



Mid Michigan
Community College

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MID MICHIGAN COMMUNITY COLLEGE

**STUDENT NURSE HANDBOOK
2017-2018**



NOTE: All policies and procedures as stated in this handbook are subject to change at any time at the discretion of the college with due notice to the student. Supplement to the Mid Michigan Community College 2018/2019 college catalog.

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I. Introduction

This Nursing Handbook has been prepared to assist students who are enrolled in the Associate Degree in Nursing Program at Mid Michigan Community College (MMCC). This nursing program affords the student the opportunity to apply for the registered nurse licensure upon successful completion. The handbook is to assist you, the student, with information necessary in your role as a student nurse and assist you in your learning experiences. Understanding the curricula, policies, philosophy, goals and outcomes of the program will further assist you in the successful completion of the nursing program. **It is the responsibility of students to know and follow the guidelines in this handbook. Students are also responsible for information pertinent to the nursing programs found in the MMCC College Catalog and on the MMCC website at www.midmich.edu.**

A. Welcome to the Nursing Program

Welcome to Mid Michigan Community College Nursing!

On behalf of the faculty, staff, and administration of Mid Michigan Community College (MMCC), we welcome you to the MMCC nursing program. This is an exciting time for personal and professional growth. The MMCC nursing program prepares the student for the Registered Nurse (RN) licensure with an Associate Degree in Nursing.

To become a RN, you must complete all four semesters of the nursing program or enter as an Advanced Standing LPN student. Upon completion of this, you will earn an Associate Degree in Nursing, which makes you eligible to take the NCLEX-RN (National Council Licensure Examination for Registered Nurses) which, upon satisfactory performance, awards you the title of RN with an Associate in Nursing Degree, ADN. If a student enters the nursing program as an Advanced Standing LPN they are required to possess an unencumbered practical nurse license from the state of Michigan.

To be a successful graduate, you need basic knowledge, skills, and attitudes. The nursing program provides a blend of theoretical concepts, laboratory practice, and clinical application. In order to be a successful student, it is essential that you recognize and give a high priority to meeting the outcomes of the program. Assuming responsibility and being accountable for your own actions, attendance, and participation are paramount as a nursing student and in the nursing profession itself.

The nursing courses at MMCC provide for classroom, simulation laboratory, and clinical experiences. In the classroom the concepts of nursing are presented and discussed. These classes are utilized for sharing basic knowledge that is then applied in the clinical setting. Students are encouraged to be active learners in a student centered learning environment while developing and applying sound critical thinking and clinical reasoning skills. Clinical experiences include a variety of practice settings, depending on the program level. Students practice in a state of the art simulation laboratory setting at the College and actual experience in extended care facilities, hospitals in the community, as well as a variety of community settings. The clinical experiences become more advanced with each semester of the program.

The Nursing Director, Clinical Coordinator, Clinical Skills Lab Coordinator, and nursing faculty also serve as advisors for the program. It is your responsibility to seek them out and inform them of any problems you may be experiencing in the program. You should check with faculty's office hours and arrange an appointment during that time. It is important to seek help early in the process for best results.

This handbook is designed to provide you with information pertinent to the nursing program. Information incorporated in this handbook is in addition to that found in the MMCC Catalog. The Nursing policies and procedures supersede the policies in the MMCC catalog. Please take some time to become familiar with the content, as the knowledge gained will contribute to your success as a student.

Best wishes for an exciting and rewarding career in the profession of nursing. Again, welcome to Mid Michigan Community College Nursing!

Nursing Administration and Faculty of Mid Michigan Community College

B. People to Know

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II. Program Philosophy

A. Philosophy of MMCC Nursing Education

The Mid Michigan Community College (MMCC) Nursing Faculty is guided by the philosophy and objectives of the College. In addition, the faculty holds certain philosophical beliefs about a person, the delivery of nursing care, and the teaching/learning process.

We believe that nursing is an art and an applied science which is practiced within a structured setting. As direct care providers, communicators, and managers of client care, nurses promote adaptation of the client along the health-illness continuum. Health results from positive adaptation to stimuli within the changing environment. The nurse uses the nursing process as a framework for practice. Practice is manipulating stimuli affecting the person to promote optimal adaptation of the person to the environment.

We believe nursing education is a dynamic leveled teaching/learning process. All members of the Nursing Department, along with program participants are expected to conduct themselves in a manner that does not infringe upon the rights of others and supports the goals of the College and this program. Mid Michigan Community College maintains a zero tolerance for acts of discrimination, harassment, and sexual misconduct. The College does not discriminate on the basis of sex and will not treat any student differently on the basis of sex with respect to any rule concerning a student's actual or potential parental, family, or marital status in our educational programs or activities. (Copies of MMCC's full Non-Discrimination Policy can be found at <https://www.midmich.edu/student-resources/support-for-success/oso/non-discrimination> and MMCC's Campus Sexual Misconduct and Harassment Policy can be visited at www.midmich.edu/titleix)

Each student and faculty comes to the nursing program with diverse backgrounds. The *teaching/learning process*, as guided by the faculty, *moves from the simple to complex* and utilizes selected learning experiences and a competency-based evaluation system. Learning takes place through the students' active participation in the educational process. The program is responsive to the needs of students in our community, the nursing profession, and society.

The Nursing Education Unit supports the mission statement of Mid Michigan Community College and functions within this framework to prepare students for career entry in nursing. The program design of the Associate Degree Nursing Program is based on the following philosophical beliefs:

Human Beings

Human beings are unique, complex, holistic, individuals in continuous interaction with his/her environment. This interaction is based on a commitment to ethical conduct, integrity and respect. Human beings want and have the right to be involved in making decisions that affect their lives. All human beings are to be respected and valued.

Society and Environment

Society is a group of diverse individuals within a continually evolving system. Society has responsibility for providing environments conducive to maximizing the health and wellbeing of its members. This evolving system fosters a culture of respect and values differences. Environment refers to the diverse physical locations, contexts and cultures in which the student nurse practices.

Health

Health is a state of optimal well-being that is oriented toward maximizing an individual's potential. This lifelong process promotes enhancement of physical, intellectual, emotional, social, spiritual and environmental well-being. Health can be promoted, maintained, or regained.

Nursing

Nursing is a compassionate, dynamic process of offering holistic health care to individuals across the lifespan. Nursing practice embodies excellence, collaboration, leadership and continuous improvement.

Active Learning

Learning is the acquisition of knowledge, skills, and values through innovation, teamwork and a collaborative community. The teacher's role is that of a facilitator of learning. The emphasis is on teaching students how to learn, prioritize, integrate scientific inquiry, and critically think to support the development of clinical reasoning and lifelong learning. Active learning incorporates group participation, teamwork and the utilization of technology.

*Taken from the World Health Organization definition.

*Billings, D. M. & Halstead J. A. (2016) Teaching in Nursing: A Guide for Faculty. 5th Ed. St. Louis: Elsevier.

B. Mission Statement

Our mission is to educate, enrich and empower entry level Associate Degree Nurses to provide care utilizing the NLN core values of caring, diversity, ethics, excellence, holism, integrity, and patient-centeredness.

C. Program Outcomes

The program outcomes are derived from the philosophy and are based on the belief that the Associate Degree Nursing graduate is able to synthesize knowledge and skills acquired from a curriculum built upon the humanities, natural and social sciences, and nursing principles and competencies. The nursing program outcomes are to achieve:

- A licensure pass rate of at or above the national average
- A completion rate of >70% within 150% of the time frame required for the degree
- A graduate and employer satisfaction rate of > 70% in areas measured
- A job placement rate of > 85% within 6 months of obtaining licensure for those seeking employment

D. Conceptual Framework and Curriculum Outcomes

The Mid Michigan Community College nursing faculty has identified four *competencies* for graduates of the Associate Degree Nurse program. The *graduate competencies* and *student learning outcomes* provide structure for the overall curriculum design. The conceptual framework (curriculum design) reflects the National League for Nursing Outcomes and Competencies for Graduates of Associate Degree Nursing Programs (2010). The *graduate competencies* for the Mid Michigan Community College Associate Degree Nurse are:

- The graduate demonstrates ***Human Flourishing*** as an advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings. (Human flourishing encompasses the uniqueness, dignity, diversity, freedom, happiness, and holistic well-being of the individual within the larger family, community, and population.)
- The graduate exhibits ***Nursing Judgment*** through making judgments in practice, substantiated with evidence that integrate nursing sciences in the provision of safe, quality care and promote the health of patients within a family and community context. (Nursing judgment encompasses three processes: critical thinking, clinical judgment, and integration of best evidence into practice.)
- The graduate establishes ***Professional Identity*** through implementing 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. (These core values become self-evident as the nurse learns, gains experience and grows in the profession.)
- The graduate displays a ***Spirit of Inquiry*** through examination of 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.



The integrated concepts of Context and Environment, Knowledge and Science, Personal and Professional Development, Quality and Safety, Relationship-Centered Care, and Teamwork are used to organize the course learning outcomes. The learning outcomes progress with each course in the program and demonstrate an increasing level of cognitive ability and clinical competency. For students to progress in the program, they must meet all level appropriate student learning outcomes. Attainment of graduate competencies is achieved with successful completion of curricular outcomes.

Context and Environment - legal, ethical climate, safety, teamwork, leadership style, organizational structure, continuous quality improvement and effectiveness.

Knowledge and Science: the foundation serves the basis for nursing practice which is deepened, extended and generate new knowledge.

Personal and Professional Development: lifelong learning to improve quality of care; internalization of NLN core values; being, knowing, and doing.

Quality and Safety: utilizing professional knowledge to minimize the risk of harm to patients and increase likelihood of desired health outcomes; systems perspective.

The Nursing faculty provides and implements a nursing curriculum that is based on the nursing process and is regulated by law, ethics and standards of practice. Upon completion of the Nursing program, the graduate will:

1. Assess and create a developmentally appropriate, patient-centered plan of nursing care. (Knowledge & Science, Relationship Centered Care, Quality & Safety)

2. Support and implement safe direct care within the legal, ethical and professional standards utilizing evidence-based practice to promote quality outcomes. (Context & Environment, Quality & Safety)
3. Develop and implement a patient-centered education plan for individuals and/or their support system. (Knowledge & Science, Relationship-Centered Care)
4. Utilize clinical reasoning to organize and prioritize nursing care to guide decision making to meet the critical needs of diverse individuals across the wellness/illness continuum. (Knowledge & Science)
5. Effectively communicate and collaborate with individuals, significant support person(s) and members of the intra- and interdisciplinary healthcare team.(Relationship Centered Care, Teamwork)
6. Professionally document assessment findings, nursing interventions and evaluation of the plan of care. (Knowledge & Science, Teamwork, Quality & Safety)
7. Demonstrate professional nursing behaviors incorporating personal responsibility and accountability and incorporates lifelong learning strategies. (Personal/Professional Development)
8. Integrate caring and compassion for diverse populations while advocating for optimal outcomes. (Relationship-Centered Care)

E. Competency Based Education

Outcome measurement criteria in each didactic and clinical course.

Progression and success in the nursing program are identified in relation to stated terminal program outcomes, course, and outcome criteria. Progression and success is discussed in the student handbook, program guide and college catalog.

Related clinical experiences and clinical skills lab hours are provided concurrently with, or immediately after, the didactic presentation of the course content when available and are consistent with program outcomes.

The overall nursing program outcomes are relevant and reflect current nursing education and nursing practice.

The curriculum reflects standards of nursing practice, educational and instructional principles.

1. Course syllabi address instructional and educational strategies for students and faculty.
2. Student Handbook addresses nursing ethics, standards of nursing practice and MMCC nursing policies.
3. A variety of instructional techniques are used to enhance learning styles.

There are course syllabi/outlines for each course which identify faculty and learner outcomes

which include the criteria for successful completion of the course.

Student evaluation tools reflect course and clinical outcomes, which utilize measurable criteria in the evaluation of students.

Curriculum includes all concepts identified in the Nursing Education Michigan Board of Nursing Administrative Rules.

III. Program Purpose

The registered nurse program at MMCC is approved by the Michigan Board of Nursing. The registered nurse program provides the nursing education to prepare the graduate at the Associate Degree level with the skills and knowledge necessary to function in the role of the Registered Nurse. Graduates are prepared to function as the provider of care, manager of care and member within the discipline of nursing. The graduate is prepared to provide evidenced based, holistic client - centered nursing care to a diverse population in a variety of settings. Students develop competency and confidence in client assessment, clinical decision making skills and use of advanced technology. Knowledge of teaching learning principles are acquired and integrated into all aspects of care. The ADN nursing program at MMCC prepares the graduate to organize care, delegate appropriate aspects of care, as well as communicate, collaborate, and coordinate client care with other healthcare providers. Graduates are prepared to succeed in employment in structured healthcare settings and manage care environments while delivering care to a client/family with complex health care needs. The graduate will be eligible to apply for the National Council Licensing Examination (NCLEX-RN) for the Registered Nurse.

IV. Program Outcome Summary

The Nursing faculty provides and implements a nursing curriculum that is based on the nursing process and is regulated by law, ethics and standards of practice. Upon completion of the Nursing program, the graduate will:

1. Assess and create a developmentally appropriate, patient-centered plan of nursing care
2. Implement safe direct care within the legal, ethical and professional standards utilizing evidence-based practice
3. Develop and implement a patient-centered education plan for individuals and/or their support system
4. Utilize clinical reasoning to organize and prioritize nursing care to make decisions while meeting the critical needs of diverse individual(s) across the wellness/illness continuum
5. Effectively communicate and collaborate with individuals, significant support person(s) and members of the interdisciplinary health care team
6. Professionally document assessment findings, nursing interventions and evaluation of the plan of care
7. Demonstrate professional nursing behaviors incorporating personal responsibility and accountability processes

The MMCC Nursing program outcomes are based upon the National League for Nursing (NLN) Educational Competencies Model for Graduate Nurses. The learning experiences of the

graduates are built upon and measured by the achievement of four program outcomes:

1. **Human Flourishing**: Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings
2. **Nursing Judgment**: Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care, and that promote the health of patients within a family and community context
3. **Professional Identity**: Implement one's role as a nurse that reflects 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
4. **Spirit of Inquiry**: Examine 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.

V. Faculty Rights

The faculty at MMCC has the right to maintain a high standard of nursing practice. They have the right to suspend, provide a written warning, place on probation, or dismiss a student nurse from the class, clinical, skills lab, and/or program who exhibits unsafe practice, unethical behavior, dishonesty, student misconduct, or perform below the standard of client care in the skills lab or clinical practice area.

The faculty has the right for input and participation in policy development dealing with student concerns and/or academic program.

VI. Student Rights

1. Nursing students have a right to quality education, review of formative evaluation and due process
2. They have the right to fair academic and clinical evaluations of their performance
3. They have the right to confidentiality of information concerning grades and performance
4. They have the right to participate in course and faculty evaluations
5. They have the right to facilitate awareness of self as an individual with varying physical, emotional and developmental needs
6. They have the right to an education in a school approved by the Michigan State Board of Nursing
7. Students have a right to appeal a dismissal from the nursing program (See Student Due Process)

VII. Program Requirements

The nursing faculty at MMCC believes that students are **responsible adult learners**. Therefore, the student has the responsibility to be an **active participant** in the learning process. By accepting the responsibility for her/his own learning, the student will become independent, self-evaluative, and self-directing. The following program requirements are mandatory and taken into consideration on evaluations, suspension, and dismissals.

A. Admission Criteria

1. Prerequisites: Students can only take prerequisites twice. If a prerequisite is taken more than twice, the student will not be eligible for the nursing program.
2. Traditional Admission Criteria: Students are admitted to the MMCC nursing program using selective admission criteria. Students must complete prerequisite courses before applying to the nursing program.
3. MMCC admits students to the nursing program in the fall and winter. The fall cohort is at the Harrison location while the winter cohort is at the Mt. Pleasant location. When a student applies to the nursing program, they will apply to the cohort of their choice, either fall or winter, once prerequisite courses are completed. If a student is accepted for one of the cohorts that they have applied to but decline their seat, they will be required to reapply for admittance to the nursing program. Students will not be allowed to defer to the next available cohort. Students who do not receive an offer of admission and wish to re-apply to the nursing program in subsequent years, must complete a new application in its entirety and fulfill any new pre-nursing or admission requirements that apply. Advanced Standing LPN students will be accepted into the third semester at the Harrison location only.
4. When the student accepts admission into the Nursing Program, the student will be required to complete their courses at the location assigned at the beginning of the program. Students are **NOT** permitted to switch locations during the middle of their program.

B. Personal Appearance Requirements

- a. Dress Code: A neat, clean, odor free, and scent free professional appearance in the classroom, skills lab, and clinical area is of utmost importance. Instructors will enforce this standard dress code. Students not appropriately dressed will be required to leave the classroom, skills lab or clinical area. The purpose of a standard dress code is:
 1. To limit the transfer of microorganisms from student to clients and vice versa
 2. To provide for safety and limit injury
 3. To identify the wearer as a MMCC nursing student
 4. To appear as a professional health care provider
 5. The dress code of the specific agency (if more strict) will take precedence and will be adhered to
- b. Student Uniform and Name Pin: When in complete uniform, the MMCC nursing student should have; royal blue scrub top and royal blue pants. Royal blue lab coats are optional. The

uniform is to be worn to and from clinical and for special college functions only. MMCC ID badge is to be worn on the left and is the only item to be pinned on the uniform. A MMCC nursing patch is adhered to the left upper arm on the uniform and on lab coats. Scissors, stethoscope, watch with second hand are required.

- c. Shoes, Hose, or Socks, and Laces: Basically all white (with minimal colored lettering) leather or vinyl shoes. Shoes and laces are to be kept clean and polished. Clogs or other unusual designs are not acceptable. Hosiery shall be in good repair. No open toed shoes are allowed in the clinical setting or the nursing skills lab.
- d. Hair and Beards: For both male and female students' hair must be clean, well groomed, and neat. Hair must be fastened to prevent falling in front of shoulders and face. Males are expected to keep facial hair clean and neatly trimmed.
- e. Cosmetics and Fingernails: Cosmetics should be worn in moderation. Fingernails are to be clean and fingertip length. Only natural finger nails are allowed in the clinical sites. Acrylic, artificial, gel, shellac, or nail polish are not allowed. Due to client allergies, perfume and aftershave are forbidden. Use light scented deodorant. Absence of body odor is essential.
- f. Jewelry: Jewelry should be kept to a minimum. Most jewelry harbor micro-organisms (specifically rings with large stones) and are inappropriate in the clinical area. It may be necessary to remove all jewelry for specific client care. One small post-style earring may be worn per ear. No additional adornments of jewelry (internally or externally) are allowed. Visible body piercing jewelry is not allowed in the clinical area. (This policy includes tongue studs). No pins or insignias with LPN or RN may be worn. This is a violation of the Michigan Nurse Practice Act.
- g. Tattoos: **Must not be visible (must be covered) while in the clinical setting.**
- h. Gum and tobacco chewing: This is not allowed in clinical or laboratory practice.
- i. Profane language: Cursing is unprofessional, unacceptable and disrespectful on campus, in skills lab, and in the clinical setting. Profane language will be addressed on evaluations.

C. Criminal Background Check and Drug Testing

It is the policy of the nursing program at MMCC, in cooperation with the agencies providing the clinical nursing experiences that the student has completed a criminal background check and drug testing prior to beginning the program. Criminal background checks and drug testing will be at the students' expense and must be completed prior to the beginning of the program.

Final acceptance into the MMCC nursing program is subject to a clear criminal background check and drug testing. Students that have a conviction of a felony or misdemeanor reported on their background check will meet with the Dean of Health Sciences or Director of Nursing for program clearance before final acceptance into the nursing program. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. The Michigan Board of Nursing reserves the right and may deny an applicant licensure based on their criminal background check. If an

applicant has been convicted of a felony or a misdemeanor when applying for a license, the Michigan State Board of Nursing will review each request on an individual basis. They ask that you submit your application, fee and information regarding the occurrence. The Board will review your file and make a decision at that time. Please keep in mind that they do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction.

Disclaimer: MMCC is not responsible if an applicant is denied a license from the Michigan State Board of Nursing.

D. Health Requirements

It is the student's responsibility to provide current health records to the CastleBranch website. The student is expected to maintain a satisfactory level of mental and physical stability to enable a safe and competent level of functioning. It is the student's responsibility to inform the college of any aids required to meet the outcomes of the nursing program.

Health Assessment Record File

Students are expected to maintain a Health Assessment File on the CastleBranch website. If the file isn't complete and current, the student will be dismissed from clinical and not allowed to continue until the file is complete. Incurred absences may result in failure to meet clinical course outcomes.

File will include:

1. Health Physical
2. Immunization Records
3. Professional Health Care Provider BCLS card
4. Proof of Urine Drug Screen
5. Proof of completing criminal background check

Health Physical: Health physical must be obtained at the student's expense and completed by a health care provider, who is a licensed physician, licensed Nurse Practitioner or licensed Physician Assistant. The assessment must be current within 2 months prior to beginning the first nursing course. The health assessment is to be documented on the "Health Care Form" that is included on the CastleBranch website. Students being re-admitted to the nursing program must have a health physical completed if their original health physical is greater than 2 years old and/or they have had medical concerns since the original health physical was completed.

Immunizations: Nurses and nursing students are at risk for increased exposure to certain preventable infectious diseases and other health hazards. It is important for nurses to be immunized properly for protection against these diseases and for prevention of their spread among clients in the hospitals and clinics. In addition, nurses must rigidly adhere to special precautions in order to minimize risks. **All nursing students must provide proof of immunity (actual immunization documentation or titers) for those immunizations required on the Health Assessment Record.** Students should discuss their immunization status and the advisability of receiving these immunizations with their health care provider. Titers are acceptable.

The Michigan Department of Community Health makes the following vaccine recommendations for health care workers.

Measles (Rubeola), Rubella, and Mumps: Laboratory evidence of measles immunity, or documentation of two doses of MMR given at or after 12 months of age and one other dose given at least one month later, may be submitted to fulfill the Rubella, Rubeola and Mumps requirements. However, if vaccination of measles was received between 1963-67 (an inactivated vaccine) the vaccine was ineffective and will require re-vaccination. If documentation shows only one MMR at or after 12 months old, one additional MMR is required. If MMR occurred prior to 12 months of age, they should have that dose repeat immunization.

Varicella: History of chickenpox is not an acceptable documentation for varicella. Acceptable verification of varicella is documentation of an immune titer or two doses of Varivax.

Hepatitis B: Previous Hepatitis B vaccination series with at least three vaccinations, immunization dates and anti-HBs titer results (proof of immunity).

Tetanus, Diphtheria, and Pertussis: Record of current tetanus diphtheria (Td) vaccine or one dose of Adacel (Tdap) within the past ten years.

TB Skin Test: Must be repeated annually and a statement of negative results presented to the CastleBranch website prior to the beginning of the first clinical course and annually prior to expiration dates. If TB skin test is known to be positive, complete the TB Symptom Survey annually with physician. Chest X-ray is required if tested positive for TB. New positives are evaluated by their County Health Department. Students new to the Nursing program will be required to have a “two-step” TB test. Students with a history of positive TB skin tests must present documentation of current status. If a student is found to have an expired TB skin test, that student will be removed from the clinical setting IMMEDIATELY. It is the student’s responsibility to remain current in their TB skin testing requirements.

Seasonal Influenza: The seasonal influenza immunization (flu shot) is done annually during the flu season. Must be repeated *annually* with proof submitted to the CastleBranch website by the end of October (or other designated date set by the Director of Nursing). The influenza vaccine is typically available starting in September each year.

Basic Cardiac Life Support (BCLS)--(Health Care Provider Course): Students are required to have BCLS for Health Care Providers. **It is the student’s responsibility to remain current in their BCLS requirements throughout the entire nursing program.** Failure to keep BCLS current will result in student forfeiting their clinical experience, resulting in failure of the course.

E. Temporary Health Conditions

Temporary health which a student may experience during the clinical courses requires that the student inform the faculty whenever such conditions may exist. The student must inform the faculty whenever a temporary condition may impact their attendance or ability to meet course outcomes in clinical. A student will require physician clearance to return to the clinical setting.

Students not receiving medical clearance from their physician will be required to take a withdrawal from the nursing program and follow the readmit policy (refer to Appendix 13).

Incident Report: A student who suspects that he/she may have been exposed to blood and other body fluids or contaminated materials or other hazardous substances i.e. radiation or chemicals, must immediately notify his/her clinical instructor or other clinical supervisor as well as immediately notifying the nursing department at MMCC, so prompt and appropriate treatment or protective measure can be instituted. A clinical agency incident report must be completed and submitted to the nursing department along with a MMCC Incident Report form. The cost of treatment is the responsibility of the student.

Standard Precautions: MMCC will follow the Standards for Standard Precautions as a guide found in Appendix 3. These may be applied throughout the program as a standard in any of the agencies the college uses for clinical experience. Students should be familiar with the specific standards at their assigned clinical sites.

F. Non-Discrimination for Medical Conditions

The Nursing program requires all students that have any changes in their medical condition, requiring the attention of a physician, to submit medical clearance for academic and clinical participation. MMCC and the Nursing program are not liable for injuries or damages if a student does not disclose a change in their medical condition. Refer to Appendix 13 for the Medical Clearance Form.

The College will not discriminate against any student or exclude any student or from its educational program or activity (including any class or extracurricular activity) on the basis of such individual's actual or potential parental, family, marital status, pregnancy, childbirth, false pregnancy, termination of pregnancy or recovery therefrom, unless the individual voluntarily requests to participate in a separate portion of the program or activity of the College. The College will not deny such an individual access to or participation in classes, extracurricular programs, athletics, honor societies, opportunities for student leadership, or other activities.

The Nursing program will treat pregnancy, childbirth, false pregnancy, termination of pregnancy and recovery therefrom as justification for a leave of absence for so long a period of time as is deemed medically necessary by the person's physician; at the conclusion of which the person shall be reinstated to the status that was held when the leave commenced. Further, the student will be afforded the opportunity to make up any missed work in a manner selected by the student, which is reasonably equivalent to the work missed and within a reasonable timeframe. The Nursing program will require a pregnant student or a student who has given birth to obtain a certification from a physician stating that the student is physically and emotionally able to continue participation in the normal education program or activity. (See Non Discrimination For Medical Conditions above) Refer to Appendix 13 for Medical Clearance Form.

If you have questions or concerns as they relate to Title IX, please contact the following:

Kim Barnes	Martricia M. Farrell	Lori Fassett
Executive Dean	Conduct & Institutional Compliance Coordinator	Executive Director
Student/Academic Support	Office of Student Oversight	Personnel Services

Services		
Chief Title IX Coordinator	Deputy Title IX Coordinator	Title IX Coordinator
Mid Michigan Community College	Mid Michigan Community College	Mid Michigan Community College
1375 S. Clare Ave., #107	1375 S. Clare Ave., #112	1375 S. Clare Ave., #217
Harrison, MI 48625	Harrison, MI 48625	Harrison, MI 48625
(989) 773-6622, Ext. 236	(989) 386-6622, Ext. 394	(989) 386-6622, Ext. 692
kbarnes@midmich.edu	mfarrell@midmich.edu	lfassett1@midmich.edu

VIII. Scholastic Requirements

A. Grading Scale

The following grading scale is for nursing (NUR) courses. Grades are NOT rounded up! Students must pass NUR courses with a C+ or greater.

Theory Letter Grade and Percentage			
A	100% - 94%	C	77.9% - 75%
A -	93.9% - 90%	C-	74.9% - 72%
B+	89.9% - 87%	D+	71.9% - 69%
B	86.9% - 84%	D	68.9% - 66%
B-	83.9% - 81%	D-	65.9% - 63%
C+	80.9% - 78%	F	Less than 63%

Clinical is graded as Pass or Fail. Students must meet weekly outcomes as designated by the specific clinical course to earn a Pass.

B. Classroom Attendance

Regular attendance and participation in class enhances maximum success in college and is strongly recommended. Absence from class, for any reason, in no way lessens the student's responsibility to meet all the requirements of the course. In case of an absence, it is the responsibility of the student to contact the instructor to make arrangements to make up work as indicated in the course syllabus. All make up work, exams and make up quizzes are at the discretion of the instructor.

If a student is absent, it is their responsibility to obtain class notes and missed information from another student.

C. Progression: Theory, Clinical and Lab

Students are required to take courses on a continuing enrollment basis and in sequence. General education courses must be taken as prerequisites.

Students are responsible for and expected to utilize skills and apply knowledge learned in all prerequisite general education, nursing and laboratory courses.

Students registering in nursing (NUR) courses must attend both the theory and clinical portions of all courses each semester. The NUR courses must be passed with a "C+" which includes a

‘Pass’ in the clinical component of the course and successful skills validation in the CSC. The student must complete an “Add/Drop” form to withdraw from a NUR course and must have it signed by the Associate Dean or Director of Nursing. The college catalog will be followed regarding tuition refund policy; students are advised to contact the Financial Aid office **prior** to withdrawing for information regarding financial obligations.

The faculty and Dean/Director of Nursing review the progress of each student at the end of each term. Faculty will counsel students to aid them in their progress throughout the program. ***It is also the student's responsibility to seek out their instructor for guidance as needed.***

Students who receive a grade less than a “C+” in any NUR course will not be permitted to progress to the next semester. The student is required to apply for readmission to the nursing program and submit a plan for improvement/success along with their application. Student re-entry to the nursing program is based on seat availability. The nursing department **DOES NOT** guarantee re-admission to the program.

Students are required to successfully demonstrate selected skills lab competencies in the CSC. If student fails to achieve and demonstrate skills competency, they will receive a failing grade in the lab, which results in a failing grade from the nursing program.

D. Academic Failure

Students may be dismissed from the nursing program for one or more of the following:

- a. Failure to demonstrate consistent progression of academic achievement, as evidenced by: Achieve and maintain a “C+” in all nursing theory courses, a “Pass” in all clinical courses and satisfactory skills competency demonstration.
- b. Students are expected to be respectful of instructors and peers. Students disturbing the learning environment will be counseled by the instructor. Repeated disruptive behaviors may result in dismissal from the program. Cell phones are discouraged in the classroom, whereas tape recorders can be used with the Instructor’s permission. Computers and tablets are acceptable in the classroom. If you need to be contacted for an emergency while in class, have them call (989) 386-6643 and a message will be given to you. Only basic calculators are permitted during test taking. Students are not allowed to leave the room after beginning an exam or quiz until it is completed. **Cell phones are absolutely not permitted in the clinical setting.** Please see Student Regulation policies in the MMCC undergraduate catalog.

Violation of client privacy: Any violation of client privacy per HIPAA guidelines will result in **immediate dismissal** from the nursing program

Failure to comply with requirements found in MMCC student handbook concerning drug and alcohol abuse.

If a student is dismissed from the nursing program, it is the responsibility of the Dean/Director of Nursing to provide written documentation and supporting documents as to the reasons for dismissal. This documentation will become a permanent part of the student’s record.

E. Required Course Sequencing Schedule

FALL COHORT (HARRISON)	WINTER COHORT (MT. PLEASANT)
Fall Foundations 8.5 (5.5/9) Pharm 3 (3) Assessment 0.5 (1.0)	Winter Foundations 8.5 (5.5/9) Pharm 3 (3) Assessment 0.5 (1.0)
Winter Adult Health I 7 (4/9) MH 3 (2/3)	Fall Adult Health I 7 (4/9) MH 3 (2/3)
Fall Adult Health II 6 (4/6) Family Center 5 (3/6)	Winter Adult Health II 6 (4/6) Family Center 5 (3/6)
Winter Adult Health III 6 (4/6) Leadership 2 Capstone 3 (9)	Fall Adult Health III 6 (4/6) Leadership 2 Capstone 3 (9)

F. Employment

It is strongly recommended that students limit outside employment while enrolled in the nursing program due to the rigorous demands of the curriculum. No consideration will be made for class, skills lab or clinical schedules to accommodate employment commitments. Should employment interfere with progress, students need to re-evaluate their choices.

G. Graduation

To be awarded the Associate Degree in Nursing, a student must have achieved:

- An overall GPA of 2.0 or better.
- The grade of "C+" or better in all nursing courses
- Meet all general education requirements.
- Complete Graduation application procedure.

IX. Clinical Experience and Skills Lab Requirements

Strategies for Successful Completion in the Clinical/Skills Lab (Clinical Performance Guidelines). To prepare for clinical experience the student is to:

- a. Come prepared for clinical as directed by faculty. This is for the client's protection as well as the student. See specific clinical requirements for details. Unsafe practice will result in a written warning. Severity of breach in practice and any behaviors which interfere with safe client care may result in immediate dismissal from the program.
- b. On the clinical days, the nursing student is to report to their assigned clinical site on time. Students are to present themselves to the clinical facility in MMCC nursing student uniform as defined under dress code.
- c. Before beginning client care you must update yourself to current status of client by: listening to report, verbally or taped, check the kardex, check the electronic medical record (EMR) for updates and orders, receive special instructions from the primary or team leader, and check the medication sheets.
- d. Never take verbal orders. Phone orders from the physician may be taken with the faculty or RN listening on an extension, who co-signs the orders.
- e. Follow agency policies about witnessing surgical permits, wills, etc.
- f. Complete a hospital employee incident report if injured in the clinical area. Any treatment necessary will be at the student's cost or covered by his/her own insurance.
- g. Assume responsibility for listening to the local radio station and checking the MMCC web site for cancelled classes due to inclement weather. Students in clinical will be notified by the faculty by a phone chain. However, students are expected to use good judgment about safe traveling during inclement weather. If clinical has not been cancelled and you miss the class, it will be considered an absence.
- h. Practice self-evaluation continually.

Student may not:

Be in the clinical area without an instructor in the agency except for outside rotations and/or preceptorship.

Leave the facility or assigned clinical area during your assigned clinical time for any reason without faculty approval. Students leaving the facility or their assigned clinical area without faculty approval will result in a written warning.

A. Clinical Assignments

Students are assigned to various facilities. Due to contractual limitations, students must accept the clinical assignment that is assigned to them. It is recommended that the student rotate to different facilities, faculty and shifts. This will enhance their education and clinical skill

opportunities. It is highly recommended that students avoid their place of employment when choosing a clinical assignment.

Assignments to clinical facilities will be made by the Clinical Coordinator, under the direction of the Director of Nursing, and students during pre-enrollment. Every effort is made to leave students in their assigned clinical site but under different circumstances, it may be necessary to change the clinical site the student has been assigned to. Students will be notified if their clinical site has been changed just prior to the start of the semester. The Director of Nursing reserves the right to change a clinical assignment at any time.

Students are responsible for providing their own transportation to and from clinical sites. The student needs to understand that he/she may travel over an hour to get to a clinical site. Carpooling to clinical sites is encouraged.

Clinical facilities may request that student identification pictures be provided for the purpose of creating facility security badges. The Clinical Coordinator or designee will provide the requested identification pictures to the facilities.

Facilities which **may** be used during the nursing program (not limited to):

Acute Care	Extended Care Facilities	Outside Rotations
MidMichigan Health-Clare	Masonic Pathways, Alma	Physician's Offices, Mt. Pleasant, Midland
MidMichigan Health-Gladwin	Isabella Co. Medical Care Facility Mt. Pleasant	Public Health Department Saginaw, Mt. Pleasant
MidMichigan Health-Gratiot	Tendercare Mt. Pleasant/Clare/Midland	Home Care and Hospice Alma, Midland, Mt. Pleasant
MidMichigan Health-Midland	Gladwin Pines-Gladwin Stratford Village-Midland	Cardiac Rehabilitation;Alma, Clare, Midland, Mt. Pleasant
West Branch Regional Medical Center	North Woods Nursing Center-Farwell	Soup Kitchen-Harrison, Farwell
McLaren Bay Region		Assisted Living Centers, Rosebush
McLaren Central Michigan		Community Mental Health, Harrison, Alma, Mt. Pleasant, Midland, Clare, Gladwin
St. Mary's of Michigan-Saginaw		
Munson Cadillac		Wound Clinics Dialysis Centers

B. Agency Policies

Students and faculty must conform to the policies of the affiliating agency (facility). The facility has the right to request the student or the clinical instructor to be removed if they are not conforming to facility policy. The facility is to immediately inform the Associate Dean/Director of Nursing/Clinical Coordinator if a need exists to remove a student or an Instructor from the clinical facility.

C. OSHA Training

An OSHA training seminar (ACEMAPP) is **mandatory** for all students prior to the beginning of each semester. A certificate will be given each calendar year of the program documenting successful completion of the seminar and the examination. Site specific training (clinical agency) will be documented and verified by the Clinical Coordinator, and maintained with the student file. The ACEMAPP training is available at ACEMAPP training www.acemapp.org. Students that are not compliant with completing ACEMAPP, in its entirety, by the designated announced date prior to the start of the clinical rotation, will not be allowed to go into a clinical setting.

D. Clinical Experience Restrictions

Recommendations for clinical experience restrictions are found in Appendix 1. These apply to temporary conditions that a student may experience during the clinical courses. These recommendations are from the Center for Prevention of Communicable Diseases, in Atlanta, Georgia.

E. Clinical Attendance Policy

Absenteeism and tardiness may result in termination from the nursing program; therefore, students are expected to adhere to the attendance policy as written in the student handbook.

The clinical experience is critical to prepare students for professional responsibilities. Missed clinical represents a missed opportunity to meet clinical outcomes. All clinical outcomes **MUST** be met for successful completion of the nursing program. If a student is absent they are at risk of not meeting the clinical course outcomes and therefore failure of the clinical course.

A dismissal from clinical due to disease (Appendix 1) or due to being unprepared for a clinical day (Warning Notice pg. 22) will count as an absence.

Two tardies of greater than 15 minutes will equate to and count as one absence. In addition, more than two hours tardy or released early will equate to and count as one absence.

A Written Warning will be issued when the student is absent for a second occurrence during any given semester. For example: If the student has more than one absence in the clinical course for any given semester, the student will receive a Written Warning Notice from their clinical instructor. If the student has more than one absence in the clinical skills lab for any given semester, the student will receive a Written Warning Notice from the CSC Coordinator and this will be counted toward the clinical course.

If a student is absent from clinicals, the instructor has the right to pull the student from any

outside clinical experiences and/or may require a substitute assignment either in the simulation skills lab or a clinical case study equal to the missed clinical time. This is determined by the lead faculty from each course. Students will not receive anecdotal credit for absent days which may affect their ability to meet the course outcomes. **Failure to meet course outcomes is a failure of the clinical.**

Nursing clinical skills lab (CSC) is considered part of the clinical hours. Clinical skills lab absences **MUST** be made up and **cannot** be made up during open lab time. It is the responsibility of the student to contact and schedule make - up time with the skills lab coordinator. All skills lab absences **MUST** be made up within one week or the student will receive a failing grade and will not be allowed to progress to the next semester.

All make-up clinical time and skills lab time is at the discretion of the Dean/Director of Nursing depending upon the student's ability to meet the course outcomes.

In the event the student will be late or absent in the clinical/skills lab, it is the responsibility of the student to notify the clinical site and faculty prior to the start of clinical or skills lab. This may include notifying the nursing office at (989)386-6643. A student that is a "no show, no call" for clinicals may be subjected to dismissal from the nursing program at the discretion of the Associate Dean/Director of Nursing.

F. Disciplinary Process for Failure to Meet Clinical Performance Guidelines:

1. Verbal Warning

Step 1: VERBAL WARNING is an interaction between the faculty and the student regarding unsatisfactory performance in the CSC or clinical area. The unsatisfactory behavior needs to be corrected by the student to succeed in the course. If a verbal warning is issued in the CSC, the CSC Coordinator (or designee) will notify the clinical instructor and a verbal warning will be documented on the student's weekly clinical evaluation form.

The verbal counseling will be documented by the faculty on the student's weekly clinical evaluation form. Verbal counseling can be given for any behavior that hinders growth in the nursing courses. This verbal exchange should be used as a learning experience and an opportunity to improve.

2. Written Warning

Step 2: WRITTEN WARNING. This notice may be given, with or without a verbal warning if the student is identified as displaying any of the following behaviors, but not limited to:

- a. Unsatisfactory performance at any time or repeated behavior for which a verbal warning has been issued.
- b. Unsafe clinical practice or pattern of behaviors. Examples of unsafe practices include, but are not limited to:
- c. errors in medication administration
- d. lack of knowledge of purpose and side effects of drugs administered to clients
- e. incorrect calculation of drugs

- f. Unsafe nursing practice resulting in actual or potential harm to client
- g. Failure to safely adapt nursing skills to actual client care according to level of course.
- h. Being unprepared for clinical or clinical skills lab. Student will receive a written warning in the clinical or clinical skills lab if unprepared.
- i. Lack of knowledge of disease process, medications, nursing interventions, procedures, etc.
- j. Failure to demonstrate sound nursing judgment, incompetency, or failure to handle assignment according to level of course. It is an expectation that students will be held accountable for and appropriately utilize previously learned content.
- k. Failure to give faculty or nursing staff current accurate information about a situation, assignment, or client care either by intent or omission.
- l. Disruptive behaviors which are disturbing other students and faculty in clinical skills lab, class or clinical. Any behavior identified to interfere with safe client care or disruptive behaviors will result in the student receiving a written warning.
- m. No Call/No Show for clinical or clinical skills lab.
- n. Failure to establish effective working relationships and communication with MMCC Nursing Department, members of the health care team, other students, or clients.
- o. Incomplete or inaccurate clinical paperwork that does not improve with feedback.
- p. Excessive absenteeism and/or tardiness. (see Attendance, page 17).
- q. Inappropriate personal appearance or clinical behavior. (see Personal Appearance Requirements, p. 11).
- r. Unethical or immoral behavior.
- s. Academic dishonesty. (see Academic Honesty, p. 19).
- t. Failure to meet guidelines for clinical paperwork as defined in course syllabus.

Clinical faculty have the authority and will make the decision of whether a student is competent to be in the clinical setting on a given day. Clinical faculty may dismiss a student from the clinical setting on any given day if, in their judgment, a student is not competent.

A dismissal from the clinical setting for the day will count as an absence.

The written warning notice will include reasons why it is given, suggestions for improvement, faculty recommendations, criteria for resolution of the warning notice and follow up.

The student may be dismissed without the use of a warning notice procedure, for serious violations. Each situation will be evaluated individually on its own merit.

The written warning notice will remain as a permanent part of the student's file. Any or all written warnings will be considered in determining ongoing discipline.

Student Responsibilities When Receiving a Written Warning:

- a. The student will be informed by the faculty so the student is aware of the unsatisfactory clinical performance. The student will have a conference with the faculty by the next clinical day.
- b. After receiving a written warning notice from the faculty, the student will make an appointment to meet with the Dean/Director of Nursing within one week of the notice.

- c. The student must write perception of the problem and formulate outcomes and a plan to correct the unsatisfactory performance/behavior, and bring this to the conference with the Dean/Director of Nursing.
- d. After meeting with the Dean/Director of Nursing and reviewing their outcomes and improvement plan, the student will then meet with their clinical instructor on or by the next clinical day and review their outcomes and improvement plan.
- e. If the student fails to improve clinical performance as indicated on the improvement plan, the student will then be placed on probation by the faculty.
- f. Student may not be assigned in clinical area where the identified problem cannot be evaluated. This may mean not going to an outside experience.

Failure to follow above procedures will result in a probationary notice.

Two written warning notices during the same semester will result in lowering of the student's clinical grade by one letter grade. If the student's clinical grade is lowered to less than a C and without possibility of raising it to a passing grade, the student will be deemed a clinical failure and will not be allowed to return to the clinical setting.

3. Probation Notice

Step 3: PROBATION NOTICE: This notice will be given if a student continues to exhibit unsatisfactory behavior, fails to follow submitted improvement plan or fails to progress in any of the areas listed under Written Warning.

A student may receive a Probation Notice instead of a written warning if the unsatisfactory behavior is of a serious nature and compromises client care and or safety. Placing a student on Probation will be at the discretion of the faculty member. The Probation Notice will be completed by the faculty member, reviewed with and signed by the student then forwarded to Dean/Director of Nursing.

The length of probation will be determined by the faculty member and the Dean/Director of Nursing. After receiving the notice, the student will have a conference with both the faculty member and the Dean/Director of Nursing. The notice will include identification of the problem and recommendations of the faculty. One copy will be kept in the student file, one given to the faculty and another given to the student.

The following outcomes will be reviewed with the clinical faculty member during the probationary period:

- If a faculty member requires an alternate assignment for clinical absences, they **MUST** be made up before the probation is complete.
- All terms of probation must be completed to exit the program.

- At the end of the probationary period, the student's record will be reviewed by the nursing faculty member and Dean/Director of Nursing. The student will either be removed from probation as a result of adequate progress or will receive a failure for the course. Failure of the nursing course would be the result of the student failing to meet the clinical outcomes.
- Receiving another Warning Notice during probation warrants an "F" in the course and immediate dismissal from the nursing program.
- Further probationary behavior will result in immediate dismissal from the nursing program.

Student Responsibilities When Receiving a Probation Notice:

- a. The student will be informed by the faculty so the student is aware of the unsatisfactory clinical performance. The student will have a conference with the faculty member by the next clinical day.
- b. After receiving a Probation Notice from the faculty member, the student will make an appointment and meet with the Dean/Director of Nursing and the faculty member before the next scheduled clinical day.
- c. The student must write perception of the problem and formulate outcomes and an improvement plan to correct the unsatisfactory performance/behavior. The student will complete and bring this to the conference with the Dean/Director of Nursing and faculty member. The improvement plan will be reviewed in its entirety and agreed upon by the student, Dean/Director of Nursing and the faculty member.
- d. If the student fails to improve clinical performance as indicated on the improvement plan, the student will then be assigned an "F" for the course and will be dismissed from the nursing program.

Failure to follow the above procedures may result in a dismissal from program.

G. Dismissal from the Nursing Program

The MMCC nursing program prepares students to practice within the Scope of Practice as defined by the American Nurses Association (ANA) (Appendix 7) and the Standards of Nursing Practice (Appendix 8). Failure to progress toward mastery of the standards and scope of practice may result in disciplinary action including dismissal from the nursing program.

All students must adhere to legal practice of nursing as found in the Michigan Public Health Code (Appendix 11). Students are held accountable to the level of a registered nurse for those skills already taught. Failure to meet legal requirements will result in immediate dismissal from the nursing program.

Students are required to keep client information confidential. This is both a State of Michigan law and a Federal statute. **Failure of client confidentiality will result in IMMEDIATE**

dismissal from the nursing program. Students may only reproduce parts of a client record with permission of the clinical instructor and then ALL client identifying factors MUST be removed from the record. Students will practice in keeping with the federally mandated Health Insurance Portability and Accountability Act (HIPAA).

A student who is found to be dishonest in clinical will be subject to dismissal. Examples of dishonesty include: obtaining clinical data from fellow students without their permission, falsifying clinical records, breach of client confidentiality, etc.

Possession, use, or distribution of alcohol and controlled substances in the clinical area will result in immediate dismissal from the Nursing program. A suspicion of alcohol or drug use may require immediate testing. Testing positive for alcohol or other drugs, or declining to be tested, will subject the student to immediate dismissal from the Nursing program (See: College Catalogue, Drug Abuse Policy and Regulations). In addition, if a drug or alcohol test is required while in the Nursing program, the student grants permission to MMCC to obtain and review the results so that an informed decision can be made based on those results.

Nursing as a profession maintains a standard of practice which involves integrity with regard to the administration of medications clients entrusted to your care. Substance abuse can often occur in a profession which involves the use of narcotics and other drugs that are often abused. Therefore, it is imperative that caregivers not have a substance abuse problem.

Student Due Process Concerning Dismissal from the Nursing Program for Unsatisfactory Clinical Performance or a Classroom Failure

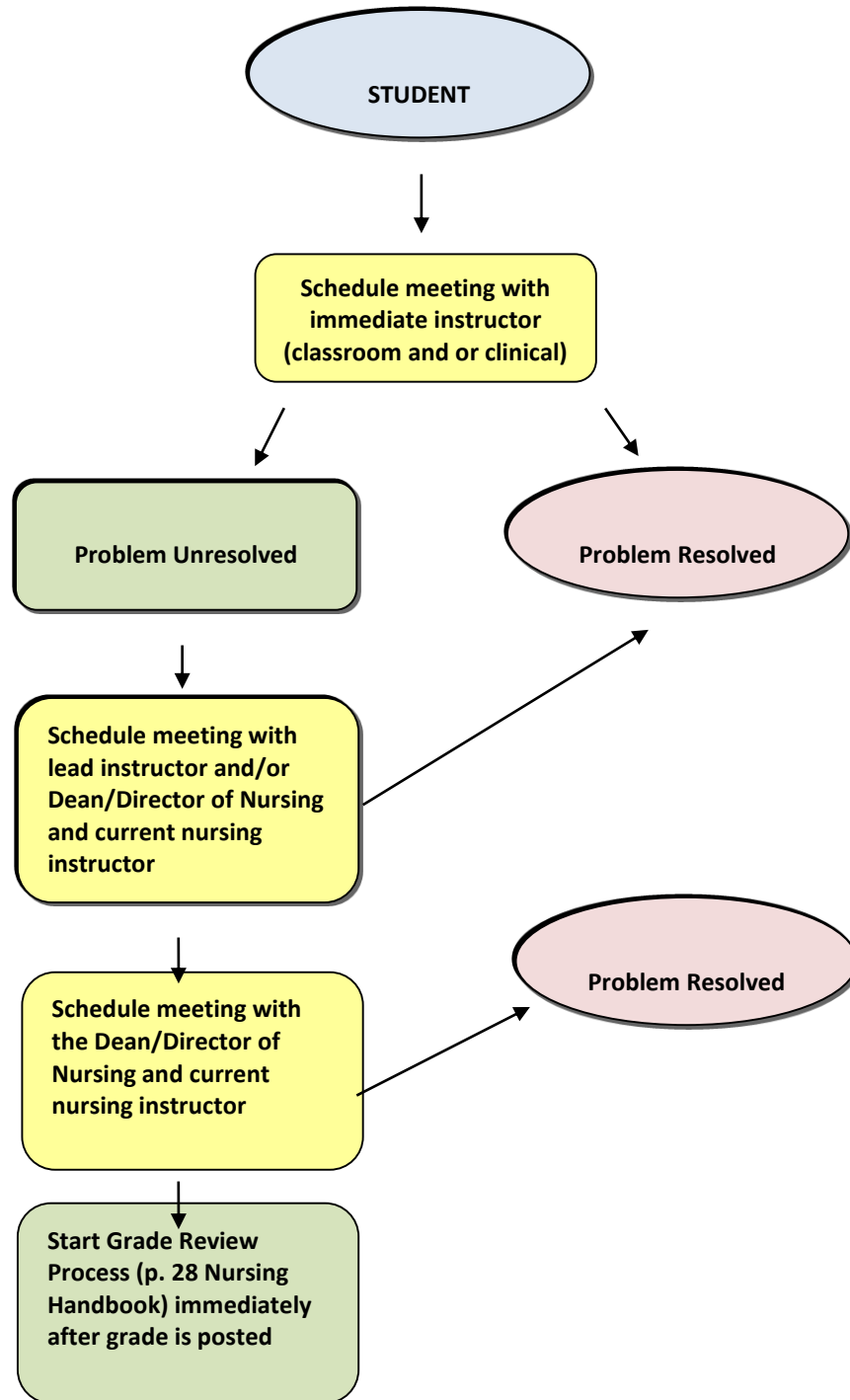
The instructor shall:

- a. Make weekly entries in the student's weekly clinical evaluation form.
- b. Inform students of any clinical deficits and make recommendations for corrective action.
- c. Notify the Dean/ Director of Nursing if the student fails to adhere to recommendations for clinical improvement.
- d. Assist the student as needed, monitor the student's clinical progress and keep the Dean/Director of Nursing informed.
- e. Inform the student of unmet clinical outcomes and record a failing grade.
- f. If a student receives a failing grade in either the clinical component or theory component of a NUR course, the student will be required to repeat both the clinical and theory co-requisites.

H. Conflict Resolution

In professional conflict resolution it is important to follow a specific course of action and begin

with the person with whom you have the conflict.



CLASSROOM:

Step 1: Schedule a meeting with faculty member

Step 2: Schedule Meeting with Dean/Director of Nursing: come prepared with written and signed concerns*

CLINICAL SETTING:

Step 1: Schedule a meeting with clinical faculty outside of clinical time

Step 2: Schedule meeting with lead faculty for that specific course

Step 3: Schedule meeting with Dean/Director of Nursing: come prepared with written and signed concerns*

*Another step may be added to include a meeting with the Associate Dean/Director of Nursing and faculty member.

X. Readmission

Students who receive a grade less than a "C+" in any nursing theory course or a "C" in any nursing clinical course will not progress to the next semester. They must apply for readmission to the nursing program. The student will be required to complete an application which includes a letter of academic preparedness. If a period of more than two years lapses before the course is retaken, remediation may be required at the discretion of the Dean/Director of Nursing. Student re-entry is not guaranteed and is based on availability of seats and the student's preparedness to return.

Student's detailed plan of academic preparedness to reenter the nursing program: The plan of academic readiness **MUST** address, in detail, why the student wasn't successful the previous attempt and how the student plans to be successful if readmitted to the nursing program. The plan must be signed and becomes a contract that the student will follow throughout the remainder of the nursing program. If at any time the student fails to follow their plan of academic readiness, they may be dismissed from the nursing program. Readmission request **WILL NOT** be considered if student doesn't submit a detailed plan of academic readiness.

All requests for re-admission must be accompanied by a program application. Each request for readmission will be evaluated on an individual basis by the nursing faculty and will be based upon the selective admission criteria along with plans of academic readiness. ***The Nursing Department DOES NOT GUARANTEE re-admission to the nursing program unless there is a statutory requirement to do so;*** when a student returns from a medical leave, they will be assigned to the original location and semester they withdrew from.

A. Timelines for Readmission

	SPRING	FALL	WINTER
Student Failed/Withdrew from Nursing Program	Spring (May-August)	Fall (August-December)	Winter (January-May)
Submit Applications	December-February	December-February	June-August
Entrance Testing	February	February	July

Applications and Plan of Academic Readiness Due	March	March	August
Student presents at faculty meeting	March	April	August or September
Semester applying for begins	May	August	January

- a. Students withdrawing from the nursing program or completing with less than a “C+” in a nursing theory course or a “C” in a nursing clinical course may be readmitted to the program a *maximum of one* (1) time. Students must follow the readmission request guidelines outlined above.
- b. Students that are readmitted to the nursing program may be required to successfully complete a “return to program” practicum.
- c. Every attempt will be made to assign readmitted students to their clinical rotations with a full time MMCC nursing faculty member if available.
- d. Readmission must take place within a two-year time span or all prior nursing courses may have to be repeated.
- e. Readmitted students will be required to follow the curriculum in place when accepted back into the nursing program.
- f. Readmitted students are required to purchase current required textbooks for the course which is being repeated.
- g. Students who do not receive an offer of readmission and wish to reapply to the nursing program in subsequent years, must complete a new application in its entirety and fulfill any new pre-nursing or admission requirements that apply.
- h. Students that are dismissed from the nursing program while on probation are not entitled to readmission to the nursing program.

Readmission to the Nursing Program is based on availability of seats.

XI. NCLEX

The Michigan State Board of Nursing requests that all applicants for the NCLEX must indicate if they have been convicted of a crime and/or treatment for substance abuse. ***The Board of Nursing may deny the right to take the NCLEX to anyone convicted of either.*** If this information applies to you, contact the Michigan Board of Nursing at (517) 335-0918. All candidates for licensure by the Michigan Board of Nursing are required to have an FBI fingerprint and criminal background check completed prior to being deemed eligible to sit for the NCLEX. **Disclaimer: MMCC is not responsible if an applicant is denied a license from the Michigan State Board of Nursing.**

APPENDIX 1-Infection Control Guidelines

Recommendations for Clinical Experience Restrictions*

Disease/Problem	Relieve from Direct Client Contact	Partial Work Restrictions	Duration
Conjunctivitis	Yes		Until discharge ceases or until 24 hours after antibiotic is initiated
Diarrhea, acute (with fever, cramps or bloody stools, or lasting more than 24 hours)	Yes		Until symptoms resolve
Herpes simplex: Genitalia	No	Do not take care of high risk clients	Until lesions heal
Herpes simplex: Orofacial	No	Do not take care of high risk clients	Until lesions heal
Herpes Zoster (Shingles)	No	Do not take care of high risk clients	Until lesions dry & crust
Pediculosis	Yes		Until 24 hours after treatment
Staphylococcus Aureus (skin lesions)	Yes		Until lesions have resolved
URI with temp. elevations above 99.6 (0)	Yes	Do not do client care	Until acute symptoms resolve
Skin/Soft Tissue Infection	No	Gloves	Until healing is complete
Pregnancy	Special conditions may be required	Do not care for clients with: Herpes Zoster, Chemotherapy drugs (1 st trimester); actual administration of Chemotherapy drugs (1 st trimester); no x-ray or radiation therapy	Physician's statement specifying level of activity and any other restrictions will be requested

For more complete information, see the CDC's Guideline for Infection Control in Hospital Personnel, particularly Table 2 at the end of the document, available at the following link: http://wonder.cdc.gov/wonder/prevguid/p0000446/P0000446.asp#Table_2

APPENDIX 2-Michigan Right to Know Law

Michigan Right to Know Law

The Michigan Right to Know Law is designed to provide safety information to employers and employees exposed to hazardous chemicals and other safety concerns of the workplace. Contracted clinical agencies have provided this information for their employees and our students have access to this information.

For more information regarding the Michigan Right to Know Law, visit the following website, and open the "MIOSHA" button on the left-hand panel button; there you will find links for workplace safety information of all kinds:

<http://www.michigan.gov/cis>

For further assistance or answers to questions, you may also call or visit:

Michigan Department of Labor
Safety Education and Training Division
P.O. Box 30015
Lansing, MI 48909
(517) 322-1809

Michigan Department of Public Health
Division of Occupation Health
P.O. Box 30035
Lansing, MI 48909
(517) 335-8250

APPENDIX 3-Infection Prevention Policy

MID MICHIGAN COMMUNITY COLLEGE HEALTH EDUCATION PROGRAMS INFECTION PREVENTION POLICY ON CAMPUS AND IN CLINICAL AGENCIES

POLICY:

A standard precautions system emphasizes direct and indirect contact transmission of infectious agents in moist body substances via the hands of personnel. Standard Precautions includes a combination of handwashing, the appropriate use of protective barriers and the careful and proper disposal of sharps without unnecessary manipulations.

Formerly, Blood/Body Fluid Precautions were applied to clients identified as belonging to a "high risk group." Identifying individuals who have unrecognized infections or who engage in "high risk" activities is impossible. "*Standard Blood/Body Fluid Precautions*" are used in the care of all clients, especially those in emergency care settings in which the risk of blood exposure is increased, and the infectious status of the client is usually unknown.

PROCEDURE:

GENERAL PRECAUTIONS FOR CAMPUS AND CLINICAL EXPERIENCES:

Barrier Precautions:

Gloves are worn in the following circumstances:

- Touching human blood and other moist body fluids, mucous membrane, or non-intact skin of all persons.
- Handling items or surfaces soiled with blood or body fluids.
- Performing venipuncture and other vascular access procedures.
- Gloves are changed and hands washed after each human contact.

Masks and protective eyewear or faceshields are worn:

During procedures likely to generate droplets of blood or other body fluids to protect mucous membrane of the eyes, nose and mouth from the risk of exposure.

Gowns or aprons are worn:

During procedures that are likely to generate splashes of blood or other body fluids.

Barrier precautions do not take the place of handwashing, therefore, handwashing is carried out according to prescribed policy and in addition:

- Immediately and thoroughly if contaminated with blood or other body fluids.
- Immediately after gloves are removed.

Disposal of sharps (needles, scalpels, vials, etc.) according to policy to prevent injury:

- Needles are not:
 - recapped, purposely bent or broken by hand, removed from disposable syringes or

otherwise contaminated by hand.

- After use, disposable needles, syringes, scalpel blades and other sharp items are placed in a puncture resistant container for disposal.
- Sharps disposal units are located in laboratory classrooms and as close as possible to the work unit in the clinical facility.

Oral Secretions: (has not been associated with HIV transmission):

- Routine suctioning does not require the use of a mask or eye coverings. However, if aerosolization is likely to occur: masks, goggles, or faceshields will be used.
- CPR - To date no HIV transmission has been reported:
 - Disposable resuscitation masks are located in all client care areas and are suggested to prevent transmission of TB, meningitis, herpes and Hepatitis B. (If blood exposure occurs when a mask was not used, the student should consider this a mucous membrane exposure and seek follow-up according to policy).
 - CPR mannequins should be cleaned with 70% alcohol or bleach (1:10 dilution).

Dermatitis - weeping dermatitis or exudative lesions:

- Students should refrain from all direct client care or handling client care equipment until the condition resolves. (See Handbook)
- Exceptions may be made if gloves can be worn comfortably.

Pregnancy:

- Pregnant students are at no greater risk of HIV infection than other students.
- Because of potential risk to the infant, pregnant students should be especially familiar with and strictly adhere to precautions.

Isolation:

- Students are required to follow Standard Precautions and agencies protocol and policies for specific situations.

CLINICAL AREA SPECIFICS:

Maternal and Child Health:

- General precautions as mentioned earlier and specific precautions noted under "Precautions for Invasive Procedures."
- Precautions are observed for both mother and infant pre and post-delivery, including cord care, newborns' first bath and management of blood dressings and pads.
- Separation of mother and newborn is not necessary. Rooming in is acceptable.
- Diapers may be changed without using gloves, unless there is a gross soiling, if there are not openings in the skin on hands of health care workers. Handwashing is practiced after each diaper change.

APPENDIX 4-Bloodborne Pathogen

MID MICHIGAN COMMUNITY COLLEGE BLOODBORNE PATHOGEN POST-EXPOSURE EVALUATION, CARE, AND FOLLOW-UP

If a Mid Michigan Community College student or employee is involved in an incident where exposure to bloodborne pathogens may have occurred, there are two things that we immediately focus our efforts on:

- ◆ Making sure that this person receives medical consultation and treatment (if required) as expeditiously as possible
- ◆ Investigating the circumstances surrounding the exposure incident

EXPOSURE INCIDENT:

Accidents in which blood, blood-contaminated body fluid or tissue to which universal precautions apply are introduced into the eye, mouth, other mucous membrane, or into non-intact skin via a needlestick, skin cut or direct splash which result in the laboratory setting.

Exposure incidents can result in serious nosocomial disease, including Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV) infection. It is essential that standards are defined which assure prompt identification of the person prompt intervention with appropriate prophylaxis, education, and treatment. Any individual who sustains an exposure incident will proceed as indicated in the following guidelines:

STEP 1: Wash the exposed area immediately

STEP 2: Inform his/her instructor/supervisor of the incident

STEP 3: Report to the healthcare provider of choice

STEP 4: Exposed person is responsible for cost of care

STEP 5: The Safety Officer or designee will investigate every exposure incident that occurs in our facilities. This investigation is initiated within 24 hours after the incident occurs and includes the following information:

- a. When the incident occurred
 - i. Date and time
- b. Where the incident occurred
 - i. Location within the facility
- c. What potentially infectious materials were involved in the incident
 - i. Type of material (blood, urine, etc)
- d. Source of material
- e. Under what circumstances the incident occurred
- f. How the incident was caused
 - i. Accident
 - ii. Unusual circumstances (e.g., equipment malfunction).
- g. Personal protective equipment being used at the time of the incident
- h. Actions taken as a result of the incident
 - i. Care of injury
 - ii. Cleanup
 - iii. Notifications made

STEP 6: Follow up procedures

- i. The exposed individual will provide the College with written documentation from the

selected health care provider

- i. Healthcare provider name
- ii. Date of visit
- iii. If HIV/HBV education was provided if needed (Michigan Department of Public Health guidelines attached)

Much of the information involved in this process must remain confidential, and we will do everything possible to protect the privacy of the people involved.

APPENDIX 5-Medication Administration Policy

MID MICHIGAN COMMUNITY COLLEGE
Medication Administration Policy in Nursing Program
Approved June 18, 2008

Clinical Course Policies:

- **EACH NEW SEMESTER, THE STUDENT'S MEDICATION ADMINISTRATION TECHNIQUE WILL BE REASSESSED BY THE CLINICAL FACULTY.**
- **This Medication Administration Policy is to be used for ALL clinicals in the program as a resource.**

NUR 124:

- A student in this course will be supervised by the faculty when administering suppository, topical, oral and parenteral medications.
- Medication administration of any type **MUST** be witnessed by faculty.
- No hanging of IV solutions or flushing of IV lines.

NUR 128:

- In addition to policy for Nursing 124, a student in Nursing 128 must be supervised by the faculty when administering all suppository, topical, oral, subcutaneous, sublingual, and parenteral medications.
- On completion of IV lab, students may be assigned to hang select IV solutions, IVPB and convert to saline Lock peripherally and flush with saline under the supervision of the faculty.
- In addition, students may hang IV solutions with hospital staff nurse supervision only with approval by faculty.

NUR 222:

- In addition to the policy for previous courses, student may give IV push medications with faculty supervision.
- IV chemotherapy drugs will **NOT** be administered by a student.
- The faculty, after observing the student administering IV push or IV flush medication, may determine that student may administer with hospital staff nurse's supervision. This is at the discretion of the faculty member and in accordance with the facility medication administration policy.
- Student will hang blood and blood products under faculty or agencies RN supervision and in accordance with agency policy.

NUR 224:

- Medications will be administered with supervision of the faculty during the mental health experiences.

NUR 226:

- In addition to the policy for previous courses, student may give IV push medications with faculty supervision.
- IV chemotherapy drugs will **NOT** be administered by a student.
- The faculty, after observing the student administering IV push or IV flush medication, may determine that student may administer with hospital staff nurse's supervision. This is at the discretion of the faculty member and in accordance with the facility medication administration policy.
- Student will hang blood and blood products under faculty or agencies RN supervision and in accordance with agency policy.

NUR 228:

- All medication must be administered by student according to agency policy.
All parenteral medications must be witnessed by preceptor.

APPENDIX 6-American Nurses' Association Code for Nurses

American Nurses' Association *Code for Nurses*

1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
3. The nurse promotes, advocates for, and strives to protect the rights, health, and safety of the patient.
4. The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
6. The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain integrity of the profession, and integrate principles of social justice into nursing and health policy.

From:

Lachman, V.D., Swanson, E.O., & Windland-Brown, J. (2015). The new 'code of ethics for nurses with interpretive statements' (2015): Practical clinical application, part I and II. *MEDSURG Nursing*, 24 (5).

APPENDIX 7-Scope of Nursing Practice

Scope of Nursing Practice

There is one scope of clinical nursing practice. The core, or essence, of that practice is the nursing diagnosis and treatment of human responses to health and to illness. This core of the clinical practice of nursing is dynamic, and evolves as patterns of human response, amenable to nursing intervention are identified, nursing diagnoses are formulated and classified, nursing skills and patterns of interventions are made more explicit, and client outcomes responsive to nursing intervention are evaluated.

American Nurses Association. (1987). The scope of nursing practice (p. 2). Kansas City, MO: Author.

Student Nurse Scope of Practice

- Each student is responsible for his or her own actions or failure to act and is liable for any adverse result. Clients have a right to have safe, competent, and professional care and students are obligated to provide that level of care at all times.
- Students will be assigned tasks and procedures within expected capability based on the course and program outcomes. Students are under the supervision of a licensed nurse and are not allowed to do tasks, skills or activities without the instructor's knowledge and approval. The student is held to the same standard in the clinical settings in relationship to the level of the student's current education. The student is obligated to provide safe competent and professional care to all clients.
- Students should expect to be assigned skills, tasks and procedures which have been covered either in assigned textbook readings, lecture or presentations either in the classroom, online or in the nursing skills lab.
- Students should NOT do any tasks which have not been covered in the course reading, lecture or nursing skills lab except when directly supervised by the faculty.
- If the student is asked to do a skill or procedure he or she does not feel competent in doing, the student should discuss this with the faculty.
- Students must comply with all policies and procedures of the agency used for the clinical rotation along with the Mid Michigan Community College Nursing Department policies and procedures.

APPENDIX 8-American Nurses' Association Standards of Practice

- **Standard 1. Assessment**
The registered nurse collects client health data.
- **Standard 2. Diagnosis**
The registered nurse analyzes the assessment data in determining a diagnosis.
- **Standard 3. Outcome Identification**
The registered nurse identifies expected outcomes individualized to the client.
- **Standard 4. Planning**
The registered nurse develops a plan of care that prescribes interventions to attain expected outcomes.
- **Standard 5. Implementation**
The registered nurse implements the interventions identified in the plan of care.
- **Standard 6. Evaluation**
The registered nurse evaluates the client's progress toward attainment of outcomes.
- **Standard 7. Quality of Practice**
The registered nurse systematically enhances the quality and effectiveness of nursing practice.
- **Standard 8. Education**
The registered nurse attains knowledge and competency that reflects current nursing practice
- **Standard 9. Professional Practice Evaluation**
The registered nurse evaluates one's own nursing practice in relation to professional practice standards and guidelines, statutes, rules, and regulations.
- **Standard 10. Collegiality**
The registered nurse interacts with and contributes to the professional development of peers and colleagues.
- **Standard 11. Collaboration**
The registered nurse collaborates with client, family, and others in the conduct of nursing practice.
- **Standard 12. Ethics**
The registered nurse integrates ethical provisions in all areas of practice.
- **Standard 13. Research**
The registered nurse integrates research findings into practice.
- **Standard 14. Resource Utilization**
The registered nurse considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of nursing services.
- **Standard 15. Leadership**
The registered nurse provides leadership in the professional practice setting and the profession.

Source: American Nurses Association. (2004). Nursing Scope and Standards of Practice. Washington, DC:

APPENDIX 9-NLN Standards

PROFESSIONAL BEHAVIORS

Indicators

1. Practice within the ethical, legal, and regulatory frameworks of nursing and standards of professional nursing practice.
2. Report unsafe practices of healthcare providers using appropriate channels of communication.
3. Demonstrate accountability for nursing care given by self and/or delegated to others.
4. Use standards of nursing practice to perform and evaluate client care.
5. Advocate for client rights.
6. Maintain organizational and client confidentiality.
7. Practice within the parameters of individual knowledge and experience.
8. Describe political processes as they affect agency specific healthcare.
9. Participate as a member of professional organizations.
10. Serve as a positive role model within healthcare settings and the community at large.
11. Recognize the impact of economic, political, social, and demographic forces on the delivery of healthcare.
12. Participate in lifelong learning.
13. Develop and implement a plan to meet self-learning needs.
14. Delineate and maintain appropriate professional boundaries in the nursing relationship.

COMMUNICATION

Indicators

1. Utilize therapeutic communication skills when interacting with clients and significant support person(s).
2. Communicate relevant, accurate, and complete information in a concise and clear manner.
3. Report and document assessments, interventions, and progress toward client outcomes.
4. Protect confidential information.
5. Utilize information technology to support and communicate the planning and provision of client care.

ASSESSMENT

Indicators

1. Assess the interaction patterns of the individual client or significant support person(s).
2. Assess the impact of development, emotional, cultural, religious, and spiritual influences on the client's health status.
3. Assess the client's health status by completing health history and performing a physical, cognitive, psychosocial, and functional assessment.
4. Assess client and significant support person(s) for learning, strengths, capabilities, barriers, and educational needs.
5. Assess the client's response to actual or potential health problems.
6. Assess the client's response to interventions.
7. Assess the client for changes in health status and identified needs.
8. Assess the client's ability to access available community resources.
9. Assess the environment for facts that may impact the client's health status.
10. Assess the strengths, resources, and needs of clients within the context of their community.

CLINICAL DECISION MAKING

Indicators

1. Make clinical judgments and management decision to ensure accurate and safe care.
2. Analyze and utilize assessment and reassessment data to plan care.

3. Evaluate the effectiveness of care provided in meeting client outcomes.
4. Modify client care as indicated by the evaluation of outcomes.
5. Participate in problem identification and data collection for research, quality continuous improvement processes to meet client outcomes.
6. Use evidence-based information, collected electronically or through other means to support clinical decision-making.

CARING INTERVENTIONS

Indicators

1. Protect and promote the client's dignity.
2. Identify and honor the emotional, cultural, religious, and spiritual influences on a client's health.
3. Demonstrate caring behavior towards the client, significant support person(s), and other members of the healthcare team.
4. Provide accurate and safe nursing care in diverse settings.
5. Implement the prescribed care regimen within the legal, ethical, and regulatory framework of nursing practice.
6. Perform nursing skills competently.
7. Provide a safe physical and psychosocial environment for the client.
8. Assist the client and significant support person(s) to cope with and adapt to stressful events and changes in health status.
9. Assist the client to achieve optimum comfort and functioning.
10. Prepare the client and significant support person(s) for intervention, treatment modalities, and self-care.
11. Support the client and significant support person(s) when making healthcare and end-of-life
12. decisions.
13. Adapt care in consideration of the client's values, customs, culture, and/or habits.

TEACHING AND LEARNING

Indicators

1. Develop an individualized teaching plan based on assessed needs.
2. Provide the client and significant support person(s) with the information to make choices regarding health.
3. Teach the client and significant support person(s) the information and skills needed to achieve desired learning outcomes
4. Evaluate the progress of the client and significant support person(s) toward achievement of identified learning outcomes
5. Modify the teaching plan based on evaluation of progress toward meeting identified learning outcomes.
6. Provide assistive personnel with relevant instruction to support achievement of client outcomes.

COLLABORATION

Indicators

1. Coordinate the decision making process with the client, significant support person(s), and other members of the healthcare team.
2. Work cooperatively with others to achieve client and organizational outcomes.
3. Collaborate with the client, significant support person(s), and other members of the healthcare team to evaluate progress toward achievement of outcomes.
4. Interact creatively and openly with others to solve problems to achieve client goals and outcomes.
5. Collaborate to bring about fair solutions that balance differing needs, values, and motivations for the purpose of achieving positive client outcomes.

MANAGING CARE

Indicators

1. Prioritize client care.
2. Coordinate the implementation of an individualized plan of care for clients and significant support person(s).
3. Facilitate the continuity of care within and across healthcare settings.
4. Delegate aspects of client care to qualified assistive personnel.
5. Supervise and evaluate the activities of assistive personnel.
6. Adapt the provision of client care to changing healthcare settings and management systems.
7. Assist the client and significant support person(s) to access available resources and services.
8. Implement nursing strategies to provide cost efficient care.
9. Demonstrate competence with current technologies.

APPENDIX 10-QSEN Competencies

QSEN Competencies

The overall goal for the Quality and Safety Education for Nurses (QSEN) project is to meet the challenge of preparing future nurses who will have the knowledge, skills and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems within which they work.

Using the Institute of Medicine competencies, QSEN faculty and a National Advisory Board have defined quality and safety competencies for nursing and proposed targets for the knowledge, skills, and attitudes to be developed in nursing pre-licensure programs for each competency.

PATIENT – CENTERED CARE
Definition: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs.
TEAMWORK AND COLLABORATION
Definition: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.
EVIDENCE-BASED PRACTICE (EBP)
Definition: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
SAFETY
Definition: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.
INFORMATICS
Definition: Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.

<http://qsen.org/>

APPENDIX 11-Definitions

Part 172. Nursing

333.17201 Definitions; principles of construction.

Sec. 17201. (1) As used in this part:

(a) “Practice of nursing” means the systematic application of substantial specialized knowledge and skill, derived from the biological, physical, and behavioral sciences, to the care, treatment, counsel, and health teaching of individuals who are experiencing changes in the normal health processes or who require assistance in the maintenance of health and the prevention or management of illness, injury, or disability.

(b) “Practice of nursing as a licensed practical nurse” or “l.p.n.” means the practice of nursing based on less comprehensive knowledge and skill than that required of a registered professional nurse and performed under the supervision of a registered professional nurse, physician, or dentist.

(c) “Registered professional nurse” or “r.n.” means an individual licensed under this article to engage in the practice of nursing which scope of practice includes the teaching, direction, and supervision of less skilled personnel in the performance of delegated nursing activities.

(2) In addition to the definitions in this part, article 1 contains general definitions and principles of construction applicable to all articles in the code and part 161 contains definitions applicable to this part.

Occupational Regulation Sections of the Michigan Public Health Code. Michigan Department of
Consumer & Industry Services, Office of Health Services.

APPENDIX 12-Professional Organizations

The following are professional groups that are available to you either as a student (*) or as a graduate of your respective program.

- *1. National League for Nursing (NLN) – RN and LPN
www.nln.org
- *2. Michigan League for Nursing (MLN) – RN and LPN
<http://www.michleaguenursing.org/>
- *3. American Nurses Association (ANA) – RN
www.nursingworld.org
- *4. Michigan Nurses Association (MNA) – RN
<http://www.minurses.org/>
- *5. Michigan Student Nurse Association (MSNA) – RN
<http://www.minurses.org/mnsa/links.shtml>
- *6. National Organization for the Associate Degree Nursing (NOADN) – RN
www.noadn.org
- 7. National Association of Practical Nurse Education (NAPNE) - LPN
www.napnes.org
- *8. Michigan Licensed Practical Nurse Association (MLPNA) – LPN
<http://www.mlpna.org/>
- *9. National Student Nurses' Association
www.nsna.org
- *10. QSEN Institute
<http://qsen.org>

The agency of the State of Michigan for regulation of nursing practice is:

State of Michigan Board of Nursing
www.michigan.gov/cis/0,1607,7-154-10568_17671_17682-59003--,00.html
Department of Consumer and Industry Services
Bureau of Health Services
611 W. Ottawa 4th Floor P. O. Box 30018
Lansing, MI 4890
For other links, see:
<http://www.minurses.org/links.shtml>

APPENDIX 13-Medical Clearance Form



Mid Michigan
Community College

Great careers start here.

Use only if a change in medical condition

Medical Clearance Form

_____ is currently a nursing student in the Mid Michigan Community College Nursing Program.

Nursing students are frequently exposed to a variety of conditions which include, but not limited to, standing for a length of time, lifting, blood and body fluids, and infectious processes.

Due to their medical condition, physician clearance is required for attendance and participation in the nursing program.

The student may attend and participate fully in the Nursing program which includes:

- class
- nursing skills lab
- nursing clinicals

Please check above the areas that the student may attend and participate in. If not checked above, please describe the restrictions and anticipated length of restrictions that are recommended.

By signing, I acknowledge that I have cleared the student for attendance in the MMCC Nursing program.

Physician signature: _____ Date: _____

Physician printed name: _____

APPENDIX 14-Photo/Video/Audio/Imaging Release Form-Nursing Program



Mid Michigan
Community College

Student Name _____

Student MMCC ID Number _____

I hereby grant Mid Michigan Community College permission to videotape, audiotape, photograph, or image me for instructional, educational and/or marketing purposes. I grant permission to Mid Michigan Community College to interview me and/or to use my likeness in photograph(s)/video/audio/image in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Mid Michigan Community College, in perpetuity, and for other use by the College. I will make no monetary or other claim against MMCC for the use of the interview and/or the photograph(s)/video/audio/image recordings.

Student Signature _____

Address (Street Address) _____

City, State, Zip Code _____

Telephone _____

E-mail Address _____

APPENDIX 15- Acceptance of Policies and Procedures Signature Sheet



Mid Michigan
Community College

Great careers start here.

Nursing Department

Acceptance of Policies and Procedures Signature Sheet

I, _____ have received, read, and understand
(print student's name)

the policies and procedures of the Mid Michigan Community College Nursing Program as outlined in the MMCC Student Nurse Handbook. I also understand that I am responsible for complying with these policies and that a lack of adherence to these policies and procedures may result in dismissal from the Mid Michigan Community College Nursing Program. I have been given the opportunity to ask questions and seek clarification.

Student's signature

Date