stimulating learning environment; evaluate the student's progress according to established criteria; provide feedback in a professional and timely manner; and, act as a resource and role model within the educational system, community, and nursing profession.

Core Values

Seven core values that are foundational for nursing practice are at the **core of the framework** to indicate that the nursing program is grounded in fundamental values. These core values include:

- **Caring:** "Promoting health, healing and hope in response to the human condition" (NLN 2010, p. 11)
- **Diversity:** "Recognizing differences among persons, ideas, values, and ethnicities while affirming the uniqueness of each" (NLN 2010, p. 12).
- **Ethics:** "Reflective consideration of personal, societal, and professional values, principles, and codes that shape nursing practice" (NLN 2010, p. 13).
- **Excellence:** "Creating and implementing transformative strategies with daring ingenuity" (NLN 2010, p. 12).
- **Holism:** "Culture of human caring that affirms the human person as the synergy of unique and complex attributes, values, and behaviors, influenced by that individual's environment, social norms, cultural values ..." (NLN 2010, p. 14)
- **Integrity:** "Respecting the dignity and moral wholeness of every person without conditions or limitation" (NLN 2010, p. 13).
- **Patient Centeredness:** "An orientation to care that incorporates and reflects the uniqueness of an individual patient's background, personal preferences, culture, values, traditions, and family" (NLN 2010, p. 14).

Integrating Concepts and Apprenticeships

The philosophy of nursing education is illustrated by the six integrating concepts of the QSEN competencies, and four values from the Massachusetts Nurse of the Future, which arise from the core values. The ten integrating concepts include:

- **Patient-Centered Care:** The provision of compassionate, age, and culturally sensitive care that is based on a patient's physiological, psychological, sociological and spiritual needs as well as preferences, values and beliefs which respect the patient and designee to promote safe, quality care (adapted from Massachusetts Nurses of the Future, 2010, NLN, 2010).
- **Safety:** The minimization of risk factors and errors of commission and omission that could cause harm to patient, self or others or delay patient recovery through individual, unit, or system performance (Adapted from QSEN, 2007, NLN, 2010, Giddens, 2017).
- **Informatics:** The design, development, use, and management of information science and technology as a communication and information management tool to direct care, mitigate

error, and support clinical decision making and evidence based nursing practice (Adapted from QSEN, 2007, NLN, 2010).

- **Teamwork and Collaboration:** The delivery of a coordinated approach to patient-centered care in partnership with the patient, other nurses, and inter-professional team members, fostering open communication, mutual respect, and shared decision-making to achieve safe, quality care (Adapted from QSEN, 2007, Giddens, 2017).
- **Quality Improvement:** The use of data and improvement methods consistent with current professional knowledge and evidence to monitor outcomes of care processes for the continuous improvement of health care services (Adapted from Massachusetts Nurse of the Future, 2010, NLN, 2010).
- **Evidence Based Practice:** The integration of best current evidence, clinical expertise, and patient involvement to guide nursing practice to achieve optimal patient-centered care (Adapted from Massachusetts Nurse of the Future, 2010, Giddens, 2017).
- **Leadership:** The process by which nurses act in an ethical manner to influence the behavior of individuals or groups of individuals using principles and standards fundamental to the profession of nursing and that facilitate the establishment and Acquisition/achievement of shared goals (Adapted from Massachusetts Nurse of the Future, 2010, ANA, 2015).
- **Professionalism:** The demonstration of accountable and responsible behavior of the nurse and internalization of core values integral to the profession of nursing that incorporates legal and ethical principles and regulatory guidelines that comply with standards of nursing practice (Adapted from Massachusetts Nurse of the Future, 2010, NLN, 2010).
- **Patient education:** The exchange of health-related information with patients and those close to them that facilitates acquisition of knowledge and adoption of new behaviors that can be incorporated to improve health outcomes into everyday life (Adapted from Giddens, 2017).
- **Communication:** The effective exchange of verbal and non-verbal information or messages between two or more people that promotes mutual respect and shared decision making with the goal of enhancing patient satisfaction and achieving optimal patient outcomes (Adapted from Massachusetts Nurse of the Future, 2010).

LOS ANGELES SOUTHWEST COLLEGE AND CONCEPTUAL MODEL

The Los Angeles Southwest College Competencies Model graphically illustrates the dynamic process of mastering competencies that are essential to practice as an entry-level nurse. The model engages the nursing students and the nurse educator in a transformative, proactive and collaborative encounter that represents an evolving and real-world experience in nursing education and practice.

The model consist of the following components: **Core Values are:** (*caring, diversity, integrity, ethics, excellence, and holism*); **Integrating Concepts are:** (*Safety, patient-centered care, teamwork and Collaboration, evidenced-based practice, informatics, quality improvement, leadership, professionalism, patient education, and communication*).



LASC End of Program Outcomes

The Student Learning Outcomes include outcomes that are reflected of the six QSEN and four MNOF integrating concepts to promote human flourishing and the development of nursing judgment, professional identify, and a spirit of inquiry.

The graduate of the LASC Nursing Program is able to:

- Evaluate nursing care provided to patients, families, and communities across the lifespan from diverse backgrounds in a variety of settings to ensure that it is compassionate, age and culturally appropriate and based on a patient's preferences, values and needs.
- Collaborate with members of the interprofessional health care team to manage and coordinate the provision of safe, quality care for patients, families, and groups.
- Demonstrate use of best current evidence and clinical expertise when making clinical decisions in the provision of patient-centered care.
- Use evidence-based information and patient care technology to communicate relevant patient information, manage care and mitigate error in the provision of safe, quality patient-centered care.
- Use evidence-based quality improvement processes to effect change in the delivery of patient-centered care.
- Demonstrate effective use of strategies to mitigate errors and reduce the risk of harm to patients, self and others in healthcare, home, and community settings.
- Use leadership, management and priority-setting skills in the provision and management of safe, quality patient-centered care.
- Assimilate integrity and accountability into practices that uphold established regulatory, legal, and ethical principles while providing patient-centered, standard-based nursing care.
- Provide health-related information to patients, families, and communities using varying teaching methods, which facilitate the acquisition of new knowledge and skills.
- Model verbal and nonverbal communication strategies that promote an effective exchange of information, development of therapeutic relationships and shared decision making with patients, families, and communities from diverse backgrounds.

Program (Graduate) Outcomes

1. 85% or greater of graduates from the Los Angeles Southwest College Associate Degree Nursing program will pass the NCLEX-RN Exam on the first attempt.
2. 80% or greater of employers will be satisfied with entry level ADN graduates' work performance 12 months after beginning employment.
3. 75% or greater of ADN graduates will be employed in the field of nursing or return to advanced education within 12 months.

References

Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P., Sullivan, D. T., and Warren, J. (2007). Quality and safety education for nurses. Nursing Outlook Special Issue: Quality and Safety Education. Retrieved from <http://qsen.org/competencies/pre-licensure-ksas/> (Links to an external site.)

National League for Nursing (NLN) (2010). Outcomes and competencies for graduates of practical/vocation, diploma, associate degree, baccalaureate, master's, practice, doctorate, and research doctorate programs in nursing. New York, NY: Author

Massachusetts Nurse of the Future: Retrieved from <http://www.mass.edu/nahi/documents/Toolkit-First%20Edition-May%202014-r1.pdf>

Program Concepts and Definitions

Concept	D
Patient-centered care	The provision of compassionate, age, and culturally sensitive care that is based on a patient's physiological, psychological, sociological and spiritual needs as well as preferences, values and beliefs which respect the patient and designee to promote safe, quality care (adapted from Massachusetts Nurses of the Future, 2010, NLN, 2010).
Teamwork and Collaboration	The delivery of a coordinated approach to patient-centered care in partnership with the patient, other nurses, and interprofessional team members, fostering open communication, mutual respect, and shared decision-making to achieve safe, quality care (Adapted from QSEN,
Safety	The minimization of risk factors and errors of commission and omission that could cause harm to patient, self or others or delay patient recovery through individual, unit, or system performance (Adapted from QSEN, 2007, NLN, 2010, Giddens, 2017).
Informatics	The design, development, use, and management of information science and technology as a communication and information management tool to direct care, mitigate error, and support clinical decision making and evidence based nursing practice (Adapted from
Quality improvement	The use of data and improvement methods consistent with current professional knowledge and evidence to monitor outcomes of care processes for the continuous improvement of health care services (Adapted from Massachusetts Nurse of the Future, 2010, NLN, 2010).
Evidence based practice	The integration of best current evidence, clinical expertise, and patient involvement to guide nursing practice to achieve optimal patient-centered care (Adapted from Massachusetts Nurse of the Future, 2010,
Leadership	The process by which nurses act in an ethical manner to influence the behavior of individuals or groups of individuals using principles and standards fundamental to the profession of nursing and that facilitate the establishment and acquisition/achievement of shared goals (Adapted from Massachusetts Nurse of the Future, 2010, ANA, 2015).
Communication	The effective exchange of verbal and non-verbal information or messages between two or more people that promotes mutual respect and shared decision making with the goal of enhancing patient satisfaction and achieving optimal patient outcomes (Adapted from
Patient education	The exchange of health-related information with patients and those close to them that facilitates acquisition of knowledge and adoption of new behaviors that can be incorporated to improve health outcomes into everyday life (Adapted from Giddens, 2017).
Professionalism	The demonstration of accountable and responsible behavior of the nurse and internalization of core values integral to the profession of nursing that incorporates legal and ethical principles and regulatory guidelines that comply with standards of nursing practice (Adapted from Massachusetts Nurse of the Future, 2010, NLN, 2010).



COMPETENCIES AND ROLES OF THE ASSOCIATE DEGREE GRADUATE

Role of the Associate Degree Nurse

Nursing action utilizes the nursing roles of associate degree graduates: Provider of Patient-Centered Care, Manager of Care, and Member of the Profession to motivate the patient toward self-care. Methods of intervention include acting for the patient as Patient Safety Advocate, providing or regulating the environment, promoting development and teaching the patient.

Roles of the Nurse are: Provider of Patient-Centered Care, Manager of Care, and Member of the Discipline of Nursing. (Adapted from Competencies of the Associate Degree Nurse on Entry into practice by the Council of Associate Degree Programs, NLN, 2010).



Role as Provider of Patient-Centered Care

As a provider of patient-centered care, the associate degree nurse uses the Nursing Process, QSEN Competencies and knowledge from medical, biological, physical and behavioral sciences, to assist patients in maintaining individualized care by:

1. ASSESSING

- 1.1 Collecting and contributing to a database of bio-psycho-social needs from available Resources (patient, family members/significant others, medical records and other health team members).
- 1.2 Identifying and documenting changes in health status which interfere with the patient's ability to meet universal self-care demands to maintain life, health and well-being.
- 1.3 Establishing nursing diagnoses based on patient needs.

2. PLANNING

- 2.1 Developing individualized care plans based upon the nursing diagnoses, and plans Culturally sensitive and developmentally appropriate interventions that follow established nursing protocols.
- 2.2 Identifying problems and establishing priorities for care with recognition of the client's relationship within a family, group and community.
- 2.3 Participating with clients, families, significant others and members of the nursing team

to establish short and long-term client goals.

2.4 Establishing measurable criteria for evaluation of goal attainment.

3. IMPLEMENTING

3.1 Carrying out individualized plan of care of clients according to established priorities and nursing protocols.

3.2 Assisting the client to overcome circumstances that interfere with the ability to meet self –care demands.

3.3 Utilizing nursing knowledge, skills and protocols to provide an environment conducive to optimal client care.

3.4 Participating in the prescribed medical regimen by preparing, assisting and following up on care for clients undergoing diagnostic and therapeutic procedures.

4. EVALUATING

4.1 Evaluating client care in collaboration with client(s), family/significant others and health team members by using established criteria.

4.2 Identifying alternate methods of increasing client adaptation and/or circumstances which interfere with the client and/or caregiver's ability to meet self-care demands, collaboratively modifies the plan of care and documenting changes.



Role as Manager of Care

As a manager of client care for a group of clients with common, well-defined, health problems in structured settings, the associate degree nursing graduate is responsible for:

1. ASSESSING

1.1 Evaluating the effectiveness of his/her own communication with clients, colleagues and others.

2. PLANNING

2.1 Setting care priorities.

3. IMPLEMENTING

3.1 Providing client care utilizing resources and other nursing personnel to commensurate-Educational preparation and experience.

3.2 Coordinating multidisciplinary approaches to client care.

4. EVALUATION

4.1 Evaluating effectiveness of care for selected clients in controlled situations.



Role as a Member of the Nursing Profession

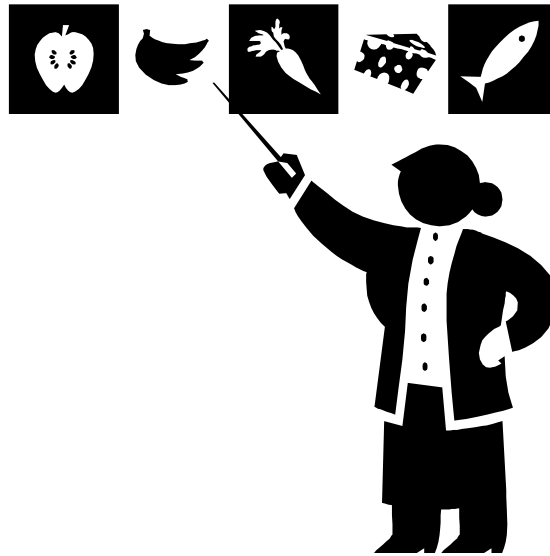
As a member within the profession of nursing, the associate degree graduate:

1. Is accountable for her/his practice.
2. Practices within the profession's ethical and legal framework.
3. Assumes responsibility for self-development and uses resources for continued learning.
4. Consults with a more experienced nurse when encountering unfamiliar issues or problems that he/she is unable to manage.
5. Participates within a structure role in research. (e.g., data collection)
6. Practices within the BRN Rules and Regulations and policies of the employing institution when they do not contradict scope of practice or other guidelines of regulatory bodies.
7. Identifies self as a member of the profession.
8. Participates actively as a consumer advocate.
9. Actively promotes participation in the profession of nursing to colleagues.

(Adapted from Competencies of the Associate Degree Nurse on Entry into Practice, developed 1977, revised 2010 by the Council of Associate Degree Programs, NLN, 2010).

SECTION II

FACULTY AND STAFF



NURSING DEPARTMENT PERSONNEL

Nursing Program Director/Department Chairperson

Dr. Catherine Azubuike, RN, MSN/Ed, DNP/Ed.

Assistant Directors

Professor Indiana McClellan, R.N., M.S.N

Dr. Nkonye P. Ezeobah, RN, M.S.N, FNP, RNC-MNN, EdD

Full Time Faculty:

1. Dr. Catherine Azubuike, RN, MSN/Ed, DNP/Ed.
2. Dr. Nkonye Ezeobah, R.N., M.S.N., FNP, RNC-MNN, EdD
3. Indiana, McClellan, R.N, M.S.N
4. Rosa Song, RN, M.S.N
5. Lorna, Thompson, RN, M.S.N
6. Dr. Victoria Omuson, RN, M.S.N., FNP, DNP
7. Sheila Joshway, RN, MSN

Adjunct Faculty:

1. Bridgette Holt-Carter, R.N.M.S.N
2. Marion White, R.N., B.S.N.
3. Nancy De La Cruz, R.N., B.S.N
4. Norma Haye, R. N., M.S.N
5. Dr. Eric Williams, RN, M.S.N, DNP
6. Chona, Biteng, R.N., B.S.N
7. Dr. Gerald, Tcheumani, RN, MSN, DNP
8. Mrs. Charity Chibueze, RN, MSN
9. Ezioma Azubuike, RN, MSN, NP
10. Isibor Nekpen, RN, MSN
11. Farquharson, Nadine, RN, MSN

Instructional Assistant: Asta Lake

Nursing Counselors:

Carla Reynoso

CLERICAL STAFF:

Aracely Martinez, Senior Office Assistant

PROGRAM ASSISTANT:

Erika Amador

**LOS ANGELES COMMUNITY COLLEGES
DISTRICT ADMINISTRATION
Dr. Francisco Rodriguez**



**LOS ANGELES SOUTHWEST
COLLEGE
ORGANIZATIONAL CHART
2019-2020**

**AMERICAN FEDERATION OF
TEACHERS FACULTY GUILD**

LOS ANGELES SOUTHWEST COLLEGE ADM

OTHER DISTRICT COLLEGES

DISTRICT CONTRACTS OFFICE

NURSING DIVISION CHAIRPERSON

**LACCD NURSING DIVISION & DEPARTMENT CHAIRPERSONS and
NURSING DISCIPLINE COMMITTEE**

VICE CHAIRPERSON

VICE CHAIRPERSON

INSTRUCTORS

CLASSIFIED STAFF

STUDENTS

**ASSOCIATED STUDENTS
ORGANIZATION**

AFT EXECUTIVE BOARD

**Board of Registered Nursing
Advisory Committee
COADN Directors
LA Nurse Executive Groups
Allied Health Directors
Regional Occupational CNTS
Community Groups
Area High School Groups
District Academic Senate
College CPC & Academic Senate**

***CLINICAL AGENCIES**

DON-Nursing Administrators
Directors of Education
Clinical Managers
Patient Care Coordinators
Clinical Nurse Specialists
Nursing Staff

***CLINICAL AGENCIES**

Kaiser Permanente Hospital, West LA & Sunset
Dignity Hospital
Centinela Hospital
View Heights Convalescent Hospital
Providence-Little Company of Mary Hospital – San Pedro
Kedren Hospital

SECTION III

ADMISSION POLICIES



RN PROGRAM GENERAL INFORMATION

The Registered Nursing Program at Los Angeles Southwest College provides a basic curriculum in nursing education that satisfies requirements for the Associate in Science Degree with a major in Nursing. Completion of the pre-requisites, co-requisites and nursing coursework enables the graduate to take the National Council Licensure Examination (NCLEX-RN) to obtain licensure as a registered nurse in the State of California.

The nursing department conducts informational counseling and advisement workshops to Assist students with admission process.

If any student has been convicted of a criminal offense other than a minor traffic violation; the student should discuss the incident fully with the Board of Registered nursing prior to selecting nursing as a major. By law, an individual's record of convictions is subject to review before consideration for the issuance of a registered nursing license.

A GPA of 2.5 or better is required in all science, general education, and nursing courses to obtain the Associate Degree in Nursing.

All nursing program candidates, prior to admission to the nursing program must take scheduled ATI TEAS test to demonstrate proficiency in Mathematics, Sciences, English and Language. TEAS' testing is scheduled for candidates who have met the nursing program admission requirements. For students who do not demonstrate the required skill levels, self-paced learning experiences are available to assist the student in developing the required proficiency. Test date, time and location information is mailed to eligible candidates.

The nursing curriculum at Los Angeles Southwest College provides for three options for eligibility to take the NCLEX licensure examination, the Generic Option, the LVN-RN Transition and the 30 Unit Option. Both the LVN –RN Transition and the Generic Options offer the student a course of study which leads to the Associate Degree in Nursing. Mandated by the Board of Registered Nursing, the 30 Unit Option permits Licensed Vocational Nurses to take courses beyond the first year of the program. The 30 unit option does not confer an Associate Degree.

Los Angeles Southwest College Associate Degree Nursing Program Admission Requirements



A United States high school diploma or its equivalent is required. The G.E.D. test or the California High School Proficiency Examination may meet the equivalency. A degree from a United States College or University may also meet this requirement. Official transcripts are required.

A cumulative 2.5 G.P.A. in all course work completed at a United States accredited colleges and/or universities is required. **A grade of “C” or better must be earned in all general education courses applicable to the Associate Degree in nursing.**

Program Prerequisites*

Biology 20 (Anatomy and Physiology)	8 units
- OR -	
Anatomy 1	4 units
- AND -	
Physiology	4 units
Microbiology 1	5 units
English 101	3 units
Psychology 1 OR	3 units
Psychology 41	3 units
Sociology 1	3 units
Communication 101	3 units
Math 125 (Intermediate Algebra)-OR Placement in Transfer Level Math, OR Meet Math Competency	4 units
** Government (Political Science 1 – OR - History 11, 12, 41, 42, 43)	3 units
** Humanities (Graduation Plan B Option)	3 units

Admission Selection Criteria Policy

The Los Angeles Southwest College (LASC) uses the California Community College Chancellor’s Office ADN-Model Prerequisite Validation, as their admission selection criteria into their Associate Degree Registered Nursing (ADN) Program, such as:

- Cumulative College grade point average (GPA-2.5 minimum);
- Core Biology GPA-2.5 minimum,
- Core Biology Repetitions, not more than one repetition in all the science courses, and
- ATI TEAS’s score minimum 62% cumulatively on the first attempt).

Application Procedure



1. Make appointment to meet the Nursing Counselor for transcript evaluation
2. Obtain an application from the Nursing Department Office and submit a completed application packet to the Nursing Department Office. Only completed packets will be accepted and processed for admission. The completed application packet includes:
 - Official transcript(s) verifying U. S. High School graduation, G.E.D., California Proficiency Examination, or U.S. College or University degree.
 - Official transcripts from ALL colleges and universities attended. Please **note**: an official transcript of courses completed at Los Angeles Southwest College must also be submitted. **No credit** will be given for courses “**in progress**”.
3. **To be considered for fall enrollment, the application period is from January 15th to February 15th. To be considered for spring enrollment the application is from July 15th to August 15th.** Student is considered for admission the semester following filing a completed application packet to the nursing office.
4. Approximately eight weeks after the application deadline, new candidates will be notified **by mail** regarding application status. Please notify the Nursing Department immediately if your address or telephone number change.

Selection Process

1. Each semester, following the application deadline, the most qualified candidates are admitted to the Nursing Program. In the event the Nursing program has received applications for more than the allotted seats, the selection process is done by **lottery process** by the admission committee members.
2. A list of alternates is developed using the same criteria as for accepted candidates.
3. A **mandatory** general nursing program orientation is scheduled prior to the start of each semester. Failure to attend the orientation will disqualify your admission to the program.
4. There is also a nursing Boot Camp (Nursing 540) that is offered in the summer and winter sessions. It is open to all students; this course will help incoming students with basic nursing skills. **Highly Recommended.**

NOTE: It is the candidate's responsibility to notify the Nursing Department Office AND the College Office of Admissions of any changes in name, address, and/or phone number and e-mail address.

Health Requirements



The student must be free from communicable diseases, infection, psychological disorder(s) and other conditions that present a threat to, or negatively impact the well-being of faculty, other students, and patients, or would prevent successful performance of the responsibilities and tasks required in the nursing program.

Each student is required to have a complete physical examination prior to admission to the nursing program and the physical examination must be repeated **annually**. The following are required as a part of the physical requirements: **complete blood count, VDRL or MMR, urinalysis, TB skin test or chest x-ray, evidence of polio vaccination, immunity from rubella, rubeola, varicella, Hepatitis B, and mumps (2-Steps PPD for second semester)**. Immunity can be verified by titers. If there is no immunity, some immunizations are available and are required. **There is a waiver for Hepatitis B immunization, Pertussis (Tdap or Whooping cough) and Flu shot.**

Copies of the health requirement, including documentation of test results and immunizations must be submitted with the completed health record prior to admission to the first required nursing course. The student is responsible for the costs of all tests, immunizations and physical examination.

CPR Certification, Insurance and Other Requirements



1. Upon admission to the nursing program students must have a current Cardiopulmonary Resuscitation Card, (BLS issued by American Heart Association). The certifying course must include 1 and 2 person, adult, child and infant CPR, airway management information and competencies.
2. Nursing student liability insurance is mandatory and must be active for the student to participate in the clinical component of all nursing courses. (Application for the liability insurance is provided during the orientation meeting.
3. Each clinical course instructor will verify student's CPR and liability insurance.
4. Fire card is required in most hospitals in Los Angeles area; therefore, fire card is required of all students. Fire class can be obtained from any agency that offers fire class.
5. Application for membership in the National Student Nurses' Association is also provided at the orientation meeting for candidates accepted for admission or alternate admission status.
6. Transportation for clinical experiences is the responsibility of each student enrolled in the nursing program.

Nursing Registration Procedure



1. All students must be admitted to Los Angeles Southwest College prior to registering for nursing or other courses. Registration packets are available in the Admissions Office.
2. **Registration to nursing courses is by PERMIT ONLY.** The nursing department individually programs students. The nursing department completes a registration email indicating the course(s) for which the student is to register.
3. Registration permits are sent to the students by email each semester. Students can **ONLY** register for course(s) and section(s) listed on his/her registration email.

LASC Nursing Department Credit by Examination Policy:

1. Students who have been accepted into the Nursing Program may be considered for the credit –by –examination option for a course if they meet the departmental and course criteria for this option.
2. A student wishing to be considered for “credit by examination” option must meet all general entrance requirements of the Associate Degree Nursing program, including completion of designated prerequisites and achievement of required cut score on nursing readiness entrance examination (Test of Academic Skills (**TEAS**)).
3. The student must make a written request for credit by examination for the nursing course six-weeks before the beginning of the semester, and exams must be taken in sequential order.
4. The student must satisfy the rules and regulations established in the LASC policy for petitioning for credit by examination (refer to current LASC catalog for the established criteria)
5. The student must have satisfactorily completed the pre-requisites of the nursing course/s being challenged.
6. The student requesting for credit by examination option must submit to the Department Chairperson documentation of all previous course work and /or experience/s that the petitioner believes qualifies him/her for course credit by examination for the course (s) they wish to challenge
7. The Nursing Policy/Admission committee will determine eligibility.
8. Qualified applicants will be contacted by the examiner following the decision of the Policy/Admission committee, advising:
 - a. The date and the course materials will be available
 - b. Suggested dates and location of the examination
 - c. Dates of scheduled clinical experiences that include development of nursing care plans;(nursing care plans will be grades as Pass/Fail)
9. The student must be enrolled and pay all fees.
10. The current established theory and clinical course outlines, objectives, learning activities and recommended readings in the course/s being challenged will be used.
11. The examination criteria, theory and clinical, will be the same criteria currently established for the specific course/s being challenged.
12. Theory, clinical and skills lab must be passed to receive a grade for the course.

13. The theory credit by examination must be passed at **75%** or higher before the clinical portion can be challenged.
14. The applicant must be satisfactory rated during the clinical evaluation.
15. The applicant must be successful in both components of the course to receive a grade of “**CR**”. Failure to achieve a passing score on the theory portion and/or an unsatisfactory rating in the clinical examination will result in a grade of “NCR.”
16. A successfully completed credit-by-examination will be entered on the student’s records as “CR” (Credit) by examination and unsuccessful credit by examination will be entered on the student’s record as “NCR” (noncredit). The grade will be given upon completion of the theory and clinical examination.
17. The petitioner will be informed of his /her grade and the grade will be submitted to the Admission and Records Office. Unsuccessful challengers will be allowed to enroll in the course upon space available.

Credit by examination for Advanced Placement for Military-Trained Health Care Personnel Procedure:

Individuals who have documented military education and experience in health care occupations may be eligible for advanced placement. Please review and follow the policies below.

- A. Individuals who have documented military education and experience in health care occupations may be eligible for advanced placement into the LACCD nursing programs.
- B. Documentation of education and clinical experience for military health care occupations must demonstrate satisfactory completion of education and experience. Official transcript(s) **and** documentation of experience (on official letterhead) must be submitted.
- C. Applicants must meet all general entrance requirements of the Associate Degree Nursing program, including completion of designated prerequisites and achievement of required cut score on nursing readiness entrance examination (Test of Academic Skills (**TEAS**)).
- D. Acceptance of military challenge/advanced placement students into the Associate Degree Nursing Program is contingent upon space availability.
- E. Applicants must adhere to the credit by examination policy and procedure, as stated in the Student Handbook and College Catalog (**Petition for Credit by Examination**) and as stated below:
 1. The petitioner must:
 - a. Satisfy the rules and regulations established in the LASC policy for petitioning for credit for examination (refer to current LASC catalog for the established criteria)
 - b. Have satisfactorily completed the pre-requisites of the nursing course/s being challenged
 - c. Submit to the Department Chairperson documentation of all previous course work and /or experience/s that the petitioner believes qualifies him/her for course credit by examination
 2. The petition, document and recommendations of the Chair will be presented and discussed with the Nursing Program’s Policy/Admission committee at the next regularly scheduled meeting.
 3. The Nursing Policy/Admission committee will determine eligibility.
 4. Qualified applicants will be contacted by the examiner following the decision of the Policy/Admission committee advising:
 - a. The date the course materials will be available
 - b. Suggested dates and location of the examination
 - c. Dates of scheduled clinical experiences that include development of nursing care plans; (Nursing care plans will be grades as Pass/Fail).
 5. A successfully completed credit-by-examination will be entered on the student’s records as “CR” (Credit) by examination and unsuccessful credit by examination will be entered on the

student's record as "NCR" (noncredit). The grade will be given upon completion of the theory and clinical examination.

6. The petitioner will be informed of his /her grade and the grade will be submitted to the Admission and Records Office. Unsuccessful challengers will be allowed to enroll in the course upon space available.

Routes for Licensed Vocational Nurses to Qualify to Become Registered Nurses

The Nursing Program at Los Angeles Southwest College offers three routes for Licensed Vocational Nurses to qualify to take the NCLEX Examination for licensure as a Registered Nurse:

Route 1

The Licensed Vocational Nurse may choose to enroll in the entire Nursing Program as outlined in Section III. This route leads to the Associate in Science Degree in Nursing.

Route 2

The Licensed Vocational Nurse may choose to challenge nursing courses by taking an examination reflecting content of the course. To be eligible, the applicant must be officially admitted to the Nursing Program and have on file the following information in the Nursing Department:

- a. A letter addressed to the Nursing Department, stating intent to take challenge examination(s). This letter must contain a statement verifying that the eligibility requirements have been met.
- b. Official Transcripts from the Vocational Nursing Program.
- c. Copy of current California license as an LVN.

An appointment will be made with the Nursing Department Chairperson for verification of eligibility to take the challenge examination(s). Students who are successful with challenge examination(s) are admitted to the program with advanced placement, based on space availability. The student will progress through the program from the course they are admitted to the end of the program according to the Curriculum outlined in Section III.

Route 3 – 30 Unit Option

Consistent with the Rules and Regulations of the Board of Registered Nursing, the Nursing Department offers the licensed vocational nurse the educational option to qualify for the NCLEX – RN for the State of California. Information and counseling on the 30-Unit Option may be obtained from the Nursing Department.

The applicant seeking the 30-Unit Option must be currently licensed in California as an LVN. Admission to the program is on space availability in specified courses. Once an individual begins the 30-Unit Option, they are not permitted to switch routes.

Students who complete the 30-Unit Option Route are not graduates of Los Angeles Southwest College. They do not receive a degree, nor are they permitted to wear the Nursing Pin of this College. Practice as a registered nurse MAY be limited to the State of California.

SECTION IV

CURRICULUM DESIGN

AND COURSE DESCRIPTIONS



Associate Degree Nursing – Curriculum

First Year

<u>First Semester</u>	<u>Units</u>	<u>Second Semester</u>	<u>Units</u>
Nursing 501 A	5	Nursing 502 A	4.5
Nursing 501B	<u>5</u>	Nursing 503 B	<u>4.5</u>
	10		9

Second Year

<u>First Semester</u>	<u>Units</u>	<u>Second Semester</u>	<u>Units</u>
Nursing 506 A	4.5	Nursing 502 B	4.5
Nursing 506 B	<u>4.5</u>	Nursing 503 A	4.5
	9	Nursing 507	<u>1.0</u>
			10

Total Units for Nursing Courses: 38 Units

Thirty Unit Option Curriculum

Courses required for the LVN to qualify to take the NCLEX Examination to qualify for licensure in the State of California:

Physiology I	4.0 units
Microbiology 1 or 20	5.0 units
Nursing 518: (Seminar for Transfer Students)	2.0 units
Nursing 502-B: (Intermediate Medical Surgical Nursing)	4.5 Units
Nursing 503 A: (Advanced Medical-Surgical Nursing)	4.5 units
Nursing 503 B: (Psychiatric Nursing)	4.5 units
Nursing 507: (Senior Seminar)	<u>1.0 unit</u>
Total	25.5 units

Los Angeles Southwest College (LASC)–ADN Curriculum (Revision 2018)
Course of Study

Academic Calendar	Nursing Courses	Credit/Contact Hours
Year 1- Fall	Nursing 501-A (Fundamentals of Nursing) Nursing 501-B (Fundamentals of Nursing-	5 units (8 weeks) 5 units (8 weeks) <u>Total Credit hour</u> =10 Units
-Spring	Nursing 503-B (Mental Health Nursing) Nursing 502-A (Beginning Med/Surg. A)	4.5 units (8 weeks) 4.5 units (8 weeks) <u>Total Credit hour</u> =9 Units
Year 2- Fall	Nursing 506-A (Pediatric Nursing) Nursing 506-B (Obstetric Nursing)	4.5 units (8 weeks) 4.5 units (8 weeks) <u>Total Credit hour</u> =9 Units
-Spring	Nursing 502-B (Intermediate Nursing) Nursing 503-A (Advanced Med/Surg.) Nursing 507 (Leadership/Senior Seminar)	4.5 units (8 weeks) 4.5 units (8 weeks) 1 unit (8 weeks) <u>Total Credit hour</u> =10 Units

Total Program Credit Hours

38 Credit hours

COURSE DESCRIPTIONS

Nursing 501A – FUNDAMENTALS OF NURSING I 5 CSU Units

Prerequisite: Admission to the nursing program

Hours per week: Lecture: 5 hours; laboratory: 17 hours/ 8 weeks

This course provides an introduction to nursing and roles of the nurse. Emphasis is placed on the knowledge skills, and attitudes needed to provide safe, quality care. The theoretical foundation for basic assessment and nursing skills is presented, and the student is given an opportunity to demonstrate these skills in a clinical laboratory setting. Focus is placed on taking a thorough nursing history, performing physiological, psychological, sociological, cultural, and spiritual assessments, as well as identification of stressors and health risks. Laboratory experiences provide an opportunity to practice assessment skills on adults and older adults. An introduction to the nursing process provides a decision-making framework to assist students in developing effective clinical judgment skills.

Nursing 501B – FUNDAMENTALS OF NURSING II 5 CSU Units

Prerequisite: Nursing 501A (Fundamentals A)

Hours per week: Lecture: 5 hours; laboratory: 17 hours/ 8 weeks

This course continues introducing students to the knowledge, skills, and attitudes needed to provide safe, quality, patient-centered care. Emphasis is placed on the knowledge and skills needed to provide safe, quality care. Emphasis is placed on further developing assessment skills in the lab and clinical settings. Focus is placed on using the nursing process to increase clinical judgment skills on real and simulated patients. Students are provided opportunities to practice and perform selected skills in the laboratory and clinical environments.

Nursing 502A – MEDICAL-SURGICAL NURSING I 4.5 CSU Unit

Prerequisite: Nursing 503B (Mental Health Nursing) or advanced placement

Hours per week: Lecture: 4.5 hours; laboratory: 17 hour/ 8 weeks

This course focuses on the care of adult patients with health alterations that require medical and/or surgical intervention. Emphasis is placed on the care of patients with alterations in selected body functions. Concepts of patient centered care, cultural sensitivity, informatics, safe practice, and professionalism are integrated throughout the course. Clinical experiences provide the student an opportunity to apply theoretical concepts and implement safe patient care to adults and older adults in a variety of settings.

Nursing 502B– MEDICAL-SURGICAL NURSING II 4.5 CSU Unit

Prerequisite: Nursing 506A & B (Pediatric & Obstetric Nursing)

Hours per week: Lecture: 4.5 hours; laboratory: 17 hour/ 8 weeks

This course focuses on the care of adult patients with medical and/or surgical health alterations. Emphasis is placed on the care of patients with alterations in selected body functions. Concepts of health promotion, health education, evidence based practice, and interdisciplinary collaboration will be integrated throughout the course. Clinical experiences provide the student an opportunity to apply theoretical concepts and implement safe care to patients and selected groups in a variety of settings.

Nursing 503A – ADVANCED MEDICAL-SURGICAL NURSING 4.5 CSU Units

Prerequisite: Nursing 502B (Medical-Surgical Nursing)

Hours per week: Lecture: 4.5 hours; laboratory: 17 hour/ 8 weeks

This course focuses on advanced concepts of nursing care as they relate to patients across the lifespan with complex, multisystem alterations in health. Emphasis is placed on implementing time management and organizational skills while managing the care of patients with multiple needs and collaborating with the interdisciplinary team. Complex clinical skills, as well as priority setting, clinical judgment, and tenets of legal and ethical practice, are integrated throughout the course. Clinical experiences provide the student an opportunity to apply theoretical concepts and implement safe care to patients and selected groups in a variety of settings.

Nursing 503B – PSYCHIATRIC NURSING

4.5 CSU Units

Prerequisite: Nursing 501B or advanced placement

Hours per week: Lecture: 4.5 hours; laboratory: 17 hour/ 8 weeks

This course focuses on the care of patients across the lifespan experiencing cognitive, mental and behavioral disorders. Emphasis is placed on management of patients facing emotional and psychological stressors as well as promoting and maintaining the mental health of individuals and families. Concepts of crisis intervention, therapeutic communication, anger management, and coping skills are integrated throughout the course. The community as a site for care and support services is addressed. Clinical experiences provide the student an opportunity to apply theoretical concepts and implement safe patient care to patients in selected mental health settings.

Nursing 506A – PEDIATRIC NURSING

4.5 CSU Units

Prerequisite: Nursing 506B (Obstetric Nursing)

Hours per week: Lecture: 4.5 hours; laboratory: 17 hour/ 8 weeks

This course provides an integrative, family-centered approach to the care of children. Emphasis is placed on normal growth and development, family dynamics, common pediatric disorders and the promotion of healthy behaviors in patients. Clinical experiences provide the student an opportunity to apply theoretical concepts and implement safe patient care to children in selected settings.

Nursing 506B – MATERNAL-CHILD NURSING

4.5 CSU Units

Prerequisite: Nursing 502-A & Nursing 503-B

Hours per week: Lecture: 4.5 hours; laboratory: 17 hour/ 8 weeks

This course provides an integrative, family-centered approach to the care of mothers and newborns. Emphasis is placed on normal and high-risk pregnancies, normal growth and development, family dynamics and the promotion of healthy behaviors in patients. Clinical experiences provide the student an opportunity to apply theoretical concepts and implement safe patient care to mothers and newborns in selected settings.

Nursing 507 – SENIOR SEMINAR - 1 CSU Unit

Prerequisite: Nursing 506 A & B

Co-requisite: Nursing 503A

Hours per week: Lecture: 2 hours/ 8 weeks

This course facilitates the transition of the student to the role of a professional nurse in the microsystem of a work unit. Emphasis is placed on contemporary issues and management concepts, as well as developing the skills of delegation, conflict management, and leadership. Legal and ethical issues are discussed with a focus on personal accountability and responsibility. Standards of practice and the significance of functioning according to state regulations and statutes are analyzed. Clinical experiences provide the student the opportunity to apply theoretical concepts while functioning in a leadership role.

SECTION VI

PROGRAM

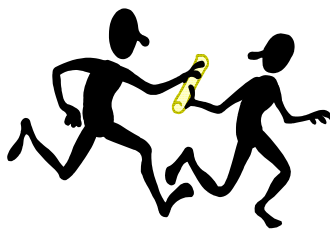
POLICIES

PROGRESSION

THROUGH

NURSING

PROGRAM



LOS ANGELES SOUTHWEST COLLEGE NURSING PROGRAM FUNCTIONAL ABILITIES

Certain functional abilities are essential for the delivery of safe, effective nursing care. These abilities are essential in the sense that they constitute core components of nursing practice, and there is a high probability that negative consequences will result for patient/clients under the care of nurses who fail to demonstrate these abilities. A program preparing students for the practice of nursing must attend to these essential functional abilities in the education and evaluation of its students.

The nursing faculty at Los Angeles Southwest College has identified those functional abilities considered to be essential to the practice of nursing. The Functional Abilities are reflected in course objectives and in clinical evaluation tools, which are the basis for teaching and evaluating all nursing students.

Applicants seeking admission into the nursing program who have questions about the functional abilities and appropriate reasonable accommodations are invited to discuss their questions with one of the nursing program faculty or the program faculty or the program director. Reasonable accommodation will be directed toward providing an equal educational opportunity for students with disabilities while adhering to the standards of nursing practice for all students. Continuing students who are unable to maintain functional abilities with reasonable accommodation will be withdrawn from the program.

Standards

The practice of nursing requires the following functional abilities with or without reasonable accommodations:

1. **Visual acuity** sufficient to assess patients and their environments and to implement the nursing care plans that are developed from such assessments.
Examples of relevant activities:
 - Detect changes in skin color or condition
 - Collect data from recording equipment and measurement devices used in patient care
 - Detect a fire in a patient area and initiate emergency action
 - Draw up the correct quantity of medication into a syringe
2. **Hearing ability** sufficient to assess patients and their environments and to implement the nursing care plans that are developed from such assessments.
Examples of relevant activities:
 - Detect sounds related to bodily functions using a stethoscope
 - Detect audible alarms within the frequency and volume ranges of the sounds generated by mechanical systems that monitor bodily functions
 - Communicate clearly in telephone conversations
 - Communicate effectively with patients and with other members of the health care team

3. **Olfactory ability** sufficient to assess patients and to implement the nursing care plans that are developed from such assessments.
Examples of relevant activities:
 - Detect foul or unusual odors of bodily fluids or spoiled foods
 - Detect smoke from burning materials
4. **Tactile ability** sufficient to assess patients and to implement the nursing care plans that are developed from such assessments.
Examples of relevant activities:
 - Detect changes in skin temperature
 - Detect unsafe temperature levels in heat-producing devices used in patient care
 - Detect anatomical abnormalities, such as subcutaneous crepitus, edema, or infiltrated intravenous fluid
5. **Strength and mobility** sufficient to perform patient care activities and emergency procedures
Examples of relevant activities:
 - Safely transfer patients in and out of bed
 - Turn and position patients as needed to prevent complications due to bed rest
 - Hang intravenous bags at the appropriate level
 - Accurately read the volumes in body fluid collection devices hung below bed level
 - Perform cardiopulmonary resuscitation
6. **Fine motor skills** sufficient to perform psychomotor skills integral to patient care
Examples of relevant activities:
 - Safely dispose of needles in sharps containers
 - Accurately place and maintain position of stethoscope for detecting sounds of bodily functions
 - Manipulate small equipment and containers, such as syringes, vials, ampules, and medication packages, to administer medications
7. **Physical endurance** sufficient to complete assigned periods of clinical practice.
8. **Ability to speak**, comprehends, read, and writes in English at a level that meets the need for accurate, clear, and effective communication.
9. **Emotional stability** to function effectively under stress, to adapt to changing situations, and to follow through on assigned patient care responsibilities.
10. **Cognitive ability** to collect, analyze, and integrate information and knowledge to make clinical judgments and management decisions that promote positive patient outcomes.

Physical Requirements for Clinical Nursing Role

To assist students in informing their physicians or nurse practitioners of the nature of what students are expected to do during their clinical course activities, the following was developed based on physical requirements identified in the RN role description at one of the program's affiliating clinical agencies.

1. **Sitting-occasional:** While charting, talking on the phone, etc. – **Up to 1.5 hours in an 8 hour shift.**
2. **Standing and walking-continuous:** During all phases of patient care within the unit and throughout the hospital.
3. **Lifting-frequent:** Lifting patient (with help). From side to side, up in bed, transferring from bed to chair, from bed to gurney, etc. Weight lifted usually **ranges from 100 to 250 pounds, rarely 250 to 500 pounds (with help).**
4. **Pushing-frequent:** pushing beds, gurneys and wheelchairs, **Up to 45 pounds' effort.**
5. **Pulling-frequent:** Positioning patients in bed or during transfer to and from gurneys, wheelchairs and commodes, **Up to 70 pounds' effort.**
6. **Crouching (bending at knees)-frequent:** Emptying catheter drainage bags, checking chest tube containers, positioning wheelchair foot supports.
7. **Stooping (bending at waist)-frequent:** During bathing, feeding, dressing changes, catheterizations, and similar procedures.
8. **Twisting-frequent:** Transferring patients from chair to bed, feeding patients, performing some sterile procedures.
9. **Reaching-frequent:** During bathing, manipulating IV equipment, obtaining supplies.
10. **Kneeling- occasional:** Transferring patients, performing CPR
11. **Handling/grasping-frequent:** Preparing and administering medications, performing dressing changes and similar procedures, manipulating oxygen equipment, obtaining supplies, using computer mouse, etc.
12. **Operation of equipment and tools-frequent:** Setting up and monitoring IV equipment such as infusion pumps (**40 pounds effort**). Cardiovascular hemodynamic equipment (**40 pounds effort**), suction equipment (**30 pounds effort**), and various other items **ranging from 2 to 40 pounds' effort.**

Enrollment in the Program

Students enrolled in the program are not allowed to take courses at another nursing program without permission of the Director. This requires special circumstances and a decision will be made on a case – by –case basis.

Transfer Students

All transfer students are admitted on space availability. Transfer students who are eligible for readmission at their former nursing program(s) will be considered to have no withdrawals/dismissals at the time of their admission to LASC nursing program. Students who were enrolled in nursing courses at LASC, took nursing courses at another college, and returned to LASC are not considered transfer students

Nursing courses taken at other colleges must be evaluated by the nursing department for comparability of units and course content. The student must request a copy of all previous course work and must bring one transcript to the nursing office and another official transcript to the Office of Admission and Records.

The student must submit the following information to the nursing office:

- ✓ Transcripts showing completion of all required prerequisites;
- ✓ A current transcript from all previous nursing program,
- ✓ Course outline, catalog description, or other official source of content and number of units for each previous nursing course,
- ✓ **Letter of reference from the school from which you wish to transfer denoting safe clinical performance; and**
- ✓ A completed request for transfer to the LASC Nursing Program (obtain form from nursing office)

Transfer students who are ineligible for readmission to their former nursing program(s) will be considered to be entering the LASC nursing program with one withdrawal. This student is, ineligible for reinstatement/readmission after one withdrawal/failure from the LASC nursing program (**if the student has failed a nursing course in the previous program(s), he/she will be dropped from LASC nursing program with the first failure**). However, a nursing student who failed out from any of the colleges in the LACCD is **ineligible** to transfer to LASC Nursing Program.

The transfer student is required to take Nursing 518 prior to a clinical nursing course.

A transfer student who withdraws from a nursing course at LASC for personal reasons (e.g., pregnancy, illness, family crisis, financial difficulties, etc.) will be given additional consideration through faculty review, upon the student's written request describing such reasons.

In order to be considered a graduate of the LASC nursing program, the transfer student must complete at least 15 units of nursing courses at LASC; otherwise the previous nursing program will be considered as the school of record.

Foreign Trained Nurses

All foreign Trained Nurses admitted to a nursing class must adhere to the nursing students' guidelines and policies as listed in the nursing students hand book.

To affiliate with clinical facilities it is the student's responsibility to ensure that their immigration status is current and appropriate to affiliate with our clinical agencies. Failure to comply with this regulation will result in the student not being able to continue in the program, until immigration issue is resolved.

Grading Policy

Each course in the Nursing Department will use the grades of A, B, C, D, F and Incomplete for required courses in the program. The majority of the courses in the program include a theory and concurrent clinical. Letter grades are used in the theory portion and satisfactory or unsatisfactory is used for the clinical portion of the course. The passing grade in the Nursing Program is a "C" with a minimum of **75%**

1. A grade of "C" or better in theory and "satisfactory" for the clinical/laboratory portion must be received to progress in the program.
2. A course that has only theory (lecture only or seminar) requires a grade of "C" or better for passage.
3. A cumulative grade point average of 2.0 or higher must be maintained at all times in order to advance/progress in the program.
4. A student who passes theory and fails to achieve a grade of "satisfactory" in the clinical or who achieves a "satisfactory" in clinical and fails to achieve a grade of "C" or higher in theory fails the course and will not be allow to progress to the next course.
5. When circumstances necessitate a student not completing the course and the student has met the criteria to receive an "Incomplete" grade, the student is not allowed to progress to the next course until work necessary to complete the course is completed and a grade of "C" or higher is achieved.
6. In order to receive a "W" grade. A student must have a passing grade of 75% or higher and satisfactory in the clinical prior to withdraw and must drop before the College's final date to withdraw without penalty.
7. A student remaining in a course past the College's final date for withdrawal without penalty will receive the grade earned.
8. A student who fails to complete work required to convert an "Incomplete" grade to a passing grade in the allocated period of time, will earn a failing "F" grade for the course per District Policy.
9. The following percentage grading scale is used:
 - A = 92 – 100%
 - B = 83 – 91%
 - C = 75 – 82%
 - D or F = ≤ 74%

Critical Clinical Competencies

Mastery of these competencies must be demonstrated in each clinical course for progression to the next course.

As a Provider of Patient-Centered Care, the student:

- Demonstrates safe practice of designated nursing skills.
- Provides for physical safety of patient
- Passes Medication Calculation Exam appropriate to level (See Dosage and Calculation Proficiency Policy)
- Protects patient from emotional jeopardy
- Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.

As a Manager of Care, the student:

- Seeks assistance from instructor or health care team members for care which is beyond the student's level of knowledge or experience.

As a Member of the Discipline of Nursing, the student:

- Calls attention to own errors and reports situations accurately
- Maintains confidentiality.
- Complies with college and agency policies and procedures.
- Submits required graded policies.

In addition to the critical clinical competencies, course-specific clinical competencies have been defined and form the basis for the clinical evaluation tools used in each course. These competencies, which reflect the three roles of the Associate Degree Nurse, operationalize the standards associated with each role as defined by the National League for Nursing's project, Educational Outcomes of Associate Degree Nursing Programs: Roles and Competencies (2010).

RETENTION AND REMEDIATION PLAN

The purpose of a retention and remediation plan is to increase retention of students and aid their successful progression through the program. The plan consists of concurrent and terminal review as well as individualized recommended prescriptive remedies. The plan utilizes the following strategies to motivate students to engage in continuous review to enhance learning:

1. To assist with reading and comprehension, students are referred to the Learning Resource Center (LRC) located in the Cox building 3rd floor.
2. Review of math and medication dosage calculation skills is available at Computers in the nursing skills lab located in the SOCTE 131 and supervised learning assistance in the nursing skills lab with a lab instructor.
3. Critical thinking and test taking strategies are provided. Standardized testing and Computer Assistive Instructional modules and CDs, located in the nursing skills lab.
4. Standardized content mastery exams are conducted at the end of each rotation (Psychiatric nursing, Medical/Surgical, OB/Peds, & Community health):
First Semester - Nursing Fundamentals (501B): Will be administered
Second Semester - Psychiatric Nursing: Will be administered
Third Semester - Pediatrics/Maternal Health: Will be administered
Fourth Semester - Medical/Surgical Nursing: administered NCLEX Predictor test & Critical Thinking: administered one week after completion of program.
Pharmacology will be administered in nursing 502-B.

STANDARDIZED TESTING POLICY:

Assessment Technology Institute (ATI) Assessment and Review Policy for Los Angeles Southwest College (LASC).

Full Policy Content:

Scope Policy Statement Reason for Policy Procedures	<u>Effective:</u> Spring 2019 <u>Responsible Party:</u> LASC Nursing Faculty <u>Responsible College Administrator:</u> Division Head <u>Policy Contact:</u> Dr. Catherine Azubuike (323) 241-5461 azubuiacu@lasc.edu
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Scope:

Los Angeles Southwest College (LASC) Nursing and Allied Health Program Students.

Policy Statement:

The faculty of LASC supports first time NCLEX pass rates through the utilization of Assessment Technologies Institute (ATI) review program. ATI materials are integrated throughout the curriculum for enhanced learning.

Reason for Policy:

ATI offers an assessment driven, comprehensive review program designed to enhance student NCLEX® success. The comprehensive ATI review program offers multiple assessment and remediation activities. These include assessment indicators for academic success, critical thinking, and learning styles. Additionally, online tutorials, online practice tests, and proctored tests are provided and span major content areas in nursing. These ATI tools, in combination with the nursing program content, assist students to prepare effectively, helping to increase their confidence and familiarity with nursing content.

Procedures:

ATI PROCTORED EXAMS:

ATI proctored exams prepare students for the NCLEX exam and are required for Los Angeles Southwest College Associate Degree Nursing Program. All proctored ATI exams are to be taken on campus at the assigned times and location. When taking a proctored ATI exam, the student is expected to use the ATI calculator embedded within the ATI exam. A **Level II** is the benchmark for success here at LASC. Students that fail to obtain a **Level II** on their **first** attempt will have a **second attempt** to meet this benchmark. Students are eligible for a retake after proof of remediation. **Students who are unsuccessful in the course must show evidence of remediation prior to retaking the course.** Faculty will be responsible for assigning ATI review modules and/or other materials to be completed prior to retake. The second attempt proctored exam shall be completed within 48 hours. The number of points the ATI exam is assigned is set by the policy.

Grading scale for first vs second attempt ATI

FIRST ATTEMPT	SECOND ATTEMPT-New score adjusted to:
Level 3 is 100%	Level 3 is 80%
Level 2 is 90%	Level 2 is 70%
Level 1 is 50%	Level 1 is 50%
<Level 1 is zero point	<Level 1 is zero points

*In the event a student takes the ATI proctored examination a second time and scores lower than the first attempt, the first attempt score will be used to assign points for the overall course grade. As a formative assessment tool, the combination of the ATI practice and proctored exams will **not exceed 10%** of the overall course grade.

ATI PRACTICE EXAMS:

ATI complete practice assessment A must be completed by the **3rd week** of your course and complete practice assessment B must be completed by the **5th week** of your course.

VIRTUAL ATI/GREENLIGHT PROCESS:

All seniors will be required to complete the Virtual ATI (VATI) Greenlight process. The process must begin by the **fourth week (4th)** of your **nursing 502B** course. **Students must obtain the Greenlight** from the ATI coach prior to completion of nursing 503A or **receive an incomplete in the course.** Students have a total of **12 weeks** to complete the VATI/Greenlight process. Should the student not receive a Greenlight within 12 weeks, **it will result in an incomplete in the course.** Student must remediate in all areas of deficiency and earn a 90% or higher on the comprehensive predictor.

Reference:

Kaddoura, M.A., Flint, E.P., Van Dyke, O., Yang, Q., and Chiang, L-C. (2017). Academic and Demographic Predictors of NCLEX-RN Pass Rates in First- and Second-Degree Accelerated BSN Programs. *Journal of Professional Nursing*, 33(3), p. 229-240. Doi: <https://doi-org.proxy.ulib.uits.iu.edu/10.1016/j.profnurs.2016.09.005>

Winter, A. S. In: Efficacy of ATI Predictive Testing & Remediation on National Certification & Licensure Examination-Registered Nurse Pass Rates; 2013; Ed.D. 130 p-130 p. 1p. (*Doctoral Dissertation - research*) ISBN: 9781303479274.

Approved by Faculty Staff Council 12/14/2017.

Approved at Synergy 11/16/2017.

Los Angeles Southwest College ATI Assessment and Review Policy

What does ATI offer?

- Assessment Technologies Institute (ATI) offers an assessment driven comprehensive review program designed to enhance student NCLEX® success.
- The comprehensive ATI review program offers multiple assessment and remediation activities. These include assessment indicators for academic success, critical thinking, and learning styles. Additionally, online tutorials, online practice tests, and proctored tests are provided and span major content areas in nursing. These ATI tools, in

combination with the nursing program content, assist students to prepare effectively, helping to increase their confidence and familiarity with nursing content.

- ATI Orientation resources such as the ATI Plan can be accessed from “My ATI” tab. It is highly recommended that you spend time navigating through these orientation materials.

Review Modules/eBooks:

ATI provides Review Modules in eBook formats that include written and video materials in key content areas. Students are encouraged to use these modules to supplement course work and reading. Instructors may assign chapter reading either during a given course and/or as part of active learning/remediation following assessments.

Tutorials:

ATI offers unique Tutorials that are designed to teach nursing students how to think like a nurse, how to take a nursing assessment, and how to make sound clinical decisions. **Nurse Logic** is an excellent way to learn the basics of how nurses think and make decisions. **Learning System** offers practice tests in specific nursing content areas that allow students to apply the valuable learning tools from Nurse Logic. Features such as a Hint Button, a Talking Glossary, and a Critical Thinking Guide are embedded throughout the Learning System tests to help students gain an understanding of the content.

Assessments:

There are practice assessments available for students as well as standardized proctored assessments shall be scheduled during courses. These assessments will help the student to identify what they know as well as areas requiring remediation called **Topics to Review**.

Focused Reviews/Active Learning/Remediation:

Active Learning/Remediation is a process of reviewing content in an area that was not learned or not fully understood (as determined on an ATI assessment). Remediation tools are intended to help the student review important information to be successful in courses and on the NCLEX®. The student’s individual assessment report will contain a listing of the Topics to Review. It’s highly recommended to remediate using the Focused Review after completion of any practice/proctored tests, which contains links to ATI eBooks, media clips, and active learning templates.

The instructor has online access to detailed information about the timing and duration of time spent in assessments, focused reviews, and tutorials by each student. Students shall provide documentation that required ATI work was completed using the “My Transcript” feature under “My Results” of the ATI Student Home Page or by submitting written Remediation Templates as required.

Content Mastery Series | Grading Rubric
(Using a combination of the CMS practice and proctored assessments to achieve 10% of the course grade)

Practice Assessment	
Complete Practice Assessment A Remediation: • Minimum one hour Focused Review on initial attempt • For each topic missed, complete an active learning template and identify three critical points to remember. **	Complete Practice Assessment B Remediation: • Minimum one hour Focused Review on initial attempt • For each topic missed, complete an active learning template and identify three critical points to remember. **



Standardized Proctored Assessment			
Level 3 = 4 points	Level 2 = 3 points	Level 1 = 1 point	Below Level 1 = 0 point
Remediation = 2 points: • Minimum one hour Focused Review • For each topic missed, complete an active learning template and identify three critical points to remember. **	Remediation = 2 points: • Minimum two hour Focused Review • For each topic missed, complete an active learning template and identify three critical points to remember. **	Remediation = 2 points: • Minimum three hour Focused Review • For each topic missed, complete an active learning template and identify three critical points to remember. **	Remediation = 2 points: • Minimum four hour Focused Review • For each topic missed, complete an active learning template and identify three critical points to remember. **
10/10 points	9/10 points	7/10 points	6/10 points
Proctored Assessment Retake*			
No Retake Required	No Retake Required	Retake Required/ Recommended	Retake Required/ Recommended

* If the program requires a retake of a Proctored Assessment and a student meets the program benchmark on the retake, that student can earn an additional percentage point (for example, a Level 1 student can now earn 8 points)

** Handwritten ALTs and/or Three Critical Points is preferable.

Comprehensive Predictor | Grading Rubric
(Using a combination of the CMS practice and proctored assessments to achieve 10% of the course grade)

Practice Assessment	
Practice assessment A Remediation: • Minimum one hour Focused Review on initial attempt • For each topic missed, complete an active learning template and identify three critical points to remember. **	Practice assessment B Remediation: • Minimum one hour Focused Review on initial attempt • For each topic missed, complete an active learning template and identify three critical points to remember. **



Standardized Proctored Assessment			
Remediation = 2 points: • Minimum one hour Focused Review • For each topic missed, complete an active learning template and identify three critical points to remember. **	Remediation = 2 points: • Minimum two hour Focused Review • For each topic missed, complete an active learning template and identify three critical points to remember. **	Remediation = 2 points: • Minimum three hour Focused Review • For each topic missed, complete an active learning template and identify three critical points to remember. **	Remediation = 2 points: • Minimum four hour Focused Review • For each topic missed, complete an active learning template and identify three critical points to remember. **
10/10 point s	9/10 points	7/10 points	6/10 points
Proctored Assessment Retake*			
No Retake Required	No Retake Required	Retake Required/ Recommended	Retake Required/ Recommended

**If the program requires a retake of the Proctored Assessment, and a student meets the program benchmark on the retake, the student can earn an additional point (for example, a student at 85 percent passing predictability can now earn 8 points).*

*** Handwritten ALTs and/or Three Critical Points is preferable.*

Student Acknowledgement of ATI Policy

Initial all and sign below:

_____ I have received a copy of and have read and understand Los Angeles Southwest College (LASC) ATI Assessment and Review Policy

_____ I understand that it is my responsibility to utilize all of the books, tutorials and online resources available from ATI, as designated by LASC Nursing Program.

Student printed name

Date

Student signature

ATI Nursing Testing Information

- Students are required to pay the testing fee of **\$506.33** to access online examinations and assessments. If the testing fee is not paid the students will not be able to register for the class.
- Students will be given review books and a code to access a non-proctored exam on-line early in the semester.
- The exams are multiple choice questions.
- The non-graded Critical Thinking exam is an evaluation of the student's growth in critical thinking since admission to the nursing program (given at the beginning of the 1st semester and at the end of the 4th semester).
- **Refer to each course syllabus for grading policy.**
- **Students must access the non-proctored exam and must show a "report card" to the instructor as evidence of accessing the non-proctored exam.**
- It is recommended that students utilized the review book and the non-proctored exam as a study tool throughout each nursing course.

Grades and Grading Changes

In accordance with Los Angeles Community College Board Rule 6702 and the established criteria for the course, the instructor of the course determines the grade to be awarded to each student. **In the absence of mistake, fraud, bad faith or incompetence, the grade awarded by the instructor is final.** The removal of a grade or change of grade from a student's record shall be done by the instructor or upon authorization of the instructor of record for the course.

In the event of verification of fraud, bad faith or incompetence, the College President will make the final determination regarding the removal or change of grade.

Title 5, CAC, Section 51308, Adopted 2-25-81

Attendance Policy

Attendance is integral and critical to student success in the nursing program. Attendance and punctuality reflects professional accountability. The policies of LASC regarding attendance apply to all nursing students. A student is expected to attend all class sessions (Theory, skills lab, and clinical) for which they are registered, be on time, and when absent, obtain any missed information from fellow students.

Loss of Clinical Experience Due to Agency Restrictions

Based on the Board of Registered Nursing Requirements, students may be required to attend clinical on days and times that the student is not usually scheduled. Successful completion of the clinical portion of each course is based on student performance according to established clinical objectives. These re-scheduled clinical experiences will be used **exclusively** for situations that result in loss of clinical experiences due to **clinical site restrictions**. These re-scheduled clinical experiences will not be used for make-up due to a student's illness, a need for remediation, or a loss of clinical days due to student inability to meet deadlines imposed by clinical agencies. In compliance with the recommendations from the California Board of Registered Nursing:

Clinical/Lab Attendance:

- A maximum of two missed clinical days of 8-hour shift or one day of 12 hour shift per course **must** be made up in the skills lab on the next available scheduled make-up day, or as directed by the clinical instructor.
- Failure to make up clinical days as assigned will result in the student being dropped from the course.
- Any further clinical absences will result in the student being dropped from the course.
- Students who are more than **fifteen (15) minutes** late for clinical are considered absent from the class and may not be allowed to participate.
- Orientation to the health care facility is critical to your ability to perform. Absences from orientation may necessitate withdrawal from the course.

Loss of Clinical Experiences Due to Clinical Agency Restriction:

- The LASC nursing program abides by the attendance policy outlined in the College Catalog
- Excessive ‘class’ (Theory) absences, is defined as more than the number of time ‘class’ meets per week, may result in the student being dropped from the course (See LASC Catalog, Attendance).
- Students who are more than fifteen (15) minutes late for class without prior notification are considered absent from the class and may not be allowed to participate.

Student Responsibilities:

1. It is the student’s responsibility to contact their instructor regarding any absence. All instructors have voice mail messaging.
2. Do not give messages to other students for the instructor.
3. A statement by a physician (or other primary care provider) may be required for a student to be able to return to clinical after injury, illness, or pregnancy issues that may affect their ability to perform at the level of the core performance standards.
4. If absences mean that a student is unable to meet clinical objectives, failure of the course will result.
5. Students are expected to attend every meeting of all classes for which he/she is registered. A student absent from classes for emergency reasons must inform the instructor.
6. A student who registers for a class and does not attend the first-class meeting of the class, forfeit their right to a place in the class, is registered as a no show and dropped by the instructor.
7. Whenever absences “in hours” exceed the number of hours per week that the class meets, the student may, according to college policy, be dropped from the class. It is understood that illness and family emergencies may occur and it is not expected that any student will attend class or clinical if they are ill. **Students who miss two clinical 8 hour days or one 12 hour clinical day will be dropped from the course.**

8. The instructor will confer with the program director to determine whether due to extenuating circumstances and provided the student's achievement to that point is satisfactory, may be allowed to continue in the course.
9. It is the responsibility of the student to withdraw/drop from a course. Any drops, which occur after the College's policy relating to last day to withdraw without penalty, will result in a failing grade in the course. However, a student may withdraw from a course by a petition, which documents extenuating circumstances, and after appropriate consultation with the instructor of record for the course.
10. Student who enrolled in two consecutive courses during the semester and not able to progress to the second rotation is responsible to drop the course in the second rotation.

Clinical Experience

1. Clinical learning experiences are obtained in various clinical and hospital settings.
2. A clinical evaluation is given at the end of each rotation. Regardless of the theory grade, a safe level of clinical performance must be maintained in order for the student to progress in the program.
3. Clinical evaluation is an ongoing process; therefore, a student may be evaluated as "unsafe" before a course is completed if he/she violates the Nurse Practice Act and/or the clinical facilities policies and procedures.
4. Knowledge and skills acquired from previous nursing and related courses are expected to be mastered and transferred as the student progresses in the program.
5. The course instructors provide copies of clinical evaluations to the student. Performance standards are a part of the evaluation process of each nursing course.

Limitations in Clinical Practice Due to Illness, Injury, or Pregnancy

Students who develop conditions that may result in their inability to meet Core Performance Standards must notify their clinical instructor in writing immediately.

Students must follow the policy of the health agency to which they are assigned regarding clinical practice restrictions due to illness, injury, or pregnancy. If modification in assignment is required due to illness, injury, or pregnancy, **it is the responsibility of the student to notify the instructor first, and the Nursing Program Director by means of a written note stating the exact restrictions in activity.** Students are expected to follow the directions of their physician involving limitations in clinical activities. All efforts will be made by the program to place the student in an acceptable clinical setting.

The Pregnant Student

A student who becomes pregnant must have a medical release from her physician indicating the advisability of continuing in the program and stating that she may participate in all clinical activities without restriction. It is the student's responsibility to obtain this statement and notify the nursing faculty of her pregnancy. The student who elects to continue in the nursing program accepts full responsibility for any risks to herself and fetus. The school and or the clinical agency may request additional medical clearance.

In an effort to reduce potential hazards, pregnant students will not be assigned to specific known risk areas in medical/surgical hospitals and psychiatric agencies. In the event that these restrictions interfere with the student meeting the clinical objectives of the nursing program, it shall be necessary for the student to withdraw from the program temporarily. After delivery, the student must request readmission and will be readmitted based on space availability.

After delivery, the student must submit a medical clearance and request in writing for re-admission which will be based upon space availability.

Uniform Regulations and Personal Appearance

If the student's uniform and personal grooming poses a threat to patient safety or violates hospital policy, the student may be excluded from the clinical area. The following dress code will be enforced:

1. **White School Uniform**- must be worn whenever students are in the hospital for a clinical assignment. All aspects of the uniform rules must be observed. **When in psychiatric nursing, blue scrub must be worn.** (Refer to specific dress code for the course).
2. **Blue Scrub Uniform**- must be worn whenever students are on campus for lectures and when participating in the Nursing Simulation lab.
3. Underwear, with **insignia or words**, should not be worn under the uniform. Underwear should not be seen through the uniforms.
4. When going to the hospital to prepare for the clinical assignment, students must wear the white school uniform and the Nursing Program Name Pin.
5. Pregnant student uniform must provide adequate coverage.
6. Skirt length should be no higher than mid-knee.
7. When in uniform, the name pin is to be placed on the left side of the uniform.
8. **Stockings**: White hosiery must be worn with a uniform skirt. Knee socks are **not permitted**. Men must wear white socks and women may also wear white socks or knee-highs if wearing uniform pants. Short tennis socks or Peds may not be worn. Nylons are to be clean and free from runs and holes.

9. **Shoes**: Standard white nurse's shoes (low heels, closed toes and heels) must be worn. No clogs, sandals or tennis shoes will be allowed. Shoes must be kept clean in order to deter the collection of bacteria. When in psychiatric nursing units, or in clinical areas where street clothes are permitted, shoes may be colored but must have low heels with closed toes and heels.
10. **Short white lab jackets**: A white lab jacket with sweater cuff and the school emblem may be worn in the clinical areas.
11. Additional items that must be carried while on duty include a black pen, bandage scissors, watch with a second hand, stethoscope, penlight and clipboard.
12. **Hygiene**: Use a reliable deodorant. Make certain that your teeth are clean and breath is fresh. Uniforms must be washed daily and **must be free from spots and excessive wrinkles**. Dirty uniforms carry body odor and are a **source of contamination** which could result in transmission of bacterial organisms to patients and others.
13. Mustaches and beards must be neatly trimmed.
14. **Hair must be off the collar**, away from the face and neatly arranged. Loose ponytails or hanging braids are not permitted. Barrettes and/or hair combs must be conservative. Styles that involve heavy gel, spikes of any kind or length, or colors that do not reflect natural hair tones are not permitted. If the student chooses to retain long hair, it must be encased in an invisible hair net. It must not impair vision. It must be styled so that it does not present a liability for spreading contamination of any kind.
15. **Extreme make-up should be avoided**. All make-up should be carefully and lightly applied so that it enhances the wearer and does not frighten the patient.
16. Nails should be kept short and clean in order to prevent injury and contamination to the patient. **JAHCO Standards for hospitals stipulates that health care providers should not wear long nails, artificial nails, and nail coatings. Nail polish is not permitted.**
17. **Perfume or cologne is inappropriate and are NOT permitted while in uniform**. The odors could be nauseating or cause patients to experience allergic reactions.
18. Gum is **never** allowed in the clinical setting.
19. Smokers must adhere to the policies of the clinical agency. Be aware that smoking immediately preceding patient care may be offensive and/or nauseating to some patients.
20. Only the following jewelry may be worn while in uniform: Wedding band, watch and one-pair of post-style studs for pierced ears. NO necklaces, neck chains, bracelets or lapel/slogan pins should be worn with the uniform.
21. No additions or modifications to the traditional uniform may occur. For example; jeans/dungarees/turtle neck sweater. See instructor for individual hospital policies regarding uniform standards.

Drug Dosage and Calculations Proficiency

The ability to do accurate computations of drug dosage and solutions is considered a critical aspect of safe nursing care, therefore:

1. A Drug Dosage and Solution Computation test is given at the end of nursing 501A, in preparation for nursing 501-B. A competency score of 85% or higher must be achieved before a student can be permitted to progress to nursing 501-B.
2. A Drug Dosage and Solutions Computation Test will be given at the end of each nursing course thereafter, in preparation for the next level course. The following competency scores must be achieved before the student can progress to the next level course: **First semester level 85% or higher; second semester level 90% or higher; third semester level 95% or higher; fourth semester level 100%.** The student will be given up to two (2) opportunities to achieve the competency score as described in the course syllabi.
3. Students who did not achieve the required passing score on the second attempt, is therefore, required to withdraw from the course (**Non-penalty, this will not count as a fail in the course**). The student will be given an individualized remediation plan for math from the instructor of record or tutor. Upon completion of the individualized remediation plan, student will be given the third (3) opportunity to retest and pass the math test at this time before he/she is permitted to re-enter the same course.
4. The student must achieve the competency score or higher before being permitted to administer medications in the clinical settings. Failure to meet the requirement, indicates that the student is unable to safely administer medications and is therefore, unable to achieve the clinical objectives for the course. The student is therefore required to withdraw from the course.

LACCD Nursing Repeat Policy

A. First Semester

1. Any student who withdraws from or receives a substandard grade (“D”, “F” or “NP/NCR”) in any LACCD nursing course during the first semester of the Nursing Program will be dismissed from the program and disqualified from re-entry into all LACCD Nursing Programs.
2. Withdrawals made on the following bases shall not count against the student:
 - (a) Extenuating circumstances, including but not limited to, verified cases of accidents, illnesses or other circumstances beyond the control of the student.
 - (b) Withdrawals that have been removed based on a student withdrawing from the course due to discriminatory treatment or due to retaliation for alleging discriminatory treatment. The determination of whether discriminatory treatment (or retaliation for alleging discriminatory treatment) has occurred must be pursuant to the process in Chapter XV of the Board Rules.

B. Second, Third, and Fourth Semesters

1. A student in the second, third or fourth semester of the Nursing Program who withdraws from or receives **one** substandard grade (“D”, “F”, or “NP/NCR”) in any nursing course will not be permitted to progress in the program, unless the student successfully completes within one year an “Individual Remediation Plan” provided by the Nursing Department. Once the student has completed the “Individual Remediation Plan,” he/she will be permitted to repeat the course, once space is available.
2. A student in the second, third or fourth semester of the Nursing Program who receives a **second** substandard grade (“D”, “F”, or “NP/NCR”) or withdrawal will be dismissed from the program and disqualified from re-entry into all **LACCD** Nursing Programs.
3. Withdrawals made on the following bases shall not count against the student:
 - (a) Extenuating circumstances, including but not limited to, verified cases of accidents, illnesses or other circumstances beyond the control of the student.
 - (b) Withdrawals that have been removed based on a student withdrawing from the course due to discriminatory treatment or due to retaliation for alleging discriminatory treatment. The determination of whether discriminatory treatment (or retaliation for alleging discriminatory treatment) has occurred must be pursuant to the process in Chapter XV of the Board Rules.

C. Leaves of Absence

1. A student in good standing may request a leave of absence for up to **two Semesters**.
2. Criteria for leave of absence may include, but are not limited to, verified cases of accident, illness or other circumstances beyond the control of the student.
3. Requests for leaves of absence shall be reviewed by a committee of the Nursing Department.

Academic Dishonesty Policy

1. Cheating is not permissible and is a violation of the Student Code of Conduct, section 9803.12. **Dishonesty**, such as cheating, or knowingly furnishing false information to the colleges. Incidences of cheating should be reported to the Vice President of Students Services. Cheating include engaging in the following behaviors, when they are taking a test, quiz, or examination:

1. Copying or looking at the work of another student during an examination or other academic exercise, or permitting another student to copy one’s work.
2. Using, receiving, or providing unauthorized information during tests, quiz, or examination or on any written assignments. No unauthorized notes, papers, or other aids, no matter how “creatively contrived” may be present during a test, quiz, or examination. Students should not be allowed to move around and/or exchange test, quiz, or examination materials.

3. Taking an examination for another student, or allowing another student to take one's examination
4. Using unauthorized electronic devices, such as cell phones, PDAs, electronic dictionaries, IPODs, etc.
5. Plagiarizing or presenting someone else's work as your own.
6. Violating any other standard that an instructor identifies as cheating in that particular course or subject area.

When there is evidence of academic dishonesty, the instructor may issue the student a zero or "F" on that particular assignment or test. The instructor may also initiate student discipline under LACCD Board Rule 91101, which may include the issuance of a verbal or written warning; and could lead to a recommendation for suspension or, if found to be egregious, recommendation for expulsion. Pursuant to LACCD Board Rule 91101.11 (a), the Vice President of Student Services will place documentation of such warnings in the student's file.

2. Plagiarism: Definitions

(a) "Plagiarism is the deliberate copying or using someone else's work without crediting the source." (Plagiarism dot org, 2010).

(b) According to the *Merriam-Webster Online Dictionary*, to "plagiarize" means

- 1) to steal and pass off (the ideas or words of another) as one's own
- 2) to use (another's production) without crediting the source
- 3) to commit literary theft
- 4) To present as new and original an idea or product derived from an existing source.

(c) **Plagiarism:** Plagiarism may also be defined as the use of another's ideas or word without acknowledgement. Examples of plagiarism may include:

- Failing to use quotation marks when quoting from a source;
- Failing to document distinctive ideas from a source;
- Failing to document distinctive ideas from a source; and
- Fabricating or inventing sources
- Claiming/submitting documents created by other students as one's own work.

Unauthorized Possession or Disposition of Academic Materials:

Unauthorized possession or disposition of academic materials may include:

- Selling or purchasing examinations or other academic work;
- Taking another student's academic work without permission;
- Possessing examinations or other assignments not formally released by an instructor; and
- Submitting the same paper for two different classes without specific authorization.

In other words, plagiarism is an act of *fraud*. It involves both **stealing** someone else's Work and **lying** about it afterward.

How to Avoid Plagiarism

Always give credit whenever you use:

- Another person's idea, opinion/quotation, theory, phrase
- Any facts, statistics, graphs, drawings
- Paraphrase another person's spoken or written words

(Indiana University, 2004)

STUDENT EXPECTATIONS

- Students are expected to review the definition of plagiarism.
- Demonstrate honesty and integrity by citing all materials/works that are not your own.

DISCIPLINE

- The instructor will meet with the student to discuss the Academic Dishonesty issue.
- A record of this meeting will be written and kept in the student's file.
- Academic discipline will be executed as follows:

Theory: The student will receive zero “0” for the assignment.

Clinical: Student must rewrite any plagiarized assignment. If the rewritten assignment continues to contain plagiarized or does not rewrite the assignment as instructed, then the student will be placed on probation for lack of integrity and failing to follow instructions.

Theory & Clinical: Any subsequent repetition action of plagiarism in any nursing course (including the student's current course) will result in permanent expulsion from the nursing program.

Grounds for Dismissal from the Nursing Program

(Also See E-10 Guideline in Appendix A)

1. **Health Reasons**

Nursing Students may be excluded from a Nursing Program if the student has a physical or mental disability, which is inimical to the welfare of other students pursuant to Education Code section 76020. Exclusion from a Nursing program for health reasons will be on a case-by-case basis and shall be reviewed by the Director of Nursing, in consultation with the College Compliance Officer, the Director of the Disabled Student Programs and Services (DSP&S) and the College DSP&S Specialist in compliance with Section 504 of the Rehabilitation Act, Title II of the Americans with Disabilities Act, the Vocational Education Act, and the Carl Perkins Act, as appropriate. If possible, such student may be counseled to enter a more appropriate program. If the student presents an immediate threat to public health, the student may be immediately suspended pending the outcome of the process delineated above.

2. **Safety Reasons**

Nursing students may also be suspended or expelled from the Nursing Program for reasons not related to the student's health -- e.g., Violations of the Standards of Conduct (LACCD Board Rules Chapter IX, Article VII – CONDUCT ON CAMPUS). This

includes “Unsafe Conduct” as defined in LACCD Board Rule 9806 (a) which includes “Unsafe conduct in connection with a Health Services Program (e.g., Nursing, Dental Hygiene, etc.).” Such suspensions or expulsions will be conducted in keeping with the procedures contained in Board Rule 91101 et seq. If the student’s conduct presents threat to his or her own safety or the safety of others (e.g., patients, fellow students, faculty, or hospital staff), the Nursing Department Chair may immediately suspend the student under the immediate suspension provisions of Board Rule 91101.11 (b) (6). Within twenty-four (24) hours of the suspension, the Nursing Department Chair shall send the Chief Student Services Officer a written report of the suspension. The suspension shall remain in effect until the conclusion of all disciplinary action(s) on this matter. All discipline, including suspension and expulsion, will be done in accordance with the District’s Student Discipline Procedure (LACCD Board Rule 91101 et seq.).

3. Other Reasons

- Unsafe clinical practice actions or patterns of behavior in the clinical setting that create physical or emotional jeopardy for clients, peers or others.
- Excessive absences
- Failure to have a current CPR and, Malpractice Insurance or fulfill health requirements to be in the clinical agency (TB clearance, necessary immunizations, physician clearance, Background clearance, & Drug screening clearance).
- Emotional illness or being under the influence of alcohol and drugs in the classroom or clinical setting.
- Plagiarism.

Suspension

(Also See E-10 Guidelines)

Nursing students may be suspended from the nursing program on a case-by-case basis, for health and safety reasons or violations of the Los Angeles Community College District’s Standards of Conduct. **Nursing students may be dismissed from an affiliating clinical agency when the agency determines that its contractual health and safety standards have been violated.**

Ineligible State Board Test Pool Examination Candidates for LASC’s A.D.N. Program

A student is ineligible to be submitted to the State Board Test Pool Licensing Examination as a candidate from the Nursing Program at Los Angeles Southwest College if he/she has been dropped from the program due to excessive failure, or failed a course and is not eligible to repeat. If student affected transfers to another nursing program and satisfy their requirements for graduation, the student must take the NCLEX-RN as a graduate of the other program.

Active Registration in Two Nursing Programs

Students actively enrolled and/or eligible to proceed in the Associate Degree Nursing Program at Los Angeles Southwest College are not permitted to concurrently enroll in another college’s nursing program. Nursing courses taken in another program while eligible for enrollment in the nursing program at Los Angeles Southwest College will not be accepted as meeting the Associate Degree Nursing Program requirements at Los Angeles Southwest College. Therefore, all such courses must be repeated in the nursing program at Los Angeles Southwest College.

Pinning Ceremony & Graduation

Sponsorship and Eligibility

Pinning ceremony is sponsored by the Los Angeles Southwest College Nursing Program to recognize completion of program requirements in nursing. The purpose of the ceremony is to confer upon each potential graduate, the privilege of wearing the nursing program emblem in the **form of a uniform pin**. Students are eligible to participate in the ceremony upon completion of all required courses in the nursing curriculum. Participation in the ceremony does not imply that a college degree will be granted or that the participant is eligible to sit for the licensing examination.

Students must purchase pins through the approved vendor and provide them for the pinning ceremony.

Graduation

During the fourth semester in the Nursing Program, all eligible students must file a petition with the nursing counselor to graduate from the college. All required transcripts must be on file in the Admissions and Records Office.

Class Meetings

The Department Chairperson will convene the first meeting of the senior class in the first term of senior level nursing classes. A quorum must be present to elect officers and initiate plans for class activities.

California Business and Professions Code: Prerequisite for Licensure

California Business and Professions Code section 2736 sets forth the prerequisites for licensure as a registered nurse:

- A. An applicant for licensure as a registered nurse shall comply with each of the following:
- 1) Have completed such general preliminary education requirements as shall be determined by the Board.
 - 2) Have successfully completed the courses of instruction prescribed by the Board for licensure, in a program in this state accredited by the Board for training registered nurses, or have successfully completed courses of instruction in a school of nursing outside of this state which, in the opinion of the board, are equivalent to the minimum requirements of the Board for licensure established for an accredited program in this state.

Additionally, Business and Professions Code section 2736.1 requires that the course of instruction must include training in the detection of alcohol and chemical dependency.

State Board Licensing Examination

All students must file an application to take the NCLEX Examination with the Board of Registered Nursing. It is the student's responsibility and not the school's responsibility to submit the application. Applications are obtained from the Nursing Office. The chairperson will conduct an orientation and give assistance for correct completion of the forms.

Research indicates that planning study time, using NCLEX-RN Review materials, taking a preparedness examination, and taking the licensing examination within three months after graduation all serve to increase the rate of passing the examination.

Statement on Background Checks

To comply with the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and state and local regulations regarding background checks for healthcare providers, the following policy is hereby implemented by the Associate Degree Registered Nursing Directors of the Los Angeles Community Colleges District:

Each student enrolled in a nursing program in the Los Angeles Community College District must complete and have on file with the nursing program office a clear criminal background check in order to participate in placement(s) in clinical facilities. The background check is not a requirement for admission to the nursing program. It is a clinical facility requirement made to comply with JCAHO. **It is to be completed once the student receives the acceptance for admission. If a student test positive to any of the drugs listed on page 68 below, means that the student's acceptance will be rescinded, since the clinical objectives cannot be met.** All re-entries are tested, and whenever a student demonstrates suspicious behavior of drug use. There is a zero tolerance for drug use in the nursing program.

Background checks are required **for registration in clinical nursing courses.** The initial background check satisfies this requirement during continuous enrollment in the program. **Should a student's educational progress be interrupted, a new background check will be required and cleared upon readmission to the program.**

Each background check will minimally include the following:

- Seven-year client history
- Address verification
- Sex offender database search
- Two names (current legal and one other name)
- Three counties
- OIG search
- Social Security Number verification

Students convicted of the following offenses may be unable to attend clinical facilities:

Murder

Felony assault

Sexual offense/sexual assault

Felony possession and furnishing (**without certificate of rehabilitation**)

Felony Drug and alcohol offenses (**without certificate of rehabilitation**)

Certain other felonies involving weapons and/or violent crimes

Class B and Class A misdemeanor theft
Felony theft
Fraud
Child abuse, elder abuse

A student may be denied access to clinical facilities based on offenses appearing on the criminal record even though such abuses may have occurred more than seven years ago.

Each student must provide the college registered nursing program with information allowing the college, and clinical facilities as necessary, access to his/her background check. If a student's record is not clear, the student is responsible for obtaining necessary documents and having the record corrected to clear it. If this is not possible, the student will be unable to attend clinical rotations. Clinical rotations are a mandatory part of nursing education and this could therefore cause the student to be ineligible to continue in a school of nursing.

If after reviewing a student's background check the nursing program and college are unable to determine placement status, the nursing program will check with the LACCD Nursing Discipline Committee, the Los Angeles Community College District and one clinical facility with whom the LACCD nursing programs have a clinical agreement. If all agree that the student should be cleared for placement in a clinical facility, the nursing program may place the student in the required clinical rotations. The determination of final placement status rests with the nursing program involved.

The requirement for student background checks will be implemented for all nursing students attending classes beginning with the spring 2005 college semester. Applicable BRN and/or BVN/PT guidelines will be incorporated into these guidelines as they become available. There are no exceptions to this requirement. LACCD Nursing Discipline Committee, February 2005.

Note: Please Complete the Consent form on page 125 (Last page of this document).

SECTION VII

STUDENT GOVERNMENT

Standards of Student Conduct

A student enrolling in one of the colleges of the Los Angeles Community College District may rightfully expect that the faculty and administrators maintain an environment in which there is freedom to learn. This requires that there be appropriate conditions and opportunities in the classroom and on the campus. As members of the college community, students should be encouraged to develop the capacity for critical judgment; to engage in sustained and independent search for truth; and to exercise their rights to free inquiry and free speech in a responsible and non-violent manner. In furtherance of the students' interest in free inquiry and the search for truth, it is also important that students be able to hear the views of non-students and engage in the free exchange of ideas with non-students.

All persons shall respect and obey civil and criminal law, and shall be subject to legal penalties for violation of the laws of the City, County, State and Nation. All persons shall respect and obey the rules, regulations, and policies of the Los Angeles Community College District. Signature will not be a prerequisite to activities on campus. A record will be kept of all persons who use the facilities or grounds of the college.

Conduct in all of the Los Angeles Community Colleges must conform to District and College rules and regulations. Violations of such rules and regulations may result in disciplinary action depending on the individual's status as student, faculty, staff or visitor. Violations of such rules and regulations include, but are not limited to, the following:

1. **Willful disobedience** to directions of College Officials acting in the performance of their duties.
2. **Violation of College rules and regulations**, including those concerning student organization, use of College facilities, or the time, place and manner of public expression or distribution of materials.
3. **Dishonesty, such as cheating**, or knowingly furnishing false information to the College.
4. **Unauthorized entry to or use of the College facilities**.
5. **Forgery, alteration, or misuse of College documents, records**, or identification.
6. **Obstruction or disruption of classes**, administration, disciplinary procedures or authorized College activities.
7. **Theft or damage to property** belonging to the College, a member of the college community, or a campus visitor.
8. **The malicious or willful disturbance of the peace** and quiet of any of the Los Angeles Community Colleges by loud or unusual noise, or any threat, challenge to fight, fight, or violation of any rules of conduct as set forth in this article. Any person whose conduct violates this section shall be considered to have interfered with the peaceful conduct of the activities of the College where such acts were committed.
9. **Assault or battery**, abuse, or any threat of force or violence directed toward any member of the college community or campus visitor engaged in authorized activities.
10. **Any possession of controlled substances** would constitute a violation of Health and Safety Code section 11350 or Business and Professions Code section 4230, any use of controlled substances, the possession of which are prohibited by the same, or any possession of alcoholic beverages while on any property owned or used by the District or Colleges of the District. "Controlled substances", as used in this section, include, but are not limited to, the following drugs and narcotics:

- a. Opiates, opium, and opium derivatives
 - b. Mescaline
 - c. Hallucinogenic substances
 - d. Peyote
 - e. marijuana
 - f. stimulants and depressants
 - g. cocaine
11. Possession while on a college campus or at a college-sponsored function, of any object that might be used as a lethal weapon, is forbidden all persons except sworn peace officers, police officers, and other governmental employees charged with policing responsibilities.
 12. Behavior while on a college campus or at a college-sponsored function, inconsistent with the District's non-discrimination policy, which requires that all programs and activities of the Los Angeles Community College District be operated in a manner which is free of discrimination on the basis of race, color, national origin, ancestry, religion, creed, sex, pregnancy, marital status, sexual orientation, age, handicap, or veteran status.
 13. Any assemblage of two or more persons to: 1) do an unlawful act, or; 2) do a lawful act in a violent, boisterous or tumultuous manner.
 14. Any agreement between two or more persons to perform illegal acts.
 15. Every person who, by physical force, willfully obstructs, or attempts to obstruct, any student or teacher seeking to attend or instruct classes at any of the campuses or facilities owned, controlled or administered by the Board of Trustees of the Los Angeles Community College District, is punishable by a fine not exceeding five hundred dollars (\$500) or imprisonment in a county jail not exceeding one year, or by both such fine and imprisonment. As used in this section, "physical force" includes, but is not limited to, use of one's person, individually or in concert with others, to impede access to or movement within, or otherwise obstruct the students and teachers of the classes to which the premises is devoted.
 16. Every person who attempts to cause, or causes, any officer or employee of any of the Los Angeles Community Colleges, or any public officer or employee to do, or refrain from doing, any act in the performance of his/her duties, by means of a threat to inflict any injury upon any person or property, is guilty of a public offense.
 17. Every parent, guardian, or other person who assaults or abuses any instructor employed by the District in the presence or hearing of a community college student or in the presence of other community college personnel or students and at a place which is on District premises or public sidewalks, streets, or other public ways adjacent to school premises, or at some other place where the instructor is required to be in connection with assigned college activities, is guilty of a misdemeanor.

Drug – Free Campus

The Los Angeles Community College District Board of Trustees, on September 5, 1990, adopted the following standards of conduct:

Students and employees are prohibited from unlawfully possessing, using, or distributing illicit drugs or alcohol on District premises, in District vehicles, or as part of any activity of the Los Angeles Community College District.

Additionally, on April 20, 1989, the Los Angeles Community College District Board of Trustees adopted Rule 9803.19, which prohibits:

Alcohol and drugs: Any possession of controlled substances would constitute a violation of Health and Safety Code section 11350 or Business and Professions Code section 4230, any use of controlled substances, the possession of which are prohibited by the same, or any possession of alcoholic beverages while on any property owned or used by the District or Colleges of the District. “Controlled substances”, as used in this section, include, but are not limited to, the following drugs and narcotics:

- | | |
|--|-------------------------------|
| a. Opiates, opium, and opium derivatives | e. marijuana |
| b. Mescaline | f. stimulants and depressants |
| c. Hallucinogenic substances | g. cocaine |
| d. Peyote | |

Board of Registered Nursing Alcoholism, Drug Abuse and Emotional Illness Policy

To: Nursing School Administrators, Faculty and Students
From: Board of Registered Nursing
Subject: Guidelines for Schools of Nursing in Dealing with the Matter of Nursing Students Impaired by Alcoholism Drug Abuse and Emotional Illness

In the matter of nursing students impaired by alcoholism, drug abuse and emotional illness, the California Board of Registered Nursing recognizes:

- a) That these are diseases and should be treated as such;
- b) That personal and health problems involving these diseases can affect ones’ academic and clinical performance and threat the impaired nursing student is a danger to self and a grave danger to the patient in her or his care;
- c) That nursing students who develop these diseases can be helped to recover;
- d) That it is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness;
- e) That confidential handling of the diagnosis and treatment of these diseases is essential.

Therefore, the Board of Registered Nursing expects schools of nursing with students impaired by these diseases to offer appropriate assistance, either directly or by referral.



IMPAIRED NURSING STUDENTS

GUIDELINES FOR SCHOOLS OF NURSING IN HANDLING NURSING STUDENTS IMPAIRED BY CHEMICAL DEPENDENCY OR MENTAL ILLNESS

BOARD STATEMENT:

The Board of Registered Nursing considers the student use of controlled substances, dangerous drugs or devices or alcoholic beverages to an extent or in a manner injurious to self or others to constitute unprofessional conduct. The conviction of a criminal offense involving the prescription, consumption or self-administration of the above substances is conclusive evidence thereof. (B&P 2762).

Nursing students showing signs of mental illness or chemical dependency should be directed to a health care provider for diagnosis and treatment of the illness. Chemical dependency and mental illness are diseases and should be treated as such. The Board has established a diversion program for impaired registered nurses as a voluntary alternative to traditional Board disciplinary actions. (B&P 2770)

NURSING PROGRAMS ARE EXPECTED TO:

- Have a policy for students who are impaired by or demonstrate characteristics of chemical dependency or mental illness which directs the student to seek appropriate assistance through a health care provider and provide the nursing program with proof of treatment.
- Provide instructors with the authority and responsibility to take immediate corrective action with regard to the impaired student's conduct and performance in the clinical setting. This includes removing the impaired student from the patient care area until the student is deemed medically safe to return to patient care activities.
- Provide this information to incoming students in their nursing program handbooks along with factual material related to chemical dependency and mental illness among nursing students.
- Handle the matter confidentially.

STUDENTS ARE EXPECTED TO:

- Voluntarily seek diagnosis and treatment for chemical dependency or mental illness and provide evidence of treatment and fitness for practice to the nursing program.
- Show evidence of rehabilitation when submitting their application for licensure.

Board of Registered Nursing Alcoholism, Drug Abuse and Emotional Illness Policy (cont.)

Furthermore, the Board expects that schools of nursing will ensure that instructors have the responsibility and authority to take immediate corrective action with regard to the students' conduct and performance in the clinical setting.

It is outside of the Board's scope of function to endorse or recommend a particular course of therapy; however, it does wish to inform nursing students of the importance of seeking voluntary aid for conditions that could, if left unattended, lead to disciplinary action and may prevent them from being licensed to practice nursing in the State of California.

As a preventive measure, schools of nursing are asked to provide factual material to incoming students regarding school policy on drug or alcohol abuse and mental illness among nursing students.

Other Rules that relate to Specific BRN Guidelines

Section 2761 specifies the ground upon which the Board of Registered Nursing may take disciplinary action. Section 2762 specifically defines unprofessional conduct to include various forms of substance abuse. Section 2762 states:

In addition to other acts constituting unprofessional conduct within the meaning of this chapter, it is unprofessional conduct for a person licensed under this chapter to do any of the following:

- a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist, administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug as defined in Article 8 (commencing with Section 4210) of Chapter 9 or Division 2 of the Business and Professions Code.
- b) Use any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug as defined in Article 8 (commencing with Section 4210) of Chapter 9 of Division 2 of the Business and Professions Code, or alcoholic beverages, to an extent or in a manner dangerous or injurious to himself or herself, any other person, or the public or to the extent that such use impairs his or her ability to conduct with safety to the public the practice authorized by his or her license.

Thus, a registered nurse is subject to discipline for engaging in substance abuse to the extent that abuse impairs the nurse's ability to conduct with safety to the public, the practice of nursing.

The Director of the Nursing Program may require a student to be examined by a licensed physician and to have laboratory tests, as needed, to determine physical and mental fitness. The Director is authorized to require that records of such examination be used only to determine the fitness for the program and, except for such use, the confidentiality of such records shall be maintained. The student must be free from psychological disorders and other conditions that would prevent the successful performance of the responsibilities and tasks required in the education and training program of the college. Any condition described above which is developed by the student after admission to the program may be considered sufficient cause for suspension from the program. The student may be counseled to enter a more appropriate program.

Physical examinations may be performed free of charge by a physician designated by the District. In addition, a licensed physician of her/his choice may examine the student, but the student must bear the costs of such an examination.

LASC Policy on Students Impaired by Alcoholism, Drug Abuse or Emotional Illness

The Nursing Department of Los Angeles Southwest College has implemented this policy for students who may be impaired by alcoholism, drug abuse or emotional illness because:

1. These are illnesses and should be treated as such.
2. Personal and health problems involving these illnesses can affect one's academic and clinical performance and that the impaired student is a danger to her/himself and poses a grave danger to patients in her/his care.
3. Students who develop these illnesses can be helped to recover.
4. It is the responsibility of the student to voluntarily seek diagnosis and treatment for any suspected illness.

Therefore, the nursing faculty will document behaviors that may identify the impaired student. These behaviors include, but are not limited to, the following:

1. **Clinical performance:** Some of the changes in the clinical performance that the instructor will document will include the following:
 - a. Absenteeism; late notification; late calls at the beginning of the shift; long lunch hours; frequent and/or unexplained disappearances from the assigned unit.
 - b. Deterioration of clinical performance.
 - c. Increasing inability to meet schedules and deadlines.
 - d. Illogical, illegible, or sloppy charting.
 - e. Frequent disappearances from the work area and/or returns with noted physical and/or behavioral changes.

2. **Nonspecific changes:** In addition to deterioration in clinical performance, the impaired student will often exhibit a pattern of psychosocial problems. These may include, but are not limited to:
 - a. Personality changes: increased isolation, eating lunch alone, avoiding informal get-togethers, decreased interest in student activities.
 - b. General behavior: frequent inappropriate responses, elaborate excuses for behavior, unkempt appearance.
 - c. Mental status: forgetfulness, complete loss of memory, euphoria, or glossed over recall of unpleasant events or arguments.

Action for Occurrences in Clinical Facilities:

1. According to Board Rule 9803, students shall respect and obey civil and criminal law and district college rules (Please refer to College Catalog – Standards of Student Conduct).
2. Any student who appears to be under the influence of drugs, and/or alcohol is endangering the safety of her/his clients, peers and staff.
3. If an instructor or member of the staff suspects a student to be under the influence of drugs or alcohol, he/she should consult with another member of the staff for confirmation that the student's behavior is inappropriate. An incident report should be filed with affiliating hospital and the school of nursing.
4. Arrangements will be made to present the documentation of unsafe and, or inappropriate behavior to the student by the clinical instructor at a meeting with the department chairperson and the vice president of administrative services.
5. If a student is found to be impaired, the nursing instructor will offer the number of the person to be notified in an emergency provided to the department by the student, to accompany her/him from the clinical facility.
6. An impaired student may be subjected to disciplinary action according to District Policies.

Student Grievance Procedures

The purpose of student grievance procedures is to provide a prompt and equitable method for resolving issues. The procedures enumerated in District Administrative Regulation E-55 shall be available to any student or applicant for admission, who believes a college decision or action, has adversely affected her or his status, rights, and/or privileges as a student. The procedures shall include, but not be limited to, alleged violations of Title IX of the Higher Education Amendments of 1972 (and applicable regulations), grievances relating to disabled students as defined by Section 504 of the Rehabilitation Act of 1973, grievances relating to sexual harassment as defined in the District's Sexual Harassment Policy (see below), problems relating to financial aid, and grievances relating to course grades to the extent permitted by Education Code Section 76224 (a). Section 76224 (a) provides:

“When grades are given for any course of instruction taught in a community college district, the grade given to each student shall be the grade determined the instructor of the course and the determination of the student's grade by the instructor, in the absence of mistake, fraud, or incompetence, shall be final.”

Student's Rights

In 1974, in the United States, the Family Education Rights and Privacy Act (Buckley Amendment) was passed by Congress. Two major propositions are that the records of students should be open to the student concerned and that the records are private.

The specific records open to the student are the educational records, not the health records or the private files of teachers. Permission to see the student's file is limited to those who have a real reason to do so, as part of the educational process, e.g., a nursing instructor who is teaching the student or the registrar.

Students have the right to give or withhold permission for references based on information in their files. When the teacher, for example, must go to the central file to provide information about graduates, the graduate has the right to give consent before this can be done. References given without the use of the file do not require permission.

California Patient's Rights

In accordance with section 70707 of the California Health and Safety Code, the hospital and medical staff have adopted the following list of patient rights.

The patient has the right to:

1. Exercise these rights without regard to sex or cultural, economic, educational, or religious background or the source of payment for his care.
2. Considerate and respectful care.
3. Knowledge of the name of the physician who has primary responsibility for coordinating his care and the names and professional relationships of another physician who will see him.
4. Receive information from his physician about his illness, his course of treatment and his prospects for recovery in terms that he can understand.
5. Receive as much information about any proposed treatment or procedure as he may need in order to give informed consent or to refuse this course of treatment.
6. Participate actively in decisions regarding his medical care. To the extent permitted by law, this includes the right to refuse treatment.
7. Full consideration of privacy concerning his medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
8. Confidential treatment of all communications and records pertaining to his care and stay in the hospital. His written permission shall be obtained before his medical records can be made available to anyone not directly concerned with his care.

9. Reasonable responses to any reasonable requests made for service.
10. Leave the hospital even against the advice of his physicians.
11. Reasonable continuity of care and to know in advance the time and location of appointments as well as the physician providing the care.
12. Be advised if hospital/personal physician proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
13. Be informed by his physician or a delegate of his physician of his continuing health care requirements following his discharge from the hospital.
14. Examine and receive an explanation of his bill regardless of source of payment.
15. Know which hospital rules and policies apply to his conduct as a patient.
16. Have all patients' rights apply to the person who may have legal responsibilities to make decisions regarding medical care on behalf of the patient.

Nurses' Rights

Since 1975, the idea of nurses' rights has arisen and is receiving considerable attention. Initially this attention was focused upon the right of the nurse to refuse to carry out a specific service such as assisting with an abortion or giving a medication that the nurse considered dangerous for the patient. Now nurses' rights are being described in positive terms. Fagin (1975) lists seven rights of nurses.

1. The right to find dignity in self-expression and self-enhancement through the use of our special abilities and educational background.
2. The right to recognition for our contribution through the provision of an environment for its practice, and proper professional economic rewards.
3. The right to a work environment that will minimize physical and emotional stress and health risks.
4. The right to control what is professional practice within the limits of the law.
5. The right to set standards of excellence in nursing.
6. The right to participate in policy making affecting nursing.
7. The right to social and political action on behalf of nursing health care.

Student Conduct Standards

In order to provide an environment where all students can learn, infractions stated in Board Rules 9803.10 through 9803.17 are subject to disciplinary action and **potential dismissal from the nursing program and College:**

Board Rule 9803.10: Willful disobedience to directions of College officials acting in performance of their duties

Board Rule 9803.11: Violation of College rules and regulations including those concerning student organizations, the use of College facilities, or the time, place, and manner of public expression or the distribution of materials

Board Rule 9803.12: Dishonesty, such as cheating, or knowingly furnishing false information

Board Rule 9803.13: Unauthorized entry to or use of College facilities

Board Rule 9803.14: Forgery, alteration, or misuse of College documents, records, or identification

Board Rule 9803.15: Obstruction or disruption of classes, administration, disciplinary procedures or authorized College activities

Board Rule 9803.16: Theft or damage to property belonging to the College, a member of the College Community, or a campus visitor

Board Rule 9803.17: Malicious or willful disturbance of the peace...such as loud/unusual noise or any threat, challenge to fight, fight, or violations of any rules set forth in this Article. Any person whose conduct violates this section shall be considered to have interfered with the peaceful conduct of the activities of the college where such acts are committed.

Board Rule 9803.18: Assault, battery, abuse, or any threat of force of violence toward any member of the College Community or campus visitor engaged in authorized activities.

Board Rule 9803.19: Any possession of controlled substances which would constitute a violation of Health and Safety Code section 11350 or Business and Professions Code section 4230; any use of controlled substances...or use of alcoholic beverages while on any property owned or used by the college, or college sponsored function or field trip. "Controlled substances" include but are not limited to: opiates, opium, and opium derivatives; mescaline, hallucinogenic substances, peyote, marijuana, stimulants, depressants, and cocaine

Board Rule 9803.20: Possession, while on college campus or college-sponsored function, of any object that might be used as a lethal weapon

Board Rule 9803.21: Behavior inconsistent with the District's anti-discrimination policy²⁸

Board Rule 9803.22: Any assemblage of two or more persons to 1) do an unlawful act, or 2) do a lawful act in a violent, boisterous, or tumultuous manner

Board Rule 9803.23: Any agreement between two or more persons to perform illegal acts

Board Rule 9803.24: A direct or implied expression of intent to inflict physical or mental/emotional harm and/or actions such as stalking, which a reasonable person would perceive as a threat to personal safety or property. Threats may include verbal statement, written statements, telephone threats, or physical threats.

Board Rule 9803.25: Conduct which may be considered disorderly includes; lewd or indecent attire or behavior that disrupts classes or college activities; breach of the peace of the college; aiding, or inciting another person to breach the peace of college premises or functions.

Board Rule 9803.26: Theft or abuse of computer resources, including but not limited to:

- a) unauthorized entry into a file to use, read, or change contents or any other purpose;
- b) unauthorized transfer of a file;
- c) unauthorized use of another individual's identification and password;
- d) use of computing faculty to interfere with the work of a student, faculty member, or college official;
- e) use of unlicensed software;
- f) unauthorized copying of software;
- g) use of computing facilities to access, send or engage in messages which are obscene, threatening, defamatory, present a clear and present danger, violate a lawful regulation and/or substantially disrupt the orderly operation of the college;
- h) Use of computing facilities to interfere with the regular operation of the college computing system.

I have read and acknowledge understanding of **“Professional Behaviors”** and **“Standards of Student Conduct”**

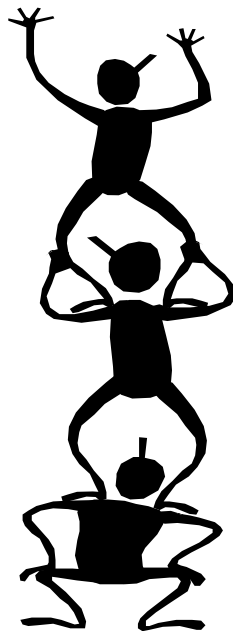
Printed Name:

Signature:

Date:

SECTION VIII

STUDENT SUPPORT SERVICES



Nursing Skills Laboratory

The schedule for the Nursing Skills Laboratory Staff follows:

Monday- Thursday 8:30a.m. – 4:30 p.m.

Friday – 8:30 a.m. – 12 noon

Duties of Instructional Assistants

1. Assist students to perform nursing procedures.
2. Set up supplies and equipment and assist in conducting classroom demonstrations
3. Monitor the use of equipment, supplies and the nursing labs.
4. Issue materials and equipment to students for use in laboratory assignments.
5. Assist students in the operation of a variety of audio-visual equipment and related software.
6. Maintain records of student attendance.
7. May administer practical and/or written examinations.
8. Assist students with some of the problems related to their clinical assignments.
9. Maintains inventories of the skills lab supplies.
10. Assist with ordering the most up to date supplies and equipment for the skills lab

Simulation Programs

1. Check to see if the on/off switch is in the up, or “on” position. If it is not, turn the computer on and then the monitor. The computer switch is on the right side of the monitor.
2. When prompted for your name, type the ID number assigned to you by your instructor, and hit “ENTER” on the keyboard.
3. When asked for project number you type the 3 or 4 letter code corresponding to the group you will be using during this session. You may use upper or lower case letters here. For example, you type “MAT” when asked for project number if you will be using simulations from group “A” which is maternity.
4. From here you will be given another menu from which to select more specific topics related to the group chosen. Select a letter.
5. You will be taken into the exercise. From this point, carefully read the screen and follow directions. When asked for your name, this time, you will only enter your first name.
6. However, for your ID, you will enter your complete student ID number

IMPORTANT NOTE: When asked whether you want a printed copy of your score at the end of the session, choose “N” for NO unless you are seated at a station that is connected to a printer.

Also, be prepared to go through the entire program (30 to 40 minutes) once you start, as there is no way to exit once program begins.

If you need to go to another simulation and the program did not return to the main selection menu, you will need assistance. PLEASE DO NOT TURN THE COMPUTER OFF.

Turning the computer off and on too frequently will cause serious damage.

Online Computer-Based LMS (Learning Management System)

New Online Computer-Based learning opportunities you can access from any computer. Some of the programs may be assigned by your instructors or you can go in on your own to review and learn information. Objectives, videos and post-tests are included.



See the attached program listing and follow the below steps to get to the programs:

Go to: <http://www.medcomrn.com/lasc>

- Click on create a new account
- Enter your desired User ID and password twice to verify it is correct
- Fill in the remaining information on the profile: First name, last name, state (Include your e-mail address in case you forget your login information so you can have it emailed to you. (We will not be giving CE credit)
- To watch a video select a player option based on what is in the computer you are using, e.g. Flash, Quick Time, Windows Media, Real, or other
- You should see a list of video titles listed in alphabetical order to choose from. Simply click on a title to open the course or watch the video
- Once a course is opened, a menu/list of section headings appears down the left side of your screen
- Click on any of these headings to be taken to that section of the course
- Use the **PREVIOUS** and **NEXT** buttons for easy page-to-page navigation
- Each online course includes a post-test. It is the last part of the course. There is only one correct answer per question. The system records your answers automatically and calculates your score once you answer the last test question.
- Click the **CLOSE** button to close the course window and return to the list of available courses

Clinical Facilities

Los Angeles County
Hubert Humphrey Clinic
5850 South Main Street
Los Angeles, CA 90033
(323) 846-4110

Kaiser Los Angeles, Sunset
4733 Sunset Boulevard
Los Angeles, CA 90027
(323) 783-5894

Kedren Community Mental Health Center
4211 South Avalon Blvd.
Los Angeles, CA 90011
(323) 233-0425
(323) 233-0425

View Heights Convalescent Hospital
12619 S. Avalon Blvd
Los Angeles, CA 90061
(213) 748-2411

Kaiser West Los Angeles
6041 Cadillac Ave.
Los Angeles, CA 90034
(323) 857-2745

California Hospital
1401 S. Grand Ave.
Los Angeles, 90015
(213) 748-2411

Little Company of Mary-San Pedro
1300 W. Seventh Street
San Pedro Hospital, CA 90732
(310) 241-4065

Centinela Hospital
555 E Hardy
Inglewood, CA 90301
(310) 680-8705
Medical/Surgical Nursing
OB Nursing

Campus Services

<u>Campus Services</u>	<u>Extension</u>	<u>Office Hours</u>	<u>Days</u>
Academic Affairs	5284	7:30 AM – 5:30 PM 7:30 AM – 4:00 PM	M-TH F
Admissions	5321	8:30 AM – 6:30 PM 8:30 AM – 12:30 PM	M-TH F
Bookstore (First two weeks) (Regular hours)	5227	8:00 AM – 7: 00 PM 8:00 AM – 2:00 PM 8:30 AM – 7: 00 PM 8:30 AM – 3: 00 PM	M-TH F M-T W-F
Business Office	5302	8:30 AM – 7:30 PM 8:30 AM – 4:30 PM	M-TH F
Child Development Center	5000	7:00 AM – 4:00 PM	M – F
Counseling	5200	8:00 AM – 6:30 PM 8:30 AM – 7:30 PM 8:30 AM – 4:00 PM	M T – TH F
Disabled Student Services	5480	8:00 AM – 4:30 PM	M – F
EOP & S	5484	8:00 AM – 4:30 PM 8:00 AM – 7:30 PM	M/W/TH/F T
Financial Aid	5338	8:30 AM – 3:30 PM 5:00 PM – 7:00 PM 8:30 AM – 3:00 PM	M-T M –T W-TH
Library	5235	8:00 AM – 8:00 PM 8:00 AM – 1:00 PM	M–TH F
Nursing and Allied Health Department	5461	8:30 AM – 4:30 PM (Hours Vary)	M –TH F
Student Health Service	5252	9:00 AM – 3:00 PM 12:00 PM – 6:00 PM	M+TH T

California Nursing Students' Organization (CNSA)

CNSA is one of the fifty-four constituent units of the National Student Nurses Association (NSNA). Membership is open to all currently enrolled nursing students.

CNSA is an active organization that meets periodically on campus and provides an opportunity for students to meet and exchange ideas and to work together to reach common goals related to the profession of nursing. Active membership in the Association assists in the development of student leadership and decision-making skills by providing opportunities for participation in its political, economic, educational, collaborative and social activities. These activities have a direct, positive influence on the nursing profession as a whole. Your support is needed!

The LASC chapter is strongly supported by the faculty and the college administration.

Faculty advisors are designated by the Nursing Department

Meetings: Monthly – Times to be announced

Scholarship Awards by the Nursing Faculty

Each year scholarships are offered to nursing students by nursing organizations in the community.

1. Los Angeles Southwest College Nurses Alumni Association, Inc offers scholarships annually.
2. Delta Chapter and Mu Chi Chapter of Chi Eta Phi Sorority offer scholarships to deserving students.
3. The Council of Black Nurses, Los Angeles, Inc. offers scholarships to students who demonstrate leadership potential.
4. Vicky Chang scholarship **(\$500)** specifically for the 4th semester students to assist them with the NCLEX-RN testing fees.
5. COADN Scholarship to the deserving student.
6. Grande Voiture 40/8 scholarship to the deserving student.
7. Delores Jones (By Kaiser Permanente) to the deserving student, and Osher Scholarship to the deserving student.
8. General scholarships are awarded to students as the scholarships become available, such as Kaiser Hospital Foundation, they offer several scholarships annually.

Financial Aid

The Financial Aid Office provides information on financial assistance upon request. Financial Aid is available to nursing students in terms of grants, fee waiver programs and loans. Students may visit the Financial Aid department located in SSB 104, for more additional information. Students can also refer to the College Catalog for additional information.

Student Participation in the Nursing Program

The nursing program provides for direct student input into the formulation of the program's philosophy, course and level objectives, curriculum and other matters directly related to students.

Students are provided with opportunities to work along with the faculty to identify policies and procedures that relate to the nursing students in the program on a formal or an informal basis. This is accomplished by the following:

1. Representatives from the student population are selected by the students or by instructors to act as liaisons between students and the nursing department. Student representatives bring issues, ideas and concerns of students to the department's curriculum committee meetings.
2. Participation in the curriculum committee, enable student representatives to give input in the review, changes, or adding additional nursing courses to the curriculum.
3. Student representatives report back to their fellow students the decisions of the curriculum committee.
4. For each course, students complete course and teacher evaluations. The instructors use the evaluations as feedback for course revisions.
5. At the end of each clinical rotation, students do written evaluations of the clinical facilities. These evaluations are shared with the clinical facilities and provide feedback for planned change.
6. The department chairperson convenes a meeting of all faculty and students (**General Forum**) at least once a year. Relevant information is provided along with program updates.
7. Senior student and new graduate evaluations are conducted via questionnaires periodically to elicit feedback for planned change by the department.

SECTION IX

Miscellaneous

Illness/Injury

A student, who becomes ill, will not be able to make up the lecture/clinical time. In the event the absences interfere with the student meeting the clinical objectives of the nursing program, it may be necessary for the student to withdraw from the program and request readmission at a later time.

If an injury occurs and is serious, the student should be seen in the emergency room. Both the instructor AND student must complete the Workmen's Compensation form and Supervisor's Report of Injury or Illness that are available in the department office. **This must be done within 24 hours.** Call the Dean of Academic Affairs at (323) 241-5222 for information/questions. Be very specific in describing the incident so safety precautions may be designed to reduce such injuries in the future.

Latex Allergy is a very serious problem for healthcare workers. **If you have a latex allergy, please inform your instructor immediately.**

Gifts and Gratuities

Students are strongly discouraged from giving gifts, gratuities, etc. to the instructors. Cards and letters of appreciation are appropriate but not necessary. **Acceptance of gratuities or gifts from patients is not acceptable.**

Employment

While enrolled in nursing courses, the nursing faculty strongly recommends that students work no more than 20 hours per week. Since the ADN program is a full time course of study, if possible, students are encouraged not to work. Although a few students have done so and have been successful in the program, many students working more than 20 hours per week are not successful. Recently, the California Board of Registered Nursing published results of a focus group study of NCLEX-RN scores. The study indicated that students who worked more than 20 hours per week were least likely to pass the licensure examination.

Cellular Telephones & Pagers

Cellular Telephones & Pagers are disruptive in classroom settings. They may be used in vibratory mode only during class time and use is restricted to emergency situations only. **Students are not allowed to use cellular phones in clinical settings (cellular phones interferes with clinical monitoring equipment).**

Profile of Successful and Unsuccessful Students

Characteristics of Successful Nursing Student: (Theory)

Interviews with the graduates reveal that the successful nursing student in the program who goes on to take and pass the National State Board Examination for Registered Nursing (NCLEX –RN) has the following characteristics:

1. Establishes regular hours of study.
2. Reviews all course material throughout the program and is able to transfer knowledge from one course to the next.
3. Utilizes and follows course objectives and performance standards to guide her/his study.
4. Reads all assignments and utilizes all resources available to her/him to enhance learning.
5. Is accountable for her/his behavior.
6. Assumes responsibility for self-development and uses resources for continued learning.
7. Seeks challenging clinical experiences.
8. Participates in study groups or has a study partner.
9. Practices technical skills in the nursing laboratory prior to each clinical assignment.
10. Works within the policies of the school and affiliating clinical agency; e.g. reports promptly to class, avoids excessive absences in all classes and clinical assignments.
11. Practices self-evaluation and requests timely conferences with instructors during scheduled office hours.
12. Utilizes practice tests to assess understanding of nursing knowledge, e.g., State Board practice tests, student workbooks, etc.

Characteristics of Successful Nursing Student: (Clinical)

Characteristic and Example of Behavior

1. Is prepared for the clinical experience including:
 - Prepared to perform clinical skills appropriate for course level
 - bringing needed resources to the clinical experience
 - Professional in dress and manner
 - Has researched medications and patient pathophysiology
 - Prompt with attendance and paperwork
 - Organized
2. Able to think critically by integrating theory into the clinical experience
And develop plan of care for patients; provides safe care
 - Strong knowledge base that is applied in the clinical experience
 - Safe practice
 - Able to use the nursing process
 - Pays attention to what is happening and makes connections

- Critical thinker who is able to problem solve
 - Meets the objectives
 - Prioritizes
 - Good time management
3. Builds relationships and communicates with faculty, staff, patient, and peers
- Effective communicator
 - Shows respect to and works well with faculty, staff , peers, and Patients
 - Asks appropriate questions
 - Able to work as an effective team member
4. Has a positive attitude with eagerness to learn
- Seeks learning opportunities
 - Eagerness to learn
 - Positive attitude
 - Self-motivated
 - Straightforward and self-assured personality
 - Caring
 - Open to learning
 - Engaged
 - Honest
5. Shows progress, accepts feedback, and adapts easily in the clinical experience
- Takes constructive feedback and uses it to show progress and growth
 - Adaptable and flexible in the clinical setting.

Characteristics of Unsuccessful Nursing Student: (Clinical)

Characteristic and Example of Behavior

1. Cannot function in the fast-paced clinical environment
 - Unmotivated, disinterested, scattered
 - Unable to think critically
 - Too concrete (not flexible)
 - Lacks basic skills
 - Under the radar (i.e., tries to avoid being noticed)
 - Poor time management
2. Jeopardizes patient safety and commits legal–ethical violations
 - Unsafe behaviors
 - Illegal–unethical issues
 - Overconfident
3. Is not prepared for the clinical experience and does not show Improvement
 - Patterns of negative behaviors that do not improve
 - Unprepared for the clinical experience
 - Excessively tardy
 - Does not take responsibility for learning
 - Makes excuses
 - Not following school policies
 - Poorly written work
 - Immature
 - Unable to accept constructive criticism
 - Unprofessional appearance
4. Has difficulty in communication with patients, faculty, peers, and Clinical staff
 - Poor communication with patients
 - Poor professional communication
 - Received complaints
 - Does not show caring behaviors

Reference

Lewallen, L. P., & DeBrew, J. K. (2012). Successful and Unsuccessful Clinical Students. *Journal of Nursing Education*, 51 (X): 1-7.

BRN Standards Of Competent Performance

From: Nursing Practice Act with Rules and Regulations

Article 2. Scope of Regulations

2725. Legislative Declaration: Practice of Nursing; Functions

- a) The Legislature recognizes that nursing is a dynamic field, the practice of which is continually evolving to include more sophisticated patient care activities. It is the intent of the Legislature.... to provide clear legal authority for functions and procedures which have common acceptance and usage.

It is the legislative intent also to recognize the existence of overlapping functions between physicians and registered nurses and to permit additional sharing of functions within organized health care systems, which provide for collaboration between physicians and registered nurses. Such organized health care systems include, but are not limited to, health facilities licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, clinics, home health agencies, physicians' office, and public or community health services.

- b) The practice of nursing within the meaning of this chapter means those functions, including basic health care, which help people cope with difficulties in daily living which are associated with their actual or potential health or illness, problems or the treatment thereof which require a substantial amount of scientific knowledge or technical skill, and includes all of the following:
- 1) Direct and indirect patient care services that insure the safety, comfort, personal hygiene, and protection of patients, and the performance of disease prevention and restorative measures.
 - 2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.
 - 3) The performance of skin test, immunization techniques, and the withdrawal of human blood from veins and arteries.
 - 4) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition and (A) determination of whether such signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics; and (B) implementation, based on observed abnormalities, or appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.

- c) “Standardized procedures”, as used in this section, means either of the following:
- 1) Policies and protocols developed by a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 12 of the Health and Safety Code through collaboration among administrators and health professionals including physicians and nurses.
 - 2) Policies and protocols developed through collaboration among administrators and health professionals, including physicians and nurses, by an organized health care system which is not a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code. The policies and protocols shall be subject to any guidelines for standardized procedures which the Division of Allied health Professions of the Medical Board of California and the Board of Registered Nursing may jointly promulgate, and if promulgated shall be administered by the Board of Registered Nursing.
- d) Nothing in this section shall be construed to require approval of standardized procedures by the Division of Allied Health Professions of the Medical Board of California or the Board of Registered Nursing.

2725.1 Dispensing Drugs or Devices; Registered Nurses; Limitations

Notwithstanding any other provision of law, a registered nurse may dispense drugs or devices upon an order by a licensed physician and surgeon when the nurse is functioning within a licensed clinic as defined in paragraphs (1) and (2) of subdivision (a) of Section 1204 of, or within a clinic as defined in subdivision (b) or (c) of Section 1206, of the Health and Safety Code.

No clinic shall employ a registered nurse to perform dispensing duties exclusively. No registered nurse shall dispense drugs in a pharmacy, keep a pharmacy, open shop, or drugstore for the retailing of drugs or poisons. No registered nurse shall compound drugs. Dispensing of drugs by a registered nurse shall not include substances included in the California Uniform Controlled Substances Act (Division 10, [commencing with Section 11000], of the Health and Safety Code). Nothing in this section shall exempt a clinic from the provisions of Article 3.5 (commencing with Section 4063) of Chapter 9.

II. CALIFORNIA CODE OF REGULATIONS.

Article 4. Grounds for Discipline, Disciplinary Proceedings and Rehabilitation.

1442. Gross Negligence.

As used in Section 2761 of the code, “gross negligence” includes an extreme departure from the standard of care which, under similar circumstances, would have ordinarily been exercised by a competent registered nurse. Such an extreme departure means the repeated failure to provide nursing care as required or failure to provide care or to exercise ordinary precaution in a single situation which the nurse knew, or should have known, could have jeopardized the client’s health or life. **NOTE:** Authority cited: Section 2715, Business and Professions Code, Reference Section 2761, Business and Professions Code

1443. Incompetence.

As used in Section 2761 of the code “incompetence” means the lack of possession of or the failure to exercise that degree of learning, skill, care and experience ordinarily possessed and exercised by a competent registered nurse as described in Section 1443.5

NOTE: Authority cited: Section 2715, Business and Professions Code. Reference Section 2761, Business and Professions Code

1443.5 Standards of Competent Performance.

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

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

1444. Substantial Relationship Criteria.

A crime or act shall be considered to be substantially related to the qualifications, Functions or duties of a registered nurse if to a substantial degree it evidences present or potential unfitness of a registered nurse to perform the functions authorized by his/her license in a manner consistent with the public health, safety, or welfare. Such crimes or acts shall include but not be limited to those involving the following:

1. A conviction of child abuse;
2. Violating or attempting to violate, directly or indirectly, or assisting in or abetting the
3. Violation of, or conspiring to violate any provision or term of Chapter 6, Division 2 or the
Business and Professions Code;
4. Conviction as a mentally disordered sex offender;
5. Any crime or act involving the sale, gift, administration or furnishing of “narcotics or dangerous drugs or dangerous devices” as defined in Section 4035 of the code;
6. Conviction for assault and/or battery.

1445. Criteria for Rehabilitation.

(a) When considering the denial of a license under Section 480 of the code, the Board, in evaluating the rehabilitation of the applicant and his/her present eligibility for a license will consider the following criteria:

1. The nature and severity of the acts(s) or crime(s) under consideration as grounds for denial.
2. Evidence of any acts(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the code.
3. The time that has elapsed since commission of the acts(s) or crime(s) referred to in subdivision (1) or (2).
4. The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.
5. Evidence, if any, of rehabilitation submitted by the applicant.

(b) When considering the suspension or revocation of a license on the grounds that a registered nurse has been convicted of a crime, the board in evaluating the rehabilitation of such a person and his/her eligibility for a license will consider the following criteria:

1. Nature and severity of the act(s) or offense(s).
2. Total criminal record.
3. The time that has elapsed since commission of the act(s) or offense(s).
4. Whether the licensee has complied with any terms of parole, probation, restitution or any
other sanctions lawfully imposed against the licensee.
5. If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal
Code.
6. Evidence, if any, of rehabilitation submitted by the licensee.

Nursing Kits (Tote)

COMPONENT OF NURSING KIT: (\$ 65.00)

- Health Tote
- Adhesive Sheer Strip 3/4x3
- Deluxe Battery Penlight Aluminum, white barrel with pupil gauge (white)
- Taylor Percussion Hammer
- Personal Protection Kit Latex Free
- Isolation/Barrier Gowns Yellow
- Exam Face Mask w/Ear loop
- Latex Surgical Sterile PF 7.0 1 pair
- Latex Surgical Sterile PF 7.5 1 pair
- Drape Towel Plain St 18 x 26
- Gastric Sump Tube Fr. Sterile
- ABD Gauze Pad 5" x9" Non -Sterile
- Tegaderm Transparent Dressing, each 2-3/8 x 2-3/4
- Stretch Gauze Bandage 3 Sterile
- Gauze Sponge 4 x4 12 Ply Sterile Packet
- Irrigation Solution 0.9% Na Cl 500 ml
- Kendall 10 ML Oral Syringe Clear
- Pocket Nurse Irrigation Tray with 60 ml Piston Syringe
- Pocket Nurse Closed Insert Foley Non-Sterile 12 French
- TriFlo Cath w/2 Latex Free Gloves kit 14 French
- Tracheostomy Care Kit with 14 French Catheter Latex Free
- Dressing Change Tray with instruments & ABD – Sterile
- Alcohol Prep Pads Medium 10 pads/pack
- Baxter Interlink Extension Set 8"
- ABBOTT Sodium Chloride 0.9% Injectable 30 ml Bacteriostatic
- Carpuject Sterile Cartridge Unit
- IV Start Kit Premium Non-Sterile
- BD Safety Glide 3 cc Syringe 23 g x 1
- BD Safety Glide TB Syringe 1 cc 26g x 3/8
- BD Safety Glide Insulin Syringe .5 ml, 28g x .5
- BD Safety Glide Insulin Syringe 1 ml 29g x .5
- BD 3 cc Syringe 25g x 5/8
- BD 3 cc Syringe 22g x 1
- Pocket Nurse Key Ring Case w/CPR Face Shield, Navy color.

Completion of the Nursing Program Guidelines: (Pinning Ceremony)

Petition for Graduation:

Students must complete the required Graduation Checks and Petition for Graduation by dates specified in the Schedule of Classes.

NCLEX-RN Application:

An application for the NCLEX-RN is to be completed and submitted to the Board of Registered Nursing at least six (6) weeks prior to the expected graduation date. Forms and instructions will be distributed in Nursing 507, Leadership and Management class.

Pinning Ceremony:

Graduating nursing students traditionally plan their Pinning Ceremony at the end of the 4th semester. The Pinning ceremony is a time-honored tradition in the nursing programs and it is a ceremony to welcome graduating students into the nursing profession. It is NOT an official graduation ceremony. Graduates are also encouraged to participate in the general college graduation ceremony in a later date.

The graduating class works closely with the 4th semester faculty and the program director in planning for this ceremony. It is suggested that class representatives from the senior class contact the one of the 4th semester faculty members at the beginning of the 4th semester. The following guidelines are intended to assist the graduating class with their planning:

- The previous graduating class usually leaves a portfolio detailing their pinning ceremony so that the current class can have general ideas about details and planning.
- It is suggested that committees be formed at the beginning of the semester to work on separate areas of the ceremony (e.g. decorations, invitations, programs, music, slides shows, pictures, refreshments, etc).
- The faculty must approve the date of the ceremony, which should be at or near the time of completion Advanced Medical-Surgical Nursing (503-A). Students will be notified of the date as soon as possible.
- The dress code for the ceremony is WHITE CAPS and GOWNS for female students and WHITE TOP and PANTS for the male students.
- The graduating class may hire a photographer for the individual and group pictures. Individual and group pictures are generally taken on campus prior to the ceremony.
- If a slide show is included in the ceremony, it **must** be previewed and approved by the 4th semester faculty at least one week prior to the ceremony.

- Speeches that are included in the program **must** be previewed and approved by the 4th semester faculty at least one week prior to the ceremony.
- Remember that parents, grandparents, and children will be in attendance. Therefore, content of slide show, and speeches should be professional. The use of loud horns and confetti is to be discouraged.
- Invitations and programs are the responsibility of the senior class. The nursing department has samples from the previous classes and **must** approve any printed materials **before** sending to the printer.
- In addition to acknowledging Nursing faculty and College Administrators, the program **must acknowledge** the LACCD Board OF Trustees. The nursing department has a current list of appropriate and necessary people to be included.
- It is the responsibility of the class to distribute the invitations to:
 - Administration
 - Presidents' office
 - VP'S office
 - Deans offices
 - Counseling office
 - Admission & Record office
 - ASO office, etc.

Suggested vendors:

Cindy's Uniforms
 12270 Woodruff Ave.
 Downey, CA 90241
 (562) 803-6754



THE FLORENCE NIGHTINGALE PLEDGE



I solemnly pledge myself before God and in the presence of this assembly:

To pass my life in purity and to practice my profession faithfully.

I will abstain from whatever is deleterious and mischievous and will not take or knowingly administer any harmful drug.

I will do all in my power to maintain and elevate the standard of my profession and will hold in confidence all personal matters committed to my keeping and family affairs coming to my knowledge in the practice of my calling.

With loyalty, will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.



SECTION X

FORMS



**LASC Nursing Department
Clinical Objectives/Students Evaluation**

DIRECTIONS: Clinical performance evaluation of nursing students is done by the clinical instructor. The nursing student is responsible for demonstrating and performing behaviors achieved in all preceding nursing courses or modules.

Students are expected to report to the clinical area on time. A student not engaged in the clinical experience, cannot receive a satisfactory rating for the clinical session.

Students are held accountable for all information discussed in this tool.

Student's Name _____ Date _____

Instructor _____ Date _____

Concept Map RATING

Concept Map #I _____ (Midterm)

Concept Map #II _____ (Final)

Oral Presentation _____ (Final).

STUDENT PERFORMANCE STANDARDS & DESCRIPTION OF CLINICAL
EVALUATION RATINGS.

CRITERIA (See Clinical Evaluation Rubric for Detailed Description)

RATING: Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U)

1. SATISFACTORY:

Student is moving toward independent level. Student is performing as expected for this level.

2. NEEDS IMPROVEMENT:

There are concerns about the student's performance at this level. Student is not performing as expected for this level.

3. UNSATISFACTORY :

Student is at dependent level; there are significant concerns for client safety

Example of unacceptable behaviors include the following: UNSAFE behaviors and actions, omission of medication, treatment or required care; failure to identify client before each dependent treatment; administration of or initiation of action to administer incompatible IV medications and/or solutions; contamination or break in sterile technique without recognition of occurrence; failure to observe medical asepsis and hand wash procedure when giving hands on care to client; failure to complete all chart forms required for assigned client, e.g. neuro check, diabetic, or anticoagulation flow sheet: errors of omission or commission because of failure to validate correctness of planned care based on pre-clinical research medications/treatments; incomplete, inaccurate, and/or incorrect observable and measurable assessment data charted on nurses notes; failure to collect essential baseline data within the first hour of care; failure to notify instructor of absence or tardy, inability to establish cooperative working relationship with staff person and/or notify instructor when experiencing problems and/or is non-productive as a learning experience; failure to inform instructor/staff/physician when an error has occurred; failure to report off duty at the conclusion of the clinical day; failure to meet critical competency provisions.

WEEKLY CLINICAL EVALUATION FOR NURSING 50...

STUDENT REFLECTIONS: Write about feelings, opinions and concerns regarding the week's activities that went well and not so well, how you transferred theoretical knowledge to lab practice. Write comments related to how well you performed, lessons learned, and procedures performed, *and select QSEN competence used for that day*

Reflection Comments: USE BACK OF PAGE AS NEEDED
Week 1
Week 2
Week 3
Week 4
Week 5
Week 6
Week 7
Week 8

Instructor's weekly feedback regarding student clinical performance: State positive performance and suggestion for improvement. Circle weekly performance level rating.	Student Initial
Week 1 Weekly Rating: S NI U	
Week 2 Weekly Rating: S NI U	
Week 3 Weekly Rating: S NI U	
Week 4 Weekly Rating: S NI U	
Week 5 Weekly Rating: S NI U	
Week 6 Weekly Rating: S NI U	
Week 7/8 Weekly Rating: S NI U	
Mod. 1 / 2 _____ Mod. 3 _____ Mod. 4 _____ Mod. 5 _____ Final: _____ Points _____ Grade: _____ Student Signature _____ Clinical Instructor: _____ Date: _____	

ADDITIONAL INSTRUCTOR COMMENTS:

Student has met the Semester clinical outcomes successfully?

YES _____ NO _____

Student's Overall Clinical Evaluation: _____

(A student must achieve a satisfactory rating in order to pass the course. An overall rating of N/I or U constitutes failure of the nursing course)

MID-TERM EVALUATION

Faculty Signature: _____ Date _____

Student Signature: _____ Date _____

FINAL EVALUATION

Faculty Signature: _____ Date _____

Student Signature: _____ Date _____

Student's comments: _____

CLINICAL EVALUATION TOOLS
LEVEL 1

LASC Nursing Clinical Evaluation Tool for Level 1 Outcomes and Competencies										
Nursing 501-A (Fundamentals of Nursing -A)	W k 1	W k 2	W k 3	Midt erm (4)	W k 5	W k 6	W k 7	Fi nal 8		
Patient-centered care										
1. Implement nursing care to patients, families, and groups from diverse backgrounds in a variety of settings that is compassionate, age and culturally appropriate and based on a patient's preferences, values and needs.										
a. Perform a general health assessment including physiological, psychological, sociological, and spiritual needs of patients, families, and groups experiencing health alterations in a variety of settings. (*)										
b. Use the nursing process to guide the delivery of patient care to achieve optimal outcomes.										
c. Provide culturally sensitive care to patients, families, and groups from diverse backgrounds.										
d. Use clinical decision making when providing nursing care based on evaluation of patient needs.										
e. Advocate for patients and families regarding nursing care issues.										
Faculty Comments:										
Student Comments:										
Teamwork and Collaboration										
2. Participate as a member of the interprofessional healthcare team in the provision of safe, quality patient-centered care.										

a. Participate as a member of the healthcare team.										
b. Use communication techniques that support sharing patient-related information with members of the healthcare team.										
Faculty Comments:										
Student Comments:										
Safety										
3. Implement strategies that minimize risk and provide a safe environment for patients, self, and others.										
a. Identify safety risks and environmental hazards in health care settings.										
b. Practice performance of psychomotor skills that minimize safety risks and environmental hazards. (*)										
c. List National Patient Safety Goals that promote safety in healthcare settings.										
Faculty Comments:										
Student Comments:										
Informatics										
4. Use evidence-based information and patient care technology in the provision of safe, quality patient-centered care.										
a. Describe the effect that computerized information management systems have on the role of the nurse.										
b. Implement strategies that protect the integrity of patient information when providing patient- centered care.										
Faculty Comments:										
Student Comments:										
Quality Improvement										
5. Participate in data collection processes that support established quality										

improvement initiatives.										
a. Identify patient care issues that can impact quality of care.										
b. Identify gaps between current patient outcomes and desired patient outcomes.										
Faculty Comments:										
Student Comments:										
Evidence based practice										
6. Identify best current evidence from scientific and other credible sources as a basis for developing individualized patient-centered plans of care.										
a. Identify reliable sources for locating best current evidence and clinical practice guidelines.										
b. Use best practice resources when developing individualized patient-centered plans of care.										
Faculty Comments:										
Student Comments:										
Leadership										
7. Describe how leadership, management, and priority-setting skills are used to support safe, quality patient-centered care.										
a. Identify organizational, time management and priority setting skills necessary to provide safe, quality patient-centered care.										
b. Identify the nurse's role in regard to delegating tasks to appropriate members of the health care team.										
Faculty Comments:										
Student Comments:										
Communication										

8. Use verbal and nonverbal communication strategies with patients and families from diverse backgrounds that promote an effective exchange of information, development of therapeutic relationships										
a. Use verbal and nonverbal communication that promotes caring, therapeutic relationships with patients and families.										
b. Identify changes in communication and use of self, in relation to communication barriers, when caring for patients, families, and groups.										
c. Communicate effectively with members of the healthcare team and report concerns impacting patient care.										
Faculty Comments:										
Student Comments:										
Patient Education										
9. Provide health-related information to patients, families, and communities that facilitate their acquisition of new knowledge and skills.										
a. Collect data to determine health-related education needs of real and simulated patients.										
b. Practice providing health-related education to real and simulated patients.										
Faculty Comments:										
Student Comments:										
Professionalism										
10. Practice nursing with integrity and accountability in a professional, ethical, and legal manner while providing patient-centered, standard-based nursing care.										
a. Identify professional standards of nursing practice that guide										

practice.										
b. Display professional accountability and responsibility clinical setting.										
c. Describe how ethical principles and legal tenets guide nursing practice.										
d. Describe how regulatory guidelines and institution policies guide nursing practice.										
Faculty Comments:										
Student Comments:										
(*)- Denotes a critical element that requires attaining a level 3 by midterm										

LASC Nursing Clinical Evaluation Tool for Level 1 Outcomes and Competencies										
Nursing 501-B (Fundamentals of Nursing -B)	Wk 1	Wk 2	Wk 3	Mid- Term	Wk 5	Wk6	Wk7	Final		
Patient-centered care										
1. Implement nursing care to patients, families, and groups from diverse backgrounds in a variety of settings that is compassionate, age and culturally appropriate and based on a patient's preferences, values and needs.										
a. Perform a general health assessment including physiological, psychological, sociological, and spiritual needs of patients, families, and groups experiencing health alterations in a variety of settings. (*)										
b. Use the nursing process to guide the delivery of patient care to achieve optimal outcomes.										
c. Provide culturally sensitive care to patients, families, and groups from diverse backgrounds.										
d. Use clinical decision making when providing nursing care based on evaluation of patient needs.										
e. Advocate for patients and families regarding nursing care issues.										
Faculty Comments:										
Student Comments:										
Teamwork and Collaboration										
2. Participate as a member of the interprofessional healthcare team in the provision of safe, quality patient-centered care.										
a. Participate as a member of the healthcare team.										
b. Use communication techniques that support sharing patient-related information with members of the										

healthcare team.										
Faculty Comments:										
Student Comments:										
Safety										
3. Implement strategies that minimize risk and provide a safe environment for patients, self, and others.										
a. Identify safety risks and environmental hazards in health care settings.										
b. Practice performance of psychomotor skills that minimize safety risks and environmental hazards. (*)										
c. List National Patient Safety Goals that promote safety in healthcare settings.										
Faculty Comments:										
Student Comments:										
Informatics										
4. Use evidence-based information and patient care technology in the provision of safe, quality patient-centered care.										
a. Describe the effect that computerized information management systems have on the role of the nurse.										
b. Implement strategies that protect the integrity of patient information when providing patient-centered care.										
Faculty Comments:										
Student Comments:										
Quality Improvement										

5. Participate in data collection processes that support established quality improvement initiatives.										
a. Identify patient care issues that can impact quality of care.										
b. Identify gaps between current patient outcomes and desired patient outcomes.										
Faculty Comments:										
Student Comments:										
Evidence based practice										
6. Identify best current evidence from scientific and other credible sources as a basis for developing individualized patient-centered plans of care.										
a. Identify reliable sources for locating best current evidence and clinical practice guidelines.										
b. Use best practice resources when developing individualized patient-centered plans of care.										
Faculty Comments:										
Student Comments:										
Leadership										
7. Describe how leadership, management, and priority-setting skills are used to support safe, quality patient-centered care.										
a. Identify organizational, time management and priority setting skills necessary to provide safe, quality patient-centered care.										
b. Identify the nurse's role in regard to delegating tasks to appropriate members of the health care team.										
Faculty Comments:										
Student Comments:										

Communication										
8. Use verbal and nonverbal communication strategies with patients and families from diverse backgrounds that promote an effective exchange of information, development of therapeutic relationships										
a. Use verbal and nonverbal communication that promotes caring, therapeutic relationships with patients and families.										
b. Identify changes in communication and use of self, in relation to communication barriers, when caring for patients, families, and groups.										
c. Communicate effectively with members of the healthcare team and report concerns impacting patient care.										
Faculty Comments:										
Student Comments:										
Patient Education										
9. Provide health-related information to patients, families, and communities that facilitate their acquisition of new knowledge and skills.										
a. Collect data to determine health-related education needs of real and simulated patients.										
b. Practice providing health-related education to real and simulated patients.										
Faculty Comments:										
Student Comments:										
Professionalism										

10. Practice nursing with integrity and accountability in a professional, ethical, and legal manner while providing patient-centered, standard-based nursing care.										
a. Identify professional standards of nursing practice that guide practice.										
b. Display professional accountability and responsibility clinical setting.										
c. Describe how ethical principles and legal tenets guide nursing practice.										
d. Describe how regulatory guidelines and institution policies guide nursing practice.										
Faculty Comments:										
Student Comments:										
(*)- Denotes a critical element that requires attaining a level 3 by midterm										

LASC Nursing Clinical Evaluation Tool for Level 1 Outcomes and Competencies										
Nursing 502- A (Medical Surgical Nursing -I)	Wk 1	Wk 2	Wk 3	Midterm 4	Wk 5	Wk 6	Wk 7	Final 8		
Patient-centered care										
1. Implement nursing care to patients, families, and groups from diverse backgrounds in a variety of settings that is compassionate, age and culturally appropriate and based on a patient's preferences, values and needs.										
a. Perform a general health assessment including physiological, psychological, sociological, and spiritual needs of patients, families, and groups experiencing health alterations in a variety of settings. (*)										
b. Use the nursing process to guide the delivery of patient care to achieve optimal outcomes.										
c. Provide culturally sensitive care to patients, families, and groups from diverse backgrounds.										
d. Use clinical decision making when providing nursing care based on evaluation of patient needs.										
e. Advocate for patients and families regarding nursing care issues.										
Faculty Comments:										
Student Comments:										
Teamwork and Collaboration										
2. Participate as a member of the interprofessional healthcare team in the provision of safe, quality patient-centered care.										
a. Participate as a member of the healthcare team.										
b. Use communication techniques that support sharing patient-related information with members of the										

healthcare team.										
Faculty Comments:										
Student Comments:										
Safety										
3. Implement strategies that minimize risk and provide a safe environment for patients, self, and others.										
a. Identify safety risks and environmental hazards in health care settings.										
b. Practice performance of psychomotor skills that minimize safety risks and environmental hazards. (*)										
c. List National Patient Safety Goals that promote safety in healthcare settings.										
Faculty Comments:										
Student Comments:										
Informatics										
4. Use evidence-based information and patient care technology in the provision of safe, quality patient-centered care.										
a. Describe the effect that computerized information management systems have on the role of the nurse.										
b. Implement strategies that protect the integrity of patient information when providing patient-centered care.										
Faculty Comments:										
Student Comments:										
Quality Improvement										

5. Participate in data collection processes that support established quality improvement initiatives.										
a. Identify patient care issues that can impact quality of care.										
b. Identify gaps between current patient outcomes and desired patient outcomes.										
Faculty Comments:										
Student Comments:										
Evidence based practice										
6. Identify best current evidence from scientific and other credible sources as a basis for developing individualized patient-centered plans of care.										
a. Identify reliable sources for locating best current evidence and clinical practice guidelines.										
b. Use best practice resources when developing individualized patient-centered plans of care.										
Faculty Comments:										
Student Comments:										
Leadership										
7. Describe how leadership, management, and priority-setting skills are used to support safe, quality patient-centered care.										
a. Identify organizational, time management and priority setting skills necessary to provide safe, quality patient-centered care.										
b. Identify the nurse's role in regard to delegating tasks to appropriate members of the health care team.										
Faculty Comments:										
Student Comments:										

Communication										
8. Use verbal and nonverbal communication strategies with patients and families from diverse backgrounds that promote an effective exchange of information, development of therapeutic relationships										
a. Use verbal and nonverbal communication that promotes caring, therapeutic relationships with patients and families.										
b. Identify changes in communication and use of self, in relation to communication barriers, when caring for patients, families, and groups.										
c. Communicate effectively with members of the healthcare team and report concerns impacting patient care.										
Faculty Comments:										
Student Comments:										
Patient Education										
9. Provide health-related information to patients, families, and communities that facilitate their acquisition of new knowledge and skills.										
a. Collect data to determine health-related education needs of real and simulated patients.										
b. Practice providing health-related education to real and simulated patients.										
Faculty Comments:										
Student Comments:										
Professionalism										

10. Practice nursing with integrity and accountability in a professional, ethical, and legal manner while providing patient-centered, standard-based nursing care.										
a. Identify professional standards of nursing practice that guide practice.										
b. Display professional accountability and responsibility clinical setting.										
c. Describe how ethical principles and legal tenets guide nursing practice.										
d. Describe how regulatory guidelines and institution policies guide nursing practice.										
Faculty Comments:										
Student Comments:										
(*)- Denotes a critical element that requires attaining a level 3 by midterm										

LASC Nursing Clinical Evaluation Tool for Level 1 Outcomes and Competencies										
Nursing 503- B (Mental Health Nursing)	Wk 1	Wk 2	Wk 3	Midterm 4	Wk 5	Wk 6	Wk 7	Final 8		
Patient-centered care										
1. Implement nursing care to patients, families, and groups from diverse backgrounds in a variety of settings that is compassionate, age and culturally appropriate and based on a patient's preferences, values and needs.										
a. Perform a general health assessment including physiological, psychological, sociological, and spiritual needs of patients, families, and groups experiencing health alterations in a variety of settings. (*)										
b. Use the nursing process to guide the delivery of patient care to achieve optimal outcomes.										
c. Provide culturally sensitive care to patients, families, and groups from diverse backgrounds.										
d. Use clinical decision making when providing nursing care based on evaluation of patient needs.										
e. Advocate for patients and families regarding nursing care issues.										
Faculty Comments:										
Student Comments:										
Teamwork and Collaboration										
2. Participate as a member of the interprofessional healthcare team in the provision of safe, quality patient-centered care.										
a. Participate as a member of the healthcare team.										
b. Use communication techniques that support sharing patient-related information with members of the healthcare team.										

Faculty Comments:										
Student Comments:										
Safety										
3. Implement strategies that minimize risk and provide a safe environment for patients, self, and others.										
a. Identify safety risks and environmental hazards in health care settings.										
b. Practice performance of psychomotor skills that minimize safety risks and environmental hazards. (*)										
c. List National Patient Safety Goals that promote safety in healthcare settings.										
Faculty Comments:										
Student Comments:										
Informatics										
4. Use evidence-based information and patient care technology in the provision of safe, quality patient-centered care.										
a. Describe the effect that computerized information management systems have on the role of the nurse.										
b. Implement strategies that protect the integrity of patient information when providing patient- centered care.										
Faculty Comments:										
Student Comments:										
Quality Improvement										
5. Participate in data collection processes that support established quality improvement initiatives.										
a. Identify patient care issues that can impact quality of care.										

b. Identify gaps between current patient outcomes and desired patient outcomes.										
Faculty Comments:										
Student Comments:										
Evidence based practice										
6. Identify best current evidence from scientific and other credible sources as a basis for developing individualized patient-centered plans of care.										
a. Identify reliable sources for locating best current evidence and clinical practice guidelines.										
b. Use best practice resources when developing individualized patient-centered plans of care.										
Faculty Comments:										
Student Comments:										
Leadership										
7. Describe how leadership, management, and priority-setting skills are used to support safe, quality patient-centered care.										
a. Identify organizational, time management and priority setting skills necessary to provide safe, quality patient-centered care.										
b. Identify the nurse's role in regard to delegating tasks to appropriate members of the health care team.										
Faculty Comments:										
Student Comments:										
Communication										

8. Use verbal and nonverbal communication strategies with patients and families from diverse backgrounds that promote an effective exchange of information, development of therapeutic relationships										
a. Use verbal and nonverbal communication that promotes caring, therapeutic relationships with patients and families.										
b. Identify changes in communication and use of self, in relation to communication barriers, when caring for patients, families, and groups.										
c. Communicate effectively with members of the healthcare team and report concerns impacting patient care.										
Faculty Comments:										
Student Comments:										
Patient Education										
9. Provide health-related information to patients, families, and communities that facilitate their acquisition of new knowledge and skills.										
a. Collect data to determine health-related education needs of real and simulated patients.										
b. Practice providing health-related education to real and simulated patients.										
Faculty Comments:										
Student Comments:										
Professionalism										
10. Practice nursing with integrity and accountability in a professional, ethical, and legal manner while providing patient-centered, standard-based nursing care.										

a. Identify professional standards of nursing practice that guide practice.										
b. Display professional accountability and responsibility clinical setting.										
c. Describe how ethical principles and legal tenets guide nursing practice.										
d. Describe how regulatory guidelines and institution policies guide nursing practice.										
Faculty Comments:										
Student Comments:										
(*)- Denotes a critical element that requires attaining a level 3 by midterm										

LASC Nursing Clinical Evaluation Tools Key Terms (LEVEL 1)

Level 1 Key

4 (Outstanding)

- Exceeds expectations (as identified on clinical evaluation tool)
- Is safe
- Consistently shows initiative.
- Demonstrates a comprehensive level of understanding of concepts and applies them to patient care.
- Consistently identifies patient care situations that need attention.
- No supportive cues needed.

3 (Satisfactory)

- Meets expectations (as identified on clinical evaluation tool)
- Is safe
- Periodically shows initiative.
- Demonstrates a fundamental level of understanding of concepts and applies them to patient care.
- Usually identifies patient care situations that need attention.
- Occasional supportive cues needed.

NO = Not Observed/No Opportunity

2 (Needs Improvement)

- Does not meet expectations (as identified on clinical evaluation tool)
- Is usually safe
- Infrequently shows initiative.
- Requires frequent guidance when applying concepts to patient care situations.
- Inconsistently identifies patient care situations that need attention.
- Frequent supportive cues needed.

1 (Unsatisfactory)

- Does not meet expectations (as identified on clinical evaluation tool)
- Is unsafe
- Does not show initiative.
- Requires consistent guidance when applying concepts to patient care situations.
- Fails to identify patient care situations that need attention.
- Continuous supportive cues needed.

NA = Not Applicable

**CLINICAL EVALUATION TOOL
LEVEL 2**

LASC Nursing Clinical Evaluation Tool for Level 2 Outcomes and Competencies										
Nursing 502-B Medical Surgical Nursing II	Wk 1	Wk 2	Wk 3	Midter m	Wk 5	Wk 6	Wk 7	Final		
Patient-centered care										
1. Evaluate nursing care provided to patients, families, groups, populations, and communities across the lifespan from diverse backgrounds in a variety of settings to ensure that it is compassionate, age and culturally appropriate and based on a patient's preferences, values and needs.										
a. Perform a comprehensive health assessment including physiological, psychological, sociological, and spiritual needs of patients, families, groups, populations, and communities across the lifespan experiencing complex health alterations in a variety of settings. (*)										
b. Use the nursing process to prioritize the delivery of patient care, with two or more patients, to achieve optimal outcomes.										
c. Model culturally sensitive care for patients, families, and groups from diverse backgrounds.										
d. Use clinical reasoning and clinical judgment when evaluating nursing care to improve patient outcomes.										
e. Advocate for patients, families, and groups regarding nursing care issues and health care decisions.										
Faculty Comments:										
Student Comments:										

Teamwork and Collaboration										
2. Collaborate with members of the health care team to manage and coordinate the provision of safe, quality care for patients, families, and communities.										
a. Coordinate patient care with members of the healthcare team.										
b. Integrate input from other members of the healthcare team to improve individual and team performance.										
Faculty Comments:										
Student Comments:										
Safety										
3. Implement strategies that minimize risk and provide a safe environment for patients, self, and others.										
a. Anticipate safety risks to patients, self and others in healthcare settings.										
b. Implement actions that minimize safety risks and environmental hazards in healthcare settings. (*)										
c. Implement National Patient Safety Goals in healthcare settings.										
Faculty Comments:										
Student Comments:										
Informatics										
4. Use evidence-based information and patient care technology to communicate relevant patient information, manage care and mitigate error in the provision of safe, quality patient-centered care.										

a. Use patient care technologies effectively when assessing and monitoring patients.										
b. Implement strategies that protect the integrity of patient information when managing patient- centered care.										
Faculty Comments:										
Student Comments:										
Quality Improvement										
5. Participate in data collection processes that support established quality improvement initiatives.										
a. Use recognized nursing standards to improve and advance the quality of health care services.										
b. Use measurement tools to gather data related to the gap between current and desired patient outcomes.										
Faculty Comments:										
Student Comments:										
Evidence based practice										
6. Demonstrate use of best current evidence and clinical expertise when making clinical decisions in the provision of patient-centered care.										
a. Analyze best current evidence for its application to practice when providing and managing patient-centered care.										
b. Integrate best current evidence into clinical judgments that indicate the need to modify clinical practice.										
Faculty Comments:										
Student Comments:										

Leadership										
7. Describe how leadership, management, and priority-setting skills are used to support safe, quality patient-centered care.										
a. Use organizational, time management, and priority setting skills in the provision and management of safe, quality patient-centered care.										
b. Practice delegating patient care tasks to appropriate members of the health care team.										
Faculty Comments:										
Student Comments:										
Communication										
8. Determine appropriate verbal and nonverbal communication strategies to effectively communicate with patients, families, and groups from diverse backgrounds that support the effective exchange of information.										
a. Determine appropriate verbal and nonverbal communication strategies to effectively communicate with patients, families, and groups from diverse backgrounds that support the effective exchange of information.										
b. Integrate changes in communication and use of self, in relation to communication barriers, when caring for patients, families, and groups.										
c. Communicate effectively with members of the healthcare team and demonstrate appropriate problem resolution skills as needed.										
Faculty Comments:										
Student Comments:										

Patient Education										
9. Provide health-related information to patients and families using varying teaching methods, which facilitate the acquisition of new knowledge and skills.										
a. Develop a health-related teaching plan that addresses identified education needs for real and simulated patients.										
b. Provide health-related education to patient and families that include the use of varying teaching methods.										
Faculty Comments:										
Student Comments:										
Professionalism										
10. Assimilate integrity and accountability into practices that uphold established regulatory, legal, and ethical principles while providing patient-centered, standard-based nursing care.										
a. Maintain professional standards of nursing practice in the delivery of patient-centered care.										
b. Maintain professional integrity, accountability and responsibility in the delivery of patient-centered care.										
c. Maintain nursing practice that supports ethical decision making in the delivery of patient-centered care.										
d. Maintain nursing practice that supports regulatory guidelines and institutional policies in the delivery of patient-centered care.										
Faculty Comments:										
Student Comments:										
(*)- Denotes a critical element that requires attaining a level 3 by midterm										

LASC Nursing Clinical Evaluation Tool for Level 2 Outcomes and Competencies										
Nursing 503-A Medical Surgical Nursing III (Advanced Med/Surg.)	Wk 1	Wk 2	Wk 3	Midter m	Wk 5	Wk 6	Wk 7	Final		
Patient-centered care										
1. Evaluate nursing care provided to patients, families, groups, populations, and communities across the lifespan from diverse backgrounds in a variety of settings to ensure that it is compassionate, age and culturally appropriate and based on a patient's preferences, values and needs.										
a. Perform a comprehensive health assessment including physiological, psychological, sociological, and spiritual needs of patients, families, groups, populations, and communities across the lifespan experiencing complex health alterations in a variety of settings. (*)										
b. Use the nursing process to prioritize the delivery of patient care, with two or more patients, to achieve optimal outcomes.										
c. Model culturally sensitive care for patients, families, and groups from diverse backgrounds.										
d. Use clinical reasoning and clinical judgment when evaluating nursing care to improve patient outcomes.										
e. Advocate for patients, families, and groups regarding nursing care issues and health care decisions.										
Faculty Comments:										
Student Comments:										
Teamwork and Collaboration										

2. Collaborate with members of the health care team to manage and coordinate the provision of safe, quality care for patients, families, and communities.										
a. Coordinate patient care with members of the healthcare team.										
b. Integrate input from other members of the healthcare team to improve individual and team performance.										
Faculty Comments:										
Student Comments:										
Safety										
3. Implement strategies that minimize risk and provide a safe environment for patients, self, and others.										
a. Anticipate safety risks to patients, self and others in healthcare settings.										
b. Implement actions that minimize safety risks and environmental hazards in healthcare settings. (*)										
c. Implement National Patient Safety Goals in healthcare settings.										
Faculty Comments:										
Student Comments:										
Informatics										
4. Use evidence-based information and patient care technology to communicate relevant patient information, manage care and mitigate error in the provision of safe, quality patient-centered care.										
a. Use patient care technologies effectively when assessing and monitoring patients.										

b. Implement strategies that protect the integrity of patient information when managing patient- centered care.										
Faculty Comments:										
Student Comments:										
Quality Improvement										
5. Participate in data collection processes that support established quality improvement initiatives.										
a. Use recognized nursing standards to improve and advance the quality of health care services.										
b. Use measurement tools to gather data related to the gap between current and desired patient outcomes.										
Faculty Comments:										
Student Comments:										
Evidence based practice										
6. Demonstrate use of best current evidence and clinical expertise when making clinical decisions in the provision of patient-centered care.										
a. Analyze best current evidence for its application to practice when providing and managing patient-centered care.										
b. Integrate best current evidence into clinical judgments that indicate the need to modify clinical practice.										
Faculty Comments:										
Student Comments:										
Leadership										

7. Describe how leadership, management, and priority-setting skills are used to support safe, quality patient-centered care.										
a. Use organizational, time management, and priority setting skills in the provision and management of safe, quality patient-centered care.										
b. Practice delegating patient care tasks to appropriate members of the health care team.										
Faculty Comments:										
Student Comments:										
Communication										
8. Determine appropriate verbal and nonverbal communication strategies to effectively communicate with patients, families, and groups from diverse backgrounds that support the effective exchange of information.										
a. Determine appropriate verbal and nonverbal communication strategies to effectively communicate with patients, families, and groups from diverse backgrounds that support the effective exchange of information.										
b. Integrate changes in communication and use of self, in relation to communication barriers, when caring for patients, families, and groups.										
c. Communicate effectively with members of the healthcare team and demonstrate appropriate problem resolution skills as needed.										
Faculty Comments:										
Student Comments:										
Patient Education										

9. Provide health-related information to patients and families using varying teaching methods, which facilitate the acquisition of new knowledge and skills.										
a. Develop a health-related teaching plan that addresses identified education needs for real and simulated patients.										
b. Provide health-related education to patient and families that include the use of varying teaching methods.										
Faculty Comments:										
Student Comments:										
Professionalism										
10. Assimilate integrity and accountability into practices that uphold established regulatory, legal, and ethical principles while providing patient-centered, standard-based nursing care.										
a. Maintain professional standards of nursing practice in the delivery of patient-centered care.										
b. Maintain professional integrity, accountability and responsibility in the delivery of patient-centered care.										
c. Maintain nursing practice that supports ethical decision making in the delivery of patient-centered care.										
d. Maintain nursing practice that supports regulatory guidelines and institutional policies in the delivery of patient-centered care.										
Faculty Comments:										
Student Comments:										
(*)- Denotes a critical element that requires attaining a level 3 by midterm										

LASC Nursing Clinical Evaluation Tool for Level 2 Outcomes and Competencies										
Nursing 506-A Pediatric Nursing	Wk 1	Wk 2	Wk3	Midterm	Wk 5	Wk6	Wk7	Final		
Patient-centered care										
1. Evaluate nursing care provided to patients, families, groups, populations, and communities across the lifespan from diverse backgrounds in a variety of settings to ensure that it is compassionate, age and culturally appropriate and based on a patient's preferences, values and needs.										
a. Perform a comprehensive health assessment including physiological, psychological, sociological, and spiritual needs of patients, families, groups, populations, and communities across the lifespan experiencing complex health alterations in a variety of settings. (*)										
b. Use the nursing process to prioritize the delivery of patient care, with two or more patients, to achieve optimal outcomes.										
c. Model culturally sensitive care for patients, families, and groups from diverse backgrounds.										
d. Use clinical reasoning and clinical judgment when evaluating nursing care to improve patient outcomes.										
e. Advocate for patients, families, and groups regarding nursing care issues and health care decisions.										
Faculty Comments:										
Student Comments:										
Teamwork and Collaboration										

2. Collaborate with members of the health care team to manage and coordinate the provision of safe, quality care for patients, families, and communities.										
a. Coordinate patient care with members of the healthcare team.										
b. Integrate input from other members of the healthcare team to improve individual and team performance.										
Faculty Comments:										
Student Comments:										
Safety										
3. Implement strategies that minimize risk and provide a safe environment for patients, self, and others.										
a. Anticipate safety risks to patients, self and others in healthcare settings.										
b. Implement actions that minimize safety risks and environmental hazards in healthcare settings. (*)										
c. Implement National Patient Safety Goals in healthcare settings.										
Faculty Comments:										
Student Comments:										
Informatics										
4. Use evidence-based information and patient care technology to communicate relevant patient information, manage care and mitigate error in the provision of safe, quality patient-centered care.										
a. Use patient care technologies effectively when assessing and monitoring patients.										

b. Implement strategies that protect the integrity of patient information when managing patient- centered care.										
Faculty Comments:										
Student Comments:										
Quality Improvement										
5. Participate in data collection processes that support established quality improvement initiatives.										
a. Use recognized nursing standards to improve and advance the quality of health care services.										
b. Use measurement tools to gather data related to the gap between current and desired patient outcomes.										
Faculty Comments:										
Student Comments:										
Evidence based practice										
6. Demonstrate use of best current evidence and clinical expertise when making clinical decisions in the provision of patient-centered care.										
a. Analyze best current evidence for its application to practice when providing and managing patient-centered care.										
b. Integrate best current evidence into clinical judgments that indicate the need to modify clinical practice.										
Faculty Comments:										
Student Comments:										
Leadership										

7. Describe how leadership, management, and priority-setting skills are used to support safe, quality patient-centered care.										
a. Use organizational, time management, and priority setting skills in the provision and management of safe, quality patient-centered care.										
b. Practice delegating patient care tasks to appropriate members of the health care team.										
Faculty Comments:										
Student Comments:										
Communication										
8. Determine appropriate verbal and nonverbal communication strategies to effectively communicate with patients, families, and groups from diverse backgrounds that support the effective exchange of information.										
a. Determine appropriate verbal and nonverbal communication strategies to effectively communicate with patients, families, and groups from diverse backgrounds that support the effective exchange of information.										
b. Integrate changes in communication and use of self, in relation to communication barriers, when caring for patients, families, and groups.										
c. Communicate effectively with members of the healthcare team and demonstrate appropriate problem resolution skills as needed.										
Faculty Comments:										
Student Comments:										
Patient Education										

9. Provide health-related information to patients and families using varying teaching methods, which facilitate the acquisition of new knowledge and skills.										
a. Develop a health-related teaching plan that addresses identified education needs for real and simulated patients.										
b. Provide health-related education to patient and families that include the use of varying teaching methods.										
Faculty Comments:										
Student Comments:										
Professionalism										
10. Assimilate integrity and accountability into practices that uphold established regulatory, legal, and ethical principles while providing patient-centered, standard-based nursing care.										
a. Maintain professional standards of nursing practice in the delivery of patient-centered care.										
b. Maintain professional integrity, accountability and responsibility in the delivery of patient-centered care.										
c. Maintain nursing practice that supports ethical decision making in the delivery of patient-centered care.										
d. Maintain nursing practice that supports regulatory guidelines and institutional policies in the delivery of patient-centered care.										
Faculty Comments:										
Student Comments:										
(*)- Denotes a critical element that requires attaining a level 3 by midterm										

LASC Nursing Clinical Evaluation Tool for Level 2 Outcomes and Competencies										
Nursing 506-B Obstetric Nursing	Wk 1	Wk 2	Wk 3	Midter m	Wk 5	Wk 6	Wk 7	Final		
Patient-centered care										
1. Evaluate nursing care provided to patients, families, groups, populations, and communities across the lifespan from diverse backgrounds in a variety of settings to ensure that it is compassionate, age and culturally appropriate and based on a patient's preferences, values and needs.										
a. Perform a comprehensive health assessment including physiological, psychological, sociological, and spiritual needs of patients, families, groups, populations, and communities across the lifespan experiencing complex health alterations in a variety of settings. (*)										
b. Use the nursing process to prioritize the delivery of patient care, with two or more patients, to achieve optimal outcomes.										
c. Model culturally sensitive care for patients, families, and groups from diverse backgrounds.										
d. Use clinical reasoning and clinical judgment when evaluating nursing care to improve patient outcomes.										
e. Advocate for patients, families, and groups regarding nursing care issues and health care decisions.										
Faculty Comments:										
Student Comments:										
Teamwork and Collaboration										

2. Collaborate with members of the health care team to manage and coordinate the provision of safe, quality care for patients, families, and communities.										
a. Coordinate patient care with members of the healthcare team.										
b. Integrate input from other members of the healthcare team to improve individual and team performance.										
Faculty Comments:										
Student Comments:										
Safety										
3. Implement strategies that minimize risk and provide a safe environment for patients, self, and others.										
a. Anticipate safety risks to patients, self and others in healthcare settings.										
b. Implement actions that minimize safety risks and environmental hazards in healthcare settings. (*)										
c. Implement National Patient Safety Goals in healthcare settings.										
Faculty Comments:										
Student Comments:										
Informatics										
4. Use evidence-based information and patient care technology to communicate relevant patient information, manage care and mitigate error in the provision of safe, quality patient-centered care.										
a. Use patient care technologies effectively when assessing and monitoring patients.										

b. Implement strategies that protect the integrity of patient information when managing patient- centered care.										
Faculty Comments:										
Student Comments:										
Quality Improvement										
5. Participate in data collection processes that support established quality improvement initiatives.										
a. Use recognized nursing standards to improve and advance the quality of health care services.										
b. Use measurement tools to gather data related to the gap between current and desired patient outcomes.										
Faculty Comments:										
Student Comments:										
Evidence based practice										
6. Demonstrate use of best current evidence and clinical expertise when making clinical decisions in the provision of patient-centered care.										
a. Analyze best current evidence for its application to practice when providing and managing patient-centered care.										
b. Integrate best current evidence into clinical judgments that indicate the need to modify clinical practice.										
Faculty Comments:										
Student Comments:										
Leadership										

7. Describe how leadership, management, and priority-setting skills are used to support safe, quality patient-centered care.										
a. Use organizational, time management, and priority setting skills in the provision and management of safe, quality patient-centered care.										
b. Practice delegating patient care tasks to appropriate members of the health care team.										
Faculty Comments:										
Student Comments:										
Communication										
8. Determine appropriate verbal and nonverbal communication strategies to effectively communicate with patients, families, and groups from diverse backgrounds that support the effective exchange of information.										
a. Determine appropriate verbal and nonverbal communication strategies to effectively communicate with patients, families, and groups from diverse backgrounds that support the effective exchange of information.										
b. Integrate changes in communication and use of self, in relation to communication barriers, when caring for patients, families, and groups.										
c. Communicate effectively with members of the healthcare team and demonstrate appropriate problem resolution skills as needed.										
Faculty Comments:										
Student Comments:										
Patient Education										

9. Provide health-related information to patients and families using varying teaching methods, which facilitate the acquisition of new knowledge and skills.										
a. Develop a health-related teaching plan that addresses identified education needs for real and simulated patients.										
b. Provide health-related education to patient and families that include the use of varying teaching methods.										
Faculty Comments:										
Student Comments:										
Professionalism										
10. Assimilate integrity and accountability into practices that uphold established regulatory, legal, and ethical principles while providing patient-centered, standard-based nursing care.										
a. Maintain professional standards of nursing practice in the delivery of patient-centered care.										
b. Maintain professional integrity, accountability and responsibility in the delivery of patient-centered care.										
c. Maintain nursing practice that supports ethical decision making in the delivery of patient-centered care.										
d. Maintain nursing practice that supports regulatory guidelines and institutional policies in the delivery of patient-centered care.										
Faculty Comments:										
Student Comments:										
(*)- Denotes a critical element that requires attaining a level 3 by midterm										

LASC Nursing Clinical Evaluation Tool for Level 2 Outcomes and Competencies										
Nursing 507 (Leadership)	Wk 1	Wk 2	Wk 3	Midter m	Wk 5	Wk 6	Wk 7	Final		
Patient-centered care										
1. Evaluate nursing care provided to patients, families, groups, populations, and communities across the lifespan from diverse backgrounds in a variety of settings to ensure that it is compassionate, age and culturally appropriate and based on a patient's preferences, values and needs.										
a. Perform a comprehensive health assessment including physiological, psychological, sociological, and spiritual needs of patients, families, groups, populations, and communities across the lifespan experiencing complex health alterations in a variety of settings. (*)										
b. Use the nursing process to prioritize the delivery of patient care, with two or more patients, to achieve optimal outcomes.										
c. Model culturally sensitive care for patients, families, and groups from diverse backgrounds.										
d. Use clinical reasoning and clinical judgment when evaluating nursing care to improve patient outcomes.										
e. Advocate for patients, families, and groups regarding nursing care issues and health care decisions.										
Faculty Comments:										
Student Comments:										
Teamwork and Collaboration										

2. Collaborate with members of the health care team to manage and coordinate the provision of safe, quality care for patients, families, and communities.										
a. Coordinate patient care with members of the healthcare team.										
b. Integrate input from other members of the healthcare team to improve individual and team performance.										
Faculty Comments:										
Student Comments:										
Safety										
3. Implement strategies that minimize risk and provide a safe environment for patients, self, and others.										
a. Anticipate safety risks to patients, self and others in healthcare settings.										
b. Implement actions that minimize safety risks and environmental hazards in healthcare settings. (*)										
c. Implement National Patient Safety Goals in healthcare settings.										
Faculty Comments:										
Student Comments:										
Informatics										
4. Use evidence-based information and patient care technology to communicate relevant patient information, manage care and mitigate error in the provision of safe, quality patient-centered care.										
a. Use patient care technologies effectively when assessing and monitoring patients.										

b. Implement strategies that protect the integrity of patient information when managing patient- centered care.										
Faculty Comments:										
Student Comments:										
Quality Improvement										
5. Participate in data collection processes that support established quality improvement initiatives.										
a. Use recognized nursing standards to improve and advance the quality of health care services.										
b. Use measurement tools to gather data related to the gap between current and desired patient outcomes.										
Faculty Comments:										
Student Comments:										
Evidence based practice										
6. Demonstrate use of best current evidence and clinical expertise when making clinical decisions in the provision of patient-centered care.										
a. Analyze best current evidence for its application to practice when providing and managing patient-centered care.										
b. Integrate best current evidence into clinical judgments that indicate the need to modify clinical practice.										
Faculty Comments:										
Student Comments:										
Leadership										

7. Describe how leadership, management, and priority-setting skills are used to support safe, quality patient-centered care.										
a. Use organizational, time management, and priority setting skills in the provision and management of safe, quality patient-centered care.										
b. Practice delegating patient care tasks to appropriate members of the health care team.										
Faculty Comments:										
Student Comments:										
Communication										
8. Determine appropriate verbal and nonverbal communication strategies to effectively communicate with patients, families, and groups from diverse backgrounds that support the effective exchange of information.										
a. Determine appropriate verbal and nonverbal communication strategies to effectively communicate with patients, families, and groups from diverse backgrounds that support the effective exchange of information.										
b. Integrate changes in communication and use of self, in relation to communication barriers, when caring for patients, families, and groups.										
c. Communicate effectively with members of the healthcare team and demonstrate appropriate problem resolution skills as needed.										
Faculty Comments:										
Student Comments:										
Patient Education										

9. Provide health-related information to patients and families using varying teaching methods, which facilitate the acquisition of new knowledge and skills.										
a. Develop a health-related teaching plan that addresses identified education needs for real and simulated patients.										
b. Provide health-related education to patient and families that include the use of varying teaching methods.										
Faculty Comments:										
Student Comments:										
Professionalism										
10. Assimilate integrity and accountability into practices that uphold established regulatory, legal, and ethical principles while providing patient-centered, standard-based nursing care.										
a. Maintain professional standards of nursing practice in the delivery of patient-centered care.										
b. Maintain professional integrity, accountability and responsibility in the delivery of patient-centered care.										
c. Maintain nursing practice that supports ethical decision making in the delivery of patient-centered care.										
d. Maintain nursing practice that supports regulatory guidelines and institutional policies in the delivery of patient-centered care.										
Faculty Comments:										
Student Comments:										
(*)- Denotes a critical element that requires attaining a level 3 by midterm										

LASC Nursing Clinical Evaluation Tools Key Terms (LEVEL 2)

Level 2 Key

4 (Outstanding)

- Exceeds expectations (as identified on clinical evaluation tool)
- Is safe
- Consistently shows initiative.
- Demonstrates a comprehensive level of understanding of concepts and applies them to patient care.
- Consistently identifies patient care situations that need attention.
- No supportive cues needed.

3 (Satisfactory)

- Meets expectations (as identified on clinical evaluation tool)
- Is safe
- Periodically shows initiative.
- Demonstrates a fundamental level of understanding of concepts and applies them to patient care.
- Usually identifies patient care situations that need attention.
- Occasional supportive cues needed.

NO = Not Observed/No Opportunity

2 (Needs Improvement)

- Does not meet expectations (as identified on clinical evaluation tool)
- Is usually safe
- Infrequently shows initiative.
- Requires frequent guidance when applying concepts to patient care situations.
- Inconsistently identifies patient care situations that need attention.
- Frequent supportive cues needed.

1 (Unsatisfactory)

- Does not meet expectations (as identified on clinical evaluation tool)
- Is unsafe
- Does not show initiative.
- Requires consistent guidance when applying concepts to patient care situations.
- Fails to identify patient care situations that need attention.
- Continuous supportive cues needed.

NA = Not Applicable

Los Angeles Southwest College
Registered Nursing Program
Retention/Remediation Plan

Reading and Comprehension		Learning Resource Center	Date of Completion: LRC Staff Signature:
Math and Medication Dosage Calculation		Computer Assisted Instructional Module (Learning Resource Center) Tutoring (Nursing Instructional Lab)	Date of Completion: LRC Instructor Signature: Date of Completion: Instructional Lab Assistant/Tutor Signature:
Critical Thinking and Test Taking Strategies		Directed Study Course Tutoring (Nursing Instructional Lab) Computer Assistive Instructional modules (Learning Resource Center) ATI non proctored testing review	Date of Completion: Signature of Instructor: Date of Completion: Signature of Tutor: Date of Completion: Signature of LRC staff: ATI Progress Report

Additional Individualized Prescriptive Remedies

I certify that this plan has been discussed with me and I am aware of the resources available to me to assist in this remediation. _____ Student

Date of Post Remediation Evaluation: _____

Satisfactory____Unsatisfactory_____

Evaluator's Comments:

Student Suggestions

The faculty and staff of the nursing department at LASC want very much to help nursing students succeed, both in the program and as future professional nurses. We are working hard to structure the program to meet students' needs. It would be of great help to us in accomplishing this task if you would make suggestions that would help meet your needs. Please feel free to make any comments or suggestions you wish regarding the following and others you wish to include.

- A. CURRICULUM**
- B. POLICIES**
- C. PROFESSIONALISM**
- D. REMEDIATION PROCESS**
- E. NURSING LABORATORY**

- F. NURSING OFFICE**
- G. INSTRUCTION**
- H. CLINICAL SITES**
- I. OTHER**

Please circle the letter and briefly describe your concern.

Recommended solution, if any:



LOS ANGELES SOUTHWEST COLLEGE (LASC)

LOS ANGELES SOUTHWEST NURSING DEPARTMENT

Documentation of Materials Received

I, _____, have received the
Print name

Nursing Department's Student Handbook.

1. I understand that I am responsible for knowing and understanding all the information contained within this handbook
2. I accept responsibility for complying with the information contained within this handbook.
3. After receipt of this handbook, I understand that I am responsible for any changes or Addendums made.

Student Signature _____ Date: _____

Instructor's Signature: _____ Date: _____

Please sign and return this page to your instructor of record of the course in which it was received.



LOS ANGELES SOUTHWEST COLLEGE (LASC)

Consent Form for Drug Screening and Criminal Record Background Check

☐ FALL ☐ SPRING ☐ SUMMER YEAR 20____

Student's Name _____

Last

First

Middle

Student SS# _____ Date of Birth _____

Phone # Day (____) _____ Evening (____) _____

NURSING EDUCATION - ADN

Los Angeles Southwest College (LASC)

Students accepted into LASC Nursing Program will be required to successfully complete Directed Clinical Practice/clinically-based courses held in health care facilities. These facilities require criminal background checks and urine drug screening, as a condition of placement.

Refusal to submit to a background check, or failure to meet clearance criteria established by the health care facility, may prevent placement in the Directed Clinical Practice/Clinically-based course and thus, it may not be possible to remain in the program or successfully complete the program.

Health care facilities also require adherence to strict standards of conduct. Facilities may refuse educational access to any person who does not adhere to the facility's standards of safety, health and ethical behavior. This may be cause for removal from the program.

I have read the conditions stated above and understand and consent to the requirements thereof.

Student's Signature _____ Date _____



LOS ANGELES SOUTHWEST COLLEGE (LASC)

LACCD Standards Of Students Conduct Policy

I have read and acknowledge understanding of “**Professional Behaviors**” and “**Standards of Student Conduct.**”

Printed Name:

Signature:

Date:



LOS ANGELES SOUTHWEST COLLEGE (LASC)

Student Acknowledgement of ATI Policy

Initial all and sign below:

_____ I have received a copy of and have read and understand Los Angeles Southwest College (LASC) ATI Assessment and Review Policy

_____ I understand that it is my responsibility to utilize all of the books, tutorials and online resources available from ATI, as designated by LASC Nursing Program.

Student printed name

Date

Student signature