



THE DEPARTMENT OF NURSING

Student Handbook



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THE DEPARTMENT OF NURSING

Student Handbook



Robeson Community College
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Florence Nightingale
1820-1910

I attribute my success to this
- I never gave or took any
excuses.

Each course is implemented in accordance with the student course syllabus. If ambiguities or differences exist between the course syllabus and Nursing Student Handbook, the requirements outlined in the course syllabus will supersede the handbook in accordance with the NC Board of Nursing General Statute 21 NCAC 36 .032, which states:

Nursing program curricula shall:

- define the level of performance required to pass each course in the curriculum (Published grading requirements);
- enable the student to develop the nursing knowledge, skills and competencies necessary for the level, scope and all applicable Rules as defined in 21 NCAC 36 .0221, .0224, .0225, and .0231 consistent with the level of licensure; and
- [have] objectives for each course [that] shall indicate the knowledge and skills expected of the students. These objectives shall be stated to...serve as the basis for evaluating student performance.
- [have] student course syllabi [which] shall include a description and outline of content, learning environments and activities, course placement, allocation of time, and methods of evaluation of student performance, including clinical evaluation tools.

The Nursing Student Handbook is a reference guide for nursing students, faculty and staff. It serves as a supplement, not a replacement to the course syllabus and [RCC Catalog & Student Handbook](#). The rules and regulations of the College Catalog & Student Handbook, NC Administrative Code(s), Nurse Practice Act will take precedence unless otherwise officially denoted. The content herein is subject to change with any revisions in laws, statutes or policies governing the college or program.

Dev. Aug. 2009

Revisions: Annually – August 2021

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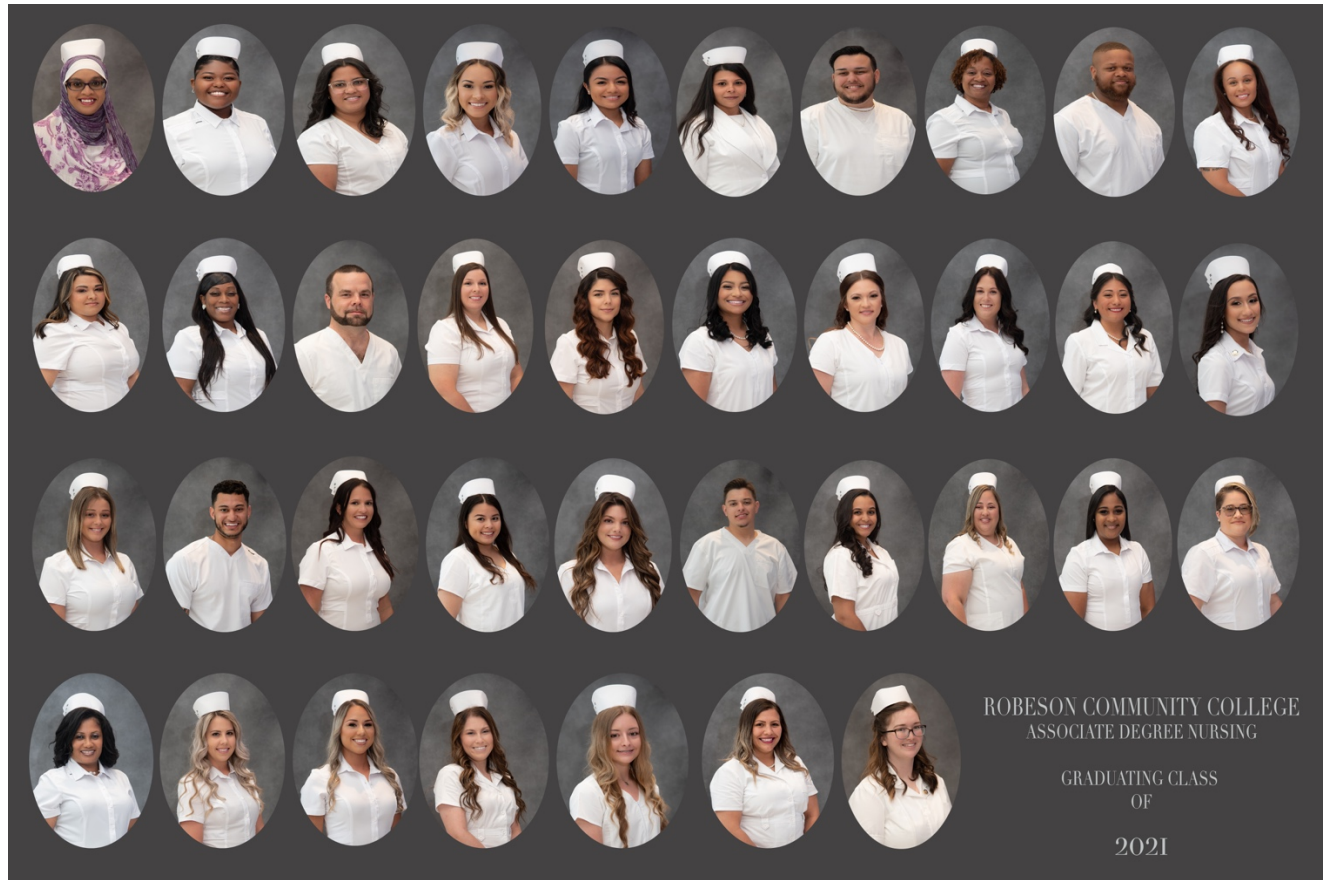
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GOAL: 100% NCLEX PASS RATES

On the First Attempt!



The Robeson Community College the Department of Nursing is committed to ensuring graduates are prepared to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and the National Council Licensure Examination for Practical Nurses (NCLEX-PN).

“To ensure public protection, NCSBN Member Board jurisdictions require a candidate for licensure to pass an examination that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level nurse.” | NCSBN National Council of State Boards of Nursing | <https://www.ncsbn.org/nclex.htm/>

Purpose of Nursing Student Handbook

The Nursing Student Handbook serves as a supplement and not a replacement to the [RCC Catalog & Student Handbook](#) and course syllabus. The course syllabus serves as the official contract for the course and students. It outlines the requirements needed to complete the course. The policies and procedures in the RCC College Catalog & Student Handbook serve as the governing policies for the program as applicable.

The Nursing Student Handbook provides student nurses with guidelines, policies and procedures that promote professionalism and professional identify development, while students are enrolled in the RCC nursing program. The Department of Nursing Faculty have established these policies, procedures and guidelines to comply with the [NC Board of Nursing Education Rule 21 NCAC 36 .0320](#), which states:

Students in nursing programs shall meet requirements established by the controlling institution. Additional requirements may be stipulated by the nursing program for students because of the nature and legal responsibilities of nursing education and nursing practice.

For the purpose of this handbook, the term “Nursing Program” will encompass both the Associate Degree Nursing (ADN) and the Practical Nursing (PN) curricula.

Students admitted and enrolled in either the ADN or PN nursing curricula are equally responsible for complying with the course syllabus. In accordance with the [NCBON Education Rule 21 NCAC 36 .0321\(j\)](#)

Each course shall be implemented in accordance with the student course syllabus.

Students must also comply with the rules, regulations, policies and procedures of the General Statutes, Administrative Codes of the State of North Carolina, NC Community College System, [RCC Catalog & Student Handbook](#), Department of Nursing and its educational/ clinical affiliates. In the event of any conflict between the nursing policies/procedures and the syllabus or the above stated rules, statutes and codes, the syllabus, rule, regulations, policies, procedures, statutes, and codes will prevail.

Robeson Community College and The Department of Nursing reserve the right to revise, change, or amend as indicated. Students will be notified of the revisions, at which point the student is responsible for complying with all updates in the same manner they are responsible for complying with the syllabus and other rules, regulations, policies, procedures, statutes, and codes.

Dev 12/08

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8/11; 08/12; 08/14; 08/16; 08/17; 08/19; 08/20



Robeson Community College Department of Nursing

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OFFICE HOURS

Faculty are available for office hours as posted. However, students are asked to **make appointments** (via email) with faculty during office hours.

To ensure compliance with FERPA and/or student privacy in the nursing office, all students are expected to wait in main lobby until called for appointments.

The Nursing Department's hours of operation are Monday-Thursday, 8am – 5pm and Friday 8am – 3pm. **Emails received after 3:00 pm on Fridays may not be received or responded to until Monday of the following week.**

Faculty Office Hours | Faculty office hours may be held virtually through video conferencing and/or face-to-face. Therefore, students should email or call ahead to schedule meetings with faculty or advising sessions.

- Department faculty will comply for federal, state and local mandates regarding COVID-19
- Please remain abreast of calendar updates by viewing the College [Calendars and Schedules](#) online. For more information, visit the [Robeson Community College - Acalog ACMS™](#)



Welcome Nursing Student!

On behalf of the nursing faculty and staff of the RCC Nursing Program, we would like to **WELCOME** you as you start your educational journey. Nursing is not just a career, it is a profession that should not be entered into lightheartedly. As a nursing student and future RCC graduate, you will be expected to adhere to the rigorous standards set by the College, Program and eventually your profession. **You have enrolled at an exciting time.** The Department of Nursing has a rich history of nearly 40 years, which began first with the Practical Nursing program. In 1982, the Nursing program graduated its first ADN class, setting the bar high for future graduates. Over the years, faculty have worked to promote “excellence in nursing education.” The Department of Nursing’s most recent milestones include the restart of the PN program in 2012 and adoption of concept-based nursing education for both the ADN and PN curricula. In 2019, both the Associate Degree and Practical Nursing programs were ranked #2 and #3, respectively in the State. To be recognized in the top decile of the 82 Universities and Colleges offering the Registered Nursing degree, and 38 Community Colleges offering Practical Nursing Education clearly represents the department’s commitment to excellence. These milestones and other program improvements have resulted in a consistent NCLEX Pass Rate of 100% over the past few years. As the department strives for excellence, we are in the process of becoming nationally accredited by The National League for Nursing Commission for Nursing Education Accreditation (CNEA).

The Department of Nursing is proud to be recognized for our response to the regional workforce demands. The RCC Department of Nursing is meeting these and other critical success factors by preparing ADN and PN graduates who are 100% employable and ready to transition to practice upon graduation. Nursing faculty believe the academic rigor and high professional expectations instituted also make it possible for graduates to continue their education and reach the pinnacle of their career pursuits and professional identity development. As a student, we trust you will find a devoted faculty, staff and administrative team committed to the program enhancements needed for you to successfully graduate and pass NCLEX on the first attempt. If you are willing to make an equal commitment and meet the educational requirements **your future in nursing will be rewarding.**

We celebrate the unique life experiences, skills, talents and resources each student brings. The nursing faculty and staff will assist you to build upon your uniqueness. However, your success in both the classroom and practice (clinical/laboratory) areas are determined by your willingness to engage in the adult learning process. Simply stated, **Your Success Depends on You and Your Level of Commitment!** It is our hope that you will live by the words of Florence Nightingale, Nursing’s matriarch, **“I attribute my success to never giving or accepting any excuses”** (paraphrase).

As you embark on this new opportunity, we trust you will take full advantage of all the Program and College have to offer. We applaud you for making this life choice and for making RCC Nursing your program of choice. On behalf of the Nursing faculty and staff, we wish you much success.

Eva Meekins, DNP, MHA, RN
Dr. E. Meekins, Director of Nursing





**MISSION
FRAMEWORK
PHILOSOPHY**



NURSING MISSION/ FRAMEWORK/ PHILOSOPHY

MISSION

The mission of the RCC Department of Nursing is to provide accessible, high quality concept-based nursing education to qualified individuals in Robeson County and the surrounding region. The program reflects the core values and strategic goals of the governing body by preparing graduates for entry-level practice as professional registered nurses or licensed practical nurses.

Aim

With a strong commitment to advancing the mission of the College, the aim of The Department of Nursing is to enhance lifelong learning while: promoting optimum health; facilitating the attainment of quality of life; and meeting the diverse and ever-changing health care needs in the region.

Professional Standards

The program ascribes to the professional standards, guidelines and competencies as defined by the Nursing Practice Act of North Carolina and the National League for Nursing. Other professional standards used as a basis for educational instruction include but are not limited to:

- The American Nurses Association (ANA) Standards of Care
- ANA Standards of Professional Performance
- ANA Code of Ethics for Nurses with Interpretive Statements
- The Quality and Safety Education for Nurses (QSEN) and Institute of Medicine (IOM) Competencies

Graduates of either nursing curricula are educationally prepared to take the NCLEX-RN or NCLEX-PN with the goal of passing on the first attempt. The academically prepared graduate then utilizes evidence-based practice (EBP) standards to provide client-centered care to individuals, families, significant others and the community within their defined scope of practice.

PHILOSOPHY

The philosophy of The Department of Nursing is a statement of the beliefs, values and ideologies held by the nursing faculty regarding the profession of nursing, nursing practice and specifically nursing education.

The RCC Nursing Faculty believes the profession of nursing is the art and science of providing care to individuals, significant others, families and communities. Whereas, nursing practice focuses on meeting a myriad of health care needs or challenges existing throughout the lifespan or life cycle.

The RCC Nursing Faculty believes adult learners should be self-directed, able to recognize their learning needs and effectively utilize experiences in their pursuit of new knowledge. Acquiring new knowledge, linking nursing concepts and developing clinical competence occur when the student assumes the primary responsibility for their learning. Moreover, the acquisition of professional knowledge and the development of professional identity and clinical competence occur when the adult learner is actively engaged with faculty in the learning process.

The RCC Nursing Faculty believes the nurse educator establishes and facilitates a learner-centered environment conducive for knowledge and skill acquisition. As educators, faculty effectively evaluate the achievement of student learning outcomes as the adult learner progresses through the curriculum.

The RCC Nursing Faculty believes that creating rigorous didactic and “real-life” experiential learning opportunities fosters the application of professional standards, best practice guidelines, and the adoption of QSEN and NLN competencies. The teaching-learning atmosphere is further designed to provide an opportunity for developing the NLN competencies of human flourishing, nursing judgment, professional identity and spirit of inquiry. Moreover, nursing faculty believe the incorporation of QSEN and NLN competencies will prepare future nurses to utilize their newly attained, requisite knowledge, skills and attitudes (KSAs) to provide safe and effective care; while improving the healthcare system within their sphere of influence.

The RCC Nursing Faculty believes innovation in nursing education is quintessential when preparing graduates to use experiential knowledge, formulate critical thoughts and make nursing judgments in patient care practice. Faculty believes the use of innovative technology and techniques such as smart technology, electronic mediums and interactive simulation are vital for ensuring students learn to safely apply nursing concepts. Simulation is used to ensure student especially apply and perform high-risk and/or low volume concepts and competencies before entering the practice area.

The RCC Nursing Faculty believes the competent nurse adheres to professional standards and EBP guidelines while developing requisite KSAs and QSEN and NLN competencies. They systematically utilize EBP research and standards to provide safe and effective client-centered care. Hence, both nursing curricula incorporate general education competencies with key nursing concepts and exemplars derived from the domains of individual, nursing and health. Faculty believe integration of concepts and exemplars throughout the curriculum is necessary to shape and validate the learner's application, analysis, synthesis and evaluation of core nursing knowledge and competencies.

CONCEPTUAL MODEL

The conceptual model adapted from the NCCCS Concept Based Curriculum for both the ADN and PN curricula provide a framework that prepares and motivates the adult learner to attain new nursing knowledge and make meaningful connections to the key concepts. The adult learner is challenged to attain mastery of each part of the framework (the individual, the healthcare system and nursing) in order to understand the curriculum ([Knowles, Holton, & Swanson, 2005](#)); and hence the practice of nursing. The domains of the individual, the healthcare system, and nursing provide the conceptual framework guiding the nursing curriculum. Concepts and exemplars are organized within each these domains to ensure learning occurs from simple to complex.

THEORETICAL FRAMEWORK

Jean Watson's Theory of Caring

Watson's Theory of Caring (2009) was selected by the faculty to further explain the domains of nursing. As the primary theoretical nursing framework, nursing faculty along with the profession as a whole esteem "Caring" as one of the most distinguishable characteristics of the professional nurse. Furthermore, faculty believe all caring is experiential; whether simulated or actual, experiences are necessary to promote student learning through the application, synthesis, analysis or evaluation of concepts. Watson's theory supports the premise that knowledge, judgments, skills and competencies are transferred from nursing faculty to pre-licensure students during structured or unstructured interactions. As adult learners, nursing students acquire the necessary KSAs through instruction, role socialization, self-discovery and a myriad of other innovative strategies. Hence it is important for the nurse educator to remain cognizant of this level of transference when relaying the essence each concept and exemplar contained within the domains of nursing. Unique to Watson's Theory are seven assumptions that underscore the essential premise of caring within the domains of nursing (See Table 1).

Table 1: Assumptions of Caring – Jean Watson

Assumptions of Caring
1. Caring can only be successfully practiced and demonstrated from an interpersonal perspective.
2. "Carative" factors are the substratum of caring that result in satisfaction of select human needs.
3. Health, individual and family growth are the result of effective caring.
4. Caring recognizes human potential and celebrates individuals where they are now and projected to be in the future.
5. Healthy, caring environments allows for the development of potential and problem- solving
6. Caring is the art of nursing unlike, but complimentary to the science of curing
7. The practice of caring is the central precept of nursing.

(Watson, 2009)

Person (Individual)

A person is considered an individual comprised of many complexities combined to form the whole person or integrated human being. A person who grows and develops into an integrated being should be considered vastly different and greater than the sum of mere parts. With an innermost desire to be respected, nurtured, understood and assisted, individuals requiring care seek to find meaning for their experiences and for themselves from the nurse charged with their care. According to Watson (2009), an individual life is to be cherished as a gift or an ever-developing process of amazement. Therefore, the professional nurse develops a transpersonal caring relationship with their clients through interaction or encounters. It is the nurse's moral commitment to protect the client and promote dignity, safety and self-awareness as the client becomes increasing aware of their responses to health, wellness and illnesses.

Health

Health is a dynamic state that is viewed differently by each individual and experienced along a continuum through evolving patterns of wellness. Caring accentuates the health of an individual. According to Watson (2009), health is a unifying experience that brings balance to the human mind, body and soul. It is not just the mere absence of diseases or illness, but an overall sense of physical, social, emotional and mental well-being.

Environment

One's environment is multi-dimensional and multi-faceted, but equally inseparable from the individual person. Within the environment, there exist internal and external stimuli that directly or indirectly influence individual behaviors toward health, wellness or illness. Environmental stimuli may be avowed from social, economic, cultural and spiritual dimensions. When the environment is perceived adversely caring becomes necessary. According to Watson (2009) caring is the integral part of every society or environment and may be utilized as a method to relate empirical, aesthetical, ethical and personal knowing of caring to others.



Community Service

ADN and PN Students work w/ the Senior Citizen Sharing and Caring Event at Lumberton Senior High School.

Students prepares boxes

of food and essential items for over 150 senior citizens in attendance.

Nursing and Nursing Practice

Nursing is an esthetic art and a science that responds to human needs generated by one's experiences or progression along the health, wellness and illness continuum. According to Watson (2009) the science of nursing is desired to focus on holistic health care that values the wholeness of human existence. In that, nursing is characterized by human connections that lead to the development of caring and meaningful relationships. Establishing meaningful nurse client relationships is an acquired art aiding in the prevention of disease, the promotion of health and the restoration of health. Within the art of nursing, professional nursing practice offers a balance between "high-tech and high-touch" to better accentuate the caring relationship needed for optimal wellness. Likewise, the science of nursing knowledge is applied to formulate critical thoughts and make relevant nursing judgments ensuring cost-effective, evidence-based quality care and well-being.

Nursing Education

Associate Degree or Practical Nursing education under the umbrella of the NC Community College System, is a process that facilitates changes in behavior and promotes the acquisition of KSA's and QSEN competencies necessary to function in the role of the entry-level nurse. The theoretical nursing domain are combined and delineated as individual, health care system and nursing for the purpose of organizing concepts and exemplars.

At RCC, both the ADN and PN curricula are conceptually based and founded on adult learning principles. Evidence-based practice standards, nursing research, application of the nursing process, an understanding of client needs, general education competencies, and advanced science concepts also provide a foundation for the curriculum. Moreover, incorporated in each curriculum are concepts and integrated process deemed essential by the National Council of State Boards of Nursing (NCSBN) for practicing nursing. Basic assumptions include student-centered adult learning, innovations through actual or simulated experiences, problem solving adeptness and clinical judgment skill acquisition (Rachel, 2002). Both curricula are based on the learning theory that learning results from experiences and interactive instruction. For the faculty learning is about making connections similar to those described by cognitive scientists, who agree humans build their mindsets by "constructing" mental structures and "hands-on" concrete application that connects and organizes information (Barkley, Cross & Major 2005). Hence nursing faculty provide opportunities for didactic and experiential application, synthesis, analysis and evaluation of learning.

Set in an environment conducive to learning, the program and conceptual design defines critical elements for each course through the use of topical outlines and master learning plans derived from the integrated curriculum plan or map. Course concept maps and integrated grids are also used to link competencies with student learning outcomes and course objectives. Since learning is a continuous process, an expected change in behavior is expected to occur when individuals are challenged to engage and expand their personal ways of knowing. Teaching and learning is an interactive process between the teacher and learner. The responsibility of the faculty is to facilitate a spirit of inquiry through the continuous learning process; along with aiding the student in expanding their way of knowing while acquiring the required competencies for professional practice. Faculty scholarship within the domains of discovery, teaching excellence, practice application, and further integration facilitate the process for the adult learner (Boyer, 1990).

When preparing the learning environment, faculty expand the definition of scholarship to include the learner by sharing an appreciation of Nursing practice based on research and EBP standards. In addition, to the simple process of acquiring KSAs, the faculty role-model Nursing scholarship through the service through the client-centered care provided to individuals, families, significant others, and the community within a defined scope of practice. Faculty believe this deliberate nature of engaging students in the active and rigorous teaching-learning process advances the profession and the science of Nursing (Oermann 2014; 2016). The learning process is accomplished through the design and evaluation of learning experiences. As adult learners, nursing students are responsible for actively preparing and participating in learning experiences. Students are given the opportunity to participate in simulated and/or actual learning activities designed to increase the KSAs needed to provide quality, safe and effective client-centered care.

Nursing Graduates

Graduates of either program are prepared to meet the educational competencies defined by the Nursing Practice Act of North Carolina (2009) and the National Council of State Boards of Nursing (NCSBN, 2013). The practice of nursing is defined by the level and scope of practice. Nursing graduates are trained to provide safe and effective care by directing their attention toward meeting the needs of individuals, significant others, families and/or communities throughout lifespan. The academically prepared nurse's role is characterized by entry-level, evidence-based practice. Moreover, ADN graduates are charged with a supervisory role and care management.

Associate Degree Nursing Education

Associate degree nursing has been a vital part of the nursing landscape for the last 50 years. Over the years, ADN education has had a substantial influence on the delivery of quality care in the United States (Mahaffey, 2002). According to the NCBON Administrative Code and General Statutes (2012):

“Associate Degree in Nursing (ADN)/Diploma in Registered Nursing - Curriculum components for the ADN/Diploma in Registered Nursing provides for the attainment of knowledge and skill sets in the current practice in nursing, community concepts, health care delivery, communications, therapeutic interventions and current trends in health care. For this program type, client is the individual, group of individuals, and family.” (NCBON Administrative Codes, 2012, p.6).

Practical Nursing Education

Practical Nursing education has an equally rich history dating back to the early 1900's. After licensing, practical nurses have made a significant contribution to past and now the current health care delivery system. (Hill & Howlett, 2005). According to the NCBON, the practical nurse's diploma prepares:

“Graduates [to function] in a dependent role in providing direct nursing care under the direction of a registered nurse or other health care provider as defined by the Nursing Practice Act. Curriculum components provide for the attainment of knowledge and skill sets in the current practice of practical nursing, communications, therapeutic interventions, including pharmacology, growth and development and current trends in health care. For this program type client is the individual, or group of individuals.” (NCBON Administrative Codes, 2012, p.6).

Original Philosophy and Archived 2009
CIP Philosophy Developed 2007
Adopted by RCC Nursing Faculty 2009
Revisions – 2011; 2012; 2013; 2014; 2016



Sierra M. Practical Nursing Graduate, Class of 2020



Section 1: Nursing Curricula/ Curriculum



Pinning 2021 Marshals Amanda Plata, Mahala Cummings, and Bryanna Xayavong

Section 1: Nursing Curricula/ Curriculums

1.1 Associate Degree Nursing (ADN) Curriculum Descriptions

Purpose: The Associate Degree Nursing curriculum provides knowledge, skills, and strategies to integrate safety and quality into nursing care, to practice in a dynamic environment, and to meet individual needs which impact health, quality of life, and achievement of potential. Course work includes and builds upon the domains of healthcare, nursing practice, and the holistic individual. Content emphasizes the nurse as a member of the interdisciplinary team providing safe, individualized care while employing EBP, quality improvement and informatics. Graduates of this program are eligible to apply to take the National Council Licensure Examination (NCLEX-RN). Employment opportunities are vast within the global health care system and may include positions within acute, chronic, extended, industrial, and community health care facilities. See [ADN Curriculum](#).

1.2 Associate Degree of Nursing Curriculum Outcomes aligned with NLN Competencies

AD-Nursing Program Outcomes*	Student Learning Outcomes	NLN Competencies**
<i>Nursing graduates of the RCC AD-Nursing program will...</i>		
1. Practice professional nursing behaviors incorporating personal responsibility and accountability for continued competence. <i>(NCSBN- Safe and Effective Care; QSEN – EBP)</i>	a) Demonstrate mastery of cognitive and psychomotor learning of nursing concepts. b) Demonstrate professional accountability for competence in the care of individuals and while working as a member of the health team.	Professional Identity: implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe quality care for diverse patients within a family and community context. (p. 35).
2. Communicate professionally and effectively with individuals, significant support person(s), and members of the interdisciplinary healthcare team. <i>(NCSBN- Communication and Documentation; QSEN – Teamwork and Collaboration)</i>	a) Professionally communicate accurate health care information to individuals, support persons and members of the health team. b) Effectively report information and articulate relationships, similarities, and differences among ideas when communicating with members of the health team.	
3. Integrate knowledge of the holistic needs of the individual to provide an individual centered assessment. <i>(NCSBN - Nursing Process; QSEN- Patient Centered Care)</i>	a) Demonstrate mastery of cognitive, affective and psychomotor concepts/skills in the completion of the individual centered assessment in the practice area. b) Remain cognizant of holistic care needs when conducting an individual centered assessment and providing comprehensive care in the clinical practice area.	Spirit of Inquiry: Examines the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities. (p. 36)
4. Incorporate informatics to formulate evidence-based clinical judgments and management decisions. <i>(NCSBN-Communication and Documentation; QSEN- Informatics)</i>	a) Demonstrate competence in computer applications and operations in the formulation of clinical judgments and care methods. b) Use computer applications responsibly and effectively as tools for creatively researching best practice concepts, organizing electronic patient information, analyzing clinical problems, and/or predicting client outcomes. c) Apply evidence to clinical management decisions when deciding between care options, generating possibilities, analyzing	Nursing Judgment: Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and promote the health of patients within a family and community context (p. 34).

	ideas and arguments and predicting consequences.	
5. Implement caring interventions incorporating documented best practices for individuals in diverse settings. (<i>NCSBN-Caring, Culture and Spirituality; QSEN-Informatics, EBP</i>)	a) Assign, delegate, or supervise other personnel in implementing treatment options for individuals in diverse settings. b) Utilize evidence based and/or best practices guidelines to complete and/or supervise care, and teach and evaluate the effectiveness of caring interventions with diverse groups.	
6. Develop a teaching plan for individuals, and/or the nursing team, incorporating teaching and learning principles. (<i>NCSBN-Teaching Learning; QSEN-Patient-Centered Care, EBP</i>)	a) Demonstrate effective use of the written and spoken language in creating and articulating a teaching plan for individuals. b) Consider and apply evidence-based teaching-learning principles in the design and execution of a teaching plan for the nursing team.	Human Flourishing: Advocate for patients in ways that promote their self-determination, integrity, and ongoing growth as human beings (p. 33).
7. Collaborate with the interdisciplinary healthcare team to advocate for positive individual and organizational outcomes. (<i>NCSBN- Communication and Documentation; QSEN – Teamwork and Collaboration, Quality Improvement</i>)	a) Demonstrate cognitive knowledge of interdisciplinary health team concepts in relation to organizational outcomes. b) Demonstrate collaboration with the interdisciplinary team to plan and/or advocate for positive care outcomes for individuals. c) Identify and/or secure health care and/or community resources that promote positive individual and organizational outcomes.	
8. Manage health care for the individual using cost effective nursing strategies, quality improvement processes, and current technologies. (<i>NCSBN-Nursing Process; QSEN – Quality Improvement, Informatics</i>)	a) Utilize the nursing process to cost effectively manage health care for individuals. b) Employ quality improvement process, current technology and cost-effective strategies to provide safe and effective nursing care to individuals.	Spirit of Inquiry: Examines the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities. (p. 36)
<u>Note:</u> - * POs cross-referenced with NCSBN® @ NCLEX-RN® Client Needs and Integrative Processes and QSEN Competencies. - ** POs and SLOs cross-referenced with the NLN Competencies. National League for Nursing (2010). Outcomes and competencies for graduates of practical/vocational, diploma, associate degree, baccalaureate, master's, practice doctorate, and research doctorate programs in nursing. Author.		



Dev. 09/2008
Reviewed Every 3 years
Revised 2022

1.3 Associate Degree Nursing Curriculum Plan of Progression

Curriculum Progression

Eight (8) program outcomes undergird the Associate Degree Nursing (ADN) curriculum and support the development of objectives and student learning outcomes (SLOs). The course and subsequent clinical objectives are derived from the program outcomes (POs). These objectives are used to guide the selection of teaching methodologies, classroom and/or lab assignments, unit tests final exam development, simulation experiences, clinical assignments, and clinical evaluations process.

The ADN curriculum incorporates professional standards, best-practice guidelines and competencies as a foundation for didactic and experiential instruction. The principal standards, best-practice guidelines and/or competencies used to guide the delivery of nursing content are as listed:

- American Nurses Association (ANA) Standards of Care and Professional Performance
- ANA Code of Ethics for Nurses with Interpretive Statements
- National Council of State Boards of Nursing
- National League for Nursing Outcomes and Competencies for ADN curricula
- Nurse Practice Act of North Carolina
- Quality and Safety Education for Nurses (QSEN) Competencies
- The Joint Commission National Patient Safety Goals

The nursing curriculum competencies are leveled to show logical progression during didactic and experiential learning. Using the three domains of individual, nursing, and health care along with three levels of learning, the curriculum is organized to flow from simple to complex using vernacular from Bloom's Taxonomy (1956). Since the original North Carolina Community College System (NCCCS) Concept-based Curriculum was sequenced with NUR 111: Intro to Health Concepts being the initial course and NUR 213: Complex Health Concepts being the final course, leveling was quintessential to show progression. Leveling permits the student to demonstrate competence and mastery of SLOs in a logical progression toward attaining the terminal POs. Moreover, RCC nursing faculty determined it efficacious for student learning to include two additional courses in Level One - NUR 117: Pharmacology and NUR 133: Nursing Assessment in the first semester along with NUR 111. These two courses are approved in the NCCCS Combined Course Catalog and Curriculum Standard. Therefore, the SLOs in NUR 117 and NUR 133 are also included with NUR 111 in the Level One SLOs. Level Two SLOs are integral to the courses sequenced throughout the curriculum. The Level Two SLOs are taught across the life-span and the SLOs are met using a variety of didactic and experiential teaching-learning methodologies and practice settings. Level Three SLOs require higher-order thinking. See the Curricular Student Learning Outcomes Logical Sequencing and Progression in Table 1, the Program of Study below in Table 2 and the Associate Degree Nursing Curriculum Progression Map – Appendix 1).

Table 1. Curricular Student Learning Outcomes (SLOs) Logical Sequencing and Progression

SLO Progression	Description	Courses
<u>Level One SLOs</u>	NUR 111: Intro to Health Concepts, NUR 117: Pharmacology, and NUR 133: Nursing Assessment students are expected to produce coursework fundamental to comprehension and application of concepts and exemplars; while demonstrating an understanding of the integration of professional standards, guidelines and competencies in nursing practice.	<u>Semester 1</u> NUR 111 NUR 117 NUR 133
<u>Level Two SLOs</u>	NUR 112: Health-Illness Concepts is taught as a co-requisite to NUR 114 in the second semester of the spring term. Emphasis is placed on applying and analyzing the concepts and exemplars needed for the medical and perioperative care of patients. NUR 114: Holistic-Health Concepts, a co-requisite course to NUR 112 and focuses on applying and analyzing holistic health concepts. Coursework in each course integrates professional standards, best-practice guidelines and competencies to ensure the delivery of care relevant to special populations in acute care, outpatient services and rehabilitative care settings. NUR 113: Family Health Concepts provides an in-depth opportunity to apply, analyze and synthesize maternal-child and family health concepts within the three domains,	<u>Semester 2</u> NUR 112 NUR 114 <u>Semester 3</u> NUR 113 <u>Semester 4</u> NUR 211 NUR 212

	<p>while incorporating professional standards, best-practice guidelines and competencies with this specialized population.</p> <p>NUR 211: Health-Care Concepts students work interdependently and collaboratively with the health team to comprehensively provide care; while analyzing, synthesizing and evaluating the safe and effective provision of quality patient-centered care in acute care settings.</p> <p>NUR 212: Health Systems Concepts is offered as a co-requisite to NUR 211. Coursework and learning focus attaining the KSAs needed to prioritize, delegate, assign, supervise, improve, and manage patient-centered care.</p>	
	<p><u>Post-Licensure Entry</u></p> <p>LPN to RN Advanced Placement (AP) and Paramedic to RN Bridge (Bridge)</p> <p>NUR 214: Nsg Transition Concepts and NUR 215: Paramedic/RN Bridge students are expected to apply the concepts within the three domains of the individual, healthcare, and nursing to safe practice.</p> <p>Entering post-licensure students are expected to validate prior KSAs while demonstrating the application of nursing concepts into safe practice.</p> <p>Emphasis is placed on the concepts within each domain including evidenced-based practice, quality improvement, communication, safety, interdisciplinary team, clinical decision-making, informatics, assessment, caring, and health-wellness-illness.</p>	<p><u>Semester 3</u></p> <p>NUR 214 w/ NUR 117</p> <p>NUR 215</p>
<u>Level Three SLOs</u>	<p>NUR 213: Complex Health Concepts, is the final course in the curriculum</p> <p>Didactic and clinical objectives relate to the program's terminal outcomes and SLOs.</p> <p>NUR 213 students are expected to integrate concepts from all sequenced courses while comprehensively and systematically analyzing, synthesizing and evaluating patient-centered care.</p> <p>NUR 213 students are assigned to complete the minimum of 120-hours for focused-client care preceptorship experience.</p>	<p><u>Semester 5</u></p> <p>NUR 213</p>

Dev. 12/2016

Rev. 01/2017; 08/2019; 08/2021

Clinical Progression

Clinical progression is clearly denoted on each clinical evaluation tool (CET). The tool includes specific clinical objectives behavioral competencies that represents the logical progression of experiential learning across the curriculum. This allows the student to progress from the first clinical course (NUR 111) to the final clinical course (NUR 213) sequentially. Moreover, the clinical courses sequenced between the first and the last courses facilitate student progression to meet the ADN terminal POs. The performance measures delineated in each clinical course were derived from the curriculum concepts, exemplars, course objectives and SLOs required for progression. Faculty designed the CET to include opportunities for formative and summative feedback. The requisite professional standards, best-practice guidelines and competencies needed for safe and effective quality care provide sustenance and relevance to the clinical objectives. The comprehensive nature of the statements and clinical faculty notes support the uniformity in documentation when reporting the observed student behaviors or KSAs in real world practice. The formative evaluation process ensures objectivity when quantifying student performance or behaviors. Relevant faculty observations are recorded as anecdotal notes to address the student's KSAs and level of competence. The use of CETs uniquely designed for each clinical course provide opportunities for timely feedback after experiences and during grading for the midterm and final junctures of the clinical course. Recordings, feedback statements, and/or information supports the determination of satisfactory or unsatisfactory attainment of clinical objectives. Students and faculty provide evaluations after each experience, which are used to formulate a judgment about the student's performance, safe practice and overall clinical grade (Oermann, 2014; Oermann, et. al., 2016). The CET for each clinical course outlines the experiential (clinical and/or simulation) SLOs extrapolated for the overall course objectives and SLOs in Table 2. The experiential (clinical and/or simulation) outcomes in this document depict the logical curricular progression across the ADN curriculum. [ADN – A45110 Program of Study](#)

Dev. 01/2010

Rev. 02/2017; 2019; 2020

1.4 Practical Nursing (PN) Curriculum Descriptions

Purpose

The Practical Nursing curriculum prepares individuals with the knowledge and skills to provide nursing care to children and adults. Students will participate in assessment, planning, implementing, and evaluating nursing care. Graduates are eligible to apply to take the National Council Licensure Examination (NCLEX-PN), which is required for practice as a Licensed Practical Nurse. Employment opportunities include hospitals, rehabilitation/long term care/home health facilities, clinics, and physicians' offices. See [Practical Nursing Curriculum](#) (See the [RCC Catalog & Student Handbook](#))

1.5 Practical Nursing Curriculum & Student learning Outcomes

Program Outcomes	Student Learning Outcomes
1. Participate in evaluating the concepts of the holistic individual and client response in promotion to health, wellness, illness, quality of life, and the achievement of potential.	a) Demonstrate mastery of cognitive, affective and psychomotor concepts and skills in the completion of data collection of the individual in the practice area. b) Remain cognizant of holistic care needs when conducting an individual centered assessment and providing comprehensive care in the clinical practice area.
2. Practice professional nursing behaviors, within the ethical-legal practice boundaries of the LPN, incorporating personal responsibility and accountability for continued competence.	a) Demonstrate mastery of cognitive and psychomotor learning of nursing concepts. b) Demonstrate professional accountability for competence in the care of individuals and while working as a member of the health team.
3. Participate in providing evidence-based nursing care, from an established plan of care, based on biophysical, psychosocial and cultural needs of clients in various stages of growth and development while assisting them to attain their highest level of wellness.	a) Demonstrate competence in computer applications and operations in the formulation of clinical judgments and care methods. b) Use computer applications responsibly and effectively as tools for creatively researching best practice concepts, organizing electronic patient information, analyzing clinical problems, and/or predicting client outcomes. c) Apply evidence to clinical decisions when deciding between care options, generating possibilities, analyzing ideas and arguments and predicting consequences from an established plan of care.
4. Reinforce and/or implement the teaching plan developed and delegated by the registered nurse to promote the health of individuals, incorporating teaching and learning principles.	a) Demonstrate effective use of the written and spoken language in reinforcing a teaching plan for individuals. b) Consider and apply evidence-based teaching-learning principles in the execution of an established teaching plan under supervision.
5. Participate in the nursing process to provide individualized, safe and effective nursing care in a structured setting under supervision	a) Professionally communicate accurate health care information to individuals, support persons and members of the health team. b) Effectively report information and articulate relationships, similarities, and differences among ideas when communicating with members of the health team.
6. Demonstrate caring behaviors in implementing culturally-competent, client-centered nursing care to diverse clients across the lifespan.	a) Delegate or supervise other personnel in implementing treatment options for individuals in diverse settings. b) Utilize evidence based and/or best practices guidelines to complete and/or supervise care, and reinforce education and evaluate the effectiveness of caring interventions with diverse groups.
7. Participate in Quality Improvement (QI) by identifying hazards and errors and by suggesting, to the RN, changes to improve the client care process.	a) Identify and report client care concerns to improve customer service, client satisfaction, and enhance effective and cost-efficient health care services. b) Describe and provide input into quality improvement methods used to develop or revise policies/procedures, and effectively utilize resources to support organizational outcomes.
8. Utilize informatics to access, manage, and communicate client information.	a) Utilize the nursing process to cost effectively manage health care for individuals.

	b) Employ quality improvement process, current technology and cost-effective strategies to provide safe and effective nursing care to individuals.
9. Participate in collaboration with the interdisciplinary healthcare team, as assigned by the registered nurse, to support positive individual and organizational outcomes in a safe and cost-effective manner.	a) Demonstrate cognitive knowledge of interdisciplinary health team concepts in relation to organizational outcomes. b) Demonstrate collaboration with the interdisciplinary team to plan and/or advocate for positive care outcomes for individuals. c) Identify and/or secure health care and/or community resources that promote positive individual and organizational outcomes.

Practical Nursing Curriculum Plan of Progression

The practical nursing curriculum is leveled to show logical progression during didactic and experiential learning. Using the three domains of individual, nursing, and health care along with three levels of learning, the curriculum is organized to flow from simple to complex using vernacular from Bloom's Taxonomy (1956). The North Carolina Community College System (NCCCS) PN Concept-based Curriculum was logically sequenced with NUR 101 being the first course, NUR 102 offered in the second semester and NUR 130 being offered in the final semester. This leveling permits the student to demonstrate competence and mastery of SLOs in a logical progression toward attaining the terminal Program Outcomes See Table 3.

Curriculum Progression

Five (5) program outcomes undergird the curriculum and support the development of objectives and student learning outcomes (SLOs). The course and subsequent clinical objectives are derived from the program outcomes (POs). These objectives are used to guide the selection of teaching methodologies, classroom and/or lab assignments, unit tests final exam development, simulation experiences, clinical assignments, and clinical evaluations process. The PN curriculum incorporates professional standards, best-practice guidelines and competencies as a foundation for didactic and experiential instruction. The principal standards, best-practice guidelines and/or competencies used to guide the delivery of nursing content are as listed:

- American Nurses Association (ANA) Standards of Care and Professional Performance
- ANA Code of Ethics for Nurses with Interpretive Statements
- National Council of State Boards of Nursing
- National League for Nursing Outcomes and Competencies for ADN curricula
- Nurse Practice Act of North Carolina
- Quality and Safety Education for Nurses (QSEN) Competencies
- The Joint Commission National Patient Safety Goals

See: PN – [D45660 Program of Study](#)

Dev. 08/2012
Rev. 02/2017; 08/2019



Michelle, RN – ADN 2019

RCC Practical Nursing Graduate 2017

Enrolled LPN to RN 2018



Section 2: Regulatory Accreditation and Memberships



Second level ADN students assist with an on-campus COVID Vaccine Clinic

Section 2 Regulatory Accreditation and Memberships

North Carolina Community College System

200 West Jones St
Raleigh, North Carolina 27603
(919)807-7100

North Carolina Board of Nursing

4516 Lake Boone Trail
Raleigh, NC 27607
(919) 782-3211

2.1 Regulatory Accreditation

Robeson Community College is a part of the North Carolina Community College System (NCCCS) and receives approval from the System's Office and the NC Board of Nursing (NCBON) in Raleigh.

The Department of Nursing is fully accredited by the (NCBON), and operated in accordance with the [NC Board of Nursing Education Rule](#) 21 NCAC 36 .0301:

The nursing program shall maintain a three-year average at or above 95 percent of the national pass rate for licensure level pass rate on first writing of the licensure examination for the calendar year ending December 31.

The Department of Nursing's standards are established in accordance with the Community College System the General Statutes enacted by the NC General Assembly as contained in the Nursing Practice Act of North Carolina (Chapter 90, Article 9).

2.2 Nursing Practice Act

The Nursing Practice Act was enacted and amended by the NC General Assembly to regulate "mandatory licensure of all who engage in the practice of nursing." The legislative document is to ensure minimum standards of competency and provide public assurance of safe nursing care. (www.ncbon.com).

The Board of Nursing's standards apply to the administration of nursing program, faculty, students, curricula, facilities, and resources. The Practice Act also contains established statutes that define the profession of nursing and what nurses can do in practice as health care providers. In accordance with the Nursing Practice Act, health care provider is defined as:

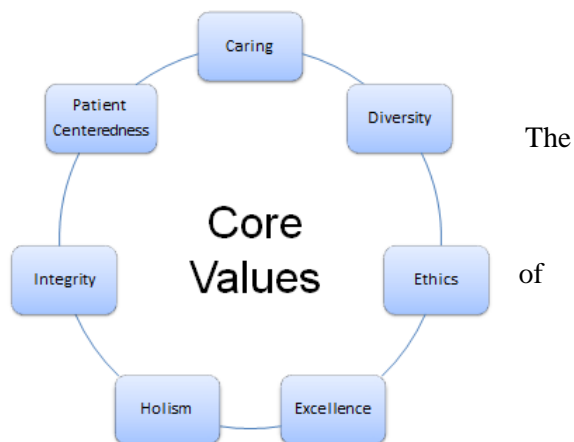
"... Any licensed health care professional and any agent or employee of any health care institution, health care insurer, health care professional school, or a member of any Health Sciences profession. For purposes of this Article a person enrolled in a program that prepares the person to be a licensed health care professional or a Health Sciences professional shall be deemed a health care provider" (NCBON GS 90-171.20. - Definition)"

2.3 National League for Nursing (NLN) Membership

The RCC Department of Nursing is a recognized member of The National League for Nursing (NLN, 2012). Membership affords the program to opportunity to align with an organization that "promotes excellence in nursing education to build a strong and diverse nursing workforce to advance the nation's health."

The mission of the NLN is undergirded by four essential core values that align with the RCC nursing curriculum (NLN, 2008). values include:

- **CARING** - promoting health, healing, and hope in response to the human condition
- **INTEGRITY**- respecting the dignity and moral wholeness every person without conditions or limitation
- **DIVERSITY**- affirming the uniqueness of and differences among persons, ideas, values, and ethnicities
- **EXCELLENCE**- creating and implementing transformative strategies with daring ingenuity



<http://www.nln.org/index.cfm>



Section 3: Admission Policies and Procedures



Briana, PN Graduate 2021

Section 3 Admission Policies and Procedures

3.1 Nursing Admission Policy

According to NC Statute 21 NCAC 36 .0320 from the Nurse Practice Act, “Students” are considered and admitted on the basis for the program’s admission criteria. This statute indicates that:

Students in nursing programs shall meet requirements established by the controlling institution. Additional requirements may be stipulated by the nursing program for students because of the nature and legal responsibilities of nursing education and nursing practice. (www.ncbon.com)

The Department of Nursing adheres to the general admission requirements as set forth by the College and as specified the [NCBON Education Rules](#). In order to be considered for admission, applicants are to submit all documents to the Admission Department by the deadline specified for the application year for initial review.

The Office of Admissions

Robeson Community College
P.O. Box 1420 | Lumberton, NC 28359
(910) 272-3342 or www.robeson.edu

Admission into either nursing curricula is a competitive process. Only qualified or competitive applicants will be considered and offered provisional acceptance. Competitive applicants are expected to attend a Nursing Information Session. Detailed information is located on the nursing webpage.

Applications are evaluated based upon academic performance, Test of Essential Academic Skills (TEAS V) scores, professional and/or academic references, other academic degrees and the criteria listed below.

Nursing General Admission Requirements

1. Admission to all RCC Health Science programs is a **competitive** process. Applicants are evaluated based upon the following factors: academic performance, references and academic degrees.
2. Applicants must have a GPA of 2.8 or greater in the general education courses by the published deadline date for submitting complete program checklists to the Admissions Office. Applicants not meeting the cumulative GPA requirements will not be reviewed by the program area for admission. For the Associate Degree Nursing curriculum, the GPA calculation will be based upon grades earned in the following courses: **BIO 168, BIO 169, CHM 151 or CHM 131/131A, ENG 111, ENG 112, PSY 150, PSY 241, Humanities/Fine Arts Elective** (ART 111, MUS 110 or MUS 112, ENG 231, PHI 215, or PHI 240 (PHI 240- Introduction to Ethics preferred).
3. Applicants must have a GPA of 2.8 or greater in the **Practical Nursing** general education courses by the published deadline date for submitting complete program checklists to the Admissions Office. Applicants not meeting the cumulative GPA requirements will not be reviewed by the program area for admission. For the Practical Nursing curriculum, the GPA calculation will be based upon grades earned in the following courses: **BIO 168, BIO 169, ENG 111, PSY 150**.
4. A point system is followed to evaluate health science program applications. Applicants earn points based upon academic performance, references and academic degrees. Point distribution is outlined on the program checklist.
5. Complete the Test of Essential Academic Skills (TEAS). Points will be distributed as outlined in the TEAS Point Sheet. Additional study materials and practice tests can be accessed at <http://www.mometrix.com/academy/teas-test/>.
6. Complete the Health Science Admission Checklist packet by the specific deadline. Official Associate Degree Nursing Admission Checklists may be obtained in Admissions.
7. Students must be able to fulfill all essential functions as outlined in this document.
8. Provisionally accepted students must submit a criminal background check, drug screening and medical review/screen to include physical examination and immunizations. All fees associated with the criminal background check, drug screen and medical review will be the responsibility of the student.
9. Provisionally accepted students previously enrolled in any other Associate Degree Nursing curricula must submit a letter from the program director.

10. It is the student's responsibility to review all program materials and to stay current with the program requirements, policies and procedures.

Nursing Application Process

The Department of Nursing will conduct a first round and second round review of ADN applications and single round review for PN applications. Provisionally accepted applicants will be notified of the requirements for full acceptance prior to the fall enrollment period. The department does **not** maintain a waiting list. Therefore, late applications may not be considered if submitted after the close of the selection period. Applications initiated after the deadline may be submit for consideration the following year.

All applicants must:

1. Submit a **completed Nursing Application** for the ADN program by the March deadline for round one and the May deadline for round two for consideration.
2. Applicants for the PN program must submit completed Nursing Application by the May deadline for consideration. Applications are available [online](#) or via the RCC Admissions Department.
 - Applicants are advised to check with the [Admissions](#) Department periodically to ensure all admission/application requirements have been completed on or before the specified deadline.
 - Applicants are required to submit an unofficial transcript with the Nursing Application packet separate from the official transcripts submitted to the College for admission.
3. Obtain a **Letter of Reference from the Nursing Director** of any previous nursing program.
4. Compleitive applicants are expected to attend at least one **Information Session** prior to submitting their nursing application. The Information Session Certificate should be submitted with the application packet.

3.2 Application Review Process

In accordance with the [NCBON Education Rules](#)²¹ NCAC 36 .0318 (j.1), faculty review the achievement potential of each applicant during the selection process. The faculty committee examines:

the achievement potential through the use of previous academic records and pre-entrance examination cut-off scores that are consistent with curriculum demands and scholastic expectations; and physical and emotional health that would provide evidence that is indicative of the applicant's ability to provide safe nursing care to the public.

Applicants are provisionally accepted based on a point selection, ranking process. Only applicants meeting the admission requirements or criteria will be ranked for review. The Director of Nursing conducts the final review of applicants for consideration. Consideration will be given to those applicants who have successfully completed or progressed in nursing science co-requisites, college level math, a College and Career Promises Pathway, the RIBN program, nursing bridge, and/or post-secondary course work.

3.2.1 RIBN – Regionally Increasing Baccalaureate Nursing

The RIBN program is a dual-degree educational track designed to help top academic students seamlessly obtain an ADN and BSN degree. The program targets graduating high school seniors and students who are beginning their collegiate careers. Interested students must apply and be accepted into the [RIBN](#) program. Once accepted, students are dually admitted and/or enrolled at RCC and UNC Pembroke (UNCP). See the [UNCP RIBN](#) details.

The first three years of study will be at RCC with special advisement from a UNCP student success advocate. After taking the first year of studies in the [Associate of General Education Nursing](#) (A1030N) major, RIBN students may apply to the Associate Degree Nursing ([A45110RN](#)) major. However, it is important to note initial acceptance into the RIBN program does not automatically guarantee acceptance into the Associate Degree Nursing program. All RIBN applicants must meet program admission requirements for acceptance.



Elena, RN – ADN Class of 2020
Employed - Labor/Delivery

First RIBN Graduates

On track to complete the BSN degree in 12 months.



Lily, RN – ADN Class of 2020
Employed - Medical Behavioral Health

3.3 Previously Enrolled in Nursing

Applicants previously enrolled in the RCC Department of Nursing will be considered for readmission only if they were in good academic and clinical standings upon their exit and in accordance with the Readmission Policy (See the [RCC Catalog & Student Handbook](#))

Applicants requesting readmission to the RCC Nursing program **must**:

- Complete the provisional acceptance Contract to Re-enter” established during an exit interview and
- Obtain two (2) letters of recommendation from current nursing faculty employed full-time at the College.
- Enroll to audit the previous nursing course in the sequence to validate retention of nursing concepts.

Applicants previously enrolled in another Nursing program **MUST** submit a letter of recommendation from the nursing director of the other program. Applicants previously enrolled in another program will be considered for provisional acceptance based on the application packet review and space availability.

Students administratively withdrawn or dismissed from the RCC nursing program or any nursing program for unsafe practice, substantive clinical issues, incivility, dishonesty, academic integrity or code of conduct issues **will not** be considered for admission or readmission in the Nursing program.

3.4 Transfers into Nursing Program

Applicants requesting to transfer from another nursing program will be advised to submit an initial application and will be considered for provisional acceptance based on review and space availability.

The RCC Nursing program does not offer a transition program for applicants with the LPN degree seeking to complete the RN degree. Currently licensed LPN applicants are advised to submit an initial application and will be considered for provisional acceptance based on review and space availability.

- The LPN applicant’s previous fundamentals coursework will be considered for course credit upon review by the RCC Records and Registration department.
- The LPN applicant clinical coursework will be will be considered for course credit upon review by the Nursing Faculty.

3.5 Notification Process

The Nursing Director will notify applicants of their Provisional Acceptance if they have met all requirements and considered competitive for admission.

3.6 Nursing Program Options

A. Associate in General Education – Nursing (A 1030N)

Robeson Community College is approved by the NC Community College System to offer the General Education-Nursing program (A1030N)

- Individuals with a competitive GPA of 2.8 without repeat coursework may request to enroll in the Associate in General Education (AGE) – Nursing major (A1030N). The students may apply for **pre-admission** into the next nursing cohort.

- The Associate in General Education (AGE)-Nursing is designed for students who wish to begin their study toward the Associate in Nursing degree and a Baccalaureate degree in Nursing as based on the Uniform Articulation Agreement between the University of North Carolina's Registered Nurse (RN) to Bachelor of Science in Nursing (BSN) programs and the North Carolina Community College Associate Degree Nursing Programs.

In this program of study, you can complete a minimum of 60 semester hours of credit (SHC) of courses. A student who completes an Associate in Applied Science (AAS) in Nursing with a GPA of at least 2.0 and a grade of C or better in the AGE-Nursing courses listed below and who holds a current unrestricted license as a Registered Nurse in North Carolina will have fulfilled the UNC institutions lower-division general education requirements as well as nursing program entry requirements. However, because nursing program admissions are competitive, no student is guaranteed admission to the program of his/her choice.

B. Paramedic/ RN Bridge and LPN to RN Nursing Advanced Placement

There are two options for currently practicing Licensed Practical Nurses (LPNs) and Paramedics to complete the RN or Associate Degree program at RCC.

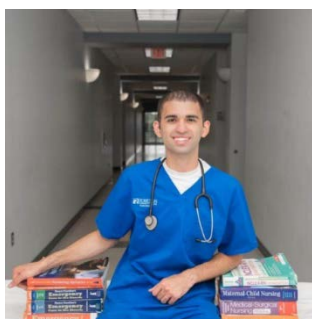
Option 1: Currently licensed LPN and Paramedic applicants may apply to complete the two-year, generic RN program. Acceptance will be based on the competitiveness of their application.

Option 2: Competitive LPN or Paramedic applicants meeting the Admission Criteria listed in the RCC Catalog & Handbook, may be considered for advanced placement into the nursing program.

Those granted AP or Bridge status may complete the program in three (3) semesters. Students provisionally accepted will be permitted to enroll in 3rd Semester nursing courses.

ADVANCED PLACEMENT AND BRIDGE ADMISSION REQUIREMENTS

<u>Licensed Practical Nurse Advanced Placement</u>	<u>Paramedical to RN Bridge</u>
<ol style="list-style-type: none"> 1. Hold an active, unrestricted multistate license to practice as a Licensed Practical Nurse (LPN) in North Carolina. 2. Must provide evidence of current employment for at least one year as an LPN. 3. Completion of pre- and co-requisite general education courses related to the first year of the ADN program with minimum grade of "C" and a GPA of 2.80 or above. 4. Attain a minimum score of 60 on the TEAS exam within the past 5 years. 	<ol style="list-style-type: none"> 1. Hold a Paramedic Certification with the North Carolina Office of Emergency Medical Services or National Registry. 2. Must provide evidence of current employment for at least one year as a Paramedic. 3. Completion of pre- and co-requisite general education courses related to the first year of the ADN program with minimum grade of "C" and a GPA of 2.80 or above. 4. Attain a minimum score of 60 on the TEAS exam within the past 5 years.



Jordan Deese, RN – ADN Class of 2020

First Paramedic to RN Bridge Applicant
Admitted May 2019
(13 Months to Complete Degree)

Employed UNC Southeastern ICU



*First LPN to RN Grads – ADN
2019*

*Enrolled May 2018
13 Months to Complete*

100% NCLEX Pass Rate



ADN 2021 students showing their support for “Wear Red” day to promote heart health

Section 4 Provisional Acceptance

Provisionally accepted applicants must meet **all** acceptance and “clinical affiliate” requirements to receive full acceptance and enrolled in a nursing course. **Full acceptance** is contingent upon completion of the additional program requirements by the deadline specified.

- If the provisionally accepted student fails to meet one or any part of a requirement, the student will be denied full acceptance.
- Applicants failing to meet “clinical affiliate” requirements will be denied full acceptance and **not** considered for admission the following year. See Clinical Affiliate Requirements and the Compliance Policy for Clinical Placement in this document.

4.1 Mandatory Provisional Meet-N-Greet

Applicants are expected to attend a Provisional Acceptance Meet-n-Greet, which provides additional information to meet full acceptance requirements. Failure to attend the session is an indication the applicant has declined the provisional acceptance. As a result, a denial notice will be sent revoking provisional acceptance.

4.2 Mandatory Nursing Orientation

Pre-admission orientation activities are scheduled to facilitate the applicant’s transition into the Nursing program. All applicants provisionally admitted or readmitted are **required to attend**. The session provides additional information to meet full acceptance requirements. Failure to attend any or all parts of the session is an indication the applicant has declined the provisional acceptance. As a result, a denial letter/notice will be sent revoking provisional acceptance offer.

4.3 Clinical Affiliation Requirements

Contracts between RCC and its clinical affiliates require that the College abide by the rules and regulations of the agency. **Clinical agencies retain the right to refuse any student to practice in their facility without explanation.** The College agrees to withdraw any student from the clinical agency for cause and/or if the student is ineligible to practice in the agency for reasons of physical and mental health, drug screening, criminal background check, performance, integrity, civility or any other reasonable cause. Without access to a clinical facility, the student will be unable to complete nursing course requirements. **Thereby, the student will be administratively withdrawn from the course and subsequently dismissed from the program.** See Clinical Affiliate Requirement in the RCC College Catalog and Student Handbook.

4.4 Compliance Policy for Clinical Placement

To comply with College and Program policies; national, state and local healthcare regulations; and in the interest of the applicant’s own personal safety, the safety of the patients/clients served, and the potential liability to the College and clinical agency, the student **must meet** specified compliance requirements in order to enter/practice in a clinical facility/area. This policy is an addition to and not a substitution for other RCC student policies and is **subject to revisions as new regulations or guidelines are enacted.**

The student is required to:

- Comply with the “Criminal Background Check and Drug Screen: Consent form and Hold Harmless Agreement.”
- Be responsible for obtaining documents demonstrating that they have met all compliance requirements on or before the posted deadlines.
- Provide documentation of all clinical compliance requirements through the compliance tracking system by the deadlines specified or forfeit their provisional acceptance.

If any results prevent a provisionally accepted or enrolled student from participating in a clinical experience at any agency, the student will not be able to fulfill the clinical requirements for the course, and subsequently will not be allowed to enroll or continue in the program.

- Robeson Community College is not obligated to make special accommodations or find an alternative clinical site for any student denied due to clinical compliance requirements.
- Robeson Community College is not responsible for any cost associated with the applicant’s quest for

admission. Applicants are responsible for all costs related to the provisional admission and/ or clinical placement requirements.

Prior to receiving full acceptance and being permitted to enroll in the first nursing course, all Provisionally Accepted Applicants **must** complete/provide documentation of the following:

1. **Medical Review/Screening.**

There are significant health-screening requirements that must be met before entering the clinical area. Each student is required to meet physical and mental health, vaccination, titer, physical exam, and drug testing requirements. The applicant **MUST** provide all documentation and health screening information to the Clinical Compliance Officer (Health Science Secretary). Students must be prepared to provide copies of printed clinical compliance requirements to clinical sites at any time during the program. The specific health screening requirements include:

- a. Proof of negative two-step Tuberculin (Tb) skin testing or follow-up chest X-ray within 3 months of enrollment.
- b. **Immunizations:** T-dap, tetanus vaccines, MMR, Rubella, Varicella or positive titer (required). Influenza and a Hepatitis series are required by the clinical affiliate.

Health Record Maintenance

Enrolled students are required to maintain current health records, which may include but not limited to: TB Skin test/screening, influenza, immunizations, and other related vaccinations.

The student is also responsible for submitting health information regarding any relevant conditions or changes in their physical, mental, or emotional status, which may conflict with safety essential to nursing practice and do not respond to treatment or counseling within the timeframe enabling the student to meet course objectives.

- Failure to maintain a current health records will make the student ineligible to participate in clinical.
- The student without current health records will receive the corresponding unsatisfactory grade until the requirement is met or the student is dismissed from the program.

2. **Background Check**

In order to be eligible to participate in placement (s) at clinical facilities, Health Science/nursing students **MUST** use the approved vendor to complete criminal background checks. The background check is not a requirement for acceptance to the program. However, the background check will be required as part of screening for clinical placement and registration for the clinical courses. The background check will not be reviewed by RCC staff or faculty.

Students must be prepared to provide printed background report results to their clinical site at any time during their enrollment in the program. Students have **one opportunity per enrollment cycle for the selected program to conduct a criminal background check** in accordance with the College's policies and procedures and with whom the College has contracted to provide its students clinical training and experience.

Background investigations will at the minimum include the following:

- a) Social Security Number Verification
- b) Criminal History Search (3 counties, 7 years or up to five background searches)
- c) Sex Offender and Predator Registry Search
- d) Office of Inspector General (Health and Human Services) Sanction List Search
- e) General Services Administration Excluded Search
- f) Address Verification
- g) Two Name Searches (current legal and one other name)

3. **Drug Screen**

In order to be eligible to participate in placements at clinical facilities, Health Science/nursing students **MUST** use the approved vendor to complete the drug screen protocol. The drug screen is not a requirement for acceptance to the program. However, the drug screen will be required as part of screening for clinical placement and registration for the clinical courses. The drug screen will not be reviewed by RCC staff or faculty.

Students must be prepared to provide printed drug screen report results to their clinical site at any time during

their enrollment in the program. Students have one opportunity per enrollment cycle for the selected program to conduct a drug screen in accordance with the College's policies and procedures and with whom the College has contracted to provide its students clinical training and experience.

Prior to a student entering the agency for a clinical experience initially, a designated clinical agency representative will review screening results and notify the Department of Nursing if the applicant is permitted to participate in a clinical experience at the clinical site.

* * * * *

4.5 Subsequent Screening

Clinical agencies require ongoing verification of a recent criminal background check, drug screen, immunizations and attestation of the student's ongoing physical, mental, and emotional health indicative of the applicant's ability to provide safe nursing care to the public. Therefore, enrolled students are expected to complete a subsequent screening process at the student's expense before participating in the senior year/ preceptorship experience.

4.6 Discretionary "For Cause" Screening

A student may be required to test for the suspected consumption of alcohol and/or drugs at the discretion of the program or a participating clinical agency and at the student's expense. A student may be required to submit to random testing and/or after demonstrating behaviors or attitudes consistent with the consumption of illegal substances or alcohol interfering with the student's ability to provide safe and effective care.

4.7 Additional Requirements

- **Certified N.C. Nurse Aide I:** Must present a certificate of course completion (or previous work experience as a CNA) and have a current listing on the North Carolina Nurse Aide I Registry without any substantiated findings. (<https://www.ncnar.org/ncna.html>)
 - Nurse Aide I Certification is considered a program prerequisite used to validate competence at the level of certification. However, enrolled students are only required to maintain their certification if they desire to be credentialed as a NA II after completing a designated portion of the program.
- **Program Prerequisites:** Students admitted to the Nursing Program must successfully complete prerequisite courses with a "C" or higher prior to enrolling in the first nursing class.
- **Healthcare-Providers CPR:** Current CPR certification including infant, child and adult certification from the American Heart Association BLS Healthcare Providers course.
 - Enrolled students are responsible for maintaining and submitting a current CPR cards for review by the faculty prior to clinical.
 - Failure to maintain current CPR certification will make the student ineligible to participate in clinical.
 - The student without current CPR certification will receive the corresponding unsatisfactory grade until the requirement is met or the student is dismissed from the program.



Alyssa, RN – ADN Class of 2020

Precepted and then offered employment at
UNC Southeastern in Emergency Services



Section 5: Academic Competencies



Brittney, RN
2021 Graduate precepted
then offered employment in
L&D at UNC Southeastern

Section 5 Academic Competencies

5.1 Cognitive

The student must develop the following cognitive skills throughout the nursing program:

Critical Thinking: Health Sciences students shall possess critical thinking ability sufficient for clinical judgment. (Example: Students must be able to identify cause-effect relationships in clinical situations, develop or participate in developing a plan of care).

Ethical Behavior: Health Science students will provide services with respect for human dignity and uniqueness of the client unrestricted by consideration of social or economic status, personal attribute, or the nature of health problems. (Example: Students will care for clients assigned regardless of race, religion, or diagnosis.)

Legal Behavior: Health Sciences students will provide care within the scope of practice as stated in the NC NURSING PRACTICE ACT and [NCBON Education Rules](#). (Example: Students will learn to assess or collect data on the patient's physical and mental health).

Interpersonal Skills: Health Sciences students shall possess interpersonal abilities sufficient to interact with individuals with individuals, families, groups, etc., from a variety of psycho-social/cultural backgrounds. (Example: Students shall establish good rapport with clients and health care team members.)

Communication Skills: Health Sciences students shall possess communication abilities sufficient for verbal and nonverbal interaction with others. (Example: Students will be able to explain treatment procedures or provide information to client/family, document client response, and report their responses to nursing or other care providers).

5.2 Psychomotor

The student must possess the following psychomotor skills throughout the nursing program:

Mobility:	Health Sciences students shall possess physical abilities sufficient to move from room to room, to maneuver in small spaces, and to stand and walk for extensive periods of time. (Example: Students will be able to move around in a client's room, move from room to room, and move in small work areas, and administer CPR).
Motor Skills:	Health Sciences students shall possess gross and fine motor skills sufficient to provide safe and effective nursing care. (Example: Students shall be able to calibrate equipment, position clients, administer injections, and insert catheters).
Hearing Skills:	Health Sciences students shall possess hearing ability sufficient to monitor health needs and collect data. (Example: Students shall be able to hear alarms, listen to heart and breath sounds, and hear a cry for help).
Visual Skills:	Health Sciences students shall possess visual ability sufficient for observation and data collection. (Example: Students shall be able to observe color of and read scale on a syringe).
Tactile Skills:	Health Sciences students shall possess tactile ability sufficient for data collection. (Example: Students shall be able to detect pulsation and temperature).
Weight-bearing:	Health Sciences students shall possess ability to lift and manipulate/move 40-50 pounds. (Example: Students shall be able to move equipment and position patient).

5.3 National League of Nursing (NLN) Outcomes and Competencies (2011):

- Promote and enhance Human Flourishing for patients, families, community and themselves;
- Show sound Nursing Judgment
- Continually develop their Professional Identity
- Maintain a Spirit of Inquiry as they move into the world of nursing practice and beyond

5.4 Quality and Safety Education for Nurses (QSEN) Competencies (2014)

- Provide Patient Centered Care
- Promote Safety
- Utilize Informatics
- Function effectively with Teamwork and Collaboration
- Implement Quality Improvement
- Utilize Evidence Based Practice

5.5 NCBON Registered Nurse Competencies

The “practice of nursing by a registered nurse” consists of the following ten components:

- a. Assessing the patient's physical and mental health including the patient's reaction to illnesses and treatment regimens.
- b. Recording and reporting the results of the nursing assessment.
- c. Planning, initiating, delivering, and evaluating appropriate nursing acts.
- d. Teaching, assigning, delegating to or supervising other personnel in implementing the treatment regimen.
- e. Collaborating with other health care providers in determining the appropriate health care for a patient but, subject to the provisions of G.S. 90-18.2, not prescribing a medical treatment regimen or making a medical diagnosis, except under supervision of a licensed physician.
- f. Implementing the treatment and pharmaceutical regimen prescribed by any person authorized by State law to prescribe the regimen.
- g. Providing teaching and counseling about the patient's health.
- h. Reporting and recording the plan for care, nursing care given, and the patient's response to that care.
- i. Supervising, teaching, and evaluating those who perform or are preparing to perform nursing functions and administering nursing programs and nursing services.
- j. Providing for the maintenance of safe and effective nursing care, whether rendered directly or indirectly. (NC Nurse Practice Act 2009).

5.6 NCBON Practical Nurse Competencies

The “practice of nursing by a licensed practical nurse” consists of the following seven components:

- 1) Participating in the assessment of the patient's physical and mental health, including the patient's reaction to illnesses and treatment regimens.
- 2) Recording and reporting the results of the nursing assessment.
- 3) Participating in implementing the health care plan developed by the registered nurse and/or prescribed by any person authorized by State law to prescribe such a plan, by performing tasks assigned or delegated by and performed under the supervision or under orders or directions of a registered nurse, physician licensed to practice medicine, dentist, or other person authorized by State law to provide the supervision.
- 4) Assigning or delegating nursing interventions to other qualified personnel under the supervision of the registered nurse.
- 5) Participating in the teaching and counseling of patients as assigned by a registered nurse, physician, or other qualified professional licensed to practice in North Carolina.
- 6) Reporting and recording the nursing care rendered and the patient's response to that care.
- 7) Maintaining safe and effective nursing care, whether rendered directly or indirectly. (NC Nurse Practice Act 2009).

5.7 Overall Attainment of Course/Program Competencies/Objectives

Students are expected to meet course/ program objectives, student learning outcomes and nursing competencies in the class, lab and clinical/practice settings without exception.

Student Evaluations occur with each learning experience, ongoing and at mid-term and final periods of the course. However, student evaluations and leaning outcome assessments do not only occur in the classroom, clinical and laboratory setting.

- Students are expected to represent the Program, College and profession of nursing professionally in all settings (including clinical areas, electronic/ social media etc.) and at all times.
- Students failing to behave in a manner consistent with the College, Program, clinical agency’s standards, codes of conduct and/or profession of nursing will be counseled, reprimanded and/or considered for

administrative withdrawal from the course and dismissal from the program. (See RCC College Handbook – Student Conduct).

Student Conferences:

A student-faculty conference may be scheduled to review a student's performance in a course, which includes the classroom, laboratory and clinical settings.

- Prior to the conference, the student will be asked to submit a self-reflection of their progression and their plan to meet course/program objectives and competencies in class, laboratory and clinical.
- The student may be asked to submit a post-conference reflection that will be a part of the student's record.

Failing to Meet Course/Program Objectives:

Students failing to meet course/ program objectives at mid-term will be advised to complete a remediation plan.

- If the student failing to meet course/ program objectives and student learning outcomes at mid-term decides to continue in the course, the student is considered fully informed of the possible resulting grade and assumes total responsibility for their final course grade.
- It is the student's responsibility to seek additional assistance from the nursing faculty and/or tutor in The Learning Center.

Testing Remediation:

Students acknowledge their unit test scores, course averages and ESA results. The student will also track their test performance using their Performance Evaluation Plan (PEP). Students will remediate on all unit tests and external standardized assessments (ESA).

- During the unit test review, students will be permitted to write the topic/item missed ONLY for remediation.
- Students are expected to submit "handwritten" remediation templates, notes, concept maps etc. as directed by faculty or as outlined on the Course Schedule.
 - Students completing the focused "handwritten" remediation may be given a pop quiz grade.
 - The student who does not submit the required "Ticket to Test" as assigned will receive the corresponding reduced grade or grade of zero.
 - The student will be required to complete the focused "handwritten" remediation prior to testing or re-testing. (See each course syllabus for course specific details).



Shanika L. Practical Nursing Class of 2020

Supplemental Instruction:

To promote student success, supplemental instruction sessions will be scheduled by faculty to assist students prep for/review unit tests and ESAs. Also, to facilitate NCLEX success on the first attempt, students will submit NCLEX Questions daily or weekly as directed by the nursing faculty as directed by faculty or as outlined on the Course Schedule.

Clinical Remediation

- Students are expected to successfully complete a minimum number of clinical hours during the semester/program as outlined by the course syllabus.
- However, if a student is not performing at the level of expectation/preparation, the student will be required to complete additional laboratory, clinical and/or simulation hours.
- If the student continues to consistently perform below the level of expectation/preparation and/or has received three overall unsatisfactory grades, the student will be counseled for administrative withdrawal from the course and subsequent dismissal from the program.
- Students with **overall unsatisfactory clinical performance** and/or a demonstrated failure to meet objectives in any section of the course/program will be required to meet with the nursing faculty before the student is permitted to progress to the next competency, practice setting etc. Failure to meet with the faculty timely will indicate the student's disinterest in remediation and/or progressing in the course. Therefore, the student is subject to be administratively withdrawn and/or receive the corresponding failing grade for not meeting course/program objectives. (See RCC College Catalog & Student Handbook; Clinical Practice Policy; Progression Policies, Withdrawal/ Dismissal Policy)



April, RN – ADN Class of 2020

First Paramedic to RN Graduating Class

Precepted and employed at Cape Fear Valley –
Cardiac Step-down Unit.

Mia, RN – ADN Class of 2020

Precepted and employed at UNC Southeastern
Medical Surgical Unit.





Section 6: Progression Policies



Matthew, RN – 2021 Graduate with his mother Mrs. Barbara Collins, RN 1998 RCC Graduate

6.1 Academic Progression

A nursing course is comprised of three components of study, the classroom, clinical and laboratory experiences as indicated in the course syllabus. Academic progression in nursing includes successful completion of the all course requirements, which includes mastery of concepts and competencies in all class, laboratory and clinical experiences **without the rounding of grades or addition of any points.**

Method of Evaluation**I. To successfully pass the course, the student must:**

1. Have **overall course grade of 80%** without rounding of any grades or the addition of any points.
2. An overall **course grade of less than 80%** will result in **failure of the course.**
3. **Successfully meet and pass** all class, clinical and laboratory objectives and meet **all** course requirements. This includes, but is not limited to, the Clinical Evaluation Tool (CET), competency verifications, skills check-offs, clinical paperwork, care planning, concept mapping, NCLEX preparation, assignments and other work as outlined in the course syllabus.

Any student demonstrating UNSAFE Practice, egregious breach of the code of conduct policy and/or other program/college policies will be dismissed from the course and subsequently the program. (See the RCC Catalog & Student Handbook)

II. General Education Pre-requisites and Co-requisites

Required general education courses in the nursing curriculum are considered pre and/or co-requisite courses and therefore must be taken before or in conjunction with nursing courses as sequenced in the RCC catalog.

If a student in the nursing program fails a required general education course, regardless of the semester enrolled, that student will not progress in the nursing program (See RCC Catalog and Student Handbook).

All students must maintain at least “C” in each major nursing and co-requisite course each semester.

Additionally, each student must maintain a 2.0 overall GPA in all related/ general education course work.

Students failing to meet these requirements or receiving a failing grade in any course, regardless of the semester enrolled will be required to exit the program.

6.2 Grading System- Nursing Program

The 4.00 grade point average system is used to calculate student grade averages. Please note that the grading system used with NUR courses in nursing program is different from that stated in the RCC General Catalog and Student Handbook for other academic programs.



Tika, Practical Nursing Class of 2020



Rebekah, Practical Nursing Class of 2021

GRADING SYSTEM- NURSING

The 4.00 grade point average system is used to calculate student grade averages. Please note that the grading system used with the NUR and SUR courses are different from that stated for other academic programs.

Letter Grade	Numerical Equivalency	Explanation	Grade Quality Points
A	90%-100%	Excellent	4
B*	80%-89%	Good	3
		* Students are required to have a final grade of 80% in nursing or surgical technology courses to successfully pass and progress to the next course.	
C	70%-79%	Unable to progress to the next nursing or surgical technology course and will result in exiting the program.	2
D	60%-69%	Unsatisfactory and unable to progress to the next course. Failing a nursing or surgical technology course will result in exiting the program.	1
F	Below 60%	Failing	0
W		(No grade points calculated)	0
I		(Incomplete work must be completed in the Program before registering for the next semester. The "I" grade is computed as an "F" until the course requirements are met to the instructor's satisfaction.)	0
AU		Audit Program Director and Assistant Vice President approval is required. (Must be declared during drop/ add period. Forms to request grade of AU are in Records Office)	0
CP		Credit by Proficiency	0
TC		Transfer Credit	0

Students must score "C" or higher in all related and general education courses regardless of semester enrolled. A grade below a "C" in all related/general education courses, results in exiting the program. (See General Grading System above)

See the updated Grading Scale in the [RCC Catalog & Student Handbook](#)

Students are required to have a **final grade average of a "B" or 80%** in each nursing course without rounding of grades or the addition of any points to successfully progress to the next nursing course. Nursing students must score C or higher in all related and general education courses, regardless of the semester enrolled to successfully progress to the next nursing course. (See the [RCC Catalog & Student Handbook](#))

6.3 Method of Evaluation

To successfully pass the course the student must

1. Successfully complete/pass classroom, laboratory, simulation, and clinical objectives and requirements as assigned.
2. Achieve an Overall Course Grade of 80.0% without rounding or the addition of any points.

- Scoring less than a “B” or 80.0% will result in failure of the course.

Grade Reports: Unit test grades and averages are recorded online. Final course grades are available online to students at the end of each semester. (See the [RCC Catalog & Student Handbook](#))

6.4 Academic Integrity Statement

The Department of Nursing ascribes to the College’s Student Code of Conduct and Academic Integrity Policy. RCC prides itself on advancing qualified graduates; therefore, all instances of academic dishonesty will be considered serious violations of the Academic Honor Code. Students are asked to refer to [Student Code of Conduct](#). All students must sign the integrity statement for graded assignments as outline in the course syllabus.

By the submission of this assignment, I attest that I followed the College’s Academic Honor Code, and I acknowledge that this represents my work!

Student signature _____ Date _____

6.5 Withdrawal/ Dismissal:

- Students are expected to review and adhere to the College’s withdrawal policy and procedure.
- Withdrawal from a nursing or co-requisite course constitutes a withdrawal from the Nursing Program.
- Students are to review the College calendar for the last day to withdraw from a class without penalty.
- Nursing faculty will advise students failing to meet nursing course, laboratory, clinical or program objectives and requirements. (See the [RCC Catalog & Student Handbook](#))).

6.6 Administrative Withdrawal:

- An Administrative Withdrawal shall occur when a student fails to adhere to the criteria outlined in course syllabi and/or See the [RCC Catalog & Student Handbook](#) .
- An instructor may execute an Administrative Withdrawal if class attendance as described in the course syllabus or attendance records indicate there is a lack of participation by the students.
- An instructor may execute an Administrative Withdrawal for a student if reasonably assured that the student does not intend to pursue the learning activities of the class due to excessive absences, lack of effort or participation or other good cause.
- An instructor may execute an Administrative Withdrawal when a student completes the minimum objectives stated for a class or transfers to another class. (See the [RCC Catalog & Student Handbook](#))
- Nursing faculty will administratively withdraw a student failing a nursing course; failing to meet course, laboratory, clinical or program objectives and requirements; and/or with unsatisfactory or unsafe clinical practice occurrences.
- A student administratively withdrawn for unsatisfactory or unsafe clinical practice will be dismissed from the program and not permitted to complete any other nursing courses with a clinical component in the current semester.
- A student administratively withdrawn for unsatisfactory or unsafe clinical practice will not be considered for readmission.

6.7 Privacy and Folder Review

If a student requests to review their academic folder review, the review will be scheduled with faculty present. During the review no recording devices, cell phones, cameras or book bags will be permitted. The folder may not be copied.

The Department of Nursing will work to protect each student’s right to privacy in accordance with the Family Educational Rights and Privacy Act (FERPA). This means all personal student information or information related to the course and program will be kept private or confidential.

RCC's nursing program ranks No. 2 in state

March 15, 2019 | robesonian | News | 1

Tomeka Sinclair - Staff writer



LUMBERTON — The director of Robeson Community College's nursing program says a recent No. 2 ranking on the list of the 2019 Best Registered Nursing Programs in North Carolina is the result of "hard work."

"I was pleasantly surprised in that we're being recognized, but I was honored to know that the hard work that the faculty and the staff has put in, as well as the students, were being recognized at the state level," Eva Meekins said. "I've been at Robeson Community College for 10 years and it's been a quest. It's been a goal of ours to be seen as a program of esteem, a program of honor."

The department has raised the bar, said Kimberly Gold, RCC president.

"I am so proud of our nursing department and the standard of excellence they have set for our students," she said. "This recognition is the result of hard work and dedication on the part of our nursing faculty and the faculty who prepare our students to enter the nursing program."

The school's Registered Nurse program was ranked No. 2 in North Carolina after a review of the 82 college nursing programs in the state by [RegisteredNursing.org](https://www.registerednursing.org). The scores and ranking of each school were based on a historical analysis on the exam pass rates and scores from the National Council Licensure Examination over the previous five years. The test is the benchmark exam that the state's board of nursing uses to determine whether or not a candidate is prepared for entry-level nursing practice.

See Full Article in the [Robesonian Newspaper](#)



Section 7: NCLEX Preparation Resources



Nicholas, RN – 2021 Graduate ~ Working Post Acute Coronary Care Unit

7.1 External Standardized Assessments (ESA) and Weekly NCLEX Prep**Definition:**

According to the NC Board of Nursing, "External standardized examination" means a commercially available standardized predictive test that provides individual student scores that are linked to a probability of passing the NCLEX™ examination." www.ncbon.com

Overview: Evidence demonstrates that students who engage in standardized assessments as preparatory exercises will have a higher potential for success on the NCLEX.

NCBON Education Rule:

External standardized examinations shall not be used as a determinant of a student's progression or graduation in a nursing education program preparing students for initial nurse licensure." www.ncbon.com

NCBON Position Statement:

Use of External Examinations in Nursing Education Programs Position Statement" indicates: Schools can include performance on an external exam as part of a final course grade; however, the score [shall] not count as an all-or-none scale for meeting or failing to meet a specific predetermined criterion. If an external exam is utilized in grading, the external exam should count no more than 10% of the grade and the assignment of points is on a sliding scale based on performance on the examination. www.ncbon.com

Resources:

- Assessment Technologies Institute (ATI) is only one external examination offering standardized assessments that touts congruence with the NCLEX Test Plan.
- The assessment will be used to assess the student's content mastery in specific practice areas.
- The Standardized testing will be scheduled and administered as outlined in the course syllabus.

Process

1. Course syllabi may reflect 5 to 10% grade allocation for the submission of weekly NCLEX questions related to course content.
2. External Standardized Assessments (ESAs) will be administered as outlined on the course schedule
 - The ESAs will be used as an assessment of student learning. So, all students will complete/submit "handwritten" templates based on the topic missed. Students will keep their templates in a course notebook and submit for faculty review when due.
 - Students not meeting benchmark scores after a second or repetitive attempt will update their templates to facilitate their remediation.
 - Students will be rescheduled to repeat the failed ESA to measure their content mastery.
 - Although students will be required to pay for repeat ESAs that exceed their allowance, ESAs will be devoid of penal ramifications for unsuccessful attempts.

7.2 NCLEX Preparation/ Practice Questions

Each student will be required to complete NCLEX practice questions daily/weekly and submit the identified number of questions per week as assigned. The student must have the assigned number of NCLEX practice questions by the end of the semester or the student will receive the corresponding grade of zero.

7.3 Comprehensive NCLEX Review

Students will participate in a comprehensive LIVE NCLEX review as scheduled on the course outline. The purpose of this onsite review is to provide students with a comprehensive overview to successfully complete the NCLEX exam after graduation.

The comprehensive review will cover all content areas in nursing (medical-surgical, pharmacology, mental health, women's health, child health and learning/management/community) through a systematic approach. In most cases, the review provides four days of instruction that will provide the student with a study plan and access to

additional study materials. After completing the review, students will take the comprehensive predictor examination to measure their predictability of successfully passing the NCLEX exam after graduation.

- Comprehensive predictor scores will be reviewed with the student.
- Students, who do not score a 95% probability on the comprehensive predictor at the end of the program will remediate
- Students scoring below the acceptable probability will be advised/required to participate in additional study resources, individualized customized review such as VATI etc.

The Bigger Why – Messages from Nursing Graduates



Kaytiln C. Registered Nurse – ADN Class of 2019
Employed at UNC Souhteastern – Emergency Services

Message Receive July 2020 (One Year Later)

Hey Dr. Meekins, it's Kaytlin! Hope you are well! I got a new number a while back. Just wanted to let you know, almost 1 year to me becoming an RN I had my first ROSC on a cardiac arrest that was my patient and managed them on 7 drips, 4 of them being critical drips. Thriving (kind of ha-ha) in the ED! I think of y'all all the time!





Erica, RN ADN Class of 2020

I wanted to share an update. This is my first week of work. Today is the only day I will be on site, as the rest of the days will be virtual due to COVID. I was completing training classes and I had to take these two screenshots and share with you both. I remember Dr. Meekins always teaching us about communication, and using the phrase "I am concerned about...." that is exactly what was on this screen. Also, Ms. Britt would ALWAYS ask us the WHY behind any and everything... LOL this screen shows how important it is to know the why!!! I was reviewing and could not help but to think of you both when I saw these. If you asked me 2 years ago if I would be working in a new facility where I did not know a soul I would've told you no way!!! I would have been so scared and nervous... However, I have not felt nervous one single time. I feel so prepared and excited to begin working!! I'm sure I will think of you both often as I begin working. I will probably message you both again lol! I just wanted to share with you both and say wow!! Thank y'all so much 🙏📱

I just wanted to email all of you and thank you for all the hard work you all put in in teaching us.



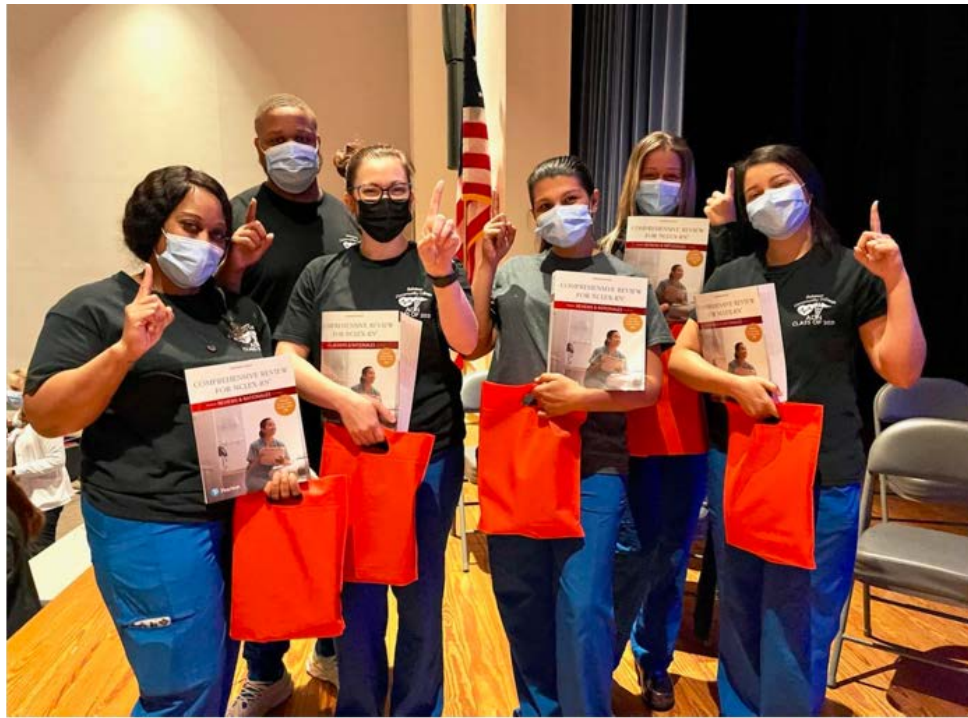
We start the floor in August and although I'm nervous, I'm also excited because although I don't know everything I do know that my faculty prepared me well and for that I will forever be thankful.

For the 1st year and 2nd year students, if I could give some advice:

1. Don't give up, nursing school is hard and it will be challenging but you will get through it.
2. I know the work may seem like busy work but if you take the time to complete every assignment not just clicking through the modules but actually taking hand written notes it will stick way longer and you'll be more prepared to take NCLEX.
3. Take the NCLEX questions seriously. They are not just an assignment to do to get a grade they are to better prepare you for taking that test. So, every time you take one, take it like you are taking a test without resources, it will only make you better.
4. For clinicals don't just write down your information, ask why and try to connect the dots as to what happened with that patient and how you can improve their stay and help get them back to their home.
5. Trust your gut in clinicals and do not change your answers on tests.
6. Trust the process and do concept maps to help you learn those disease processes. You might not need to know everything but it will help you in the long run.

Lastly, if there is anything I can help out with please let know.

Thank you all again,
Amanda Waggoner



Syringe Bowl Winners – ADN Class of 2021



Section 8: Attendance Policies



Brianna, PN Class of 2021- Liberty Hospice Award Recipient

Section 8 Attendance Policies

8.1 Class Attendance

Regular class attendance is expected of all nursing students. Faculty keep accurate records of class attendance and tardiness and these records become part of the official record. As students are adults with many responsibilities, an occasional absence might be necessary. However, such absences in no way lessen the students' responsibilities for meeting the requirements of the course. (See the [RCC Catalog & Student Handbook](#)) – Attendance Policy for specific attendance guidelines.

In the event of an emergency and it is impossible to attend class or on-campus laboratory or simulated clinical experience, the student will receive the corresponding grade for missed work as outlined by the course syllabus. The student should notify the faculty (via email) prior to the class and/or experience if they are unable to attend.

- The student has the responsibility for content given in class.
- Missed assignments will not be made up or graded as outlined in the course syllabus.
- An absence is not an excuse for not being prepared and/or completing an assignment.
- If a pattern of absences, missed deadlines or un-submitted coursework develops, the student is subject to administrative withdrawal from the course (See the [RCC Catalog & Student Handbook](#)).
- Administrative Withdrawal shall occur when a student fails to adhere to the criteria outlined in course syllabi and/or student handbooks (See the [RCC Catalog & Student Handbook](#)).
- Since class attendance is more than physical presence, students distracted or disengaged from the learning experience by an electronic device, the need to step out of class, and/or other distractions will be considered absent for the portion of class missed.

8.2 Class Tardies

The College is committed to the principle that regular and punctual class attendance is essential to the student optimizing his/her scholastic achievement and that it is the responsibility of the student to attend class regularly without being tardy. Students who attend Robeson Community College must attend 80% of the time scheduled for a regular class meeting to be counted present when the class meets. See the [RCC Catalog & Student Handbook](#) – Tardies Policy for specific attendance guidelines.

8.3 Clinical Attendance/ Tardies

Clinical attendance is essential for the synthesis and application of course content, skill acquisition, and competence development, therefore **attendance at all clinical experiences is required as schedule without exception.** (See Clinical Practice Policy in this document)

- Clinical sites vary and may include a clinical agency as well as the college simulation or skills lab.
- Students are required to attend clinical at varying times during the week.
- Students are expected to arrive to clinical on time. However, students are advised to arrive to the assigned clinical area at least 15 minutes early.

8.4 Emergency Absence from Clinical

In the event of an emergency and it is impossible to attend clinical, the student nurse is expected to call and speak directly with the clinical faculty on the unit prior to the experience to allow ample time for client reassignments.

- Messages may not be left with staff on the unit, fellow students etc.
- Students who do not speak directly with the faculty will be considered a **“No Call/ No Show”** and will receive an **“Overall Unsatisfactory”** Clinical Grade for the clinical experience.
- Clinical attendance/ tardy issues will be evaluated and documented using the Occurrence/ Incident form included in this document.

8.5 Make-up Clinical Experience

The Department of Nursing reserves the right to require a student to repeat all or any part of a course requirement when determined by the faculty that the time the student was absent from clinical makes it impossible to evaluate the student's level of attaining course objectives.

Make up clinicals are **not guaranteed** and are dependent upon faculty and availability. In the event that the student does not complete the clinical experience, the student will receive the resulting or corresponding grades as outlined in the Grading System- Nursing Program. Students who do not fulfill all clinical requirements may not progress in the program.

Nursing faculty reserve the right to require a student to repeat all or any part of a competency requirement. The student will be required to complete additional clinical hours:

- If the student has missed an experience for any reason.
- As a part of a remediation plan.
- If the student is unable to perform care and/or skills competently at the level of preparation.

8.6 Ongoing or Excessive Absences will represent a “pattern of absence” and will be evaluated on an individual basis to determine if requirements to successfully complete the course and/or progress in the nursing program have been met.

- Excessive absences will result in a class, laboratory or clinical failure and subsequent failing grade for the course.
- A student required to take an extended leave absence should contact the nursing faculty or program director to discuss options for exiting the course and requesting readmission (See the [RCC Catalog & Student Handbook](#))



Student nurses attend the NCNA
South Central Region - Professional
Development

2020 was designated as the Year of the Nurse and the Midwife by the World Health Organization in recognition of the contributions they make, and the risks associated with nursing shortages



Section 9: Codes and Standards of Behavior



Briana & Thomas (Brother and Sister)
ADN Class of 2021 Graduates

Briana is employed by UNC Southeastern
Thomas is employed by Scotland Healthcare System

Section 9: Codes and Standards of Behavior

9.1 Student Code of Conduct

Since the college reserves the right to maintain a safe and orderly educational environment for students and staff, nursing students are expected to adhere to Student Code of Conduct as outlined in the RCC College Catalog & Student Handbook. “Therefore, when, in the judgment of college officials, a student's conduct disrupts or threatens to disrupt the college community, appropriate disciplinary action will be taken to restore and protect the sanctity of the community.”

9.2 Teaching - Learning Environment Decorum

Robeson Community College is an institution for adult learning and the Department of Nursing is a program of excellence. Learning is a partnership between faculty or staff at the clinical site with the desire to teach and students with the desire to learn. Nursing faculty will seek to guide, motivate and outline a body of concepts/knowledge for each student. It is to this end, the nursing faculty believes it is reasonable to expect students to demonstrate professionalism, civility, integrity and conduct conducive to learning and patient safety.

- Disciplinary Action for Class Disruptions: If a student disrupts class, lab or clinical the following procedures will be followed:
 - 1st Verbal reminder by instructor;
 - 2nd Documented conference with instructor outside of class, lab or clinical
 - 3rd Referral to Director of Nursing if indicated for further disciplinary action

(See the [RCC Catalog & Student Handbook](#))



2nd Year Associate Degree Nursing Students

Developing & Demonstrating Teaching-Learning Knowledge Skills and Attitudes

9.3 Professional Standards and Behaviors

Nursing students are expected to demonstrate respect, accountability, personal responsibility, integrity and honesty; and adhere to professional standards of behaviors and guidelines inherent to nursing practice. Students should also abstain from behaviors inconsistent with professional practice such as chemical dependence, abuse and engaging in or supporting criminal behaviors.

Civility and professional conduct are considered treating all faculty, students, interdisciplinary team members, guests and clients/ patients with respect. Students should avoid disruptive behavior, such as (but not limited to)

- 1) Interrupting, arguing or talking while the instructor, a student, guests, patients and/or the health team is discussing a student learning or patient care experience.
- 2) Making derogatory comments or gestures regardless of the nature of the comment or the context of the situation.
- 3) Arriving late and/or walking out early without the instructor's prior knowledge.
- 4) Allowing cell phones, electronic devices etc. to ring, alarm or be heard by others.
- 5) Using social media or other networks to share private information, defame individuals or intimidate individuals within the learning environment

Nursing students are expected to comply with professional standards, codes of conduct and standards of behaviors etc. when in the classroom/ on campus, visiting the clinical setting, retrieving a clinical assignment, providing client care, and/or during all clinical experiences.

The professional standards of behaviors use as a basis for professional practice include but are not limited to:

- The American Nurses Association (ANA) Standards of Care
- ANA Standards of Professional Performance
- ANA Code of Ethics for Nurses with Interpretive Statements
- NLN and IOM Competencies
- Standards of Behaviors and Code of Conduct held by other clinical/ practice affiliates
- RCC Nursing “Strict” Professional Dress Code (Laboratory and Clinical)
- RCC Nursing Confidentiality and Privacy Statements included in this document



Nursing Students

Complying w/ Standards of Care and Professional Performance in Clinical Practice

9.4 Standards of Care and Professional Performance:

The American Nurses Association (ANA) has held the responsibility for defining the scope and standards of nursing practice and professional role expectations. In that context, the ANA Standards of Professional Nursing Practice (2010) have been used by the nursing faculty to delineate the expectations of clinical practice.

Standards of Care prescribe the competency level by incorporating the nursing process with the Standards of Practice (assessment, diagnosis, outcomes identification, planning, implementation, and evaluation).

Standards of Professional Performance, which define the roles and behaviors expected of the professional nurse functioning in the role of provider of nursing care, manager of care, member of the discipline of nursing, and member of the interdisciplinary team. The nine Standards of Professional Performance incorporate quality of practice, education, professional practice evaluation, collegiality, collaboration, ethics, research, resource utilization, and leadership in professional practice. (ANA Scope and Standards of Nursing Practice, 2010)

9.5 Code of Ethics of Nurses:

The provisions outlined by the American Nurses Association (ANA, 2010) Code of Ethics for Nurses with Interpretive Statements serve as the basis for nursing faculty to evaluate professionalism in the practice setting.

Nursing students are expected to:

1. Practice with compassion and respect for the inherent dignity, worth, and uniqueness of every person and in all practice settings without undue consideration for sociocultural or economic status, personal attributes, or the nature of the client's health
2. Demonstrate a primary commitment to care for clients, which include the individual patient, families, groups or communities.
3. Promote, protect and advocate for the safety, rights and health of clients in their care.
4. Be accountable and responsible for continued competence, nursing practice and determine the tasks that can be appropriately delegated while maintaining the obligation to provide optimal patient care.
5. Preserve self-integrity and safety, ensure continued- competence, and strive for personal and professional growth.
6. Participate in maintaining, improving and establishing health care conditions and an environment conducive to the provision of safe and effective, quality health care.
7. Participate in the advancement of nursing practice, education, and knowledge attainment.
8. Collaborate with other health professionals and the public in meeting health needs.

9. Articulate nursing's value, for shaping and maintaining the integrity of the profession and its practice. (<http://www.nursingworld.org/ethics/ecode.htm>).

9.6 Confidentiality and Privacy Statements:

Health information is considered, not only private and confidential, but also privileged. The nursing student is expected to avoid knowingly, inadvertently or subtly sharing private/ confidential health information in person or by any medium including social media or other electronic devices.

- Confidentiality and individual privacy rights are components of the Code of Ethics for Nurses and the Professional Practice Standards. The legal mandate for confidentiality and privacy is outlined in the federal Health Insurance Portability and Accountability Act (HIPAA).
- Deliberate, inadvertent and/or subtle **breach** of one of these guidelines will be evaluated for an Overall Unsatisfactory grade, Unsafe Practice and in accordance with the RCC Catalog and Student Handbook.

The following confidentiality guidelines for nursing students include, but are not limited to:

1. Discussing assignments for individuals that are personally related and/or known to the student.
2. Identifying self and notifying agency staff/ faculty before accessing patient information in clinical.
3. Reading only records and/or accessing information for those assigned for care.
4. Abstaining from sharing any electronic access codes.
5. Avoiding using client names or revealing information during post-conference and classroom discussions.
6. Limiting writing the client's name on material other than the official hospital record.
7. Abstain from discussing client information, including diagnosis, culture factors, behaviors, care aspects etc. in any public area (i.e. hallways, elevators, cafeteria, parking lot or elsewhere).
8. Abstaining from discussing privileged information in public areas.
9. Discussing ethical and philosophical concerns with faculty in private hospital and/ or campus settings.
10. Abstaining from audio taping, photographing, videotaping etc. a client and/or client information.
11. Abstaining from "befriending" clients and hospital employees via a social networks/ social media.
12. Avoiding discussing and/or posting client information on any social network or social media source.
13. Reporting any information and/or confidentiality breaches to the nursing faculty.

9.6 Professional Dress Code:

Professional dress in the laboratory and clinical practice setting identifies the nursing student as a part of the interdisciplinary/interprofessional team and promotes confidence in the student's care abilities. (See Professional Dress Policy)

Students must wear professional attire and/or required uniforms as defined by the course faculty/syllabus and following the agency/school guidelines during any clinical or designated experience **without exception**.

- **Deviation from the dress code policy** may result in the student's dismissal from the setting with an absence, overall unsatisfactory grade and no opportunity for a clinical make-up.
- Repeated failures to comply with the dress code policy will result in an **Overall Unsatisfactory Grade** without additional warnings. This may put the student at risk of failing the clinical or laboratory experience, which would result in overall failure of the course.
- Students found in violation of the Student Code of Conduct will be counseled, reprimanded and/or administratively dismissed as outlined in the [RCC Catalog & Student Handbook](#)



Professional Attire – Members of the ADN Class of 2020

9.7 Evaluation/Adherence to Codes and Standards of Behavior

Faculty will evaluate each student's adherence to professional standards/ behaviors. A grade of satisfactory or unsatisfactory based on the student's demonstrated professional performance and adherence to standards, behaviors and guidelines setting will be assigned.

- **Failure to adhere** to the Codes and Professional Standards of Behavior will be evaluated for an Overall Unsatisfactory Grade and in accordance with the practice in a dynamic environment.



Program Improvement: Combined Maternal Child Education
Associate Degree, LPN AP, Paramedic Bridge and Practical Nursing Students



Section 10: Dismissals, Withdrawals and Exits

Section 10

Dismissals, Withdrawals and Exits

10.1 Withdrawal/ Dismissal Policy

- It is the student's responsibility to note the last day to withdraw from a course with a grade of "W".
- Students are expected to adhere to the College's withdrawal policy and procedure. Withdrawal from a nursing or sequenced related course constitutes the student's withdrawal from the Nursing Program.
- Nursing faculty may advise students failing to meet nursing course, laboratory, clinical or program objectives and requirements to withdraw from the course before the last day to withdraw. (See the [RCC Catalog & Student Handbook](#)).

10.2 Administrative Withdrawal/ Dismissal Policy

In accordance with the dismissal and administrative withdrawal policy published in the RCC College Catalog and Handbook, dismissal and administrative dismissal may occur for:

- A student failing to meet course, laboratory, clinical or program objectives and requirements and/or with unsatisfactory or unsafe clinical practice.
- Any student administratively withdrawn from any nursing course will be dismissed from the program and not permitted to complete any other nursing course in the current semester.
- A student administratively withdrawn for unsatisfactory or unsafe clinical practice **will not** be considered for readmission. (See RCC Nursing Student Handbook)

Administrative Withdrawal:

- A student failing to meet course, laboratory, clinical or program objectives and requirements and/or with unsatisfactory or unsafe clinical practice will be administratively withdrawn from a nursing course.
- A student will be dismissed for:
 - Failing to meet an overall **course grade of 80%** without rounding of grades or the addition of any points, and/or attaining three **Overall Unsatisfactory clinical or laboratory grades** as outlined in course syllabus.
- Violating of the Student Code of Conduct, demonstrating unprofessional behavior, and/or acting in an uncivil manner as outlined RCC College & Student Handbook and this document.
- Exhibiting a pattern of excessive classroom, clinical and/or laboratory attendance issues.
- Demonstrating unsafe practice will be prohibited from returning to the clinical setting.
 - The student unable to return to clinical and/or complete clinical objectives will fail to meet course objectives/ requirements.
 - Any student administratively withdrawn from any nursing course will be dismissed from the program and not permitted to complete any other nursing course in the current semester.
 - A student administratively withdrawn for unsatisfactory or unsafe clinical practice will not be considered for readmission. (See [RCC Catalog & Student Handbook](#))

10.4 Program Exit Procedure

A student, who withdraws from nursing curriculum courses, may be considered for readmission in accordance with the policy outlined in the RCC Catalog & Student Handbook. To be considered for readmission, the students must reapply and meet the admission criteria at the time of their reapplication.

If a student elects to withdraw from a nursing program for any reason, they are encouraged to meet with the nursing faculty and/or assigned advisor to explore available opportunities to support continuing education.

If the decision is to withdraw, the exiting student should complete the required forms and schedule an exit interview with the program director. Upon meeting with the program director, the student will receive information regarding provisional acceptance to re-enter the program. The provisional acceptance to re-enter describes the actions or steps the student must complete for readmission to the nursing program.

If the student elects to continue in general education courses, their new major will be changed to correspond. At the time of their exit, the student is required to relinquish any school or agency owned property (i.e. student ID badges etc.). In addition, the exiting student will be advised to make an appointment with the Financial Aid office to determine their status in regards to any outstanding obligations.

10.5 Readmission Policy

Applicants previously enrolled in Nursing at RCC will be considered for readmission only if they were in good academic and clinical standings upon their exit and in accordance with the Readmission Policy published in the (See the [RCC Catalog & Student Handbook](#)).

Students administratively withdrawn or **dismissed from RCC or any nursing program** for unsafe practice, substantive clinical issues, incivility, dishonesty, academic integrity or code of conduct issues **will not** be considered for admission or readmission in the Nursing program.

Applicants requesting readmission to the RCC Nursing program **must**:

- Meet all College readmission and [Nursing general admission requirements](#).
- Submit an updated Nursing Application
- Obtain two (2) letters of recommendation from nursing faculty employed at the College.
- Comply with the [Compliance Policy for Clinical Placement](#) and [Essential Skills](#) policy.

Recommendations for readmission will be made jointly with the faculty and final approval for readmission will be determined by the Nursing Director. However, due the competitive nature of the nursing application process, readmission applications are considered based on the academic performance, overall/program GPA, completion of admission requirements and the program's capacity in accordance with the NC Board of Nursing Regulatory Standards.

10.6 Provisional Readmission

A student may be granted provisional readmission into a nursing program only once. If provisionally readmitted, nursing students must/will:

- Meet with the Nursing faculty/program director to outline a readmission plan for success.
- **Validate prior coursework and/or academic and skills knowledge through testing and competency check-offs.**

10.6 Program Completion Verification for NCLEX

The Program Director will complete the NCBON Verification process when it is determined the student has met all College and Program requirements. Verification will occur in compliance with the BON statutes and administrative codes.

10.7 Graduation Requirements

Prospective nursing graduates are expected to adhere to the graduation requirements as defined in the RCC College Catalog and the Nursing Program. The Registrar reviews records for each prospective graduate to determine that all requirements and obligations have been met. Nursing students are required to satisfactorily complete all program objectives and requirements with a final course grade of at least 80% and clinical competence to be considered for graduation.

Chelsie, LPN

Practical Nursing Class of 2019

Completed clinicals with Liberty Home Care and Hospice

Now, employed in Home Health Nursing





Section 11: Clinical and Laboratory Practice Policy



Section 11

Clinical and Laboratory Practice Policy

11.1 **Liability Insurance Requirement:**

Liability Insurance is provided for the clinical courses for coverage during clinical practice. Insurance is provided through a school policy for each student at a minimum coverage per incident and per aggregate event while working in a student capacity only. [NOTE: Liability coverage provided for student experiences are not transferable, nor will the policy cover employment obligations].

11.2 **Laboratory Requirements:**

The RCC Department of Nursing and health science division has a state-of-the-art simulation laboratory that provides for high-fidelity and low –fidelity experiences in a safe and supportive learning environment.

- Students are to practice in the laboratory as often as possible
- Students may be required to schedule lab time as instructional/ remedial process at the faculty's discretion based on the student's academic/performance needs.

The Nursing/ Simulation Laboratory experience enhances student learning outcomes by:

- Providing unscheduled and scheduled experiences (i.e. Lab Shifts), which include but not limited to competency/skill practice, demonstration and patient-specific preparation.
- Allowing independent use of the nursing laboratory, which may be necessary to satisfactorily attain clinical competence.
- Permitting students to practice and master nursing competencies through the use of EBP.

11.3 **Laboratory Grading**

Satisfactory performance in the laboratory setting is expected and demonstrates the student's ability to safely apply health concepts in practice. Laboratory Competency Evaluation is a pass/fail grading system.

- Students may be asked to participate as peer mentors to assist to facilitate the learning of their peers in the clinical setting.
 - NOTE: The final grading for the overall experience and achievement of student learning outcomes/course objectives will be determined by the supervising nursing faculty's assessment and evaluation.
- To facilitate/ validate student practice in the lab, faculty may require students to practice as peers and submit "**Student Peer Accountability**" evaluations, certificates of completion from assigned modules etc. prior to the scheduled competency evaluation as outlined in the course syllabus.
 - NOTE: The final grading for the overall experience and achievement of student learning outcomes/course objectives will be determined by the supervising nursing faculty's assessment and evaluation.
- During **Competency Evaluations**, the student must complete each assigned competency/evaluation with 100% accuracy to successfully pass the competency. (See Laboratory Grading Guidelines and Syllabus)



2nd Year Associate Degree Nursing Students Mentoring and Teaching 1st Year ADN and PN Students

11.4 **Laboratory Remediation**

After a failed attempt(s) or an “Overall Unsatisfactory Grades,” the student is expected to meet with the nursing faculty to develop a remediation plan to ensure. Students are expected to submit an Occurrence Report.

It is the student’s responsibility to complete the occurrence report/remediation plan and schedule their laboratory reevaluation in the timeframe specified. Failure to complete the remediation plan by the timeframe specified will result in a “warning” for the first occurrence and an **“Overall Unsatisfactory Grade”** without warning for every subsequent failure to complete their remediation.

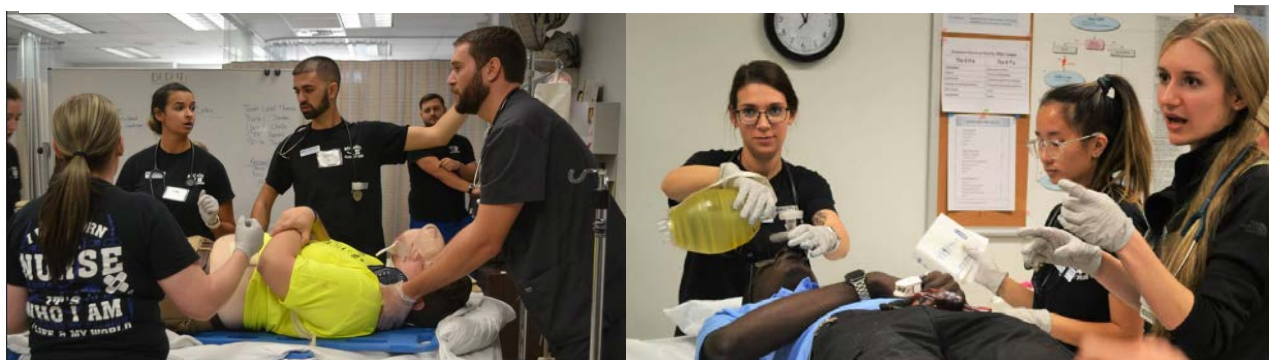
11.5 **Clinical Requirements**

Students will experience the “real-world” of nursing by completing clinical hours as reflected in the student’s experience/rotation schedule. Students must prepare for clinical, apply the nursing process and demonstrate clinical competence in providing client-centered care as evaluated by the nursing faculty using the Clinical Evaluation Tool (CET). Pre-clinical assessment, preparation and clinical practice should be evidence-based. (See RCC Clinical Practice Policy)

- Students are expected to adhere to all practice standards, policies/procedures, dress code policy, codes of conduct, standards of behavior etc. when visiting the clinical setting, retrieving a clinical assignment and/or during the clinical experience.
- ADN students are expected to complete a focused client care experience as a Preceptorship or faculty guided experience with a minimum of 120-hours during the senior year of the program.
- PN students are expected to complete a focused client care experience as a Preceptorship or faculty guided experience with a minimum of 120-hours during the senior year of the program. (<http://www.ncbon.com>)



Trauma Rodeo 2019
*ADN Students Collaborate w/
Campbell Medical School Emergency Medical Services
UNC Southeastern – Emergency Data*



Learning Emergency Management

ROSC - return of spontaneous circulation is resumption of sustained perfusing cardiac activity associated with significant respiratory effort after cardiac arrest.

11.6 Clinical Core Competencies

Standards from the NCBON require that nursing faculty follow policies and practices that provide for identification of physical, emotional and behavioral problems which conflict with safety essential to nursing practice. Students are expected to demonstrate, and maintain throughout the course, a satisfactory level of performance for previously learned clinical nursing core competencies. After initial satisfactory core competencies completion, subsequent performance of clinical nursing core competency and performance, according to published nursing standards of care and based upon previously satisfactory performance, is expected of every nursing student during subsequent enrollment in any clinical nursing course in the program.

Students receive a list of core competencies upon entrance into a nursing program – “**Clinical Verification Competencies.**” At the beginning of each semester, the faculty will review the list of competencies to be performed by each student during that semester. The student is required to have this list of core competencies with him/her while in the lab/clinical setting. It is the responsibility of the student to demonstrate satisfactory performance on required core competencies in the lab and/or assigned clinical sites. The completed list of core competencies will become a permanent part of the student's record.

- Performance issues in the clinical area will be documented on the Clinical Evaluation Tool (CET) and/or the Occurrence/Incident Report.
- Ongoing recommendations for improvement will be made at the students’ mid-term and final conferences and communicated to other nursing faculty by the Lead Faculty using the “Performance Evaluation Plan (PEP).” It is the student’s responsibility to remediate/ practice as often as needed prior to future clinical/lab experiences or evaluations.



ADN and PN Classes of 2020 Work w/ Robeson County Health Department to conduct a community-wide COVID-19 Screening

11.7 Competency-based Clinical Practice Evaluation

The purpose of evaluation is three-fold:

- 1) To identify aspects of performance and behaviors the student needs to improve
- 2) To offer constructive or corrective suggestions to promote competency development.
- 3) To allow the student an opportunity to reflect on the clinical experience

NOTE: To show learning progression Level II competencies are inclusive of Level I competencies.

Although the Level I student may demonstrate Level II competencies it is the expectation that the student will demonstrate all measure competencies for their current level.



Mass Causality Training

*Associate Degree Nursing
&
Practical Nursing students
participated in*

Fire College 2020

11.8 Clinical Grading

Since Nursing is a practice discipline, satisfactory performance in the laboratory and clinical setting demonstrate the student's ability to apply health concepts in practice.

Students may participate as peer mentors to assist to facilitate the learning of their peers in the clinical setting.

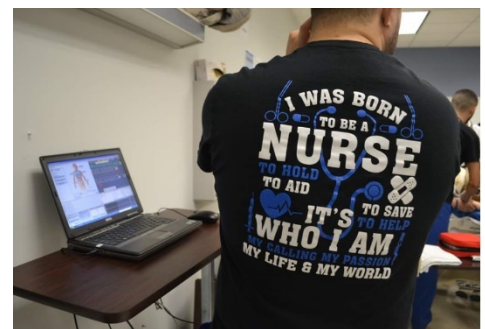
NOTE: The final grading for the overall experience and achievement of student learning outcomes/course objectives will be determined by the supervising nursing faculty's assessment and evaluation.

The student receiving **three (3) Overall Unsatisfactory** grades in a single nursing course/ semester will result in a failing grade (F) for the laboratory or clinical component. Failing a laboratory or clinical component of a course will result in an overall failing grade for the course. A student who is unable to fulfill all requirements of a nursing course will be administratively withdrawn from the nursing course and the program.

11.9 Clinical and Laboratory Evaluation Requirements

Since Nursing is a practice discipline, satisfactory performance in the laboratory and clinical setting demonstrate the student's ability to apply health concepts to practice. Students enrolled in a nursing course with a clinical component will be evaluated throughout the semester and at as a part of the midterm and final course conference.

Grading for the clinical component of the course is based satisfactory preparation and/or satisfactory performance in the clinical setting using the Clinical Evaluation Tool (CET). (See RCC Nursing Student Handbook – Clinical and Laboratory Policy).



a. Preparation:

- 1) The student will not be permitted to care for a patient in the clinical area and will receive an **Overall Unsatisfactory** grade for the clinical experience if he/she is/has not:
 - Satisfactorily prepared for the client-centered care experience
 - Performed the necessary competency validations in the nursing laboratory
 - Able to perform care and/or skills competently at the level of preparation
- 2) A student who is not prepared or permitted to practice in the health care agency due to an unsatisfactory preparation and/or competency evaluation in the lab/clinical will receive an **Overall Unsatisfactory** grade for the clinical experience and be required to:
 - Submit a Clinical Incident Occurrence Report and a detailed/ written remediation plan that includes simulated practice via email within 24hours after the scheduled experience.

- Schedule to meet with the nursing faculty within three (3) working days to review and receive approval for the remediation plan submitted. Failure to meet with the faculty within the required time allotted will result in an Overall Unsatisfactory for the clinical day.
- 3) The student is expected to bring clinical paperwork, the portfolio, competency documents and other required clinical items for each clinical experience. Failure to bring required clinical items demonstrates the student is unprepared and will result in an **Overall Unsatisfactory** grade for the clinical experience.
 - Late clinical work or expired clinical documents are unacceptable and will NOT be accepted. Assignments are due as assigned and records are to be maintained at all times. If an assignment is late, then the grade will be recorded as zero. If a clinical document has expired without notice to the faculty, the student will receive an overall unsatisfactory grade, without any additional warnings.
- 4) **The student is responsible for ensuring all medical screens (TB skin test, influenza etc.) and clinical documents (CPR certification) are up to date and all documents are submitted to the full-time Nursing Faculty- ONLY.** Copies are to be kept in the student's portfolio at all times.
 - The student is also responsible for submitting health information regarding any relevant conditions or changes in their physical, mental or emotional status, which may conflict with safety essential to nursing practice and/or do not respond to treatment or counseling within the timeframe enabling the student to meet course objectives.
 - Present physical, mental or emotional problems which conflict with safety essential to nursing practice and do not respond to treatment or counseling within a timeframe that enables meeting program objectives. (2) Demonstrate behavior which conflicts with safety essential to nursing practice.

Three "Overall Unsatisfactory" grades will result in failing the course and failure to progress. Subsequently the student will be administratively withdrawn from the course and the program.

- **Note:** Faculty are not required to give a Warning before an "Unsatisfactory grade."
- However, three (3) Clinical Warnings for any 3 different occurrences will equal one "Unsatisfactory Grade."



*Clinical Lab Simulation
ADN Class of 2020*



Section 12: Continued Competence (Professional Portfolio)



Section 12: Continuing Competence (Professional Portfolio)

Continuing Competence is the on-going acquisition and application of knowledge and the decision-making, psychomotor, and interpersonal skills. It is the expectation that all nursing students and licensed nurses will provide client-centered care that contributes to the health and welfare of those served – commonly stated as, safe and effective nursing care. The nursing faculty at RCC is charged, by the Board of Nursing, with the responsibility of protecting the public (clients/ patients) we serve from unsafe or incompetent care.

In accordance with the NCBON Rules and Regulations, effective July 1, 2011 – “ALL Continuing Competence requirements must be met before renewal or reinstatement licenses will be issued” (www.ncbon.com). In order for a nursing graduate to become licensed, they must have demonstrated initial and continued competence during the education process, which makes them eligible to sit for the nursing licensure boards. However, to practice as a Registered or Licensed Practical Nurse, graduates must successfully pass the licensure examination (NCLEX).

The acquisition of knowledge and skill by itself is only the first step. Students must be able to retain and build on that knowledge base from semester to semester. Skills that are learned in early nursing courses must be refined and integrated into that knowledge base in order to ensure that the student is developing and maintaining their skill and competence. To facilitate this process of continuing competence and initial licensure, nursing faculty have employed a number of resources to assist the student. Student/ graduates exiting the program will have a self-reflective Professional Portfolio, containing but not limited:

- Nursing Philosophy
- Demonstrated Competencies while in the program
- A Self-Reflective Learning Plan
- A Time Management Schedule
- Scholarly Papers and Concept Map
- Service Examples



Nursing Students Rounding with Medical Team during Intensive Care Grand Rounds



Section 13: Important College/ Program Policies



Incoming LPN to RN Advanced Placement and Paramedic to RN Bridge Class of 2021

SECTION 13:

Important College/ Program Policies

13.1 **Policy on Drugs**

Robeson Community College's Policy Governing Student Misconduct states, "...A student may not knowingly use, sell, deliver, or manufacture those drugs designated as "controlled substances" in Article 5 of Chapter 90 of N.C. General Statutes..."

To assure safe practice in the clinical setting, The Department of Nursing requires students to remain drug free at all times. To verify that the nursing student is drug free, all Health Sciences students (nursing) must be drug tested, at recommended facilities, and at their own expense. The results must be submitted by the testing facility directly to the requesting clinical agency. The testing must be completed at a time designated by the program. A drug test will be performed prior to full acceptance in the program and at any time the student's behavior indicates deviation from the drug free policy.

Students with positive drug test results **will not** be allowed to participate in the clinical experience and thus will not be allowed to continue/progress in the program.

13.2 **Professional use of Electronic Devices:**

1. Cell phones and other electronic devices cause unnecessary disruption to the teaching-learning environment. Out of professional courtesy, students are expected to silence (not vibrate) or turn off and turn face down on the desk in front of the student during instruction. All electronic systems must be off and/or not in use during instruction.
2. All electronic systems must be off and/or not in use during instruction unless directed by nursing faculty. iPad, E-readers, laptops etc. - may be utilized in a nursing course at the faculty's discretion. Students will be subject to the RCC Tardy Policy if discovered surfing the web, accessing social networking sites or viewing any other material not related to the course during instruction.
3. Respect for the learning environment by:
 - Refraining from Eating or Drink any lab setting.
 - Avoiding the presence of children and other unregistered persons to accompany any nursing student to the classroom, lab or clinical under any circumstances.

13.3 **Right of Access**

Student records are maintained in a manner to insure privacy of all records. However, any currently enrolled or former student has a right to inspect and review their official records or files. College nursing faculty shall not permit any access to or release of any information therein except when authorized in accordance with the Right of Access guidelines in the RCC College Catalog.

Students may have access to their nursing/ academic files in the presence of the nursing faculty or staff. Items should not be removed or copied without written permission. Exam reviews are conducted at designated or scheduled times after grading is completed. To promote the retention of course content, students are permitted to address questions about exams during the assigned exam review or by appointment.

13.4 **Smoking:**

The Health Sciences Building is a designated smoke-free building, as well as all clinical practice sites or practice partners. Therefore, students who smoke are to use the designated areas and ensure that cigarettes remnants are placed in designated receptacles.

- Students are **NOT** to smoke while on the premises of any clinical practice site.
- **Students are not permitted to smoke in their lab uniform, clinical uniform and/or on the way to a clinical experience.**
- The student's clinical practice items, bag and/or paperwork is **not to smell of smoke.**

13.5 **Children and Other Visitors:**

Children, visitors, and other unregistered persons are **NOT** allowed to accompany any student to the classroom, clinical or laboratory setting under **any circumstances**. Finally, since children are not allowed in the classrooms or unattended in waiting areas. Students are encouraged not to bring children to the school or any practice/ evaluation sessions.

13.6 Health Sciences Building

The Health Sciences Building is to be considered as a teaching-learning environment and thus students are expected to exhibit professional behaviors in all public areas at all times. Each student is expected to assume a personal responsibility to assist in the overall esthetics of the Health Sciences Building to ensure that the environment is conducive to learning.

NOTE: Absolutely NO food or drink is allowed in any lab setting or instructional spaces such as the computer or simulation laboratory.

13.7 Transportation

Students are responsible for their own transportation to and from class/lab and clinical facilities. The student assumes responsibility for any passengers he/she may transport in a private vehicle. Lack of transportation is not an acceptable excuse for missed clinical/class time.

13.8 Communication

Course related announcements will be posted online, shared by nursing faculty in class and/or distributed via email. Official program announcements/ information will be communicated by the program director, through the program's annual newsletter, via email, and/or during the Student Faculty Forums, which are scheduled each semester. Students are encouraged to communicate with nursing faculty, the lead faculty, clinical faculty, their academic advisor and/or the program director as indicated. It is the student's responsibility to make appointments with faculty/advisor to discuss their progress in the program, any problems, or to seek answers to questions. The student is also expected to communicate all requests in writing via email (preferred/requested). Address/ email communications to lead or responsible faculty and include all course faculty in the original email. Then allow up to 3 working days for a response. (not including nights, weekends, holidays or official days away when faculty are away from campus.

13.9 National Student Organizations

Nursing students are encouraged, but not required to join the national nurses or other student organizations. Membership in a national organization or honor society is considered a professional privilege and entitles the student to online resources and to attend workshops on a district, state and national level.



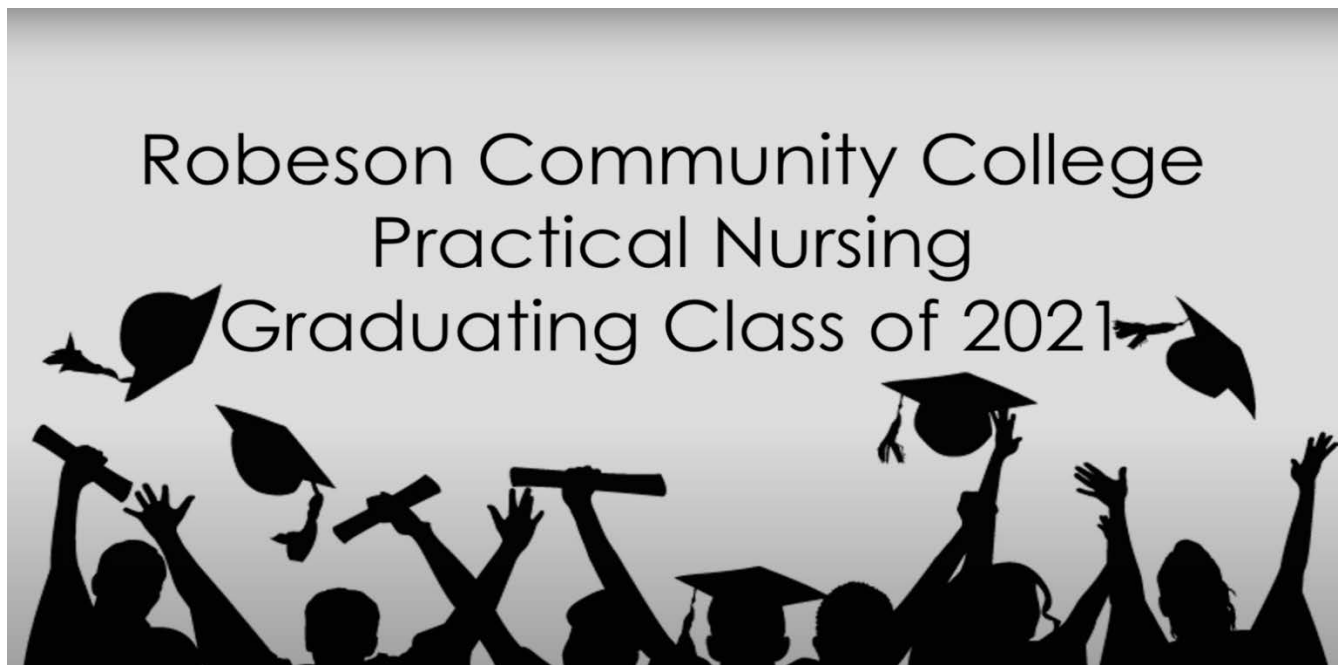
Alpha Delta Nu National Honor Society Inductees –
ADN Class of 2020 Graduates

13.10 Other Important College Policies

Several other important policies are outlined in the RCC Student Catalog and Student Handbook to assist students with meeting their academic goals. Please refer to the following policies:

- Attendance
- Student Expectations of Faculty
- Faculty Expectations of Students
- Administrative Withdrawal
- Campus Standards
- Eating, Drinking and Smoking
- Internet and Computer Network Acceptable Use Policy
- Inclement Weather
- Emergency Procedures

2020-2021 Virtual Pinning Ceremonies – Due to COVID-19



Pinning Ceremony: Nursing Students participate in an annual pinning ceremony to celebrate their end of program completion.

The Nightingale Pledge

I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.

This modified “Hippocratic” oath was composed in 1893 by Mrs. Lystra E. Gretter and a committee for the Farrand Training School for Nurses, Detroit Michigan. It was called the Florence Nightingale Pledge as a token of esteem for the woman credited as being the founder of modern nursing.



Robeson Community College
The Department of Nursing
5160 Fayetteville Rd | P.O. Box 1420
Lumberton, North Carolina 28360
Phone: 910. 272. 3700 | Fax: 910. 272. 3328

Reprehensive Charles Graham visits Special Needs Hurricane Shelter



Department of Nursing Nominated by UNC Southeastern's Community Network.
Recognized by providing care Hurricane Florence in a Special Needs Shelter that remained open 10-days. The shelter was opened and manned in collaboration w/ EMS in the Health Science Building.





Appendences



Common Definitions

Appendix A

Accountability	“Being responsible and answerable for actions or inactions of self, and of others in the context of delegation or assignment. In this context, the licensed nurse retains the accountability for appropriate assignment and/or delegation. The person to whom an activity is assigned and/or delegated is accountable for carrying out the task correctly.” (www.ncbon.com)
Assigning-	“Designating responsibility for implementation of a specific activity or set of activities to a person <u>licensed and competent</u> to perform such activities.” (www.ncbon.com)
Associate Degree in Nursing (ADN)	“Curriculum components for the ADN in Registered Nursing provides for the attainment of knowledge and skill sets in the current practice in nursing, community concepts, health care delivery, communications, therapeutic interventions and current trends in health care. For this program type, client is the individual, group of individuals, and family” (www.ncbon.com).
Client Centered Care	Providing respectful care that is responsive to individual preferences, needs and values; ensuring that client values guide all clinical decisions. (IOM 2001)
Clinical Experience	<p><u>Faculty-Directed</u>: Means the nursing faculty is responsible for overseeing student clinical learning including the utilization of preceptors.</p> <p><u>Focused Client Care</u>: "A clinical experience that simulates an entry-level work experience. The intent is to assist the student to transition to an entry-level practice. There is no specific setting requirement. Supervision may be by a faculty/preceptor dyad or direct faculty supervision. A 120-hour Preceptorship experience is designed to give the second-year nursing student an opportunity to experience realistic professional nursing practice. (www.ncbon.com 21 NCAC 36 .0120 Definitions).</p> <p><u>Simulated Clinical Experiences</u>: Any on campus or off campus experience that simulates “real-world” nursing care. The student scheduled to complete a simulated clinical experience is expected to follow the Clinical Practice policy guidelines for preparation, performance and evaluation.</p>
Client, Patient	Any person(s) across the lifespan requiring primary, secondary, or tertiary health care.
Clinical Judgment	“The application of the nursing student's knowledge, skills, abilities and experience in making decisions about client care.” (www.ncbon.com)
Competent	"Having the knowledge, skills and ability to safely perform an activity or role.” (www.ncbon.com)
Continuing Competence	On-going acquisition and application of knowledge; decision-making, psychomotor, and interpersonal skills possessed nurse resulting in care that contributes to the health and welfare of clients served. (www.ncbon.com).
Delegation	“Transferring to a competent individual the authority to perform a selected nursing activity in a selected situation. The nurse retains accountability for the delegation.” (www.ncbon.com).
Debriefing	“Debriefing- means an activity that follows a clinical or simulated experience and is led by a trained faculty facilitator. Students’ reflective thinking is encouraged, and feedback is provided regarding the students’ performance while various aspects of the completed experiences are discussed.” (www.ncbon.com).
Individual	A complex, multidimensional, unique, and significant being, possessing inherent value and worth, and a member of a family, community, and culturally diverse society.
Health care provider	Means any licensed health care professional and any agent or employee of any health care institution, health care insurer, health care professional school, or a member of any allied health profession. For purposes of this Article, a person enrolled in a program that prepares the person to be a licensed health care professional or an allied health professional shall be deemed a health care provider.

Health System	A macro-system and consists of a variety of parts or microsystems. Clinics, hospitals, pharmacies, laboratories, long term care and Internet sites are microsystems that are connected by patients and information to improve health. (IOM, 2001).
Institute of Medicine (IOM) Competencies:	The five core competencies identified by the IOM for healthcare providers are; patient centered care, interdisciplinary teams, EBP, quality improvement, and informatics. (IOM, 2005).
Interdisciplinary/ Interprofessional Team	All individuals involved in providing a client's care, who cooperate, collaborate, communicate and integrate care to ensure that care is continuous and reliable. (IOM, 2001).
"NCLEX™"	The National Council Licensure Examinations
Nursing	A science and the art of integrating and assimilating knowledge and skills derived from biological, sociological, and behavioral sciences and information technology to deliver client-centered, culturally competent, holistic care.
Nursing Process	A systemic approach to nursing care using assessment, plan, implementation and evaluation.
Nursing Diagnosis	A statement of a client's health problem or potential health problem identified by the nurse that is amendable by nursing action.
NANDA	These initials represent the North American Nursing Diagnosis Association, which is a listing of approved nursing diagnoses.
Quality of Life:	Quality of life involves five domains including physical, functional, psychological, social, and spiritual well-being. The individual's perception of and satisfaction with activities of daily living contributes to their worth, meaning, or satisfaction. This empowers the individual to cope successfully with the full range of challenges encountered in the real world (Ignatavicius: Med-Surg Nursing).
Preceptor	"A registered nurse at or above the level of licensure that an assigned student is seeking, who may serve as a teacher, mentor, role model and supervisor for a faculty directed clinical experience." (www.ncbon.com).
Program Outcomes	These statements identify the level of competency the student is expected to attain by the completion of the program.
Significant Other	Any person that assumes the caring or supportive role for the client.
Simulation	"Simulation- means a technique, not a technology, to replace or amplify clinical experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner" (www.ncbon.com).
Supervision	"The provision of guidance or direction, evaluation and follow-up by the licensed nurse for accomplishment of an assigned or delegated nursing activity or set of activities." (www.ncbon.com).
UAP (Unlicensed Assistive Personnel)	"Any unlicensed personnel, regardless of title, who may participate in patient care activities through the delegation process" (www.ncbon.com)



Faculty Guided Clinical Simulated Instruction

Robeson Community College Health Science Programs

Associate Degree Programs: Nursing, Radiography and Respiratory Therapy

Diploma Programs: Surgical Technology and Practical Nursing

Compliance Policy for Clinical Placement**This policy is an addition to and not a substitution of other RCC student policies.**

To comply with program policies, state and local regulations for healthcare providers, and in the interest of your own personal safety, the safety of your patients, and the potential liability to both the college and clinical agency, there are significant compliance requirements that must be met in order to enter the clinical area.

These policies may be expanded due to additional requirements which may come from hospital/clinical facilities at any time. Students may be denied access to clinical facilities based on health screening results, drug screening results, or results which appear on a criminal background check. The student will be responsible for obtaining documents demonstrating that they have met all compliance requirements. If this is not possible, the student will be unable to attend the clinical portion of the program. If a student cannot complete the clinical training, the student will not be able to complete the program requirements. Robeson Community College is not obligated to make special accommodations and will not find an alternative clinical site if there is a problem with a student's clinical compliance requirements. Students who have been provisionally admitted have one opportunity per enrollment cycle for the selected health science program to conduct a criminal background check and a drug screen in accordance with the college's policies and procedures and with whom the college has contracted to provide its students clinical training and experience.

All students are expected to provide documentation of all clinical compliance requirements to the current online compliance tracking system contracted by the College and meet all deadlines associated with compliance requirements or risk losing provisional admittance status.

The following **Clinical Compliance Requirements** must be met or students will be prevented from entering the clinical area. This applies to all health science students.

1. Medical Review/Screen

There are significant health screening requirements that must be met before entering the clinical area. Each student is required to meet vaccination, titer, physical exam, and drug testing requirements and **MUST** provide all documentation and health screening information to the Clinical Compliance Officer (Health Science Secretary). Students must be prepared to provide copies of printed clinical compliance requirements to clinical sites at any time during the program.

The specific health screening requirements are listed below:

- a. Proof of a negative two-step Tuberculin (Tb) skin testing or follow-up chest X-ray within 3 months of enrollment.
- b. Immunizations
 - Tdap, tetanus vaccines, Hepatitis B series, MMR, Rubella, Varicella series or positive titer (required)
 - Influenza – Standard Seasonal Form Required

2. Background Check

In order to be eligible to participate in placement (s) at clinical facilities, Health Science students **MUST** use the approved vendor to complete criminal background checks. The background check is not a requirement for acceptance to the program. The background check will be required as part of screening for clinical placement and registration for the clinical courses. The background check will not be reviewed by RCC staff or faculty.

Students must be prepared to provide printed background report results to their clinical site at any time during their enrollment in the health science program. Students have one opportunity per enrollment cycle for the

selected health science program to conduct a criminal background check in accordance with the College's policies and procedures and with whom the College has contracted to provide its students clinical training and experience.

Background investigations will minimally include the following:

- Social Security Number Verification
- Criminal History Search (3 counties, 7 years or up to five background searches)
- Sex Offender and Predator Registry Search
- Office of Inspector General (Health and Human Services) Sanction List Search
- General Services Administration Excluded Search
- Address Verification
- Two Name Searches (current legal and one other name)

3. Drug Screen

In order to be eligible to participate in placements at clinical facilities, Health Science students **MUST** use the approved vendor to complete the drug screen protocol. The drug screen is not a requirement for acceptance to the program. The drug screen will be required as part of screening for clinical placement and registration for the clinical courses. The drug screen will not be reviewed by RCC staff or faculty.

Students must be prepared to provide printed background report results to their clinical site at any time during their enrollment in the health science program. Students have one opportunity per enrollment cycle for the selected health science program to conduct a drug screen in accordance with the College's policies and procedures and with whom the College has contracted to provide its students clinical training and experience.

NOTE: If results of a criminal background check and panel urine drug screen prevent a student from participating in a clinical rotation at any agency, the student will not be able to fulfill the clinical requirements for the program, and subsequently will not be allowed to enroll or continue in the health science program.

All fees associated with the criminal background check and drug screen will be the responsibility of the student.

4. Other Health Science Program Requirements

Students **MUST** be compliant with all required documentation. This may include, but is not limited to the following:

- Cardiopulmonary Resuscitation Certification (Infant, Child and Adult)
- American Heart Association BLS Healthcare Providers Course
- Career Readiness Course for Health Science Students
- Program Orientation
- Handbook Verification Form
- Release of Records Documentation
- Other documents required by your program of study.

RCC Health Science students must obtain a Criminal Background Check (CBC) and a Drug Screen (DS) through the College's approved vendor, Certified Background. Once a student has received provisional acceptance into their respective health science program, the student will receive information regarding access to Certified Background and instructions for payment of the CBC and DS.

All Health Science students must submit clinical compliance requirements by required deadlines published in the provisional acceptance letter.

Criminal Background Check and Drug Screen

CONSENT FORM AND HOLD HARMLESS AGREEMENT

I, _____ have been made aware and understand the requirement to provide a criminal background check and drug screen to the clinical sites utilized in my health science program, by the appropriate deadline, in order to enroll or continue my enrollment in Health Sciences Program courses offered by the College that contain a clinical component (“the Program”).

I understand that completion of a criminal background check and drug screen is currently a requirement of the clinical sites with whom the College has contracted to provide clinical training and experience to the College’s Health Sciences students. The clinical sites indicate that a criminal background check and drug screen may be required by their accrediting agency, JCAHO (Joint Commission on Accreditation of Healthcare Organizations) and for other reasons as well.

I understand that the North Carolina State Board of Nursing currently requires all applicants for NCLEX testing to complete a criminal background check, as do many other professional licensing bodies.

I understand that the criminal background check will include reports from all states where I have lived.

I understand that it is my responsibility to arrange and pay for the conducting of the criminal background check and drug screen directly with the provider of this service as selected by the College in accordance with the procedures established by the College and said provider.

I understand that the clinical sites have the discretionary right to refuse to permit a student having a criminal record from receiving clinical training in their facility and that this determination is made by each of the clinical sites individually without input from the College.

I understand that the clinical sites have the discretionary right to refuse to permit a student having a positive drug screen from receiving clinical training in their facility and that this determination is made by each of the clinical sites individually without input from the College.

I understand that if I intentionally or negligently provide misleading, erroneous, or deceptive information regarding my criminal background or residence history, I may be denied enrollment in, or be dismissed from, a Health Sciences Program.

I understand that I am responsible for communicating, in writing, any arrest, criminal charge, or criminal conviction, including felony or misdemeanor convictions or convictions of major traffic infractions that have occurred subsequent to the performance of my criminal background check. This written communication must be sent to the College’s Clinical Compliance Officer within three (3) days of the infraction.

I understand that in the event I am denied placement in a clinical facility by any of the College’s clinical affiliates, I will be unable to successfully complete the Program, as the Program’s clinical objectives cannot be met, and I will be dismissed from the Program by the College.

I understand that I shall be refused enrollment in or dismissed from the Health Sciences Program in the event that I fail to provide the criminal background check and the drug screen in accordance with the College’s policies and procedures.

I HEREBY AGREE TO ARRANGE AND PAY FOR THE CRIMINAL BACKGROUND CHECK AND DRUG SCREEN TO BE PROVIDED TO THE CLINICAL AGENCIES IN ACCORDANCE WITH THE COLLEGE'S POLICIES AND PROCEDURES AND WITH WHOM THE COLLEGE HAS CONTRACTED TO PROVIDE ITS STUDENTS CLINICAL TRAINING AND EXPERIENCE.

I FURTHER AGREE TO HOLD THE COLLEGE HARMLESS FROM ALL CLAIMS AND DEMANDS OF EVERY NATURE (INCLUDING THOSE WHICH MAY ARISE UNDER THE NORTH CAROLINA TORT CLAIMS ACT, NCGS § 143-300.1 et seq.) ARISING OUT OF THE COLLEGE'S CRIMINAL BACKGROUND CHECK AND DRUG SCREEN POLICIES AND PROCEDURES, INCLUDING BUT NOT LIMITED TO ALL CLAIMS AND DEMANDS RELATING TO THE COLLEGE'S ACCESSING CLINICAL SITE APPROVAL OR NON-APPROVAL STATUS RELATING TO ME, THE RETENTION OR STORAGE OF THESE RECORDS, AND THE TRANSMISSION OF ANY SUCH RECORDS, WHETHER ACCURATE OR INACCURATE, TO ANY HEALTHCARE INSTITUTION WITH WHOM THE COLLEGE HAS A CONTRACT TO PROVIDE ITS STUDENTS CLINICAL TRAINING AND EXPERIENCE, AND THE SUBSEQUENT USE OR DISCLOSURE OF SUCH INFORMATION BY EITHER THE COLLEGE OR HOSPITALS TO ANY THIRD PARTIES, WHETHER WITH OR WITHOUT MY APPROVAL OR CONSENT.

I UNDERSTAND THAT I HAVE ONE OPPORTUNITY PER ENROLLMENT CYCLE FOR THE SELECTED HEALTH SCIENCE PROGRAM TO CONDUCT A CRIMINAL BACKGROUND CHECK AND A DRUG SCREEN IN ACCORDANCE WITH THE COLLEGE'S POLICIES AND PROCEDURES AND WITH WHOM THE COLLEGE HAS CONTRACTED TO PROVIDE ITS STUDENTS CLINICAL TRAINING AND EXPERIENCE.

I UNDERSTAND THAT IN THE EVENT I AM DENIED PLACEMENT IN A CLINICAL FACILITY BY ANY OF THE CLINICAL SITES, ROBESON COMMUNITY COLLEGE IS NOT OBLIGATED TO MAKE SPECIAL ACCOMMODATIONS AND WILL NOT FIND AN ALTERNATIVE CLINICAL SITE IF THERE IS A PROBLEM WITH MY CLINICAL COMPLIANCE REQUIREMENTS.

I UNDERSTAND THAT THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED TO THE COLLEGE'S CLINICAL COMPLIANCE OFFICER BY THE DATE DESIGNATED BY THE COLLEGE.

Student First Name, Middle Initial, and Last Name (please print)

_____/_____
Student Signature / Date

Student Home Telephone Number

Student Cell Telephone Number

Student E-Mail Address (please print)

NOTE: Student SS Number (Required at time of testing)

Clinical/Laboratory Practice Policy

Purpose: Clinical experiences are scheduled to provide students with “real-world” nursing care experiences. By completing clinical hours denoted on the clinical rotation schedule, students are expected to meet the course/ clinical objectives set to measure concept application in the assigned area of practice.

Definition:

Faculty Directed Clinical Experience: Means the nursing program faculty is responsible for overseeing student clinical learning including the utilization of preceptors. (www.ncbon.com 21 NCAC 36 .0120).

Focused Client Care Experience: "A clinical experience that simulates an entry-level work experience. The intent is to assist the student to transition to an entry-level practice. There is no specific setting requirement. Supervision may be by a faculty/preceptor dyad or direct faculty supervision."

- Associate Degree Nursing students are required to complete a minimum of 120 Preceptorship hours.
- Practical Nursing students are required to complete a minimum of 90 Preceptorship hours.
- The preceptorship experience is designed to give the second-year nursing student an opportunity to experience realistic professional nursing practice. (See Nursing Preceptorship Manual; www.ncbon.com 21 NCAC 36 .0120).

Simulated Clinical Experiences: Any on campus or off campus experience that simulates “real-world” nursing care. The student scheduled to complete a simulated clinical experience is expected to follow the Clinical Practice policy guidelines for preparation, performance and evaluation. **NOTE:** Failure to complete the objectives for faculty directed, focused client care and/or simulated clinical experiences will result in an “Overall Unsatisfactory” grade for the experience, rotation and/or clinical day.

Procedure:

I. Pre-Clinical Requirements: The students must prepare for clinical by applying the nursing process and demonstrating clinical competence in providing individual/client centered care as designated by the nursing faculty and/or in the course syllabus.

The Student will:

- A. Prepare for clinical by obtaining the client assignment the day prior to the experience or preparing a generic client assessment/assignment review.
- B. Complete the pre-clinical assessment, which includes but is not limited to gathering subjective and objective information regarding the client’s presenting problem/ pathophysiology, medication information with a specific focus on the implications for nursing care, diet, level of function, development stage, cultural considerations, laboratory data, diagnostic testing preparations and/or results, and any other pertinent information.
- C. Prepare/ submit preparation documents that are evidence-based and best-practice related.
- D. Review policies and procedures of the facility/ experience prior to performing nursing procedural competencies in the clinical settings.
- E. Adhere to Codes of Conduct as outlined when visiting the clinical setting, retrieving a clinical assignment and/or during the clinical experience. (See Codes of Conduct).

II. Clinical Performance Requirements: Clinical performance is the primary indicator of the student’s ability to apply key concepts to clinical practice and demonstrate nursing skill attainment or competence.

The Student will:

- A. Perform within their defined scope and/or level of progression as directed by and/or under the supervision of the nursing faculty
- B. Complete all clinical experience hours in accordance with the Clinical Attendance requirements specified by each course syllabus.
- C. Complete a focused client care experience with a minimum of 120-hours in the ADN senior year and 90-

hours in the last semester of the program. A Preceptorship Experience has been designed in accordance with the NCBON regulatory guidelines (<http://www.ncbon.com>)

- D. Demonstrate preparation by answering questions/ discussing the information contained in their plan of care/ concept map, pathophysiology research, pharmacology notes/ cards, EBP nursing journal article summary and/or any other information related to the course/ clinical objectives.

NOTE: A student will not be permitted to care for an assigned client in the clinical area if he or she is unable to demonstrate overall preparedness, knowledge of medication administration principles, the ability to provide client centered care for the level of progression or education, and/or if the student has not satisfactorily performed/ completed required procedural competency validations. A student who is not permitted to provide care due to unsatisfactory preparation and/or performance as listed above will receive an “Overall Unsatisfactory” grade for the clinical experiences/day and expected to complete a clinical incident form and/or remediation.

- E. Comply with facility policies and/or provide client center care.
- F. Apply the Principles for Safe Medication administration.
1. Students demonstrating Level I Competencies must verify all medications with the nursing faculty before administering.
 2. Students demonstrating Level II Competencies must verify the following medications with the faculty and/or preceptor before administering: Insulin, Heparin, All Intravenous Medications (IVs), All injections (i.e. subcutaneous, intramuscular etc.), and All High-Risk Medications.
 3. Demonstrate knowledge of client-centered care, which includes the verification of laboratory results, diagnostic outcomes, allergies, medication implications, vital signs etc. prior to administering a medication.
 4. Note changes in the client’s status, condition and/or potential risks (i.e. NPO status, fluid restrictions etc.)

III. Clinical and Laboratory Evaluation Requirements

Since Nursing is a practice discipline, satisfactory performance in the laboratory and clinical setting demonstrate the student’s ability to apply health concepts to practice. Students enrolled in a nursing course with a clinical component will be evaluated throughout the semester and as a part of the midterm and final course conference.

Grading for the clinical/laboratory component of the course is based on satisfactory preparation and/or satisfactory performance in the clinical setting using the Clinical Evaluation Tool (CET). (See RCC Nursing Student Handbook – Clinical and Laboratory Policy).

a. Clinical Preparation:

- 1) The student will not be permitted to care for a patient in the clinical area and will receive an **Overall Unsatisfactory** grade for the clinical experience if he/she is/has not:
 - Satisfactorily prepared for the client-centered care experience
 - Performed the necessary competency validations in the nursing laboratory
 - Able to perform care and/or skills competently at the level of preparation
- 2) A student who is not prepared or permitted to practice in the health care agency due to an unsatisfactory preparation and/or competency evaluation in the lab/clinical will receive an **Overall Unsatisfactory** grade for the clinical experience and be required to:
 - Submit a Clinical Incident Occurrence Report and a detailed/ written remediation plan that includes simulated practice via email within 24 hours after the scheduled experience.
 - Schedule to meet with the nursing faculty within three (3) working days to review and receive approval for the remediation plan submitted. Failure to meet with the faculty within the required time allotted will result in an Overall Unsatisfactory for the clinical day.
- 3) The student is expected to bring clinical paperwork, the portfolio, competency documents and other required clinical items for each clinical experience. Failure to bring required clinical items demonstrates the student is unprepared and will result in an **Overall Unsatisfactory** grade for the clinical experience.

****Late work will NOT be accepted.** If an assignment is late, then the grade will be recorded as zero for class documents or unsatisfactory for clinical and lab documents.

****Three “Overall Unsatisfactory” grades will result in failing the course or a grade of “F” and administrative withdrawal from the course and subsequently the program.”**

IV. Clinical Evaluation: Grading for the clinical experience and hence clinical component of any nursing course will be based on satisfactory preparation, overall clinical performance and submission of required clinical documentation/ paperwork. **NOTE:** To show learning progression Level II competencies are inclusive of Level I competencies. Although the Level I student may demonstrate Level II competencies it is the expectation that the student will demonstrate all measured competencies for their current level.

The Student will:

- A. Perform within the scope for which they have been authorized and educated, and/or level of progression as directed by and/or under the supervision of the nursing faculty.
NOTE: If a student engages in an incident that is believed to exceed the student's preparation, knowledge, progression and/or scope, the event and student's performance will be evaluated using the Just Culture process to determine if it meets criteria for unsatisfactory practice, at risk behavior or unsafe practice.
- B. **In the clinical setting report any changes in patient condition**, abnormal assessment findings, medication concerns to the faculty/primary nurse without delay. [This includes but not limited to changes in respiration, vital signs, mental status, complaints of pain, N/V, bleeding, dislodged feeding tubes, central/IV lines etc.]
NOTE: Failure to report findings will result in an **"Overall Unsatisfactory" Clinical Grade** for the clinical experience. The faculty must also sign after each medication pass. The faculty will sign all other documentation at the end of the shift with the student present.
- C. Submit all clinical assignments after the clinical experience within the timeframe designated by the nursing faculty or in the course syllabus. Late papers will receive a grade of Unsatisfactory as indicated in the course syllabus. Since clinical documentation describes the essence of patient care experience and synthesizes student learning, failure to complete clinical assignments will result in an "Overall Unsatisfactory" clinical grade for the experience, rotation or day.
- D. Request nursing faculty to sign the procedural competency evaluation sheet as verification that the student has satisfactorily completed a required procedure.
NOTE: It is the student's responsibility to request the nursing faculty to sign after completing each competency in the clinical/ lab area. Failure to request a faculty signature as verification may result in the student repeating the competency validation.
- E. Self-evaluate their clinical performance using the clinical evaluation tools and make improvements as indicated.

The Nursing Faculty will:

- A. Evaluate the student daily and/or after each clinical experience, at mid-term and as a part of the final course evaluation. (See Appendix- Clinical Evaluation Tool (CET) tool).
- B. Use the comprehensive Clinical Evaluation Tool (CET) to provide feedback that will enhance student learning, promote clinical competence and facilitate socialization in to the role of the professional nurse.
- C. Provide guidance and/or assistance as a part of the learning process. However, if the student is blatantly unprepared and/or fails to perform at the level of preparation, education and/or progression required to ensure the delivery of safe and effective client centered care, an Overall Unsatisfactory grade will result at the faculty's discretion.
- D. Notify students immediately if their performance has been identified as Unsatisfactory or Unsafe (See Unsatisfactory Grading and Unsafe Policy).
- E. Assign a grade of Satisfactory, Unsatisfactory based on the following criteria:

Satisfactory	Unsatisfactory	Unsafe Practice
S	U	UP

Satisfactory: An "Overall Satisfactory" grade indicates that the student demonstrated overall preparedness, knowledge of medication administration principles, the ability to provide client centered care for the level of progression or education, and/or had satisfactorily performed/ completed required procedural competency validations. Satisfactory performance indicates that the student has met clinical objectives including the written requirements.

Unsatisfactory: An “Overall Unsatisfactory” grade indicates the student failed to demonstrate clinical preparation, execute aspects of care for the nursing role assigned, meet course/clinical objectives and/or complete written requirements. (See Nursing Student Handbook - Unsatisfactory Grading Criteria).

Unsafe Practice: Clinical performance that is determined Unsafe Practice will result in removal of the student from the practice area. (See Nursing Student Handbook - Unsafe Practice Policy).

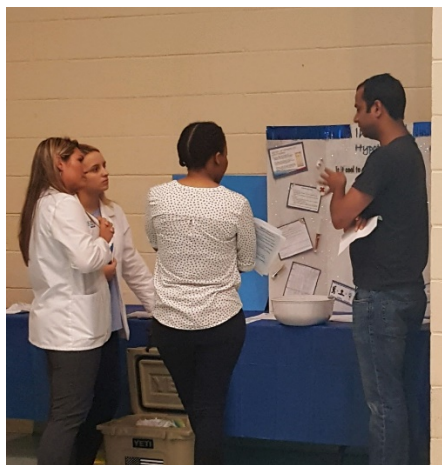
- **NOTE:** Students demonstrating unsafe practice behaviors will be prohibited from returning to the clinical practice setting. Subsequently, the student who is unable to complete clinical objectives will fail to complete course objectives/ requirements and will fail the nursing course (See Nursing Student Handbook- Academic Progression Policy).

V. Criteria for an Overall Unsatisfactory Grade: An “Overall Unsatisfactory” clinical experience grade will result from the student’s failure to:

1. Complete all clinical experience hours in accordance with the Clinical Attendance requirements specified by each course syllabus.
2. Complete a focused client care experience with a minimum of 120-hours in the senior year of the program as a Preceptorship Experience in accordance with the NCBON regulatory guidelines (<http://www.ncbon.com>)
3. Comply with facility policies, provide client center care and/or apply the Principles for Safe Medication administration (See Clinical Practice Policy- Clinical Requirements).
4. Adhere to the professional codes of conduct in the clinical setting as outlined by the clinical agency, the Nursing Student Handbook and the [RCC Catalog & Student Handbook](#))
5. Demonstrate overall preparedness, knowledge of medication administration principles, and the ability to provide client centered care for the level of progression or education.
6. Satisfactorily perform/ complete required procedural competency validations.
7. Demonstrate a minimum competency as measured by CET.
8. Completes and submits clinical paperwork and written assignments as indicated in the course syllabus.

Clinical/ Laboratory Grading:

Since Nursing is a practice discipline, satisfactory performance in the laboratory and clinical setting demonstrate the student’s ability to apply health concepts to practice. Therefore, three **(3) Overall Unsatisfactory Grades in a single nursing course/ semester** will result in a failing grade (F) for the laboratory/clinical component, which constitutes an overall failing grade for the course and result in administrative withdrawal from the course. (See Nursing Student Handbook- Academic Progression Policy; Clinical Practice Policy)



Nursing Students Present at UNC Southeastern’s Annual Critical Care Symposium

Clinical Performance		
First Offense	Second Offense	Third Offense
<p>A. Student receives the <u>First Overall “U”</u>.</p> <p>B. Faculty reviews circumstances resulting in the “U” or Unsatisfactory Grade.</p> <p>C. <u>Student completes and submits Clinical Incident Report within 24-hours.</u></p> <p>D. <u>Student develops remediation plan/objectives and reviews with nursing faculty for input and approval.</u></p> <p>E. <u>Student updates “Individualized Learning Plan” to include remediation objectives, and reviews with nursing faculty for input and approval.</u></p> <p>F. Clinical status and Progression policy reviewed by nursing faculty.</p> <p>G. Clinical practice may be limited until identified competency has been satisfactorily demonstrated.</p> <p>H. Student schedules a follow-up conference with the faculty regarding completion of the remediation plan and re-evaluation.</p>	<p>A. Student receives a <u>Second Overall “U”</u>.</p> <p>B. Faculty reviews circumstances resulting in the “U” or Unsatisfactory Grade.</p> <p>C. <u>Student completes and submits Clinical Incident Report within 24-hours.</u></p> <p>D. <u>Student develops or revises remediation plan/objectives and reviews with nursing faculty to address the unsatisfactory pattern of behavior.</u></p> <p>E. <u>Student updates “Individualized Learning Plan” to include remediation objectives, and reviews with nursing faculty for input and approval.</u></p> <p>F. Clinical status and Progression policy reviewed by nursing faculty.</p> <p>G. Clinical practice may be limited until identified competency has been satisfactorily demonstrated.</p> <p>H. Student schedules a follow-up conference with the faculty regarding completion of the remediation plan, re-evaluation, competency validation, and/or to demonstrate satisfactory clinical performance.</p>	<p><u>Third Overall “U”</u>.</p> <p>The student’s progression in the program will be reviewed by Nursing Faculty with the Nursing Director. As stated the <u>student will fail the clinical portion of the course and hence will receive a grade of “F” for the course.</u></p> <p>The student will be withdrawn with a failing grade and not be allowed to progress in the nursing program. (See Dismissal Policy)</p>

Clinical Tardy		
First Offense	Second Offense	Third Offense
<p><u>Clinical tardy</u>. If the student receives one tardy, he/she will receive a verbal warning (as documented on the Clinical Evaluation Tool (CET) form).</p>	<p><u>Clinical tardy</u>. If the student receives two tardies, he/she will receive a written warning (as documented on the Clinical Evaluation Tool (CET) and Clinical Incident form).</p>	<p><u>Clinical tardy</u>. If the student receives three (3) <u>tardies</u>, he/she will receive an <u>Unsatisfactory for the Clinical</u> experience (as documented on the Clinical Evaluation Tool (CET) and Clinical Incident form).</p>

Adopted 12/09; Last Revision 08/14

Robeson Community College Health Science Programs

Essential Skills Needed for Completing Health Science Programs

The following guidelines are utilized in admitting qualified Nursing students: The activities identified below are examples of physical and emotional activities, which a student in the Health Science Program must be able to perform for the successful completion of the program. If an applicant believes that he or she cannot meet one or more of the standards without accommodation or modification, the applicant should consult Counseling and Career Services.

- **Critical thinking:** Health Science students shall possess critical thinking ability sufficient for clinical judgment. Example: Students must be able to identify cause-effect relationships in clinical situations, develop or participate in development of nursing care plans.
- **Ethical behavior:** Health Science students will provide services with respect for human dignity and uniqueness of the client unrestricted by consideration of social or economic status, personal attribute, or the nature of health problems. Example: Students will care for clients assigned regardless of race, religion, or diagnosis.
- **Legal behavior:** Health Science students will provide care within the scope of practice as stated in the NC Nursing Practice Act or guidelines for respiratory therapy, radiography and surgical technology. Example: Students in the nursing program will learn to assess the patient's physical and mental health.
- **Interpersonal skills:** Health Science students shall possess interpersonal abilities sufficient to interact with individuals, families, groups, etc. from a variety of psychosocial cultural backgrounds. Example: Students shall establish rapport with clients and health care team members.
- **Communication skills:** Health Science students shall possess communication abilities sufficient for verbal and nonverbal interaction with others. Example: Students shall be able to explain treatment procedures to clients/family, document client responses, and report to others responses to nursing care.
- **Mobility:** Health Science students shall possess physical abilities sufficient to move from room to room and maneuver in small spaces, stand and walk for extensive periods of time. Example: Students will be able to move around in client's room, move from room to room, move in small work areas, and administer CPR.
- **Motor skills:** Health Science students shall possess gross and fine motor skills sufficient to provide safe and effective nursing care. Example: Students shall be able to calibrate equipment, position clients, administer injections, and insert catheters.
- **Hearing skills:** Health Science students shall possess auditory ability sufficient to monitor health needs and collect data. Example: Students shall be able to hear alarms, listen to heart and breath sounds, and hear a cry for help.
- **Visual skills:** Health Science students shall possess visual ability sufficient for observation and data collection. Example: Students shall be able to observe color of skin and read scale on a syringe.
- **Tactile skills:** Health Science students shall possess tactile ability sufficient for data collection. Example: Students shall be able to detect pulsation and feel skin temperature.
- **Weight-bearing:** Health Science students shall possess the ability to lift and manipulate/move 40-50 pounds. Example: Students shall be able to move equipment, position patients.

Professional Dress Code

Policy: Standardization and safety are essential in the lab and clinical settings. **Therefore, the Department of Nursing adheres to a “Zero Tolerance” Strict Dress Code without exceptions.** Failure to comply WILL result in only one warning. Then an unsatisfactory clinical/laboratory grade will be awarded until the student is compliant or 3 Overall U’s are received.

Purpose: All nursing students are expected to appear in a manner that will reflect favorably upon themselves, the college, and the nursing profession. This includes coming to **lectures/clinical/lab** well- groomed and neatly attired. Appropriate personal hygiene includes, but is not limited to, the following:

Hygiene	1. Students are expected to be neat, clean, and without body odor or halitosis. Lab coats and uniforms should be clean, neatly pressed, and in good repair.
Hair	2. Hair must be neat, clean, without shocking colors or extreme styles (e.g. Mohawks; purple, green, or orange hair, etc.), and styled so that it does not fall forward into the face. Long hair must be worn up or pulled back while on duty. 3. Students who, due to religious belief, are required to cover their head, must use a white covering washed daily to prevent the spread of infection. 4. Male students must shave daily unless a mature beard is present. Sideburns, mustaches, and beards are permitted provided they are kept trimmed, neat, and clean.
Nails	5. Fingernails should be clean and trimmed to prevent inadvertent injury to the patient and reduce the risk of infection. Fingernail polish, acrylic, or false nails are not to be worn in the clinical area.
Uniforms	6. Uniforms should be worn only in the clinical area or in transit to and from clinical. No student should ever enter the clinical area in street clothes that are not covered with an acceptable clinical lab jacket. Required dress in the clinical area includes: <ul style="list-style-type: none"> Male and female nursing students will wear the accepted uniform with a white lab coat. Patches are to be attached to the uniform/ lab coat sleeves 3 inches below the shoulder seam. Dresses will be hemmed at knee-length or below. Uniforms should be loosely fitted and in a good state of repair. Sweaters are not to be worn in clinical areas. However, a white lab jacket may be worn if desired. Anytime a student is in the clinical area as an RCC student and not involved in patient care, a white lab jacket and nametag must be worn over professional dress/ street clothes. Low cut or clinging tops, jeans, shorts, Capri, tight pants or leather pants are inappropriate in the clinical area. Undergarments should not be visible through the uniform.
Shoes	12. In the clinical area, students must wear white/ closed toe shoes with quiet soles. Shoes must be kept clean and polished. Heels should be no higher than two inches. For your safety and infection control purpose, clogs, open-toed shoes, and sling backs are inappropriate footwear, and may not be worn in the clinical areas. 13. Male nursing students must wear white/ closed toe shoes. Clean plain white/ leather -type tennis shoes are permitted for males with approval. Brand Names and logos may be displayed but the majority of the shoe should be white.
Equipment	14. Students must also have proper identification, their assigned log-in access codes, and required equipment needed for clinical experiences (i.e. a watch with second hand, bandage scissors, black ballpoint pens, stethoscope, penlight, pencil, small notebook etc.) 15. Name badges are to be worn at all times while on duty. Picture ID’s are required and provided according to individual clinical agency policy. 16. Black ink required (NOT felt-tipped and gel pens). 17. Students should sign, date and/or initial all patient records. The signature should read as follows:

	<p>J. Doe, NS, RCC, 08/15/16 Robeson Community College</p> <p>18. Cell phones, electronic devices etc. should not be taken to the clinical area unless identified as a clinical tool for providing patient care. See RCC Nursing Handbook – Tardy Policy for grading related to improper use of electronic devices in the clinical area. NOTE: If devices are taken, the student will assume the risk and liability of any lost or stolen property.</p>
Hose	<p>19. Female students may only wear white-hose when wearing dress uniform. White above the ankle socks, hose, or above the ankle hose should be worn with a pants uniform. Hose must be clean and free from runs.</p> <p>20. Male students must wear clean white socks.</p>
Jewelry	<p>21. Jewelry in the clinical area is limited to the following: <u>Watch:</u> <u>second hand required.</u> <u>Rings:</u> Should have a smooth surface in order to protect the patient from scratches. Students are limited to wedding bands/rings. <u>Earrings:</u> If worn, must be small studs and limited per lower earlobe. Any other visible body piercing, including tongue jewelry must either be covered or removed. <u>Tattoos:</u> Must be covered at all times.</p>
Cosmetics	<p>22. Cosmetics should be applied very sparingly if at all. Perfume or aftershave or cologne are not to be worn the clinical area.</p>
Gum	<p>23. For infection control and safety reasons, chewing gum is discouraged in the laboratory or clinical areas.</p>
<p>The faculty will counsel any student that comes to school or the clinical area displaying an unprofessional appearance. Students will comply with the dress code and with the dress code for the clinical site in which they are practicing. Students not complying with the dress code(s) will be sent home, and the day will be counted as a clinical absence.</p> <p>Students must follow specific agency dress code policy during all clinical rotations and while assigned to any specialty area.</p> <p>Professional dress may be required to include business casual attire with the program specific white lab coat.</p>	

Adopted 12/09; Last Revision 08/16; 08/19



Rebecca S, LPN Graduate 2019

Unsafe Practice Policy

Purpose:

Nursing faculty have the legal, ethical, social and professional obligation to ensure public safety through the provision of safe nursing practice. It is within this framework that any student who delivers care in a manner that threatens the safety of a client, significant other, another student, faculty member and/or other health care provider will be reprimanded and/or or dismissed from the nursing program.

Definitions:

1. Unsafe practice constitutes any deliberate, negligent, omission or commission act(s), which may or may not cause undue physical, mental, emotional, social or environmental harm.
2. An act or behavior of the type that violates the Nursing Practice Act, State of North Carolina (2009).
3. An act or behavior that violates the American Nurses Association Code of Ethics for Nurses (2001).
4. An act or behavior that represents nursing practice for which a student is not permitted, authorized, supervised, prepared and/ or educated to perform at the time of the event. (For example, unsupervised, unauthorized medication administration).

Although nursing faculty holds safety within the highest regard, the faculty acknowledges that the following behaviors may occur in healthcare and threaten safety:

- Human error- inadvertent action; inadvertently doing other than what should have been done; slip, lapse, mistake.
- At-risk behavior- behavioral choice that increases risk where risk is not recognized or is mistakenly believed to be justified.
- Reckless behavior -behavioral choice to consciously disregard a substantial and unjustifiable risk.

Process: In collaboration with the NC Board of Nursing, the “Just Culture” Algorithm (Marx, 2001) will be utilized by one or more faculty in the event review process. The “Just Culture” decision matrix, permits faculty to analyze the act, behavior or event based on the duty to perform in accordance with three measures: 1) the duty to perform an outcome. 2) The duty to follow a procedural rule and 3) the duty to avoid causing unjustifiable risk or harm.

Procedure:

The Nursing Faculty will:

1. Notify and/or remove the student from practice for unsafe practice.
2. Instruct the student to submit the “Clinical Incident Report” within 24 hours.
3. Schedule a meeting to review the event, act or behavior with the student and Nursing Director utilizing the “Just Culture” Risk Assessment Matrix.
4. Recommend a course of action based on the event review and scoring obtained from the Just Culture matrix.

Dismissal for Unsafe Practice

The Nursing Faculty will:

1. Remove and prohibit any student from returning to the clinical practice setting for an event, act or behavior that is determined Unsafe Practice and/or At Risk or Reckless.

NOTE: Unsafe practice may include, but is not limited to, failure to comply with safety protocols, unauthorized and/or unsupervised medication administration; a medication error resulting from failure to verify pertinent data and/or adhere to administration/care principles; performance of a procedure for which the student is not prepared and/or educated; knowingly sharing private/ confidential patient information; falsification of the patient documentation/ record.

2. Recommend a failing grade for clinical component of the course based on the determination that an event, act or behavior was unsafe and/or at risk or reckless. Subsequently, dismissal from a nursing program will result for the failure to complete course objectives/ requirements.

NOTE: A student dismissed from the program is ineligible for readmission in to the nursing program.

References

- The American Nurses Association (ANA). <http://www.nursingworld.org/FunctionalMenuCategories/AboutANA>
- Finkelman, Anita & Kenner, Carole (2007). Teaching IOM; implications of the IOM reports for nursing education. American Nurses Association Silver Springs, Md.
- Marx, D. (2001; 2011). Patient Safety and the “Just Culture”: A Primer for Health Care Executives. New York, NY: Columbia University; 2001. Available at: http://www.mers-tm.org/support/Marx_Primer.pdf
- IOM- Institute of Medicine www.iom.edu
- The National League of Nursing (NLN). <http://www.nln.org/index.cfm>
- Nilson, L.B., (2003; 2015). Teaching at its best: A research-based resource for college faculty. (2nd ed.). San Fransico: Josey-Bass.
- North Carolina Board of Nursing (NCBON, 2016). Educational Rules 21 NCAC 36 .0321 CURRICULUM. <http://www.ncbon.com>
- Rowland, L. M. (2005). Test construction in associate degree nursing education: a descriptive study (Thesis/dissertation (deg); Manuscript). Gardner-Webb University: School of Nursing.
- The Quality and Safety Education for Nurses (QSEN) <http://qsen.org/about-qsen/>

Adopted 12/09; Last Revision 08/17



Stakeholder's Advisory Council Meeting – Spring 2019
Nursing Student Collaborating w/ Practice Partners to Evaluate the Curriculum

Department of Nursing

Clinical Occurrence/ Incident Report

This cover sheet should be used to ensure the student's privacy and compliance with the grading policies.

Student

Name: _____

Datatel #: _____

Course: _____ **Semester:** _____

NOTE: Clinical Occurrence form is to be submitted by student to the full-time nursing faculty member issuing the occurrence. If faculty required to request, the student will receive one warning and then an unsatisfactory grade until compliant.

Robeson Community College | Department of Nursing

Occurrence/ Incident Report
Summary

Student's Name _____ **Datatel #:** _____

Date of the Incident _____ **Date of Conference** _____

1) OCCURRENCE/ INCIDENT: _____	Grade Resulting: Warning _____ Overall Unsatisfactory _____
Previous Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Date: _____	

2) OCCURRENCE/ INCIDENT: _____	Grade Resulting: Warning _____ Overall Unsatisfactory _____
Previous Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Date: _____	

3) OCCURRENCE/ INCIDENT: _____	Grade Resulting: Warning _____ Overall Unsatisfactory _____
Previous Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Date: _____	

NOTE: Three (3) Overall Unsatisfactory Grades will result in a failing grade (F) for the clinical component of the course... (See Nursing Student Handbook- Academic Progression Policy)

Process- The student is expected to:

1. Email the nursing faculty within 24 hrs. to request a student-faculty conference appointment (The conference should occur within three (3) days of the occurrence unless otherwise indicated).
 2. Initiate/complete the form and submit to the nursing faculty via email **within 24 hrs. of the occurrence.**
- Note:** Occurrence/ Incident form is subject to change after the student-faculty conference.

Occurrence/ Incident Report

Date of the Incident_____ **Date of Conference**_____

I, _____ have been informed that any future violation or failure to provide competent care will result in a “clinical incident” review and counseling. I have also reviewed and have had all my questions answered regarding the Performance Evaluation process, Unsatisfactory Grading policy and the Unsafe Practice Policy.

*Student Signature: _____/ Date: _____

Faculty Signature: _____ / Date: _____

Student's Name _____ **Datatel #:** _____

Re-evaluation Date: _____ Evaluation Outcomes: _____ ☐

Satisfactory: _____ ☐ Unsatisfactory: _____

Student Formative/Summative Evaluation

(Include specific description and evidence to support self-assessment; Summarize the re-evaluation using the PMI Methodology.)

Faculty Summative Evaluation

(Indicated if Course Obj./ SLO Met or Not Met)

Student Signature

Date

Instructor Signature

Date

Instructor Signature

Date

Re-Evaluation# 2

Re-evaluation Date: _____ Evaluation Outcomes: _____ ☐

Satisfactory: _____ ☐ Unsatisfactory: _____

Student Formative/Summative Evaluation

(Include specific description and evidence to support self-assessment; Summarize the re-evaluation using the PMI Methodology.)

Faculty Summative Evaluation

(Indicated if Course Obj./ SLO Met or Not Met)

Student Signature

Date

Instructor Signature

Date

Instructor Signature

Date

Adopted 12/09; Revisions 08/11; 08/12/ 01/13; 05/13

NCBON Just Culture Matrix

Appendix G

Event(s):		Event Number:					Score	
Criteria	Human Error	At Risk Behavior			Reckless Behavior			
	0	1	2	3	4	5		
G	General Nursing Practice	No prior counseling for practice related issues	Prior counseling for single <u>non-related</u> practice issue	Prior counseling for single " <u>related</u> " issue	Prior counseling for " <u>same</u> " issue	Prior counseling for multiple related or non-related practice issues	Prior counseling for <u>same</u> or <u>related</u> issue with no or little evidence of improvement.	
U	Understanding expected based on program level, course objectives/ outcomes	Has knowledge, skill and ability - <u>Incident was accidental, inadvertent, or an oversight</u>	Task driven/rote learning. OR <u>Wrong action for this circumstance.</u>	Failed to demonstrate appropriate understanding of options/resources. OR Aware of safety issues but in this instance <u>cut corners.</u>	Understands rationale but failed to recognize situations in terms of overall picture or to prioritize actions. OR In this instance, failed to obtain sufficient info or consult before acting.	Able to recognize potential problems. In this instance " <u>negligent</u> " OR <u>failed to act according to standards.</u> Risk to client outweighed benefits.	Knows or should have known correct action, role and limitations. In this instance action was " <u>gross negligence/ unsafe act</u> " and demonstrated no regard for patient safety.	
I	Internal Program or Agency Policies/ standards/ inter-disciplinary orders	Unintentional breach OR No policy/standard/ order available.	Policy not enforced. OR <u>Cultural norm</u> or common deviation of staff. OR Policy/order misinterpreted	Student <u>cut corners</u> or <u>deviated</u> in this instance from policy/standard/order as <u>time saver.</u> - No evidence or suggestion of a pattern of behavior.	Aware of policy/ standard/ order but <u>ignored or disregarded</u> to achieve <u>perceived expectations</u> of faculty, staff, patient or others. May indicate pattern or single event.	Disregarded policy/standard/order for <u>own personal gain.</u>	<u>Maliciously</u> disregarded policy/standard/order	Page 4
D	Decision/ choice	<u>Accidental/ mistake/ Inadvertent error</u>	<u>Advantages to patient outweighed risk</u>	<u>Emergent situation</u> - quick response required.	<u>Non-emergent situation.</u> Chose to act/not to act without weighing options or utilizing resources. Used poor judgement	Clearly a prudent student would not have done. <u>Unacceptable risk to patient/agency/public.</u> Disregard for patient safety.	Conscious choice. Put own interest above that of patient/agency/public. <u>Egregious choice.</u> <u>Neglected red flags</u>	
E	Ethics/ credibility/ accountability	Identified own error and <u>self reported.</u> Identifies opportunities for improvement and develops action plan for ensuring incident will not be repeated.	Admitted to error and <u>accepts responsibility.</u> Identifies opportunities for improvement and develops action plan for ensuring incident will not be repeated.	Acknowledged role in error but <u>attributes to circumstances</u> and/or blames others to justify action/inaction. Cooperative during investigation. Demonstrates desire to improve practice.	Denies responsibility until confronted with evidence. Reluctantly accepts responsibility. <u>Made excuses</u> or <u>made light of occurrence.</u> Marginally cooperative during investigation.	Denied responsibility despite evidence. Indifferent to situation. <u>Uncooperative</u> and/or <u>dishonest</u> during investigation.	Took active steps to <u>conceal error</u> or <u>failed to disclose known error.</u>	

Mitigating Factors		Aggravating Factors	
Communication breakdown (multiple handoffs, change of shift, language barriers)			
Unavailable resources (inadequate supplies/equipment)		Especially heinous, cruel, and/or violent act	
Interruptions/Chaotic environment/emergencies - (frequent interruptions/distractions)		Knowingly created risk for more than one client	
Inadequate supervision by faculty or preceptor		Threatening/bullying behaviors	
Inappropriate assignment by faculty or preceptor		Prior formal student disciplinary record for practice issue(s)	
Policies/procedures unclear			
Client factors (combative/agitated, cognitively impaired, threatening)	Other (identify)		
Non-supportive environment - interdepartmental/staff/student conflicts			
Lack of response by other departments/providers		Total # aggravating factors identified:	
Other (identify)			
Total # mitigating factors identified:			

Criteria Score (from front page)		Human Error	At-Risk Behavior	Reckless Behavior
Mitigating factors (subtract 1 point for 1-3 factors; 2 points for 4-6 factors; and 3 points for 7 or more factors)		# criteria in green= ____ IF 3 or more criteria in green OR total score <8 - Address event by consoling student and/or developing remedial improvement plan with student	# criteria in yellow= ____ IF 3 or more criteria in yellow OR total score 8-19 - Address event by coaching student, possibly counseling, and/or developing remedial improvement plan with student	# criteria in red = ____ IF 3 or more criteria in red OR total score 20 or greater - Consider disciplinary action and/or remedial action in addressing event with student
Aggravating factors (add 1 point for each identified factor)				
Total Overall Score				

Evaluator:	
School Name:	NCBON Education Consultant:
Date of Event:	Action Taken:

NOTE: This SPEET is NOT used if event involves misconduct such as: academic cheating, confidentiality, fraud, theft, drug abuse, diversion, boundary issues, sexual misconduct, mental/physical impairment. Instead, these are managed through established mechanisms outside of this clinical framework.

Human Error = Inadvertently doing other than what should have been done; a slip, lapse, mistake.

At-Risk Behavior = Behavioral choice that increases risk where risk is not recognized or is mistakenly believed to be justified.

Reckless Behavior = Behavioral choice to consciously disregard a substantial and unjustifiable risk.

Consoling = Comforting; calming; supporting student while examining event.

Coaching = Supportive discussion with the student on the need to engage in safe behavioral choices.

Remedial Action = Actions taken to aid student including education, training, assignment to program level-appropriate tasks.

Counseling = A first step disciplinary action; putting the student on notice that performance is unacceptable.

Disciplinary Action = Punitive deterrent to cause student to refrain from undesired behavioral choices.

Early Alert Remediation Policy

Purpose: Early alert is a remediation process that enables **All** students to meet and exceed program standards or the academic level of performance. Using a standardized process will afford all students with the opportunity to attain study skills that will aid in their overall success.

Procedure: Unit Test and ESA remediation will be completed by all students to ensure a consistent pattern of success in the classroom (academic setting).

- All students are expected to submit/update their “handwritten” templates, concept map, class notes **before taking the next test.**
- The student who fails to submit remediation documents will receive a 20-point deduction for each day the documents are delayed and a zero for failing to submit the remediation.

The **Nursing Faculty** will:

- A. Identify the student remediation process and review the student’s academic performance/status.
- B. Assist the student in applying the concepts during supplemental or a requested/scheduled meeting.

The **Student** should:

- A. Initiate/complete “hand-written” remediation templates for all unit tests and ESAs based on the topic areas missed. (See Course Syllabus)
- B. Additional remediation may include but not be limited to requesting the student to: 1) review their time management study plan and reading log with faculty; 2) complete a test question item-analysis form etc.
- C. Attend all supplemental/ review session(s) scheduled or provided by faculty. (See Course Schedule)
- D. Study on campus regularly or visit the Library regularly to obtain learning resources and to promote success.
- E. Attend learning success workshops, secure tutoring from The Learning Center tutoring throughout the semester.

Reference

- Billings, D. & Halstead, J. (2012). Teaching in nursing: A guide for faculty (4th ed.). St. Louis, Missouri: Sanders Elsevier.
- Nilson, L.B., (2003). Teaching at its best: A research-based resource for college faculty. (2nd ed.). San Francisco: Josey-Bass.
- Hauer, K. E., Teherani, A., Irby, D. M., Kerr, K. M., & O’Sullivan, P. S. (2008). Approaches to medical student remediation after a comprehensive clinical skills examination. Medical Education 42, 104-112.

Purpose:

Unit tests and final examinations are considered assessments of the student's ability to comprehend, apply, analyze, synthesize, and evaluate the course material and/or nursing content.

I. Testing Procedure:The Faculty will:

- A. Schedule tests as outlined in the course syllabus or as indicated.
- B. Serve as the test proctor.
- C. Ensure an ample amount of time is permitted for test.
- D. Determine the most conducive test environment according to faculty discretion. For Example, Cell phones must be turned off during testing.
- E. Ensure that testing begins at the scheduled time. NOTE: If a student arrives late, the student will have from that point until time is called for the rest of the class to complete testing.
- F. Design the test to test the student's application, analysis, synthesis and/or evaluation/ mastery of the content.
NOTE: The faculty may permit collaborative testing reviews to promote learning. The faculty may also include unweighted higher order thinking (HOT) questions on the test at their discretion.
The purpose of the HOT questions is to stimulate critical thinking and problem-solving in preparation for the NCLEX. Higher order thinking questions will not be included on the final exam.

The Student will:

- A. Submit the **Ticket to Test prior** to the test as indicated in the course syllabus. The ticket to test includes, but is not limited to, submitting reading notes, the NCLEX Log, course/ unit objectives, submission of "handwritten" templates etc. as required/assigned before or after testing.
- B. If a paper test is used, the student must correctly label the test sheet with name, date, test number etc.
- C. Be asked to sign the academic honor code with each test as directed.
- D. Stay in the testing room during individual testing as directed.
The student **will not** be allowed re-entry to the room if he/she leaves without direction.
- G. Reschedule a missed test within 3 days of the original test or the grade will be recorded as a zero.
Note: The make-up test will be constructed at the discretion of the faculty and may include a variety of testing formats (i.e. essay, fill in the blank, short answer.).

II. Test Review/Remediation Procedure:The Student will:

- A. Be permitted to review their unit test for a time and location specified at the faculty' discretion.
- B. Complete detailed remediation on all missed content regardless of the grade. Remediation includes, but is not limited to, submitting reading notes, the NCLEX Log, course/ unit objectives, submission of "handwritten" templates etc. as required/assigned.

III. Final Examinations:

The Student will take a comprehensive final exam at the end of each nursing course.

- The intent of the final exam is for students to demonstrate their mastery of the Course Objectives.
- The Final Exam will be given in accordance to the College's published exam schedule.
- No makeup final examinations will be given without prior arrangements being initiated by the student with the faculty.

References:

- Nilson, L.B., (2003). Teaching at its best: A research-based resource for college faculty. (2nd ed.). San Fransico: Josey-Bass.
- Rowland, L. M. (2005). Test construction in associate degree nursing education: a descriptive study (Thesis/dissertation (deg); Manuscript). Gardner-Webb University: School of Nursing.

Adopted 12/09; Last Revision 01/12; 08/14; 01/15

PATIENT SAFETY LIFT FREE POLICY**Background Information**

The American Nurses Association (ANA) initiated its “Handle with Care” safe patient-handling campaign in 2003 and 2008. Through education, training, and increased use of human/ mechanical resources, the campaign was aimed at reducing the number of career related injuries in patient care.

Research shows:

- 52% of career nurses complain of chronic back pain;
- 12% career nurses leave the profession, citing back pain as a major factor;
- 20% career nurses transfer to a different unit, out of direct care or to other employment because of back problems, as well as neck and shoulder injuries

Policy: Robeson Community College Associate Degree the Department of Nursing and faculty are committed to providing quality care to the clients/ individual patients who have been entrusted to our care or practice level.

Goals: This policy is designed to meet the following goals:

- Improve the extent of a nursing student experience by reducing the incidence or likelihood of back fatigue and back injuries.
- Maintain a high degree of quality care by identifying resources for position management.
- Seek resources/ support for required lifting procedures.
- Elicit the student’s participation in defining their own safe lifting parameters.

Aim

1. This policy/program is designed to limit and/or eliminate to a degree the amount of unsafe lifting executed by student’s nurses during clinical practice.
2. Mutual faculty and student commitment are vital in the success of this policy in that the student will consider the client’s:
 - Needs and rights to be repositioned for optimal healing
 - Desire and ability to participate with the lifts to the best of his/her ability.
 - Safety when managing a client’s positioning.
3. Lifts without using a mechanical lifting device are limited to:
 - Assisting clients who are ambulatory and stable into and out of bed, chairs, commodes etc.
 - Assisting with client's needs in bed where the client is able to assist or re-positioning a client by maneuvering the bed or bedding.
 - All other situations requiring a patient lift should use mechanical or human team resources
4. It is not acceptable to substitute mechanical or team lift for a single lift without approval from the nursing faculty member. [When a substitution is made, the potential for an injury increase; therefore, the student should seek prior faculty approval before deviating from the lift- free policy/ procedure.]
5. The nursing faculty may elect to deviate from this policy/program if it is in the best interest of the clients, individual and/ or other members of the interdisciplinary team. Exceptions will be documented on the concept map and in extreme circumstances a clinical event form may be used.
6. When physically assisting in lifting or transferring of residents, gait belts or transfer belts should be used to maintain safe lifting posture.
7. In an emergency, good judgment is the responsibility of the nursing student and should be used in determining a proper lifting strategy.

Miscellaneous

- The lifting strategy may change during the day and the plan of care should be updated as the client fatigues
- The nursing student must regularly communicate lifting information to the nursing faculty and update the plan of care as needed.
- Documentation of the lift used and the client’s response should be included in the client’s plan of care/ concept map.

Adopted 12/09; Last Revision 08/17

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Addendum

COVID-19 Pandemic

<https://www.robeson.edu/return-to-campus/>

The health and safety of our students, faculty, staff, and visitors remain our highest priority. RCC is committed to altering its physical environment to help the college community feel safe and protected by following safety measures designed to slow the spread of COVID-19.

For you, the student, this Safe Return to Campus Plan provides guidelines and outlines steps the campus is taking to create a safe environment.

True to our mission, we want to provide opportunities for “safe” academic, technical, and life-long learning in a collaborative culture dedicated to inquiry, results, and excellence.

The plan follows public health guidelines from the NC Governor’s office, NC Department of Health and Human Services (NCDHHS), and Centers for Disease Control and Prevention (CDC) health and wellness guidance that optimize learning while minimizing health risks and the spread of the virus. Additionally, this plan presents a summary of procedures for responding to incidents of direct and indirect contact with COVID-19.

Goals

- Protect the health and safety of the college’s students, faculty, staff, and visitors
- Advise everyone regarding social distancing protocols
- Monitor conditions and immediately take steps to limit the spread and mitigate safety risks

HEALTH & SAFETY OVERVIEW

Robeson Community College has outlined Health and Safety Protocols in response to the COVID-19 Pandemic to keep you, our students, and our campus community safe and healthy. These guidelines emphasize social distancing, enhanced cleaning protocols, recommendations for proactive personal hygiene, self-monitoring, and the expected response to direct or indirect contact with the coronavirus.

- **Social Distancing** | The goal is to maintain **at least six (6) feet of distance** between yourself and others. One-way entrances and exits have also been marked to further promote directional flow and social distancing. Seating areas, water fountains, restrooms, computer labs and classroom spaces have been easily marked for your safety.
- **Face Coverings** | To reduce the COVID-19 spread, **face coverings are required** in all public locations including hallways, classrooms, labs, **(clinical)**, and even outside locations where a safe distance of six feet cannot be maintained. You are expected to bring your own face coverings; however, the college has set up **COVID-19 stations** in designated, high traffic areas with a limited supply of disposable masks and face shields if needed.
- **Cleaning and Disinfecting** | RCC will follow all state and federal standards established to maintain a safe and healthy work environment for everyone. The janitorial staff have adopted cleaning protocols to reduce the risk of cross-contamination from COVID-19 by actively cleaning and disinfecting all campus buildings and classrooms.
- **Personal Hygiene** | In addition to wearing face coverings, everyone on campus is asked to Wash your hands frequently or use hand sanitizer when hand-washing is not available. You should avoid touching your face with unwashed hands. Also avoid close contact – by politely declining hugs, handshakes, high fives, or other common gestures involving contact with other individuals.

- **SYMPTOM MONITORING** | All students are asked to closely monitor their personal health for any symptoms. Students not feeling well or experiencing symptoms, Should Not Come to Campus. Contact your health care provider and then your faculty for additional instructions. Be assured, your RCC faculty will work with any student self-isolating or self-quarantining to complete missed coursework.
- **Direct or Indirect Exposure** | Students with known, possible or suspected exposure to COVID-19, either directly or indirectly, should contact their healthcare provider for guidance and then follow the guidance outlined in the health and safety protocols section.

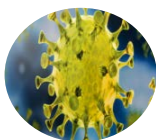
HEALTH & SAFETY PROTOCOLS

Robeson Community College has established Health and Safety Protocols in response to the COVID-19 Pandemic to keep our students and campus community safe and healthy. These protocols emphasize social distancing, enhanced cleaning protocols, and recommendations for proactive personal hygiene.

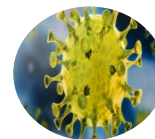
FACE COVERINGS

- **Face coverings are required** by executive order by the Governor.
- All students are expected to wear face coverings in all public locations including hallways, classrooms, labs, (clinicals) and even outside locations where a safe distance of six (6) feet cannot be maintained. [Video]
- You are expected to bring your own face coverings to reduce the COVID-19 spread.
- Individuals with health conditions that prohibit the wearing of a face covering and where no other form of personal protective face covering or equipment is suitable based on their health condition should contact Disabilities Services or Ronnie Sampson via email rsampson@robeson.edu or phone (910) 272-3345.
- Refusing to wear a mask may result in removal from class or campus.

See Full Safe Return to Campus Plan <https://www.robeson.edu/return-to-campus/>



Healthy RCC Pledge



See the RCC Healthy Pledge Online

Alumni News

Cynthia George win SeHealth top honors



"Cynthia is a leader who takes pride in our organization and shares that pride everywhere she goes," said Anderson during the presentation. "She is a positive voice in the community and encourages everyone to make Southeastern Health their provider of choice. She works to determine what can be done to remove barriers and promotes ways to improve our organization and the health of our patients and communities. She mentors others to develop them into more effective leaders and her love of this organization is very evident in her daily routine."

Cynthia Y. George, MSN, RN, MHA

Ms. George, is the director of Clinical Care at UNC Southeastern where she has been employed over 41 years first as an LPN and subsequently as a Registered Nurse in Labor and Delivery, Critical and later Nursing Supervision.

Ms. George is a proponent for nursing education and staunch supporter of Robeson Community College's Nursing Programs.

Over the years, Ms. George served as a mentor and supplemental staffing manager to many students enrolled in Nursing at RCC.



First Practical Nursing Graduates Employed at UNC-Chapel Health

Jennifer M. (LPN-2019) and Kristen J. (LPN-2019) are both currently employed by UNC Hospital and are working in the float pool. Kristen plans to return to RCC to join the LPN-RN Advance Placement Program.

Robeson County nurse helps COVID-19 patients in New York City

June 13, 2020 Tomeka Sinclair Features 1

Robeson County man spends eight weeks fighting COVID-19 in NYC hospital

Tomeka Sinclair Features editor



Ambulances bring patients into the New York University Langone Health Hospital in Manhattan, New York. Robeson County Intensive Care Unit nurse Paul Grimsley spent eight weeks at the hospital assisting with the care of COVID-19 patients.



Robeson County Intensive Care Unit nurse Paul Grimsley is suited up for a shift at the New York University Langone Health Hospital in Manhattan, New York. He spent eight weeks there assisting with the onslaught of COVID-19 positive patients.



MANHATTAN, N.Y. — Having the ability to adapt to stressful situations is important for an Intensive Care Unit nurse like Paul Grimsley.

The 31-year-old Fairmont native has spent the last decade of his life adapting to different hospitals and a variety of scenarios.

After graduating from Robeson Community College, Grimsley hit the ground running working in the ICU at Southeastern Regional Medical Center in Lumberton. After two years he moved on to New Hanover Medical Center in Wilmington and then to Duke University Hospital's Surgical ICU.

"I was a travel nurse for the past year," Grimsley said.

His training was tested over the past two months, when he chose to make his next mission the fight against the novel coronavirus, COVID-19, at the hardest hit state in the country, New York.

"My recruiter called me and asked if I would mind going to New York to kind of join the front lines," Grimsley said. "I didn't hesitate. I said, 'Yeah, of course.'"

Grimsley arrived at New York University Langone Health Hospital in Manhattan on April 11. Going in, he figured out early that the entire realm of holistic nursing care was quickly placed on the back burner. Survival was at the forefront.

"We have to prioritize what all we need to do to keep this patient alive," he said. "You didn't have a lot of time for one-on-one care with the patient. It was just make sure the patient had their medicine and make sure their ventilators were working and move on."

"That was one of the biggest things that stood out. You gotta do what you gotta do and get to the next person."

For eight weeks, Grimsley worked the night shift from 8 p.m. to 8 a.m.

PATRICK MCMURRAY



Patrick McMurray's personal theme for the 2020 year of the nurse and midwife is **"Nursing Outside the Box!"**, and his passion is to aid in creating nursing champions. Patrick hails from a nursing legacy that began with his mother who is a 2000 Nursing Graduate from Robeson Community College. Patrick is from Robeson County and graduated Magna Cum Laude at 17 years old from Lumberton Senior High School in 2010. Patrick was dually enrolled at Robeson Community College during this time. Patrick's choice to attend Robeson Community College was made after a time of reflection. Patrick shared that he weighed the pros and cons of attending a 4-year university versus a community college and determined that his overarching goals and plans for the future would be better served attending a community college. He

spoke candidly about weighing out the debt associated with 4-year university tuition and fees versus a community college's tuition and fees and decided to become an RCC student. Patrick stated, "I realized I would graduate with no debt or minimal debt if I attend a community college."

When asked why he chose nursing over other health services fields, Patrick shared nursing aligned with his personal goals and he knew he would be able to focus on healing through the lens of the natural and social sciences. Patrick shared many wonderful memories during his time at Robeson Community College including being National Technical Honor Society President, being active in Phi Theta Kappa, receiving the Nursing Leadership Award and completing a preceptorship at the Heart Center with UNC Southeastern where he worked for 2 years after he graduated from RCC.

Patrick moved to Raleigh after working 2 years in the Heart Center and attended Western Governors University receiving his Bachelor of Science in nursing. He worked at UNC REX Healthcare and Wake Med Health and Hospitals. He has served as an Adult Float Pool Nurse at UNC Medical center in Chapel Hill for the last 3 years and is now attending Western Governor's School obtaining his Master of Science in Nursing Education, with plans to pursue a doctorate in nursing in the future.

Patrick describes Robeson Community College as an institution that successfully prepared him for the Bachelor's Degree experience, that he was immersed in evidence based-practicum, developed the necessary leadership skills to excel at the higher education level, and totally prepared for the next steps in terms of educational advancement due to his experience at Robeson Community College.

Patrick has a social media following which enlisted the interest of the Academic Journal of Teaching and Learning in Nursing. Patrick has been asked to join the journal's editorial board and has also co-authored a peer-reviewed article for the journal discussing cultivating diversity in schools of nursing.

Patrick truly believes in investing in the affordability of the community college system, supporting minorities, and diversity and strengthening mentorship for students to assist in early exposure higher education pipeline from the community college institution to the 4-year university.

Patrick truly believes in the value of mentorship and has formed a strong bond with Dr. Eva Meekins, Director of Nursing at RCC. Dr. Meekins speaks highly of Patrick and his dedication to the nursing field in terms of mentorship and educational leadership. Patrick has truly traveled down the educational pipeline now serving as an adjunct faculty in the Nursing Department teaching Pharmacology and shared that the first students he taught were graduating this year. In his spare time, Patrick manages a blog talking about various topics surrounding nursing at PatMacRN.com

Patrick is an invaluable asset to the Robeson Community College family and is certainly a NURSE CHAMPION.



----- Department of Nursing Handbook 2021-2022 -----

End