

**Pasadena City College
Registered Nurse Program
Student Handbook
2019-2020**

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Chapter 1

Philosophical Foundations of Curriculum

Vision, Philosophy, Mission Statement

Vision

The vision of the Pasadena City College Registered Nursing Program is to have a nursing program that meets the challenge of preparing future nurses who have the knowledge, skills, and attitudes necessary to continuously improve the quality and safety of the healthcare system within which they work.

Philosophy

We believe that:

The *Art and Science of Nursing* are able to empower and transform situations with individuals toward favorable health changes, and healing is the desired outcome of nursing. The science of nursing is based on the acquisition of knowledge, skills, and attitudes across the curriculum. The art of nursing is created in the human realm, which is the actual interaction of the nurse and the individual. The nurse acts in partnership with and empowers individuals and families to improve the health of the nation and the world.

The *Person (humanity)* includes the totality of the human being and the interconnectedness of body, mind, emotion, spirit, energy, society, culture, relationship, context, and environment. Humanity includes and awareness of the interconnectedness of individuals to the human and global community.

The *Environment* is the space in which all living systems participate and interact, including the physical body along with cultural, psychological, social, and historical influences and includes both the external physical space and the internal mental, emotional, social, and spiritual experience.

The *Health-Illness continuum* views health as a dynamic balance on multiple levels and seeks to identify, restore, and support a person's innate reserve as the means to enhance well-being and health through-out the life cycle.

Nursing Education at PCC supports self-regulated learning by promotion the knowledge, skills, and attitudes that enable students to assume increasing responsibility for their learning path. Faculty serve as mentors, mediators, and knowledgeable consultants. Faculty is committed to applying educational and nursing principles with sensitivity to the diverse needs of students' different cultural, ethic, social background, support systems, and learning styles.

Mission Statement

Consistent with the Pasadena City College mission statement and Educational Master Plan, the mission of the PCC RN program is to create a high quality, caring, transformational environment that promotes an academically rigorous and comprehensive curriculum of professional excellence, lifelong scholarship, and innovation in nursing. We provide evidence based nursing education of members of diverse communities that prepares learners to meet health care needs within our local and global communities through technology, leadership, advocacy and collaboration. The PCC RN Program enhances the economic conditions and the quality of life in our community.

Program Student Learning Outcomes

1. Deliver *patient centered care* that recognizes the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences and values and needs.
2. Use *teamwork and collaboration* to function effectively within nursing and inter-professional teams, fostering open communication, mutual respect and shared decision-making to achieve quality patient care.
3. Develop an *evidence based practice* by integrating best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
4. Improve *safety* by minimizing risk of harm to patients and providers through individual performance and *quality improvement* system methods to continuously improve the quality of health care systems.
5. Use *informatics*, including information and technology, to communicate, manage knowledge, mitigate error, and support decision making.
6. Adhere to standards of professional practice by being responsible for his/her actions and behaviors and practicing nursing within legal, ethical, and regulatory standards.

Conceptual Framework

The PCC RN program conceptual framework provides a sequence of learning experiences that will enable students to achieve the desired educational outcomes. The pervasive threads of patient centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics are the competencies that students must possess to successfully demonstrate the program outcomes of advocate, clinician, leader and teacher in the nursing profession. Learning experiences within the leveled coursework of supporting knowledge, foundational nursing, beginning nursing, intermediate nursing and advanced nursing facilitate students' attainment of these competencies and the resulting outcomes.

The conceptual framework is drawn from the RN programs delineated mission statement, philosophical beliefs and vision of the discipline of nursing within the Pasadena City College Associate Degree nursing program. The organizing framework is conceptual, but offers a visual structure of the nursing phenomena and their relationships. The PCC RN program curriculum exists as a means for creating access to knowledge about nursing and the conceptual framework provides the structure of cataloging and retrieving the knowledge that is essential to the process of teaching and learning.

The PCC conceptual framework ensures that the nursing graduates embody the competencies nurses need for professional practice. Patient centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety and informatics are the critical competencies the students need to possess to attain the outcomes. The competencies form the foundation of the design of evaluation tools used in the assessment of student learning. The competencies to the level of learning and performance in each nursing course. Faculty expects students to exhibit these identified competencies regardless of the health care setting and use the competencies to guide the development and implementation of appropriate learning experiences across the courses throughout the curriculum. An outcome-focused, competency-based curriculum places the emphasis on the development of the knowledge, skills and attitudes students need to meet quality and safety standards of nursing. The competencies capture the growth students experience in PCC's nursing educational program.

The conceptual framework contains the outcomes that are those characteristics students should display at the completion of the PCC RN program. The graduates of the PCC RN program are expected to move into a changing health care system that includes the increasing acuity of clients in acute-care settings, shifting emphasis to consumer involvement in health care decisions and increasing demands for high-quality health care at an affordable price. The essential qualities needed to practice in a contemporary health care environment include being a skilled clinician, leader, and teacher, which then allow PCC's graduates to function as the client's advocate in all area of health care. The outcomes of PCC's nursing program mirror nursing practice expectations and are lasting skills that can be used to transform nursing practice. There outcomes epitomize the behaviors faculty believe are critical for successful professional nursing practice. As a graduate of PCC Associate Degree Nursing program, the student becomes a competent clinician in client care, a participant in nursing leadership, has the ability to teach and educate the public regarding increasing wellness, and is able to act as the client's advocate in all health care settings.

Chapter 2

Responsibilities and Standards of Student Conduct

PASADENA CITY COLLEGE HEALTH SCIENCES DIVISION

REGISTERED NURSING PROGRAM

RESPONSIBILITIES AND STANDARDS OF STUDENT CONDUCT

Pasadena City College seeks to maintain an environment in which there is freedom to learn and in which there is respect and dignity exercised for all members of the campus community. Students are encouraged to develop the capacity for critical judgment and to exercise their rights to free inquiry and free speech in a responsible non-violent manner.

Students are expected to conduct themselves as mature citizens in the campus community and comply with college policies and regulations and civil and criminal laws of the city, state and nation. Inappropriate conduct by students is subject to discipline as provided in Pasadena Area Community College District Policy and Procedures.

In addition to campus rules and regulations, the nursing student is expected to demonstrate professional practice. Making decisions based on a sound foundation of ethics is an essential part of nursing practice in all specialties and settings. The PCC RN program uses the *ANA Code of Ethics for Nurses with Interpretive Statements* (appendix) as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession. Nursing students are required to consistently comply with the ethical standards of the nursing profession to meet required standards of practice.

Integrity and Responsibility

The student:

1. Demonstrates responsibility for personal growth and development in the cognitive, psychomotor, and affective realms.
2. Takes responsibility for his/her own actions, takes initiative to follow through with corrective action when an error is committed, identifies the cause(s) of error and makes plans to prevent recurrence.
3. Demonstrates awareness of own strengths and limitations.
4. Protects patient's privacy and maintains confidentiality.
5. Functions within ethical and legal professional guidelines.
6. Complies with attendance and punctuality requirements.
7. Complete tasks in clinical setting within the allotted time.
8. Is encouraged to participate in student professional organizations and related activities.
9. Will maintain academic honesty and satisfactory standards of citizenship at all times on the campus and in the community. Unsatisfactory citizenship includes, among other things, cheating, plagiarism, other forms of academic dishonesty, actions disruptive to ongoing teaching and learning process, and hazing.
10. Will keep a copy of all paperwork (such as CPR card, malpractice, and health insurance, including current TB screening and Influenza vaccination) and be able to present this paperwork to clinical agency.

Response to Interventions

The student:

1. Seeks and implements suggestions from instructor and health team members.
2. Responds to constructive criticism appropriately.

Interpersonal Relations

The student:

1. Initiates and maintains professional and therapeutic working relationship with the patient, the family, other health team members, including peer groups and faculty regardless of disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, age, political persuasions, or other personal beliefs.
2. Recognizes and demonstrates awareness of interactions with others.
3. Modifies behavior to promote effective relationships.
4. Cooperates with the health team to establish a helping relationship with the patient and their family.

The faculty:

1. Will maintain professional relationships with the students and the evaluation of performance and treatment of students will not be based on matters irrelevant to performance, such as disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, age, political persuasions, or other personal beliefs.
2. Will assign the students grades. The students grade by the instructor, in the absence of mistake, fraud, bad faith, or incompetency, shall be final. [Section 76224(a), California Education Code].

Response to Patient Privacy and Confidentiality

Students may be placed on clinical probation, dropped from the nursing program, and/or face legal prosecution for Health Insurance Portability and Accountability Act (HIPAA) violations.

Exhibit A. American Nurses Association Code of Ethics, Provision 3

The nurse promotes, advocates for, and strives to protect, the health, safety, and rights of the patient.

Privacy

The nurse safeguards the patient's right to privacy. The need for health care does not justify unwanted intrusion into the patient's life. The nurse advocates for an environment that provides for sufficient physical privacy, including auditory privacy for discussions of a personal nature and policies and practices that protect the confidentiality of information

Confidentiality

Associated with the right to privacy, the nurse has a duty to maintain confidentiality of all patient information. The patient's well-being could be jeopardized and the fundamental trust between patient and nurse destroyed by unnecessary access to data or by the inappropriate disclosure of identifiable patient information. The rights, well-being, and safety of the individual patient should be the primary factors in arriving at any professional judgment concerning the disposition of confidential information received from or about the patient, whether oral, written or electronic. The standard of nursing practice and the nurse's responsibility to provide quality care require that relevant data be shared with those members of the health care team who have a need to know. Only information pertinent to a patient's treatment and welfare is disclosed, and only to those directly involved with the patient's care. Duties of confidentiality, however, are not absolute and may need to be modified in order to protect the patient, other innocent parties, and in circumstances of mandatory disclosure for public health reasons.

Information used for purposes of peer review, third-party payments, and other quality improvement or risk management mechanisms may be disclosed only under defined policies, mandates, or protocols. These written guidelines must assure that the rights, well-being, and safety of the patient are protected. In general, only that information directly relevant to a task or specific responsibility should be disclosed. When using electronic communications, special effort should be made to maintain data security.

- Keep confidential all patient information including (but not limited to): patient's name, physical or psychological condition, emotional status, financial situation, and demographic information.
- Share patient information on a "need- to-know" basis according to medical necessity.
- Be mindful of your surroundings when discussing patient information. Avoid discussing patients in public places such as elevators, hallways, shuttle buses, public transportation, or social events.

- Keep confidential papers, reports, computer disks, and data in a secure place.
- Retrieve confidential papers from fax machines, copiers, mailboxes, conference rooms, and other publicly accessible locations as quickly as possible.
- Use technology such as fax machines and e-mail only to support patient care activities. Do not fax information to attorneys, employers, or patients.
- Always tear or shred paper copies of documents containing patient information. No patient copies of patient files may ever leave the hospital, with or without the patients identifying information.
- Students must not access the records of patients unless assigned to that patient's direct care.
- It is the responsibility of all staff to keep patient and hospital information totally confidential.

Stress Handling

The student:

1. Performs safely and effectively in stressful and emergency situations
2. Maintains composure
3. Obtains appropriate assistance.

Responsibility for Own Learning

The student:

1. Prepares for clinical days by reviewing clinical objectives.
2. Seeks new experiences in clinical consistent with abilities and learning needs.
3. Verbalizes learning needs and concerns to instructor.
4. Maintains technical competence for all procedures taught in previous sessions.
5. Uses college lab facilities to improve technical and theoretical skills.

Uniform Regulations –

Dress Code at clinical

Uniforms must be purchased at a division approved uniform shop. Students must purchase a minimum of two white Dove uniforms, which must be clean and wrinkle-free when worn. Students are to conform to the uniform policies of the PCC Nursing Program and the affiliated institutions. Any need for variation from the regulation uniform must be discussed and approved by the division dean. The student's instructors are to be informed of the approved variation.

1. Only a white warm-up jacket with wrist cuff (not sweaters) may be worn at the bedside. PCC college emblem must be sewn on the left arm.
2. Shoe wear will consist of an all-white leather upper shoe with closed toe and heel, good arch support and non-skid soles. Shoes and shoelaces are to be clean at all times. Plain white hose must be worn with the dress. All underclothing should be clean and inconspicuous (no flowers, stripes, etc.) Hems should not be above the middle knee.

Make-up should be moderate. Perfume and other strong smelling fragrances are not allowed.

3. Students are required to have a watch with a second hand, scissors (bandage,) stethoscope, and penlight to be carried in uniform pockets. No fanny packs are allowed in clinical areas.
4. No jewelry other than a watch, wedding band, or one pair of gold/silver ear studs for pierced ears if they are 5mm or smaller in size.
5. Hair is to be neat, clean, and worn off the collar. Long ponytails, capable of falling forward, are not acceptable. Hair accessories should be plain, small, and match color of hair. Beards/mustaches are to be neat and well groomed.
6. Tattoos must be covered.
7. Nails should be neat and clean. Only clear nail polish is permitted. Length of nails is not to exceed length of fingers when palm is turned upward. Artificial nails will not be permitted.
8. Name pins and photo ID (PCC of Hospital issued) are to be worn at all times.
9. School identification of school uniform may not be used by the student in an employment situation until PCC emblems have been removed.
10. No gum chewing, eating, drinking, or smoking is allowed in clinical or classroom areas.
11. When a student must go to the clinical area (school business) outside of regular clinical hours, the student shall wear the regular white uniform with an school ID badge.

Dress Code on Campus

Students are required to wear maroon scrubs when on campus.

Transportation

Since the clinical laboratories are conducted at locations separate from the college campus, the student is responsible for all transportation requirements. These assignments MAY be scheduled from 6:00 a.m. to 11:30 p.m., Monday through Sunday.

Parking

1. On-campus parking is limited and is available by paid permit or daily fee. Special parking is provided for the physically handicapped; requests are made through Disabled Student Programs & Services, Room D209.
2. Agency/hospital parking is governed by the policy of the respective agency/hospital. Extra “travel time” may be needed to allow for parking at some agencies.

CPR Card

All students must show a current valid CPR card from the **American Heart Association** basic life support (BLS) for Health Care Providers at the beginning of each clinical rotation and are responsible for maintaining updates. CPR requirements are reviewed ever semester to assure they are current. Failure to maintain required CPR will result in dismissal from the clinical site.

Malpractice Insurance

Students are required to carry nursing malpractice insurance during the RN program and are strongly recommended to maintain malpractice coverage throughout their nursing practice.

Use of Recorders

The student must request permission from the instructor to record lectures and other instructional presentations. This applies to guest lectures as well.

Use of Cell Phones or Smart Watches

Cell phones or smart watches must have ringer turned off during theory or clinical to avoid disruption. Student must leave the class or immediate clinical area to take emergency calls. Cell phones or smart watches must be silenced during tests and exams. Hospital cell phone policy must be followed at the clinical site.

Responsibilities of Class Officers

1. College: See Pasadena City College Student Handbook
2. Division: Class officers are representatives and any interested students are encouraged to attend Health Sciences Division Meetings.
3. Program: Class officers are representatives and any interested students are encouraged to attend Program Evaluation meetings.

President

- Official representative and spokesman of the class.
- Coordinates with faculty advisor on pinning and graduation activities.
- Oversees fund raising activities for pinning and graduation.
- Opens and maintains a class account with the student bank.
- Attends (or delegates designee) monthly faculty and curriculum meetings.
- Coordinates maintenance of the class bulletin board.

Vice President

- Assists the president with duties.
- Assumes duties of president when president is absent

Treasurer

- Responsible for keeping PCC financial records and reporting of fund raising activities. PCC may supplement funding toward school pin.

Expenses:

1. Auditorium – technical support personnel
2. Printing of invitations and programs
3. Flowers for stage

Child Care

Pasadena City College offers childcare through its Child Development Center. Students may contact the PCC Child Development Center directly for information. Students with children are expected to make arrangements for childcare prior to the beginning of semester. It is recommended that you consider a back-up sitter in case of illness.

Student Immunization and Physical Requirements

Upon acceptance to the Registered Nursing Program, students are required to complete the following requirements and maintain these requirements throughout the nursing program.

Students accepted in the nursing program will be dropped from the nursing program, if any health requirements are incomplete or completed results are not submitted to:

CertifiedBackground.com Medical Document Tracker for Generic RN Program PF23im OR
CertifiedBackground.com Career Ladder (LVN to RN) Program PF22im

Student Immunization

1. Hepatitis B (HBV)
 - a. Unvaccinated Health Care Provider (HCP) and/or those without written documentation of an appropriately timed vaccination series must complete the HepB vaccine series (≥ 3 doses). All new or recently completed HepB vaccine series vaccines are required to complete a post vaccine serologic titer (anti-HBs) ideally 6-8 weeks after last dose in the series. If the anti-HBs is ≥ 10 mIU/mL (positive) then the vaccinee is immune to HBV infection and no further serologic testing or vaccination is recommended.
 - b. If the anti-HBs is < 10 mIU/mL (negative) then the vaccinee is to receive an additional dose of HepB vaccine with a repeat of the anti-HBs titer drawn 6-8 weeks after that additional dose. If that repeat anti-HBs titer is still < 10 mIU/mL then the vaccinee should receive 2 additional doses of HepB vaccine given on a schedule that results in a 2nd appropriately timed vaccine series with another anti-HBs titer drawn 6-8 weeks after the final dose.
 - c. For those who remain unprotected after two series of HepB vaccine, the vaccinees are considered “non-responders.” It is advised that chronic hepatitis b infection be ruled out. These non-responders are susceptible to HBV infection and should be counseled appropriately for protection to the student and others in their care. Proper clinical management is critical after an exposure to HBV in the clinical setting. **It is strongly recommended that non-responders report any possible exposure to their employer as soon as possible in order to reduce the risk of infection and receive appropriate follow-up treatment**
2. Influenza
 - a. 1-dose of seasonal influenza vaccine annually. The student must provide a copy of current flu shot documentation to each clinical site throughout the program.

3. MMR (Measles, Mumps, Rubella)
 - a. Evidence of immunity can be attained with 1) laboratory confirmation of disease or immunity or 2) appropriate vaccination against measles, mumps and rubella (i.e. 2 doses of live measles/mumps and 1 dose of live rubella) vaccine given on or after the first birthday and separated by 28 days or more.
 - b. HCP with 2 documented doses of MMR (appropriately spaced) are not recommended to be serologically tested for immunity. But if they are tested and the result shows non-immunity or equivocal then the HCP is still considered to have presumptive evidence of immunity to measles, mumps and /or rubella and no further MMRs doses are indicated.
4. Varicella (chickenpox)
 - a. Evidence of immunity can be attained with 1) laboratory confirmation of disease or immunity or 2) written documentation of 2 doses of varicella vaccine given at least 28 days apart.
5. Tdap (tetanus, diphtheria, pertussis)
 - a. 1 dose of Tdap for persons without documentation of prior Tdap without regard to interval since the previous dose of Td.
 - b. Follow current CDC guidelines for use in pregnant students.
 - c. Tetanus booster (Td) every 10 years thereafter
6. TB testing
 - a. Students with a history of a positive TB skin test will need written documentation of the positive TB skin test which reflects the date of the test and the results in mm induration. Without documentation, the TB skin test will be repeated or the IGRA will be performed which is also an option for screening.
 - b. Two-step TB testing (two tuberculin skin tests [PPD] given 1-3 weeks apart) unless student has documentation for a current negative TB test read within one year of this clinic visit date in which case only a single TB skin test is needed.
 - c. Per CDC guidelines, serum interferon-gamma release assays (IGRAs) can be used in place of TB skin testing in all situations when assessing for M. tuberculosis infection. In some cases it may be the desirable test with persons from countries where TB is common (most countries in Latin America, the Caribbean, Africa, Asia, Eastern Europe, and Russia) and persons who live or work somewhere in the United States where TB disease is more common (homeless shelters, prison or jails, or some nursing homes) and finally persons who use illegal drugs.
 - d. When necessary, the IGRA may likely be the desirable test in persons with a history of BCG vaccine or a positive TB skin test to determine TB infection.
7. Chest x-ray (needed one time after positive TB test unless clinically indicated).
 - a. Student with documented evidence of a positive skin test or indeterminate or positive serum IGRA (QuantiFERON-TB Gold –in-Tube/T-SPOT-TB) will complete a chest x-ray within 6 months of program entrance. Subsequent TB screening will be done with an annual TB Symptom Screening Assessment.

- b. Additional chest x-rays are not required unless clinically indicated.
- 8. Physical Exam
 - a. One PE completed within 6 months of the start of the program. For those students who are re-entering the program after an absence, the need for a repeat physical will be on a case by case basis.
- 9. Drug Testing
 - a. All students will be required to do a 16 step Drug Test 30 days before each clinical rotation.
 - b. The test results should be uploaded into Castlebranch.
 - c. Additional testing may be required depending on your clinical site.

Student Physical Requirements

Students with medical issues will need to obtain a Medical Status Letter, completed by their Health Care Provider. The letter needs to stipulate physical and psychological ability to function as a nursing student. Students whose health changes while they are in the nursing program may be required to provide clearance to continue.

Student must be able to demonstrate that they can perform the basic physical, cognitive and psychological job requirements of the entry level staff nurse. These include, but are not limited to:

1. Stooping, lifting 25-35 pounds, pulling, standing, and walking
2. Practicing proper body mechanics
3. Pushing occupied beds, wheelchairs, and gurneys
4. Bathing, turning, and ambulating patients of all age groups
5. Listening, understanding, and appropriately responding to verbal information
6. Possess cognitive and psychological capabilities to handle the rigors of the Nursing Program both in the clinical setting in the community and academic setting on campus
7. Using the telephone to communicate critical and essential information
8. Hearing operator overhead pages, disaster/fire codes, and patient alarms
9. Measuring vital signs (hearing stethoscope sounds and seeing sphygmomanometer increments)
10. Read and act on/implement written and oral orders, equipment instruction, and patient care documents quickly and correctly
11. Preparing medications safely by reading small print on medication vials, medication records, patient armbands, and small increments on medication containers
12. Calculating correct medication dosages within a safe and realistic time frames
13. Manipulating small equipment
14. Documenting nursing care actions via the computer and/or in writing
15. Prioritizing activities/actions in an environment of multiple important and sometimes conflicting demands
16. Clinical Facilities may request additional health/ environmental requirements

Background Checks

Nursing students must have clear criminal background check each semester to participate in placement(s) in clinical facilities. Background checks are done annually and paid for by the student. PCC RN program uses Castle Branch Verification Services. Castle Branch Verification Services will maintain the record and protect student confidentiality. The background check will minimally include the following:

- Seven years history • Address verification
- Sex offender database search
- Two names (current legal and one other name)
- Social Security Number verification

Students will be unable to attend clinical facilities for the following convictions:

- Murder
- Felony assault
- Criminal spousal/cohabitant abuse
- Sexual offenses/sexual assault
- Child abuse or neglect
- Felony possession and furnishing
- Drug and alcohol offenses, including DUI
- Other felonies involving weapons and/or violent crimes
- Class B and Class A misdemeanor theft
- Felony Theft
- Fraud
- Current drug use

Students will be denied access to clinical facilities based on offenses appearing on the criminal record which may have occurred more than seven years ago. Students must provide schools with information allowing the school (and clinical facilities as necessary) access to the background check. If the student's record is not clear, the student will be responsible for obtaining documents and having the record corrected to clear it. If this is not possible, the student will be unable to attend clinical rotations. Clinical rotations are a mandatory part of nursing education; therefore, the student will be ineligible to continue in a school of nursing, as there are no alternatives in the event a student is denied clinical placement. Applicable BRN guidelines will be incorporated into these guidelines as they become available.

Social Security Number

A social security number is required to be admitted to the RN Program because most clinical sites require students' social security numbers to meet federal requirements for use of Electronic Medical Records.

Chapter 3

Student Evaluation

PASADENA CITY COLLEGE HEALTH SCIENCES DIVISION
REGISTERED NURSING PROGRAM
STUDENT EVALUATION

The PCC Nursing Program is committed to optimizing student learning outcomes and our graduate's success. The student evaluation process is designed to assist students to evaluate and strengthen theoretical and/or technical concepts necessary to successfully complete the nursing program, pass the NCLEX-RN, and practice safely in the community.

Progression Policy

A minimum grade of C is required in all like science courses, Psychology, English, Speech, and nursing courses. Students already accepted into the nursing program, who are continuing their general education coursework must maintain an overall PCC Grade Point Average (GPA) of 2.0 in all college courses to remain and progress in the RN Program. Students must also meet all academic requirements as outlined in the Pasadena City College Catalog Academic Probation section.

Once in the nursing program, continuation in any nursing course and progression to the next level requires a minimum grade of "C" (75%) in any required theory course, and a Pass grade in any required lab course.

Repetition of Nursing Courses

1. The RN program abides by the college policy regarding repetition of courses. A student may repeat only one required nursing course while in the RN program. Upon a second academic and/or clinical withdrawal or failure, the student becomes ineligible to remain in the program. This policy applies to both theory and clinical courses. Students experiencing a second academic withdrawal or failure or clinical withdrawal or failure become ineligible to be readmitted to the program.
2. The Board of Registered Nursing and PCC RN Program require concurrent enrollment in nursing theory and clinical courses. This allows the student to apply concepts from theory to clinical experiences. Each theory course requires enrollment in the associated laboratory course. These courses must be successfully completed in the same semester. In the event that a student does pass either a theory, seminar, or a clinical course, they must complete an exit interview, remediation plan, and petition for readmission. The student becomes eligible to return to the program on a space available basis upon completion of their individualized remediation plan and is required to re-enroll in theory, seminar, and clinical courses for that semester.

Grading System for Nursing Courses

Successful completion of nursing courses requires passing theory, seminar, and lab/clinical components. The passing standard in the PCC RN Program is 75%. This passing standard is applied equally to every student in every nursing course. The faculty may not modify the passing standard. This would be unfair to every other student, pass or fail, who has been in the RN Program. A 74.9% is a fail, a 75% is a pass. The PCC RN Program allows one repetition.

The grade given to each student shall be the grade determined by the instructor of the course and the determination of the student's grade by the instructor in the absence of mistake, fraud, bad faith, or incompetency, shall be final. [Section 76224(a), California Education Code].

- Mistake- calculation of points in error.
- Fraud- intentional deception or misrepresentation of facts.
- Bad faith- deliberate deceptive practice.
- Incompetency- the teacher did not possess necessary skills.

For theory and seminar you obtain a letter grade and need a minimum of 75%:

Grade Range:	Percent:
90-100	A
80-89	B
75-79	C
67-74	D
0-66	F

For lab you need:

1. A minimum of 75% of points on lab quizzes.
2. Satisfactory performance on lab skills in the lab setting.
3. Passing of any competencies during that semester.
4. Satisfactory performance in clinical and lab, as evidenced on the Clinical Evaluation Tool.

Dosage Calculation Policy

To ensure patient safety and as a means of validating competency in medication calculations, students are required to successfully complete the ATI Dosage Calculation proctored exam.

The ATI Dosage Calculation proctored exam will be given at the end of the semester for first, second, and third semesters of the RN program. The ATI Dosage Calculation proctored exam is given online and consists of 25 questions (20 graded questions and 5 questions in validity assessment) in 60 minutes. Students have two opportunities to pass the ATI Dosage Calculation proctored exam with a 95% or higher score. ATI Dosage Calculation study modules are available to all students in the RN program.

If a student is unable to pass the ATI Dosage Calculation proctored exam with a 95% or higher score after two attempts, the student is determined unsafe for clinical nursing practice and will not be able to progress in the RN program. A student who failed both ATI Dosage Calculations Exams, must provide evidence of remediation and passing the ATI Dosage Calculation Proctored Exam with a 95%, before being allowed to reenter the nursing program as space allows. Students are only allowed one reentry into the RN program.

LVN to RN career ladder students must adhere to the same policy. However, LVN to RN career ladder students will take their ATI Dosage Calculation proctored exam in N210 Role Transition. Successful completion of the ATI Dosage Calculation proctored exam is required to progress to the third semester of the RN program.

Remediating nursing students must adhere to the same policy and pass the ATI Dosage Calculation exam to be placed on the RN program reentry roster.

Testing Policy

Ethics and personal integrity are an essential part of the safe and legal practice of nursing.

In order to promote an optimum atmosphere for all students in regards to test taking the Nursing Department has established the following criteria:

**** If a student is caught cheating they will receive a zero on that exam/assignment.**

A. Testing Procedure

- Computerized testing (i.e. Canvas, ATI) must start and end at the designated time. If a student enters the test late, the student may take the exam, but will only be allowed the remaining time of the test period. (If exam is to start at 9am and end at 10am and the student enters the exam at 9:15am, the exam will end at 10am for the entire class).
- ALL exams will be taken on PCC laptops. The student may bring their own mouse, ear plugs, or headphones.
- Prior to opening the test/exam, ALL students' possessions except for a pen/pencil, calculator will be placed along the wall. This includes food, drink and cell phones. Faculty will provide scratch paper.
- The student must stay quietly in their seats until the testing and review process is complete.
- The student will listen for instructions of read on Canvas any additional information needed for the test/exam.
- When a student has a question, the student should raise their hand and the instructor will come to them.
- If the student experiences hardware or software problems during the exam, notify the instructor immediately by raising your hand. Don't alter test screen or try to push buttons to fix, faculty must witness and verify computer issues.
- Students will be allowed one minute per questions on theory exams.
- Cheating will not be tolerated. Students observed cheating will be removed by the instructor and receive a zero on that exam. At the end of the class, the student and the instructor(s) will meet with the Nursing Program Director or designee. Appropriate action will be taken in accordance with policies in the PCC College Catalog relating to "Unsatisfactory Citizenship."

B. Canvas Testing Security

- During both the exam and review period, the student may not leave the room without being accompanied by an instructor.
- If a student leaves the room unaccompanied by an instructor during the exam or review period, the student will receive a zero for that exam.

C. Review of Tests/Exams

Tests/exams will be reviewed. The instructor will be present. No notations may be made during the review. If the student leaves the room during the review of test/exam period, they will receive a zero on the exam.

D. Test Confidentiality

- Students may not disclose or discuss with anyone, information about the test items or answers.
- Students may not reconstruct exam items using memory of the exam.
- Students may not seek help from any other party in answering items (in person, by phone, text, or email) during the exam.
- Students may not remove exam items and/or responses (in any format) or notes about the exam from the testing room.
- Students may not copy or reconstruct exam items during or following the exam for any reason.
- Students will comply with any exam security investigation.
- Students who witness any of the above behavior, or any irregular behavior that is in violation of testing rules, are required to report and comply with follow-up investigation.

E. Test/Exam Make Up

Faculty are not required to give make-up exams and/or other make-up work (PCC Student Handbook.)

- When a student misses a test/exam due to extenuating circumstances (some examples may be medical emergencies, INS, Naturalization, or adoption hearings) a make-up test may be arranged at the faculty's discretion.
- The student is responsible for notifying the instructor one week prior to the test/exam that is to be missed for scheduled absences (documentation may be required.)
- In an emergency situation, the student will notify faculty as soon as possible (documentation may be required.)
- The faculty may administer an alternate format make-up exam that may include essay, multiple responses, fill-in the blank, and/or short answers.

- If a make-up test/exam is granted, there is a penalty for each test/exam missed. The first time a test/exam is missed, there is a 10% penalty, the second time a 20% penalty, and the third and subsequent time a test/exam is missed, there is a 30% penalty.
- The student must take the test/exam no later than the day following return to school. After that, the test/exam will not be available.

F. Grounds for Dismissal and/or Cancellation of Results (zero score)

- A student who violates exam testing procedures or engages in irregular behavior or misconduct will be dismissed from the test center and receive a zero on that exam.
- Additionally, the RN Program may take other disciplinary action, such as denial of course attendance or disqualification from the RN Program.
- Behaviors that constitute irregular behavior or misconduct, include, but are not limited to:
 - Giving or receiving assistance of any kind.
 - Using, accessing, or attempting to access any prohibited aids. Prohibited aids are any books, devices, technology, and or materials that might be helpful in taking exams.
 - Attempting to take the examination for someone else.
 - Failure to follow testing regulations or the instructions of the test administrator.
 - Creating a disturbance of any kind.
 - Tampering with the operation of the computer or attempting to use it for any function other than taking the exam.

G. Test Taking with Accommodated Conditions

If you have a disability and believe you may need an accommodation, please contact Disabled Students Programs and Services in room D209 or at 626-585-7127.

Once testing accommodations have been granted in writing:

1. Introduce yourself to your instructor with your current Classroom Accommodation Plan (CAP).
2. Let your instructor know you take your tests under accommodated conditions and that DSP&S will contact them.
3. Complete the on-line DSP&S Request for Accommodated Testing form. In most cases you will need to know your test dates, which can be found on your class's syllabus.
4. After submitting your form, DSP&S will contact you to confirm your arrangements.

Credit by Exam / Challenge Policy

Pasadena City College grants credit for prior education or acquired knowledge by the uses of challenge examinations. A student may file the "Pasadena City College Prerequisites Co-Requisite Enrollment Limitation Challenge" with supporting documentation if the student

believes they are eligible for credit by examination. Challenge forms are available in the PCC Counseling Office. The student bears the initial burden of showing that the grounds exist for the challenge. The student should consult the current PCC catalog and the challenge form itself for more detailed information and required procedures.

1. The student is regularly enrolled in the college in at least one graded course.
2. The course is listed in the College Catalog and is not primarily of an activity nature and the student is not in the qualifying or remedial category. Credit by examination is available only in English. Credit is not available for any course that is lower in a sequence than a course in which credit has already been granted. Unique situations may be referred to the College Petitions Committee.
3. The student is in good standing, has all required transcripts on file at the college and has completed 15 or more units in residence with an overall 2.0 or higher grade point average.
4. The student has never failed the course and has not been enrolled in the class during the semester for which the examination is being requested.
5. The student may attempt credit by examination only once in a particular course.
6. Maximum credit by examination for courses at the college is 12 units.
7. Credit by examination courses are graded on a credit or no-credit basis.
8. Approval is required from the Division Dean and the Associate Dean of Admissions and Records.
9. Nursing courses may be petitioned to be taken by credit for examination.
10. PCC nursing prerequisites must have been completed or enrolled in during the semester preceding the credit by exam course.
11. Petition forms must be submitted according to the Challenge form requirements.
12. Credit by examination in nursing requires both a written portion and a practicum.
13. If the written section of the examination is successfully completed with a grade of 75% or better, arrangements will be made for the practicum which will be done in the clinical setting and which also must be passed with a 75% or better; math components of either exam must be passed 90% or better.
14. A student may petition and attempt to challenge each eligible nursing course one time only.
15. The course syllabi and textbooks may be purchased from the college bookstore. The course syllabi contain the course outline, detailed course objectives, bibliography and textbook list.
16. The style and format of the examination is designed to measure competence of the terminal objectives in each course. The theoretical component of the Challenge exam follows the mastery of the weekly and terminal theory objectives. The number of test questions for each nursing course will be provided to the student. The clinical component of the Challenge exam tests competence of the terminal objectives in two full hospital day shifts. The Clinical Evaluation Tool (CET), available in the course syllabus, will be used to evaluate the student's clinical performance.
17. The student will be required to pay all applicable fees (enrollment, non- resident tuition, etc.) at student business services before taking any examination for credit in a college course.

Academic Probation Policy and Procedure

If it is determined that the student is not meeting the course objectives in theory or seminar, an unsatisfactory academic progress notice shall be given.

1. The Student will be placed on Academic Probation (Notice of Academic Probation Notification) when the theory or seminar grade is less than 75% in a nursing course.
2. Academic Probation is a mechanism whereby the nursing faculty can inform the student and assist them in identification of specific areas of weakness and suggestions for improvement.
3. When an Academic Notification form is given to a student, the instructor will meet with the student to review the student's specific remedial plan to improve academic performance.
 - A. The remedial plan may include referring the student to the Nursing Learning Lab to meet specific objectives.
 - B. The remedial plan may also include referring the student for additional assistance from the Nursing Tutorial Staff, Learning Center, Personal Counseling Services, and Disabled Students Programs and Services.
4. Signatures of the instructor and student will be on Academic Probation Notification form and serve to document that the student is aware of the contents of the written notice. Signed copies of these forms will then be distributed to the student, the instructor, and the student's file.

PASADENA CITY COLLEGE HEALTH SCIENCES DIVISION
REGISTERED NURSING PROGRAM

NOTICE OF ACADEMIC PROBATION

DATE: _____

TO: _____

FROM: Nursing _____ Faculty

Theory Grade Average _____

In order to assure your academic success in the Nursing Program, it has become necessary to place you on academic probation. The Nursing Faculty would like you to identify a plan of study that will facilitate positive achievement. The Nursing faculty will then meet with you to discuss your plan to remediate and add any areas requiring further study. This plan is recommended to maintain an average above 75% to achieve program and NCLEX success.

1. Make an appointment with _____ by _____ to discuss identified areas of difficulty and to initiate a plan for remediation.
2. Bring to that appointment your written plan for remediation that may be revised with assistance. You and your instructor will plan your contract for success in nursing theory to be used throughout the remaining semester.
3. Failure to earn course grade of at least 75% will result in eligibility to progress to the next semester.
4. A student who drops or fails the nursing course needs to follow the nursing readmission policy and procedure.

Student

Faculty

Date

Clinical Probation Policy and Procedure

If it is determined that the student is not meeting the clinical/lab objectives of the course, an unsatisfactory clinical progress notice shall be given.

1. The student will be placed on Clinical Probation when the following has not been met:
 - A. Clinical: demonstrates less than satisfactory level in clinical performance. If at any time the student's actions are evaluated by the instructor to be unsafe in the clinical area, the student may be suspended immediately from the clinical area in accordance with Educational Code, Article 3:76031, 76032, and 76033.
 - B. Lab: the cumulative points from lab quizzes fall below 75%.
 - C. Professional: demonstrates less than satisfactory level in clinical performance such as: fails to maintain confidentiality regarding patient medical records, dresses inappropriately, demonstrates inappropriate conduct, and/or demonstrates non-compliance with attendance requirements.
2. Clinical probation is a mechanism whereby the nursing faculty assists the student in identification of specific areas of weakness in meeting the clinical objectives. Suggestions for improvement will be specified in a written contract (see Clinical Probation Nursing Progress Report) developed in collaboration between faculty and student. When a student is placed on clinical probation, signatures of the instructor and student will be on the form and serve to document that the student is aware of the contents of the Nursing Progress Report. Signed copies of these notices will be distributed to the student, the instructor, and the student's file.
3. Notification Process (depending on the severity of the situation a student may not receive three notices).
 - A. First Notice – Initial Conference with Student (Cause for Concern)
 1. The student will receive a Nursing Progress Report from their clinical instructor. The student will prepare a plan to improve clinical performance within a given time frame. The student may be placed on Clinical Probation.
 2. The student may be referred to the Nursing Learning Lab for extra skills practice. If the student is referred to the Learning Lab, the student will receive a Nursing Skills Prescription Form which will outline the skills needing practice. The student will be required to demonstrate proficiency in the identified skills. If the student is unable to demonstrate proficiency after three attempts, the referring faculty will be notified, and the student may be placed on clinical probation.
 3. The student may be referred to the nursing tutorial services, the Learning Center, Psychological Services and/or Disabled Student Services.
 - B. Second Notice
 1. The student may receive a second Nursing Progress Report from their clinical instructor for continued or subsequent unsatisfactory performance issues. The student may be placed on clinical probation.

- C. Final Notice – Failure to meet the terms of the Nursing Progress Report contract shall result in the student being referred to the Program Director and/or semester faculty to review and evaluate the plan. The student must demonstrate marked improvement in specific areas. The failure to meet specified performance objectives and/or anytime unsafe nursing practice is demonstrated dismissal from the semester and/or program with the student earning a “NC” grade in the course may occur.
1. The student who does not meet the terms of the Nursing Progress Report will earn an unsatisfactory / “NP” clinical grade and will be ineligible to progress to the next semester in the program.
 2. The student who earns an unsatisfactory / “NP” clinical grade will be subject to the readmission policy after remediation has been completed.
- D. Dismissal – the dismissal policy will be handled by the Nursing Program Director or designee.

PASADENA CITY COLLEGE HEALTH SCIENCES DIVISION
NURSING PROGRAM PROGRESS REPORT

STUDENT _____ DATE _____

INSTRUCTOR _____ NURSING COURSE _____

Progress is: ☐ Cause for concern ☐ Clinical Probation
 ☐ Unsatisfactory ☐ Unsafe

Problem is: ☐ Low quiz scores
 ☐ Clinical performance
 ☐ Irregular attendance
 ☐ Written papers/Nursing Care Plans
 ☐ Other _____

Assessment of student barriers to success in nursing performance:

Requirement for success in performance:

Student plan for successful completion of Nursing Objectives and referrals:

Student has been informed through:

☐ Returned papers/quizzes with grades
☐ Make an appointment with the Health Sciences Division Nursing Retention Specialist CEC 105

☐ Conference on: _____ Date: _____

Evaluation date: _____

Signed _____

Instructor

Student

Date: _____

Date: _____

White – Student's Copy

Yellow – Student's File

PASADENA CITY COLLEGE HEALTH SCIENCES DIVISION
NURSING PROGRAM SKILLS LAB PRESCRIPTION FORM

Directions: Faculty complete top section of form.

Student Name: _____ **Date:** _____ **Course:** _____

Skill(s) requiring practice:

Faculty Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

The student practiced the above skills on: _____

Attempt #1 date: _____ Passed: _____ Failed: _____

Attempt #2 date: _____ Passed: _____ Failed: _____

Attempt #3 date: _____ Passed: _____ Failed: _____

_____ The student practiced that above skills within 3 attempts or exceeded the 2 week time period and further action needs to be taken.

Lab Coordinator Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Early Alert & Contract for Academic/Clinical Issues Policy and Procedure

When a student has been identified by a faculty member of substandard performance academically and/or in a clinical setting, the student will be referred to the Nursing Retention Counselor to first identify areas of weaknesses. At the end of the session with the Nursing Retention Counselor, the student will commit to the strategies to overcome their academic or personal challenges and will set a plan of action in motion. With the assistance of the Nursing Retention Counselor, the student is given all the necessary recourses to implement the strategy, including a written action plan for the student to follow. One copy of the action plan will be placed into the students' records and another copy will be given to the student. The students' performance will be continuously monitored to ensure the student is adhering to their action plan. If the student shows little or no progress, a follow-up appointment with the Nursing Retention Counselor will be required.

Readmission Policy

There will be *one* readmission allowed to the Registered Nursing Program. For readmission to the Registered Nursing Program, a PCC GPA of 2.0 is required for eligibility for readmission. Students who are unsuccessful in a nursing course are encouraged to take courses at PCC to increase PCC GPA.

Readmission Procedure

Date and time of written readmission request will be used as one criterion to determine priority. In the event multiple requests for readmission are received, the student selection committee will determine priority. Readmission is allowed on a space available basis.

Requests for readmission will be accepted after the following steps have been completed.

Step 1 – Faculty will initiate the Exit Interview form including the student improvement/remediation plan. The plan will identify deficiencies and list specific activities to remedy those deficiencies. The plan will be developed with the student and faculty.

Step 2 – Student meets with Nursing Program Director or designee to complete the exit interview and to review and finalize the student improvement/remediation plan.

Step 3 – Student completes all areas addressed in improvement/remediation plan.

Step 4 – Student provides evidence that improvement/remediation plan has been completed.

Step 5 – Student completes readmission form.

Step 6 – Student gets placed on readmission list.

Medication Error Policy and Procedure

The student medication error procedure of the nursing programs is only one aspect of the framework for student evaluation. It is of the utmost importance that students report when they have made a medication error so actions can be taken to provide for patient safety. When a student commits a medication error, every effort must be made to identify the contributing factors and to modify these factors to avoid reoccurrence.

A medication error is defined as the action of incorrectly administering or omitting medications, or the intention of the action to go to completion and is interrupted by the instructor or staff nurse/patient to prevent its occurrence.

If a student commits a medication error serious enough to potentially cause death, grave physiological consequences, or which requires a pharmacological rescue for patient safety, the student may be **immediately** removed from the clinical area, suspended from clinical and receive a failing grade for clinical

When an error occurs:

1. The student will report the error immediately to the clinical instructor or staff nurse. Provisions for patient safety will be carried out as necessary.
2. The student and clinical instructor will complete the appropriate agency form and forward it as directed by agency policy.
3. The student will provide the instructor with a written summary of events. The student will be counseled by the clinical instructor and other involved nursing personnel as appropriate.
4. The clinical instructor will complete a Nursing Progress Report form with the student. Copies of the Nursing Progress Report.
5. The student will schedule a follow-up meeting with the clinical instructor once the remediation plan has been completed. The clinical instructor will evaluate the completed remediation plan and determine when the student's level of performance suggests that the student can be permitted to again administer medication.
6. The faculty will monitor student progress and will counsel students.

Conflict Resolution / Grievance Procedure

It is the intent of the Nursing Program to provide an avenue for students to resolve conflicts with faculty and/or staff. It is desirable to resolve problems and complaints informally. This policy encourages both responsibility and accountability for both student and faculty or staff member(s), if resolution of the issues cannot occur formal grievance procedures are available.

We ask that you approach conflicts as follows:

1. Meet with the person with whom you have the complaint and attempt to resolve the issue.
2. If the concerns are not resolved in step one, an informal discussion should take place with the Team Coordinator.
3. If the concerns cannot be resolved in Step #2 make an appointment to meet with the Nursing Programs Director or designee.
4. If the concerns cannot be resolved with the Nursing Programs Director, make an appointment to meet with the Dean of Health Sciences or designee.
5. In the event that the conflict cannot be resolved in the above process, the student may file a PCC Grade Appeal. The form is located online at <https://pasadena.edu/student-services/docs/B1-StudentGradeAppealForm.pdf> .

Student Attendance

As stated in the Pasadena City College Catalog, students must be dropped from the class for failure to attend the first meeting of the class if they have not made prior arrangements with the instructor. Students who arrive late at the first meeting of a class may be dropped at the discretion of the instructor. Student may be dropped from a semester – length class for continuous or cumulative absences which total the number of hours the class is scheduled to meet in a two week period or if absences prevent completion of the course objectives. Three late arrivals to class will be considered the equivalent of one absence. Late arrival to clinical is unsafe, unprofessional, and may result in the loss of clinical privileges.

Clinical Attendance Policy

Clinical practice is an essential component of a nursing education. During clinical practice, nursing students apply the knowledge and skills obtained from the didactic portion of courses to actual patient care. Successful completion of the clinical component of the curriculum is a mandatory requirement for graduation. Failure to complete the required clinical hours may seriously hamper the student's ability to meet course objectives and may result in failure of the course. Therefore, absences from clinical practice are closely monitored by faculty and should occur only in rare circumstances. All clinical time must be completed.

To ensure that students successfully complete this requirement, clinical faculty supervises and evaluates students during clinical practice. Faculty reserve the right to impose penalties for missed clinical time, including, but not limited to clinical warning or clinical failure.

Inability to Provide Care in Clinical

If a clinical instructor determines that a student is unable to provide appropriate care for any reason (e.g., lack of preparation, a physical illness, emotional distress, etc.) during clinical practice, the clinical instructor:

- May remove the student from the clinical area
- May refer the student for treatment or assistance,
- Documents the situation
- Follows up with the student to ensure safe return to the clinical area

Clinical Tardiness

Tardiness is a serious problem affects all areas of professional presentation.

If a student is late for an assigned clinical practicum, the student:

- Notifies the clinical instructor as soon as possible by phone prior to the start of clinical practice
- Explains the reason for lateness to the clinical instructor upon arrival at the clinical site
- May be denied access to the clinical setting – missing report impacts patient safety
- Completes any assignments deemed necessary by the clinical instructor or course coordinator to ensure course objectives are fulfilled

Clinical Absence

If a student misses a clinical day due to illness or emergency, the student:

- Notifies the clinical instructor as soon as possible by phone prior to the start of clinical practice
- Submits a letter of explanation for the absence to the clinical instructor and the course coordinator before the next clinical day or within 24 hours of return to the School. The letter may be accompanied by documentation (e.g., letter from University Health Services or a physician), if applicable, including any restrictions on returning to clinical practice
- Completes assignments deemed necessary by the instructor and/or course coordinator to ensure that course objectives are fulfilled including but not limited to:
 - Case Studies
 - Research Paper
 - Review of literature
 - Evaluative Simulation
 - Clinical practicum
 - Presentation (written and oral)
 - Faculty council assessment of clinical reasoning
 - Content examination

- Return to Clinical Practice - A student may return to clinical practice after an absence when, in the judgment of the clinical instructor or course coordinator, the student is able to provide appropriate care without jeopardizing anyone's safety.

Chapter 4

STUDENT SUCCESS

Student Services for Success

The nursing program is supported by a wide variety of services and resources to help students be successful. Nursing students are encouraged to utilize the resources that are available to them to achieve positive student learning outcomes. The PCC nursing program is committed to student success and to providing opportunities to deal with the affective, cognitive, and psychomotor development of students within a supportive learning environment.

Strategies and Recommendations for Student Success

- A. Prioritize – Not every assignment holds the same weight. Allow more times and effort for the ones that count the most. Trying to give everything equal time and effort can leave you feeling overwhelmed. If you are unsure or have any questions regarding assignments, please contact and communicate with your instructors immediately.
- B. Study Tips – Taping the lectures may be helpful to some students. When you listen to the tape, write information you missed with a different color ink to note the difference. Ask for help after the first non-passing exam. Don't wait! Highlight the objectives in your book, to save time (instead of writing notes word for word). Listen to your tape often and anywhere. After studying, use textbook study guides and nursing review books to test yourself.
- C. Stay on top of Assignments – Do not wait for the last minute to complete an assignment. Keep up with assignments and turn them in on time. Keep up with reading allowing time for review before exams.
- D. Computer Skills – Students entering the PCC RN program are expected to have basic skills in using a computer, including using a key board and mouse, preparing simple documents, sending and receiving e-mail, using the internet to research learning related information.
- E. Study Groups –It is helpful to expand your understanding of a subject by discussing it with a variety of students.
- F. Tutoring –Seek help from tutors if needed.

Learning Assistance Center

The Learning Assistance Center (LAC) promotes communities and offers students individual support. A variety of instructional technologies and tutoring is available to improve learning in areas ranging from the basic skills to more comprehensive and subject-specific information.

Special Services

The Disabled Student Programs and Services (DSP&S) and Personal Counseling Services are designed to enable eligible students with verified disabilities to fully participate in all of the college's general education, transfer, certificate, and associate degree programs and activities for which they qualify.

The nursing program supports and fully cooperates with student learning and testing guidelines provided by DSP&S and /or Personal Counseling Services. It is the student's responsibility to follow DSP&S and/or Personal Counseling Services written recommendations and guidelines.

Tutoring Services

Tutoring is available for nursing students. The Learning Assistance Center provides basic and general education assistance. Specified nursing tutors are also available to help students master the complex theoretical and technical requirements of the nursing program. Tutoring is offered by qualified student peers, graduate PCC nursing students and designated staff. PCC nursing students are encouraged to participate in tutoring sessions held in the nursing lab.

Instructional Computing Center

The Instructional Computer Center (ICC) is located on the first floor of the D-building on the main campus in rooms D101-105. Operating during day, evening, and weekend hours, the center provides all PCC students with access to wide variety of nursing software. Students can utilize the World Wide Web to carry out nursing assignments

Videotaping / DVDs

The lab has video tapes and DVD's available to be watched on campus only. There is a small library of books that may be checked out for overnight use only. These are not meant to be substituted for your purchased textbooks. For books that are not returned at all, disciplinary action, up to and including holding of grades will be instituted.

Computer Labs

Health Sciences students have computer lab access at various sites at the main campus. CEC Room 207 is one computer lab that is located in the nursing lab. Many Computer Assisted Instructional (CAI) programs are available on the computers in the labs. No food or drink is allowed at any time in the computer lab.

Passwords

You must have a student ID and Password to log on to the network

Printing

The computer labs use Pharos Printing System. Money can be loaded on to the student PCC ID card for printing. Several locations on campus help to facilitate this process.

Scheduled Classes in the Computer Lab

Occasionally the Network Lab will be occupied with a scheduled class. The class times are blocked out on the calendar outside the computer room. At these times the computers are not available for your use.

Health Sciences Resource Lab

The Resource Lab is located in the CEC Building on the 2nd floor. The lab office is also located inside the resource lab. It is equipped with a variety of multimedia references and

simulated learning materials. The hours of operation are posted each semester in the Resource Lab. The skills lab is an integral part of the instructional program. It is designed to help prepare students through practice and performance of procedures prior to caring for their patients in the community and hospital. The students are expected to perform all the procedures required. This means that you will need extra practice on the mannequins and on each other. Students who believe they are unable or unwilling to be practiced on by another student must provide a live person on whom they will practice their skill.

Invasive Procedures

Students wishing to do an invasive procedure such as an injection or IV start on another student or person will only be allowed to do so in the presences of the skills lab coordinator, licensed designee, or an instructor.

Veterans Resource Center

Student Veterans are encouraged to visit the Veterans Resource Center W 108. Veterans and active duty military are encouraged to communicate any special circumstances they may need, in advance to their instructor.

National Student Nurses' Association

PCC RN Program supports the National Student Nurses' Association (NSNA), the pre-professional organization for nursing students. The PCC Chapter of NSNA is a student run campus club addressing nursing student perspectives and serving student needs. Students are encouraged to investigate the benefits of NSNA membership at www.nsna.org.

Library

The Shatford Library consists of three floors of resources selected and maintained to support the curricular needs of PCC students. Nursing books and journals are available to assist students with research and writing assignments. The library's online catalog and instructional guides are available through its Web page at: <http://www.paccd.cc.ca.us/library>.

Reference service is available all hours the library is open. Full library privileges are granted to all currently registered PCC students with a PCC photo ID.

Scholarships and Financial Aid

Financial Aid is available from Federal, State and PCC programs in the forms of scholarships, grants, and loans to help meet the cost associated with attending PCC Nursing Program.

Specific nursing scholarships are available based on financial need, merit, and/or specific application requirements of supporting foundation. All nursing students are strongly encouraged to apply for financial assistance from the Financial Aid Office and from the nursing program scholarship committee. Application forms and requirements can be found in the PCC Financial Aid office and Nursing Lab.

Personal Counseling Services

Personal Counseling Services are provided by the counseling psychology staff to give more specialized help than can be made available through regular counseling channels. Services included individual counseling, crisis intervention, information, and, when appropriate, referrals to community agencies.

The services emphasize short-term consultations on specific problems affecting success in college. Students may schedule a confidential appointment with a counseling psychology staff member by contacting the secretary in the Office of Personal Counseling Services.

Student Health Services

The Student Health Center is located on main campus. Nursing services are available days and evenings. A physician is on duty part of each day, Monday through Friday, and evenings, Monday through Thursday. Students should inform the staff of the Student Health Center about significant health conditions that may affect their educational progress. Nursing students may obtain required physicals exams, TB tests, drug testing and immunizations/titers at the Student Health Center.

Impaired Nursing Students

In the matter of nursing students impaired by substance abuse and emotional illness, the nursing faculty agrees with the California State Board of Registered Nursing in recognizing that:

1. These are diseases and should be treated as such;
2. Personal and health problems involving these diseases can affect the individual's academic and clinical performance, and that the impaired nursing student is a danger to self and a grave danger to the patients in his or her care;
3. Nursing students who develop these diseases can be helped to recover;
4. It is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness;
5. Confidential handling of the diagnosis and treatment of the diseases is essential.

Procedure:

1. It is the responsibility of the faculty to document behaviors that may identify an impaired student, and to exclude from class and/or the clinical area any influence of drugs and alcohol.
2. The faculty will then refer the student to appropriate treatment and/or resources, which may include the emergency room, Student Health Services, and Psychological Services.
3. The faculty will document the incident with the Division Dean or Assistant to the Division Dean who will assist the student to develop an appropriate plan of action.
4. The Division Dean or Assistant to the Division Dean will follow College disciplinary procedure.
5. Once impairment due to substance abuse or mental illness is confirmed, and the individual has completed or is participating in a treatment program, s/he may be considered for readmission to the Nursing program. The decision to readmit the individual will be made by the Nursing division. Input may be requested from the individual's treatment personnel and/or psychiatrist or psychologist.
6. If a student is not eligible for readmission to the nursing program, s/he will be referred for career counseling.

Student Injuries

Injuries occurring while participating in activities at the off-site clinical facilities are considered a Worker's Compensation situation and must be reported immediately to the faculty. If injury occurs while on campus the injury must be reported immediately to faculty and the student will be seen in the student health center.

When an injury occurs:

- A. The instructor will assist the student to obtain immediate care and notify family member/significant other.
- B. Medical care may be obtained at the Student Health Center, Clinical Facility Emergency Department or via 911 paramedic system as needed. The instructor and/or student will notify PCC Business Services, Room C-215, (626) 585-7285.
- C. Student will be responsible for any charges and submit claim to PCC Business Services for reimbursement.
- D. The instructor will complete the Pasadena Area Community College District ACCIDENT REPORT and deliver the form to Business Services.

The student must go to Business Services to complete other necessary forms.

Board of Registered Nursing Policy and Denial of Licensure

The California Board of Registered Nursing protects the public by screening applicants for licensure to identify potentially unsafe practitioners. Statutory authority for denial of licensure is set out in Business and Professions Code sections **480-487, 496, 810, 820-828, 2750-2765, 2795-2797**.

The law provides for denial of licensure for crimes or acts, which are substantially related to nursing qualifications, functions, or duties. A crime or act meets criterion, if, to a substantial degree, it indicates presence of potential unfitness to perform nursing functions in a manner consistent with the public health, safety or welfare (California Administrative Code Section 1444).

The Board may deny licensure on the basis of:

- being convicted of a crime substantially related to the practice of nursing.
- committing any act involving dishonesty, fraud or deceit with intent to substantially benefit oneself or another, or to injure another substantially.
- committing any act, which constitutes grounds for revocation of a license.
- breaching examination security.

Convictions

The Board considers most convictions involving sex crimes, drug crimes, and crimes of violence to be related substantially to nursing practice. Board regulations of such crimes or acts to include, but not limited to:

- conviction of child abuse.
- violation of Nursing Practice act.
- conviction of a crime or act involving narcotics, dangerous drugs, or dangerous devices
- conviction of assault and/or battery.

Student Guidelines for Pinning Ceremony

The Nursing Faculty has instituted guidelines for the PCC RN Program Completion Ceremony to be held on a day assigned at the end of each semester. The class officer will work with Faculty Advisor.

The following guidelines will help and direct in planning the pinning ceremony:

1. Students must successfully complete N53/N53L/N53S to participate in the completion ceremony.
2. The completion ceremony should last approximately one hour and there will be no on-campus reception.
3. Five nursing faculty members will participate in the completion ceremony; four faculty to present completion certificates and/or nursing pins, on faculty for Nightingale pledge. The graduating class will select five faculty and confirm the faculty's participation no later than the 12th week of the semester. Only the official PCC RN Program pin is allowed for pinning.
4. Flowers, decoration, music, slideshow, student speeches, nursing pins, and window box display are optional. If desired, the graduating class is responsible for the cost and clean-up right after the ceremony.
5. Students will dress in a regular student uniform according to the PCC RN student dress code, which includes no fishnet stockings, high-heel shoes, large or dangling earrings. Students who do not follow the dress code ***will not be allowed to participate in the completion ceremony.***
6. Facilities management will be contacted in a timely and courteous manner to request chairs, tables, microphones, podiums, or other equipment necessary for the completion ceremony.

APPENDIX

American Nurses Association code of Ethics for Nurses with Interpretive Statements

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Preface

Ethics is an integral part of the foundation of nursing. Nursing has a distinguished history of concern for the welfare of the sick, injured, and vulnerable and for social justice. This concern is embodied in the provision of nursing care to individuals and the community. Nursing encompasses the prevention of illness, the alleviation of suffering, and the protection, promotion, and restoration of health in the care of individuals, families, groups, and communities. Nurses act to change those aspects of social structures that detract from health and well-being. Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession but also to embrace them as a part of what it means to be a

nurse. The ethical tradition of nursing is self-reflective, enduring, and distinctive. A code of ethics makes explicit the primary goals, values, and obligations of the profession.

The Code of Ethics for Nurses serves the following purposes:

- It is a succinct statement of the ethical obligations and duties of every individual who enters the nursing profession.
- It is the profession's nonnegotiable ethical standard.
- It is an expression of nursing's own understanding of its commitment to society.

There are numerous approaches for addressing ethics; these include adopting or subscribing to ethical theories, including humanist, feminist, and social ethics, adhering to ethical principles, and cultivating virtues. The Code of Ethics for Nurses reflects all of these approaches. The words "ethical" and "moral" are used throughout the Code of Ethics. "Ethical" is used to refer to reasons for decisions about how one ought to act, using the above mentioned approaches. In general, the word "moral" overlaps with "ethical" but is more aligned with personal belief and cultural values. Statements that describe activities and attributes of nurses in this Code of Ethics are to be understood as normative or prescriptive statements expressing expectations of ethical behavior.

The Code of Ethics for Nurses uses the term *patient* to refer to recipients of nursing care. The derivation of this word refers to "one who suffers," reflecting a universal aspect of human existence. Nonetheless, it is recognized that nurses also provide services to those seeking health as well as those responding to illness, to students and to staff, in health care facilities as well as in communities. Similarly, the term *practice* refers to the actions of the nurse in whatever role the nurse fulfills, including direct patient care provider, educator, administrator, researcher, policy developer, or other. Thus, the values and obligations expressed in this Code of Ethics apply to nurses in all roles and settings.

The Code of Ethics for Nurses is a dynamic document. As nursing and its social context change, changes to the Code of Ethics are also necessary. The Code of Ethics consists of two components: the provisions and the accompanying interpretive statements. There are nine provisions. The first three describe the most fundamental values and commitments of the nurse; the next three address boundaries of duty and loyalty, and the last three address aspects of duties beyond individual patient encounters. For each provision, there are interpretive statements that provide greater specificity for practice and are responsive to the contemporary context of nursing. Consequently, the interpretive statements are subject to more frequent revision than are the provisions. Additional ethical guidance and detail can be found in ANA or constituent member association position statements that address clinical, research, administrative, educational, or public policy issues.

The Code of Ethics for Nurses with Interpretive Statements provides a framework for nurses to use in ethical analysis and decision-making. The Code of Ethics establishes the ethical standard for the profession. It is not negotiable in any setting nor is it subject to revision or amendment except by formal process of the House of Delegates of the ANA. The Code of

Ethics for Nurses is a reflection of the proud ethical heritage of nursing, a guide for nurses now and in the future.

Provision 1.

The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

1.1 Respect for human dignity - A fundamental principle that underlies all nursing practice is respect for the inherent worth, dignity, and human rights of every individual. Nurses take into account the needs and values of all persons in all professional relationships.

1.2 Relationships to patients - The need for health care is universal, transcending all individual differences. The nurse establishes relationships and delivers nursing services with respect for human needs and values, and without prejudice. An individual's lifestyle, value system and religious beliefs should be considered in planning health care with and for each patient. Such consideration does not suggest that the nurse necessarily agrees with or condones certain individual choices, but that the nurse respects the patient as a person.

1.3 The nature of health problems -The nurse respects the worth, dignity and rights of all human beings irrespective of the nature of the health problem. The worth of the person is not affected by disease, disability, functional status, or proximity to death. This respect extends to all who require the services of the nurse for the promotion of health, the prevention of illness, the restoration of health, the alleviation of suffering, and the provision of supportive care to those who are dying.

The measures nurses take to care for the patient enable the patient to live with as much physical, emotional, social, and spiritual well-being as possible. Nursing care aims to maximize the values that the patient has treasured in life and extends supportive care to the family and significant others. Nursing care is directed toward meeting the comprehensive needs of patients and their families across the continuum of care. This is particularly vital in the care of patients and their families at the end of life to prevent and relieve the cascade of symptoms and suffering that are commonly associated with dying.

Nurses are leaders and vigilant advocates for the delivery of dignified and humane care. Nurses actively participate in assessing and assuring the responsible and appropriate use of interventions in order to minimize unwarranted or unwanted treatment and patient suffering. The acceptability and importance of carefully considered decisions regarding resuscitation status, withholding and withdrawing life-sustaining therapies, forgoing medically provided nutrition and hydration, aggressive pain and symptom management and advance directives are increasingly evident. The nurse should provide interventions to relieve pain and other symptoms in the dying patient even when those interventions entail risks of hastening death. However, nurses

may not act with the sole intent of ending a patient's life even though such action may be motivated by compassion, respect for patient autonomy and quality of life considerations. Nurses have invaluable experience, knowledge, and insight into care at the end of life and should be actively involved in related research, education, practice, and policy development.

1.4 The right to self-determination - Respect for human dignity requires the recognition of specific patient rights, particularly, the right of self-determination. Self-determination, also known as autonomy, is the philosophical basis for informed consent in health care. Patients have the moral and legal right to determine what will be done with their own person; to be given accurate, complete, and understandable information in a manner that facilitates an informed judgment; to be assisted with weighing the benefits, burdens, and available options in their treatment, including the choice of no treatment; to accept, refuse, or terminate treatment without deceit, undue influence, duress, coercion, or penalty; and to be given necessary support throughout the decision-making and treatment process. Such support would include the opportunity to make decisions with family and significant others and the provision of advice and support from knowledgeable nurses and other health professionals. Patients should be involved in planning their own health care to the extent they are able and choose to participate.

Each nurse has an obligation to be knowledgeable about the moral and legal rights of all patients to self-determination. The nurse preserves, protects, and supports those interests by assessing the patient's comprehension of both the information presented and the implications of decisions. In situations in which the patient lacks the capacity to make a decision, a designated surrogate decision-maker should be consulted. The role of the surrogate is to make decisions as the patient would, based upon the patient's previously expressed wishes and known values. In the absence of a designated surrogate decision-maker, decisions should be made in the best interests of the patient, considering the patient's personal values to the extent that they are known. The nurse supports patient self-determination by participating in discussions with surrogates, providing guidance and referral to other resources as necessary, and identifying and addressing problems in the decision-making process. Support of autonomy in the broadest sense also includes recognition that people of some cultures place less weight on individualism and choose to defer to family or community values in decision-making. Respect not just for the specific decision but also for the patient's method of decision-making is consistent with the principle of autonomy.

Individuals are interdependent members of the community. The nurse recognizes that there are situations in which the right to individual self-determination may be outweighed or limited by the rights, health and welfare of others, particularly in relation to public health considerations. Nonetheless, limitation of individual rights must always be considered a serious deviation from the standard of care, justified only

when there are no less restrictive means available to preserve the rights of others and the demands of justice.

1.5 Relationships with colleagues and others - The principle of respect for persons extends to all individuals with whom the nurse interacts. The nurse maintains compassionate and caring relationships with colleagues and others with a commitment to the fair treatment of individuals, to integrity-preserving compromise, and to resolving conflict. Nurses function in many roles, including direct care provider, administrator, educator, researcher, and consultant. In each of these roles, the nurse treats colleagues, employees, assistants, and students with respect and compassion. This standard of conduct precludes any and all prejudicial actions, any form of harassment or threatening behavior, or disregard for the effect of one's actions on others. The nurse values the distinctive contribution of individuals or groups, and collaborates to meet the shared goal of providing quality health services.

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

2.1 Primacy of the patient's interests - The nurse's primary commitment is to the recipient of nursing and health care services --the patient--whether the recipient is an individual, a family, a group, or a community. Nursing holds a fundamental commitment to the uniqueness of the individual patient; therefore, any plan of care must reflect that uniqueness. The nurse strives to provide patients with opportunities to participate in planning care, assures that patients find the plans acceptable and supports the implementation of the plan. Addressing patient interests requires recognition of the patient's place in the family or other networks of relationship. When the patient's wishes are in conflict with others, the nurse seeks to help resolve the conflict. Where conflict persists, the nurse's commitment remains to the identified patient.

2.2 Conflict of interest for nurses - Nurses are frequently put in situations of conflict arising from competing loyalties in the workplace, including situations of conflicting expectations from patients, families, physicians, colleagues, and in many cases, health care organizations and health plans. Nurses must examine the conflicts arising between their own personal and professional values, the values and interests of others who are also responsible for patient care and health care decisions, as well as those of patients. Nurses strive to resolve such conflicts in ways that ensure patient safety, guard the patient's best interests and preserve the professional integrity of the nurse.

Situations created by changes in health care financing and delivery systems, such as incentive systems to decrease spending, pose new possibilities of conflict between economic self-interest and professional integrity. The use of bonuses, sanctions, and incentives tied to financial targets are examples of features of health care systems that may present such conflict. Conflicts of interest may arise in any domain of nursing activity including clinical practice, administration, education, or research. Advanced practice nurses who bill directly for services and nursing executives with budgetary responsibilities must be especially cognizant of the potential for conflicts of interest.

Nurses should disclose to all relevant parties (e.g., patients, employers, colleagues) any perceived or actual conflict of interest and in some situations should withdraw from further participation. Nurses in all roles must seek to ensure that employment arrangements are just and fair and do not create an unreasonable conflict between patient care and direct personal gain.

2.3 Collaboration - Collaboration is not just cooperation, but it is the concerted effort of individuals and groups to attain a shared goal. In health care, that goal is to address the health needs of the patient and the public. The complexity of health care delivery systems requires a multi-disciplinary approach to the delivery of services that has the strong support and active participation of all the health professions. Within this context, nursing's unique contribution, scope of practice, and relationship with other health professions needs to be clearly articulated, represented and preserved. By its very nature, collaboration requires mutual trust, recognition, and respect among the health care team, shared decision-making about patient care, and open dialogue among all parties who have an interest in and a concern for health outcomes. Nurses should work to assure that the relevant parties are involved and have a voice in decision-making about patient care issues. Nurses should see that the questions that need to be addressed are asked and that the information needed for informed decision-making is available and provided. Nurses should actively promote the collaborative multi-disciplinary planning required to ensure the availability and accessibility of quality health services to all persons who have needs for health care.

Intra-professional collaboration within nursing is fundamental to effectively addressing the health needs of patients and the public. Nurses engaged in non-clinical roles, such as administration or research, while not providing direct care, nonetheless are collaborating in the provision of care through their influence and direction of those who do. Effective nursing care is accomplished through the interdependence of nurses in differing roles--those who teach the needed skills, set standards, manage the environment of care, or expand the boundaries of knowledge used by the profession. In this sense, nurses in all roles share a responsibility for the outcomes of nursing care.

2.4 Professional boundaries - When acting within one's role as a professional, the nurse recognizes and maintains boundaries that establish appropriate limits to relationships. While the nature of nursing work has an inherently personal component, nurse-patient relationships and nurse-colleague relationships have, as their foundation, the purpose of preventing illness, alleviating suffering, and protecting, promoting, and restoring the health of patients. In this way, nurse-patient and nurse-colleague relationships differ from those that are purely personal and unstructured, such as friendship. The intimate nature of nursing care, the involvement of nurses is important and sometimes highly stressful life events, and the mutual dependence of colleagues working in close concert all present the potential for blurring of limits to professional relationships. Maintaining authenticity and expressing oneself as an individual, while remaining within the bounds established by the purpose of the relationship can be

especially difficult in prolonged or long-term relationships. In all encounters, nurses are responsible for retaining their professional boundaries. When those professional boundaries are jeopardized, the nurse should seek assistance from peers or supervisors or take appropriate steps to remove her/himself from the situation.

Provision 3 The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

3.1 Privacy - The nurse safeguards the patient's right to privacy. The need for health care does not justify unwanted intrusion into the patient's life. The nurse advocates for an environment that provides for sufficient physical privacy, including auditory privacy for discussions of a personal nature and policies and practices that protect the confidentiality of information.

3.2 Confidentiality - Associated with the right to privacy, the nurse has a duty to maintain confidentiality of all patient information. The patient's well-being could be jeopardized and the fundamental trust between patient and nurse destroyed by unnecessary access to data or by the inappropriate disclosure of identifiable patient information. The rights, well-being, and safety of the individual patient should be the primary factors in arriving at any professional judgment concerning the disposition of confidential information received from or about the patient, whether oral, written or electronic. The standard of nursing practice and the nurse's responsibility to provide quality care require that relevant data be shared with those members of the health care team who have a need to know. Only information pertinent to a patient's treatment and welfare is disclosed, and only to those directly involved with the patient's care. Duties of confidentiality, however, are not absolute and may need to be modified in order to protect the patient, other innocent parties and in circumstances of mandatory disclosure for public health reasons.

Information used for purposes of peer review, third-party payments, and other quality improvement or risk management mechanisms may be disclosed only under defined policies, mandates, or protocols. These written guidelines must assure that the rights, well-being, and safety of the patient are protected. In general, only that information directly relevant to a task or specific responsibility should be disclosed. When using electronic communications, special effort should be made to maintain data security.

3.3 Protection of participants in research - Stemming from the right to self-determination, each individual has the right to choose whether or not to participate in research. It is imperative that the patient or legally authorized surrogate receive sufficient information that is material to an informed decision, to comprehend that information, and to know how to discontinue participation in research without penalty. Necessary information to achieve an adequately informed consent includes the nature of participation, potential harms and benefits, and available alternatives to taking part in the research. Additionally, the patient should be informed of how the data will be protected. The patient has the right to refuse to participate in research or to withdraw at any time without fear of adverse consequences or reprisal.

Research should be conducted and directed only by qualified persons. Prior to implementation, all research should be approved by a qualified review board to ensure patient protection and the ethical integrity of the research. Nurses should be cognizant of the special concerns raised by research involving vulnerable groups, including children, prisoners, students, the elderly, and the poor. The nurse who participates in research in any capacity should be fully informed about both the subject's and the nurse's rights and obligations in the particular research study and in research in general. Nurses have the duty to question and, if necessary, to report and to refuse to participate in research they deem morally objectionable.

3.4 Standards and review mechanisms - Nursing is responsible and accountable for assuring that only those individuals who have demonstrated the knowledge, skill, practice experiences, commitment, and integrity essential to professional practice are allowed to enter into and continue to practice within the profession. Nurse educators have a responsibility to ensure that basic competencies are achieved and to promote a commitment to professional practice prior to entry of an individual into practice. Nurse administrators are responsible for assuring that the knowledge and skills of each nurse in the workplace are assessed prior to the assignment of responsibilities requiring preparation beyond basic academic programs.

The nurse has a responsibility to implement and maintain standards of professional nursing practice. The nurse should participate in planning, establishing, implementing, and evaluating review mechanisms designed to safeguard patients and nurses, such as peer review processes or committees, credentialing processes, quality improvement initiatives, and ethics committees. Nurse administrators must ensure that nurses have access to and inclusion on institutional ethics committees. Nurses must bring forward difficult issues related to patient care and/or institutional constraints upon ethical practice for discussion and review. The nurse acts to promote inclusion of appropriate others in all deliberations related to patient care.

Nurses should also be active participants in the development of policies and review mechanisms designed to promote patient safety, reduce the likelihood of errors, and address both environmental system factors and human factors that present increased risk to patients. In addition, when errors do occur, nurses are expected to follow institutional guidelines in reporting errors committed or observed to the appropriate supervisory personnel and for assuring responsible disclosure of errors to patients. Under no circumstances should the nurse participate in, or condone through silence, either an attempt to hide an error or a punitive response that serves only to fix blame rather than correct the conditions that led to the error.

3.5 Acting on questionable practice - The nurse's primary commitment is to the health, wellbeing, and safety of the patient across the life span and in all settings in which health care needs are addressed. As an advocate for the patient, the nurse must be alert to and take appropriate action regarding any instances of incompetent, unethical, illegal, or impaired practice by any member of the health care team or the

health care system or any action on the part of others that places the rights or best interests of the patient in jeopardy. To function effectively in this role, nurses must be knowledgeable about the Code of Ethics, standards of practice of the profession, relevant federal, state and local laws and regulations, and the employing organization's policies and procedures.

When the nurse is aware of inappropriate or questionable practice in the provision or denial of health care, concern should be expressed to the person carrying out the questionable practice. Attention should be called to the possible detrimental affect upon the patient's well-being or best interests as well as the integrity of nursing practice. When factors in the health care delivery system or health care organization threaten the welfare of the patient, similar action should be directed to the responsible administrator. If indicated, the problem should be reported to an appropriate higher authority within the institution or agency, or to an appropriate external authority.

There should be established processes for reporting and handling incompetent, unethical, illegal, or impaired practice within the employment setting so that such reporting can go through official channels, thereby reducing the risk of reprisal against the reporting nurse. All nurses have a responsibility to assist those who identify potentially questionable practice. State nurses associations should be prepared to provide assistance and support in the development and evaluation of such processes and reporting procedures. When incompetent, unethical, illegal, or impaired practice is not corrected within the employment setting and continues to jeopardize patient well-being and safety, the problem should be reported to other appropriate authorities such as practice committees of the pertinent professional organizations, the legally constituted bodies concerned with licensing of specific categories of health workers and professional practitioners, or the regulatory agencies concerned with evaluating standards or practice. Some situations may warrant the concern and involvement of all such groups. Accurate reporting and factual documentation, and not merely opinion, undergird all such responsible actions. When a nurse chooses to engage in the act of responsible reporting about situations that are perceived as unethical, incompetent, illegal, or impaired, the professional organization has a responsibility to provide the nurse with support and assistance and to protect the practice of those nurses who choose to voice their concerns. Reporting unethical, illegal, incompetent, or impaired practices, even when done appropriately, may present substantial risks to the nurse; nevertheless, such risks do not eliminate the obligation to address serious threats to patient safety.

3.6 Addressing impaired practice - Nurses must be vigilant to protect the patient, the public and the profession from potential harm when a colleague's practice, in any setting, appears to be impaired. The nurse extends compassion and caring to colleagues who are in recovery from illness or when illness interferes with job performance. In a situation where a nurse suspects another's practice may be impaired, the nurse's duty is to take action designed both to protect patients and to assure that the

impaired individual receives assistance in regaining optimal function. Such action should usually begin with consulting supervisory personnel and may also include confronting the individual in a supportive manner and with the assistance of others or helping the individual to access appropriate resources. Nurses are encouraged to follow guidelines outlined by the profession and policies of the employing organization to assist colleagues whose job performance may be adversely affected by mental or physical illness or by personal circumstances. Nurses in all roles should advocate for colleagues whose job performance may be impaired to ensure that they receive appropriate assistance, treatment and access to fair institutional and legal processes. This includes supporting the return to practice of the individual who has sought assistance and is ready to resume professional duties.

If impaired practice poses a threat or danger to self or others, regardless of whether the individual has sought help, the nurse must take action to report the individual to persons authorized to address the problem. Nurses who advocate for others whose job performance creates a risk for harm should be protected from negative consequences. Advocacy may be a difficult process and the nurse is advised to follow workplace policies. If workplace policies do not exist or are inappropriate--that is, they deny the nurse in question access to due legal process or demand resignation--the reporting nurse may obtain guidance from the professional association, state peer assistance programs, employee assistance program or a similar resource.

Provision 4 The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.

4.1 Acceptance of accountability and responsibility - Individual registered nurses bear primary responsibility for the nursing care that their patients receive and are individually accountable for their own practice. Nursing practice includes direct care activities, acts of delegation, and other responsibilities such as teaching, research, and administration. In each instance, the nurse retains accountability and responsibility for the quality of practice and for conformity with standards of care.

Nurses are faced with decisions in the context of the increased complexity and changing patterns in the delivery of health care. As the scope of nursing practice changes, the nurse must exercise judgment in accepting responsibilities, seeking consultation, and assigning activities to others who carry out nursing care. For example, some advanced practice nurses have the authority to issue prescription and treatment orders to be carried out by other nurses. These acts are not acts of delegation. Both the advanced practice nurse issuing the order and the nurse accepting the order are responsible for the judgments made and accountable for the actions taken.

4.2 Accountability for nursing judgment and action - Accountability means to be answerable to oneself and others for one's own actions. In order to be accountable, nurses act under a code of ethical conduct that is grounded in the moral principles of

fidelity and respect for the dignity, worth, and self-determination of patients. Nurses are accountable for judgments made and actions taken in the course of nursing practice, irrespective of health care organizations' policies or providers' directives.

4.3 Responsibility for nursing judgment and action - Responsibility refers to the specific accountability or liability associated with the performance of duties of a particular role. Nurses accept or reject specific role demands based upon their education, knowledge, competence, and extent of experience. Nurses in administration, education, and research also have obligations to the recipients of nursing care. Although nurses in administration, education, and research have relationships with patients that are less direct, in assuming the responsibilities of a particular role, they share responsibility for the care provided by those whom they supervise and instruct. The nurse must not engage in practices prohibited by law or delegate activities to others that are prohibited by the practice acts of other health care providers.

Individual nurses are responsible for assessing their own competence. When the needs of the patient are beyond the qualifications and competencies of the nurse, consultation and collaboration must be sought from qualified nurses, other health professionals, or other appropriate sources. Educational resources should be sought by nurses and provided by institutions to maintain and advance the competence of nurses. Nurse educators act in collaboration with their students to assess the learning needs of the student, the effectiveness of the teaching program, the identification and utilization of appropriate resources, and the support needed for the learning process.

4.4 Delegation of nursing activities - Since the nurse is accountable for the quality of nursing care given to patients, nurses are accountable for the assignment of nursing responsibilities to other nurses and the delegation of nursing care activities to other health care workers. While delegation and assignment are used here in a generic moral sense, it is understood that individual states may have a particular legal definition of these terms.

The nurse must make reasonable efforts to assess individual competence when assigning selected components of nursing care to other health care workers. This assessment involves evaluating the knowledge, skills, and experience of the individual to whom the care is assigned, the complexity of the assigned tasks, and the health status of the patient. The nurse is also responsible for monitoring the activities of these individuals and evaluating the quality of the care provided. Nurses may not delegate responsibilities such as assessment and evaluation; they may delegate tasks. The nurse must not knowingly assign or delegate to any member of the nursing team a task for which that person is not prepared or qualified. Employer policies or directives do not relieve the nurse of responsibility for making judgments about the delegation and assignment of nursing care tasks.

Nurses functioning in management or administrative roles have a particular responsibility to provide an environment that supports and facilitates appropriate assignment and delegation. This includes providing appropriate orientation to staff, assisting less experienced nurses in developing necessary skills and competencies, and establishing policies and procedures that protect both the patient and nurse from the inappropriate assignment or delegation of nursing responsibilities, activities, or tasks.

Nurses functioning in educator or preceptor roles may have less direct relationships with patients. However, through assignment of nursing care activities to learners they share responsibility and accountability for the care provided. It is imperative that the knowledge and skills of the learner be sufficient to provide the assigned nursing care and that appropriate supervision be provided to protect both the patient and the learner.

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

5.1 Moral self-respect - Moral respect accords moral worth and dignity to all human beings irrespective of their personal attributes or life situation. Such respect extends to oneself as well; the same duties that we owe to others we owe to ourselves. Self-regarding duties refer to a realm of duties that primarily concern oneself and include professional growth and maintenance of competence, preservation of wholeness of character, and personal integrity.

5.2 Professional growth and maintenance of competence - Though it has consequences for others, maintenance of competence and ongoing professional growth involves the control of one's own conduct in a way that is primarily self-regarding. Competence affects one's self-respect, self-esteem, professional status, and the meaningfulness of work. In all nursing roles, evaluation of one's own performance, coupled with peer review, is a means by which nursing practice can be held to the highest standards. Each nurse is responsible for participating in the development of criteria for evaluation of practice and for using those criteria in peer and self-assessment.

Continual professional growth, particularly in knowledge and skill, requires a commitment to lifelong learning. Such learning includes, but is not limited to, continuing education, networking with professional colleagues, self-study, professional reading, certification, and seeking advanced degrees. Nurses are required to have knowledge relevant to the current scope and standards of nursing practice, changing issues, concerns, controversies, and ethics. Where the care required is outside the competencies of the individual nurse, consultation should be sought or the patient should be referred to others for appropriate care.

5.3 Wholeness of character - Nurses have both personal and professional identities that are neither entirely separate, nor entirely merged, but are integrated. In the process of becoming a professional, the nurse embraces the values of the profession,

integrating them with personal values. Duties to self involve an authentic expression of one's own moral point-of-view in practice. Sound ethical decision-making requires the respectful and open exchange of views between and among all individuals with relevant interests. In a community of moral discourse, no one person's view should automatically take precedence over that of another. Thus the nurse has a responsibility to express moral perspectives, even when they differ from those of others, and even when they might not prevail.

This wholeness of character encompasses relationships with patients. In situations where the patient requests a personal opinion from the nurse, the nurse is generally free to express an informed personal opinion as long as this preserves the voluntariness of the patient and maintains appropriate professional and moral boundaries. It is essential to be aware of the potential for undue influence attached to the nurse's professional role. Assisting patients to clarify their own values in reaching informed decisions may be helpful in avoiding unintended persuasion. In situations where nurses' responsibilities include care for those whose personal attributes, condition, lifestyle or situation is stigmatized by the community and are personally unacceptable, the nurse still renders respectful and skilled care.

5.4 Preservation of integrity - Integrity is an aspect of wholeness of character and is primarily a self-concern of the individual nurse. An economically constrained health care environment presents the nurse with particularly troubling threats to integrity. Threats to integrity may include a request to deceive a patient, to withhold information, or to falsify records, as well as verbal abuse from patients or coworkers. Threats to integrity also may include an expectation that the nurse will act in a way that is inconsistent with the values or ethics of the profession, or more specifically a request that is in direct violation of the Code of Ethics. Nurses have a duty to remain consistent with both their personal and professional values and to accept compromise only to the degree that it remains an integrity-preserving compromise. An integrity-preserving compromise does not jeopardize the dignity or well-being of the nurse or others. Integrity-preserving compromise can be difficult to achieve, but is more likely to be accomplished in situations where there is an open forum for moral discourse and an atmosphere of mutual respect and regard.

Where nurses are placed in situations of compromise that exceed acceptable moral limits or involve violations of the moral standards of the profession, whether in direct patient care or in any other forms of nursing practice, they may express their conscientious objection to participation. Where a particular treatment, intervention, activity, or practice is morally objectionable to the nurse, whether intrinsically so or because it is inappropriate for the specific patient, or where it may jeopardize both patients and nursing practice, the nurse is justified in refusing to participate on moral grounds. Such grounds exclude personal preference, prejudice, convenience, or arbitrariness. Conscientious objection may not insulate the nurse against formal or informal penalty. The nurse who decides not to take part on the grounds of

conscientious objection must communicate this decision in appropriate ways. Whenever possible, such a refusal should be made known in advance and in time for alternate arrangements to be made for patient care. The nurse is obliged to provide for the patient's safety, to avoid patient abandonment, and to withdraw only when assured that alternative sources of nursing care are available to the patient.

Where patterns of institutional behavior or professional practice compromise the integrity of all its nurses, nurses should express their concern or conscientious objection collectively to the appropriate body or committee. In addition, they should express their concern, resist, and seek to bring about a change in those persistent activities or expectations in the practice setting that are morally objectionable to nurses and jeopardize either patient or nurse well-being.

Provision 6

The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

6.1 Influence of the environment on moral virtues and values - Virtues are habits of character that predispose persons to meet their moral obligations; that is, to do what is right. Excellences are habits of character that predispose a person to do a particular job or task well. Virtues such as wisdom, honesty, and courage are habits or attributes of the morally good person. Excellences such as compassion, patience, and skill are habits of character of the morally good nurse. For the nurse, virtues and excellences are those habits that affirm and promote the values of human dignity, wellbeing, respect, health, independence, and other values central to nursing. Both virtues and excellences, as aspects of moral character, can be either nurtured by the environment in which the nurse practices or they can be diminished or thwarted. All nurses have a responsibility to create, maintain, and contribute to environments that support the growth of virtues and excellences and enable nurses to fulfill their ethical obligations.

6.2 Influence of the environment on ethical obligations - All nurses, regardless of role, have a responsibility to create, maintain, and contribute to environments of practice that support nurses in fulfilling their ethical obligations. Environments of practice include observable features, such as working conditions, and written policies and procedures setting out expectations for nurses, as well as less tangible characteristics such as informal peer norms. Organizational structures, role descriptions, health and safety initiatives, grievance mechanisms, ethics committees, compensation systems, and disciplinary procedures all contribute to environments that can either present barriers or foster ethical practice and professional fulfillment. Environments in which employees are provided fair hearing of grievances, are supported in practicing according to standards of care, and are justly treated allow for the realization of the values of the profession and are consistent with sound nursing practice.

6.3 Responsibility for the health care environment - The nurse is responsible for contributing to a moral environment that encourages respectful interactions with colleagues, support of peers, and identification of issues that need to be addressed. Nurse administrators have a particular responsibility to assure that employees are treated fairly and that nurses are involved in decisions related to their practice and working conditions. Acquiescing and accepting unsafe or inappropriate practices, even if the individual does not participate in the specific practice, is equivalent to condoning unsafe practice. Nurses should not remain employed in facilities that routinely violate patient rights or require nurses to severely and repeatedly compromise standards of practice or personal morality.

As with concerns about patient care, nurses should address concerns about the health care environment through appropriate channels. Organizational changes are difficult to accomplish and may require persistent efforts over time. Toward this end, nurses may participate in collective action such as collective bargaining or workplace advocacy, preferably through a professional association such as the state nurses association, in order to address the terms and conditions of employment. Agreements reached through such action must be consistent with the profession's standards of practice, the state law regulating practice and the Code of Ethics for Nursing. Conditions of employment must contribute to the moral environment, the provision of quality patient care and professional satisfaction for nurses.

The professional association also serves as an advocate for the nurse by seeking to secure just compensation and humane working conditions for nurses. To accomplish this, the professional association may engage in collective bargaining on behalf of nurses. While seeking to assure just economic and general welfare for nurses, collective bargaining, nonetheless, seeks to keep the interests of both nurses and patients in balance.

Provision 7 The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

7.1 Advancing the profession through active involvement in nursing and in health care policy - Nurses should advance their profession by contributing in some way to the leadership, activities, and the viability of their professional organizations. Nurses can also advance the profession by serving in leadership or mentorship roles or on committees within their places of employment. Nurses who are self-employed can advance the profession by serving as role models for professional integrity. Nurses can also advance the profession through participation in civic activities related to health care or through local, state, national, or international initiatives. Nurse educators have a specific responsibility to enhance students' commitment to professional and civic values. Nurse administrators have a responsibility to foster an employment environment that facilitates nurses' ethical integrity and professionalism, and nurse researchers are responsible for active contribution to the body of knowledge supporting and advancing nursing practice.

7.2 Advancing the profession by developing, maintaining, and implementing professional standards in clinical, administrative, and educational practice -

Standards and guidelines reflect the practice of nursing grounded in ethical commitments and a body of knowledge.

Professional standards and guidelines for nurses must be developed by nurses and reflect nursing's responsibility to society. It is the responsibility of nurses to identify their own scope of practice as permitted by professional practice standards and guidelines, by state and federal laws, by relevant societal values, and by the Code of Ethics.

The nurse as administrator or manager must establish, maintain, and promote conditions of employment that enable nurses within that organization or community setting to practice in accord with accepted standards of nursing practice and provide a nursing and health care work environment that meets the standards and guidelines of nursing practice. Professional autonomy and self regulation in the control of conditions of practice are necessary for implementing nursing standards and guidelines and assuring quality care for those whom nursing serves.

The nurse educator is responsible for promoting and maintaining optimum standards of both nursing education and of nursing practice in any settings where planned learning activities occur. Nurse educators must also ensure that only those students who possess the knowledge, skills, and competencies that are essential to nursing graduate from their nursing programs.

7.3 Advancing the profession through knowledge development, dissemination, and application to practice - The nursing profession should engage in scholarly inquiry to identify, evaluate, refine, and expand the body of knowledge that forms the foundation of its discipline and practice. In addition, nursing knowledge is derived from the sciences and from the humanities. Ongoing scholarly activities are essential to fulfilling a profession's obligations to society. All nurses working alone or in collaboration with others can participate in the advancement of the profession through the development, evaluation, dissemination, and application of knowledge in practice. However, an organizational climate and infrastructure conducive to scholarly inquiry must be valued and implemented for this to occur.

Provision 8 The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

8.1 Health needs and concerns - The nursing profession is committed to promoting the health, welfare, and safety of all people. The nurse has a responsibility to be aware not only of specific health needs of individual patients but also of broader health concerns such as world hunger, environmental pollution, lack of access to health care, violation of human rights, and inequitable distribution of nursing and health care resources. The availability and accessibility of high quality health services to all people require both interdisciplinary planning and collaborative partnerships among health professionals and others at the community, national, and international levels.

8.2 Responsibilities to the public - Nurses, individually and collectively, have a responsibility to be knowledgeable about the health status of the community and existing threats to health and safety. Through support of and participation in community organizations and groups, the nurse assists in efforts to educate the public, facilitates informed choice, identifies conditions and circumstances that contribute to illness, injury and disease, fosters healthy life styles, and participation in institutional and legislative efforts to promote health and meet national health objectives. In addition, the nurse supports initiatives to address barriers to health, such as poverty, homelessness, unsafe living conditions, abuse and violence, and lack of access to health services.

The nurse also recognizes that health care is provided to culturally diverse populations in this country and in all parts of the world. In providing care, the nurse should avoid imposition of the nurse's own cultural values upon others. The nurse should affirm human dignity and show respect for the values and practices associated with different cultures and use approaches to care that reflect awareness and sensitivity.

Provision 9 The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

9.1 Assertion of values - It is the responsibility of a professional association to communicate and affirm the values of the profession to its members. It is essential that the professional organization encourages discourse that supports critical self-reflection and evaluation within the profession. The organization also communicates to the public the values that nursing considers central to social change that will enhance health.

9.2 The profession carries out its collective responsibility through professional associations - The nursing profession continues to develop ways to clarify nursing's accountability to society. The contract between the profession and society is made explicit through such mechanisms as

- (a) The Code of Ethics for Nurses
- (b) the standards of nursing practice
- (c) the ongoing development of nursing knowledge derived from nursing theory, scholarship, and research in order to guide nursing actions
- (d) educational requirements for practice
- (e) certification, and
- (f) mechanisms for evaluating the effectiveness of professional nursing actions.

9.3 Intraprofessional integrity A professional association is responsible for expressing the values and ethics of the profession and also for encouraging the professional organization and its members to function in accord with those values and ethics. Thus, one of its fundamental responsibilities is to promote awareness of and adherence to the Code of Ethics and to critique the activities and ends of the professional association itself. Values and ethics influence the power structures of the association in guiding,

correcting, and directing its activities. Legitimate concerns for the self-interest of the association and the profession are balanced by a commitment to the social goods that are sought. Through critical self-reflection and self-evaluation, associations must foster change within themselves, seeking to move the professional community toward its stated ideals.

9.4 Social reform - Nurses can work individually as citizens or collectively through political action to bring about social change. It is the responsibility of a professional nursing association to speak for nurses collectively in shaping and reshaping health care within our nation, specifically in areas of health care policy and legislation that affect accessibility, quality, and the cost of health care. Here, the professional association maintains vigilance and takes action to influence legislators, reimbursement agencies, nursing organizations, and other health professions. In these activities, health is understood as being broader than delivery and reimbursement systems, but extending to health-related sociocultural issues such as violation of human rights, homelessness, hunger, violence, and the stigma of illness.

American Nurses Association, *Code of Ethics for Nurses with Interpretive Statements*, Washington, D.C.: American Nurses Publishing, 2001

Pasadena City College
Nursing Student Handbook Signature Form

I have received a copy of the PCC Registered Nursing Handbook. I accept the responsibility for reading its content and abiding by its procedures.

Student Name (Please Print)

Student Signature

Date