Welcome to the Reynolds Associate of Applied Science Degree in Nursing Program. The faculty and staff are here to facilitate student completion of the program and meet the requirements to apply to take the NLCEX-RN® licensure exam. Students are responsible and accountable for their role in achieving the program outcomes. Students must understand the relationship between personal choices and actions in program success. The Student Nurse Handbook and the Reynolds catalog and student handbook contain information and procedures so that students know and understand policies and procedures and possible consequences. Nursing advisors or instructors are able to clarify any items on the following pages.

Again -- Welcome and best wishes for success in nursing!
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College Mission and Nursing Program Philosophy

COLLEGE MISSION
J. Sargeant Reynolds Community College (Reynolds) provides an accessible, quality education that develops students for success in the workplace, prepares students for successful transfer to colleges and universities, builds a skilled workforce that contributes to regional economic development, and promotes personal enrichment and lifelong learning. The nursing program adopts the mission, vision, and values of J. Sargeant Reynolds Community College.

Vision
Reynolds will be the preeminent pathway to the workforce and degree attainment for the greater Richmond region.

Values
Our Students
We promote high academic standards and innovative programs that enable our students to go further and faster in pursuit of their goals.

Our People
We promote a culture of collaboration, hire talented individuals, and invest in their professional and personal growth.

Our Community
We enrich our community through education, leadership, partnerships, and volunteerism.

Our Environment
We create and foster safe, healthy and inclusive places for learning, teaching, and working.

NURSING PHILOSOPHY
The Reynolds Associate of Applied Science in Nursing Degree Program supports the mission and vision of the college and provides access to nursing education that develops individuals for both employment and career advancement, supporting a skilled healthcare workforce in the central Virginia area. The nursing program creates a dynamic learning environment that promotes accessibility, expands students’ opportunities and enriches the community. The Reynolds values: student success, serving our community, teaching and learning, inclusiveness and collaboration, excellence, ethics, environment, and our people further contribute to the development of our nursing philosophy, as those concepts are threads within it.
The nursing philosophy was created by the faculty and reflects a summation of faculty beliefs about the nursing practice of associate degree registered nurse graduates, health and illness, environment, clients, and education.

The faculty believes that associate degree nursing education prepares an individual to provide client-centered care for individuals, families and communities in structured healthcare settings. Education is acquired from an institution of higher learning with a balance of general education and nursing courses that assist the student to integrate concepts from the biological, social, and physical sciences with the art and science of nursing. The faculty believes that nursing education is a continuous, life-long commitment and instills that value in students to prepare them for licensure, employment in a variety of healthcare settings, and/or to continue toward advanced practice concepts. The faculty views learning as a sequential process of acquiring knowledge for skillful, ethical practice that results in personal and professional growth, reflective of critical thinking and decision-making to meet the complex needs of diverse client populations. Mastery is supported in the delivery of the curriculum through a three tiered nursing program that progresses from simple to complex. The faculty places primary responsibility for learning on the student, believing that learning is a change in behavior resulting from active involvement. It is the responsibility of the faculty to provide an innovative classroom and clinical experience where students have an opportunity to engage in a thoughtful, deliberate, and informed way. The faculty recognizes that students bring special talents and abilities, varied life experiences, diverse perspectives and needs, and individualized goals into the learning process. The faculty serves as a role model and facilitator of the learning process by creating a collaborative learning environment where respect, trust, and honesty serve as a foundation for personal growth, professionalism, and scholarship. The faculty is committed to student success and supports student inquiry to reach higher goals which have the potential to continue to change their lives and enrich the community.

The faculty believes that nursing is both an art and a science, oriented to assist clients in the achievement and maintenance of health and prevention of illness throughout the lifespan, or in the attainment of a peaceful death through caring and culturally sensitive interventions. The faculty defines client as individuals, families, or communities. The faculty believes that each client is a holistic being with worth, dignity, and certain rights with concomitant responsibilities. The faculty believes that clients are aware of self and others and are capable of making autonomous decisions and changing and that they have potential for growth through empowerment. The faculty views health as a dynamic continuum where transitions from optimum level of wellness to illness, or illness to wellness occurs for each client on an ongoing basis. Internal and external environmental influences are considered as they relate to client health, level of function, and quality improvement. This requires a holistic perspective by the nurse with emphasis on promoting wellness and managing care. Maslow’s Hierarchy of Needs further delineates the significance of physical, social, emotional, intellectual, cultural, and spiritual dimensions, and their related impact on wellness and illness for all clients. The nurse uses interpersonal, intellectual, and technical skills to engage the client and/or significant support system in this adaptation process. The nurse uses critical thinking to synthesize knowledge from the natural and social sciences, humanities, and nursing theory which is reflective of evidence based care, to manage client care and make clinical decisions within the legal, ethical, and regulatory boundaries of professional practice. The nurse further collaborates with the interdisciplinary healthcare team to coordinate cost effective care in delivering holistic client
care and communicates professionally through the use of informatics. The faculty believes that nursing process and the therapeutic relationship are used to facilitate achievement of these goals.

The nursing faculty developed the curriculum from components of the nursing philosophy, National League for Nursing’s Educational Competencies for Graduates of Associate Degree Nursing Programs (2010), American Nurses Association (ANA) Standards of Practice, The National Association for Associate Degree Nursing (N-OADN), The 2010 Affordable Health Care Act, including perspectives from the Institute of Medicine, National Patient Safety Goals, and Quality and Safety Education for Nurses (QSEN) Competencies, Accreditation Commission for Education in Nursing (ACEN) criteria, and the NCLEX- RN® Test Plan to further delineate associate degree nursing practice and serve as the foundation on which the organizing framework for the curriculum is based. Course outcomes follow this framework and show progression toward the overall successful program outcomes. Specific Student Learning Outcomes, including theoretical mastery, clinical practice, and the student evaluation process, are based on this framework and include: professional behavior, therapeutic relationship, safety and risk management, nursing process, teaching and learning, collaboration and management of care, and informatics. Major concepts of nursing, health/illness, environment, and client are reflected throughout this framework as they relate to the practice of safe nursing care. This framework serves to guide the curriculum by ensuring that common threads necessary to practice nursing are addressed throughout each of the seven core nursing clinical courses and health assessment and leadership.

**Associate Degree Nursing Education**

The faculty believes that nursing education should occur in institutions of higher education that maximize the student’s knowledge, understanding, and acceptance of expected role and function in society. The faculty further believes that minimum preparation for beginning professional nursing practice is the associate degree.

The faculty believes that associate degree programs in nursing are based on sound educational methods that provide the learner with liberal arts, science and nursing education. These programs accept students with varying educational and cultural backgrounds and experience in the belief that these factors provide a valid basis for further education and experience. The faculty values educational mobility and encourages graduates to continue learning through formal study leading to higher nursing degrees as well as increasing knowledge through continuing education. Maintaining knowledge of current practice through reading of nursing literature is expected.

At program completion, the associate degree nursing graduate is prepared for beginning level positions in hospitals, long-term care facilities, and selected health agencies. Based on facility/agency policy, the graduate is able to provide direct care and collaborate with members of the multi-disciplinary healthcare team in the delivery of care. The graduate recognizes the need for assistance in situations requiring more complex care. The graduate is able to lead members of the nursing team with less formal preparation within the legal parameters of delegation. The faculty does not believe that associate degree nursing education prepares graduates for initial roles in leadership, management or community health. It is believed, that, with experience, the graduate is adequately prepared to assume certain leadership positions based on policies of employing agencies.


**CURRICULUM**

The nursing program concurs with the college and believes that it has the opportunity to change lives and enrich our community by providing access to associate degree nursing education. It further believes that students are prepared for employment or continued advanced practice and that regardless of which choice a student makes, graduates are prepared to contribute to a skilled workforce and to society. The Reynolds values: student success, serving our community, teaching and learning, inclusiveness and collaboration, excellence, ethics, environment, and our people further contribute to the development of our nursing philosophy as those concepts are threads within it.

The nursing philosophy was created by the faculty and reflects a summation of faculty beliefs about the nursing practice of Associate Degree graduates, health/illness, environment, clients, and education. In summary, the nursing philosophy addresses associate degree nursing education and incorporates the National League for Nursing’s Educational Competencies for graduates of Associate Degree Nursing Programs (2000) as a foundation for identifying roles and functions of the associate degree nurse. ANA Standards of Practice, the Twenty-one Competencies for the Twenty-First Century identified by the Pew Health Professions Commission and the National Patient Safety Goals and QSEN competencies further delineate associate degree nursing practice. In defining nursing and healthcare, the nursing faculty incorporates concepts related to holistic care, the nurse-client relationship and therapeutic communication, ethical and legal boundaries, Maslow’s Hierarchy of Needs and other multidimensional needs of clients and their impact on health and illness. Critical thinking, decision-making, and managing care are done through the framework of nursing process. Beliefs regarding education as a process that is sequential and a process that transitions a student from a novice learner in need of direction, assistance, and nurturing to a self-directed learner who is actively involved, assumes responsibility for personal and professional grow, and develops a sense of inquiry are reflected in the faculty’s view of education.

The nursing faculty developed an organizing framework from components of the nursing philosophy, focusing on the National League for Nursing’s Educational Competencies for Graduates of Associate Degree Nursing Programs (2010) as the design on which the curriculum is based. Program objectives and program clinical outcomes, including student evaluation, are based on this framework which includes: professional behavior, communication, assessment, clinical decision making, caring interventions, teaching and learning, collaboration, and managing care. Major concepts of nursing, health/illness, environment, and client are reflected throughout this design as they relate to the practice of nursing. This framework serves to guide the curriculum by ensuring that common threads necessary to practice nursing are addressed throughout each of the seven core nursing courses. Course objectives and course clinical outcomes further follow this framework/design and show progression toward the overall program objectives and program clinical outcomes.

In addition, the literature was reviewed to assure that the program objectives and program clinical outcomes reflected the scope of practice for an entry level associate degree graduate, met
legal requirements, and were based on contemporary beliefs about nursing. Guided by these beliefs, and this organizing framework, Reynolds will prepare nurses who:

**PROGRAM OUTCOMES**

1. Educate graduates to deliver safe, patient-centered nursing care to a diverse population with health alterations in structured health care settings.

2. Eighty percent of students who graduate will do so within 150% of the established program completion time.

3. The yearly program first-time pass rate for NCLEX–RN and the mean three year NCLEX–RN first time pass rate will be at or above the national mean.

4. Eighty percent of graduates who respond to the graduate follow-up are employed in nursing within one year of graduation.

5. Eighty percent of graduates who respond to the graduate follow-up survey will indicate they are satisfied with the quality of nursing education they received.

6. Eighty percent of employers who respond to the employer satisfaction survey will indicate they are satisfied with the performance of Reynolds Associate Degree Registered Nurse Program graduates.

7. Seventy-five percent of students complete the program.

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**STUDENT LEARNING OUTCOMES (GRADUATES)**

Students who complete the Associate Degree of Applied Science with a major in Nursing are expected to:

1. Practice within the legal, ethical, and regulatory boundaries of professional nursing, assuming accountability for the quality of nursing care provided to individuals and families.

2. Demonstrate commitment to excellence by maintaining professional integrity and competency through reflection, self-assessment, self-care, and life-long learning as a professional nurse, healthcare team member, and citizen.

3. Advocate for and deliver holistic client-centered nursing care based on principles of the therapeutic relationship.

4. Minimize client harm and promote safe care through individual performance and system integrity.
5. Apply the nursing process to meet the health needs of diverse individuals, families, and groups across the life span in structured settings.

6. Implement sound clinical judgment based on knowledge and science, critical thinking and evidence based practice to achieve positive client outcomes.

7. Design client, family, and community education that incorporates effective teaching and learning principles and promotes positive client outcomes.

8. Collaborate with the interdisciplinary healthcare team to promote continuity of care and improve client outcomes.

9. Apply leadership and management principles to provide cost-effective care and promote quality improvement.

10. Synthesize the use of information and technology to communicate, manage knowledge, and support decision making.

ACCREDITATION

The Associate Degree Program in Nursing is fully approved by the: Virginia Board of Registration in Nursing
Perimeter Center
9960 Mayland Road, Suite 300,
Henrico, Va. 23233-1463

The Associate Degree Nursing program is also accredited by the: Accreditation Commission for Education in Nursing (ACEN)
3343 Peachtree Road NE, Suite 850
Atlanta, GA 30326
P. 404.975.5000; Fax 404.975.5020

Website: www.acenursing.org

NON-DISCRIMINATION POLICY

J. Sargeant Reynolds Community College is an equal opportunity institution providing educational and employment opportunities, programs, services, and activities. Reynolds does not discriminate on the basis of age, color, disability, family medical history or genetic information, military service, national origin, parental status, political affiliation, race, religion, sex (including pregnancy and gender identity), sexual orientation, or any other non-merit based factor. The College also prohibits sexual harassment including sexual violence or misconduct.
CURRICULUM DELIVERY DESIGN

The delivery of the curriculum is designed as a three tier level system of student rotation to support the program vision and mission, accomplish program objectives, and reflect progression in course difficulty and complexity. Levels are as follows:

Level I. Conceptual/Foundational
NUR-111 / NUR-115 (LPNs), NUR-226

Level II. Technical Enhancement/Transition
A. NUR-245, and NUR-108
B. NUR-247 and NUR-109

Level III. Comprehensive/Integrative
NUR-208, NUR-246, NUR-254, and NUR-298

The delivery of the nursing curriculum at Reynolds is organized as a three tier level system where all courses within a level must be successfully completed before the student is allowed to progress to the next level. Level I, the Conceptual/Foundational level, includes NUR 111/NUR 115. In NUR 111 and NUR 115, core concepts ranging from simple to complex are presented while the student becomes familiar with the use of Maslow’s hierarchy to define the common needs of man. Holism, health-illness continuum, and use of nursing process to meet needs is discussed as the student gains knowledge of the role, functions and thinking of the registered nurse. Ethical, legal, cultural and communication concepts are explored during cognitive and psychomotor learning. Clinical experiences are directed to the care of one stable hospitalized adult with faculty involvement focused on role modeling, providing guidance, and nurturing the novice student. NUR 226 establishes the foundation of health assessment.

NUR 245, 108, 247 and 109 are courses included in the second level, which is identified as the technical enhancement / transition level. Building on the foundation established in NUR 111/NUR 115 and NUR 226, the student assumes more responsibility for personal learning and becoming more self-directed. The student begins to analyze information in diverse clinical situations, including the medical-surgical setting, psychiatric setting and maternity setting. There is more focus on maintenance and preventive health measures in dealing with both acute and chronic illnesses. Critical thinking involves more complex decision making and the student is expected to integrate client teaching into clinical practice. The faculty in this level facilitates role appropriate behavior, student responsibility and accountability. The student learns principles of delegation, collaboration and referral while caring for more than one client.

The third level of the curriculum, designated as the comprehensive/integrative level, includes NUR 208, 246, 254, and 298. It is completed during the last semester of the program. Previously learned information is synthesized and integrated into the care of acutely ill adults and/or children in Level I trauma centers or complex units in major metropolitan community hospitals. The student also gains leadership experience during clinical with an opportunity to utilize concepts of delegation and collaboration in managing nursing care of several clients. The faculty serves as mentors and supervisors of clinical practice.
Level I. Conceptual/Foundational  
*NUR 111/115, NUR 226*

Principles of learning are utilized in providing core concepts, ranging from simple to complex, for the novice learner. An organizing framework for mastering nursing theory, values, and skills is established to provide the needed structure and support. Cognitive, affective, and psychomotor domains are included. Class, campus laboratory, and clinical opportunities provide a supportive environment, yet involve the student as an active participant in the learning process. However, at this level, the instructor assumes more active involvement in the student learning process as a role model, source for direction and guidance, and nurturer in the student’s adjustment to the student nurse role and professional development.

The student defines common needs of man based on Maslow’s Hierarchy of Needs, focusing on basic needs of biological integrity, safety, and security. Understanding man as a holistic being with worth, dignity and certain rights with concomitant responsibilities is emphasized. Development throughout lifespan, as well as the impact of one’s family, community, and culture on self and decision-making, is considered. Bio-psycho-social-spiritual needs are identified and a beginning level of understanding of their impact on care is developed.

The health-illness continuum is defined. Strategies to maintain homeostasis and to assist clients to adapt to health needs/problems are introduced. General concepts of wellness and selected normal parameters for the adult client are identified. The focus is on common health problems within a direct-care delivery system.

The student becomes aware of nursing roles and functions, with an emphasis on the roles and functions of the student nurse. Qualities necessary to establish professional values and maintain professional relationships are identified. The nursing process is introduced as a means to meet the common health needs of individuals. Technical skill development begins and an awareness of ethical and legal accountability for provision of direct care is examined. Respectful, ethical, professional interaction with others is learned through increased self-awareness. Personal responsibility for one’s own learning is reinforced in preparation for identifying client teaching needs. An understanding of basic verbal and nonverbal communication is presented and practiced. Appropriate channels for directing communication about clinical data are provided.

Level I course outcomes can be found in course syllabi and course learning packets.

Level II. Technical Enhancement/Transition  

*A. NUR 245, NUR 108*  
*B. NUR 247, NUR 109*

Utilization of concepts from previous learning, especially fundamentals of nursing, humanities, and natural sciences, is integrated into the cognitive, affective, and psychomotor knowledge base. Understanding of concepts is demonstrated through application and analysis in situational contexts, both in theory and in practice. Competent demonstration of skills is gained through repetition. Responsibilities shift as the student learner assumes more independence and is more self-directed in the learning process. The instructor facilitates role appropriate behavior, student accountability, and student responsibility for personal and professional competency. Ultimately,
analysis of information is demonstrated as the student explains, differentiates, and compares data in a variety of settings with diverse client populations.

The student utilizes Maslow’s Hierarchy of Needs as a basis for assessment and need identification. Love and belonging, self-esteem, and self-actualization are further emphasized. Man is viewed as part of a more complex system, including family, groups, milieu, and community. Impact of these relationships is considered in overall health care. Cultural differences and diversities are related to the client’s perspective of needs and decision-making. Psycho-social-spiritual threads are further emphasized in viewing man from both a holistic and systems perspective.

The importance of balancing physical, emotional, and spiritual needs in coping with external and internal change is explored. Various responses to acute and chronic illness are examined. The student learns strategies for prevention, adaptation, and resolution related to pathology to assist clients in re-establishing homeostasis. Care within the entire health system is utilized, including community resources, to provide for the multiple needs of the client and family.

The student focuses on maintenance and preventive health, as well as intervening with the acute surgical and chronically ill client. Comprehensive physiological and psychological assessment is further developed for the client and family. Nursing principles previously learned are now applied to different client populations such as maternal/infant clients and psychiatric clients. Clinical reasoning incorporates more critical thinking as more complex decision-making is required and the student nurse expands the focus of care. Responsibility for implementation of client teaching is included in nursing care. Technical psychomotor skills are refined and interpersonal skills are enhanced. Exploration related to therapeutic use of self is discussed as the nurse continues to utilize therapeutic verbal and nonverbal communication and processes its effectiveness. The student nurse learns principles of delegation, collaboration, and referral in coordinating needs and care for multiple clients. Standards of nursing practice, as well as ethical and legal responsibilities of the nurse, are considered in these expanded roles.

Level II course outcomes can be found in course syllabi and course learning packets.

**Level III. Comprehensive/Integrative**

*NUR 208, NUR 246, NUR 254, and NUR 298*

All previous information is synthesized and integrated into practice. Independent strategies and responsibilities for learning are placed on the student. The faculty serves in a mentor/supervisor role. Accountability and implications for self-motivation and responsibility is stressed, as well as the need for life-long learning. The support and value of peer contributions and professional organizations is incorporated into one’s value of education and relevance to one’s practice. Evaluation of information and appreciation of its value is demonstrated through application and critique of effectiveness. Progression from student role of recipient of knowledge to provider of knowledge and need for continued evidence based practice is initiated in preparation for the professional nurse role.

The nursing student moves to a perception of man as a complex, dynamic being, utilizing Maslow’s Hierarchy of Needs as a framework for identifying and prioritizing comprehensive
needs. Identification of bio-psycho-social-spiritual needs is integrated for utilization of health maintenance and promotion of wellness. Potential for growth, while maintaining individuality and ability to conform and function within a system, is emphasized. Human development throughout life span is related to one’s ability to achieve wellness and maintain a productive, meaningful life or prepare for a dignified death.

Comprehensive coordination of bio-psycho-social-spiritual needs in restoration and maintenance of health is managed. Health is viewed as a dynamic state directed toward maintaining homeostasis and reaching one’s optimal state of wellness. Complex health care problems are addressed in an acute, direct care teaching environment, which incorporates multiple needs of clients and families. Implications of the health status for the family and community support are included in the health care plan.

The nursing student integrates all previously acquired information, managing complex issues and needs in an acute care teaching environment. Clinical reasoning and related decision-making are reflected in care, as the student provides individualized, comprehensive care, serves as a client advocate, and acts as a change agent for management of illness and promotion of wellness. Client teaching is an integral part of individualized, holistic care. Accountability for quality care and cost effectiveness is considered. Oral and written communication is comprehensive. Provision of care occurs within ethical and legal regulatory boundaries and reflects Professional Standards of Nursing Practice as the student nurse transitions into the professional nurse role. Management of care and collaborative relationships occur, utilizing multiple resources in the acute care setting and the community. Beginning awareness of professional responsibilities regarding social and political issues impacting on care are reviewed.

Level III course outcomes can be found in course syllabi and course learning packets.

ASSOCIATE DEGREE NURSING PROGRAM - STUDENT POLICIES

NOTICE OF POTENTIAL PROGRAM CHANGE INFORMATION

The college offers this program in affiliation with the healthcare agencies and practitioners in the communities the college serves. The college relies on its community affiliates to provide clinical education opportunities for its students, expert clinical preceptors, and course instructors for many courses. The often rapid changes in healthcare law, standards of practice, technology, clinical agency policies, and content of credentialing examinations increasingly necessitates changes in the program’s policies, procedures and course scheduling.

As a result the college cannot guarantee every student continuous and uninterrupted clinical and course instruction as outlined in the printed catalog curriculum for this program. Circumstances beyond the control of the college may necessitate the postponement of course offerings or changes in the sequencing and/or location of scheduled courses or clinical assignments. Additionally the college may have to change the instructor for courses after instruction has started.
NURSING PROGRAM POLICIES

1.0 Nursing Student Responsibilities Across the Nursing Program

1.1 On Admission
Students must have the following acceptable documents posted to Castlebranch® to be eligible to enroll in Level I courses: Students who fail to meet this requirement will be unable remain enrolled. This student’s seat for admission will be given to one assigned “alternate” status.

1. Background check / re-check
2. Drug screening
3. Health form and Immunizations
4. American Heart Association Basic Life Support for Healthcare Providers CPR
5. Assumption of Risk form
6. Professional Boundaries, including Social Media contract
7. Virginia Board of Nursing Barrier Crimes acknowledgement document
8. Social Security Card and/or Green Card
9. Driver’s License (if possess)
10. FERPA form
11. Signed “Statement of Understanding of Nursing & College Policies” (this document is located on the last page of this handbook).

1.2 Background Check, Drug Screen, Health, Immunization details, and CPR
The providers with which Reynolds Community College place a student as part of their clinical coursework in the AAS Nursing programs require that the student participate in a background check, drug screen, health, immunization, flu vaccination, and CPR. Random drug screening may be repeated during the program.

- These providers reserve the right to refuse and/or reject for clinical practice any student whose background, drug screen, health and/or immunization information does not meet the applicable guidelines and agency contract with the college.
- A student must be aware that progression through the A.A.S. in Nursing programs is specifically conditioned upon a satisfactory background check, drug screen, health, immunization, flu, and CPR and is acceptable by a clinical provider throughout the curriculum.
- A student who has a gap in enrollment in a nursing course must repeat the Background Check and Drug Screen, and may be required to update health, immunization, flu, and CPR before returning to the nursing program.
- An AAS Nursing student who is unable to complete the clinical portion of a nursing course due to a change in the required program documents identified above, will receive an “F” for the clinical portion of his/her course. This “F” will result in a failing grade for the nursing course. See Progression Policy statements.
- A student may be directed to complete a random drug screen at any point in the program based on agency requirement and/or
instructor/agency concerns related to observed behaviors. The student will have two (2) hours from notification to complete the drug test. The cost for this drug screen is the responsibility of the student.

- By accepting a student into the A.A.S. in Nursing Program, Reynolds Community College does not represent or guarantee that said student will be eligible for placement in a clinical program.

Positive drug screening test results
A student who test positive on the Drug Screen will be contacted directly by Castlebranch®, Inc. This company is responsible for the review process of all drug screening laboratory results. The medical reviewer will call a student directly. Students will be given the opportunity to provide prescription drug information (name of pharmacy, phone number of pharmacy, and prescription number). The medical reviewer will confirm the validity and accuracy of the information provided. Verified information will result in a drug screen report being listed as acceptable. Unverifiable information will result in a drug screen report being listed as positive.


1.3 Course-to-Course Progression

A student must maintain the following to be eligible to remain enrolled in a nursing course:
1. Negative TB results, annually.
2. Confirmation of receipt of flu vaccine, annually, by published deadline.
3. Active C.P.R. status across the program.
4. A Grade Point Average of at least 2.0
5. Maintain access to Social Security Card and/or Green Card.
7. A student must complete required healthcare agency paperwork, by the deadline established by the agency, or the AAS Nursing program. Any student who misses this deadline will not be eligible to attend clinical learning experiences. This student may drop or withdraw from the enrollment. Should the student decide to remain in the course, faculty will assign a failing grade for the clinical portion of the course. This student cannot attend clinical learning experiences.
8. A student returning to the program following any gap in enrollment must comply with all current requirements identified in this student handbook, or received in writing from the program.

2.0 Program Progression

The program adheres to the following
- In accordance with policy of the Virginia Community College System (VCCS Policy No. 5.6.3) students may not normally enroll in the same course more than twice. Enrollment is defined as staying in the course beyond add/drop period.

- A student with two enrollments in the same course resulting in any combination of W, D, or F grades, or who receives a failing grade (D or F) in any two different nursing courses will not continue in the nursing program. (See Appeal Process)
A student who receives a failing grade for the clinical component of a nursing course will receive a grade of F for the course and will not continue in the nursing program. (See Appeal Process)

A student who fails clinical, based on any aspect of Professional Behavior will not be eligible for re-admission or admission to any other Reynolds Community College Nursing program.

A student must have a cumulative grade point average (GPA) of 2.0 or above to progress to next course and level of the program.

A student who withdraws, fails, or takes a leave of absence and does not enroll and complete a nursing course within twelve (12) months will need to re-apply to the program. A student in this category must meet the current admission criteria.

A student who withdraws passing* from NUR-111/NUR-115 will have a seat “held” for his/her return to the program. [*passing is defined as satisfactory clinical performance and an average grade score of 80% or higher on coursework]

A student who withdraws with an average less than 80%, or earns a final course grade of less than a “C” in NUR 111 or NUR 115 will submit an “Application for the AAS in Nursing Program” form to Central Records and Admission requesting consideration for re-admission to NUR 111 / NUR-115. Re-admission is not guaranteed. The first attempt with NUR 111/ NUR 115 will be included in the two (2) attempts with any course.

Students must complete all general education and nursing courses within each level with a grade of C or better before students may progress to the next level.

a) Pre-acceptance:  SDV 100, ENG 111, BIO 141, MTH 126  
b) Level I: NUR 111 or NUR 115; NUR 226, BIO 142  
c) Level II A: NUR 245, NUR 108, PSY-230  
d) Level II B: NUR 247, NUR 109, ITE-115, SOC-200  
e) Level III: NUR 246, NUR 254, NUR 208, NUR 298, and a Humanities/Fine Arts elective from the list provided by Reynolds.

A student who chooses to register out of the established sequence will be notified to drop. The student who fails to complete this action will be administratively dropped.

A student may only enroll in one clinical nursing course at a time.

A student who receives less than a C in a course, may not self-register into a course, and will be notified to drop. If this action is not completed, the student will be un-enrolled by the Promotion and Graduation Committee or Coordinator. See section on Progression Status for process.

A student who is not eligible to continue in the AAS Nursing program, or decides to leave the program must make arrangements to meet with the Coordinator for Nursing Programs.
- A student enrolled in NUR 115 will receive advanced placement credit for NUR 111 when a grade of C or higher is earned in the course. This action is based on maintaining an unencumbered license as a LPN in Virginia.

- An advanced-placed LPN (156-02 or 156-03) must enroll in a Level II-A clinical nursing course within one calendar year of completing NUR-115.

- A student is expected to complete the full-time AAS Nursing Program within 6 semesters, and the part-time LPN to A.A.S. Nursing Program within 10 semesters. Any student who anticipates exceeding this time must receive permission from the Progression and Graduation Committee to extend his/her time in the program.

- During the academic year, a student is expected to register for the general education courses, not completed prior to admission, as identified in the curriculum. Students are reminded that all courses within a level must be completed before progressing to the next level.

- There is no guarantee that all nursing courses will be offered during the summer term.

- A student who does not complete the program curriculum is ineligible for graduation from the Reynolds Community College AAS in Nursing Program.

- LPN students enrolled in the AAS in Nursing Program may transition to either the full-time, or part-time program under the following criteria:
  a) Extenuating circumstances, as identified by the student, course faculty, or Coordinator.
  b) Space is available following placement of all Progression 1 students; and
  c) The move facilitates the student’s progression in the program.
  d) Advising is required by the course faculty where the student was last enrolled.

- A student who misses clinical orientation for any nursing course will not be eligible to make-up this experience and will receive a failing grade for the course if enrollment continues.

- Students are responsible to process the registration and pay the tuition by the first deadline established by the college. If enrollment is dropped by the college for non-payment of tuition, the student must seek re-registration through the program’s Lottery system, after Progression 2 students are placed.

- Clinical Attendance Information
  
a) Individual course syllabi and Course Learning Packs identify individual course expectations regarding attendance. Should a student miss any clinical experience, the Course Coordinator and Clinical Instructor will determine if there will be an opportunity to make up the absence, and continue in the course.
b) The student who misses 12% or more of clinical time must appear before the Admission and Transfer Committee. This committee will determine if the students is able to continue in the program.

c) Faculty will schedule one make-up day for missed clinical experience in each clinical course. Absences that exceed this amount will be evaluated by the Course Coordinator and may require a hearing. There is no guarantee that excessive clinical absences will be offered for make-up.

d) Every student must demonstrate achievement of the required hours identified in the Regulations of the Virginia Board of Nursing, and meet hours identified in course credits.

2.1 Student Progression Status

Reynolds Community College has entered into an implied contract with all accepted nursing program students via the Reynolds catalog. The catalog indicates that once accepted into the nursing program a student can complete the program within two years assuming the student attends four consecutive semesters (summer is a session, not a semester).

The catalog also indicates that our ability to offer clinical instruction is based on available clinical sites and instructors.

I. **Student Progression 1** status is designated for a student who has never failed, withdrawn, or taken a leave of absence for any reason.

A student in this category may register for any available space for a course for which the student is eligible during the online registration guidelines established by the college. The student who has not stopped program progress has the first opportunity for enrollment for available seats.

II. **Student Progression 2** is designated for a student who has withdrawn, failed, or taken a leave of absence. This student has stopped program progress and will be enrolled based on a lottery process for available seats.

A Student Progression 2 student will **not** participate in registration independently. This student will be eligible to participate in a lottery draw for available seats.

The AAS Nursing program checks student enrollments in courses and has the authority to drop a student from a course if the student is not a Student Progression 1 status student.

Online registration for all nursing courses is closed after forty-eight (48) hours.

- When any student is dropped from the course due to non-payment, the nursing program will not take responsibility for re-enrolling the student in the course. **The student is responsible for checking that there are no holds on his/her account prior to registration, sufficient financial aid is available in his/her account to fully cover the tuition costs, and/or sufficient credit load is met.** This student must seek re-registration through the program’s Lottery system, **after** Progression 2 students are placed.
Progression 2 Student will return to a Progression 1 Student status under the following conditions:

- The student who withdrew failing: following successful completion of the course where the withdrawal occurred.
- The student who failed a course: following successful completion of the course where the failing grade occurred.
- The student who took a leave of absence: following successful completion of the next nursing course.

A student who has been granted permission to return to the nursing program following a special appeal hearing will work directly with the Coordinator for placement in each nursing course until the program is completed. This student will be placed in a course only after both Program Progression 1 and Program Progression 2 students are placed. This “space available” status may remain for the duration of his/her program of study.

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2.2. Suspension or Dismissal

A student is subject to disciplinary action, including course or program suspension or dismissal, under certain circumstances. These circumstances include (but are not limited to) the following:

1. Exhibiting behavior in the clinical area that a faculty member deems potentially life threatening or that may lead to client injury. This includes observations reported by professionals within a healthcare agency.
2. Failing to act in a responsible or prudent manner in carrying out professional responsibilities.
3. Coming to clinical and demonstrating behaviors that reflect impairment of judgment and/or inability to perform client care responsibilities (such as but not limited to, being under the influence of drugs, alcohol, mentally or physically ill). Faculty and/or agency staff may require a repeat drug screen be completed within 2 hours.
4. Demonstrating behavior that is defined as misconduct under Section VI - Student Conduct, of the Reynolds Student Handbook or under Standards of Conduct in the Reynolds Nursing Student Handbook. (classroom and/or clinical learning environment).
5. Being charged with professional misconduct related to role as a Nursing Assistant or LPN, resulting in the suspension or revoking of a certificate or license. Such students may not proceed in the nursing program until the charge is resolved and the certificate or license is reinstated without restrictions. It is a student's responsibility to report any such misconduct. Failure to report such occurrences will result in suspension or dismissal from the program.

**Disciplinary process:**

1. Notification of student action by any nursing faculty member to the Coordinator for Nursing Program.
2. Notification to the student by the Course Coordinator or Coordinator of Nursing of event and/or observed behaviors.
3. Documentation of student’s removal from a learning environment based on event observed.
4. Copy of notification to the Dean, School of Nursing and Allied Health, who may notify the Dean of Student Affairs, if needed.
5. Coordinator will identify a hearing date and location with notification to: student, faculty who observed event, Dean of the School of Nursing and Allied Health, and two AAS in Nursing program faculty members.
6. Disciplinary Hearing outcomes:
   a) Dismissal from the A.A.S. in Nursing Program
   b) Opportunity to remain in the program with specific behaviors outlined to be maintained
   c) Suspension, with conditions to be met prior to returning to the program

**Appeal process for Readmission to the AAS Nursing Program**

To appeal for program re-entry within the A.A.S. in Nursing Program the student must:
1. Present a written request to the Admission and Transfer Committee seeking an Appeal Hearing appointment. This request is sent to the Committee Chairperson.
2. Adhere to the policy that the program of learning must be completed within six (6) semesters of initial admission for full-time program and ten (10) semesters for part-time evening/weekend LPN to AAS Nursing program.
3. Understand that the decision to readmit will be based on a review of all academic, attendance, clinical data, as well as extenuating circumstances.
4. Understand that if he/she is seeking this appeal process and has implemented the grievance procedure, the hearing will not be scheduled until all Grievance procedures have been completed.
5. Be aware that the Admission and Transfer Committee will establish the appeal hearing schedule.
6. Have program (curricular) G.P.A. of 2.0 or above.
7. Understand that if he/she withdrew or failed a nursing course with an academic average less than 80% he/she may not be granted readmission for a third attempt at the program.
8. Understand if he/she failed to meet the clinical outcomes of a course, he/she may not be recommended for readmission.
9. Understand that the decision of the Admission & Transfer Committee can be appealed to the Coordinator for Nursing, whose decision is final.

If a student is granted re-admission into the nursing program following through the A&T review process, then
1. Enrollment in a course is on a space available basis.
2. Readmitted students must adhere to the policy that the program of learning will be completed within 6 semesters of initial admission (10 semesters if part-time LPN to AAS Nursing student),
3. Readmitted students must complete theory, laboratory and clinical components of the course.
4. A contractual agreement will be required to document rationale for re-entry, identification of expected student actions, and acknowledgment of final attempt with course/program. This contract will be developed by the Coordinator for Nursing Program. A contract is required to continue in the program.

2.3. Exposure/Development of a Communicable Disease

If a student has been exposed to a communicable disease, the student must immediately contact the Coordinator for Nursing, or Clinical Coordinator, to report exposure. It will be left to the discretion of the Coordinator, in conjunction with the faculty and agency staff, to determine if it is safe for the student to attend clinical assignments. Any student diagnosed with a communicable disease is required to present documentation to the Coordinator indicating that they are no longer infectious before they will be allowed to participate in classroom/clinical activities.

2.4. Pregnancy

If a student becomes pregnant while enrolled in the program her confidentiality will be protected. It is always prudent to inform the clinical instructor to prevent maternal/fetal exposure to known risk factors. Postpartum (after delivery) the student must provide a completed and signed “Return to the Program” health form. This form signed by the student’s health care provider, prior to a return to class and clinical learning experiences, must be submitted to the Course Coordinator. The health care provider must indicate that the student can participate fully in all clinical experiences. See Appendix D. Pregnancy is not identified as a condition where the principles of the Americans with Disabilities Act are applicable.

2.5 Medical – Surgical Event

If during the course of the program, a student’s health condition necessitates intervention from a healthcare provider, completion and submission of the “Return to the Program” health form must indicate that the student can participate fully in all aspects of the Program, especially while in the clinical setting. See Appendix D. This documentation must be submitted to the Program or Course Coordinator before the student will be allowed to return to the clinical setting.

3.0 Student Expectations

Review Statement of Professionalism:

The principles of respect, responsibility, accountability, altruism, honor, integrity, caring, compassion, communication, excellence, scholarship, leadership, knowledge and skills are central to the profession of nursing. We expect students to integrate these principles as they grow into the profession. Any violation of professional behavior standards may result in suspension or dismissal from the AAS Nursing Program following a hearing with an Ad Hoc Faculty Committee established by the Coordinator for Nursing Program. Please review the Professionalism content in Appendix A.

Student responsibilities:

1. Each student is accountable for maintaining a level of competency based on their level of program progression. Recall of previous learning is expected in both the academic
and clinical setting. Faculty will include previous program content in course unit and/or final exams.

2. Each student is responsible for their own transportation to all course assigned clinical learning experiences.

3. Each student is responsible for medical costs for any injury received while in any clinical setting, including injuries for which testing is required by clinical agencies.

4. Each student must monitor their progression toward completion of all Reynolds and Program courses to meet graduation requirements. (Self-service student center site through www.insidejsr.edu.)

5. Each student is accountable for all college/program policies identified in this student handbook as well as the Reynolds student handbook.

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3.1 Professional Behaviors to implement while in a clinical learning environment:

1. Each student should consistently demonstrate those professional behaviors identified in the statement of Professionalism (Appendix) with patients, family members, faculty, interdisciplinary team members, and peers.

2. Each student is to consistently implement principles of safety, accountability, and responsibility.

3. Each student is expected to demonstrate accountability by ensuring safe transfer of patient care to another health care individual, under the direction of course faculty, before leaving the assigned nursing unit. A student will not leave the clinical learning environment without notification of faculty.

4. Professional communication, in English, is expected at all time, in all clinical learning environments.

5. Smoking in uniform is not permitted or while on healthcare agency “grounds”, or at any college linked site where the student uniform is worn (i.e. Public Schools, Recognition Program, Health Fairs, etc.). This includes all forms of tobacco, including, chewing tobacco. The electronic “cigarette” which appears to be a cigarette is not to be used on agency property. A student may use the nicotine patch.

6. Drinking alcoholic beverages while in uniform is not permitted.

7. Gum is not to be chewed during clinical experiences. Food should not be eaten in nursing care areas.
8. Use of cellular phones with cameras to take pictures of patients or their environment, violates HIPPA policy and would be grounds for student dismissal from the program and potential loss of affiliation for Reynolds with the clinical agency.

9. A student will be provided a unit contact number for family emergencies.

3.2 Professional Behaviors to implement while in class:
The teaching-learning process is collaborative and mutually respectful. Participative presence is necessary to facilitate the teaching-learning process. The delivery of health care and nursing in particular is a participatory activity and cannot be done without individual and collective involvement. That means that your absence affects the learning of others. Missing class and arriving late or not participating in class may affect your grade. It is important to understand that class participation means more than showing up for class.

Professional communication, in English, is expected at all times, and in all course learning environments. Unprofessional language or actions while in the learning environment is unacceptable. See Reynolds Student Handbook – Code of Conduct.

Each student is expected to arrive on time and be prepared to be an active participant through the content identified in the Syllabus, Course Learning Pack, and/or Blackboard site. (Students who arrive late may not be able to enter the classroom until the break. This is an individual faculty decision.)

Every student is to implement the principles of professionalism in all class activities.

Any student who identifies a class / course concern is expected to discuss the concern with course faculty as an initial action.

Audio recording of any individual, without his/her permission is a violation of the law.

Each student is expected to be honest (and sensitive) in reactions to class discussions.

Every student is expected to demonstrate classroom courtesy at all times. This includes
- taking the closest available seat;
- not disrupting the class activities in progress;
- refraining from talking to others or conducting non-classroom business while the lecture is in progress [this includes texting];

3.3 Use of Cell Phones / Recording Systems
In accordance with Reynolds college policy, cell phones must be turned to silent mode in classroom/campus lab settings. Audio recording of any individual, without his/her permission is a violation of the law. See Reynolds Student Handbook.

Cellular or recording devises cannot be physically on a student, on a desk or table top during any exam or exam review. Students observed in violation of this policy will be considered in violation of the Reynolds Academic Honesty policy.

Adopted: 4-11-88;
4.0 Standards of Conduct Policy

Each student within the nursing curriculum automatically assumes responsibility and accountability for his/her individual, as well as professional judgments and actions.

**Dismissal from the nursing program may be recommended for violators of any of these standards of conduct.**

**Notification of the Virginia Board of Nursing – Complaint Division, will occur if the allegations are found to be true. This action applies to Licensed Practical Nursing and Certified Nurse Aides who are under the jurisdiction of the Virginia Board of Nursing.**

4.1 Student Privacy and Release of Information

This program requires clinical placements at a clinical facility. The facility has the right to dismiss any student for any reason. If you are dismissed from a clinical facility and you are unable to complete your clinical hours, you will receive a failing grade. All clinical hours must be completed.

Prior to or on the first day of class, all students will be asked to complete a FERPA form. This is a release of student information form that gives the program head permission to share contact information to a facility and discuss legitimate educational and clinical issues with a clinical facility. A legitimate educational interest is defined as when a college official, such as the program head, needs to discuss the student’s educational record in order to secure a clinical placement for a student. Only information that is relevant and necessary to complete the clinical placement will be discussed. Your signature on the release of information form gives the program head permission to share information related to your clinical with the educational partner (clinical facility) for the sole purpose of securing a clinical placement (see College Policy 1-26 Student Privacy and Release of Student Information).

The program head will only share student records with a clinical facility when a student has been dismissed from another clinical site resulting from unprofessional behavior as witnessed by the clinical instructor or clinical staff and/or misconduct, as defined by Reynolds policy 1-35, Student Conduct. The student will be informed when information is shared with the clinical.

All students will receive a copy of the Policy 1-26 prior to or on the first day of class. In order for the program to place you in a clinical a release of information form must be signed.

4.2 Patient Safety

Each student is responsible to maintain all aspects of patient safety within the academic and clinical environment. (See additional policies / notes related to clinical evaluation.)

- performing a skill that may adversely affect patient safety
- performing in a dishonest/unethical manner in the classroom or clinical area
- pilfering unauthorized clinical or academic materials (hospital or college supplies, exams, tutoring or course textbooks)
Virginia Board of Nursing Regulation states, “a nursing student while enrolled in an approved nursing program, may perform tasks that would constitute the practice of nursing. The student shall be responsible and accountable for the safe performance of those direct patient care tasks to which he has been assigned.” 18VAC 90-20-96

Each student is expected to address and report to an appropriate official or supervisor, individuals observed performing any of act that risks client safety, is viewed as dishonest or unethical, stealing of supplies.

Should any healthcare agency refuse to permit a student to continue to obtain clinical learning experiences at the agency, the program will seek student placement at another facility, based on availability. The program will activate the student’s signed FERPA form and share details related to the reason the first agency has refused to permit the student to remain at that healthcare agency. The outcome of this event could be student dismissal from the program.

A student must meet all criteria of the functional health abilities listed on the program health form at all times. Examples that prevent a student from attending direct client care learning experiences: a splint or cast, lifting restrictions, side effects or untoward effects of prescribed medications. (Supportive devices for a student with an injury may put at risk a client’s safety during a transfer or other nursing care intervention.)

4.3 Academic Honesty

Each student has the responsibility to promote the highest standards of academic honesty. The nursing faculty accepts and supports the Reynolds Academic Honesty Policy. Any student believed to be in violation of this policy will be treated according to the procedures described in this policy, this student handbook, the course syllabus, and/or the course learning pack. Reynolds policy # 1-34 http://inside.reynolds.edu/_policies/Section%201/).

Any student who violate the Academic Honesty Policy may not register (continue) in the next nursing course until a college or program hearing has occurred and an outcome identified.

This includes:
- plagiarizing nursing care plan, course or clinical assignments
- submitting documents used in a previous, or another nursing course
- cheating during a quiz, test, or exam
- altering graded Scantron exam forms
- discussing assessment/evaluation items with other students by any manner (test or quiz questions, simulation, and/or clinical details) (both giving information or asking for details from another student)
- other criteria identified in the College Student Handbook, or as applied to the clinical learning environment (i.e. false documentation)

4.5 Nursing Course Exams:
- All nursing exams are confidential and the property of the nursing faculty and AAS Nursing Program.
- No student may divulge any question on an exam to any individual. The unauthorized possession, reproduction, or disclosure of any exam materials, including the nature or content of exam questions, before, during, or after the exam, using any method, is in violation of the Academic Honesty Policy.
- Each student must turn all cell phones to silent during an exam. Phones will be placed in the student’s book-bag, or placed on the desk of the faculty member during the exam and, if applicable, during an exam review.
- Each student will place all belongings brought to class in a designated area during an exam, and exam review, if directed. A student may not retrieve anything from these belongings while the exam/review is in process.
- See Section 3.2.8 Policies related to Testing.

### 4.6 Impaired Student:

Each student is expected to attend clinical learning experiences unimpaired by potential side effects from over-the-counter and/or prescription medications. Students need to be aware that even cold and cough medications can impact cognitive and psychomotor function which could impact self as well as patient safety. Any student demonstrating effects of over-the-counter and/or prescription medications will be directed to leave the clinical learning environment. Clinical faculty may identify additional student safety actions which will be implemented. [i.e. alternate transportation home]

Each student needs to recognize personal levels of stress and behavioral responses to the classroom and clinical environment that may impact patient safety or individual performance. Changes in cognitive and psychomotor function related to increased stress levels can impact patient safety. Any student demonstrating effects of altered cognitive and/or psychomotor function related to identified stress / anxiety levels will be directed to leave the clinical learning environment. Clinical faculty may identify additional student safety actions which should be implemented.

Each student is expected to adhere to the college's Substance Abuse Policy for Students. Every Nursing student is to demonstrate effective client care in every clinical learning environment unimpaired by the effects of drugs or alcohol. Any nursing student whose performance is impaired by the effects of drugs or alcohol at the college or while representing the college at clinical or other sites may be subject to random drug screen, disciplinary action, including dismissal, and/or referral to an assistance or rehabilitation program at the discretion of the program faculty. Notification of the Dean of Student Services is mandatory. See Reynolds Student Handbook, Code of Conduct.

### 4.7 Confidentiality

Any violation of Health Insurance Portability and Accountability Act (HIPPA), which protects the privacy of individually identifiable health information; including, but not limited to a breech in confidentiality is grounds for dismissal from the nursing program. In addition, additional charges may be filed against the student(s) by the health care agency.
4.8 Course Assignments
Each student assumes full responsibility for the content and integrity of the coursework they submit. Therefore, to assist students in observing academic integrity, the following guidelines have been developed.

- Each student must do their own work and submit only his/her own work, unless otherwise permitted by the instructor.
- American Psychological Association (A.P.A) format and citation style is required for all written assignments as well as citation of references. Guidelines are included at the end of this handbook.
- A student may collaborate or cooperate with other students on assignments or examinations only as directed by the instructor.
- Each student must follow all written and/or oral instructions given by instructors or designated college representatives for taking exams, placement assessments, quizzes, and other evaluative instruments.
- Each student must understand that to resubmit work completed for a previous course is a violation of the Reynolds Academic Honesty Policy.

4.9 Social Media Policy
The purpose of this policy is to provide guidelines for the appropriate use of, and conduct on, social media sites. Examples of social media include, but are not limited to, blogs, microblogs, wikis, snagit, virtual worlds, Facebook, YouTube, Twitter and Flickr. Once an individual become a student in a professional nursing program, his/her public visibility options on social media are changed and he/she is subject to scrutiny by a wider audience, including future employers. See National Council of State Boards of Nursing brochure.

- Do not post confidential or sensitive information about J Sargeant Reynolds Community College or its community affiliates including patients, other students, faculty or staff.
- Do not post comments or use language that could reflect poorly on you, the college, or the Nursing Program.
- Understand that each student who participate in social networking represents himself/herself, and by extension, J Sargeant Reynolds Community College and the Nursing Program.
- A student must conduct himself/herself professionally at all times in all social settings, virtual or otherwise.
- Use privacy settings when appropriate.
- A student in the AAS Nursing program does not have college permission to use the J Sargeant Reynolds Community College name.
- A student in the AAS Nursing program does not have permission to discuss faculty, clients or other students.
- A student in the AAS Nursing program does not have permission to use images of the program, the college or any faculty or staff.
- Each student must understand, what the student writes is his/her responsibility, and so are any repercussions.

The consequences of violating this policy may include disciplinary action up to and/or including dismissal from the nursing program. See HIPPA statements later in this handbook.
5.0 Attendance

5.1 Lab, Simulation and Clinical Attendance

Attendance is expected for all clinical/campus/simulation laboratories.

If a student is absent from Campus Skill / Simulation Lab experience he/she may not perform that skill in the clinical area until the campus lab is made up. The campus lab must be made up within one week, or as identified in the course syllabus or course learning pack.

Course and/or clinical instructor reserves the right to restrict a student from attending direct client care experiences after any missed campus lab, if any part of that lab is deemed necessary by the instructor for safe client care in that week of clinical practice.

The student must notify the clinical/campus laboratory instructor if an absence is anticipated. All clinical/campus laboratory absences must be excused by the instructor prior to, or as early as possible during the scheduled learning experience. The student is to follow the directions provided by the Clinical Instructor. If the student is unable to reach his/her Clinical Instructor, the student should call the clinical unit and request that the following information be given to his/her Instructor:

- Name,
- School’s name,
- The name of the clinical instructor; and
- The reason for absence or delay.

Please note the name of the person taking the message.

A student who does not call or notify the clinical instructor (verifiable manner), and obtain permission from the instructor to be absent from clinical/campus laboratory will be noted as having an unexcused absence, and placed on clinical warning.

A student who arrives more than fifteen (15) minutes late for skill lab / clinical learning experience will be placed on clinical warning related to “Accountability”. This student may be sent home at the discretion of the clinical instructor based on the expectations of the student assignment. A student who is sent home will have this absence considered unexcused. Repeated tardiness will be noted on the clinical warning form and could result in the student failing to meet the clinical outcomes for the course.

A student may be offered an opportunity to make up a single missed clinical learning experience. The Course Coordinator and Clinical Instructor will determine if there will be an opportunity to make up the absence, and continue in the course. The location and schedule of the make-up opportunity is at the discretion of the course and clinical faculty. Any clinical make up guidelines will be included in the course syllabus and/or the course learning pack. Any clinical “make-up” experiences must be completed before a student can progress to the next nursing course.
A student who misses more than twelve percent (12%) of clinical laboratory hours will receive a clinical grade of unsatisfactory. This will result in a course grade of “F” and the student will not be able to continue in the AAS Nursing Program.

A student who misses more than twelve percent (12%) of clinical laboratory hours will have the opportunity to appeal the grade outcome with the Admissions & Transfer Committee.

In case of extenuating circumstances exceptions to these policy statements may be made by a committee convened by the Admissions and Transfer Committee of the A.A.S. in Nursing Program. To be considered for continuation in the course that semester the student must have:
- Satisfactory clinical performance at time of absences.
- 80% or above average in theory at time of absences.

Any student who is under inpatient hospital care may not attend clinical learning experiences. Following inpatient hospital care students may not return to a clinical learning environment until the student’s healthcare provider completes the “Return to the Program” form. A student may not attend clinical learning experiences while incapacitated. The Return to the Program form will be maintained in the student’s program file.

Each student is responsible for keeping the college nursing skill and simulation laboratory areas neat and orderly. This means returning all equipment to its proper place, taking personal belongings when leaving the laboratory, and discarding used paper and supplies in the appropriate containers immediately after use.

Each student is expected to follow the published simulation and skill lab policies and guidelines.

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5.2 Test/Exams

Attendance is expected for all tests.
- In order to be excused from a test, the student must call the instructor prior to the beginning of the scheduled test or quiz and arrange for a make-up test at that time.
- A student will be excused from tests only for documented emergencies. The full-time faculty member teaching the course will decide whether or not to accept the reason given as an emergency. If not, then the absence is unexcused.
- A student will receive a zero for any unexcused test absence.
- An unexcused test absence is described as failing to notify the course instructor on or before the start of the test, or if the reason given is not excused.
- A student arriving after a test has started must complete the test by the designated time within the same time frame as the other students and will be graded on the basis of the total point value of that test.
- Make-up test, if permitted by faculty, must be completed within five (5) business days of original test, unless stated differently in a course syllabus. The Make-up test will have a different format.
- No more than one make-up test is permitted in any course.
- No quizzes, tests, exams, or Kaplan Integrated tests can be re-taken.
- A student who requires frequent breaks to go to the bathroom during an exam must communicate this special need to course faculty at the beginning of the course. A student may qualify for accommodation, and is encouraged to meet with staff at Reynolds Accommodation Center.
  - Faculty members will provide the student one page of the exam at a time.
  - Once the student has completed that page of the exam, the student will return the page to the faculty member and may then go to the bathroom.
  - The student will receive and complete one page of the exam at a time.
  - Once a page of exam questions has been submitted, the student may not review the answers previously entered on the Scantron® form.
  - The student is expected to complete the exam in the time span identified for the exam.
- Each student is encouraged to meet with course faculty to review / analyze each course exam to increase understanding of test taking strategies, and comprehension of concepts included in the test.
- All test grades are cumulative within a nursing course.
- Unit examinations are scheduled and given weight by faculty for each course. Examination weights are stated in the course syllabus and the course learning pack.
- What is documented on answer sheets will be the **only** basis on which grades will be determined.
- Nursing faculty reserve the right to determine test designs, content and method as determined by regulatory agencies.
- The final exam review must take place before the close of grades for that course.
- No exam questions, answers, or exam review content may be recorded in any form.

### 6.0 Final Grades

- Students who received an incomplete grade must complete course before progression to the next level.
- No extra credit is permitted to improve a student’s academic average to a passing grade.

A final grade of 79.5% (C) is required in order to pass a course and continue in the nursing program. This grade must be achieved before any additional points can be added based on individual course optional assignments.

### 6.1 Program Grading Scale

<table>
<thead>
<tr>
<th>Range</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>92 - 100</td>
<td>A</td>
</tr>
<tr>
<td>85 - 91</td>
<td>B</td>
</tr>
<tr>
<td>80 - 84</td>
<td>C</td>
</tr>
<tr>
<td>70 - 79</td>
<td>D</td>
</tr>
<tr>
<td>Below 70</td>
<td>F</td>
</tr>
</tbody>
</table>

Faculty evaluate student knowledge and understanding of course concepts by multiple methods, including oral and written tests, and/or assignments.
**EXAMPLE:** clinical / lab evaluations + classroom average:

A Clinical rating of "Satisfactory" with a theory average of 80 or above will result in the student receiving the letter grade that corresponds to the theory average – e.g., "Satisfactory" + 84 = C

If a student receives an "Unsatisfactory" in clinical, she/he will receive a final grade of "F", **and may be unable to continue in the nursing program.**

### 6.2 Written Assignments

Students are accountable for meeting identified deadlines for submission of each assignment within a nursing course.

- If a written assignment is submitted after the due date, the program policy requires the subtraction of 5 points per day.
- Course faculty may identify a lesser penalty in the specific course syllabus and course learning pack. If there is no reference to a lower penalty, the policy of 5 points per day will be implemented.
- Each student should proofread all written assignments before submitting for grading. If a student has difficulty proofreading, then he/she should have someone else proof the assignment. It is expected that all assignments will meet the standard for college level written assignments. Spelling and grammar will be included in a grading rubric, as will appearance following A.P.A. format guidelines.
- Individual course faculty will determine if a written assignment may be revised and resubmitted following grading. Course faculty will publish a statement in the course syllabus that identifies if there is a change in a grade, how the new grade will be incorporated into the grading value of the assignment. (i.e. new grade is substituted for original grade; original grade and new grade are averaged together; highest potential grade on a resubmission is 80)

### 6.3 Kaplan Testing program:

The AAS Nursing Program has contracted with the Kaplan Company to facilitate student success within the program, as well as preparation for the NCLEX-RN® licensure exam.

- A student is expected to complete each course/program Kaplan Integrated Test as scheduled by the course faculty. Integrated Tests must be completed prior to submission of a final course grade.
- Each student should incorporate Kaplan resources with each nursing course. Remediation of Kaplan test questions will facilitate student understanding of content and test taking strategies.
- A student will forfeit the opportunity to earn additional points for his/her final course grade if the exam is taken after the identified date. (This statement is applicable if Kaplan scores are included in a course grading process.)
- Student must have all Kaplan testing proctored, either by faculty or Testing Center staff. Any student who does not meet this standard will not receive credit for the test score. Each course syllabus will identify the role any Kaplan resource has in course grading.
6.4 Clinical Grades
Clinical laboratory performance must be at a satisfactory level in order to continue or to receive credit for the course and have the theory grade calculated. If a student receives a "Satisfactory" in clinical, and a "D" or "F" in theory the student will receive the theory letter grade as the final course grade.

Dosage Calculations: Each student must demonstrate achievement of dosage calculation competency at, or above, 80% with each nursing course.

- Medication administration is contingent upon achievement of 80% on the dosage calculation competency test.
- Dosage calculation tests, at Level II-A, Level II-B, and Level III, are scheduled at the beginning of each clinical nursing course, with the exception of NUR-247 Mental-Health Nursing.
- Level I – NUR-111, schedules a dosage calculation test within the course.
- A student will have a maximum of two (2) attempts to achieve 80%.
- A student who fails to achieve at least an 80% on the dosage calculation competency test will be rated as “unsatisfactory” on the clinical outcome related to safety, and receive a failing grade for clinical, and the course.
- A student may drop / withdraw from the course if he/she is unable to pass the dosage test(s).
- Reynolds Academic Honesty Policy and statements in the course Syllabus are implemented if a student is observed / reported to have cheated on the dosage test. If this action occurs with the first dosage test, no second test will be provided.
- A student in Level II-A, Level II-B, and Level III must have passed the dosage test to participate in direct patient care.
- A student who drops a nursing course related to being unable to pass the medication dosage test with two attempts will use the Program’s Progression 2 process for re-enrollment.

7.0 Clinical Evaluation
Each student is accountable for meeting identified clinical learning experience outcomes. A student who is not demonstrating progression toward mastery of the clinical outcomes will be notified both verbally and in writing by the student’s clinical instructor.

7.1 Clinical Warning
- Clinical Warning is a formal process which provides a student an opportunity to focus on learning experiences which demonstrate growth toward clinical outcomes.
- The “Clinical Warning” form will be completed by the clinical instructor and identify the specific areas of concern observed.
- The student is expected to sign the “Clinical Warning” form indicating that he/she has had the opportunity to read and discuss the observed behaviors.
- The student will develop a written plan for clinical growth that focuses on the identified areas/outcomes of concerns.
- The clinical instructor and student will communicate weekly through completion of the student’s weekly self-evaluation. The student and instructor will review/revise and document clinical growth that includes identified areas/outcomes of concern.
- Clinical Warning status will end with the achievement of the clinical outcomes of the course.
- If a student withdraws from a nursing course with a Clinical Warning in effect, that Clinical Warning will be applicable to the new enrollment, unless specifically viewed as resolved by all parties.
- The student who fails to demonstrate achievement of the clinical outcomes will receive a failing grade for the clinical learning experience.
- Clinical evaluations for each nursing course will be maintained in the student’s record for three (3) years.
- Copies of clinical evaluations may be requested through the course instructor or the office of the Coordinator for Nursing Programs.
- A student who receive a failing evaluation for his/her clinical learning experience will not be eligible for enrollment in the Practical Nursing program.

7.2 Clinical Evaluation Policies
Nursing process is the foundation for nursing practice and is the major focus in the evaluation process. Knowledge and skill in nursing actions embedded in the process serve as the basis for evaluation. The clinical evaluation tool provides data relative to the student’s progress toward achievement of specified outcomes. Faculty and student anecdotal records serves as a method to assess the student’s observed knowledge and skill as demonstrated through the nursing process.

**Clinical performance will be evaluated using "Criteria for Clinical Evaluation" and Course Outcome Standards as criteria.** Personal qualities, attitudes, skills, and clinical reasoning of the student in the clinical area will be evaluated on the basis of anecdotal notes maintained by both faculty and the student. These notes will be discussed in individual conferences and used for guidance purposes. Standards for clinical laboratory learning must be maintained at all times. Guidelines for grading may vary slightly in different clinical nursing courses. These variations will be clearly outlined in course packs of those courses.

The student must submit a completed self-evaluation using the clinical evaluation tool, to the instructor, prior to the final evaluation conference, as identified by the Instructor. Course grade will not be issued until this evaluation process is completed.

**Clinical Evaluation Tool**
The Clinical Evaluation Tool includes the criteria used to evaluate the student’s clinical performance. The outcomes on the tool are the standards that will be used to measure Satisfactory (S), Needs Improvement (NI), and Unsatisfactory (U) performance. A Satisfactory performance indicates that the student has met all outcome standards, performs consistently at the expected level, and demonstrates growth (progress).

Each student is expected to perform safely in all areas of client care on a consistent basis. Unsafe practice in the clinical area will result in documented unsatisfactory performance for the clinical experience. Mid-term evaluations may include acknowledgement of “Needs Improvement” evaluation for clinical outcomes. It is expected that the student, with faculty support, will continue to demonstrate growth to a satisfactory level of performance to successfully meet all clinical outcomes for the course.

If the instructor observes, or learns of, serious compromise of client safety, it will result in clinical failure and subsequent course failure. If a healthcare agency, or other learning
experience requests that a student be removed from the facility because of compromised client safety, the student will receive a failing grade for the clinical portion of the course.

All clinical outcomes must be rated at a “satisfactory” level by the conclusion of the course.

*Weekly Anecdotal Record*

Anecdotal notes on student clinical performance will be maintained on the Clinical Evaluation Form by each student to document achievement of satisfactory clinical performance. The student is to complete an anecdotal note for each week and submit it to his/her instructor. The instructor will monitor student progress on an ongoing basis and will review the student’s self-evaluation weekly, document his/her own observations and return the form to the student. If a student receives an unsatisfactory rating, that is not a serious compromise of client safety, he/she is expected to remediate the problem area so that satisfactory performance is achieved. If a student receives an unsatisfactory rating that does present a serious compromise of client safety, it may result in an inability to return to clinical, and a clinical failure. Each course syllabus will include a faculty response time for all submitted clinical documents.

*Mid-Term Evaluation*

Prior to the withdrawal date for each clinical nursing course, the student will receive an evaluation of his/her clinical performance. The information contained in the anecdotal record will be used as the basis for this evaluation. A student who receives a needs improvement, or unsatisfactory mid-term performance rating will be expected to develop a written action plan indicating what the student will demonstrate to meet clinical outcomes over the remainder of the course. Documentation of the meeting and review of the evaluation will be developed by the instructor and maintained by the instructor for submission to the Course Coordinator and subsequently will be filled in the student’s program file.

A student who withdraws from the course with an active “Clinical Warning”, and are eligible to return to the program, will have the Clinical Warning re-activated, regardless of the course, or clinical instructor. The Clinical Warning will remain until a final clinical evaluation demonstrated satisfactory achievement of clinical outcomes.

*Final Evaluation of Achievement of Clinical Outcomes*

The student must demonstrate satisfactory performance within each outcome to receive a final evaluation of Satisfactory for the clinical component of the course. Passing clinical is the criteria that must be met to have a theory grade calculated for submission to Central Records & Admissions.

8.0 **Student Accommodations**

For a student who meets the criteria under the Americans with Disabilities Act, please contact Disability Services (Office of Student Accommodations).

- Policies developed by the Office of Student Accommodations are applicable to a student receiving services through this department.
- Each student is responsible for participating in the scheduling of course exams at testing locations.
- A student who misses scheduled test appointments will be unable to take the identified exam, and will receive the grade identified in the course syllabus.
- A student who arrives late for a scheduled testing appointment will have his/her testing time calculated from the beginning of the appointment. [Example: A student has time + one-half for testing. A student has 90 minutes to complete a test, and has scheduled his/her testing time to begin at 9 am. The student arrives to begin the test at 9:30. The 90 minute testing time is calculated based on the 9 am appointment, and not the 9:30 am arrival time. This student would therefore only have 60 minutes to complete his/her exam.]

9.0 Dress Code Policy

Clients have the right to know the identity of the people caring for them. A student’s appearance reflects professionalism and is representative of the A.A.S. in Nursing Program.

Each student will wear the school uniform in the clinical setting. Any specific adaptations will be written in course learning packs. Each student must also adhere to any additional dress codes required by the clinical agencies. Any student who does not meet the standards identified below will be asked to leave the clinical agency and be required to make up missed learning experiences, based on the stated clinical attendance policy.

Students in uniform must meet the following standards:

A. Uniform
   - The uniform must fit appropriately without evidence of being tight-fitting such as creases, rolling or pulling.
   - Faculty must approve any lab coat.
   - Clean, solid white, short sleeved tee shirt or turtleneck may be worn under uniform top. Course and/or clinical faculty will identify any exceptions to this standard.
   - Underwear should not be visible through the uniform, or over the top of the scrub bottoms of the uniform.
   - A Reynolds student picture ID, which states “Professional Nursing Student” is to be worn on the uniform top.
   - The uniform must be clean, pressed and be in good repair with no obvious stains.
   - Color of uniform must match the uniform identified by the AAS in Nursing Program.
   - Program patch must be attached to uniform top and jacket.

B. Foot and leg wear
   - White socks/white hose must be worn.
   - Shoes must be clean, white leather with closed toes, and heels.
   - No athletic shoes displaying color logos may be worn.
   - Beginning fall 2016 new students will wear black socks and black leather “nursing” style shoes for direct client care.

C. Hair
   - Hairstyles must be clean, well kept, conservative and neatly arranged above the uniform collar.
   - Beards, mustaches and sideburns must be neatly trimmed.
• No caps, bows, bandanas or ribbons are to be worn in the hair.

D. Jewelry
• Jewelry will be limited to ONLY a wedding band set, a watch that shows seconds and minutes, and no more than two pairs of small stud earrings.
• Loop and dangling earrings and necklaces are prohibited.
• Pierced jewelry may be worn on the ears only. All other visible body piercings must be removed when in the clinical setting.
• Students may not wear a nose ring, eyebrow jewelry, or have visible tongue jewelry during an identified clinical experience.
• Ear spacers must be flesh tone.

E. Nails
• Fingernails must be clean and no longer than the ends of the fingertips.
• Fingernail polish is no longer permitted in area healthcare agencies related to infections risk.
• Artificial nails or acrylic overlays may not be worn as they pose an infection risk.

F. Miscellaneous
• **Cell phones must not be carried into the clinical area.**
• No perfume, cologne or after-shave is to be worn in the clinical setting.
• Make-up must be discreet and of limited quantity.
• Tattoos must be covered when possible. Clinical agencies may have policies that prohibit patient contact in such cases. Course and/or clinical faculty will identify specific healthcare agency policies.
• All students must be clean, neat and free of odor.
• Equipment needed in the clinical setting includes a stethoscope, bandage scissors, ball point pen of the color required by the particular agency, and a pocket notebook. A penlight is optional. A watch may be required.
• Use of clip-boards / large notebooks may provide a means to spread organisms, and should not be carried into patient rooms.
• When visiting in the clinical setting other than for actual clinical laboratory, the student will dress in a professional manner as follows:
  o Proper attire for clinical visits is business casual with picture ID badge.
  o Jeans or other denim clothing, halter and tank tops, shorts, tee shirts, sweatshirts, or sweatpants are **inappropriate** and **may not** be worn at any time.
  o Sandals, thongs and flip-flops are **not** permitted.
  o Socks or hosiery must be worn at all times.
  o The student must wear a Reynolds student picture ID at all times.
• Smoking, use of smokeless tobacco, or alternative forms of “smoking” (i.e. electronic cigarette) is prohibited when in uniform unless specifically addressed by a Clinical Instructor. Any form of “smoking” is completely prohibited within a healthcare agency, per agency policy.

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10.0 Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Students work in a clinical setting and are accountable to understanding HIPAA. All students must read the information below and uphold the highest standard of HIPAA.

Because of the complexity and importance of compliance with HIPAA legislation, healthcare institutions are required to set up a HIPAA team to provide education and oversee implementation of HIPAA regulations. HIPAA legislation can be divided into three basic components—administrative simplification, protection of patient privacy and security of patient data. This article will discuss each section and how it affects you!

**Administrative Simplification**

The use of computers and other electronic systems have proven to be a tremendous benefit for healthcare providers and patients. However, there has also been a proliferation of different standards and formats for gathering, coding and storing patient information which, in turn, presents numerous issues with clear communication of data and software compatibility. HIPAA Administrative Simplification provides a common language for transfer of data and encompasses four set of regulations—electronic transaction standards, privacy standards, security standards and unique identifiers.

**Privacy standards**

Institutions and healthcare providers must ensure privacy of protected health information. Protected health information (PHI) is any information that includes the patient's name or other identifiers, such as birth date or medical record number. PHI can be written, spoken or electronic. HIPAA regulations support "minimal disclosure" which means disclosure of PHI only if it is directly related to treatment and the minimum necessary for the immediate purpose. If disclosure is needed or requested for any other purpose, prior authorization must be obtained from the patient (exceptions discussed below).

Healthcare institutions must provide clear written notice of the allowable use and disclosure of PHI and explain patients' rights to their medical records. Patients must be asked to acknowledge that they have seen this privacy notice. However, if they refuse to sign it, treatment may be still being provided. HIPAA allows exceptions to the requirement for this privacy notice and written acknowledgement:

- In situations when privacy notices and acknowledgement might prevent or delay timely care. However, the institution must still provide the privacy notice and attempt to obtain written acknowledgement as soon as possible.
- Disclosure of PHI may be permitted if the patient is given an opportunity to "object" before the disclosure is made—for example, disclosures made to family and friends. Often, family members or friends want to talk to healthcare providers about the patient's treatment or status. Before a healthcare provider can do this, they must ask the patient for permission to do so (or give them a chance to object). If the patient is unable to answer or is not there, the healthcare provider can use their judgment to decide whether to talk to the family member or friend.
- Disclosures viewed as "beneficial" to the public such as reporting—vital statistics, communicable diseases, adverse reactions to drugs or medical devices, and information related to organ donation.
Security standards
The healthcare institution must ensure data security. Data must be protected against unauthorized access and other breaches of confidentiality. Policies and procedures must guard passwords, change them frequently and make sure there is no password sharing among staff. Electronic signatures, when required by HIPAA, must comply with standards set by HIPAA. The healthcare institution must also ensure that procedures are in place to remove an employee's access to the facility and electronic systems in the event that they are terminated or reassigned, and audit employee access to electronic systems that contain PHI.

Resources


HIPAA Violations: Do not let this happen to you!

This student posted on her Facebook that she had seen in one of the medical records that a patient had been admitted after being stabbed at school and the young boy may die. She said it was really hard for her to deal with because she had a younger brother that was the same age. She did not use any names to protect the patient's privacy, but her Facebook site identified her as a J. Sargeant Reynolds student and the hospital was in a small community. Because it was a small community, there had only been one incident that matched this description, and the family brought charges against the student, as well as the hospital and Reynolds.

While at the bookstore, two students were discussing a recent medical record they were reviewing for a course assignment. The patient had an unusual accident at a local factory which precipitated chest pain, and a history of a prior heart attack. Unknowing to this student, the patient's wife was also a student and was in the bookstore. When she overheard the discussion, she became upset and angry, and confronted the students. Although the students apologized, she could not be consoled and took legal action against the students.

This young man was a recent graduate and recently started a new job as a medical coder. He wanted to do a good job and impress his employer. When confronted with a difficult case for coding, he asked a colleague for help (so he would not have to tell his supervisor he did not know the appropriate coding). He faxed a copy of pertinent information to his friend. An hour later, his friend called asking when he was going to send the information to him. He had misdialed the number and the fax went to a local resident. The resident brought the fax back to the hospital. The recent graduate was terminated from his new job for breach of patient privacy and company policy.
11.0 End of Program

11.1 Pinning Ceremony

The School of Nursing has determined that this ceremony will be scheduled twice a year. (January and May).

In order to participate in the Professional Recognition Pinning Ceremony and/or Commencement the student must:

- Have completed all program requirements with a grade of C (80%) or better,
- File application for graduation with Central Records and Admissions by the College’s deadline date,
- Meet all obligations to Reynolds before participation in the Professional Recognition Ceremony. This may include financial account, library account or other obligations.
- Be professionally dressed for the Professional Recognition Pinning Ceremony. Professional dress means a student uniform, without lab jacket and white uniform shoes. Students who are graduating, who have long hair should style their hair to be off the neck and only small post earrings may be worn. At faculty discretion, students who are inappropriately dressed will be denied participation.

11.2 Graduation

A student who do not complete the applicable program coursework is ineligible for graduation from the Reynolds Community College AAS Nursing Program.

Each student is responsible and accountable to meet all college expectations for graduation. This includes:

- Tracking program progression through the MyReynolds account
- Submitting Graduation Application by identified due date. (Monitor college calendar.)
  - Students who miss the graduation application deadline will wait until the next recognized college graduation date to officially graduate.
- Meeting all financial and library requirements
- Completing the End of Program student evaluation
- Completing “Soon to be Graduate” information form
- Completing program and course requirements related to NCLEX-RN® preparation.
  - Completing Kaplan “Diagnostics” Integrated Test at score identified in the NUR-298 syllabus.
  - Demonstrating achievement of NUR-298 Course Outcomes related to NCLEX-RN® preparation.
- Participating in the Graduate Follow up Study six months after graduation

The program will not produce letters for the Virginia Board of Nursing related to graduation status.
**College Policies**

12.0 Financial Aid

Any student may be eligible to receive financial aid. Financial aid information and policies can be obtained in the Financial Aid Office at the College or online at the College web site. *Each student who receives financial aid has an ethical responsibility to meet all financial aid regulations.*

13.0 Americans with Disabilities Act

The College is committed to compliance with both the letter and spirit of the Americans with Disabilities Act as well as the Rehabilitation Act of 1973 and other laws protecting the rights of individuals with disabilities. A student with special needs should contact the offices of the Dean of Student Development Services on each campus for additional information and complete the *Request for Accommodations* form. *It is the student’s responsibility to identify himself/herself and his/her need for special accommodation with appropriate documentation to the instructor at the beginning of the semester.*

Any student granted testing accommodation will be permitted to complete course exams the day before, on the day of, or the day after the scheduled course exams. Scheduling is to be coordinated with the course faculty member and the Accommodation Center.

It is a program goal that no student receiving testing accommodation, have his/her testing time impact his/her participation in classroom activities.

14.0 Student Record Policy

J. Sargeant Reynolds Community College follows and enforces all federal and state laws protecting the confidentiality and security of student records. The Family Educational Rights and Privacy Act applies to all academic, financial and other student records. The AAS Nursing Program maintains records in compliance with the federal, state, and college regulations. [JSR Policy No: 4-38] Central Records and Admissions maintain the permanent academic record for the student. The following provides an overview of the student record categories.

**Enrolled Students**

Copies of admission data and transcripts of currently enrolled students are maintained in Central Records and Admission.

The School of Nursing and Allied Health maintain copies of the Health Form, Clinical Evaluation Forms for each clinical nursing course, and administrative records are maintained in locked file cabinets near the Coordinator of Nursing’s office, or through the Castlebranch Document Manager® Account.
Graduates
Names of graduates and transcripts will be maintained by Central Records and Admission – by law these must be maintained. All program related documents are discarded when the student completes the program. Copies of clinical evaluations will be maintained for 3 years. Health Forms are maintained for 5 years per Virginia Board of Nursing (VBON) regulation. (These may be stored electronically as PDF files.)

Withdrawals
Program records on withdrawn students will be maintained for three years. Central Records and Admission office maintains the official transcript.

Failure
Students who have failed a second nursing course and have been required to leave the program have records maintained for one year.

Medical Records
Student health forms are on file at the School of Nursing for a total of 5 years, based on Virginia Board of Nursing regulation.

Program Records
Program records including catalog, self-study reports, program plan, curriculum, annual reports, program committee minutes, brochures and NCLEX – RN® results are maintained for a period of five years through the office of the Coordinator for Nursing Programs, or other college department.

15.0 Online/Hybrid Course Instruction
- Students taking online instruction should visit the college’s distance education website at http://www.reynolds.edu/get_started/distance_learning/default.aspx for training and pretesting. This site may also be accessed from the Reynold’s Home Page under Distance Education.
- It is recommended that students who have not taken the Smarter Measure Test for Distance Learning do so before starting the course. This test may be accessed at http://reynolds.smartermeasure.com/ or through the Distance Education site noted above.
- Each student should be able to access the internet as it can also provide resources for this class. If you do not have home internet access, you may visit the school computer labs at http://www.reynolds.edu/register_for_classes/technology_support/computing_centers.asp x.
- Students using the computer laboratory must provide their own headphones.
- To take an online course, you must have a computer, high speed connection, an Internet Service Provider, Blackboard and a browser Access instructor provided web-links from Blackboard. Mozilla Firefox is the recommended internet browser for full functionality of all materials on Blackboard and can be downloaded for free. Contact your instructor immediately if you have difficulty accessing required materials or would like additional information. See below for Hardware and Software Requirements.
- The course utilizes Microsoft Office documents including PowerPoint presentations, several videos, web-links, flash animations, and audio/visual presentations. For help and support with any of the features please visit:
Students must abide by college policy Reynolds Usage Of Computers And Computer Information Resources Policy 4-32 at the following site http://www.reynolds.edu/register_for_classes/technology_support/computing_centers.asp

15.1 Hardware/Software Requirements
Please visit: http://www.reynolds.edu/get_started/distance_learning/technical_requirements.aspx
Distance Learning courses are accessible through the Internet and you will need a reliable Internet service provider. It is your gateway to access assignments, transmit completed work to the instructor, interact with other students, and receive feedback on your work.

To take a distance learning course you must have:
- A computer with Windows XP, Vista, 7, 8, or Mac OSX (or later) operating system
- A modern Windows or Mac computer with 500 megabytes (MB) RAM or better (1 GB recommended)
- 800 x 600 screen resolution (1024 x 768 recommended)
- 1 gigabyte (GB) of hard drive space (40 GB recommended)
- A reliable Internet connection (broadband recommended)
- A current, secure browser (Internet Explorer, Firefox, Safari, Chrome – two recommended) with cookies enabled
- Standard word processing software (Google Docs can be accessed by VCCS students through your student email)
- Current virus scanning software
- A VCCS student email account (set up for every student)
- CD-Rom drive, sound card and speakers (may be needed for some courses)
- Additional plug-ins and software as required for your course

15.2 Netiquette Statement
During the progression of this course the following Netiquette rules will be followed.

All students are expected to:
1. Show respect for the instructor and for students in the class.
2. Respect the privacy of other students
3. E-mail your instructor if you have questions about the course materials, or are experiencing frustrations.
4. If you feel that a student is behaving inappropriately, please send the instructor an e-mail message explaining the situation as soon as possible. The purpose is to allow the instructor the opportunity to handle the situation appropriately without causing interruption in the course.

Students should not:
1. Show disrespect for the instructor or for students in the class.
2. Communicate or facilitate the sending of messages or comments that are threatening, harassing, offensive or inappropriate in the context of the respiratory therapy program.
3. Use inappropriate or offensive language.
4. USE ALL UPPERCASE IN THEIR MESSAGES -- THIS IS THE EQUIVALENT OF SHOUTING!!

Failure to adhere to the Netiquette statement will result in a meeting between the student and the instructor of the course. Further action may be taken to the Program Head, Assistant Dean, Dean and, if necessary, the Office of Student Affairs. Ultimate resolution may result in the student being removed from the course and potentially removed from the program.
Appendix A: PROFESSIONAL BEHAVIOR

Orientation to Health Care
THE BEHAVIORS OF PROFESSIONALISM

This document outlines behaviors of health care professionals as identified by the National Board of Medical Examiners (NBME). Their website is http://professionalbehaviors.nbme.org/

RESPECT

Institutions, systems and processes
- Respects physical property and environment
- Respects institutional staff and representatives
- Is respectful toward faculty
- Is not disruptive to the organization and individual learning process
- Is respectful toward administrative staff in interactions
- Aware of and follows protocols (e.g. getting charts countersigned)

People
- Respects patient rights, dignity (privacy, confidentiality, and consent)
  - Knocks on door
  - Introduces self
  - Does not depersonalize patients
- Attends to modesty and privacy needs
  - When possible draws curtain
  - Drapes patients appropriately
  - Responds to patient discomfort
  - Responds truthfully to patient and family questions
  - Is not condescending, using rhetorical and mindless statements in patient interactions
  - Does not dismiss patient concerns based on cultural traditions/customs that are different from their own
- Requests permission when required or advisable
- Deals with confidential information discreetly and appropriately
- Appropriately references patients, colleagues, co-workers, subordinates
- Ensures patient autonomy
- Respects differences in people
  - Demonstrates tolerance to a range of behaviors and beliefs
  - Adjusts to other person’s culture, background, socioeconomic status, etc.
- Respects other professionals
  - Refers to other disciplines and professions respectfully
  - Treats other professionals with dignity
- Follows and adjusts to accepted etiquette of others’ culture
- Facilitates the inclusion and participation of others in groups/teams
- Shows balanced treatment of people (does not show preferential treatment)
- Maintains personal boundaries
- Withholds asserting blame in presence of patients
- Does not take advantage of relationships with unequal power
- Does not take advantage of friendships or collegiality

RESPONSIBILITY & ACCOUNTABILITY
Self

- Aware of own limitations, and needs and means for improvements
  - Demonstrates insight into learning needs
  - Initiates self-improvement and/or educational activities
- Asks for help when needed
- Controls own emotions and channels them appropriately
- Cares for self appropriately and presents self in a professional manner (demeanor, dress, hygiene)
- Conducts self appropriately amidst adverse and trying circumstances; maintains personal control; does not yell and scream; does not throw objects; does not show disrespect through body language (feet up on desk, rolling eyes, etc.) or other passive aggressive behavior (multiple tasking while another person is trying to carry on a conversation with you, or reading newspaper in class)
- Adapts to changes and pressures caused by external circumstances (e.g., inability of a colleague to perform responsibilities because of illness)
- Requests and accepts constructive feedback and criticism and makes changes accordingly
- Manages time wisely to be efficient and effective
- Manages personal affairs in a way that does not interfere with professional activities

Peers, subordinates, superiors, co-workers, teams

- Counters unprofessional practices and tenets
- Recognizes and reports errors and poor behavior in peers to appropriate entities
- Deals effectively with physician impairment that threatens patient care or the professional environment
- Helps peers who are having trouble (with performance or other skills)
- Gives feedback with intention to help and educate/share knowledge
- Informs others when not available to fulfill responsibilities and secures replacement
- Responsible to self and team for education
- Seeks consultation for policy or other conflicts
- Takes responsibility for appropriate share of team work
- Willingly takes on responsibilities not assumed by others
- Is fair in making decisions affecting co-workers and subordinates
- Does not attribute blame

Patient care

- Manages resources optimally and exhibits judicious application and allocation of resources independent of patient age, gender, belief system, socioeconomic status
- Assures continuity of care
- Ensures provision of accurate information to transition team
- Balances expediency with what’s right and does not yield to the demands or pressures of others (patient, colleagues) when the “right” solution will be more work or take more time

Administrative and general work-related

- Knows, lives and upholds professional ethics and demonstrates a commitment to ethical principles
- Respectfully and tactfully questions unfair policies, procedures and practices
- Arrives on time
- Devotes adequate time to tasks and responsibilities
- Attends meetings, appointments, classes, etc.
- Accountable for administrative responsibilities
  - Completes in a timely manner forms, paperwork, charts, course evaluations
  - Documents adequately (maintains records that are detailed, accurate, legible, comprehensible)
- Accountable for deadlines (completes assignments and responsibilities on time)
- Follows up with tasks in area of responsibility (e.g., patient lab results, etc) and follows through on promises
- Answers letters, pages, e-mail and phone calls in a timely manner
- Prioritizes when over-committed
- Complies with policies, rules, regulations and laws
- Seeks to repair damage caused by errors
- Arrives at emergency scenes with due haste
- Takes responsibility in urgent situations when no one with greater knowledge is present
- Intervenes on behalf of patients, colleagues, subordinates or co-workers when others are demonstrating behaviors counter to principles of professionalism and confronts unprofessional behavior

ALTRUISM

Patients
- Puts patients needs ahead of own
- Goes beyond requirements of expected service
- Cares for patients even when their values may be inconsistent with own values
- Endures inconveniences to meet patient needs
- Advocates for individual patients to improve service provided
- Advocates for underserved populations, and those who can’t advocate for themselves
- Does not seek to profit from patients
- Endures unavoidable personal risk in provision of health care

Colleagues, co-workers
- Promotes the common good of teams and work groups
- Takes personal and professional risks on behalf of others
  - Example: defends others when personal and professional inaccuracies are alleged
- Willing to facilitate knowledge transfer and provides information readily to peers and others
- Seeks opportunities to share knowledge and stimulate professional growth and learning
- Demonstrates supportive behavior, avoiding destructive competitiveness
- Respects varying levels of the work environment
- Facilitates others receiving credit and praise
- Shares opportunities with others
- Demonstrates awareness of and sensitivity to the needs of colleagues and co-workers
- Inquires about workload and work needs of others
- Offers assistance and support for others’ and team members’ work load, especially when busy
- Contributes to building, facilitation, and education of team members and co-workers

Community/Profession
- Places interests of community and profession above personal interests
- Volunteers for and/or performs community service
- Involved in societal/community health issues including access to care, resource allocation,
cost containment, and cost effectiveness

- Proactive on important social and health issues
- Contributes to the profession, active in local and national organizations (e.g., AAMC, OSR, etc.)

**Negative examples**

- Uses “altruism” as an excuse, to misprioritize, accommodate or rationalize certain behaviors (I can’t be with my family because my patients need me.)
- Lacks personal commitment to medicine/health care - focus on extrinsic rewards, motivated by expectation (salary) only, financial gain and/or status. This does not mean that you don’t want to be pay for a job well done or to improve your career status.

**Honor and Integrity**

*Patients, colleagues, co-workers*

- Is forthright - answers questions directly and tactfully
  - Forthcoming with colleagues, co-workers and subordinates; does not withhold and does not use information as power
- Tells the truth
  - Does not misrepresent data and/or circumstances, etc.
  - Does not plagiarize, falsify documents (medical records, credentials), does not copy from other’s patient notes without seeing the patient
  - Does not make inaccurate self-representation of identity (in signature or phone calls) or of position or status
- Works to resolve problems directly with people involved.
- Admits errors
  - Communicates directly to those involved concerning intentions to disclose error
- Conducts research activities with integrity
  - Truthful about methods, data collection
  - Follows highest standards in teaching
- Follows the highest standards in administrative activities
- Deals with confidential information discreetly and appropriately
  - Does not talk in public places about patients or other professional issues (colleagues’ perceptions of other health professionals)
- Makes appropriate attribution (reference) to source of ideas and accomplishments
  - Attributes accomplishments appropriately to others
  - Accurately references true sources of ideas
  - Investigates the lineage of ideas to ensure accurate attribution
- Balances authority with humility in caring for patients
- Balances authority with humility in interacting with subordinates and members of the healthcare team
- Inspires trust in patients, colleagues, co-workers and subordinates
- Maintains professional autonomy to act in the best interest of patients
  - Isn’t inappropriately influenced by individuals or entities (e.g. pharmaceutical companies) where professional principles might be at risk; avoids conflicts of interest
  - Informs appropriate audience when unavoidable or perceived conflict of interest exists (paid speaking engagements)
  - Seeks input from appropriate source to address perceived or real conflict of interest
- Does not steal or cheat
- Does not misuse resources (eating patient’s food, etc.)
- Does not misuse power in relationships (e.g., unequal relationship between patient and provider)
- Does not cross personal, emotional or physical boundaries with patients, co-workers, instructors or students
- Does not participate in activities that distract from learning or compromise education (memorizing confidential exam questions)
- Does not participate in activities that compromise authority and attempts to resolve problems with the people involved.

**Caring, Compassion and Communication**

**Patient**
- Provides appropriate amount of communication; adjusts communication style (language, approach, non-verbal), and content of communication and conduct to adapt to patient (age, gender, socioeconomic level) to optimize transmission of information
- Offers patients management options equitably without imposing own biases
- Is sensitive to others (patients, peers, etc.) based on differences (age, gender, culture, race, socioeconomic level, religious beliefs, sexual orientation, etc.)
- Implements medical care by viewing the patient as an individual, taking into account lifestyle, beliefs, personal idiosyncrasies, support system
- Takes time to listen to patients, families, etc.; takes time to seek out and talk to patients and families
- Ensures that patients understand information communication (e.g., diagnosis, prognosis, treatment options, etc.
- Deals with patient distress appropriately
- Takes seriously those with cognitive deficits, and acts respectfully and caringly
- Takes seriously those from cultures that are different from own and acts respectfully and caringly
- Develops appropriate relationship with and level of caring for patients, maintaining professional boundaries while providing nurturing required for optimal care
- Breaks bad news with sincerity, caring and honesty
- Deals with sickness, death and dying in a professional manner with patient and family members; provides a model for balancing compassion with appropriate personal distance
- Knows when to listen, when to talk and when to be silently present.
- Maintains composure with “difficult” patients (e.g., combative, incommunicative, etc.)
- Is not demeaning or condescending

**Self, peers, students, co-workers**
- Provides colleagues, co-workers and team members with information that is accurate, timely and organized
- Communicates orally and in written form clearly, effectively and appropriately with peers, co-workers and subordinates
- Demonstrates compassion for colleagues, co-workers and subordinates; understands and is able to deal with other health professionals’ stress.
- Demonstrates effective listening skills
- Uses rhetorical and other devices and methods (e.g., humor) appropriately to communicate a message and facilitate team and leadership processes
- Develops appropriate relationships with peers, co-workers and subordinates and understands
and respect boundaries for professional relationships

- Provides support and assistance to colleagues, co-workers and subordinates with impairments
- Is aware of the need and takes responsibility to balance personal and professional activities for self.
- Is aware of facilitates the need of co-workers and subordinates to balance personal and professional activities.

EXCELLENCE AND SCHOLARSHIP

- Conscientious
  - Is aware of own responsibilities and those of others, and ensures that “the job gets done” with excellence and in a highly professional manner no matter what
  - Is well prepared for classes, rounds, etc.
- Cognitive excellence
  - Thorough
  - Leaves no stone unturned and does not miss details or discard inconsistent data
  - Information gathering and synthesis
  - Reads extensively
  - Masters and integrates large amounts of data quickly
  - Problem solving, decision making, judgment
  - Does not discard hypotheses (ideas/potential solutions/theories) prematurely
  - Is able to reconsider hypotheses when new data is presented
  - Demonstrates creativity in problem solving
  - Makes evidence based decisions when evidence is available
  - Works well with uncertainty
- Written and verbal communication
  - Makes presentations that are informative and engaging
  - Tailors presentation to needs of audience
  - Communicates clearly, effectively and appropriately through written media
  - Writes legibly
- Improvement of self, others, and profession
  - Learns from mistakes, provides feedback to self and system based on experience (engages in practice-based improvement)
  - Provides feedback in learning setting to improve instruction
  - Shares discoveries with others (clinical reports, letters to editor, publications, grand rounds)
  - Takes initiative in organizing and collaborating in peer study groups
  - Recognizes value of self-assessment and self-reflection
  - Participates in small group settings
  - Facilitates learning in others
  - Contributes time for research and to add to knowledge
  - Values knowledge and learning, seeks learning not only from experience but also other forms of learning
  - Masters techniques and technologies of learning
  - Receives and responds to feedback from disparate sources
  - Is self-critical and able to identify own areas for learning/practice improvement
  - Has internal focus and direction, setting goals
- Commitment
  - Demonstrates commitment to excellence
- Demonstrates commitment to maintain knowledge, skills and lifelong learning
- Demonstrates commitment to spread knowledge
- Demonstrates commitment to advancing knowledge

Negative examples
- Takes shortcuts (asks others for answers rather than taking responsibility for own learning)
- Follows formulaic approaches rather than practicing true scholarship
- Is satisfied with minimally acceptable performance

LEADERSHIP
- Provides leadership for individuals
- Provide constructive approaches for conflict resolution
- Promotes the professional development of others
- Teaches
- Mentors individuals
- Acts as a role or mentor for colleagues, co-workers and subordinates/trainees
- Demonstrates understanding of the importance of serving as a role model or mentor
- Promulgate knowledge and tenets of the profession
- Provides leadership for the profession
- Protects and extends the tenets of the profession
- Helps build and maintain a culture that facilitates professionalism
- Is an advocate in spoken and written form for the profession
- Does not provide disruption leadership (e.g., organizing pranks, inappropriately confrontational with authority figures)
- Remains involved in the profession, contributing to organizational agenda
- Provides direction for health care delivery and policy
- Promotes professional issues in local, state and national forums
- Demonstrates leadership in
  - Small groups, teams
  - Situations in which there is no leadership
  - Committees, local administration
  - County, state, and national forums

Negative examples
- Competes destructively
- Is arrogant
- Uses leadership for own benefit
  - Misuses power in leadership positions
  - Uses power from leadership position to avoid patient care or learning activities

KNOWLEDGE OF AND SKILLS RELATED TO PROFESSIONALISM
- Demonstrates a wide range of knowledge and keeps current
- Knows rules of care, organization, profession and keeps current
- Demonstrates knowledge about the history of medicine (i.e. nursing)
- Demonstrates knowledge about the organization, financing and delivery of health care including major medical organizations for health care advocacy
- Understands codes of professional behavior and the principles underlying professionalism, their definition and importance, and maintains knowledge of these
APPENDIX B: STUDENT GRIEVANCE POLICY: 1-12 STUDENT GRIEVANCE

http://inside.reynolds.edu/_policies/Section%201/
APPENDIX C DEFINITION OF TERMS

1. **Plagiarism** is the representation of the words and/or ideas of another as one’s own in any academic assignment. Examples include but are not limited to: stealing or downloading the entire text of a paper, cutting and pasting various sources together to simulate a new essay, copying small portions of a paper, or misattributing source material.

2. **Cheating** is using or attempting to use unauthorized materials, information, or study aids in any graded assignment. Examples include but are not limited to: copying from another student, accessing unauthorized books or documents, receiving messages without authority during an exam, and improper use of calculators, computers, or any other cellular devices during exams or other assignments.

3. **Fabrication** is the falsification of any information or citation in any academic assignment. Examples include but are not limited to: inventing sources, data, or citations for a paper or assignment.

4. **Facilitation** is knowingly aiding or abetting acts of academic dishonesty. Examples include but are not limited to: assisting others to cheat or plagiarize or participating in a conspiracy to cheat.

5. **Misrepresentation** is engaging in acts of deception or forgery in an academic context. Examples include but are not limited to: misrepresenting one’s own work as something that it is not, lying to an instructor or fabricating excuses to improve a grade or to make up for missed work, and excessively misusing computer software to create works that do not truly reflect a student’s skill level.
**APPENDIX D: MEDICAL RELEASE FORM**

This form is available from Course Coordinators, Administrative Assistant for Nursing, and/or Clinical Coordinator.

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**Reynolds Community College**

P.O. Box 85622

Richmond, VA 23285-5622

(804) 371-3000

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**School of Nursing Return to Program Medical Release Form**

**Term/Year:**

________________________________________________________________________

**Student Name:** ___________________________________________ I.D. # ________________

**Student Address:** ___________________________________________

**Course:** ___________________________________________________

**Functional Skills Requirement**

A student in any Nursing Program must be able to demonstrate the following functional skills.

- Sufficient eyesight to observe patients, read records, manipulate equipment, and visually monitor patients in dim light;
- Sufficient hearing to (1) hear a baby’s cry, (2) hear an elderly patient’s whisper without facing the patient, (3) hear audible alarms and sounds, (4) communicate with patients and members of health care delivery team, (5) monitor patients using electronic equipment, and (6) auscultate physical assessment data – such as blood pressure, and heart sounds;
- Satisfactory speaking skills to effectively communicate in English in a timely manner and to effectively interact with patients, families and health care team members;
- Accurate writing skills to meet time constraints for documentation of client assessment and outcome of nursing care, as well as course written assignments. Correct spelling and grammar are mandatory.
- Ability to read, understand, and implement written directions
- Sufficient bilateral finger dexterity to manipulate equipment;
- Sufficient strength and mobility to lift, stoop or bend in the delivery of safe nursing care;
- Satisfactory physical strength and endurance to stand for extended periods and to move immobile patients (70 lbs); and
• Intellectual ability and emotional function to ensure patient safety and to exercise independent judgment and discretion in performing assigned tasks.

I find this student able to meet the functional requirements listed above and to return to the clinical setting without restrictions.

Name (printed):_______________________________________________________

Signature:_____________________________________________________________

Date:_________________________________________________________________

Address: __________________________________________________________________

City __________________________ State: _______ Zip Code _________________

Phone number: __________________
Appendix E: Certified Nurse Aide Information

Students are eligible to take the Certification test as a Nurse Aide at any point in the program once he/she has passed NUR-111. The Virginia Board of Nursing requires that all individuals registering to take the C.N.A. exam acknowledge awareness of “Barrier” Crimes. This form is available on the Reynolds Nursing Program Blackboard site under the Documents tab. The cost of the Certification Exam is $94.00, and can be scheduled to be take here in our nursing lab on selected Saturdays based on the NACES schedule.

Receipt of Virginia State Code for Nurse Aides

As required by the Virginia State Legislature, all Nurse Aide students are to be provided with a copy of the Virginia law regarding criminal history records checks for employment in certain health care facilities and a list of crimes which pose a barrier to such employment.

By signing my name below, I am acknowledging that I have received a copy of the above information on the first day of my Nurse Aide class.

Name (print) __________________________________________________

Signature: __________________________________________________

Date: __________________________________________________
**Appendix F: Rounding Rules for Dosage Calculation**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rule 1</td>
<td>Drops, capsules and suppositories should be in whole numbers.</td>
</tr>
<tr>
<td>Rule 2</td>
<td>Liquids less than one milliliter should be rounded to the nearest hundredth (second decimal place). Examples: 0.257 = 0.26 ml, 0.253 = 0.25 ml, .5 = 0.5 ml, 0.50 = 0.5 ml, 0.999 = 1 ml. Note: It is not 0.50 ml as there is no trailing zero, it must be written as 0.5 ml. Also Note: 1.0 ml is written as 1 ml as there can be no trailing zero.</td>
</tr>
<tr>
<td>Rule 3</td>
<td>Liquids including IV medication greater than one milliliter should be rounded to the nearest tenth (first decimal place). Examples: 1.25 = 1.3 ml, 1.43 = 1.4 ml, 1.20 = 1.2 ml, 1.999 = 2 ml</td>
</tr>
<tr>
<td>Rule 4</td>
<td>Round to the equipment. However, if rounding would seriously change the dosage or concentration then check with physician and/or pharmacist for verification of correct dosage.</td>
</tr>
<tr>
<td>Rule 5</td>
<td>Numbers can be rounded only one time. Example: 4.746 does not become 4.75 and then 4.8 ml. It remains at 4.7 ml because the number behind the 7 is less than five. Note that a zero must be present before any decimal. There can be no trailing zeros.</td>
</tr>
</tbody>
</table>

Reynolds Community College  
A.A.S. in Nursing Program

**STUDENT AGREEMENT TO PROGRAM AND COURSE RESPONSIBILITIES**

Printed Name: _______________________________ Orientation date: ________________

Enrolled in NUR-111 / NUR-115 __________ Current Course: ______________________

<table>
<thead>
<tr>
<th>Topic</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>I received a printed copy of this Student Handbook at my entrance to the A. A. S. in Nursing Program, and know how to access a copy electronically.</td>
<td></td>
</tr>
<tr>
<td>I have both read and participated in a discussion of the A.A.S. in Nursing Program Student Handbook.</td>
<td></td>
</tr>
<tr>
<td>I have had my initial questions answered, and will communicate new or additional questions to the Program Blackboard site.</td>
<td></td>
</tr>
<tr>
<td>I know how to access the Blackboard system, and contact the College “Help” desk.</td>
<td></td>
</tr>
<tr>
<td>I am able to open each course syllabus and learning activity pack through Reynolds’ Blackboard system.</td>
<td></td>
</tr>
<tr>
<td>I know how to access the Academic Support Center, Nursing Retention Specialist, course faculty (class, skill lab, clinical) for each nursing course I am taking.</td>
<td></td>
</tr>
<tr>
<td>I know of no new events in my life that would affect my Background Check or Drug Screen results.</td>
<td></td>
</tr>
<tr>
<td>My TB, flu, and CPR documents are current and will not expire this semester.</td>
<td></td>
</tr>
<tr>
<td>I understand that all program and/or faculty electronic communications will occur through my email:vccs.edu address.</td>
<td></td>
</tr>
</tbody>
</table>

Specific areas:
1. I am considered a Progression 1 or Progression 2 (circle one) student because ________________________________________________________________________________________________________________________________

2. If I am sick the morning of a scheduled exam, I must ____________________________________________________________

Signature __________________________________ Date _________________________