Nursing Student Handbook

Spring 2024

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INTRODUCTION / WELCOME

The Tyler Junior College Nursing Student Handbook has been compiled by TJC Nursing faculty to provide information pertinent to students enrolled in nursing programs. The purpose of this handbook is to detail policies and procedures specific to TJC Nursing programs. The handbook is constructed to be used as a supplement to the Tyler Junior College Catalog as well as the current Tyler Junior College Student Handbook (https://www.tjc.edu/downloads/file/1507/student_handbook). Adherence to policies is required.

The faculty of TJC Nursing are responsible for supporting the mission and philosophy of the college, ensuring continuous approval of the programs, and facilitating the eligibility of the graduates to seek licensure. Therefore, program policies for placement, progression, and graduation of nursing students will differ in specific instances from those of the College.

Welcome to the Nursing Program. The faculty and staff wish you success in your pursuit of your educational goals. We are glad you are here and are excited to join you on your nursing journey.

Tyler Junior College gives equal consideration of all applicants for admission without regard to race, creed, color, national origin, sex, age, marital status, or physical handicap.

(Revised Spring 2021)

CONTACT INFORMATION

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(Revised Fall 2023)

TJC NURSING PHILOSOPHY

Refer to the Associate Degree Nursing section of this handbook for Program Outcomes.

Refer to the Vocational Nursing section of this handbook for Program Outcomes and Program Overview.

Vision

To inspire excellence and life-long learning in professional nursing practice.

(Revised Fall 2020)

Program Mission

The mission of the Tyler Junior College Nursing Program is to develop professionalism and sound clinical judgement by providing a quality nursing education in a caring environment that supports the needs of our community.

The mission of the Nursing Program reflects the mission of the College by maintaining a high standard of excellence in education, creating a caring environment, and meeting community needs.

The faculty of the Nursing Program supports the mission of the college and ensures continuous approval of the program by the Texas Board of Nursing therefore, program policies will differ in specific instances from those of the College.

Associate Degree Nursing graduates are committed to a culturally, racially, and ethnically diverse community. They provide direct nursing care and/or coordinate care for clients with predictable and unpredictable health care needs in a variety of settings.

Vocational Nursing graduates are prepared to provide nursing care in structured health care settings for clients of all ages who have well defined health problems with predictable outcomes. Emphasis is placed on the ability to make sound judgments based on critical thinking skills and the ability to use technical skills in a variety of settings.

Associate Degree and Vocational nurses are vital members of the nursing profession who practice within the guidelines of the Texas Nursing Practice Act, standards of care, and the American Nurses Association Code of Ethics for Nurses and participate in professional nursing activities. The program prepares nurses through nursing education and the teaching-learning process.

American Nurses Association Code of Ethics for Nurses - http://www.nursingworld.org/codeofethics

American Nurses Association Professional Standards - https://www.nursingworld.org/ana/about-ana/standards/

Texas Board of Nursing, Nursing Practice Act - https://www.bon.texas.gov/laws_and_rules_nursing_practice_act.asp

(Revised Fall 2021)

Program Values

The values of the Tyler Junior College Nursing Program are the same as those of the College.

1. Unity: Coming together for a shared purpose to achieve a common goal

2. Caring: Combining empathy and action to show a generosity of spirit

3. Integrity: Applying principles of transparency, accountability, authenticity, and respect to every interaction

4. Empowering: Investing in others by providing the means to achieve success through development and self-actualization

5. Excellence: Achieving distinction by proactively identifying opportunities and continually raising the bar

(Revised Fall 2019)

Student-centered

- Benevolence fund
- Nursing Resource Center
- Nursing Student Handbook
- Online Nursing student information course (0090)
- Peer mentoring and tutoring
- Scholarships
- Student Advisory Council
- Student Nurses Association
- Student support services

Attributes

- Nursing student and faculty handbooks
- Qualified faculty
- Qualified students / Admission requirements
- Values = Unity | Caring | Integrity | Empowering | Excellence

Operational factors

- National Council of State Boards of Nursing (NCSBN)
- National League for Nursing accreditation standards
- Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)
- Texas Board of Nursing regulations
- Total Program Evaluation

Antecedents

- Budget and grants
- Clinical affiliate agreements
- Community support and partnerships
- Internal and external communication
- Serving east Texas since 1951
- Physical facilities
- Technology infrastructure - hardware and software

TJC Nursing

Vision: To inspire excellence and life-long learning in professional nursing practice.

Mission: To develop professionalism and sound clinical judgment by providing quality education in a caring environment that supports the needs of our community.

Outcomes

Evidence-based resources

- American Nurses Association Code of Ethics for Nurses, and Standards of Care
- Clinical Judgment Measurement Model
- Educational vendors
- Integrated curriculum
- Quality and Safety Education for Nurses (QSEN) competencies
- Simulation center
- Skills laboratories
- Texas Nursing Concepts-based

Positive

- Analytical reasoning
- Clinical judgment
- Completion and persistence rates
- DAISY award
- Employment rates
- Lifelong learners
- Marketable skills
- NCLEX pass rates
- Positive community regard
- Professional development

Negative

- Delayed program completion
- Dissatisfaction
- Failure
- Limited enrollment due to national shortage of nursing professors
- Progressive discipline
- Withdrawal

EXPLANATION OF THE TJC NURSING CONCEPTUAL MODEL

The program vision and mission are in the center of the model.

Antecedents

Before TJC Nursing can exist, certain factors (antecedents) must be present. If these antecedents do not exist or are not functioning effectively, then the TJC Nursing program will not thrive and/or the mission will not be achieved. The solid one-way arrow indicates antecedents have a direct impact on the existence of TJC Nursing.

1. Budget and grants. TJC Nursing has an annual budget that covers the operational costs of the program. The Nursing Program applies for additional outside funding by submitting grants to federal, state, and private foundations. On occasion, a donor will earmark money specifically to the program. This additional funding enhances the resources available to support instruction.

2. Clinical affiliate agreements. TJC Nursing maintains a variety of clinical affiliate agreements with hospitals, rehabilitation facilities, skilled nursing facilities, long term care facilities and others to ensure a rich, diverse, variety of clinical learning experiences to support students in meeting the programs outcome learning goals.

3. Community support and partnerships. TJC Nursing has a Nursing Advisory Board that provides a forum for dialogue exchange on performance of the programs and its graduates. This board consists of representatives of potential employers' organizations and selected nursing faculty and nursing administration members. Changes in curriculum or changes in the hiring market are discussed and utilized in planning for the program, adapting to the ever-changing health care environment.

4. Internal and external communication.

    a. Internal communication. An electronic learning management system course is present for Nursing students and faculty to facilitate program-wide communication through announcements, email messages, and a file repository that includes policy manuals. The Student Advisory Council meets regularly to discuss program changes, events, and pertinent student concerns to ensure the free exchange of information to and from students and the program faculty and staff.

    b. External communications. TJC Nursing maintains a section of the tjc.edu website which provides information about application to program processes, employment outlooks, and other useful information for potential applicants. Nursing Advisory Board meetings are held annually to promote two-way communication with outside agencies.

5. Serving East Texas since 1951. Texas Eastern School of Nursing, the only professional nursing school in East Texas, originated through the efforts of Tyler Junior College to meet the education needs of this area. The first class was enrolled in September of 1951. TJC Nursing has maintained a strong community presence since 1951 and continues to graduate qualified and competent Vocational nurses and Associate Degree nurses.

6. Physical facilities. TJC Nursing is housed in the Robert M Rogers Nursing and Health Science building. This state-of-the-art building houses a variety of health science programs, encouraging student interaction and collaboration in multidisciplinary health care. Open areas for gathering and

studying, a dedicated student lounge, dedicated study rooms, and student conference rooms provide an environment conducive to learning. Large windows allow the healing power of natural sunlight to permeate the building.

7. Technology infrastructure - hardware and software. TJC Nursing has technology integrated into classrooms, labs, offices, simulation centers, and the Nursing Resource Center. This hardware may include computers, document projectors, overhead projectors, low- moderate- and high-fidelity mannequins, monitors, cameras, and others. TJC Office of Technology Services (OTS) assists with troubleshooting and updating of these devices. In addition, TJC has software available to support student learning including but not limited to ATI Testing Inc., digital books with learning resources, Microsoft Office Suite, Google Suite, and many others. Software support is provided by TJC OTS, and the various vendors also provide support for their products. Free Wi-Fi is available throughout the campus. Nursing students are required to have their own electronic device.

Attributes

Attributes are the defining characteristics (evidence) of the concept. Optimum functioning of the TJC Nursing program relies on qualified faculty and students. The values of units, caring, integrity, empowering, and excellence guide the direction of the program and the decisions made. The solid one-way arrow indicates the presence of the listed attributes leads to optimum functioning of TJC Nursing as demonstrated by positive outcomes. Deficiencies in, or absence of, any listed attributes mean TJC Nursing is not functioning at an optimum level. Intervention is required to avert negative outcomes.

1. Nursing student and faculty handbooks. Student handbooks are updated every spring and fall semester. Faculty handbooks are updated every academic year. Student policies are acknowledged at the beginning of the semester by every student. A current digital copy of the Nursing student handbook is always available in the online Nursing student information course (0090).

2. Qualified faculty. Faculty qualifications are posted with each job description and are in alignment with the Texas Board of Nursing and the Accreditation Commission for Education in Nursing (ACEN). A roster of faculty with qualifications is maintained in the Nursing office.

3. Qualified students / Admission requirements. Nursing is a selective admission program. Admission Requirements are posted in the Nursing Student Handbook and on the website. These are regularly reviewed and updated by the Admission/Progression/Reenrollment Committee.

4. TJC Nursing shares the values of the College.

    a. Values: Unity | Caring | Integrity | Empowering | Excellence.

        i. Unity. Coming together for a shared purpose to achieve a common goal

        ii. Caring. Combining empathy and action to show a generosity of spirit

        iii. Integrity. Applying principles of transparency, accountability, authenticity, and respect to every interaction

        iv. Empowering. Investing in others by providing the means to achieve success through development and self-actualization

        v. Excellence. Achieving distinction by proactively identifying opportunities and continually raising the bar

Student centered

TJC Nursing promotes student centered teaching and learning which aids in the development of professionalism and clinical judgment. The solid two-way arrow indicates the ongoing symbiotic interaction between students and the Nursing department.

1. Benevolence fund. This fund is provided by a private donor specifically delineated to assist Nursing students with unexpected minor financial needs. Faculty can designate donations to the fund during the College annual fundraising campaign. The application process is completed online and reviewed by a committee of Nursing faculty and is supported by the TJC Foundation and TJC Business Services.

2. Nursing and Health Sciences Library. Student involvement is optional but highly recommended. The NHS Library is equipped with computers and printers for student use, a mobile device charging station, and printers. There are numerous textbooks for student reference.

3. Nursing Student Handbook. The Nursing Student Handbook is updated every Spring and Fall and provides Nursing students with current expectations.

4. Online Nursing student information course (0090). The course allows group announcements and discussions, and private and group email communication. All required forms are readily available to the enrolled student. The course is reviewed and updated every Spring and Fall semester. Popular features include employment opportunities, volunteer opportunities, and notification of special events such as meetings, presentations by outside vendors, and free tutoring sessions.

5. Peer mentoring and tutoring. One method TJC Nursing supports student success is through peer mentoring and individualized and group tutoring.

6. Scholarships. TJC Financial Services provides a large offering of scholarships, many of which are specifically designated for Nursing students. In addition, donors provide a larger array of scholarships that are also designated specifically for Nursing students.

7. Student Advisory Council (SAC). The SAC members are selected by their classmates to serve as their official student representative. Students, chairs of the faculty committees, Program Director(s), and the Department Chair meet regularly throughout the school year to promote open communication and problem solving.

8. Student Nurses Association. The mission of the SNA is to mentor students preparing for initial licensure as nurses, and to convey the standards, ethics, and skills that students will need as responsible and accountable leaders and members of the profession. The SNA is dedicated to fostering the professional development of nursing students.

9. Student Support Services. Tyler Junior College (TJC) supports student success by offering free tutoring, counseling, and disability services to all eligible students. TJC also has an on-campus health clinic, and a career planning department.

Operational factors

The incorporation of operational factors into the structure of TJC Nursing is crucial to achieving the mission. The success of TJC Nursing is measured by criteria defined by entities listed within operational

factors. The dotted two-way arrow indicates periodic interaction and bidirectional flow of information between the operational factors and TJC Nursing.

1. National Council of State Boards of Nursing (NCSBN). The NCSBN is an independent, not-for-profit organization through which nursing regulatory bodies act and counsel together on matters of common interest and concern affecting public health, safety, and welfare, including the development of nursing licensure examinations. TJC Nursing is judged by student performance and first-time pass rates on the national licensure examination.

2. National League for Nursing (NLN) accreditation standards. The NLN Commission for Nursing Education Accreditation (CNEA) promotes excellence and integrity in nursing education globally through an accreditation process that respects the diversity of program mission, curricula, students, and faculty; emphasizes a culture of continuous quality improvement; and influences the preparation of a caring and skilled nursing workforce. The Associate Degree nursing program earned NLN accreditation in 2019. The Vocational nursing program was granted pre-accreditation status by the NLN in 2023, and is currently working towards full accreditation.

3. Southern Association of Colleges and Schools Commission on Colleges (SACSOCC) assesses the educational quality of Tyler Junior College.

4. Texas Board of Nursing regulations. Two separate divisions of the Texas Board of Nursing regulations define scope of practice and program standards for Vocational nursing and Associate Degree nursing.

5. Total Program Evaluation (TPE). The TPE is developed and maintained by the nursing faculty. The Associate Degree nursing program TPE documents how the program meets the NLN CNEA standards. The Vocational nursing program TPE is used for continual quality improvement and how the program is working towards meeting NLN CNEA standards.

(Revised Fall 2023)

Evidence-based resources

TJC Nursing integrates evidence-based teaching methods and content throughout the curricula. The nursing program assesses program effectiveness using a continuous quality improvement process. The dotted two-way arrow indicates periodic flow of information between the evidence-based resources and TJC Nursing.

1. American Nurses Association (ANA) Code of Ethics for Nurses, and Standards of Care. Education in both programs is based upon standards of care from ANA and the Texas Board of Nursing. Ethical care is a cornerstone of nursing care and is based upon the ANA Code of Ethics.

2. CJMM (Clinical Judgment Measurement Model) is designed based upon ongoing research on nursing practice conducted and evaluated by the National Council of State Boards of Nursing (NCSBN). Facets of the CJMM are intertwined throughout the curricula.

3. Educational vendors. TJC Nursing selects educational vendors that provide products that measure student and program success compared to nationally benchmarked standards. Examples of vendors include but are not limited to

   a. Assessment Technologies Institute (ATI). Since 1998, ATI has provided inventive product solutions to help nursing schools reach their goals. Numerous educational resources are regularly updated by expert nurses. ATI is used by 70% of US nursing programs, allowing a

rich database to evaluate students and programs compared to national benchmarks. Targeted remediation is available to help students achieve national standards. Effectiveness of instruction is easily evaluated, and modifications can be made as indicated.

b. ExamSoft. The product provides a secure site for storage of test questions, creation of assessments, and secure test administration. The statistical analysis software supports faculty in the analysis of exam results.

c. FA Davis. Provides Vocational nursing program texts and learning resources to support the program in achieving learning outcomes.

d. Lippincott. Provides Associate Degree nursing program electronic texts and online learning resources to support the program in achieving learning outcomes.

4. Integrated curriculum. The Vocational nursing program curriculum is based upon evidence of program completers outcomes.

5. Quality and Safety Education for Nurses (QSEN) competencies. QSEN competencies are integrated throughout the curriculum. QSEN sets the national standards and resources for addressing safety issues that are embedded into nursing practice.

6. Simulation center. TJC's five bed 'hospital' provides simulations with high fidelity mannequins and monitors to allow students to simulate nursing care and develop clinical judgment in a safe environment.

7. Skills laboratories. Four fully equipped 10 bed skills labs provide opportunities for students to practice technical skills on low and moderate fidelity mannequins under faculty supervision.

8. Texas Nursing Concepts-based Curriculum (TxNCBC). The Associate Degree program is a member of the TxNCBC consortium. The consortium reviews student NCLEX (National Council Licensure Examination) scores to evaluate the effectiveness of the curriculum in preparing students to pass the national licensing exam. Concepts and exemplars are revised by consortium members in consideration of national trends and evidence-based practice.

Outcomes

Depending on the quality of the attributes and antecedents, and the successful integration of operational factors and evidence-based resources into TJC Nursing, positive or negative outcomes will occur. The solid one-way arrow between TJC Nursing and Positive and Negative Outcomes indicates the direct result of all factors influencing the overall success of the program.

1. Positive outcomes. Specific quality measures are assessed regularly to validate achievement of positive outcomes and identify trends.

a. Analytical reasoning. The ability to analyze patient data and identify dynamic trends.

b. Clinical judgment. The observed outcome of critical thinking and decision making. It is an iterative process that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solutions in order to deliver safe client care.

c. Completion and persistence rates. Completion is on time completion of the program within the defined time period for the cohort. Persistence is completion of the program within one and a half times of the program length.

d. DAISY award. The DAISY Foundation expresses gratitude to nurses with programs that recognize them for the extraordinary skillful, compassionate care they provide patients and families. TJC Nursing demonstrates commitment to recognition and reward of student and faculty caring through the DAISY Award for Extraordinary Nursing Students and the DAISY Award for Extraordinary Nursing Faculty.

e. Employment rates. Graduated students are surveyed about seeking and obtaining employment.

f. Lifelong learners. All TJC Nursing students are provided information on continuing their education following graduation. Nursing career and recruitment fairs are held in the nursing and health science building on the main campus where local and regional employers, and educational institutions offer information.

g. Marketable skills. TJC Nursing graduates are sought after within the east Texas area for their nursing skills

h. NCLEX pass rates. The National Council Licensure Examination (NCLEX) is a nationwide examination for the licensing of nurses in the United States, Canada, and Australia. TJC Nursing monitors pass rates for both programs (Associate Degree and Vocational) and for individual cohorts within each program. Overall program success is judged by NCLEX pass rates.

i. Positive community regard is demonstrated by survey responses and by verbal feedback of Nursing Advisory committee members.

j. Professional development. All Nursing faculty have unlimited access to a variety of free continuing education and professional development opportunities. Faculty attend national conferences and conventions and serve on local and national nursing committees.

2. Negative outcomes. When a negative outcome occurs, the situation is analyzed with the intent of identifying which part of the conceptual model was compromised or weakened. Interventions are directed at strengthening the compromised or weakened areas.

a. Delayed program completion. Students that complete the program more than one semester after the defined completion time are considered 'delayed completers'. Nursing assesses the unique circumstances of these rare cases to determine if program wide interventions are required.

b. Dissatisfaction between faculty or students is undesirable. Ongoing open communication seeks to identify sources of discontent and resolve dissatisfaction whenever possible.

c. Failure. If a student fails two nursing courses (either theory/lab and/or clinical), the student will be ineligible to continue in the program. The number of courses failed is cumulative throughout the program and not limited to a single semester.

d. Limited enrollment. TJC Nursing seeks to maintain stable enrollment numbers. Shortages of suitable clinical opportunities are continually addressed. The national shortage of nursing professors creates additional challenges in the east Texas region.

e. Progressive discipline. Faculty are committed to student success. To afford students due process and an opportunity for remediation, students who are not meeting course objectives in theory, lab, or clinical will be apprised of their performance status using the progressive discipline process. Student academic performance or disciplinary misconduct is addressed using a defined process.

f. Withdrawal. Students contemplating withdrawal from the Nursing program are to schedule a conference with the Program Director and Nursing and Health Science Advisors as well as the Financial Aid Office, if indicated. Students are provided with a summary of their academic standing and options for informed decision making.

(Revised Fall 2021)

CONDITIONAL ACCEPTANCE POLICIES

Refer to Associate Degree Nursing section of this handbook for Previous Enrollment in a Nursing or Health Science Program policy.

Cardiopulmonary Resuscitation (CPR)

Proof of a current Cardiopulmonary Resuscitation (CPR) certificate must be provided to the outside vendor used by the Nursing program prior to beginning the program. Acceptable certificates are either

1. American Heart Association Basic Life Support Provider OR
2. American Red Cross Cardiopulmonary Resuscitation for Healthcare Providers.

Students must maintain a current certificate for the duration of the program. CPR certificates that expire during the upcoming semester are required to be renewed at the beginning of the semester.

1. Spring semester: If CPR expires during the semester, renewal must be no later than January 01.

2. Summer semester: If CPR expires during the semester, renewal must be no later than May 01.

3. Fall semester: If CPR expires during the semester renewal must be no later than August 01.

(Revised Spring 2022)

Criminal Background Checks

1. Successful completion of a criminal background check through the Texas Board of Nursing is required for admission and continuation in the Nursing Program. The criminal background check must be completed and dated AFTER conditional acceptance into the program. If the student is delayed in starting the program, an updated criminal background check may be required.

a. In the event of extenuating circumstances that result in a delay in the student receiving notification of successful completion of the criminal background check, the Department Chair reserves the right to admit the student into the program. The student will be prohibited from participating in all patient care activities until documentation is received to confirm successful completion of the criminal background check.

2. Background checks will generally be honored for the duration of the student's enrollment in the program if the student has not had a break in enrollment. A break in enrollment is defined as

nonattendance in the Nursing program for two semesters or more. However, the College reserves the right to conduct additional background checks during enrollment.

3. If a student is arrested, pleads to a criminal charge, is convicted, or is put on deferred adjudication or probation for any criminal charge (other than a Class C misdemeanor minor traffic violation), they must notify the Department Chair in writing within 72 hours of the incident and will need to complete a petition for Declaratory Order (a formal disclosure to the Texas Board of Nursing) as soon as possible. A student's failure to timely notify the Department Chair may result in immediate ineligibility to continue in the program. Upon notification, the College District may require the student to withdraw or otherwise remove the student from the program.

4. If a student is found to be ineligible for clinical placement at any time during the program, the student is unable to meet the clinical learning objectives and will be ineligible to continue in the program, pending resolution of the situation.

5. Additionally,

   a. Successful completion of the criminal background check for the Nursing program does not ensure initial eligibility for licensure or future employment.

   b. Clinical agencies can establish more stringent standards, if they so desire, to meet regulatory requirements for their facility.

   c. Clinical agencies may conduct additional background checks at their discretion.

(Revised Fall 2021)

Drug Screen

All applicants who are accepted into the Nursing program must complete and pass a drug screen prior to beginning the program. Applicants will be able to schedule and pay for their drug screening from an outside vendor and the Nursing program will have access to their results as soon as they are complete.

Eligibility for Licensure

1. Applicants must submit proof of eligibility for licensure from the Texas Board of Nursing prior to beginning the program. Failure to comply will result in dismissal from the program.

   a. In the event of extenuating circumstances that result in a delay in the student receiving notification of successful completion of the criminal background check, the department chair reserves the right to admit the student into the program. The student will be prohibited from participating in all patient care activities until documentation is received to confirm successful completion of the criminal background check.

2. If an incident occurs that may jeopardize a student's eligibility for licensure while enrolled in the program the department chair must be notified in writing within 72 hours of the incident and a Declaratory Order (a formal disclosure to the Texas Board of Nursing) must be submitted as soon as possible. A student's failure to timely notify the department chair may result in immediate removal or withdrawal from the program. Upon notification, the College District may require the student to withdraw or otherwise remove the student from the program.

A Petition for Declaratory Order (DO) is a formal disclosure to the Board of an eligibility issue that may prevent an applicant from taking the NCLEX and receiving initial licensure. The DO permits the Board to decide regarding a petitioner's eligibility for licensure prior to entering or completing a nursing program.

Applicants should submit a DO and the required fee if:

1. Applicants submitted fingerprints as part of the New/Accepted Student Roster process and received an outcome letter from the Board requesting the submission of the Declaratory Order and the required fee.

Applicants should submit the DO ONLY if:

1. Applicant submitted fingerprints as part of the New/Accepted Student Roster process & received a Blue Card BUT must disclose a non-criminal background check related to eligibility issues as follows:

   a. Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or providence?

   b. Have you, in the last 5 years, been addicted to and/or treated for the use of alcohol or any other drug?

   c. Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program?

   d. Are you currently the target or subject of a grand jury or governmental agency investigation?

   e. Have you ever had any licensing (other than a nursing license) or regulatory authority in any state, jurisdiction, country, or providence revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew, or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you held?

   f. In the past five (5) years have you been diagnosed with or treated or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder which impaired or does impair your behavior, judgement, or ability to function in school or work?

NOTE: As of June 15, 2020, the DO must be submitted electronically via the Nurse Portal (https://www.bon.texas.gov/texasnurseportal/).

(Effective Fall 2021)

Essential Competencies

1. Students must be physically capable of successfully performing activities in both the practice laboratory and clinical practice areas. Sufficient physical health and stamina are needed to carry out all required procedures. It is also necessary for each student to determine their physical capabilities and report to the nursing department any physical limitations that would restrict or interfere with satisfactory performance.

2. The competencies outline reasonable expectations of students for the performance of common nursing functions. If an applicant or current student is unable to meet the outlined standards, he/she may be ineligible for admission or withdrawn from the program. Refer to the Associate Degree Nursing or Vocational Nursing section of this handbook for program specific competencies.

3. A student who experiences any health-related occurrence (including but not limited to mental health disorder, pregnancy, surgery, a significant accident, diagnoses of an uncontrolled acute or chronic disease, or an acute exacerbation of a chronic illness) while enrolled in any Nursing course (or prior to starting any Nursing course) must notify the Department Chair and/or Program Director immediately (details of the incident/diagnosis do not need to be disclosed). The student must obtain and submit a written release from the health care provider indicating compliance with the Nursing Essential Competencies policy and that it is safe to participate in all school related activities. The student may be allowed to participate in activities only after providing this release to the Nursing Department Chair and/or Program Director. This policy is for safety reasons for both the student and for patients in the clinical agencies. If it is not safe for the student to perform clinical, lab or classroom activities, withdrawal from the course may be necessary.

Nursing students must demonstrate the following competencies:

1. Extended walking and standing daily, ability to grasp, push and/or pull, ability to bend and stoop, moving quickly in response to an emergency, using upper body movements, ability to reach, reaching and/or lifting, carrying and moving equipment:

   a. Students must be physically capable of successfully performing activities in both the practice laboratory and clinical practice area. Sufficient physical health and stamina is needed to carry out all required procedures. It is also necessary for each student to determine their physical capabilities and report to the nursing department any physical limitations that would restrict or interfere with satisfactory performance.

   b. Each student must demonstrate fine motor abilities sufficient to provide safe and effective nursing care.

2. Other essential competencies identified for nursing care include vision that allows detecting physical changes, hearing that allows responding to physical and verbal cues, a sense of touch that allows for assessment and palpitation.

   a. It is necessary, in order to observe, assess and evaluate clients effectively, for each student to have sufficient use of the following senses: vision, hearing, touch, and smell. Sensitivity must be demonstrated in the classroom, laboratory, and the clinical area.

3. Communication, critical thinking, and interpersonal skills are essential competencies for the nursing student.

   a. Students must demonstrate the ability to communicate both verbally and in written messages clearly and in a timely manner.

   b. Each student must demonstrate the ability to interact with individuals, families, groups and communities from a variety of emotional, religious, sociocultural/ethnic and intellectual backgrounds.

   c. It is mandatory that each student demonstrate sufficient judgment, critical thinking, and the power to assimilate, integrate, apply, synthesize, and evaluate information to solve problems.

Health Requirements

Applicants must complete the requirements by posted deadlines. TJC Nursing does not accept Affidavits for Immunization Exemption for Reasons of Conscience. To claim an exclusion for medical reasons, the applicant must present an exemption statement, dated, and signed by a physician (M.D. or D.O.), properly licensed and in good standing in any state in the United States who has examined the applicant. The statement must state that, in the physician's opinion, the vaccine required is medically contraindicated or poses a significant risk to the health and well-being of the applicant. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician. (25 TAC §97.62)

The Nursing program uses an outside vendor to process and track student health records. Applicants must submit acceptable evidence as outlined in the table:

	Surface antibody titers Applicants must submit a valid laboratory report that indicates confirmation of either immunity or infection (TAC25 §97.65)		Vaccinations Applicants must show acceptable evidence of vaccination (TAC25 §97.64 and §97.68)
Measles / Rubeola	Positive Measles IgG titer	OR	Two doses of a measles vaccine administered since January 1, 1968
Mumps	Positive Mumps IgG titer	OR	Two doses of a mumps vaccine
Rubella	Positive Rubella IgG titer	OR	One dose of a rubella vaccine
Varicella	Positive Varicella IgG titer	OR	Two doses of a varicella vaccine
Hepatitis B	Positive Hepatitis B Anti-HBs titer	OR	Complete series of hepatitis B vaccine

To be granted full admission status, conditionally accepted students must:

1. Attend all mandatory Nursing meetings

2. Complete Health Insurance Portability and Accountability Act (HIPAA) and Occupational Safety and Health Administration (OSHA) training

3. Submit proof of current Tetanus vaccination

4. Submit proof of a negative TB skin test, TB blood test, or chest X-Ray (within the last 12 months)

5. Submit completed Essential Competencies and Health History forms

6. Submit proof of seasonal influenza vaccination prior to October 15

Nursing students must comply with both Texas Law and clinical facility requirements related to health requirements and immunizations. Currently enrolled students must ensure all health requirements due for renewal during a semester have been completed PRIOR to beginning the semester.

(Reference. Texas Administrative Code §97.64. Required Vaccinations for Students Enrolled in Health-related and Veterinary Courses in Institutions of Higher Education.)

(Effective Fall 2020)

COVID-19 POLICY

Students in a health sciences program ("Program") at Tyler Junior College ("TJC") understand that part of the Program and/or licensure requirements include Clinical Education experiences ("Clinical"). Students understand and acknowledge that some or all Clinical sites may require them to get certain vaccines, including but not limited to a vaccine(s) for COVID-19. Clinical sites are solely responsible for such requirements; these vaccination requirements or rules are not those of TJC and TJC has no control over same. Clinical experiences are very difficult to secure, and TJC is often not able to reassign students to another Clinical site. Further, TJC has no duty or obligation to reassign any student to another Clinical site due to a student's failure to be vaccinated.

Students understand that if they are unable to be placed in a Clinical setting due to lack of COVID-19 vaccination or any other Clinical requirement, their graduation in the Program may be delayed or prevented entirely. Students understand that if they are not fully vaccinated according to facility policy, by dates established and required by the Clinical site, students will be prevented from attending same and this may also affect students' grades, attendance, and/or ability to continue in, pass, or graduate from the Program and their ability to be licensed. If students are seeking an exemption to the Clinical's vaccination requirements, students understand this is solely their responsibility to get same exemption granted by dates established by the Clinical site.

Students are entering the Program voluntarily, with a full understanding of the Clinical requirements, including the COVID-19 vaccination requirement.

(Effective Spring 2023)

PROGRAM PROGRESSION

The following refers to the Associate Degree Nursing Program and the Licensed Vocational Nursing Program.

Dismissal

Failure to meet progression policies or falsification of admission data or any other information related to school will result in dismissal. A student dismissed from the Nursing program for falsification of information/records will be referred to the TJC Student Discipline Committee for further action.

A student denied rotation privileges by any clinical affiliate agency is not eligible to begin or continue in the program. Denial of rotation privileges must be in writing from the administration of the agency and dismissal will result.

Eligibility to return to the nursing program will be based on both academic performance and professional behavior.

(Effective Spring 2020)

Progression Guidelines

1. Student's must be enrolled in co-requisite courses at the same time.

2. Withdrawal from any nursing co-requisite course prior to the college official withdrawal date will result in withdrawal from all other nursing co-requisite courses regardless of the current grade in the course.

3. Associate Degree Nursing students must pass all RNSG courses with an exam grade of 77.5% or greater.

4. Vocational Nursing students must pass all VNSG courses with an exam grade of 75.5% or greater.

5. The student must pass all courses for each semester prior to progressing to the next semester. If the student is unsuccessful in one course, all courses at that level must be repeated.

6. If a student is not enrolled in nursing courses for more than one semester, they will have to reapply to the program.

7. Clinical Evaluation

   a. Students may earn an end of the course unsatisfactory (U) in one major area on the clinical evaluation tool and successfully progress to the next level.

   b. Students who earn an end of the course unsatisfactory (U) in any major area on the clinical evaluation tool for a second time, will be place on probation for the remainder of the program. The number of unsatisfactorily grades is cumulative throughout the program and not limited to a single semester.

   c. Students who earn an end of the course unsatisfactory (U) in any major area on the clinical evaluation tool for a third time will receive an "F" for the clinical course and will be dismissed from the program. The number of unsatisfactory grades is cumulative throughout the program and not limited to a single semester.

8. Current nursing program students who receive a final grade of "D", "F", or an automatic "W" while not passing constitutes failure to pass. If a student fails one nursing course (whether theory/lab/and/or clinical), in a non-entry level semester, the student is eligible to repeat the semester pending verification of good standing. The student must complete and submit a plan of action.

9. Repeating a course/continuing in the program after failing one course is contingent on seat availability. If there are not enough seats available for those students desiring to repeat, the Admission/Progression/Reenrollment Committee will decide which students fill the available seats. This decision will be based on both academic performance and professional behavior.

10. If a student fails two nursing courses (whether theory/lab/and/or clinical), the student will be dropped from the nursing program. The number of courses failed is cumulative throughout the program, and not limited to a single semester.

(Revised Fall 2023)

Readmission

1. An applicant must be in 'good standing' at any previously enrolled nursing or health science program to be eligible to apply to TJC Nursing. 'Good standing' is defined as having the ability to re-apply, re-enter, or continue in a previously enrolled nursing or health science program. Proof must be provided that no academic, clinical and/or professional disciplinary actions were incurred during previous enrollment in any nursing or health science program. A cumulative maximum of two admissions within a three-year period per program, may be permitted to TJC Nursing. The three-year period is calculated beginning with the most recent withdrawal date.

2. Students who have had a clinical or skills failure due to unsafe clinical/skills practice may not be eligible for readmission to TJC Nursing.

3. Students who are dismissed for disciplinary reasons, or withdraw or are unsuccessful while on conference or probation are not eligible for readmission to TJC Nursing. If a student has one unsuccessful attempt at completing a nursing track, whether at TJC or another nursing school, the student is eligible to reapply to that same track in the next available admission period, if the student is still in good standing.

4. Readmitted students will function under the most current TJC Nursing policies and procedures.

5. Students in the ADN or LVN programs who were unsuccessful in an entry-level course are permitted to reapply to the same track in the next admission cycle.

6. Students in the ADN or LVN programs who were unsuccessful in more than one non-entry-level course are not permitted to reapply to the same track for a three-year period that is calculated from the beginning of the most recent withdrawal date.

7. If there are not enough seats available for those students desiring to reenroll, the Admission / Progression / Reenrollment Committee will determine which students fill the available seats. This decision will be based on both academic performance and professional behavior.

(Revised Fall 2023)

Reenrollment

1. Current nursing program students who receive a final grade of "D," "F," or an automatic "W" while not passing constitutes failure to pass. If a student fails one nursing course, either theory, lab, or clinical in a non-entry level course, the student must complete and submit a plan of action that will account for reasons the student was previously unsuccessful and the steps they will follow to promote success.

2. Repeating a course/continuing in the program after one course failure is contingent on seat availability. If there are not enough seats available for those students desiring to reenroll, the Admission / Progression / Reenrollment Committee will determine which students fill the available seats. This decision will be based on both academic performance and professional behavior.

(Revised Fall 2021)

Withdrawal

Students contemplating withdrawal from the nursing program are to schedule a conference with the Program Director and Nursing and Health Science Advisors as well as the Financial Aid Office, if indicated. If withdrawing, the student is required to:

1. Schedule an exit interview with the Program Director prior to withdrawing from nursing courses. Students who do not meet with the Program Director will not be eligible to return to the program

2. Submit a letter of withdrawal and complete the exit interview with the Program Director.

3. Withdraw according to TJC policy.

4. Sign recognition of policy form as needed.

5. Submit a letter to the Program Director requesting readmission if appropriate.

6. A student withdrawing or leaving the program for any reason must surrender their clinical badge and lab supplies. The clinical badge will be returned to them if/when re-admitted to the nursing program.

7. Readmission to the program will be based upon seat availability.

8. If a student is not enrolled in nursing courses for more than one semester, they will have to reapply to the program.

9. Those who do not follow the withdrawal process will not be eligible to return to the program.

(Revised Fall 2023)

Withdrawal While Failing

Withdrawal from a theory, lab or clinical course while failing constitutes as a withdrawal while failing in the Nursing program and will be considered as a course failed.

Having received a final grade of "D," "F" or "W," necessitates a repetition of that course constituting a second attempt.

Transfer and Readmission

1. All applicants considered for transfer, readmission, or admission after attending another nursing program, or being unsuccessful in Level 1 of the nursing program, must meet admission requirements of the nursing program.

2. Students on a contract (conference or probation) at the time of withdrawal or dismissal are ineligible to reapply to ANY TJC Nursing track/program.

3. Requests for nursing course transfer credit or readmission will be submitted in writing to the department chair for evaluation and referral to the admissions committee.

4. Transfer students from other nursing programs will:

   a. Meet all requirements for admission to TJC Nursing as stated in the Tyler Junior College Catalog and those stated in the Application Guidelines.

   b. Have withdrawn from their previous nursing program in good standing.

      - Good standing is defined as having the ability to re-apply, re-enter, or continue in a previously enrolled nursing or health science program.

      - The applicant must provide proof that no academic, clinical, and professional disciplinary actions were incurred during previous enrollment in any nursing or health science program.

      - The student must have a letter of good standing sent from the previous health science program directly to TJC Nursing.

c. Provide written documentation of eligibility to return to the previous nursing program from the department chair. Completion of prior semesters in a previous program does not guarantee transfer into the next semester in sequence at Tyler Junior College.

d. Have official transcripts sent to the registrar's office for evaluation.

e. Meet the requirements for standardized testing in place according to the admission policies of TJC Nursing.

f. Request a letter of recommendation from the Dean/Director of the previous nursing program and from two professors. These references are mailed to the Nursing Department Chair. The TJC Nursing office provides the nurse reference forms for the clinical/theory professors and the Dean/Director.

g. Provide course descriptions and other course content documentation as requested.

h. Be considered and approved by the admissions committee.

i. Transfer into the Nursing program at Tyler Junior College based on space availability.

5. If an applicant is currently enrolled or has accepted conditional placement in a TJC Nursing program the application will not be considered for the current admission period, with the exception of students who are enrolled in the last semester of a Vocational Nursing or Paramedic program.

In addition to meeting the admission requirements for the program and track that you are seeking admission to, you must also complete the following:
- ATI Testing
- DA exam
- Skills competency verification

  o **Entering level II:**
    - Pass level 1 DA exam for level grade 90 or higher per TJC Student Handbook guidelines
    - Pass ATI Level 1 CBC exam for level completed with a minimum grade of level two on the first attempt
    - Verification of skill competency per TJC Student Handbook guidelines on the following:
      - Vital signs, assessment
      - Foley
      - Medication administration, PO and SQ/IM
  o **Entering level III:**
    - Pass level 2 DA exam for level grade 90 or higher per TJC Student Handbook guidelines
    - Pass ATI Level 2 CBC exam for level completed with a minimum grade of level two on the first attempt
    - Pass ATI Fundamentals with a Level 2 or higher on the first attempt
    - Verification of skill competency per TJC Student Handbook guidelines on the following:
      - Vital signs, assessment
      - Foley
      - Medication administration, PO and SQ/IM
      - IV Therapy; insertion and IV Push

Students are responsible for any fees incurred related to testing. Testing must be completed at the Tyler Junior College Testing Center.

NOTE: For completion of the Associate Degree in Applied Science (Nursing), at least 25% percent of the total degree credit hours must be earned through instruction completed at Tyler Junior College.

(Revised Fall 2023)

NURSING PROGRAM POLICIES

American with Disabilities Act (ADA) Accommodations

If a student has a psychiatric, physical, learning, or chronic health disability that qualifies under American with Disabilities Act (ADA) and requires accommodations, it is the responsibility of the student to contact the ADA Student Coordinator at 903-510-2878 for information on appropriate policies and procedures.

Students who require modifications in the process of written examination, such as extra time or a separate testing room, must request reasonable accommodations through the Student Services Office. Providing requests for special accommodations to each professor will be the responsibility of the student each semester.

Refer to https://www.tjc.edu/ada for additional information.

Attendance

In addition to the Administrative Policies found in the Tyler Junior College Student Handbook concerning student attendance, student absences on religious holy days, and student absence responsibility, the following specific attendance requirements will be enforced for the Nursing program. 'Class' includes all scheduled course activities, including but not limited to lecture, exams, skills labs, simulation labs, clinical shifts and activities, and on or off campus learning activities or assignments. Punctuality and regular class attendance are mandatory for the success of all students.

 Students are expected to:

1. Report promptly and regularly to all classes and remain in attendance during the entire scheduled time unless approved by the professor. All classes will begin on time. Because we are teaching workplace behaviors, students are expected to appropriately notify the Nursing office, the professor and/or the clinical unit if the student finds that he/she will be absent or tardy. Notification of an absence or tardy should occur more than thirty minutes prior to the scheduled start time. Tardiness is unacceptable and will be addressed using the Progressive Discipline policy.

2. Submit written requests to the professor for pre-approval of absences to attend extracurricular field trips or workshops interfering with scheduled class. Requests should be submitted prior to the beginning of the semester whenever possible. Students must have at least a "C" average in theory to be eligible to be excused or rescheduled. The professor may deny requests. Make-up work will be denied/rejected for individuals whose absence was not preapproved.

3. Learning is optimized when students attend class and gain information from the lecture as well as student interaction and discussion. It is the student's responsibility to obtain any missed material. Excessive tardiness/absences may lead to disciplinary action.

Refer to the Tyler Junior College Nursing Student Handbook clinical policy on Clinical Grading for grade adjustments due to absences.

(Revised Fall 2023)

Behavior Involving Lying and Falsification

1. The Texas Board of Nursing (BON) has a Disciplinary Sanctions policy regarding Behavior Involving Lying and Falsification. The policy explains the BON position regarding deceptive and dishonest behaviors and informs licensees, petitioners, applicants, and the public about the BON process for reviewing such conduct. The policy includes deceptive or dishonest conduct of an individual as it relates to the provision of health care. Such conduct includes falsifying documents related to patient care, employment, and licensure.

2. Key points from:
   https://www.bon.texas.gov/discipline_and_complaints_policies_and_guidelines.asp

3. Nurses are expected to exhibit honesty, accuracy, and integrity in the provision of nursing care, including performing nursing assessments; applying the nursing process; reporting changes in patients' condition; acknowledging errors in practice and reporting them promptly; accurately charting and reporting, whether verbal or written; implementing care as ordered; complying with all laws and rules affecting the practice of nursing; and complying with the minimum standards of nursing.

4. Falsification of documents regarding patient care, incomplete or inaccurate documentation of patient care, failure to provide the care documented, or other acts of deception or omission raise serious concerns about an individual's ability to provide safe nursing care and prevents subsequent caregivers from having a complete and accurate picture of the patient's care and condition. When a nurse has exhibited dishonest or fraudulent behavior, the Board is mindful that similar misconduct may be repeated, thereby jeopardizing the effectiveness of patient care in the future.

5. The misrepresentation of an individual's credentials to an employer will be investigated and viewed by the Board in the same way that lying or falsification within nursing practice is viewed. Further, a student nurse who falsifies patient records or engages in other dishonesty in patient care gives the Board reason to suspect that the individual may continue similar dishonest acts after licensure.

6. The Board believes that intentionally supplying false information on licensure forms or documents is a serious matter, not only because of the lying or falsification itself, but because the false answers may allow an otherwise disqualified individual to obtain or retain licensure.

7. Crimes which involve fraudulent, dishonest, and deceitful behavior are concerning to the Board, as they may indicate a lack of good professional character. The Board may rely solely on the disposition of a crime, with or without an adjudication of guilt, to initiate disciplinary action against a nurse's license, which may include licensure denial, suspension, revocation, or other limitation.

8. An individual who holds a nursing license or privilege to practice nursing in Texas (or has held one in the past) and represents him/herself as licensed for a broader scope of practice than authorized by the individual's actual nursing license, (e.g., LVN to RN) may face disciplinary action by the Board, including the maximum dollar amount of a fine allowed under the Nursing Practice Act and Board rules.

9. In all situations involving an individual's fraudulent or deceitful conduct, the Board's primary objective is to ensure the protection of the public. Licensure revocation may be appropriate and will be considered by the Board in situations where an individual has knowingly falsified information upon which the individual's licensure was based.

Benevolence Fund

The purpose of the benevolence fund is to meet people's basic needs in an emergency. If available, the fund achieves this purpose primarily through specific disbursement at the direction of the benevolence fund committee or the chair of the committee. Basic needs may include, but are not limited to

1. Lodging

2. Food

3. Clothing

4. Medical treatment

5. Transportation to or from school or clinical site

6. Funeral expenses

A Request for Assistance Application must be completed by the person requesting help or by someone assisting the person in need. An interview may be requested at the discretion of the committee chair. A student may only receive Benevolence Funds once.

Chain of Command

Scope

This policy applies to all student nurses. This policy does not apply to formal grievances. Refer to the Tyler Junior College grievance procedures, link: https://www.tjc.edu/downloads/download/87/student_grievance_procedures

Policy

The student nurse is expected to fulfil the professional role obligations of the Licensed Vocational Nurse / Registered Nurse. The Nursing program encourages resolution of concerns / conflicts / needs / issues in a fair and efficient manner. Professional standards for communication are expected in all interactions.

Procedure

1. The optimal method to resolve concerns is to discuss the concern with the individual contributing to or causing the concern. Every attempt should be made to resolve a concern at the lowest level possible.

2. When the concern cannot be resolved at the lowest level, the defined chain of command is to be followed. The chain of command is the line of authority and responsibility along which communications are passed.

   a. The first step always begins with the individual contributing to or causing the issue.

b. The second step is the faculty of record.

c. The third step is the Program Director.

d. The fourth step is the Nursing Department Chair.

e. The last step is the Nursing and Health Science Dean.

3. It is considered unprofessional to skip any level in the chain of command. Refer to 'Professional Behavior' policy.

4. Additional information about expected behaviors is available from the American Nurses Association. (2015). Code of Ethics for Nurses with Interpretive Statements. Available at http://nursingworld.org/DocumentVault/Ethics-1/Code-of-Ethics-for-Nurses.html

(Revised Spring 2021)

Classroom Etiquette and Management

TJC is committed to student and community success through teaching excellence and a healthy learning environment; therefore, the College has the following expectations:

1. Punctual and complete attendance, engagement, and participation.

2. Respect, courtesy and professionalism for faculty, staff, and fellow students.

3. Completion and submission of required assignments and projects on time and with academic integrity.

4. Positive communication, in and out of class, among faculty, staff and fellow students.

5. Collaborative work among students in the class to promote academic excellence and student success.

Clinical Assignments

Students are expected to be present for clinical assignments as specified. Any questions regarding the rotation should be directed to the clinical professor of record.

Clinical Day Expectations

1. Students are expected to attend all assigned clinical shifts and remain in the clinical facility during the entire assigned time unless approved by professor.

2. Students are expected to be fully engaged in the clinical setting at all times. It is expected that the student be active with preceptor/professor in the patient's care for the entirety of the shift.

3. If a student arrives for clinical without the required equipment, paperwork, or uniform, the student will be sent home from the clinical area and hours of absence will be recorded.

4. If a student arrives on the assigned unit without notifying the clinical professor (in the case of a tardy), the student will be directed to leave the unit and will be counted absent for the clinical day.

5. The student must attend all simulated lab sessions and/or clinical assignments on or off campus according to TJC and Nursing Program Policies.

6. Each student is entitled to one 30-minute lunch break per 8-hour shift, with a two additional 15-minute breaks for 12-hour shifts. Breaks for shifts shorter than 8 hours are determined by the professor. The purpose of the break is a brief rest period AFTER appropriate responsibilities are completed. Students may not combine breaks and lunch or take breaks within the last hour of the shift. Students must report off to the appropriate staff person and clinical professor prior to leaving the nursing unit.

(Revised Fall 2023)

Concealed Carry

The open carrying of handguns or other guns is prohibited on any part of the TJC campus. Only License Holders may carry a concealed handgun. If a student holds a Texas license to carry ("License Holder"), then it is the student's responsibility to know and follow all applicable state laws, federal laws, and TJC Policies regarding carrying a concealed handgun. A violation of TJC's Campus Carry Policies by the student or his/her guests will subject him/her to disciplinary action.

This concealed carry policy applies to all TJC campuses. Students are not allowed to carry handguns or other guns at any clinical site.

Conduct Related to Professional Behavior / Character

Students participating in any capacity in the TJC Nursing program should conduct themselves in such a manner as to reflect credit upon themselves, the nursing program, and the College. Refer to the Student Code of Conduct in the Tyler Junior College Student Handbook.

Program students are to conduct themselves in a professional manner when on campus, at any clinical facility, or in the community. Students are expected to assume responsibility for their actions and will be held accountable for them. If at any time a student behaves in a manner which is inappropriate, unprofessional, disrespectful, argumentative, or endangers the health or safety of fellow students, professors, patients, or the healthcare team, the progressive discipline policy will be utilized.

Every individual who seeks to practice nursing in Texas must have good professional character. The BON defines good professional character as the integrated pattern of personal, academic, and occupational behaviors which, in the judgement of the Board, indicates that an individual can consistently conform his/her conduct to the requirements of the Nursing Practice Act, the Board's rules and regulations, and generally accepted standards of practice. For more information, see Board Rule **§213.27 Good Professional Character** (https://www.bon.texas.gov/).

Communication Devices

Communication devices must be inaudible and always concealed during theory, lab, and clinical unless specified by the instructor. Use of communication devices in the clinical setting may be more restrictive in accordance with the policy of the facility.

Course / Faculty Evaluation

Students are given opportunities to evaluate specific courses as well as theory, lab, and clinical professors. Constructive student feedback is important in improving the curriculum and instruction.

Dosage Calculation Proficiency

Students must demonstrate continued proficiency in dosage calculations by passing a dosage calculations test with a minimum score of 90% in each clinical course prior to medication administration. Students will have two opportunities to demonstrate proficiency as indicated by the following guidelines:

First Unsuccessful Demonstration - (Test Score < 90%)

1. The student meets with the instructor in a formal performance conference to review written documentation and the criteria for meeting the requirements for proficiency as well as a plan for remediation.

2. The student retests within a specified time period. Failure to keep an appointment for a repeat demonstration is the same as an unsuccessful demonstration.

3. Dosage calculation tests follow the testing policy as outlined under 'Testing and Environmental Controls for Students' section of the Nursing Student Handbook.

Second Unsuccessful Demonstration - (Test Score < 90%)

1. The student must withdraw from the program.

(Revised Fall 2023)

TJC Nursing and Health Sciences Drug and Alcohol Screen Procedures

<u>Purpose</u>

To ensure that all students enrolled in specified nursing or health related courses and programs ("Programs") undergo substance abuse testing due to public health and safety concerns. These Programs teach skills and require acts which must be performed safely and without any impairment. Impaired students may pose a significant risk to the health and safety of themselves and others.

<u>Consent</u>

All students and applicants in RNHS Programs will be required to sign a consent form as part of the application process. The consent form requires that the student agree to release test results to TJC.

If an enrolled student withholds consent or refuses testing, then he/she must sign a refusal form. However, such refusal will be treated as a positive test result.

<u>Confidentiality</u>

Substance abuse test results and other information acquired during the testing process will be treated as confidential information and will be shared on an as needed basis in accordance with applicable law and the student's consent form.

<u>Initial Testing</u>

Students accepted into or enrolled in a Program with a clinical component must submit to initial substance abuse testing as a requirement of the program and possibly additional testing as required by the clinical site. A positive drug test for an enrolled student will result immediate withdrawal from the Program, or withdrawal of the application for admission. Any expenses incurred due to disqualification or withdrawal

will be borne by the student; no refunds will be given by TJC. All initial testing costs shall be paid by the student.

<u>Suspicion-based Testing</u>

A student may be asked to submit to drug and/or alcohol testing based upon reasonable suspicion by at least two faculty members at any time during the Program. Clinical education faculty are considered an extension of TJC faculty. Suspicion-based testing must be completed immediately, or as soon as testing is available and without delay. The student must not drive to the testing. Failure to comply with a directive or request to test, failure to timely show up for testing, or a diluted test, will be treated the same as a positive test result. A positive test result will result in a student's dismissal from the Program. Any expenses incurred by the student due to same dismissal shall be borne solely by the student; no refunds will be given by TJC. TJC will pay for any suspicion-based testing.

<u>Prohibited Conduct</u>

Being under the influence or subject to the effects of drugs or alcohol while in the course and scope of a clinical or while on clinical or TJC property is prohibited. Any detectable level of alcohol or an illegal drug is prohibited.

In the case of prescription medication, unauthorized use and/or abuse of prescription medication when taken in a quantity not prescribed or for purposes other than intended is prohibited. This prohibition includes taking a prescription medication not prescribed to the student. In some instances, appropriately prescribed and used medication may violate clinical site policies. Students are responsible for all clinical site policies as well as TJC policies.

In addition, a student's failure to immediately report to TJC faculty or administration an arrest or conviction related to an alcohol or drug offense or statute is considered a violation of this policy and will subject the student to dismissal from the Program.

<u>Testing Procedure</u>

Testing procedures for initial testing will be given to all students as part of the application or admission process. Any student that is requested to have suspicion-based testing will be given instructions for same by TJC. Such procedures must be strictly followed. No student may participate in any clinical or the Program until test results are received and TJC approves the student's return.

All collections for testing will be private/unobserved with respect to urine samples (not blood samples) and will only test for substance abuse.

<u>Consequences</u>

Any positive drug test shall subject the student to immediate Notice of Dismissal from the Program, the last step in the Progressive Discipline process, and they will be ineligible to reapply for any Nursing Program at TJC

<u>Appeal</u>

Positive test results are final and are not subject to appeal. However, dismissal from a Program may be appealed pursuant to applicable TJC or Program policies or procedures that pertain to a dismissal from the Program.

(Revised Fall 2023)

Electronic Device Use for the Nursing Program

The use of electronic devices such as cell phones, tablets, and laptops should enhance learning and not distract from it. Use of such devices in the classroom, lab, and clinical facilities is at the discretion of the professor and facility policy.

At a minimum, the following policies are to be followed while in class, lab, and clinical facilities:

1. All devices must be kept silent.

2. Phone calls, texting, etc. for personal use are not permitted during class, lab, and clinical time.

3. Use of cell phones in the clinical setting, if allowed by the clinical professor and clinical facility policy, is limited to accessing necessary medical resources or contacting the instructor who may be elsewhere in the facility.

4. Cell phones, laptops, and tablets are NOT to be used in patient care areas as doing so may be considered a HIPAA violation.

5. NO pictures or videos may be taken at ANY clinical site.

6. Audio, Video, and Photography Guidelines in Theory and Lab Settings:

   a. Live streaming of any real-time broadcasts in any course including theory and lab are permitted ONLY when prior permission is obtained from the faculty member who is presenting content.

   b. Recording of any kind with electronic devices, including but not limited to computers, cameras including picture taking, videos and/or audio recorders, cell phones and other devices in any course including theory and lab is permitted only when prior permission is obtained from all participants and/or the faculty member who is presenting the content.

   c. Use of any electronic devices to store/enter/distribute course information (online resources, quizzes, tests, case studies, and other content) is prohibited (NOT ALLOWED). This is considered Scholastic Dishonesty.

7. Cell phones, smart watches, and electronic devices capable of displaying or storing information are NOT allowed in the testing area during a test or test review. If cell phones, smart watches, or other devices capable of storing and displaying information are visible, heard or discovered during an exam, a grade of zero may be given.

(Revised Fall 2023)

Employment

1. The student should regulate work and study schedules in order to maintain a "C" or better in every course to meet required standards for progression.

2. It is imperative that students **NOT** work within 8 hours prior to a clinical shift. Exhaustion is a precursor to error of judgment and ill health, which affects performance.

3. Students must meet clinical performance guidelines, clinical objectives, and adhere to TJC student policy and TJC Nursing policies while serving in the student role.

4. No special consideration will be given to students with regard to their employment.

5. No portion of the uniform that identifies an individual as a TJC nursing student may be worn during periods of employment. Also, no portion of the uniform that identifies the student as an employee of a clinical facility may be worn during clinical.

Extra-Curricular Activities

All activities and projects of this program must be approved by Tyler Junior College to assure consistency with the school image. We are part of the College and must be consistent with the school image. The Office of Publication Services must approve and assist with signage, coloration, publicity, formatting, etc.

As part of Tyler Junior College, students at the school of nursing have the responsibility to coordinate and seek approval for all activities through a Nursing advisor or department chair and according to TJC policies and procedures. Refer to the Tyler Junior College Student Handbook, Center for Student Life and Involvement, and Student Senate.

Fund-raising Projects

The college must approve solicitation of funds from individuals, institutions, businesses, or organizations for student fund-raising activities. Plan to allow time for college approval through correct channels.

Gifts to Faculty

In the application of professionalism and in consideration of your financial needs, please find avenues other than gifts through which you express your appreciation. A note or card of appreciation is within the professional standards of the faculty–student relationship.

Graduation

1. The student is responsible for providing transcripts from other colleges and other materials necessary for evaluation of transfer credits to meet graduation requirements. Failure to do so may delay graduation, receipt of the graduate nursing pin, completion of the application for licensure and taking the licensure exam for registered nurses.

2. The Associate of Applied Science Degree in Nursing will be conferred upon students who complete the requirements of the Associate Degree Nursing curriculum with a "C" or better in each course and who also meet all other program, college and state requirements. The student must apply for graduation according to college policy.

3. A Certificate of Proficiency will be conferred upon students who complete the requirements of the Vocational Nursing curriculum with a "C" or better in each course and who also meet all other program, college and state requirements. The student must apply for graduation according to college policy.

(Revised Fall 2021)

Grievance Procedure

The Nursing Program follows the grievance procedure in the Tyler Junior College Student Handbook found at https://www.tjc.edu/downloads/download/87/student_grievance_procedures

Health Insurance Portability and Accountability Act (HIPAA)

One of the student's major responsibilities is to preserve the confidentiality of all medical and personal information concerning patients, as well as all confidential information concerning activities of the Clinical/Healthcare Affiliates and their staff.

To be granted admission students must complete the Health Insurance Portability and Accountability Act (HIPAA) training. Students must complete clinical affiliate assigned HIPAA training in compliance with clinical affiliate requirements.

Any violation of confidentially constitutes grounds for dismissal from the Nursing program.

Health Requirements

Nursing students must comply with both Texas Law and clinical facility requirements related to health requirements and immunizations. Currently enrolled students must maintain

1. Change in health status question answered every semester. Any time there is a change in health status, students are required to have their healthcare provider complete the Change in Health Status form. The student must submit the completed form to the Nursing office. This form is to be completed:

    a. At any provider visit that confirms a student has ANY change in health status

    b. At any provider visit that confirms a student does not meet the requirements defined in the Essential Competencies policy in the Tyler Junior College Nursing Student Handbook

    c. When a student is aware of pregnancy in compliance with the Americans with Disabilities Act

    d. Prior to a student returning to full duties as a student nurse

2. Submit proof of annual seasonal influenza vaccination prior to October 15

3. Tetanus vaccination (every ten years)

4. Tuberculosis symptom screening form completed annually

5. Currently enrolled students must ensure all health requirements due for renewal during a semester have been completed PRIOR to the semester start:

    a. Spring semester: If documentation expires during the semester, renewal must be no later than January 01.

    b. Summer semester: If documentation expires during the semester, renewal must be no later than May 01.

    c. Fall semester: If documentation expires during the semester, renewal must be no later than August 01.

6. Currently enrolled students noncompliant with any health requirement deadline will be prohibited from attending clinical and prohibited from participating in any designated clinical activity such as simulation or skills. There is no provision for make-up of the missed clinical time. Initiation of the progressive discipline process will begin the day following the health requirement deadline.

(Texas Administrative Code §97.64. Required Vaccinations for Students Enrolled in Health-related and Veterinary Courses in Institutions of Higher Education.)

(Revised Spring 2022)

Hospital Visitation

When not in the role of student, the role of visitor is assumed, the clinical uniform cannot be worn.

Latex Allergy / Sensitivity

1. Latex products are common in the medical environment. Allergic responses to latex can range from irritation and allergic contact dermatitis to the possibility of life-threatening anaphylactic shock. This policy provides information to potential nursing program applicants who are sensitive to latex.

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

   a. Equipment for medication administration: medication vials, syringes, syringe connectors, intravenous tubing

   b. Equipment used during care: blood pressure cuffs, stethoscopes, tourniquets

   c. Patient care devices: wound drains, catheters, endotracheal tubes, oral and nasal airways, electrode pads

   d. Personal protective equipment: surgical masks, respirators, goggles, gloves.

3. Any student who has or develops symptoms consistent with latex allergy/sensitivity is advised to consult a qualified allergist for evaluation prior to enrollment in the Nursing program. All such evaluations are at the student's expense.

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

5. As with all students in the Nursing program, a student with a latex sensitivity or allergy is required to satisfactorily complete all requirements and technical standards of the program to which they have been accepted. Students with a latex allergy/sensitivity must notify their professor prior to participating in lab or clinical.

(Effective Fall 2018)

Medication Administration Error Policy

In the event of a medication administration error and/or policy violation the faculty member will notify the department chair and program director of the incident as soon as reasonably possible.

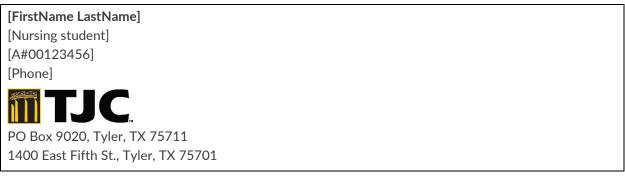Medication administration remediation may include:

1. Remediation with the clinical professor including patient simulation targeted to correct the identified error.

2. The student may be assigned to an alternate clinical instructor for an additional supervised medication administration pass.

Netiquette

Network etiquette or "netiquette" includes generally accepted rules of behavior when interacting with others on the Internet (email, Canvas Inbox, chat, discussion boards). Refer to the TJC Distance Education Student Orientation, 'What is my expected behavior in an online class?' for some suggested rules that will help keep your interaction with others professional, positive, and productive. Link: https://www.softchalkcloud.com/lesson/serve/7KHFoP5sgJEQjf/html

Begin all communication with a proper title and greeting. Professors should be addressed as Mr., Mrs., Ms., or Dr. as appropriate. Be professional by using proper English and avoiding slang.

All Tyler Junior College Nursing students are to use the same email signature for all college related communications and when communicating with external constituents in their student role (for example preceptors, hospital staff, clinic staff). Adding quotes, slogans, messages, pictures, or any other content at the end of an email, in the email signature, or below the email signature is not allowed. The approved format is

> **[FirstName LastName]**
> [Nursing student]
> [A#00123456]
> [Phone]
>
> **TJC**
>
> PO Box 9020, Tyler, TX 75711
> 1400 East Fifth St., Tyler, TX 75701

1. Copy and paste the above approved format into your email signature field

2. Replace **[First Name Last Name]** with your first and last name

3. Insert Vocational or Associate Degree in front of Nursing student as appropriate

4. Enter your A number

5. Enter your current phone number

(Revised Fall 2021)

Noncompliance with Program Policies

Noncompliance with the policies and procedures of the Nursing Program or any clinical affiliates may be grounds for dismissal from the program.

Non-Tobacco Policy

Use of any tobacco products including vapor or electronic cigarettes by students is not permitted on campus, on the premises of any clinical site, or while wearing the TJC clinical uniform at any time. While on campus, students are expected to adhere to the Tyler Junior College prohibited conduct policy.

Policy and Procedure Changes

All policies and procedures are subject to change by the Nursing program faculty as deemed necessary. Students will be notified of changes in writing and will sign the notification, which will be kept in the student file.

Professional Behavior

Tyler Junior College and the Nursing program have certain expectations of behavior. Nursing students while on campus or while representing TJC at any clinical agency must conduct themselves in a professional manner as to reflect favorably upon themselves and the program they represent. Students are expected to assume responsibility for their actions and will be held accountable for them. Students will abide by clinical agency policies during each clinical experience.

Students are expected to adhere to the National Council for State Boards of Nursing's (NCSBN) A Nurse's Guide to the Use of social media (https://www.ncsbn.org/professional-boundaries.htm#3502).

Policies addressing violations of professional behavior include but are not limited to

1. Behavior Involving Lying and Falsification

2. Progressive Discipline

3. Scholastic Honesty and Dishonesty

4. Substance Use

5. Unprofessional Conduct

6. Unethical Practice

Program Faculty Office Hours

Faculty office hours and contact information will be posted on the professor's office door and can also be accessed online. Students are encouraged to seek assistance for any course related problem, issue, or concern.

PROGRESSIVE DISCIPLINE

Faculty are committed to student success. To afford students due process and an opportunity for remediation, students who are not meeting course objectives in theory, lab, or clinical will be apprised of their performance status using the following progressive discipline process. A student's academic

performance or disciplinary misconduct can be addressed beginning with probation or dismissal if warranted. Failure to meet with assigned faculty member regarding progressive discipline will automatically escalate the progressive discipline process, up to and including dismissal from the program.

Step 1: Warning

The professor provides the student with a verbal warning or written feedback as to their status. The professor counsels the students regarding criteria for successful completion of the course and makes recommendations for improvement. Recommendations may include but are not limited to – utilization of peer study groups, tutors, computer-assisted instruction, and/or seeking assistance from TJC counselors.

At the discretion of the professor and depending on the situation, this step may be skipped and step 2 - Conference initiated.

A student can only be placed on warning once while in the Vocational Nursing program and once while in the Associate Degree program.

Step 2: Conference

The student meets with the professor in a formal conference to review the performance deficit. A written conference will identify specific course or program objectives not met. A remediation contract including deadlines for completion will be developed to correct the deficit so the student can successfully progress through the program. If at any time the student does not comply with any or all the remediation contracts, the student may be placed on probation or dismissed from the program.

At the discretion of the professor and depending on the situation, step 2 - Conference, may be skipped and Step 3 - Probation initiated.

A student can only be placed on conference once while in the Vocational Nursing program and once while in the Associate Degree program.

Step 3: Probation

Once the determination is made to place a student on probation, the student meets with the professor and department chair. A written probationary contract will explicitly state expectations that must be followed during the probationary period and the consequences for noncompliance or unsatisfactory completion of these expectations.

The probation period for a safety or professional conduct violation will remain in effect until the student successfully completes all program requirements.

A student can only be placed on probation once while in the Vocational Nursing program and once while in the Associate Degree program.

Step 4: Notice of Dismissal

If at any time during the probationary period, the student fails to meet any of the conditions of the probation contract, the student may be dismissed from the program. If other offenses of policy occur during the probationary period, the student may be dismissed from the program. If at the end of the probation period the student has not met the criteria for satisfactory performance outlined in the probation contract, the student may be dismissed from the program. If the student is dismissed from the program after the official college date for withdrawal from a course, the student will receive a performance grade of "F".

If a professor recommends dismissal from the program, the recommendation must be reviewed and approved by the department chair. A meeting will be held with the student and notice of dismissal sent via email to inform them of the reason(s) for dismissal and to provide them with an opportunity to respond. A student has two (2) business days after the notice of dismissal is provided to submit a written response. Following this opportunity to respond, the student will be dismissed.

Some situations do not allow for the progressive discipline process due to the severity or the timing of their occurrence. In response to severe or extremely dangerous behavior the student may be placed on immediate probation or dismissed from the program. Examples of these include, but are not limited to:

- Unsatisfactory clinical performance
- Unsatisfactory clinical attendance and punctuality
- Inability to maintain physical and mental health necessary to function in the program
- Unethical, unprofessional behavior, and/or unsafe clinical practice
- Refusal to participate with a procedure
- Unsafe or unprofessional clinical practice that compromises patient or staff safety
- Behavior which compromises clinical affiliations
- Violation of patient confidentiality (violation of HIPAA)
- Academic dishonesty/cheating/collusion
- Willful lying or deceit, misrepresenting any fact, lying about any fact
- Verbal or physical abuse of patients
- Any facility's refusal to allow the student to practice in that facility
- Representing that the student holds a certification or license that the individual does not hold
- Falsification of any records, including sign-in sheets, timecards for self or another student
- Stealing information or tangible goods
- Practicing beyond the scope of the clinical objectives
- Being under the influence or in possession of alcohol or drugs while representing TJC on or off campus
- Insubordination to faculty or hospital personnel
- Committing a criminal act at any time while enrolled in the Nursing program
- Documented evidence of lack of proper patient care
- Leaving the clinical area or premises without permission from the clinical professor
- Any form of abusing, disrespectful, threatening, or harassing language and/or behavior to classmates, professors, hospital/clinical site personnel, patients, and patient's family
- Violating or failing to comply with any provision of the rules, regulations, or policies set forth, or any policy stated in the Nursing Student Handbook and TJC Student Handbook
- Excessive absenteeism (non-emergent)
- No call/no show to clinical area as assigned for duty
- Attitude or aptitude not consistent with nursing
- Failure to remain compliant with health requirements and CPR certification
- Becoming ineligible for licensure

(Revised Fall 2023)

Scholastic Honesty and Dishonesty

1. The value of an academic degree depends on the absolute integrity of the work done by the student. It is imperative that all students maintain high standards of individual honor in their scholastic work. Thus, scholastic honesty depends upon integrity, honor, self-responsibility and

accountability for one's actions and work. Additionally, honesty includes student reporting as a necessary component. The recognition and reporting of scholastic dishonesty to the appropriate individual (professor, department chair, nursing preceptor) is the responsibility of each student.

2. Any student who is scholastically dishonest is subject to dismissal from the program. Obtaining or attempting to obtain test bank questions is a form of scholastic dishonesty. For additional information on scholastic dishonesty, refer to the Tyler Junior College Student Handbook, Student Code of Conduct, Article III: Prohibited Conduct, Section B, Item 1: Academic Integrity Violations.

(Revised Fall 2021)

Skills Lab Guidelines

Skills labs for verification of skill competency are not optional. Failure to participate will result in inability to attend clinical experiences, which may lead to removal from the program.

Successful completion of a clinical skill requires the student to demonstrate satisfactory performance of specific behaviors listed on a skills competency form AND completion within a defined time limit.

1. Students who are unsuccessful at the first demonstration will complete the required remediation. Students may be scheduled for a second attempt the next school day after the initial attempt.
2. A student who has an unsuccessful second attempt will not be allowed to progress.

Students must demonstrate successful completion of designated clinical skills in the Skills Lab or Simulation Center prior to performing the skill in the clinical setting. It is the professor's discretion to require additional skills not listed in the course syllabus.

Basic Lab Safety Instructions

It is our wish for each student to complete their studies at TJC without any accidents or personal injury. It is up to the student to be aware of any hazardous situation which may be in the study place. The following succinct summary will orient you to your responsibility for safety in the lab setting. For complete Program safety information please contact the Skills Lab Coordinator or your professor.

1. Locate the nearest fire alarm pull box from the lab you are assigned. Also, be aware of the location of the fire extinguishers in and near the labs.

2. Shoes must be closed toe with a non-slip sole.

3. The materials found in the lab supply kits are intended to be used in the nursing lab environment. Needles and syringes are not to be used on yourself or others. Violations will result in use of the Progressive Discipline Policy. TJC will not be held liable for any damages or injuries incurred from improper use of lab supplies.

4. There is a Safety Data Sheet (SDS) located on the TJC's website http://www.tjc.edu/EHS. Please check in the manual for any chemical you are working with so that you will be familiar with it and its hazards.

5. Eye wash stations are located in each lab. Always notify your professor in the event of any exposure to hazardous chemicals.

6. In the event of a hazardous chemical spill, immediately notify your professor and mark the area where the spill occurred. Your professor will contact the Skills Lab Coordinator for spill clean-up. The student will not, under any circumstances, clean up a hazardous chemical spill.

7. When working with syringes and needles, use extra caution. In the event of any needle stick, the student will notify the professor immediately. The professor will determine the need for an incident report and will assist the student in completing the form. Incident reports are available through Campus Police. The student will be advised to seek medical attention for all non-sterile needle sticks.

8. Personal protective equipment will be required at the discretion of the professor. However, when using fluids such as simulated urine, it is recommended that all students wear protective glasses and gloves.

9. There are approved sharps containers located in each lab. All sharps will be disposed of in these containers. Under no circumstances will any sharps be deposited into the regular trash containers.

Lab safety is imperative when you are working in the lab. Be mindful of yourself and others. For additional information and to answer any questions, see your professor.

(Revised Fall 2023)

Skills Lab Rules

1. Always wear your TJC uniform and bring your stethoscope, non-LED penlight, etc. Dress guidelines and expectations are the same as for clinical.

   a. The professor may permit students to wear a TJC branded shirt in place of the clinical uniform top.

2. Wait until your assigned start time (or until your instructor is ready) to enter the Skills Laboratory. Students are not able to remain in the lab without an instructor present.

3. Students should be participating in activities while in the Skills Laboratory. Please do not have cell phones out. If you need to make a call, please leave the lab area.

4. Please remain quiet and respectful in the Skills Laboratory. Treat the lab as you would a real hospital. Anyone being too noisy, disruptive, or disrespectful will be asked to leave and will not receive credit for the day.

5. Do not use povidone iodine, activated chlorhexidine gluconate, or ink. Label dressings before placing on the manikin.

6. Please use supplies sparingly and place re-usable supplies in the appropriately labeled containers.

7. After skills practice, clean up the room: throw away trash, put medications and equipment back in their designated place, remove equipment or dressings from the manikins, etc.

8. Do not throw away vials, medications, syringes, or equipment (nasogastric tubes, oxygen tubing, urinary catheters, intravenous tubing, etc.). Place used medications, vials, and syringes in the appropriately labeled containers. Place equipment in its designated place.

(Revised Fall 2023)

Student Advisory Council

1. Membership: The Student Advisory Council (SAC) is composed of one to two representatives from each level class, who are selected via an application/election process at the beginning of each semester.

2. Length of Service: The length of service on the SAC shall be one semester with eligibility for re-selection each semester. Students may serve on the SAC for a maximum of two semesters during their academic tenure.

3. Purpose: The SAC members act as liaisons between the level classes, the Nursing Program Department Chair, and the respective Program Director. The Department Chair provides the SAC members with insight into specific areas of the Nursing program and leadership. There is open, two-way communication between the SAC members and the Department Chair.

4. Member Responsibility: The SAC members are responsible for bringing concerns, requests, and ideas of each class to the Department Chair. The members are responsible for helping the program to inform each class of new developments within the Nursing Program. The SAC represents the TJC Nursing program to current students, and prospective students. Serving alongside representatives from the TJC Nursing program, members of the SAC attend recruitment events on campus to relay how they have discovered their path to success through the TJC Nursing program. SAC members will also be encouraged to attend new student orientation, pinning ceremonies, and other Nursing specific events.

Student Classroom Dress Code

1. Dress for the classroom includes clean and neat dress. Students wearing clothing deemed distracting to faculty or other members of the class will be asked to change. Students should be free of offensive smells (e.g., strong perfume, heavily scented lotion, body odor).

2. All students must be in possession of their TJC lanyard/ID according to TJC policy when on TJC property. No exceptions will be made.

(Revised Fall 2023)

Student Nurses' Association

1. Each member of the program student body is eligible to be a member of professional student organizations. These are the National Student Nurses Association (NSNA), the State Association (TSNA), and the District Association of TSNA.

2. TSNA is the students' organization designed to foster the growth of nursing students in their personal and professional life as they prepare to carry out future responsibilities as nurses. The National Association has various committees dealing with the many aspects of student life. It is here, also, that many of the projects which are carried out on a state and regional level are originated.

3. The Tyler Junior College student is eligible to be a member of Chapter 21 of TSNA. Approximately two (2) meetings are held at a central location between September and May. It is through the district that projects are conducted in the various schools. The two meetings usually consist of a workshop and a clinical seminar. A competition is held for the TSNA scholarship awarded at the annual State Convention.

4. Advisor: A faculty member is appointed by the Department Chair to serve as advisor to this organization. One advisor will be available for all meetings and other functions.

(Revised Spring 2021)

Student Support Services

1. The College provides student support programs, services, and activities such as, but not limited to, academic advising; tutoring; financial aid guidance; personal counseling; and career guidance through a variety of venues. These services contribute to and are consistent with the mission of the College, which is to provide a "quality education, vibrant student life, and community service". These services are high-quality, easily-accessible, and promote student learning in a safe and secure environment. Student services are evaluated for effectiveness and ability to satisfactorily meet student needs through a process of continuous quality improvement. For more information regarding available services, contact the departments listed above, the White Administration service desk, or visit the website at www.tjc.edu/info/20043/student_support_services

2. Students are responsible for their own health care. Student Health Services are available in the Robert M. Rogers Nursing and Health Sciences Center by posted hours.

3. The TJC Clinic is a portion of college fees. If a student requires emergency room treatment due to injury during the clinical assignment, they will be responsible for this expense and should seek assistance from the Nursing office in filing with the college insurance and completing all forms for the college. If injured while on clinical assignment, the student is to notify the clinical professor and follow the hospital policy as outlined by that hospital. A copy of all expenses must be attached to the completed insurance form (which is obtained from the Nursing office).

(Revised Spring 2020)

Substance Use

Any experimentation with or involvement in drug and/or alcohol use/abuse may result in dismissal from the Nursing Program due to Unprofessional Conduct and Unsafe Behavior.

1. At any time during classroom, lab, or clinical portions of the Nursing program, the student is suspected of being under the influence of drugs or alcohol, the program faculty or clinical facility personnel may require the student to be tested for drugs and/or alcohol. If the clinical facility has the capability of doing the screen on site, the facility may use that service. If a student must be dismissed from the clinical facility during a clinical assignment to undergo testing and/or for inappropriate behavior due to possible drug or alcohol influence, the student will be responsible for providing contact information for someone to provide transportation for the student to be taken away from the site and, as necessary, to the college designated testing agency. Failure by the student to comply with these policies is grounds for dismissal from the nursing program. A positive drug or alcohol test is also grounds for dismissal from the program. Drug screens are at the student's expense and must be conducted at drug testing facilities designated by the Nursing program.

2. Additional information is available in the Tyler Junior College Student Handbook, Drug-free Campus Statement, and Zero Tolerance Policy; Health Risks of Alcohol and Drugs; and Campus Penalties of Alcohol and Drugs.

(Revised Fall 2021)

Each student **MUST** maintain a current address, phone number and email address to be used by the program when contact is necessary during non-attendance hours. In the event this information changes, the Nursing office, professor, and Registrar's office must be notified.

Testing and Environmental Controls for Students

This policy and procedure apply to all formal individual testing. It does not include group activities, collaborative assignments, collaborative tests, or short quizzes. This applies to the testing period only. It does not include professor development of tests, review of tests, grading of tests, or remediation following testing.

Policy

To promote optimal student success in testing, a consistent and controlled environment will be provided, regardless of the type of test or the testing location.

Procedure

1. Classroom requirements

   a. The professor / proctor should assess the room for unusual items prior to allowing student entry. Students may be permitted in the room up to 15 minutes prior to testing at the discretion of the professor / proctor.

   b. Student identity will be confirmed by verifying student identification badge. All students must follow TJC lanyard/ID policy when on TJC property. No exceptions will be made. If a student does not have proper ID at the time of an exam, the student will not be allowed to test and must schedule a make-up exam (the highest grade that can be earned is a 76 LVN and 78 for ADN).

   c. Food (including chewing gum) and drink is not allowed, unless predetermined as medically necessary.

   d. Earplugs may be worn. Earbuds may be worn if specified by the professor. Headphones are prohibited.

   e. Students should use the restroom prior to testing.

   f. Students may not leave the room during testing without approval. Request to leave the room is made by raising a hand. If approval is granted, the student will use the sign out sheet and record their name and time leaving the room. Students will leave quietly, and ensure the door closes quietly. Students will return quietly, ensure the door closes quietly, use the sign out sheet to record the time returned to the room, and return to their seat. Only one student at a time may leave the room, unless determined otherwise by the proctor. The length of time away from testing is monitored for any suspicious activity.

   g. Students may not communicate with each other during testing. This includes talking, gesturing, making noises (coughing, foot tapping, finger tapping, humming, etc.), or anything that may be construed as communication.

h. Students with a question or problem are to raise their hand. No questions concerning the content of the exam will be answered. Questions or problems may be related to exam instructions, computer function, software, or connectivity.

i. Students are to exit the room quietly when they have completed testing.

j. If a student will be late to an exam, the student must notify the professor prior to the scheduled start of the exam. Make up exams may be of an alternate format, including but not limited to, short answer and essay at the discretion of the professor.

k. Students that are up to 15 minutes late without notification of professor, will receive 10-point deduction from their exam grade. Students that are more than 15 minutes late may receive a zero and the student must meet with Faculty. Extenuating circumstances will be addressed on an individual basis.

   i. If an exam is missed with a no call/no show, the student will receive a zero for that exam.

   ii. For repeated offenses, the progressive discipline policy will be initiated at conference level.

(Revised Fall 2023)

Testing Requirements

1. All classroom requirements apply.

2. The professor / proctor will unlock the testing room and assess unusual items prior to allowing student entry. If student entry is permitted up to 15 minutes prior to testing, the time may be used for announcements by the professor, student log in to the testing program, and resolution of any computer related concerns. When the proctor indicates testing is ready to start, all testing rules apply.

3. Students must know their login information (username and password) for the testing software to be used. Students are responsible for logging into the testing program PRIOR to the scheduled test to ensure they have access.

4. Students should keep their browser maximized, and not click outside the browser during testing. Clicking outside of the browser may terminate the test.

5. Privacy screens must be used when available. When privacy screens are not available, measures will be taken to minimize the possibility of one student viewing the screen of another.

6. Students may not have access to personal belongings during an exam or quiz, including, but not limited to, cell phones, ear buds, smart watches, smart glasses, books, handbags, keys, or any other materials into a testing room. Such items, if brought, must be placed away from students during the exam. Student is responsible for the security of their belongings.

   a. Exceptions will be made for electronic devices predetermined as medically necessary, or if required for test administration.

   b. Keys may be permitted if they remain in a pocket

7. Students may not wear hats, head coverings, or sunglasses. Allowances will be made for religious apparel.

8. Students may wear coats and jackets but may not remove the clothing during testing. Inspection of the inside of the coat / jacket is at the discretion of the professor / proctor. Long sleeves may be requested to be pulled up to allow forearm inspection prior to admission into a testing room.

9. Students may be provided with testing materials that must be returned at the conclusion of the test:

    a. A #2 pencil.

    b. A four-function calculator.

    c. Scratch paper. If a student uses scratch paper during testing, they must write their name legibly on the paper.

10. When testing is complete, the student will log out of all open applications.

11. After all students have exited the room, the professor / proctor will check all testing stations for items left behind, verify no active applications are running on computers, and lock the room.

Tests completed using ExamSoft

1. Minimum system requirements: https://examsoft.force.com/emcommunity/s/article/Examplify-Minimum-System-Requirements

    a. Windows: https://examsoft.force.com/emcommunity/s/article/Examplify-Minimum-System-Requirements-for-Windows

    b. Mac OS X: https://examsoft.force.com/emcommunity/s/article/Examplify-Minimum-System-Requirements-for-Mac-OS-X

2. Students must download the exam onto a laptop prior to arriving on campus. The exam is password protected. The password will be provided at the beginning of the exam.

3. Students must bring a fully charged laptop and a power cord to the exam.

4. The completed exam must be uploaded prior to the student leaving the testing site. Exams not uploaded prior to the student leaving the room will result in a zero (0). Students must provide the proctor verification that the answer file has been uploaded by showing the 'green screen / congratulations screen.'

    a. In the event of technical complications during uploading, the student MUST seek direction from the Professor prior to leaving the testing site.

5. Special accommodation

    a. If a student has a psychiatric, physical, learning, or chronic health disability that qualifies under American with Disabilities Act (ADA) and requires accommodations, it is the responsibility of the student to contact the ADA Student Coordinator at 903.510.2878 for information on appropriate policies and procedures. Providing requests for special accommodation for each professor will be the responsibility of the student each semester.

b. Individual testing rooms are not to be used routinely upon student request.

6. Time limits

   a. Students can anticipate receiving 1 minute per question for standardized exams.

   b. Students can anticipate receiving 2 minutes per question for any question requiring math calculations and NGN questions.

   c. Students can anticipate receiving 1.4 minutes per question for other questions.

   d. The professor may opt to change the allotted time.

   e. If the student needs to leave the room and approval is granted, the student should pause their exam if such a feature is available. Any time lost cannot be added.

(Revised Fall 2023)

Tests completed using Honorlock

Honorlock Testing Policy

Honorlock may be used to proctor exams while in the program, and it is up to the faculty's discretion if Honorlock is used. Honorlock is an online proctoring service that allows the student to take the exam from home. Honorlock requires a computer that meets program requirements, a working webcam/microphone, the current TJC student ID, and a stable internet connection.

Authentication Process

The following steps must be completed to begin the Honorlock authentication process. Failure to comply with the following will result in the student receiving a grade of zero (0) for the exam:

- The student must take a clear photo facing the camera with a current TJC student ID.

- The student must complete a 360-degree scan of the testing environment with the computer or webcam to confirm the integrity of the testing environment. Ensure all work surfaces and walls are included in the 360-degree scan.

Honorlock will be recording the exam session through the webcam and microphone, as well as recording the screen. Honorlock also has an integrity algorithm that can detect search-engine use, do not attempt to search for answers, even if it's on a secondary device. Honorlock will not add additional time for proctoring questions or technical issues encountered during the exam.

Prohibited Actions and Items

The following items and actions are prohibited while taking an exam proctored by Honorlock. Failure to comply with the following will result in the student receiving a grade of zero (0) for the exam:

- No visible writing on desk or walls. Desk should be clear of all other materials (i.e., books, papers, notebooks, calculators, etc.) unless allowed by the professor. Lighting in the room must be bright enough to show the student's face and surrounding area in a clear and detailed manner. The test may not be taken in a public area.

- No websites other than the exam website (Canvas, ExamSoft) and the Honorlock extension should be used or open while taking a proctored exam.

- No programs and/or windows should be open on the testing computer prior to logging into the proctored test environment (i.e., websites, Excel, Word).

- No music, television, or other distractions playing in the background.

- No forms of communication or receiving of assistance during a proctored assessment. Exceptions: Contact Honorlock support or the institution's helpdesk for assistance or troubleshooting.

- No other persons except the test-taker can be present in the room during testing. All communication between the exam taker and others is prohibited.

- No use of a phone or any other electronic device, such as cellphone, tablet, smart glasses, watches, or recording devices other than the students test-taking device.

- No moving off-camera; the student must remain visible, facing the web camera for the duration of the exam. No profile views are allowed. The student may not cover their face with their hands or turn away from the screen during testing. This will cause a "red" flag in the system and may stop the exam.

- No leaving the room during the testing period unless approved by the professor.

- No relocating the computer into another room to finish testing. The exam must be completed in the same room that the 360-degree room scan was performed.

- No use of headphones, hats, hoodies, headsets, or earbuds during the exam.

- No use of dual monitors. Only one monitor is allowed. Make sure the area has no other monitor/screen other than the one being used for the exam.

- No laying down in bed or elsewhere when taking the exam. Students should be seated at a desk or table.

- No chewing gum, eating, drinking, smoking, or vaping during the exam.

- No talking out loud or using profanity during the exam.

Flagged items from the exam will be reviewed after the exam is complete, and by the professor of record. Any violations of the Honorlock testing policy will be addressed as written above.

(Revised Fall 2023)

Standardized Testing and Remediation

1. It is the goal of Tyler Junior College to ensure that nursing graduates will become successful practicing nurses. To this aim, the nursing faculty uses standardized testing to promote increased opportunities to develop the skills and knowledge necessary for the successful achievement on the National Council Licensure Examinations (NCLEX-RN or NCLEX-PN, as applicable).

2. Assessments (standardized ATI tests) will help students identify content areas mastered as well as content areas requiring active learning/review. Active learning/remediation is a process of

reviewing content in an area that was not learned or not fully understood as demonstrated on an assessment. It is intended to help the student review essential information to be successful in courses and on the NCLEX. The student's Individual Performance Profile will contain a listing of the topics to review. The student must remediate these topics by using a focused review which contains links to ATI review modules, media clips, and active learning templates. ATI focused review may not be available for all ATI topics / exams.

3. No points will be added to the exam grade for the completion of remediation.

4. Retakes of proctored ATI assessments are not permitted, without prior approval from Nursing Department Chair.

(Revised Fall 2023)

Grading

ATI Nurse's Touch Proctored Assessments provide an Individual Score. The grade entered in the student gradebook will adhere to the grading criteria for ATI Nurse's Touch proctored assessment in the table below.

Grading Criteria for ATI Nurse's Touch Proctored Assessments			
ATI Proficiency Level Table			
Exceeds Standard	**Meets Standard**	**Needs Improvement**	**Poor Performance**
Becoming a Professional Nurse: 82-100%	Becoming a Professional Nurse: 46-81%	Becoming a Professional Nurse: 23-45%	Becoming a Professional Nurse: 0-22%
Professional Communication: 86-100%	Professional Communication: 59-85%	Professional Communication: 30-58%	Professional Communication: 0-29%
Informatics and Technology: 76-100%	Informatics and Technology: 57-75%	Informatics and Technology: 29-56%	Informatics and Technology: 0-28%
Wellness and Self-Care: 85-100%	Wellness and Self-Care: 54-84%	Wellness and Self-Care: 27-53%	Wellness and Self-Care: 0-26%
Grade Calculation			
90%	**80%**	**70%**	**Individual score**
(or Adjusted Individual Total Score, or Percentile Rank if higher)			

ATI publishes recommended cut scores and definitions for many proctored assessments. Grade calculation using ATI recommended cut scores is

ATI Recommended Cut Score			
Level 3	Level 2	Level 1	Below level 1
Grade Calculation			
90%	80%	70%	Individual score

1. For ATI Proctored Assessments that provide an **ATI Proficiency Level, Adjusted Individual Total Score, or National Percentile Rank**, the student will receive the higher of the three grades if the student score between a Level 1-3 proficiency level as outlined by ATI. The National Mean is not to be used for grading the students' individual score.

2. For the ATI Proctored Comprehensive Predictor, the student will receive the Predicted Probability of Passing the NCLEX score.

TJC Simulation Center

Refer to TJC Simulation Center policies and procedures.

(Revised Fall 2021)

Tutoring

Tutoring is available and encouraged via formal and informal settings at scheduled times through the professor of record and the Nursing Resource Center. Student participation in tutorials will be recorded.

Witnessing Forms

Students, regardless of level, are **NOT** allowed to sign as a witness on wills, consent forms, or other legal documents.

(Revised Fall 2021)

UNPROFESSIONAL CONDUCT

1. Nursing students are legally responsible for their own acts, commission and/or omission, and nursing professors may be held responsible and/or accountable for any acts of their students in the clinical area. It is therefore necessary for the student and the nursing faculty to conscientiously evaluate and define unprofessional conduct.

2. If at any time a student behaves in a manner which is inappropriate, unprofessional, disrespectful, argumentative, or endangers the health or safety of fellow students, professors, patients, or the healthcare team, the Progressive Discipline policy will be utilized.

3. Unprofessional conduct also includes performing in an unsafe manner. Performing in an unsafe manner is grounds for immediate removal from the clinical area, and utilization of the Progressive Discipline policy. **The student subsequently dismissed for unsafe practice will not be eligible for readmission to the program**. A student may not be placed on probation for unsafe clinical performance more than one time while in the Nursing program.

4. The Nursing program at Tyler Junior College identifies safety as a basic human need. A safety need can be identified as physical, biological, and/or emotional in nature. Safe practices are an academic requirement. Unsafe clinical practice shall be deemed to be behavior demonstrated by the student which threatens or violates the physical, biological, or emotional safety of the patients, caregivers, students, faculty, staff, or self. Unsafe or unprofessional clinical practice will result in utilization of the Progressive Discipline policy.

5. The following examples serve as guides to these unsafe behaviors but are not to be considered all-inclusive.

Physical Safety: Unsafe behaviors include but are not limited to:

1. Inappropriate use of side rails, wheelchairs, other equipment

2. Lack of proper protection of the patient which potentiates falls, lacerations, burns, new or further injury

3. Failure to correctly identify patient(s) prior to initiating care

4. Failure to perform pre-procedure safety checks of equipment, invasive devices, or patient status

Biological Safety: Unsafe behaviors include but are not limited to:

1. Failure to recognize the correct violations in aseptic technique

2. Improper medication administration techniques/choices

3. Performing actions without appropriate supervision

4. Failure to seek help when needed

5. Failure to properly identify patient (s) prior to treatment

Emotional Safety: Unsafe behaviors include but are not limited to:

1. Threatening or making a patient, caregiver, faculty, staff, or bystander fearful

2. Providing inappropriate or incorrect information

3. Performing actions without appropriate supervision

4. Failure to seek help when needed, unstable emotional behaviors

Unprofessional Conduct includes but is not limited to

1. Verbal or non-verbal language, action, or voice inflections, or insubordination which compromise rapport and working relations with peers, faculty or staff, patients, family members, healthcare team members, or community members, and includes social networking.

2. Any behavior that may potentially compromise contractual agreements and/or working relations with clinical affiliates or constitute violations of legal or ethical standards.

3. Behavior which interferes with or disrupts teaching/learning experiences

4. Using or being under the influence of any drug (over the counter, prescription, or illegal) or alcohol that may alter judgment or interfere with safe performance.

5. Breach of confidentiality in any form.

The Texas Board of Nursing (BON) describes Unprofessional Conduct in Rule §217.12.

The following unprofessional conduct rules are intended to protect clients and the public from incompetent, unethical, or illegal conduct of licensees. The purpose of these rules is to identify behaviors in the practice of nursing that are likely to deceive, defraud, or injure clients or the public. Actual injury to a client need not be established. Behaviors specific to the student experience excerpted from Rule §217.12 include but are not limited to

1. Unsafe Practice: actions or conduct including, but not limited to:

a. Carelessly failing, repeatedly failing, or exhibiting an inability to perform vocational or registered nursing in conformity with the standards of minimum acceptable level of nursing practice set out in Rule 217.11.

b. Failing to conform to accepted nursing standards in applicable practice settings.

c. Improper management of client records.

d. Delegating or assigning nursing functions or a prescribed health function when the delegation or assignment could be expected to result in unsafe or ineffective client care.

e. Accepting the assignment of nursing functions or a prescribed health function when the acceptance of the assignment could be expected to result in unsafe or ineffective client care.

f. Failing to supervise the performance of tasks by any individual working pursuant to the nurse's delegation or assignment; or

2. Conduct that may endanger a client's life, health, or safety.

3. Inability to Practice Safely: demonstration of actual or potential inability to practice nursing with reasonable skill and safety to clients by reason of illness, use of alcohol, drugs, chemicals, or any other mood-altering substances, or as a result of any mental or physical condition.

4. Misconduct: actions or conduct that include, but are not limited to:

a. Falsifying reports, client documentation, agency records or other documents;

b. Failing to cooperate with a lawful investigation conducted by the Board.

c. Causing or permitting physical, emotional, or verbal abuse or injury or neglect of the client or the public, or failing to report same to the employer, appropriate legal authority and/or licensing.

d. Violating professional boundaries of the nurse/client relationship including but not limited to physical, sexual, emotional, or financial exploitation of the client or the client's significant other(s).

e. Engaging in sexual conduct with a client, touching a client in a sexual manner, requesting, or offering sexual favors, or language or behavior suggestive of the same;

f. Threatening or violent behavior in the workplace;

g. Misappropriating, in connection with the practice of nursing, anything of value or benefit, including but not limited to, any property, real or personal of the client, employer, or any other person or entity, or failing to take precautions to prevent such misappropriation;

h. Providing information, which was false, deceptive, or misleading in connection with the practice of nursing;

i. Offering, giving, soliciting, or receiving or agreeing to receive, directly or indirectly, any fee or other consideration to or from a third party for the referral of a client in connection with the performance of professional services.

5. Drug Diversion: diversion or attempts to divert drugs or controlled substances.

6. Other Drug Related: actions or conduct that include, but are not limited to:

   a. Use of any controlled substance or any drug, prescribed or unprescribed, or device or alcoholic beverages while on duty or on call and to the extent that such use may impair the nurse's ability to safely conduct to the public the practice authorized by the nurse's license;

   b. Falsification of or making incorrect, inconsistent, or unintelligible entries in any agency, client, or other record pertaining to drugs or controlled substances;

   c. Failing to follow the policy and procedure in place for the wastage of medications at the facility where the nurse was employed or working at the time of the incident(s);

   d. A positive drug screen for which there is no lawful prescription;

   e. Obtaining or attempting to obtain or deliver medication(s) through means of misrepresentation, fraud, forgery, deception and/or subterfuge.

7. Unlawful Practice: actions or conduct that include, but are not limited to:

   a. Knowingly aiding, assisting, advising, or allowing an unlicensed person to engage in the unlawful practice of vocational, registered, or advanced practice nursing;

   b. Failing to report violations of the Nursing Practice Act and/or the Board's rules and regulations;

8. Leaving a nursing assignment, including a supervisory assignment, without notifying the appropriate personnel.

(Revised Fall 2023)

Virtual ATI

Scope

This policy applies to all students in the last semester of the program.

Policy

To prepare for National Council Licensure Examination success, each student will receive a comprehensive, individualized, and interactive review guided by a masters prepared nurse educator (Virtual ATI).

Procedure

1. Students will be scheduled in the classroom for seven, eight-hour days, for a total credit of 60 clinical hours.

2. Core content modules will be completed in the classroom.

3. Transition students may have a modified schedule as scheduled by their faculty, based on their unique scheduling needs.

4. Faculty will be present in the classroom to facilitate learning needs.

5. Students must submit a screenshot of their completed work to the corresponding assignment in Canvas to receive a grade for that day. The grade will be awarded as complete or incomplete. These completion daily grades will count for a total of 10% of students' clinical course grade.

(Revised Fall 2023)

PROGRAM CLINICAL POLICIES

Refer to the Associate Degree Nursing section of this handbook for Clinical Evaluation Tool; Clinical Grading; Expected Clinical Behaviors.

Refer to the Vocational Nursing section of this handbook for Clinical Grades / Evaluation; Clinical Level Objectives; Clinical Pre and Post Conference Guidelines; Expected Clinical Behaviors; Grading System; Program Outcomes and Program Overview

Blood or Body Fluids Exposure

Scope

This policy applies to all students in the Nursing program while they are functioning in the student role at any clinical affiliate site.

Policy

1. Students are responsible for immediately reporting all blood or body fluid exposure to clinical instructor and assigned preceptor. 'Exposure' is defined as contact with blood or body fluids through:

   a. Needle stick, puncture, or cut with a sharp object.

   b. Student's mucous membranes or non-intact skin (skin that is chapped, abraded, or dermatitis).

   c. Human bite that breaks the skin.

2. Students who have been exposed should be evaluated by a healthcare provider and have treatment initiated within two hours, according to established criteria that conform to federal and state law and the Centers for Disease Control and Prevention (CDC) recommendations.

Procedure

1. If exposure occurs, immediately stop any direct client care and contact clinical instructor and assigned preceptor.

2. Immediately clean the affected area.

   a. Sharps injuries/lacerations: while washing the wound with soap and water, allow the wound to bleed freely.

   b. Splash/spray to mucous membranes: flush area well with copious amounts of water or normal saline for at least 15 minutes.

   c. Splashes to non-intact skin: wash with soap and water.

d. Human bite: wash with soap and water.

3. Follow the clinical affiliate blood and body fluid exposure protocols regarding wound care following exposure, and internal reporting procedures.

4. Tyler Junior College clinical faculty will:

   a. Verify appropriate wound care has been initiated.

   b. Promptly notify the appropriate charge person of the clinical affiliate site, as well as TJC Nursing Program Director.

   c. Counsel the student to seek follow-up care at Tyler Junior College Health Services Clinic, or a private health care provider.

      i. Advise the student to consult the Centers for Disease Control and Prevention (CDC) recommendations for blood or body fluid exposure should they choose to seek a private health care provider.

   d. Complete the appropriate clinical affiliate documentation of exposure.

   e. Assist the student in completing any Tyler Junior College paperwork that may be required, including completion of a Student and Sports Accident Claim Form and submit to program director.

Insurance Information

1. Based on information provided to the health care provider, baseline lab values and chemoprophylaxis may be ordered.

2. Student expenses are covered by Tyler Junior College insurance as a secondary claim to any primary insurance available. The Program Director should forward all paperwork to Campus Services for submittal to the insurance company. The student is responsible for filling out and submitting the claim forms to the Program Director.

3. Source patient testing should be ordered and done at the expense of the clinical affiliate site per their protocol.

(Updated Fall 2023)

Clinical Uniform Rules

1. The student will wear full uniform, including picture identification, in the clinical area as appropriate to the day's assignment. The clinical professor will be the judge of uniform appropriateness.

2. The uniform appropriate for all clinical activities including direct patient care includes:

   a. For females, a black (ADN) or blue (VN) scrub top or black (ADN) or blue (VN) unisex V-neck scrub top and black (ADN) or blue (VN) scrub pants (cargo style scrub pants are acceptable) or a scrub skirt. No jumpsuit or one-piece scrubs allowed.

b. For males, a black (ADN) or blue (VN) unisex V-neck scrub top and black (ADN) or blue (VN) scrub pants (cargo pants are acceptable). Only black or white (ADN) or blue or white (VN) tee shirts may be worn under the scrub top.

c. Closed toes and heel shoes that are predominately white or black. White or black (ADN) or white or blue (VN) socks or hose are to be worn with pants or skirts.

d. Black (ADN) or blue (VN) lab jacket with the TJC patch may be worn over the uniform. Black (ADN) or blue (VN) surgical cap may be worn with the TJC uniform.

e. Hospital issued scrubs may be worn in designated areas only.

3. Hems

a. Pants will be ankle length, not dragging the floor.

b. Skirts will be no shorter than the top of the patella (knee), no longer than mid-calf.

4. Professional accessories required include name badge, black pens, scissors, stethoscope, non-LED penlight, watch with either a second hand or digital seconds readout, and small calculator.

5. TJC patch must be sewn 2.5 inches below the shoulder seam on the left sleeve of the lab coat and scrub top.

6. Clinical Badges

a. Badges will be worn on the left side of the top, or above the lab coat pocket. Badges must have a current semester designation attached. No retractable badge reels allowed in the clinical setting for the students' safety.

b. The student will wear a badge-buddy signifying the level he/she is currently enrolled in.

c. Clinical badges must be surrendered to the Nursing office in the event the student leaves the program for any reason.

7. Hair

a. Hair must be of a simple style (including wigs and hairpieces), clean, neat, out of the line of student's vision, and pinned up or back to prevent bacteriological hazard to patients.

b. No bows or other decorations are permitted. Plain neutral colored hair clasps or headbands may be worn.

c. Color of the hair must be natural, (i.e., black, brown, blonde, or red) For example no blue, green, pink, etc., or other unnaturally occurring color.

d. Hair must meet the dress/grooming requirements of the clinical agency. Mustaches and beards must be neatly groomed, clean, and trimmed. Certain types of facial hair interfere with the effectiveness of personal protective equipment. Zero facial hair in the area of a mask is the only way to ensure protection from exposure to dangerous contaminants.

8. Grooming

a. One flat wedding band with no stones may be worn on the appropriate ring finger. <u>No other rings are allowed.</u>

b. No neck jewelry may be worn.

c. No bracelets may be worn.

d. Only one earring (no larger than ¼" in diameter) is allowed per ear. Ear gauges are not allowed and any opening left by a gauge must be filled with a flesh-colored plug.

e. No visible body piercing other than ear piercings are allowed. Any other piercings may have a clear/translucent/flesh colored spacer in place of jewelry. No facial jewelry of any kind is allowed. If a spacer cannot be placed in a facial piercing the piercing must be covered or removed.

f. Fragrance and extreme make-up are not permitted.

g. Students are required to maintain good hygiene.

h. Tattoos may be visible **unless:**

    i. They convey violence, profanity, indecency, or discrimination

    ii. They are on the head, face, or neck.

i. Fingernails must be clean and neatly trimmed, without any nail polish, artificial nails, nail tips and/or wraps.

j. Uniform is to be kept neat and clean at all times.

k. Exceptions to the TJC policy may be requested by clinical sites or specialty areas. Students should contact the clinical instructor when recommendations are made.

9. Wearing of the uniform

a. The scrub top and name badge will be removed before attending activities outside the hospital.

b. The student will refrain from smoking, vaping, chewing gum, chewing tobacco, drinking alcohol, and dipping snuff while in uniform.

A student may be removed for the shift from the clinical setting by the clinical instructor for noncompliance with these guidelines, and the Progressive Discipline policy will be utilized.

(Revised Fall 2023)

Expected Clinical Behaviors

Clinical Absence / Attendance

Punctuality and regular class attendance are necessary for the success of all students in the classroom, lab, and clinical settings. Professors will monitor and record absences; however, students are responsible for keeping up with individual absence time.

A no call / no show to an assigned clinical area will result in the utilization of the Progressive Discipline policy.

1. Clinical hours missed are totaled for each clinical course and are included in the computation of the clinical grade; see Clinical Grade Rubric.

2. If a student anticipates they may be tardy, they are expected to appropriately notify the professor no later than 30 minutes prior to the assigned clinical shift. A tardy is reporting for clinical up to 15 minutes after the scheduled arrival time. After 15 minutes, the student will be counted absent for the entire clinical day, and will be considered a no call/no show.

3. Two tardy occurrences in the semester will result in Step Two (Conference) of the Progressive Discipline Policy.

4. Three tardy occurrences in the semester will result in Step Three (Clinical Probation) per the Progressive Discipline Policy.

5. There is no provision for make-up of clinical experiences.

6. In case of absence due to an extenuating circumstance, such as, but not limited to, illness or an accident, a written appeal requesting makeup of clinical time and/or clinical paperwork must be submitted to the Admission/Progression/Reenrollment Committee within 72 hours of a missed clinical shift. The chair of the Admission / Progression / Reenrollment Committee will review the appeal and notify the student of receipt and if any additional information is required. The student will have 72 hours to submit additional information. The Admission / Progression / Reenrollment committee will meet within five working days after receiving the appeal and all required information to determine whether or not a student will be allowed to complete makeup work and the time and nature of the makeup work.

7. Any student missing consecutive (multiple clinical days) for the same reason will file 1 appeal.

8. Students missing any portion of a scheduled clinical shift may receive a grade of zero (0) for all clinical paperwork associated with that shift.

Clinical Fitness for Duty

Tyler Junior College is committed to providing quality nursing education to its Associate Degree and Vocational Nursing Students, that promotes the safety of current and future patients of the students. As part of this effort, it promotes a supportive clinical learning environment that encourages wholeness on the part of students and other members of the healthcare team. It seeks to instill in all student nurses a life-long commitment to their own wellness and responsiveness to the needs of patients that supersedes self-interest.

1. Professional responsibilities: Students and faculty members must demonstrate an understanding of their personal role in the:

    a. Assurance of their fitness for duty: being "fit for duty" means being capable of performing one's duties safely, productively, and effectively throughout the clinical shift.

        For the student nurse this means professional performance that protects not only patients but other students and nurses, the public, and the student themselves from harm.

    b. The student will:

i.   Manage their time before, during, and after clinical assignments.

ii. Be accountable for knowing they are safe and have the capacity to perform all the duties of a student nurse.

iii. Recognize that learning and memory performance are negatively impacted by sleep deprivation, illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team.

(Revised Fall 2023)

N95 Fit Testing

All nursing students are required to be fit tested for an N95 respirator on an annual basis. Students must wear PPE as necessary in accordance with Occupational Safety and Health Administration (OSHA) regulations, established best practices, and infection control guidelines during clinical where the student may be exposed to potentially infectious or hazardous materials.

Communication

1. Information regarding contacting professors via email or telephone is listed in each individual course outline. When contacting professors, students can expect a 24-hour response between Monday at 8 am and Thursday at 4 pm. Email/voicemail left after 4 pm on Thursday will be returned by the following Monday.

2. Students must check Canvas course-specific email daily.

Incident Reports

1. Whenever an accident or error is discovered or occurs in the clinical area, the professor, the appropriate nurse, and provider **MUST** be notified as soon as safely possible. A report will be completed on the form designated by the clinical affiliate. These reports are legal reports of what actually happened, and they protect the student.

2. The student is responsible for notifying the appropriate individuals as soon as safely possible and to ensure completion of the incident report. The department chair must be notified of all incident reports.

(Revised Spring 2020)

Prohibited Skills

Scope

This policy applies to all student nurses and clinical faculty at all clinical affiliate sites. A nursing student may not perform these skills during clinical learning experiences. This policy does not apply to the Tyler Junior College Simulation Center and Skills Laboratories.

Policy

The nursing student can perform tasks for which he/she has been prepared in the education program. The student is responsible for ensuring the licensed nurse assigned to the client, or the faculty member, is present when performing skills, when preparing medications, and when administering medications.

According to the Texas Board of Nursing Standards of Nursing Practice, the nursing faculty member shall:

1. Supervise nursing care provided by others for whom the nurse is professionally responsible [§217.11(1)(U)].

2. Implement measures to promote a safe environment for clients and others [§217.11(1)(B)].

3. Comply with any limitations placed on student participation in specific clinical areas that may be part of the contractual agreement between the nursing program and the clinical affiliating agency.

<u>Procedure</u>

1. TJC Nursing shall provide the student with appropriate content and clinical application of skills commensurate to skills and knowledge required for client care.

2. Students may perform procedures and treatments commensurate with educational attainment of these skills with some exceptions.

3. Students may **NOT**

    a. Witness legal documents (such as consent, power of attorney)

    b. Take telephone / verbal orders

    c. Obtain consent, neither telephone nor in person

    d. Function as a translator / interpreter

    e. Assess cervical dilation

    f. Insert an intravenous catheter into a client under 14 years of age

    g. Attempt more than two intravenous catheter insertions on any client

    h. Access an implanted vascular port

    i. Flush an existing intravenous catheter to restore patency

    j. Be in possession of narcotic keys

    k. Pronounce death

    l. Insert nasoduodenal, nasojejunal, or weighted enteral feeding tubes

    m. Care for, or assist with the care for, a client currently involved in any type of investigational study

    n. Care for, or assist with the care for, a client on airborne precautions, if not FIT Tested for N95 Respirator within the last year

4. Students may **NOT** administer the following medication:

   a. Intravenous chemotherapy

   b. Intravenous medications that require titration (for example, antiarrhythmics, positive inotropes, electrolyte replacements, vasoconstrictors, and vasodilators)

   c. Research medications

   d. Moderate sedation (succinylcholine, propofol)

   e. Blood and blood products (for example whole blood, packed red blood cells, fresh frozen plasma, platelets, RhoGAM, and clotting factors)

   f. Thrombolytics (alteplase, reteplase, tenecteplase, urokinase)

   g. Oxytocin medications until after the placenta has been delivered

   h. Prostaglandin suppositories

   i. Epidural medications of any kind

   j. Intrathecal medications of any kind

   k. Any medication during resuscitation and stabilization of a client

   l. Any medication not prepared by the student

   m. Vocational nursing students may not administer any IV medications, except normal saline flushes

5. Students may not be a witness to or waste any controlled substances

6. Any medication to any patient to whom the student's nurse is not assigned. The student may observe the nurse administer medications to patients to whom the student's preceptor is not assigned. The student may not participate or assist with any other nurse's assigned client, without approval of the assigned nurse and their assigned professor.

7. Students may **NOT** manipulate arterial catheters including:

   a. Drawing blood from an existing arterial line

   b. Removing an existing arterial line

   c. Performing arterial punctures for blood collection or line insertion

8. Students may **NOT** perform hemodynamic monitoring including

   a. Inflating a pulmonary artery catheter (Swan-Ganz) balloon or assist with insertion

   b. Wedging a pulmonary artery catheter

   c. Manipulating a pulmonary artery catheter

d. Obtaining blood from the pulmonary artery port for SVO_2 calibration or mixed venous blood gas

e. Injecting fluid for cardiac output measurement

9. Students may **NOT** perform any delegated medical act, such as removal of chest tube, arterial line, or pacemaker wires

10. Students may **NOT** perform the following tests:

a. Stool guaiac tests

b. Infant heel sticks

c. Any laboratory test or procedure that requires color discrimination (for example pH paper or dipsticks)

11. Students may **NOT** perform point of care testing[1], but may observe the facility employee performing the test. Examples of point of care testing include, but are not limited to:

a. Glucose testing

b. Rapid strep, flu, COVID, RSV testing

c. Urine dipsticks

d. Urine pregnancy test

References: https://www.aacc.org/publications/cln/articles/2016/february/monitoring-point-of-care-testing-compliance

(Revised Fall 2023)

Transportation and Parking

1. Transportation to clinical facilities and community agencies is the sole responsibility of the student. Faculty members are not allowed to transport students. Clinical facilities can include learning experiences in adjacent cities. Students should be prepared to accommodate travel to any facility deemed applicable to meeting course objectives.

2. A current TJC parking permit is required to park on campus. It is imperative students park in designated areas while on campus and while attending clinical rotations. Failure to comply with facility parking guidelines is considered unprofessional and may result in disciplinary action.

(Revised Spring 2021)

Unethical Practice

Breach of the following elements of the American Nurses Association "Code of Ethics for Nurses" results in unethical practice and unprofessional conduct in student performance.

1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.

3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

4. The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and acts consistent with the obligation to promote health and provide optimal care.

5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

6. The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

American Nurses Association. (2015). Code of Ethics for Nurses with Interpretive Statements. Available at http://nursingworld.org/DocumentVault/Ethics-1/Code-of-Ethics-for-Nurses.html

ASSOCIATE DEGREE NURSING POLICIES (ADN)

Clinical Evaluation Tool (ADN)

1. The Clinical Evaluation Tool documents the quality of clinical experience and student progress. It also serves as an instrument for communication and determination of clinical rating. The report is based upon direct and indirect observations of student performance. The clinical professor completes the Clinical Evaluation Tool for all students, rating student performance on each objective as Satisfactory (S) or Unsatisfactory (U) and holds a conference with the student to discuss progress. Any student having difficulty is encouraged to request an evaluation.

2. The Clinical Evaluation Tool has four major areas: member of the profession, provider of patient-centered care, patient safety advocate, and member of the health care team. Comments should support recorded ratings. The last page of the form is for comments, recommendations, and signatures. Each of the four major areas of evaluation carries equal weight in determination of the end of the course rating. To maintain open communications and to ensure student understanding, a conference will be scheduled with the student and the professor at such time as the student is in danger of failing or has failed clinically.

(Revised Spring 2020)

Clinical Grading (ADN)

1. Completion of a clinical course is a cumulative process that results in a summative grade. Performance throughout the course is considered when grades are awarded. The professor and student will complete the Clinical Evaluation Tool at the end of the course, at which time the professor will confer with the student regarding clinical performance. Final clinical grades for the semester are a letter grade based on clinical performance as defined in the outline for each course. An interim evaluation may be completed at the request of the professor or student.

2. Clinical performance is evaluated at the end of the course using a scale of Satisfactory (S) and Unsatisfactory (U) for each course clinical objective. The clinical evaluation tool is divided into four major areas with clinical performance objectives listed under those four major areas.

3. If any two objectives (other than Critical Competencies) within a major area are rated "Unsatisfactory," then that major area will be rated "Unsatisfactory." If an objective is flagged with an asterisk (*), that objective is considered a Critical Competency. If any Critical Competency is rated "Unsatisfactory" within a major area, then that major area is rated "Unsatisfactory." Students must be rated satisfactory on all Critical Competencies in order to progress.

4. If the student demonstrates unsafe nursing performance, that student receives a grade of "F".

5. The student must achieve at least a grade of "C" in the course to pass. A grade of "C" indicates that the student has achieved stated clinical objectives at the minimum defined level of competency.

6. At the end of the course, a final clinical grade will be awarded based upon the following grading scale and is based on completion of **all standards for that letter grade.**

A	• All major areas are satisfactory • 89.5% or greater average on all assignments and learning activities • No absences during clinical contact hours
B	• All major areas are satisfactory • 79.5-89.4% or greater average on all assignments and learning activities • Absences of less than 10% of clinical contact hours
C	• An unsatisfactory in one major area • 77.5-79.4% or greater average on all assignments and learning activities • Absences of 10-20% of clinical contact hours
D	• An unsatisfactory in two major areas • 59.5-77.4% or greater average on assignments and learning activities • Absences of no more than 20% of clinical contact hours
F	• An unsatisfactory in three or more major areas • Final average of 59.4% or less on assignments and learning activities • Absences of more than 20% of clinical contact hours

7. The Clinical Evaluation Tool will become part of the student's permanent record.

(Revised Fall 2023)

Expected Clinical Behaviors (ADN)

Scope

This policy applies to any clinical experiences and content designated as 'clinical,' including but not limited to

- RNSG 1161 Clinical I – Registered Nursing
- RNSG 1162 Paramedic Transition Clinical
- RNSG 1163 LVN Transition Clinical
- RNSG 2362 Clinical II – Registered Nursing
- RNSG 2363 Clinical III – Registered Nursing
- RNSG 2360 Clinical IV – Registered Nursing

Policy

The Tyler Junior College Associate Degree Nursing program is responsible for grooming students to fulfil the professional obligations of the Registered Nurse. Expectations for clinical involvement mirror the typical expectations of the health care work environment.

Procedure

1. Assignment of students for clinical experience is designated by the semester clinical rotation for each hospital and is assigned on course calendars. Any questions regarding the rotation should be directed to the clinical professor. Students may not trade or change clinical shifts or clinical assignments. Professors may change clinical shifts and/or clinical assignment based on census and staffing of the clinical units.

2. Students are expected to arrive at the assigned clinical location on time and prepared to deliver safe patient care. If a student anticipates they may be tardy, they are expected to appropriately notify the professor and/or the clinical unit no later than 30 minutes prior to the assigned time. Tardiness of greater than 15 minutes after the assigned time will result in dismissal from clinical for that shift. Students who do not come to clinical prepared to safely care for their assigned patients will be dismissed from clinical for that shift. Refer to the Texas Board of Nursing Rule §217.11 for additional information on Standards of Nursing Practice.

3. Students shall notify the clinical professor of absence at least two hours prior to the shift. The student should also notify the assigned clinical site. Failure to do so may result in the use of the Progressive Discipline policy.

4. Students are expected to remain on assigned units unless approved by the professor to move to another unit. Facility phones are for business purposes only and not to be used for personal communication.

5. Each student is entitled to one 30-minute lunch break per 8-hour shift, with two additional 15-minute breaks for 12-hour shifts. Breaks for shifts shorter than 8 hours are determined by the professor. The purpose of the break is a brief rest period AFTER appropriate responsibilities are completed. Students may not combine breaks and lunch or take breaks within the last hour of the shift. Students must report off to the appropriate staff person and clinical professor prior to leaving the nursing unit.

6. Students are expected to attend all assigned clinical shifts and remain in the clinical facility during the entire assigned time unless approved by professor. There is no provision for make-up of clinical experiences. In case of absence due to an extenuating circumstance, such as, but not limited to, illness or an accident, a written appeal requesting makeup of clinical time and/or clinical paperwork must be submitted within 72 hours of a missed clinical shift. The Admission / Progression / Reenrollment committee chair will review the appeal and notify the student if any additional information is required. The student will have 72 hours to submit additional information. The committee will meet within five working days after receiving the appeal and all required information to determine whether or not a student will be allowed to complete makeup work and the time and nature of the makeup work.

7. Students missing any portion of a scheduled clinical shift will receive a grade of zero for all clinical paperwork associated with that shift.

8. Any student variances to this policy are unacceptable and will be addressed using the Progressive Discipline policy. Students may refer to the Tyler Junior College Student Handbook administrative policies on Attendance and Drop/Withdrawal.

(Revised Fall 2023)

Grading System (ADN)

The simple average of the unit exam grades (including the final) and the concept maps, before weighted calculation is performed, must be 78 or above to pass the course. Grades will be rounded when calculating the average of unit exams and concept maps (77.5-77.9 is rounded to 78). Students with an exam or concept map grade average of 78 or higher will have course grades calculated based on the weighted calculation of the exams and concept maps, and other required work. Grades are derived by average scores earned for work required. The teaching team assigns weights within the following limits:

Theory / Lab courses greater than one credit hour with standardized assessments:

Exams	60-100%
Standardized Assessments	10%
Assignments	0-30%
Total	100%

Theory / Lab courses one credit hour with standardized assessments:

Exams	50-100%
Standardized Assessments	10%
Assignments	0-40%
Total	100%

Theory / Lab courses without standardized assessments:

Exams	60-100%
Assignments	0-40%
Total	100%

Clinical courses:

Concept maps	50%
Level three ATI Pharmacology proctored (ADN) Level four ATI Pharmacology proctored retake (ADN)	10%
Other	40%
Total	100%

Nursing course grades are earned as follows:

Passing grades	**Non-passing grades**

A	89.5 – 100		D	60.0 – 77.4
B	79.5 – 89.4		F	59.4 OR LESS
C	77.5 – 79.4			

Final exams and end of course grades will be posted on Canvas for the individual course.

Disclaimer: The professor reserves the right to make modifications to content and schedules as necessary to promote the best education possible within prevailing conditions affecting this course. The professor also reserves the right to utilize resources that provide the student with the most up-to-date information pertinent to the course.

(Revised Fall 2023)

Medication Therapy: All Routes of Administration

1. General considerations

   a. All course prerequisites must be met prior to the initiation of any part of this policy.

   b. Prior to administration of any medication, the student is responsible for a basic knowledge of the medication to be given (action, side effects, contraindications).

   c. The student may administer any medication, allowed by their current level, with an assigned nurse preceptor. The student may observe the nurse administer medications not allowed in their current level of education, and to patients to whom the student is not assigned.

   d. The student must seek approval from instructor of record within each course before administering medications with direct licensed supervision.

   e. **A licensed nurse must verify and be present for all medication administration.** A student nurse must NEVER independently administer medication.

   f. Any questionable situation regarding the medication and/or intravenous therapy policy must be referred to a professor from the TJC Nursing program.

   g. All medications must be administered according to the policies of the clinical affiliate of assignment.

   h. Refer to the 'Prohibited Skills' policy for restrictions.

   ADN Only:

   i. The licensed hospital staff member responsible for narcotics will obtain narcotics. The licensed hospital staff member will verify the remaining balance of the medication. The student may administer the narcotic to the patient, if permitted by the clinical affiliate.

2. The medication responsibilities of the **Level 1 student** may include:

   a. Administration of oral, nasal, topical, intramuscular, subcutaneous, intradermal, otic, rectal, and ophthalmic medications, excluding insulin.

   b. Use of an anesthetic agent as a diluent for intramuscular medications.

3. In addition to the above, the **Level 2/Transition Level** student may:

    a. Initiate, maintain, and discontinue intravenous (IV) therapy. Intradermal anesthetic may be used when initiating an IV. IV initiation <u>MUST</u> be observed by professor or other licensed nurse at the discretion of the professor.

    b. Administer piggyback solutions to primary fluids in peripheral and central venous lines with direct licensed nurse supervision, except for medications listed in the Prohibited Skills policy.

    c. Administer hyperalimentation solutions.

    d. Convert IV line to heparin/saline lock.

    e. Instill Sodium Chloride and/or Heparin Flush solution into peripheral heparin locks.

    f. Administer IV push medications, EXCEPT medications listed in the Prohibited Skills policy,

    g. Instill Sodium Chloride and Heparin Flush solution into central venous and multi-lumen catheters according to procedure of the facility.

    h. Administer insulin once instruction is complete.

    i. Use a syringe pump.

4. In addition to the above, the **Level 3 student** may:

    a. Administer pediatric dosages of medications.

    b. Administer oxytocic preparations only after delivery.

    c. Give Magnesium Sulfate after delivery, with professor supervision <u>ONLY</u>.

5. In addition to the above, the **Level 4 student** may:

    a. administer continuous IV piggyback solutions such as:

        i. Antiarrhythmics

        ii. Positive inotropes

        iii. Electrolyte replacement

        iv. Vasoconstrictors and vasodilators

(Revised Spring 2024)

Licensure For Transition Programs

Licensed Vocational Nurses in the transition track must maintain a current license or privilege to practice in the state of Texas. Paramedics in the transition track must maintain a current license or privilege to practice in the state of Texas or maintain current National Registry Certification.

Program Outcomes (ADN)

1. Uses clinical reasoning and knowledge based on the nursing program of study, evidence-based practice outcomes, and research-based policies and procedures as the basis for decision-making and comprehensive, safe patient care.

2. Demonstrates skills in using patient care technologies and information systems that support safe nursing practice.

3. Promotes safety and quality improvement as an advocate and manager of nursing care.

4. Coordinates, collaborates, and communicates with diverse patients, families, and the interdisciplinary health care team to plan, deliver, and evaluate care.

5. Adheres to standards of practice within legal, ethical, and regulatory frameworks of the professional nurse.

6. Demonstrates knowledge of delegation, management, and leadership skills.

7. Demonstrates behavior that reflects the values and ethics of the nursing profession.

Special Consideration Related to Non-Attendance (ADN)

1. The student requesting special consideration due to non-attendance related to severe injury, serious illness, or crucial personal problems may appeal to the Admissions/Progression/Re-enrollment committee. Documentation of the situation, relevant conditions, and outcome will be placed in student's folder in the program file. Data will be reviewed if the student is considered for readmission.

2. The student who has met the clinical course objectives as outlined in the course outline will be recommended for readmission and to receive a "satisfactory" (C) for the clinical course.

3. The student who was performing satisfactorily in the clinical, lab, and theory course, but due to time cannot complete all course objectives may withdraw according to college and program policies. An incomplete status may be used if appropriate. See the TJC policy on incomplete grades.

4. The student who was unsatisfactory in a clinical course (average grade of "D" or lower) but had the potential to become satisfactory (grade of "C" or better in the clinical course) and passing the lab and theory course may withdraw from all co-requisite courses according to college and program policies. Students withdrawing from a clinical course must also withdraw from all concurrent theory and lab courses, as they are co-requisites.

5. The student who was unsatisfactory (grade of "D" or lower) without potential to pass or "unsafe" will receive a "D" or "F" in the clinical course according to program policy. The student must repeat the clinical course, and all co-requisite courses.

ASSOCIATE DEGREE NURSING (RNSG) COURSE INFORMATION

Refer to the online syllabus for course description, prerequisites and corequisites, and students learning objectives/course objectives. The information in this section is the required minimum content for each course listed. Additional requirements are at the discretion of the professor.

RNSG 1118 Transition to professional nursing competencies

Content outline	Unit objectives

Review
   • Medication administration
   • Sterile technique: for example, urinary catheter insertion / Sterile dressing change
	Each ATI Skills Module assigned has objectives specific to the topic. All Skills Modules promote student success in delivering care by providing a complete overview of each skill.

Teach
   • Medication safety
   • Tube feedings
   • CVC dressing change	

Teach and return demonstration
   • Oxygen administration, selecting and device application
   • Patient education (recommend student teach a topic)	

Teach and complete skill competency form
   • Intravenous push
   • IV therapy
   • Nasogastric tube
   • Physical assessment
   • PIV insertion and removal	

RNSG 1125 Professional nursing concepts I

Content outline	Unit objectives
Clinical Judgment • Scenarios applying the nursing process	1. Explain the concept of Clinical Judgment (including definition, antecedents, and attributes). 2. Recognize the relationship between the nursing process, critical thinking, and the clinical judgment. 3. Describe the four key aspects of the Clinical Judgment Model (Tanner, 2006) and the sequence in which they occur. 4. Discuss two situations which place a patient at risk as a result of error in clinical judgment.

Communication
   • Intrapersonal
   • Interpersonal
   • Interprofessional
      o Electronic healthcare records (EHR)
      o SBAR
	1. Explain the concept of communication (including definition, antecedents and attributes).
	2. Describe the communication process, identifying factors that influence communication.
	3. Differentiate among verbal, nonverbal, and metacommunication.
	4. Explain the nature of the nurse-patient relationship.
	5. Analyze conditions which place a patient at risk for ineffective communication.
	6. Identify when a barrier or impairment (negative consequence) is developing or has developed.
	7. Discuss exemplars of communication.
	8. Apply the nursing process (including collaborative interventions) for individuals

Content outline	Unit objectives
	experiencing communication imbalance and to promote effective communication.
Ethical and Legal Practice • American Nurses Association code of ethics • Nursing practice act • Patient confidentiality (HIPAA and social media) • Patient rights	1. Explain the concept of Ethical and Legal Practice (including definition, antecedents, and attributes). 2. Analyze conditions which risk the imbalance of Ethical and Legal Practice. 3. Identify when Ethical and Legal imbalance (negative consequence) is developing or has developed. 4. Discuss positive consequences and outcomes related to Ethical and Legal Practice. 5. Discuss circumstances which include listed exemplars impacting Ethical and Legal Practice. 6. Apply the Texas Board of Nursing's Practice Act rules and regulations as a basic attribute to implementing Ethical and Legal practice. 7. Discuss social media related to adherence to Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations. 8. Explore the Texas Board of Nursing Rules and Regulations related to professional conduct, standards of practice, and unprofessional conduct in relation to the ANA Code of Ethics. 9. Discuss how patient rights affect Ethical and Legal Practice. 10. Apply critical thinking and clinical decision-making processes related to the use of social media.
Evidence-Based Practice	1. Explain the concept of EBP (including definition, antecedents, and attributes). 2. Demonstrate knowledge of basic scientific methods and processes. 3. Describe EBP to include the components of research evidence, clinical expertise and patient/family values. 4. Differentiate clinical opinion from research and evidence summaries. 5. Describe reliable sources for locating evidence reports and clinical practice guidelines 6. Explain the role of evidence in determining best clinical practice.
Health Information Technology	1. Define Health Information Technology (HIT) and the role in organizations. 2. Explain the purpose and requirements for "meaningful use" for healthcare organizations. 3. Discuss the role of nursing and Health Information Technology.

Content outline	Unit objectives
	4. Discuss health information exchange as it relates to creating a "medical home" for patients.
Health Promotion • Health care screening • Injury prevention • Obesity management	1. Explain the concept of Health Promotion (including definition, antecedents, and attributes). 2. Analyze situations which place patient care at risk when Health Promotion is neglected. 3. Identify when Health Promotion neglect is developing or has developed. 4. Discuss exemplars of Health Promotion. 5. Apply the nursing process (including collaborative interventions) for individuals experiencing Health Promotion neglect and Health Promotion. 6. Describe Healthy People 2020 objectives.
Patient-Centered Care • Advocacy • Prioritizing individualized care	1. Explain the concept of patient-centered care (definition, antecedents, attributes) 2. Discuss exemplars of Advocacy and Prioritizing individualized care 3. Analyze conditions which place a patient at risk for negative consequences (outcomes). 4. Identify when a negative consequence (outcome) is developing or has developed. 5. Apply the nursing process (including collaborative interventions) for individuals experiencing negative consequences related to patient-centered care.
Patient Education • Discharge planning • Formal (examples related to course content) • Informal (examples related to course content) • Oral health across the lifespan	1. Describe what the concept means (including definition, antecedents and attributes). 2. Identify conditions that place an individual at risk for patient education? 3. Identify when patient education is occurring or has developed. 4. Discuss exemplars of patient education. 5. Apply the nursing process with collaborative interventions and evaluation for individuals experiencing patient education.
Professionalism • Attributes of the profession	1. Explain the concept of Professionalism (including definition, antecedents and attributes). 2. Explain the attributes of the profession as they relate to the concept of Professionalism (antecedents, consequences, sub-concepts, and interrelated concepts). 3. Identify the source and importance of nursing standards that guide competency (skills and knowledge) to provide safe patient care. 4. Explain the relationship between in-patient satisfaction survey results and patient focused communication.

Content outline	Unit objectives
	5. Apply critical thinking to determine the similarities and differences between accountability, responsibility, and caring. 6. Discuss the challenges faced by nurses who embrace patient advocacy. 7. Compare and contrast elements of patient focused communication (language, culture, family traditions) with the nurse's commitment to lifelong learning and patient teaching on patient outcome. 8. Discuss outcomes accompanying a lack of attributes in the nursing profession as evaluated by stakeholders. 9. Apply the concept of Professionalism to selected situations.
Safety • Standard precautions • National patient safety goals • Environmental safety and medications administration	1. Explain the health care system concept of Safety (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk for injury. 3. Analyze conditions which place the nurse at risk of harm or injury. 4. Identify when safety is being compromised and include the concept of missed nursing care. 5. Discuss exemplars of common safety practices such as standard precautions, national patient safety goals, environmental safety, and medication administration.
Teamwork and Collaboration • Interdisciplinary plan of care • Group work • Chain of command	1. Explain the concept of Teamwork and Collaboration. 2. Analyze factors that affect Collaboration in health care. 3. Analyze the purpose and need for a chain of command within a healthcare team. 4. Discuss the purpose and function of an organizational chart. 5. Describe characteristics of effective group dynamics.

RNSG 1126 Professional nursing concepts II

Content outline	Unit objectives
Clinical Judgment • Clinical skills (assessing wound/dressing decisions; timing and clustering of daily care) • Urgent / emergent situations (start oxygen, failure to rescue, rapid response team) • Medication management	1. Discuss (including definitions) the factors of context, background, and relationship per Tanner's model, in terms of their impact on nurses' clinical reasoning patterns in the clinical environment. 2. Describe the three (3) components of knowledge as described by Tanner from which the nurse's "expectation", or "noticing", of the clinical situation is derived.

Content outline	Unit objectives
• When to contact physician or other health care provider	3. Explain the terms "interpreting" and "responding" as defined by Tanner. 4. Discuss "reflection-in-action" and "reflection-on-action" as described by Tanner. 5. Explain the application of Clinical Judgment to the exemplar's clinical skills, urgent/emergent situations, medication management, and when to contact physician or other health care provider.
Communication • Peers and healthcare team members • Assertive communication • Therapeutic communication	1. Explain the correlation between the listed exemplars to the concept of Communication (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Analyze conditions in which professional nurse utilizes the listed exemplars to promote effective Communication. 3. Describe effective Communication with Peers and Healthcare Team Members. 4. Explain Therapeutic Communication versus Assertive Communication.
Ethical and Legal Practice • Criminal law • Civil law • Informed consent	1. Explain the concept of Ethical and Legal Practice (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk for criminal, civil or professional ethics violations. 3. Identify when criminal or civil liability (negative consequence) is developing or has developed. 4. Describe the ethical-legal parameters for nursing practice related to the listed exemplars. 5. Analyze the role of the nurse related to risk and quality management based on ethical and legal standards. 6. Discuss controversial ethical and legal issues related to the delivery of quality health care.
Evidence-Based Practice • Best practices and standards (related to course content)	1. Discuss ways to apply evidence in practice. 2. Explain how nursing research improves nursing practice. 3. Identify best practices for the management of COPD. 4. Identify best practices for the management of diabetes.
Leadership and Management • Delegation	1. Explain the correlation between delegation to the concept of Leadership and Management (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved).

Content outline	Unit objectives
	2. Analyze conditions in which the professional nurse utilizes and/or experiences leadership and management resulting in delegation. 3. Identify conditions and outcomes of effective versus ineffective leadership and management as it relates to delegation.
Patient-Centered Care • (Scenarios related to course content)	1. Explain the correlation to the identified scenario to the concept of Patient-Centered Care (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Identify conditions in the scenario which place a patient at risk for negative consequences (outcomes). 3. Identify when a negative consequence (outcome) is developing or has developed. 4. Apply the nursing process (including collaborative interventions) for individuals experiencing negative consequences related to patient-centered care.
Professionalism • Roles of the nurse (DECS)	1. Explain the concept of Professionalism (including definition, antecedents and attributes). 2. Explain the attributes of the profession as they relate to the concept of Professionalism (antecedents, consequences, sub-concepts, and interrelated concepts). 3. Identify the source and importance of nursing standards that guide competency (skills and knowledge) to provide safe patient care. 4. Explain the relationship between in-patient satisfaction survey results and patient focused communication. 5. Apply critical thinking to determine the similarities and differences between accountability, responsibility, and caring. 6. Discuss the challenges faced by nurses who embrace patient advocacy. 7. Compare and contrast elements of patient focused communication (language, culture, family traditions) with the nurse's commitment to lifelong learning and patient teaching on patient outcome. 8. Discuss outcomes accompanying a lack of attributes in the nursing profession as evaluated by stakeholders. 9. Apply the concept of Professionalism to selected situations.
Safety • Time out • Core measures	1. Review what the concept means (including definition, antecedents and attributes).

Content outline	Unit objectives
• Anticipatory guidance	2. Explain how the listed exemplars relate to the concept of Safety. 3. Analyze conditions that place an individual at risk of injury when the exemplars are needed. 4. Identify when Safety is compromised related to the exemplars. 5. Apply the nursing process with collaborative interventions and evaluation for individuals experiencing surgery or a procedure requiring a time-out, or experiencing conditions related to core measures or anticipatory guidance.
Teamwork and Collaboration • Conflict management strategies • Group process - operating room team	1. Explain the correlation between conflict management strategies and group process in the operating room team to the concept of teamwork and collaboration (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Define Conflict. 3. Compare the five types of conflict management strategies and when each type should be used. 4. Explain the results of unresolved conflict on health care professionals, organizations, and patient care. 5. Define group process. 6. Differentiate among the roles and responsibilities of the interdisciplinary surgical team 7. Evaluate the importance of safety in the operating room relative to patients, equipment, and anesthesia.

RNSG 1128 Introduction to health care concepts

Content outline	Unit objectives
Acid Base Balance	1. Explain the concept of Acid Base Balance (including definition, antecedents, and attributes). 2. Identify the normal adult values for arterial and mixed venous blood gases at sea level. 3. Describe the influence of the respiratory system on Acid Base Balance and respiratory regulation of H+. 4. Describe how the kidneys regulate hydrogen and bicarbonate ion concentrations in the blood. 5. Distinguish between acidosis and alkalosis resulting from respiratory and metabolic factors.

Content outline	Unit objectives
	6. Identify hemostatic processes in the maintenance and correction of Acid Base Balance. 7. Identify conditions which place an individual at risk for acid base imbalance. 8. Apply the nursing process (including collaborative interventions for correcting hypoxemia).
Coping	1. Explain the concept of Coping (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk for ineffective/maladaptive Coping. 3. Identify when ineffective/maladaptive Coping (negative consequence) is developing or has developed. 4. Apply the nursing process (including collaborative interventions) for individuals experiencing ineffective/maladaptive Coping and to promote effective/adaptive Coping.
Fluid and Electrolyte Balance	1. Explain the concept of Fluid and Electrolyte Balance (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk for fluid and electrolyte imbalance. 3. Identify when fluid and electrolyte imbalance (negative consequence) is developing or has developed. 4. Apply the nursing process (including collaborative interventions) for individuals experiencing fluid and electrolyte imbalance and to promote normal Fluid and Electrolyte Balance.
Gas Exchange	1. Explain the concept of Gas Exchange (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk for Gas Exchange imbalance. 3. Identify when Gas Exchange imbalance (negative consequence) is developing or has developed. 4. Apply the nursing process (including collaborative interventions) for individuals experiencing Gas Exchange imbalance.
Immunity	1. Explain the concept of Immunity (including definition, antecedents, and attributes). 2. Describe the optimal human body immune response. 3. Identify the pathophysiology of suppressed or exaggerated immune responses. 4. Analyze conditions that place a patient at risk for suppressed or exaggerated immune

Content outline	Unit objectives
	function, acute and chronic inflammation, or localized and systemic infection. 5. Discuss assessment data used for planning and implementing nursing care for individuals experiencing health problems related to Immunity.
Metabolism	1. Explain the concept of Metabolism (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk for metabolic imbalance. 3. Identify when a metabolic imbalance (negative consequence) is developing or has developed. 4. Discuss (briefly) exemplars of common metabolic disorders. 5. Apply the nursing process (including collaborative interventions) for individuals experiencing a metabolic imbalance and to promote normal metabolic regulation.
Perfusion	1. Explain the concept of Perfusion (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk for Perfusion imbalance. 3. Identify when Perfusion imbalance (negative consequence) is developing or has developed. 4. Apply the nursing process (including collaborative interventions) for individuals experiencing Perfusion imbalance and to promote normal Perfusion.
Tissue Integrity	1. Explain the concept of Tissue Integrity (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk for impaired Tissue Integrity. 3. Identify when Tissue Integrity imbalance (negative consequence) is developing or has developed. 4. Apply the nursing process (including collaborative interventions) for individuals experiencing Tissue Integrity imbalance and to promote normal Tissue Integrity.

RNSG 1137 Professional nursing concepts III

Content outline	Unit objectives
Clinical Judgment • Urgent/emergent situations (hemorrhagic; recognizing anaphylaxis) • Prioritization of care • Patient advocacy • When to contact physician or other health care provider	1. Examine how the following factors, described in Tanner's Clinical Judgment Model, impact a nurse's clinical judgment: nursing values, environmental context, knowing the patient, theoretical knowledge, and previous experiences. 2. Differentiate the reasoning patterns of "analytic processes," "intuition" and "narrative

Content outline	Unit objectives
	thinking" as described in the Tanner's Model of Clinical Judgment. 3. Identify how "reflection-in-action" is connected to patient outcomes and clinical learning. 4. Explain the application of Clinical Judgment to the listed exemplars.
Communication (within other concepts)	
Ethical and Legal Practice • Ethical dilemmas • Ethical principles • Advanced directives	1. Review the concept of Ethical and Legal Practice (including definition, antecedents, and attributes). 2. Identify when moral distress (negative consequence) is developing or has developed. 3. Discuss the listed exemplars. 4. Apply the nursing process (including collaborative interventions) for individuals experiencing the consequences of ethical dilemmas. 5. Describe the ethical-legal parameters for nursing practice related to ethical dilemmas. 6. Analyze the role of the nurse related to risk and quality management based on ethical and legal standards. 7. Discuss controversial Ethical and Legal Practice resulting in ethical dilemmas related to the delivery of quality health care. 8. Explain the correlation between academic integrity to the concepts of professional Ethical and Legal Practices. 9. Analyze the nurse professional boundaries when caring for patients and families.

Evidence-Based Practice
• Best practices and standards (related to course content)
	1. Discuss ways to apply evidence in practice.
	2. Explain how nursing research improves nursing practice.
	3. Explore the Institute for Healthcare Improvement website.
	4. Identify best practices and standards for prevention of:
	  a. Pressure Ulcers
	  b. Central Line Acquired Blood Stream Infections (CLABSI)
	  c. Catheter Acquired Urinary Tract Infections (CAUTI)
	  d. Ventilator-associated Pneumonia

Health Information Technology • Point of care • Computer based reminder systems • Clinical decision support systems • Tele-health • Alarm (alert) fatigue • Legal aspects	1. Define clinical decision support systems (CDSS) and computer-based reminder systems. 2. Explain how point of care devices increase patient safety. 3. Discuss how alarm fatigue can lead to a sentinel event.

Content outline	Unit objectives
	4. Describe strategies to prevent alarm (alert) fatigue. 5. Discuss the legal and regulatory implications of documenting in the electronic health record (EHR) 6. Describe how telehealth and telemedicine reduce the cost of medical care.

Healthcare Organizations
• Access to healthcare
• Diagnostic related grouping (DRG)
• Primary care
• Secondary care
• Tertiary care
• Emergency preparedness
• Resource utilization
   o Allocation of resources
   o Cost effective care
• Nursing care delivery systems
	1. Explain the concept of Healthcare Organizations (including definition, antecedents, and attributes).
	2. Analyze conditions which place a patient at risk for increase morbidity and mortality.
	3. Identify what indicates there is a lack of services provided by healthcare organizations to defined communities, populations and/or markets.
	4. Discuss the listed exemplars for the Healthcare Organization.
	5. Apply the nursing process (including collaborative interventions) for individuals experiencing negative consequences related to inadequate access to Healthcare Organizations.

Patient-Centered Care • (Scenarios related to course content)	1. Explain the correlation between advocacy and prioritizing individual care to the concept of Patient-Centered Care (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Identify conditions which place a patient at risk for negative consequences (outcomes). 3. Identify when a negative consequence (outcome) is developing or has developed. 4. Apply the nursing process (including collaborative interventions) for individuals experiencing negative consequences related to Patient-Centered Care.
Professionalism • Commitment to the profession	1. Explain the relationship of commitment to the concept of professionalism. 2. Describe the types of commitment as they relate to nursing as a profession. 3. Identify the stages of commitment development and how they relate to the growth of commitment in a nursing student. 4. Discuss the process of socialization that leads the nursing student to a commitment to the profession.
Quality Improvement • Regulatory agencies o Centers for Medicare & Medicaid Services (CMS)	1. Explain the correlation between regulatory agencies and the concept of Quality Improvement including antecedents, attributes, a list of negative consequences,

Content outline	Unit objectives
o The Joint Commission (TJC) o National Academy of Science (formerly Institute of Medicine) o Quality and Safety Education for Nurses (QSEN)	and the interrelated concepts which may be involved. 2. Explain the correlation between Quality Improvement and Evidence-Based Practice, standards of care, sentinel events, and outcome measures 3. Compare Quality Improvement and the nursing process.
Safety • Hand off communication • Fatigue (compassion and physical) o Nurse o Caregiver	1. Review what the Safety concept means (including definition, antecedents and attributes). 2. Analyze conditions that place an individual at risk of injury with hand-off communication and fatigue 3. Identify when Safety is compromised related to the listed exemplars 4. Discuss the listed exemplars. 5. Apply the nursing process with collaborative interventions and evaluation for individuals experiencing conditions related to the listed exemplars
Teamwork and Collaboration • Case management	1. Explain the correlation between the listed exemplar and the concept of Teamwork and Collaboration. 2. Discuss vital components of Case Management. 3. Explain the advantages of Case Management. 4. Identify barriers to Case Management and working with multiple interdisciplinary teams.

RNSG 1161 Clinical I – Registered nursing

Associate Degree Nursing education prepares graduates to demonstrate the Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors (DECs).

https://www.bon.texas.gov/pdfs/publication_pdfs/Differentiated%20Essential%20Competencies%202021.pdf

Refer to the Clinical Evaluation Tool which defines the expected behavioral objectives to be met throughout the program.

RNSG 1162 Paramedic transition clinical

Associate Degree Nursing education prepares graduates to demonstrate the Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors (DECs).

https://www.bon.texas.gov/pdfs/publication_pdfs/Differentiated%20Essential%20Competencies%202021.pdf

Refer to the Clinical Evaluation Tool which defines the expected behavioral objectives to be met throughout the program.

RNSG 1163 Licensed Vocational Nurse transition clinical

Associate Degree Nursing education prepares graduates to demonstrate the Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors (DECs).
https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=2ahUKEwj3q-qJiObnAhVKlKwKHXh3CHYQFjACegQIChAF&url=https%3A%2F%2Fwww.bon.texas.gov%2Fpdfs%2Fdifferentiated_essential_competencies-2010.pdf&usg=AOvVaw32BvQLCY-Vtd4AMyYPeZ3W

Refer to the Clinical Evaluation Tool which defines the expected behavioral objectives to be met throughout the program.

RNSG 1216 Professional nursing competencies

Content outline	Unit objectives
Teach • Administering medications by alternate routes • Ambulation and ambulatory devices • Assisting with eating • Assisting with elimination • Bed bath / personal hygiene • Bedmaking • Cleaning blood spills • Drainage evacuation (Jackson Pratt, Hemovac) • Enemas • Intake and output • Medication safety • Moving and transferring • Ostomy care • Positioning • Removing fecal impaction • Specimen collection • Suture and staple removal • Types of isolation	Each ATI Skills Module assigned has objectives specific to the topic. All Skills Modules promote student success in delivering care by providing a complete overview of each skill.
Teach and return demonstration • Hand hygiene • Incentive spirometer • Oxygen administration, selecting and device application • Patient education (recommend student teach a topic) • Peak flow meter • Personal protective equipment • Sterile dressing change • Sterile gloves • Types of suction	

Content outline	Unit objectives
Teach and complete skill competency form • Injections • Oral medications • Physical assessment • Urinary catheter • Vital signs	

RNSG 1324 Concept-based transition to professional nursing practice

Refer to the course information for the courses that are included in RNSG 1324

- RNSG 1125 Professional nursing concepts I
- RNSG 1126 Professional nursing concepts II
- RNSG 1430 Health care concepts I
- RNSG 1533 Health care concepts II

RNSG 1430 Health care concepts I

Content outline	Unit objectives

Comfort
• Osteoarthritis (chronic pain)
• Degenerative disc disease (neuropathic pain)
• Post-operative pain - total joint arthroplasty (acute pain)
• Procedural pain
  o Dressing changes / wound care
  o PT after arthroplasty (acute pain)
	1. Explain the concept of Comfort (including definition, antecedents, and attributes).
	2. Analyze conditions which place a patient at risk for impaired Comfort.
	3. Identify when impaired Comfort is developing or has developed.
	4. Compare exemplars of common disruptions of patient Comfort and how nursing care varies.
	5. Apply the nursing process (including collaborative interventions for individuals experiencing comfort imbalance.

Diversity • Hispanic traditions – maternity w complementary/alternative medicine • Jehovah's Witness – blood products, pediatrics • Traditional Islamic – ritual dying patient • Spirituality o Spiritual distress Exemplars include race, gender, sexual orientation, age, education, abilities, and life experiences	1. Explain the concept of Diversity (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk due to diversity. 3. Identify when cultural incompetence (negative consequence) is developing or has developed. 4. Discuss exemplars within common Diversity. 5. Apply the nursing process (including collaborative interventions) for individuals experiencing incompetence regarding Diversity.
Elimination • Benign Prostate Hypertrophy (BPH) – urinary retention • Diarrhea – bowel incontinence • Gerontology – urinary incontinence • Clostridium difficile • Constipation / impaction – elderly – skills course	1. Explain the concept of Elimination (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk for disruptions in Elimination. 3. Identify when Elimination disruptions (negative consequence) are developing or have developed. 4. Discuss exemplars of common Elimination disorders.

Content outline	Unit objectives
	5. Apply the nursing process (including collaborative interventions) for individuals experiencing disruptions in Elimination and to promote normal Elimination patterns.
Functional Ability • Alzheimer's • Downs syndrome • Parkinson's • Cerebrovascular accident – stroke	1. Explain the concept of Functional Ability (including definition, antecedents, and attributes). 2. Identify the four domains of Functional Ability. 3. Identify the two categories of Functional Ability. 4. Identify when the concept is most likely to be present. 5. Identify how the nurse would recognize variances with the concept (conditions which place a patient at risk of developing an imbalance). 6. Explain how the nurse provides care for those affected by negative consequences of this concept. 7. Discuss the exemplars of Functional Ability. 8. Apply the nursing process (including collaborative interventions) for individuals experiencing Functional Ability imbalance.

Human Development
• Hospitalized patient
   o Adult
   o Pediatric
	1. Explain the concept of Human Development (including definition, antecedents, and attributes).
	   a. List factors that influence development.
	   b. Describe essential principles related to development.
	   c. Explain theories related to development.
	2. Analyze conditions which place an individual at risk for altered growth and Development.
	3. Identify when altered growth and development is occurring or has occurred.
	4. Apply the nursing process (including collaborative interventions) for individuals experiencing Human Development imbalance and to promote normal Human Development.
	5. Summarize standards of therapeutic approach and health care to meet those needs, and trends in care of the person's Human Development throughout the life span.

Mobility • Hip fractures • Disuse syndrome • Joint replacement • Osteoarthritis • Osteoporosis	1. Explain the concept of mobility (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk for altered mobility. 3. Identify when altered mobility (negative consequence) is developing or has developed. 4. Discuss exemplars of common mobility disorders.

Content outline	Unit objectives
	5. Apply the nursing process (including collaborative interventions) for individuals experiencing altered mobility and to promote full mobility.
Nutrition • Diets (regular, soft, mechanical soft, clear liquids, full liquids) • Obesity • Malnutrition (inadequate excess) • Iron deficiency anemia • Dysphagia	1. Define the concept of Nutrition (including definition, antecedents, and attributes). 2. Review physical assessment and nursing interview/history of patients experiencing adequate nutritional findings. 3. Identify when nutrition imbalance (negative consequence) is developing. 4. Identify which conditions place a patient at risk for nutrition imbalance. 5. Discuss exemplars of common nutrition disorders. (See above). 6. Apply the nursing process (including collaborative interventions) for individuals experiencing problems with nutrition imbalance (negative consequences). 7. Discuss the common diets (see exemplar above) ordered in the hospital. 8. Explain the importance of lifestyle changes to promote health in overweight and obese patients.
Sensory Perception • Cataracts • Conductive hearing loss • Macular degenerative disease • Peripheral neuropathy (peripheral artery disease) • Sensorineural hearing loss (pediatric) • Glaucoma • Eye injuries	1. Explain the concept of Sensory Perception (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk for Sensory Perception imbalance. 3. Identify when sensory imbalance (negative consequence) is developing or has developed. 4. Discuss exemplars of common sensory perception disorders. 5. Apply the nursing process (including collaborative interventions) for individuals experiencing Sensory Perception imbalance and to promote normal Sensory Perception.
Sleep • Sleep deprivation • Insomnia • Sleep apnea	1. Explain the concept of Sleep (including definition, antecedents and attributes). 2. Analyze conditions which place an individual at risk for Sleep imbalance. 3. Identify when Sleep imbalance (negative consequence) is developing or has developed. 4. Discuss exemplars of common Sleep disorders. 5. Apply the nursing process (including collaborative interventions) for individuals experiencing Sleep imbalance and to promote normal Sleep.
Thermoregulation • Environmental exposure • Hypothermia – frost bite, infant	1. Explain the concept of Thermoregulation (including definition, antecedents, and attributes).

Content outline	Unit objectives
• Hyperthermia – heat stroke – elderly • Fever (pediatric) • Malignant hyperthermia	2. Analyze conditions which place a patient at risk for alterations in Thermoregulation. 3. Identify when an imbalance in Thermoregulation (negative consequence) is developing or has developed. 4. Discuss exemplars of common Thermoregulation disorders. 5. Apply the nursing process (including collaborative interventions) for individuals across the life span experiencing alterations in Thermoregulation.
Tissue Integrity • Dermal ulcer • Impetigo • Psoriasis • Wound (surgical/traumatic) • Tinea pedis • Candida • Pediculosis (lice)	1. Explain the concept of Tissue Integrity (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk for impaired Tissue Integrity. 3. Identify when Tissue Integrity imbalance (negative consequence) is developing or has developed. 4. Discuss exemplars of common Tissue Integrity disorders. 5. Apply the nursing process (including collaborative interventions) for individuals experiencing Tissue Integrity imbalance and to promote normal Tissue Integrity.

RNSG 1533 Health care concepts II

Content outline	Unit objectives
Acid Base Balance • Metabolic acidosis - diabetic ketoacidosis (DKA) • Respiratory alkalosis - hyperventilation (birthing mother, panic attack) • Metabolic alkalosis - gastrointestinal losses (pediatric) • Respiratory acidosis - drug overdose with hypoventilation	1. Explain the correlation between the listed exemplars and the concept of Acid Base Balance (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Identify conditions that place an individual at risk for imbalance leading to a compromised concept(s) resulting in the listed exemplars. 3. Apply the nursing process with collaborative interventions for individuals experiencing the listed exemplars.
Clotting • Hemophilia • Deep vein thrombosis (DVT)	1. Explain the concept of clotting (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk for clotting imbalance. 3. Identify when clotting imbalance (negative consequence) is developing or has developed. 4. Apply the nursing process (including collaborative interventions) for individuals experiencing clotting imbalance which will promote hemostasis (normal clotting).

Content outline	Unit objectives
	5. Explain the correlation between the listed exemplars and the concept of clotting. Hemophilia subobjectives: 1. Describe the pathophysiology and clinical manifestation of Hemophilia. 2. Identify the genetic factors that cause the two types of Hemophilia. 3. Explain the major treatment modalities for Hemophilia. 4. Identify the priority nursing diagnosis for Hemophilia. 5. Develop a plan of home care for a patient with severe Hemophilia. Deep vein thrombosis subobjectives: 1. Describe the pathophysiology and clinical manifestations of deep vein thrombosis. 2. Identify the risk factors for deep vein thrombosis. 3. Identify priority nursing diagnosis for deep vein thrombosis. 4. Develop a plan of care for a patient with deep vein thrombosis. 5. Discuss treatments available for a patient with deep vein thrombosis.
Cognition • Alzheimer's disease / dementia • Delirium	1. Explain the concept of Cognition (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk for impaired cognition. 3. Identify when impaired cognition is developing (negative consequences) or has developed. 4. Discuss the listed exemplars altering Cognition. 5. Apply the nursing process (including collaborative interventions) for individuals experiencing altered cognition related to the listed exemplars. 6. Demonstrate therapeutic and effective communication with patients who have Alzheimer's Disease.
Comfort • Sickle cell anemia (chronic pain, acute exacerbations) • Post-operative pain: abdominal surgery (acute pain) • Renal calculi (acute pain) • Peripheral vascular disease (neuropathic pain)	1. Explain the correlation between imbalanced comfort from the listed exemplars to the concept of Comfort (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Identify conditions that place an individual at risk for imbalance leading to a compromised concept(s) resulting in the listed exemplars. 3. Apply the nursing process with collaborative interventions for individuals experiencing the listed exemplars.

Content outline	Unit objectives

Coping
• Anxiety
   ○ Generalized anxiety disorder
   ○ Panic disorder (attack)
   ○ Obsessive compulsive personality disorder
   ○ Eating disorders
     ▪ Anorexia nervosa
     ▪ Bulimia
   ○ Phobia's
• Stress
   ○ Separation anxiety (developmental)
   ○ Post-traumatic stress disorder
   ○ Physical response / disease
   ○ Lifespan response
• Substance abuse / addictive behaviors
   ○ Alcoholism
   ○ Opioid epidemic
   ○ Maternal / fetal cocaine addiction
   ○ Neonatal abstinence syndrome (withdrawal)
	1. Explain the correlation between the listed sub-exemplars of Anxiety, Stress, and Substance Abuse/Addictive Behaviors to the concept of Coping (including compromised antecedents, deficit measurement in attributes, negative consequences and the interrelated concepts which may be involved).
	2. Identify conditions which place an individual at risk for compromising his/her ability to cope resulting in the sub-exemplars of Anxiety, Stress, and Substance Abuse/Addictive Behaviors.
	3. Apply the nursing process with collaborative interventions (including pharmacology) for individuals experiencing the listed sub-exemplars of Anxiety, Stress, and Substance Abuse/Addictive Behaviors.
	Anxiety subobjectives:
	1. Differentiate anxiety and stress.
	2. Explain general anxiety disorders, panic disorders, obsessive-compulsive disorders, eating disorders and phobias.
	3. Describe symptomatology associated with anorexia nervosa and bulimia nervosa.
	4. Evaluate the nursing management of a patient with an eating disorder.
	5. Apply therapeutic communication techniques to the individual experiencing "disabling" anxiety.
	Stress subobjectives:
	1. Explore the effects of developmental stages on separation anxiety and develop a nursing care plan for a patient.
	2. Review Selye's General Adaptation Theory and apply it to the development of diseases related to stress.
	3. Describe post-traumatic stress disorder and apply the nursing process for an individual experiencing the disorder.
	Substance abuse/addictive behaviors subobjectives:
	1. Explain the difference between abuse, dependence, intoxication, and withdrawal.
	2. Operationalize the nursing process for the patient and family experiencing substance use and substance induced disorders.

Elimination • Diverticulitis • Paralytic ileus – bowel obstruction • Neurogenic bladder – spastic	1. Explain the correlation of listed exemplars to the Elimination Concept. 2. Identify conditions that place an individual at risk for Elimination imbalance which results in the listed exemplars.

Content outline	Unit objectives
	3. Apply the nursing process with collaborative interventions for individuals experiencing the listed exemplars. 4. Discuss the influence of interrelated concepts (Nutrition, Fluid and Electrolyte Balance, Mobility, Metabolism, Coping, and Cognition) on normal and abnormal elimination Subobjectives: 1. Define key terms related to the listed exemplars. 2. Identify the pathophysiology, incidence, diagnostic pathway, and common treatment for listed exemplars. 3. Explain the risk factors and co-morbidities associated with the listed exemplars. 4. Discuss the laboratory and diagnostic testing that is used to diagnose and monitor clients/patients with any of listed exemplars. 5. Describe selected surgical procedures of the bowel: colectomy, colostomy, and ileostomy. 6. Discuss the collaborative care associated with the nursing management of patients diagnosed with listed exemplars.
Fluid and Electrolyte Balance • Dehydration – gastroenteritis - elderly and pediatrics • Extracellular fluid volume excess • Hypocalcemia • Hypercalcemia • Hypokalemia • Hyperkalemia - chronic renal failure • Hyponatremia - syndrome of antidiuretic hormone (SIADH) • Hypernatremia – diabetes insipidus • Hypophosphatemia • Hyperphosphatemia • Hypomagnesemia • Hypermagnesemia	1. Explain the correlation between the listed exemplars to the concept of Fluid and Electrolyte Balance (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Identify conditions that place an individual at risk for imbalance leading to a compromised concept(s) resulting in the listed exemplars. 3. Apply the nursing process with collaborative interventions for individuals experiencing the listed exemplars.
Gas Exchange • Asthma • Chronic obstructive pulmonary disease (COPD) • Pneumonia – aspiration • Respiratory syncytial virus (RSV) / bronchiolitis (pediatric) • Tracheal esophageal fistula (pediatric / newborn)	1. Explain the correlation between the listed exemplars to the concept of Gas Exchange (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Identify conditions that place an individual at risk for imbalance leading to a compromised concept(s) resulting in the listed exemplars. 3. Apply the nursing process with collaborative interventions for individuals experiencing the listed exemplars
Immunity • Vaccines	1. Explain the correlation between the listed exemplars and the concept of Immunity

Content outline	Unit objectives

• Otitis media
• Urinary tract infection (include basics of urosepsis)
• Cellulitis
• Pneumonia
• Appendicitis
• Trauma-sprain
• Osteomyelitis
	(including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved).
	2. Identify conditions that place an individual at risk for imbalance leading to compromised Immunity resulting in the listed exemplars.
	3. Identify conditions that place an individual at risk for a compromise in Immunity that can be resolved with immunizations.
	4. Correlate the administration of Immunizations (Vaccines) to the concept of Immunity including:
	  a. A description of the antecedents of active and passive immunity
	  b. The promotion of attributes of immunity by immunizations,
	  c. The positive outcome of protection from microorganisms with immunizations, and
	  d. The relationship of the sub-concepts of Immune response and Infectious response with immunizations.
	5. Apply the nursing process with collaborative interventions for individuals experiencing the listed exemplars including individuals receiving immunizations.

Metabolism • Diabetes type 1 • Diabetes type 2 • Gestational diabetes • Graves' disease – hyperthyroidism • Hypothyroidism	1. Explain the correlation between the listed exemplars to the concept of Metabolism (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Identify conditions that place an individual at risk for imbalance leading to a compromised metabolic regulation resulting in the listed exemplars. 3. Apply the nursing process with collaborative interventions for individuals experiencing a metabolic imbalance resulting in the listed exemplars promoting normal metabolic regulation.
Nutrition • Heart healthy diet • Diabetic diet • Malnutrition (introduce parenteral nutrition) • Peptic ulcer disease (PUD) • Gastroesophageal reflux disease (GERD) • Malabsorption syndromes infant and elderly (gastrostomy and enteral feedings) • Starvation – failure to thrive • Infant nutrition (breast/bottle)	1. Explain the correlation between the listed exemplars to the concept of Nutrition (including compromised antecedents, deficit measurements in attributes, negative consequences and interrelated concepts which may be involved). 2. Identify conditions that place an individual at risk for imbalance leading to compromised Nutrition that may result in the applicable listed exemplars

Content outline	Unit objectives
	3. Apply the nursing process with collaborative interventions for individuals experiencing Nutritional imbalance.
	4. Explain the nutrition assessment process including: the physical and psychological assessment, family history, medications, and appropriate diagnostics of individuals experiencing inadequate nutritional findings.
	5. Discuss the relationship of the nutritionally compromised patient with Type 2 Diabetes and the risk of developing cardiovascular disease.
	6. Explain the correlation between Mal-absorptive Syndrome of the Infant and the Elderly to the concept of Nutrition including compromised antecedents (inadequate ingestion of nutrients), deficit measurements in attributes (BMI (Body Mass Index) and diagnostics), negative consequences (malnutrition with altered metabolic process, delayed growth and healing, muscle wasting, failure to thrive), and interrelated concepts which may be involved. Discuss factors requiring Enteral Nutrition and its relationship to the negative consequence of malnourished individual.
	7. Identify safety factors and complications related to the safe administration of Enteral Nutrition.
	8. Discuss ethical considerations related to Enteral Nutrition administration.
Perfusion • Basic ECG rhythms (sinus rhythm, sinus bradycardia, sinus tachycardia, sinus arrhythmia) • Heart failure • Hypertension • Gestational hypertension • Mitral valve prolapse • Coronary artery disease (CAD) • Peripheral vascular disease (PVD)	1. Explain the correlation between each of the listed exemplars to the concept of Perfusion (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Identify conditions that place an individual at risk for imbalance leading to compromised Perfusion resulting in the listed exemplars (exception of Basic ECG Rhythms), 3. Apply the nursing process with collaborative interventions for individuals experiencing the listed exemplars (exception of Basic ECG Rhythms). Basic ECG rhythm subobjectives: 1. Explain the electrical conduction of the heart. 2. Discuss the correlation of the ECG waves to the cardiac conduction. 3. Describe the lead placement for an ECG. 4. Calculate the heart rate from an ECG paper strip.

Content outline	Unit objectives
	5. Identify a normal sinus rhythm, sinus bradycardia, sinus tachycardia, and a sinus arrhythmia.
	Heart failure subobjectives:
	1. Explain the pathophysiology, clinical manifestations, and risk factors for heart failure.
	2. Identify the types of heart failure
	3. Describe the current treatments for heart failure
	4. Develop a plan of care for a patient with heart failure
	5. Identify the top two nursing diagnosis for a patient with heart failure
	Hypertension subobjectives:
	1. Explain the correlation between primary hypertension to the concept of perfusion (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved).
	2. Identify conditions that place an individual at risk for imbalance leading to a compromised concept(s) resulting in hypertension.
	3. Apply the nursing process with collaborative interventions for individuals experiencing Primary hypertension.
	Gestational hypertension subobjectives:
	1. Differentiate among gestational hypertension, preeclampsia/eclampsia, and chronic hypertension. Identify patient education, medications, interventions, and collaborative management required by patients with gestational hypertension.
	2. Identify the pathophysiological process underlying gestational hypertension.
	3. Compare care management for patients with mild pre-eclampsia vs. care with severe pre-eclampsia.
	4. Identify current medication therapy for patients with gestational hypertension.
	Mitral valve prolapse (MVP) subobjectives:
	1. Explain the pathophysiological process underlying MVP and its clinical manifestations.
	2. Describe the patient teaching, nursing interventions, and collaborative activities likely to be required for patients who have MVP.
	3. Explain the preventative techniques patients with MVP need to follow.
	Coronary artery disease (CAD) subobjectives:

Content outline	Unit objectives
	1. Explain the etiology and pathophysiology of CAD and how it progresses to coronary artery occlusions. 2. Enumerate the preventative measure that can be taken at the primary, secondary, and tertiary levels to prevent CAD or maximize the person's health and quality of life. 3. Explain the screening measures that can be taken to assess a person for early stages of Coronary Artery Disease. 4. Describe the major areas where patient teaching is required: diet, exercise, stress reduction, smoking cessation, weight control, and management of comorbidities such as Diabetes Mellitus Type I or II. 5. Explain the treatment modalities and how they work from stress, cholesterol and blood pressure control, angina, coronary angiograms, percutaneous transluminal coronary angioplasty (PTCA), stents, to coronary artery bypass graft (CABG). Peripheral vascular disease (PVD) subobjectives: 1. Describe the pathophysiology, risk factors and clinical manifestations for a patient with PVD. 2. Identify the current treatments for a patient with PVD 3. Identify two priority nursing diagnosis for a patient with PVD 4. Identify two priority education topics for a patient with PVD

RNSG 1538 Health care concepts III

Content outline	Unit objectives
Cellular Regulation • Solid tumors • Lymphoproliferative disorder • Cancer survivorship • Cancer comfort (pain management) • Comfort: symptom management	1. Explain the concept of Cellular Regulation (including definition, antecedents, and attributes). 2. Identify modifiable and non-modifiable risk factors that place a patient at risk for alterations in Cellular Regulation, which could lead to the development of cancer. 3. Identify prevention and screening approaches which can lead to improved outcomes for patients. 4. Discuss the clinical manifestations and pathophysiology of conditions associated with alterations in Cellular Regulation. 5. Explain commonly used, standard of care, treatments for patients with alterations in Cellular Regulation.

Content outline	Unit objectives
	6. Apply the nursing process with collaborative interventions for individuals experiencing alterations in Cellular Regulation. 7. Explore culturally competent, evidence-based nursing care of cancer patients with regard to symptom management. 8. Discuss oncological complications/emergencies associated with various treatment modalities. 9. Apply the nursing process with collaborative interventions for cancer survivors and the long-term effects and care associated with cellular regulation imbalances and treatment modalities.
Comfort (included within other concepts) • Cancer pain • Labor pain • Neonatal pain (circumcision, procedural pain, e.g., chest tube or et tube insertion) • Rheumatoid arthritis • Trauma: fractures / musculoskeletal injuries (acute pain); amputation (acute and phantom limb / neuropathic pain)	1. Explain the correlation between the listed exemplars and the concept of Comfort (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Identify conditions that place an individual at risk for imbalance leading to a compromised concept(s) resulting in impaired Comfort and the listed exemplar(s). 3. Apply the nursing process with collaborative interventions for individuals experiencing the listed exemplar(s).
End of Life • Senescence (aging) • Persistent vegetative state • Amyotrophic lateral sclerosis o Chronic disease ending in death • Pancreatic cancer / hospice (palliative care) • Pediatric	1. Explain the concept End of Life (including definition, antecedents, and attributes). 2. Discuss the listed End of Life Exemplars. 3. Compare and contrast the philosophy of palliative care and hospice care. 4. Describe the physiologic processes and clinical manifestations of impending death. 5. Apply the nursing process (including collaborative interventions) for individuals experiencing End of Life. 6. Explain scientifically based standardized palliative care and end of life tools to assess patient and family. 7. Explain Evidence Based strategies and interventions to plan and intervene in the management of symptoms experienced at the End of Life, both traditional and complementary therapies.
Grief • Prenatal diagnosis of congenital defect • Stillborn • Amputation • Sudden infant death syndrome • Myocardial infarction • Terminal illness	1. Explain the concept of Grief (including definition, antecedents, and attributes). 2. Explain the correlation between listed exemplars and the concept of Grief. 3. Identify stages of grief.

Content outline	Unit objectives
	4. Differentiate between normal and maladaptive grieving for the individual (family) experiencing loss following the listed exemplars. 5. Identify conditions that place an individual at risk for maladaptive grieving for each of the listed exemplars. 6. Apply the nursing process to the individual (family) experiencing loss from the listed exemplars. 7. Discuss resources that could assist individuals in the process of Grief.
Human Development • Downs syndrome • Attention-deficit hyperactivity disorder (ADHD & ADD) • Autism spectrum disorders • Developmental delay • Menopause • Aging • Social anxiety disorder	1. Explain the correlation between the listed exemplars to the concept of Human Development (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Identify conditions that place an individual at risk for imbalance leading to compromised Development resulting in the listed exemplars. 3. Apply the nursing process with collaborative interventions for individuals experiencing the listed exemplars.

Immunity
• Tuberculosis
• Anaphylaxis
• Systemic lupus erythematosus
• Rheumatoid arthritis
   o Pain management
• Multiple sclerosis
• Inflammatory bowel disease
   o Ulcerative colitis
   o Crohn's
	1. Explain the correlation between the listed exemplars and the concept of Immunity (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved).
	2. Identify conditions that place an individual at risk for imbalance leading to compromised Immunity resulting in the listed exemplars.
	3. Apply the nursing process with collaborative interventions for individuals experiencing the listed exemplars.

Interpersonal Relationships
• Aging of family members
• Disability of family members
• Expanding family
   o Birth
   o Adoption
   o Blended family
	1. Explain the concept of Interpersonal Relationships (including definition, antecedents, and attributes).
	2. Analyze conditions which place a patient at risk for Interpersonal Relationship imbalance.
	3. Identify when Interpersonal Relationship imbalance (negative consequence) is developing or has developed.
	4. Discuss the listed exemplars of the Interpersonal Relationship concept.
	5. Apply the nursing process (including collaborative interventions) for individuals experiencing Interpersonal Relationship imbalance related to the listed exemplars and to promote normal Interpersonal Relationships.

Content outline	Unit objectives
Intracranial Regulation • Seizure disorder • Stroke • Traumatic brain injury / organ donation / brain death • Post-concussion syndrome • Brain tumor • Meningitis • Hydrocephalus • Parkinson's disease	1. Explain the concept of Intracranial Regulation (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk for intracranial regulation imbalance. 3. Identify when intracranial regulation imbalance (negative consequence) is developing or has developed. 4. Explain the correlation between the listed exemplars to the concept of Intracranial Regulation (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 5. Identify conditions that place an individual at risk for intracranial regulation imbalance leading to a compromised concept(s) resulting in the listed exemplars. 6. Apply the nursing process with collaborative interventions for individuals experiencing intracranial regulation imbalance including the listed exemplars.

Mobility
• Cerebral palsy
• Spinal cord injury
• Musculoskeletal trauma
   o Fractures (including acute pain management)
   o Musculoskeletal injuries (including acute pain management)
   o Amputation (including acute pain management, phantom pain management, and neuropathic pain management)
   o Compartment syndrome
	1. Explain the correlation between the listed exemplars to the concept of Mobility (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved).
	2. Identify conditions that place an individual at risk for imbalance leading to compromised Development resulting in the listed exemplars.
	3. Apply the nursing process with collaborative interventions for individuals experiencing the listed exemplars.

Mood and Affect • Bipolar disorder • Major depressive disorder • Suicide • Post-partum depression	1. Explain the concept of Mood and Affect (including definition, antecedents and attributes). 2. Identify conditions that place an individual at risk of Mood and Affect imbalance. 3. Identify when Mood and Affect imbalance is developing or has developed. 4. Identify conditions that place an individual at risk for imbalance leading to a compromised concept(s) resulting in the listed exemplars. 5. Explain the correlation between the listed exemplars to the concept of Mood and Affect (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved).

Content outline	Unit objectives
	6. Apply the nursing process with collaborative interventions for individuals experiencing Mood and Affect imbalance resulting in the listed exemplars.

Reproduction
• Contraception / family planning
• Infertility
• Pregnancy (includes birth process)
   o Labor pain
• Placental complications
• Preterm labor
• Newborn (includes neonate)
   o Neonatal pain (circumcision, procedural pain, e.g., chest tube or et tube insertion)
• Rh incompatibility
• Genetics
   o Downs
   o Huntington's
   o Breast cancer
   o Sickle cell
	1. Explain what the concept of Reproduction (including definition, antecedents, and attributes).
	2. Analyze conditions which place a patient at risk for reproductive imbalance.
	3. Identify when reproductive imbalance (negative consequence) is developing or has developed resulting in the listed exemplars
	4. Explain the correlation between the listed exemplars and the concept of Reproduction.
	5. Discuss what defines a normal pregnancy.
	6. Apply the nursing process (including collaborative interventions) for individuals experiencing reproductive imbalance/ the above listed exemplars and to promote normal reproduction.

Sexuality • Dyspareunia • Erectile dysfunction • Sexually transmitted infections • Altered libido • Gender dysphoria / body image	1. Explain what the concept of Sexuality means (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk for Sexuality imbalance. 3. Identify when Sexuality imbalance (negative consequence) is developing or has developed. 4. Discuss the listed exemplars of Sexuality disorders. 5. Apply the nursing process (including collaborative interventions) for individuals experiencing the listed exemplars and to promote normal sexuality.

RNSG 2138 Professional nursing concepts IV

Content outline	Unit objectives
Clinical Judgment • Urgent/emergent situations (recognize sepsis) • Medication management • Prioritization of care • Delegation • When to contact physician or other healthcare provider	1. Evaluate the implications of the four (4) additional factors that Tanner's Model of Clinical Judgment identifies as shaping elements in the nurses' "noticing" an initial grasp of a clinical situation: nurses' vision of excellent practice, values related to the specific patient situation, the unit's culture and typical patterns of care, and the complexity of the work environment. 2. Examine how analytic processes, intuition, and narrative thinking support nurses' interpreting the meaning of data and responding through nursing intervention(s).

Content outline	Unit objectives
	3. Compare and contrast the process of reflection-in-practice when the patient achieves versus does not achieve the expected outcomes. 4. Justify how reflection-on-action is critical to nurses' clinical learning and development of Clinical Judgment abilities. 5. Explain the application of Clinical Judgment to the listed exemplars.
Communication (within other concepts)	
Ethical and Legal Practice • Whistle blowing • Safe harbor • Obligation to report • Peer review • Texas Peer Assistance Program for Nurses (TPAPN)	1. Review the concept of Ethical and Legal Practice (including definition, antecedents, and attributes). 2. Analyze conditions which place a patient at risk in situations involving the listed exemplars. 3. Identify when moral distress (negative consequence) is developing or has developed in relation to the listed exemplars. 4. Discuss the listed exemplars. 5. Apply the nursing process (including collaborative interventions) for individuals experiencing the consequences of/from the listed exemplars. 6. Describe the ethical-legal parameters for nursing practice related to the listed exemplars.
Evidence-based Practice • Best practices and standards (related to course content) • Develop a PICOT question	1. Identify a clinical problem. 2. Explain the development of an answerable question (PICOT). 3. Discuss the findings from a literature search which identified evidence to answer the question (PICOT).

Health Policy
• Regulatory agencies
  ○ Occupational Safety and Health Administration
  ○ Department of Health and Human Services
  ○ Texas Department of State Health Services
  ○ Center for Medicare and Medicaid Services
  ○ Types of reimbursement (Medicare, Medicaid, private)
  ○ Texas Board of Nursing / Licensure
• Professional organizations
• Accrediting bodies
• Current issues
	1. Explain the concept of Health Policy (including definition, antecedents, and attributes).
	2. Analyze processes by which health policies are developed, implemented, evaluated, changed, and maintained.
	3. Identify regulatory agencies and accrediting bodies that develop, administer or implement health policy.
	4. Discuss the listed exemplars.
	5. Explain how Health Policy influences clinical practice.

Leadership and Management • Management and change theory	1. Explain the correlation between the listed exemplars to the concept of Leadership and Management (including compromised

Content outline	Unit objectives
• Introduction to working in healthcare environments • Care coordination	antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Analyze conditions in which the professional nurse utilizes and/or experiences the listed exemplars. 3. Identify conditions and outcomes of effective versus ineffective Leadership and Management as it relates to the listed exemplars.
Patient Centered Care • Cultural competence (trauma informed care) • Scenarios related to course content	1. Explain the correlation between the listed exemplar to the concept of Patient-Centered Care (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Identify conditions which place a patient at risk for negative consequences (outcomes). 3. Identify when a negative consequence (outcome) is developing or has developed. 4. Apply the nursing process (including collaborative interventions) for individuals experiencing negative consequences related to the listed exemplar.
Professionalism • Nursing organizations and unions • Transition to practice	1. Explain the relationship of the listed exemplars to the concept of professionalism. 2. Describe the potential positive and negative impact of the listed exemplars to nursing as a profession. 3. Identify major legislation that has increased the opportunity for nurses to align with nursing organizations and unions. 4. Discuss workplace strategies in which new graduate nurse participation is encouraged (to "…incorporate the …values of the profession while maintaining accountability and self-awareness") given the reality of differences between a nursing organization and unions. 5. Explain the correct way to write a resume and participate in an interview as a student transitions into practice.

Quality Improvement
• Quality plans and philosophies – total quality improvement
• Culture of safety
• Introduction to Magnet
• Error management
  o Root cause analysis
  o Health information technology
  o Computerized physician order entry
  o Electronic medical record
	1. Discuss the listed exemplars as related to the concept of Quality Improvement.
	2. Contrast the four quantifiable quality improvement programs.
	3. Describe the national incentives for quality improvement.
	4. Summarize the impact of care on the cost of care.
	5. Analyze the nurse's role in reducing risk and improving quality.

Content outline	Unit objectives
o Medication administration system o Sentinel events	6. Describe actions/methods in a nurse's practice that can help reduce errors. 7. Summarize what creates a "culture of safety". 8. Evaluate what "Magnet Status" provides for patients and nurses. 9. Examine a sentinel event and who it might impact.
Safety (within other concepts)	
Teamwork and Collaboration • Interprofessional collaboration • Civility in the workplace	1. Review the correlation between the listed exemplars to the concept of Teamwork and Collaboration. 2. Identify conditions that place the listed exemplars at risk for imbalance leading to a compromised Teamwork and Collaboration, resulting in poor patient outcomes.

RNSG 2360 Clinical IV – Registered nursing

Associate Degree Nursing education prepares graduates to demonstrate the Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors (DECs).

https://www.bon.texas.gov/pdfs/publication_pdfs/Differentiated%20Essential%20Competencies%202021.pdf

Refer to the Clinical Evaluation Tool which defines the expected behavioral objectives to be met throughout the program.

RNSG 2362 Clinical II – Registered nursing

Associate Degree Nursing education prepares graduates to demonstrate the Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors (DECs).

https://www.bon.texas.gov/pdfs/publication_pdfs/Differentiated%20Essential%20Competencies%202021.pdf

Refer to the Clinical Evaluation Tool which defines the expected behavioral objectives to be met throughout the program.

RNSG 2363 Clinical III – Registered nursing

Associate Degree Nursing education prepares graduates to demonstrate the Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors (DECs).

https://www.bon.texas.gov/pdfs/publication_pdfs/Differentiated%20Essential%20Competencies%202021.pdf

Refer to the Clinical Evaluation Tool which defines the expected behavioral objectives to be met throughout the program.

Content outline	Unit objectives
Acid Base Balance • Compensation and partial compensation (include under concepts with topics where this occurs)	1. Explain the correlation between the listed exemplars and the concept of Acid Base Balance (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Identify conditions that place an individual at risk for imbalance leading to a compromised concept(s) resulting in the listed exemplars. 3. Apply the nursing process with collaborative interventions for individuals experiencing the listed exemplars.
Clotting • Disseminated intravascular coagulation • Thrombocytopenia • Idiopathic thrombocytopenia purpura (ITP) – (bone marrow) • HELLP syndrome [Hemolysis, Elevated Liver enzymes, Low Platelet count] (liver and pregnancy complication) • Heparin induced thrombocytopenia (HIT) • Blood products	1. Explain the correlation between the listed exemplars to the concept of Clotting (including compromised antecedents, deficit in attribute measurement, negative consequences, and the interrelated concepts which may be involved). 2. Analyze conditions which place an individual at risk for Clotting imbalance resulting in the listed exemplars. 3. Identify when Clotting imbalance (negative consequence) is developing or has developed into a listed exemplar(s). 4. Apply the nursing process (including collaborative interventions) for individuals experiencing the listed exemplar(s). Disseminated intravascular coagulation (DIC) subobjectives: 1. Describe the pathophysiology and clinical manifestations of DIC 2. Identify various types of blood and blood products and the reasons for their administration to a patient with clotting disorders. 3. Identify the risks associated with blood transfusion. 4. Apply nursing process related to blood transfusion. 5. Discuss the most common diagnostic and laboratory tests used for DIC. 6. Describe how DIC compromises two organ functions in a patient with DIC. Thrombocytopenia subobjectives: 1. Describe the pathophysiology and clinical manifestations of Thrombocytopenia. 2. Discuss treatments available for a patient with Thrombocytopenia. 3. Discuss the most common diagnostic and laboratory tests used for Thrombocytopenia.

Content outline	Unit objectives
	Idiopathic thrombocytopenia purpura (ITP) (bone marrow) subobjectives: 1. Describe the pathophysiology and clinical manifestations of ITP. 2. Discuss treatments available for a patient with ITP. 3. Discuss the most common diagnostic and laboratory tests used for ITP. HELLP syndrome [Hemolysis, Elevated Liver enzymes, Low Platelet count] (liver and pregnancy complication) subobjectives: 1. Describe the pathophysiology and clinical manifestations of HELLP Syndrome. 2. Discuss treatments available for a patient with HELLP Syndrome. 3. Discuss the most common diagnostic and laboratory tests used for HELLP Syndrome.

Cognition
   • Traumatic brain injury
   • Encephalopathy
   • Postpartum psychosis
   • Schizophrenia
	1. Explain the correlation between the listed exemplars to the concept of Cognition (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved).
	2. Analyze conditions that place an individual at risk for imbalance leading to a compromised concept(s) resulting in the listed exemplars.
	3. Discuss when impaired Cognition is developing in relation to the listed exemplars (signs and symptoms).
	4. Apply the nursing process with collaborative interventions for individuals experiencing altered Cognition (including the listed exemplars). Also, and including:
	  a. Discuss therapeutic communication with patients who are experiencing hallucinations, delusions, are suspicious, withdrawn or disoriented and disruptive.
	  b. Explain the role of the nurse in the therapeutic milieu and the elements of the milieu that provide safety and security.
	  c. Articulate the recovery concept in the treatment of persons with schizophrenia.
	  d. Compare and contrast the antipsychotic and other medications that are most commonly prescribed for the treatment of schizophrenia, and include side effects, adverse reactions and nursing implications.
	  e. Discuss the importance of stress management skills and other supportive and complementary therapies that can

Content outline	Unit objectives

	maximize the quality of life for people with schizophrenia.
	   f. Identify the common comorbidities of persons with schizophrenia and how dual diagnosis with drugs/alcohol is best treated.
	   g. Discuss the medications that may be prescribed for the exemplars and the nursing implications related to these medications.
	5. Identify the genetic, neurochemical, environmental theories regarding the etiology of schizophrenia.
	6. State other disorders that present in similar ways to schizophrenia.
	7. State the prevalence of postpartum psychosis.
	8. Discuss the etiology as is presently understood.

Comfort (scenario related to course content)
  • Intensive care unit - procedural pain
      o Intubated / Comatose
	1. Explain the correlation between imbalanced Comfort due to procedural pain in the unresponsive patient to the concept of Comfort (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved).
	2. Identify conditions that place an unresponsive individual at risk for imbalance leading to compromised Comfort.
	3. Apply the nursing process with collaborative interventions for unresponsive patients experiencing impaired comfort.

Fluid and Electrolyte Balance
  • Extracellular fluid volume excess – heart failure
  • Hypokalemia – heart failure
  • Hyperkalemia – acute renal failure / acute kidney injury
      o Renal diet(s)
	1. Explain the correlation between the listed exemplars to the concept of Fluid and Electrolyte Balance (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved).
	2. Identify conditions that place an individual at risk for imbalance leading to a compromised concept(s) resulting in the listed exemplars.
	3. Apply the nursing process with collaborative interventions for individuals experiencing the listed exemplars.

Gas Exchange
  • Anemia
  • Respiratory distress syndrome
  • Pulmonary emboli
  • Cystic fibrosis
	1. Explain the correlation between the listed exemplars to the concept of Gas Exchange (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved).

Content outline	Unit objectives
	2. Identify conditions that place an individual at risk for imbalance leading to a compromised concept(s) resulting in the listed exemplars. 3. Apply the nursing process with collaborative interventions for individuals experiencing the listed exemplars.
Immunity • Sepsis ○ Modified early warning scores (MEWS) • Human immunodeficiency virus (HIV) • Organ transplantation • Systemic inflammatory response syndrome (SIRS) • Multiple organ dysfunction syndrome (MODS) with shock and/or disseminated intravascular coagulation (including withdrawal of care)	1. Explain the correlation between the listed exemplars to the concept of Immunity (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Identify conditions that place an individual at risk for imbalance leading to a compromised Immunity resulting in the listed exemplars. 3. Apply the nursing process with collaborative interventions for individuals experiencing the listed exemplars. 4. Identify the most common diagnostic and laboratory tests used for multiple organ dysfunction syndrome and why.
Interpersonal Relationships • Violence ○ Intimate partner violence ○ Workplace violence ○ Elder abuse ○ Child neglect ○ Child abuse ○ Abusive head trauma (shaken baby syndrome) ○ Bullying ○ Rape/trauma • Personality disorders • Crisis intervention • Human trafficking	1. Explain the correlation between the listed exemplars to the concept of Interpersonal Relationships (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Identify conditions which place a patient at risk for imbalance leading to a compromised Interpersonal Relationship resulting in one of the above exemplars. 3. Apply the nursing process with collaborative interventions for individuals experiencing one or more of the above listed exemplars.
Metabolism • Liver failure ○ Liver diet(s) • Pancreatitis ○ Pancreatic diet • Addison's disease – hypocortisolism (chronic adrenal insufficiency) • Cushing's – hypercortisolism • Starvation – failure to thrive	1. Explain the correlation between the listed exemplars to the concept of Metabolism (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 2. Identify conditions that place an individual at risk for imbalance leading to a compromised metabolic regulation resulting in the listed exemplars. 3. Apply the nursing process with collaborative interventions for individuals with the listed exemplar(s).
Nutrition (included within concepts) • Critically ill ○ Renal diet(s) ○ Pancreatic diet	1. Discuss the nutrition assessment process including: the physical and psychological assessment, family history, medications, and

Content outline	Unit objectives
o Liver diet(s) o Parenteral nutrition	appropriate diagnostics of individuals that are experiencing inadequate nutritional findings. 2. Explain the correlation between the listed exemplars to the concept of nutrition (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved). 3. Identify conditions that place an individual at risk for the imbalance leading to a compromised concept(s) resulting in the need for a special diet related to the listed exemplars. 4. Apply the nursing process with collaborative interventions for individuals who are critically ill and require the nutritional intake listed as an exemplar.

Perfusion
  • Tetralogy of Fallot (Congenital)
    o   Patent ductus arteriosus (PDA)
    o   Septal defects (VSD)
    o   Coarctation of aorta
  • Dysrhythmias
    o   Atrial fibrillation / flutter
    o   Premature atrial / ventricular contractions
    o   Ventricular tachycardia / fibrillation
    o   3rd degree heart block
  • Myocardial infarction (MI)
    o   Sudden Death
  • Shock
  • Aneurysms
	1. Explain the correlation between the listed exemplars to the concept of Perfusion (including compromised antecedents, deficit in attribute measurement, negative consequences and interrelated concepts which may be involved).
	2. Analyze conditions which place a patient at risk for Perfusion imbalance resulting in the listed exemplar(s).
	3. Identify when Perfusion imbalance (negative consequence) is developing or has developed into the listed exemplar(s).
	4. Apply the nursing process (including collaborative interventions) for individuals experiencing the listed exemplar(s).
	Subobjectives:
	1. Identify the diagnostics and laboratory tests used to identify dysrhythmias, myocardial infarctions, and shock.
	2. Compare and contrast emergency treatment for atrial and ventricular dysrhythmias.
	3. Explain the correlation between dysrhythmias and myocardial infarction.
	4. Explain how shock is influenced by dysrhythmias and myocardial infarction.

Tissue Integrity
  • Burns
    o   Parenteral nutrition
	1. Explain the correlation between the exemplar to the concept of Tissue Integrity (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved).
	2. Discuss the types and classifications of burns.
	3. Identify conditions that place an individual at risk for imbalance leading to a compromised concept(s) due to the exemplar.

Content outline	Unit objectives
	4. Apply the nursing process with collaborative interventions for individuals of all ages experiencing burns.

(Revised Fall 2023)

VOCATIONAL NURSING POLICIES (VN)

Clinical Grades / Evaluation (VN)

Completion of a clinical course is a cumulative process that results in a summative grade. Performance throughout the course is considered when grades are awarded. All students will be scheduled for clinical evaluations at the end of each semester/course. The student must receive an average of 76% (C) or higher on final clinical grade to advance to next level.

If any clinical paperwork is not turned in by the due date, the student may receive a grade of 0.

Clinical Evaluation Process

The purpose of the summative clinical evaluation summary is to document student progress. It also serves as an instrument for communication and determination of clinical grade. The report is based upon direct and indirect observations of student performance, including self-evaluation and co-assigned nurse observation, which will be utilized to help the student better understand his/her weaknesses and needs. The student will complete a self-evaluation and turn it into the clinical professor. The clinical professor will fill in the evaluation form and rate areas as identified in clinical evaluation tool. The clinical professor will hold a conference with the student to discuss the final clinical grade.

1. Students are provided the clinical evaluation tools for each course prior to clinical experiences to familiarize them with objectives/standards that must be met.

2. Students will perform self-evaluations to be reflected in the clinical evaluation relative to the objectives/standards. It is the student's responsibility to seek out new learning experiences in the clinical setting. The student must recognize their own strengths and weaknesses to improve their potential learning experiences at all levels of the clinical setting.

3. Sampling of knowledge and skills through focused questioning, observation, and graded written assignments are the processes used to determine if students can deliver safe, effective care and meet clinical performance objectives. If a student demonstrates lack of appropriate nursing knowledge and/or preparations for skills regarding the patient assignment or previously taught content, a student will be questioned and observed more frequently.

4. If a student does not show steady progress toward meeting the clinical objectives as outlined in the evaluation tool, they will be counseled by faculty and a contract will be formulated which specifically addresses the deficiencies and learning activities related to correcting the deficiencies, as well as a time frame for fulfilling the contract. Depending on the situation, another professor who is knowledgeable of the clinical performance standards and evaluation process may evaluate the student's clinical performance. Counseling documentation will be considered in the calculation of the clinical grade.

The Summative Clinical Evaluation Grade is completed using the following information: (VNSG 1260, VNSG 1360, and VNSG 1361):

1. Clinical Evaluation Tool

2. Daily/Weekly Clinical Progress and Evaluation Tool

3. Clinical Hours Missed (Absences)

4. Clinical Probation, if applicable

The final clinical grade is based on completion of **all standards** for that letter grade using the following rubric:

A	• All major areas are Satisfactory on Clinical Evaluation Tool at the end of the course • 89. 5% or greater course average on all assignments and learning activities on Daily/Weekly Clinical Progress and Evaluation Tool • No absences during clinical hours scheduled
B	• All major areas are Satisfactory on Clinical Evaluation Tool at the end of the course • 79. 5-89.4 course average on all assignments and learning activities on Daily/Weekly Clinical Progress and Evaluation Tool • Absences of 10% or less of clinical contact hours
C	• Unsatisfactory in one major area on Clinical Evaluation Tool at the end of the course • 75.5%-79.4% course average on all assignments and learning activities on Daily/Weekly Clinical Progress and Evaluation Tool • Absences of 10-15% of clinical contact hours • On Clinical Probation
The student must receive an average of 76% (C) or higher on final clinical grade to pass clinical and advance to next level	
D	• Unsatisfactory in two major areas on Clinical Evaluation Tool at the end of the course • 59.5-75.4% course average on assignments and learning activities on Daily/Weekly Clinical Progress and Evaluation Tool • Absences of more than 15% of clinical contact hours
F	• Unsatisfactory in three or more major areas on Clinical Evaluation Tool at the end of the course • Final course average of 59.4% or less on assignments and learning activities on Daily/Weekly Clinical Progress and Evaluation Tool

CLINICAL LEVEL OBJECTIVES (VN)

Level I

1. Apply theory, concepts, and skills involving socialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with vocational nursing and the healthcare industry.

2. Demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of healthcare and the healthcare industry.

3. Display knowledge of the Texas Board of Nursing Practice Act and standards of nursing.

4. Function within the vocational nursing student's legal scope of practice and in accordance with the policies and procedures of Tyler Junior College and the assigned healthcare institution or agency.

5. Provide nursing care in a caring, nonjudgmental, nondiscriminatory manner to patients and their families, utilizing proper communication techniques that maintain the nurse/patient relationship.

6. Recognize the role of the Level I student vocational nurse.

7. Care for assigned two patients based on problem-solving approach, identifying priorities, and organizing care appropriately.

8. Perform a basic assessment using correct techniques and equipment.

9. Obtain a patient history.

10. Accurately identify patients.

11. Document patient assessment and nursing interventions.

12. Write a basic plan of care to include health promotion and disease prevention, nursing interventions and patient responses.

13. Provide safe, compassionate direct basic nursing (including appropriate nursing interventions) care to two assigned patients with predictable health outcomes.

14. Identify and report alterations in patient responses to therapeutic interventions in comparison to expected outcomes.

15. Implement teaching plans for patients and their families.

16. Promote safe, effective environment for patients, self, and others.

17. Identify goals and outcomes to reduce risk of health care-associated infections.

18. Perform any level I clinical nursing skill with the assistance of the clinical professor after instruction in theory has been given (refer to the Clinical Skills Checklist for Level 1).

Level II

1. Apply theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with vocational nursing and the healthcare industry.

2. Demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of healthcare and the healthcare industry.

3. Function within the vocational nursing student's legal scope of practice and in accordance with the policies and procedures of the Tyler Junior College and the assigned healthcare institution or agency.

4. Practices with the role of the student vocational nurse.

5. Care for the assigned two to three patients based on a problem-solving approach, identifying priorities, and organizing care appropriately.

6. Perform basic and focused assessment using correct techniques and equipment.

7. Obtain a patient history.

8. Accurately identify patients.

9. Document patient assessment and nursing interventions.

10. Write a basic care plan to include nursing interventions, identification of short-term goals and outcomes and prioritizing care.

11. Provide safe, compassionate direct basic nursing (including appropriate nursing interventions) care to two or three assigned patients with predictable health outcomes.

12. Identify and report alterations in patient responses to therapeutic interventions in comparison to expected outcomes.

13. Implements teaching plans for patients and their families, changing plans as needed.

14. Recognize safe and unsafe patient care activities.

15. Implement measures to promote quality and safe environment for patients, self, and others.

16. Assist in the formulation of goals and outcomes to reduce the patient risk of health care-associated infections.

17. Collect data on patient psychological status and ability to cope, identifying effective and ineffective coping mechanisms.

18. Participate in health promotion or health screening.

19. Successfully complete medication administration rotation.

20. Perform any level I or II clinical nursing skills after instruction in theory with the assistance of the clinical professor (refer to the Clinical Skills Checklist for Level 2.

Level III

1. Apply theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with vocational nursing and the healthcare industry.

2. Demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of healthcare and the healthcare industry.

3. Recognize the role of the Level III student vocational nurse.

4. Function within the vocational nursing student's legal scope of practice and in accordance with the policies and procedures of Tyler Junior College and the assigned healthcare institution or agency.

5. Managing care of assigned three to four patients based on a problem-solving approach, identifying priorities, and organizing care appropriately, anticipating risks.

6. Perform basic and focused assessment using correct techniques and equipment.

7. Obtain a patient history and assess understanding of disease process.

8. Accurately identify patients.

9. Document patient assessment and nursing interventions.

10. Write a basic plan of care to include nursing interventions, identification of short-term goals and outcomes and prioritizing care to stabilize condition and prevent complications.

11. Provide safe, compassionate direct basic nursing (including appropriate nursing interventions) care to three or four assigned patients with predictable health outcomes.

12. Identify and report alterations in patient responses to therapeutic interventions in comparison to expected outcomes.

13. Teach basic health care promotion maintenance, self-care and assists in evaluation of learning outcomes.

14. Recognize safe and unsafe patient care activities.

15. Implement measures to promote quality and safe environment for patients, self, and others.

16. Assist in the formulation of goals and outcomes to reduce the patient risk of health care-associated infections.

17. Perform any level I, II or III clinical nursing skills after instruction in theory has been given, performing at the level of a graduate vocational nurse without assistance from professor, but observation when required.

18. Provide care of ~~newborn or~~ infant, child and/or adolescent.

19. Monitor patients in labor and fetal heart tones during clinical and simulation.

20. Monitor patient postpartum recovery.

21. Compare child growth and development.

22. Monitor immunization schedule and patient compliance according to state mandate.

23. Perform Level 3 skills as able (refer to the Level 3 Clinical Skills Checklist).

Clinical Pre and Post Conference Guidelines (VN)

Pre-conference may be held to ensure student preparedness for clinical experiences and to review the following:

1. Clinical objectives for current level and clinical location

2. Scope of practice for the current level

3. Need for clinical professor supervision and student limitations

Post-conference may be held to enhance application of theoretical concepts as related to the nursing process and to grant an opportunity for the student to verbalize plan of care. Students must be able to present the following information related to their assigned patient(s):

1. Medical diagnosis and pathophysiology of diagnosis

2. Signs and symptoms seen in patients

3. Nursing assessment and implementation of nursing care.

4. Medications given, indications for use, nursing considerations, and potential side effects or adverse reactions.

5. Clinical application of content learned in theory courses.

All students may be scheduled to participate in pre- and post-conference during student clinical rotations. Objectives for pre- and post-conference are to be determined by the clinical professor.

(Revised Fall 2021)

Grading System (VN)

The simple average of unit exam grades (including the final) before weighted calculation is performed, must be 76 or above to pass each course. Grades will be rounded when calculating the average of unit exams (75.5-75.9 is rounded to 76). Students with an exam average of 76 or higher will have course grades calculated based on the weighted calculation of the exams and other required work. Weighted grade criteria will be specified in each course syllabi/outline.

Theory / Lab Courses:

Exams	60-100%
Standardized Assessments	0 -10%
Assignments, activities, quizzes	0-30%
Total	100%

Clinical Courses:

Clinical performance	50%
Level two ATI Pharmacology proctored Level three ATI Pharmacology proctored	10%
Other	40%
Total	100%

Grading Scale

Nursing Course grades are earned as follows:

Passing Grades	
A	89.5 – 100
B	79.5 – 89.4
C	75.5 – 79.4
Non-Passing Grades	
D	59.5 – 75.4

| F | 59.4 OR LESS |

If a student scores below a 76% on a unit exam the student is expected to make an appointment with the professor of record within *one week* of receiving the grade. During this conference, the professor and student will review the exam to identify factors that may have contributed to the student's performance and techniques to improve learning.

(Revised Fall 2023)

Program Outcomes (VN)

1. Provide patient care within the legal scope of practice, in accordance with facility policies and procedures, and regulatory/governing bodies.

2. Assume responsibility and accountability for the quality of nursing provided and commitment to life-long learning.

3. Ensure patient safety by implementing nursing best practices and safety protocols.

4. Use clinical reasoning and evidence-based practice to interpret health-related data and determine the health status and needs of culturally diverse patients within a directed and supervised scope of practice.

5. Communicate, report, and collaborate in a timely manner with the interdisciplinary health care team.

6. Use technology to provide optimal patient care, prevent errors, and support decision making.

Program Overview (VN)

Successful completion of the VN curriculum leads to a Certificate of Proficiency. Graduates are eligible to apply for the National Council Licensure Exam for Practical Nurses (NCLEX-PN) * Only students who have completed a program of education approved by the State Board and who have successfully passed the licensing examination are authorized to practice as LVNs (Licensed Vocational Nurses).

Nursing coursework includes classroom, laboratory, and clinical learning experiences. The program schedule is designed as a full-time program of study. It is recommended that students limit the number of hours worked while enrolled in the program as statistics show that students are at greater risk of failure if they work more than 20 hours/week.

Clinical assignments are based on learning objectives and space availability. Students may be required to attend clinical rotations any time or day of the week. It is extremely important that students have appropriate arrangements for childcare that will enable them to arrive on time and remain in the clinical setting for the entire shift. Reliable transportation is particularly important. Clinical rotations may be scheduled anywhere in the greater East Texas region.

*Texas and California use the title Licensed Vocational Nurse (LVN), all other states use the title Licensed Practical Nurse (LPN).