NOTE: All policies and procedures as stated in this handbook are subject to change at anytime at the discretion of the college with due notice to the student. Supplement to Mid Michigan Community College 2009/2010 college catalog.

MMCC is an equal opportunity institution and does not discriminate on the basis of race, color, origin, sex, age, or disability.

Revised 8/09
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**INTRODUCTION**

This Nursing Handbook has been prepared to assist students who are enrolled in the Associate in Applied Science Nursing Program at Mid Michigan Community College (MMCC). This nursing program is a laddered program which affords the student the opportunity to apply for the practical nursing licensure after the first level. 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 objectives 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](http://www.midmich.edu).**

**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, we welcome you to the MMCC nursing program. This is an exciting time for personal and professional growth.

The MMCC nursing program is a laddered program consisting of two levels. Upon completion of the first level the student is awarded a certificate of achievement in practical nursing. The second level prepares the student for the registered nurse licensure with an associate degree in nursing.

To become a Registered Nurse (RN), you must complete both years of the Nursing Program, both steps of the ladder 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. Students that complete the first year of the nursing program at MMCC and immediately continue into level II are not required to have a PN license. If a student steps out of the nursing program at MMCC, they are required to possess a practical nurse license before entry into level II.

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 objectives 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, 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. Clinical experiences include a variety of practice settings, depending on the program level. In Level I, the student practices in a state of the art simulation laboratory setting at the College and actual experience in extended care facilities and hospitals in this community, as well as some community settings. The Level II Nurse Program provides continued practice in a state of the art simulation laboratory setting at the College, intense practice in community hospitals and some community experience.

The Nursing Director, Clinical Coordinator, 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 Faculty of Mid Michigan Community College*
# PEOPLE TO KNOW

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PROGRAM PHILOSOPHY

I. 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 a person is a bio-psycho-social-spiritual being who progresses through developmental stages as a unified system. Each person is believed to be continually responding to a hierarchy of needs. The person is in constant interaction with the internal and external environment in a dynamic adaptive 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 patient care, nurses promote adaptation of the patient 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. 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. A laddered program is responsive to the needs of students in our community, the nursing profession, and society.

II. CONCEPTUAL FRAMEWORK

The curriculum is based on a conceptual framework that reflects the controlling institution’s philosophy (as is identifiable in the objectives of the program of nursing education and the mission statement).

Our conceptual framework is based on Roy’s Adaptation Model. The four concepts: person, environment, health, and nursing reflect Roy’s definition.

1. Purpose is identified in the College mission statement.
2. Philosophy reflects the identified concepts, threads, Roy’s theory, goal achievement through the use of the nursing process, teaching/learning process; diversity and participation of both student and faculty; and the laddered concept.
The "Roy Adaptation Model" of nursing regards a human being as an adaptation system. The clients' adaptive behavior is regarded as the products of four kinds of "Adaptive Modes":

- Physiological Mode
- Self-concept Mode
- Role Function Mode
- Interdependence Mode

Thus, environments are regarded to consist of stimuli that are inputs to yield clients' responses in the Roy Adaptation Model. Student nurses attempt to modify stimuli to promote the clients adaptation in these adaptation modes.

The curriculum reflects organization, which is logical and internally consistent.

1. **Simple to complex**

2. **Concepts**
   a. Development
   b. Needs
   c. Adaptation
   d. Health-Illness Continuum

3. **Threads**
   a. Direct Care Provider
   b. Communicator
   c. Manager
   d. Nursing Process

4. **Competency Based Education** - Objective measurement criteria in each didactic and clinical course.

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

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

The overall nursing program objectives 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 policy.

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 objectives which include the criteria for successful completion of the course.

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

Curriculum includes all concepts identified in the Nursing Education Michigan Board of Nursing Administrative Rules.
Associate Degree in Nursing – RN Nursing Program

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.

PROGRAM OUTCOMES

At the conclusion of the program, the graduate will:

1. Provide and manage the care of clients utilizing the nursing process and supported by evidence based practice resulting in safe and competent client care
2. Incorporate caring interventions into all aspects of client care
3. Demonstrate critical thinking and problem solving skills in the management and delegation of client care
4. Integrate ethical and legal concepts in providing client care
5. Display initiative for personal growth and commitment as a professional within the discipline of nursing
6. Employ therapeutic communication skills with clients and other healthcare team members while effectively utilizing various forms of advanced technology in the healthcare setting
7. Provide culturally sensitive care to a diverse population
8. Collaborate with peers and other members of a multidisciplinary health care team to coordinate quality client care.
9. Apply principles of teaching/learning to identify learning needs and promote appropriate teaching strategies among diverse populations
10. Utilize proficient assessment skills to accurately appraise client condition to provide safe, competent, holistic care
**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, lab, and/or program who exhibits unsafe practice, unethical behavior, dishonesty, student misconduct, or perform below the standard of patient care in the 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.

**STUDENT RIGHTS**

- Nursing students have a right to quality education, review of formative evaluation and due process
- They have the right to fair academic and clinical evaluations of their performance
- They have the right to confidentiality of information concerning grades and performance
- They have the right to participate in course and faculty evaluations
- They have the right to facilitate awareness of self as an individual with varying physical, emotional and developmental needs
- They have the right to an education in a school approved by the Michigan State Board of Nursing
- Students have a right to appeal a dismissal from the nursing program (See Student Due Process p. 27)
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.

I. 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, 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; white uniform scrub top and royal blue pants or white dress uniform. White 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 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. White nylons must be worn with dresses or skirts. No open toed shoes are allowed in 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. Hair must not hang below collar level. 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. Artificial nails are not allowed. Light subdued colored nail polish may be worn. 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 patient 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 lab, and in the clinical setting. Profane language will be addressed on evaluations.

J. **Smoking:** MMCC is a smoke-free campus. Smoking is unhealthy and may be an offensive habit. When in a clinical affiliation, students will conform to the agency policy. Consideration should be given to client’s well-being regarding smoke odors on uniform or breath. The student may be asked to change their clothing or leave the clinical setting if the smoking odor is offensive.

K. **Drug-Free Status:** The Drug-Free Schools and Communities Act Amendments of 1989, require MMCC to enforce and inform students of standards of conduct which clearly prohibit the unlawful possession, use or distribution of drugs and alcohol by students on MMCC property or during any MMCC sponsored clinical activities. Additionally, MMCC as an institution will impose sanctions on students that are consistent with local, State and Federal laws which may include dismissal from MMCC.

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.

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 prior to beginning the program. The enactment of the revised Public Health Code effective April 1, 2006 now requires that all health care providers have a criminal background check with fingerprinting that includes an FBI check. This will be at the students’ expense and must be completed two weeks prior to the beginning of the semester or current (within last two (2) years). Criminal Background checks are required for all new Level II students and are at the students’ expense.

Final acceptance into the MMCC nursing program is subject to a clear criminal background check. Students that have a conviction of a felony or misdemeanor reported on their background check will meet with the Dean or Director 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.

L. **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:** Admissions Application, Health Career Application, the completion of
22 hours of prerequisites with a “2.5 GPA” or better. Students must achieve a “B-“ in BIO 141 and BIO 142. BIO 141 and BIO 141 MUST be taken at the same institution and student must obtain a B- or better in each.

3. Distant Education Online Admission Criteria: Admissions application, Health Career Application, the completion of 22 hours of prerequisites with a “2.75 GPA” or better. Students must achieve a “B” in CIS 100, a “B-“ in BIO 141 and BIO 142, and successfully complete a web based assessment questionnaire.

4. Any student receiving less than a “C” in any NUR distance ed course is required to take their final attempt in a traditional setting.

5. Technical requirement for distance ed course can be found at http://distedweb.midmich.edu, Click on Am I Ready For Online. Click on Tech Requirements to find if your system meets the requirements. At the bottom of the page, there are three programs listed (Adobe Acrobat Reader, Apple QuickTime Player, Adobe Flash) click on the ones that you do not have to download onto your system.

6. When admitted to the Nursing Program, the student will be offered either the Fall Cohort at the Harrison location or the Winter cohort at the Doan Center location depending upon their ranking on the admissions list. The student may waive and decline their admission one time when offered but will be required to take the next available slot or will be moved to the bottom of the admissions list.

7. When the student accepts admission into the Nursing Program, they will either be assigned to the Fall cohort at the Harrison location or the Winter cohort at the Doan Center location. Because course rotation may vary from locations, 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.

II. Health Requirements

It is the student’s responsibility to provide current health records to the Health Technology and Nursing Office. 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 objectives of the nursing program.

Health Assessment Record File (Level I and Level II)

1. Students are expected to maintain a Health Assessment Record File on file and maintained in the Health Technology and Nursing Office. 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 objectives.

2. File to include:
   a. Health Assessment Form (Physical)
   b. Immunization Record
   c. Record of annual TB test
   d. Record of Hepatitis Vaccine or waiver
   e. CPR card

3. A Health Assessment (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 clinical
course. The health assessment is to be documented on the “Health Care Form” that is included in the student orientation packet.

4. **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 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.

- **A. 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 inactivaed 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.

- **B. Varicella**
  History of chickenpox is acceptable if disease is verified by medical documentation. Uncertain or no history of chickenpox requires documentation of an immune titer or two doses of Varivax.

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

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

- **E. TB** — TB screening is done at least annually. 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.

5. **TB Skin Test:** Must be repeated *annually* and a statement of negative results presented to the Health Technology and Nursing Office prior to the beginning of the first clinical course and annually prior to expiration dates. 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 practicum immediately. **It is the student’s responsibility to remain current in their TB skin testing requirements.**

6. Temporary conditions 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 in clinical. A student will require physician clearance to return to the clinical setting.
7. **Basic Cardiac Life Support (BCLS)--(Health Care Provider Course):** BCLS instruction may be offered through MMCC for all students. BCLS cards may be updated through an offered course at MMCC. If the student presents a CPR card to the Clinical Coordinator/Director of Nursing, it must be from a BLS for Healthcare Providers (CPR & AED) program. **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.

8. **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. The cost of treatment is the responsibility of the student.

9. **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.

10. **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.

11. **OSHA Training:**
An OSHA training seminar (SPA) is **mandatory** for all students prior to the beginning of each program level. 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 SPA training is available at [www.studentpassportalliance.com](http://www.studentpassportalliance.com).

### III. Scholastic Requirements

A. **Grading Scale:** The following grading scale is for all nursing (NUR) courses:

**Clinical Letter Grade**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>All Non-negotiable and All Negotiables met</td>
</tr>
<tr>
<td>B</td>
<td>All Non-negotiable consistently met with minimal revisions, 75% negotiables met</td>
</tr>
<tr>
<td>C</td>
<td>All Non-negotiable met, work has required revisions</td>
</tr>
<tr>
<td>D</td>
<td>75% of non-negotiable have been met</td>
</tr>
<tr>
<td>F</td>
<td>Did not meet all non-negotiables</td>
</tr>
</tbody>
</table>
Theory Letter Grade and Percentage

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>96-100</td>
</tr>
<tr>
<td>A-</td>
<td>93-95</td>
</tr>
<tr>
<td>B+</td>
<td>89-92</td>
</tr>
<tr>
<td>B</td>
<td>86-88</td>
</tr>
<tr>
<td>B-</td>
<td>83-85</td>
</tr>
<tr>
<td>C+</td>
<td>80-82</td>
</tr>
<tr>
<td>C</td>
<td>78-79</td>
</tr>
<tr>
<td>C-</td>
<td>73-77</td>
</tr>
<tr>
<td>D+</td>
<td>68-72</td>
</tr>
<tr>
<td>D</td>
<td>65-67</td>
</tr>
<tr>
<td>D-</td>
<td>62-64</td>
</tr>
<tr>
<td>F</td>
<td>Below</td>
</tr>
</tbody>
</table>

Grades are NOT rounded up!

B. Attendance

1. 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 and exams are at the discretion of the instructor. Unannounced quizzes cannot be made up if a student is absent.

2. If a student is absent, class notes and missed information should be obtained from another student.

C. Progression: Theory, Clinical and Lab

1. Students are required to take courses on a continuing enrollment basis and in sequence. General education courses must be taken as prerequisites. (100 level courses) or co-requisites (200 level courses).

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

3. Students registering in nursing (NUR) courses must register in both the theory and clinical portions of all courses each semester. Both portions MUST be passed with a “C” (2.0 GPA) to progress. Co-requisite courses MUST be taken together. **Withdraw from one co-requisite automatically results in withdraw from the accompanying co-requisites.** Example: NUR 121, NUR 124 and NUR 150 are co-requisites. If a student withdraws from any one co-requisite, they will be withdrawn from all of the others that semester. The student must complete an “Add/Drop” form to withdraw from a NUR course and must have it signed by the Dean or Director of Nursing. The College catalog will be followed regarding tuition refund policy.

4. 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.**

5. Students who receive a grade less than a "C" in any required nursing course, will not be permitted to progress to the next semester. The student is required to apply for readmission to the nursing program. Student re-entry to the nursing program is based on available slot. The nursing department **DOES NOT** guarantee re-admission to the program to any student.

6. Students are allowed up to three attempts to pass each lab module/test with 80% or greater. If student fails to achieve 80% on a lab module or test within those three attempts, they will receive a failing grade in the lab, which results in a failing clinical grade, which results in failing from the nursing program. In order for student to earn an “A” in clinical, in addition to all non-negotiables, all skills lab modules/tests must average 93% or greater on the first attempt.

7. Level II Graduation Requirement: If a student scores below a certain score (TBA) on the comprehensive ATI exam at the end of the Level II nursing program, they must take a review course (at own expense) in order to complete the requirements of the nursing program. Upon successful completion of the review course, their Certificate of Completion for the nursing program will be sent to the MI State Board of Nursing to make the student eligible to take their NCLEX-RN.

D. **Academic Failure**

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

1. Failure to demonstrate consistent progression of academic achievement, as evidenced by:
   a. Achieve and maintain a “C” in all nursing courses
   b. Achieve satisfactory clinical performance in all nursing courses
   c. Achieve 80% or above on all required laboratory modules and tests to receive a passing grade in the clinical course
   d. Achieve satisfactory grade on each lab module or test within 3 attempts

2. 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, pagers, and personal digital assistants are not permitted in the classroom, whereas tape recorders can be used with the Instructor’s permission. 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. Distance Ed exams are timed with limited access. Exams are to be proctored by an approved facility (i.e. Academic Support Center (ASC), local library, high school). **Cell phones and pagers are not permitted in the clinical setting.** Please see Student Regulation policies in the MMCC undergraduate catalog.

3. Failure to adhere to the Academic Honesty Policy: A student who is found to be dishonest in class or the clinical setting will be subject to dismissal. This includes any form of plagiarism, lying, or cheating. All scholastic dishonesty is prohibited. This includes unethical behavior, stealing, deceit and plagiarism, by intent or omission.

**Plagiarism:** Stealing and using the ideas or writings of another as one’s own. The unauthorized withholding of material(s) with wrongful intent, regardless of whether any grade should be affected, thereby, is prohibited.
Cheating: Examples of cheating include: obtaining or providing papers, tests, care plans or any written assignments from another present or past student; allowing others to use materials or look at your test answers

Lying: Examples of lying include: giving inaccurate or false information, in theory or clinical and is prohibited

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

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

5. 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 permanent and will be placed in the student’s record.

IV. Clinical Experience and Lab Requirements

A. Strategies for Successful Completion in the Clinical/Skills Lab (Clinical Performance Guidelines):

To prepare for clinical experience the student is to:

1. 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 patient care may result in immediate dismissal from the program.

2. 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.

3. Before beginning client care you must update yourself to current status of client by: listening to report, verbally or taped, check the kardex, receive special instructions from the primary or team leader, and check the medication sheets.

4. 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.

5. Follow agency policies about witnessing surgical permits, wills, etc.

6. 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.

7. Assume responsibility for listening to the local radio station 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.

8. Practice self evaluation continually.
Student may not:

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

2. 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.

B. Clinical Assignments:

1. 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.

2. Assignments to clinical facilities will be made by the Clinical Coordinator and students during pre-enrollment.

3. Students are responsible for providing their own transportation to and from clinical sites. While every attempt is made to place students at a clinical facility closest to their home, this may not always be possible because of clinical contractual agreements. The student needs to understand that he/she may travel over an hour to get to a clinical site.

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

   **Acute Care:**
   - Central Michigan Community Hospital, Mt. Pleasant
   - MidMichigan Medical Center-Clare, Clare
   - MidMichigan Medical Center-Gladwin, Gladwin
   - Gratiot Medical Center, Alma
   - MidMichigan Medical Center-Midland, Midland
   - West Branch Regional Medical Center, West Branch
   - Bay Regional Medical Center, Bay City
   - Mercy-Cadillac, Cadillac

   **Extended Care Facilities:**
   - Masonic Pathways, Alma
   - Isabella Medical Care Facility, Mt. Pleasant
   - Tendercare, Mt. Pleasant/Clare/Midland
   - MidMichigan Gladwin Pines, Gladwin
   - MidMichigan Stratford Village, Midland
   - The Laurels of Mt. Pleasant, Mt. Pleasant

   **Outside Rotations**
   - Physician's Offices, Mt. Pleasant, Midland
   - Public Health Department, Saginaw, Mt. Pleasant
   - Home Care, Alma, Midland, Mt. Pleasant
   - Cardiac Rehabilitation, Alma, Midland, Mt. Pleasant
   - Community Mental Health, Harrison, Alma, Mt. Pleasant, Midland, Clare, Gladwin
   - Great Lakes Renal Network, Alma, Mt. Pleasant
C. **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 Dean/Director of Nursing/Clinical Coordinator if a need exists to remove a student or an Instructor from the clinical facility.

D. **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.

1. The clinical experience is critical to prepare students for professional responsibilities. Missed clinical represents a missed opportunity to meet clinical objectives. All clinical objectives **MUST** be met for successful completion of the nursing program.

2. Any missed clinical time must be made up prior to the beginning of the next semester. Advancement in the program will not occur until payment for the make-up day is made and require course work/clinical make up is submitted. An “I” (incomplete) will appear on your transcript until the requirement is met.

3. 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.

4. Two tardies of greater than 10 minutes will equate to and count as one absence.

5. If the student has more than two absences in any clinical/skills lab for any given semester, the student will receive a Written Warning Notice.

6. Nursing skills lab is considered part of the clinical hours. 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 before the end of the semester or the student will receive a failing grade and will not be allowed to progress to the next semester.

7. All make-up clinical time and skills lab time is at the expense of the student and at the discretion of the Dean/Director of Nursing. Please note that clinical and skills lab make-up days may be on weekends and/or during semester breaks.

A. **Clinical Make – Up Procedure:**

1. Make up clinical work will **NOT** provide anecdotal credit. Therefore, non-negotiable objectives **MUST** be met prior to student being eligible for make-up assignments. All clinical objectives **MUST** be met for successful completion of the course.

2. Clinical make up time will be in a “virtual” clinical setting and may not exceed twelve hours per semester. If the student is absent for more than twelve hours, the student MUST schedule an appointment with the Dean/Director of Nursing. Clinical make up time will then be at the discretion of the Dean/Director of Nursing and each situation will be evaluated on an individual basis.
3. Cost for the virtual clinical make up will be based upon the amount of time needed to be made up. The fee for less than 8 hours to make up will be $25.00 and the fee for greater than 8 hours to make up will be $50.00 per occurrence. The student is responsible for the make up expense.

4. The procedure for scheduling clinical make up: The student is responsible to contact the Clinical Coordinator to schedule the virtual make up.

5. The Clinical Coordinator will contact the cashier at MMCC to add the additional make up fee to the student’s account.

6. The student will pay the make up fee at the cashier and submit their receipt to the Clinical Coordinator before receiving their make up packet.

7. The Clinical Coordinator will provide the student with the make up packet and student will then be given the deadline to have the make up work completed.

8. Completed make up packet must be returned to the Health Technology and Nursing Office by designated deadline.

9. If a student fails to complete the required clinical make up assignment, they will receive a failing grade for the clinical course.

8. All routine appointments with doctors, dentists, etc. are to be made outside of class, skills lab and clinical hours. Such appointments are not acceptable for absence from class or clinical/skills lab.

9. 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 area and faculty prior to the start of clinical/skills lab time. This may include notifying the nursing office at (989)386-6643.

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

Step 1: VERBAL WARNING is an interaction between the faculty and the student regarding unsatisfactory performance on “non-negotiable” objectives. The unsatisfactory behavior needs to be corrected by the student to succeed in the course.

The verbal counseling will be documented by the faculty on the student’s anecdotal. Verbal counseling can be given for any behavior that hinders growth in the nursing courses.

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:

1. Unsatisfactory performance at any time or repeated behavior for which a verbal warning has been issued.

2. Unsafe clinical practice or pattern of behaviors. Examples of unsafe practices include, but are not limited to:
   - errors in medication administration
   - lack of knowledge of purpose and side effects of drugs administered to clients
   - incorrect calculation of drugs
3. Unsafe nursing practice resulting in actual or potential harm to client
4. Failure to safely adapt nursing skills to actual client care according to level of course.
5. Being unprepared for clinical. (lack of knowledge of disease process, medications, nursing interventions, procedures, etc.).
6. 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.
7. Failure to give faculty or nursing staff current accurate information about a situation, assignment, or client care in theory or clinical course either by intent or omission.
8. Disruptive behaviors which are disturbing other students and faculty in class or clinical. Any behavior identified to interfere with safe patient care will result in the student receiving a written warning.
9. No Call/No Show for clinical – this includes skills lab.
10. Failure to establish effective working relationships and communication with MMCC Nursing Department, members of the health care team or clients.
11. Incomplete or inaccurate clinical paperwork that does not improve with feedback.

**Failure to assume student responsibilities in the nursing program:**

1. Tardiness more than two times, excessive absenteeism. (see Attendance, page 16)
2. Inappropriate personal appearance or clinical behavior. (see Personal Appearance Requirements, p. 12)
3. Unethical or immoral behavior and academic dishonesty. (see Academic Honesty, p. 18)
4. Failure to meet guidelines for clinical paperwork as defined in course syllabus.

- Clinical faculty have the authority and will be the final judge of whether a student is competent to be in the clinical setting on a given day.
- 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 in the student’s file. Any or all written warnings will be considered in determining ongoing discipline.
Student Responsibilities When Receiving a Written Warning:

1. 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.

2. After receiving a written warning notice from the faculty, the student will make an appointment and meet with the Dean/Director of Nursing within one week of the notice.

3. The student must write perception of the problem and formulate objectives and a plan to correct the unsatisfactory performance/behavior, and bring this to the conference with the Dean/Director of Nursing.

4. After meeting with the Dean/Director of Nursing and reviewing their objectives and improvement plan, the student will then meet with their clinical instructor on or by the next clinical day and review their objectives and improvement plan.

5. 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.

6. Student may not be assigned in clinical area where the identified problem cannot be evaluated. This may mean not going to an outside experience.

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

8. Two written warning notices during the same semester shall result in lowering of the student’s clinical grade by one letter grade.

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.

1. A student may receive a Probation Notice instead of a written warning if the unsatisfactory behavior is of a serious nature and compromises patient 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.

2. 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.

3. The following objectives will be reviewed with the clinical faculty member during the probationary period:
   - Any clinical absences while on probation MUST be made up before the probation is complete.
   - All terms of probation must be completed to exit either Level I or Level II.
   - 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 non-negotiables.
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:**

1. 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.

2. After receiving a Probation Notice from the faculty, the student will make an appointment and meet with the Dean/Director of Nursing before the next scheduled clinical day.

3. The student must write perception of the problem and formulate objectives and a plan to correct the unsatisfactory performance/behavior, and bring this to the conference with the Dean/Director of Nursing.

4. After meeting with the Dean/Director of Nursing and reviewing their objectives and improvement plan, the student will then meet with their clinical instructor on or by the next clinical day and review their objectives and improvement plan.

5. If the student fails to improve clinical performance as indicated on the improvement plan, the student will then be assigned a “F” for the course and will be dismissed from the nursing program.

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

**Dismissal from the Nursing Program:**

1. The MMCC nursing program prepares students to practice within the Scope of Practice as defined by the American Nurses Association (ANA) (Appendix 9) and the Standards of Nursing Practice (Appendix 10). Failure to progress toward mastery of the standards and scope of practice may result in disciplinary action including dismissal from the nursing program.

2. All students must adhere to legal practice of nursing as found in the Michigan Public Health Code (Appendix 12). Students are held accountable to the level of a practicing licensed practical nurse or registered nurse for those skills already taught. Failure to meet legal requirements will result in immediate dismissal from the nursing program.

3. Students are required to keep client information confidential. This is both a State of Michigan law and a Federal statue. **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).

4. 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 patient confidentiality, etc.
5. 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 discipline up to and including dismissal from the program (See: College Catalogue, Drug Abuse Policy and Regulations).

V. Readmission

A. Readmission to the Nursing Program:

1. Students who receive a grade less than a "C" in any required nursing course, will not progress to the next semester. They must apply for readmission to the nursing program by sending a letter to the Dean/Director of Nursing. 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 slots.

2. Nursing students who fail, withdraw or are unable to progress in the nursing program may seek readmission by requesting re-admission, in writing, to the Dean/Director of Nursing. The request for re-admission must include:
   a. Student name and ID number
   b. The course(s) that student failed or withdrew from
   c. If student completed level I and was unable to progress to Level II, date of stepping out and explanation as to why they stepped out
   d. An explanation as to why the student failed or withdrew
   e. Student’s detailed plan of academic readiness to re-enter the nursing program. The plan of academic readiness MUST address, in detail, how the student plans to be successful if re-admitted to the nursing program. The plan must be signed and becomes a contract that the student will follow through out the rest 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.
   f. Cohort student wishes to re-enter into (ie. Fall cohort at Harrison, Winter cohort at Doan Center, Part time cohort)

3. All requests for re-admission MUST be in writing. Each request for re-admission will be evaluated on an individual basis. The Nursing Department DOES NOT GUARANTEE re-admission to the nursing program!

4. Students withdrawing from the nursing program with less than a “C” or completing with less than a “C” may be readmitted to the program a maximum of one (1) time per level. Students must follow the readmission request guidelines outlined above.

5. Students that are readmitted to the nursing program will be required to successfully complete a clinical practicum proceeding the re-entry semester.
6. Readmitted students will be assigned to their clinical rotations with a full time MMCC nursing faculty member.

7. Readmission must take place within a two-year time span or all prior nursing courses may have to be repeated.

8. Readmitted students are required to purchase current required textbooks for the course which is being repeated.

9. Students that are dismissed from the nursing program while on probation are not entitled to readmission to the nursing program.

10. **Admission to the Nursing Program is based on availability of slots:**

**Level I program selection preference:**

1. Students are admitted based on admission criteria (p. 13)

2. Readmits will be placed on waiting list ranked by overall GPA, ATI TEAS score and content of readmission request letter.

**Level II Full-time and Part-time program selection preference:**

1. Current MMCC Students in Level I with non-refundable $125.00 deposit paid by due date.

2. LPNs who graduated from Level I MMCC (Reapply).

3. MMCC students after voluntary exit or students meeting readmission criteria after failing a course.

4. LPNs graduating from programs other than MMCC.

5. All new admissions to Level II must provide a copy of current Practical Nurse license. The Practical Nurse license must remain current while student is in the nursing program.

6. Transition class is composed of LPN students who did not graduate from MMCC nursing program and MMCC LPNs (Reapply) who graduated more than two (2) years ago.

7. Final acceptance into Level II of the MMCC nursing program is subject to successful completion or transfer credit of BIO 210 and CHEM 106. **Students without completion or transfer credit of BIO 210 and CHEM 106 will not be allowed to start the Level II nursing courses.**

B. **Leave of Absence:**

A leave of absence may be granted to a student for health reasons and major personal problems. Leaves will be granted by the Dean/Director of Nursing in consultation with the faculty. Students will need to submit a letter of intent for readmission to the nursing program.

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

A. The instructor shall:
1. Make weekly entries in the student’s clinical anecdotal notes.

2. Inform students of any clinical deficits and make recommendations for corrective action.

3. Notify the Dean/ Director of Nursing if the student fails to adhere to recommendations for clinical improvement.

4. Monitor the student’s clinical progress and keep the Dean/Director of Nursing informed.

5. Inform the student of unmet clinical non-negotiables and record a failing grade.

6. If a student receives a failing grade in the clinical component of a NUR course, the students also receives a failing grade for the theory co-requisite course.

B. Evaluation/Grade Review Policy:

The responsibility for resolving grade, probation and dismissal disputes is shared by the student, the faculty and the Dean/Director of Nursing and the Vice President of Academic Services. This policy will be used when the student initiates a grievance and must be resolved before progressing to the next semester.

Grade Review:

Phase I:

Under MMCC policy, it is the faculty's responsibility to evaluate the student's performance and determine the student's clinical grade. If, however, a question is raised by a student concerning performance evaluation grade, he/she should immediately discuss the difficulty with the faculty.

Phase II:

If, after discussion with the faculty, the student believes that a valid justification exists for a grade grievance, he/she shall contact the Dean/Director of Nursing within one working day. The Dean/Director of Nursing shall arrange a meeting with the faculty member, student and the Dean/Director of Nursing within one working day to resolve the conflict.

Phase III:

If, after Phase II, the student still believes that valid justification exists for a grade grievance, the student shall file in writing to the Vice President of Academic Services within one working day, the rationale concerning the grievance.

Phase IV:

The Vice President of Academic Services shall, within one working day, establish a meeting with the Grade Review Committee to present the facts and preside over the resolution of the student's grievance. Resource people who will provide information to the Grade Review Committee shall be:

- Student
- Faculty Member
- Dean/Director of Nursing
The Grade Review Committee shall consist of:
- Dean/Director of Nursing
- One full-time faculty member from the Nursing Department
- One full-time member from Science Division
- One full-time faculty member from Vocational Tech. or Business
- Vice President of Academic Services
- Dean of Student Services

If the course has already been completed, in which the student has a grievance, the student will follow the procedure in the College Catalog.

C. **ATI:**

Assessment of NUR course competencies are evaluated every semester using Assessment Technologies Institute (ATI) modules. Prior to admission to the nursing program, students are required to take an ATI TEAS which assesses Reading, Science, Math and Language Comprehension.

D. **Graduation:**

1. To be awarded a certificate of Practical Nursing, a student must have achieved:
   - An overall GPA of 2.0 or better.
   - The grade of "C" or better in all required courses in the first level curriculum of the nursing program.
   - Complete Graduation application procedure.

2. 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 required courses in the first and second level of the nursing program.
   - Meet all general education requirements.
   - Complete Graduation application procedure.

E. **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. Also, effective May 2009, all new 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.

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.
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.

STUDENT

Schedule meeting with immediate instructor (classroom and or clinical)

Problem Unresolved

Schedule meeting with lead instructor and/or Dean/Director of Nursing and current nursing instructor

Schedule meeting with the Dean/Director of Nursing and current nursing instructor

Start Grade Review Process (p. 27 Nursing Handbook) immediately after grade is posted

Problem Resolved

Problem Resolved

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 Dean/Director of Nursing and faculty member.
### Suggested Nursing Program Sequence

<table>
<thead>
<tr>
<th>Fall Cohort (Harrison Location)</th>
<th>Online Cohort</th>
<th>Winter Cohort (Doan Center)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level I –</strong>&lt;br&gt;<strong>Fall Semester:</strong>&lt;br&gt;NUR 121 (6) credits&lt;br&gt;NUR 124 (5) credits&lt;br&gt;NUR 150 (3) credits&lt;br&gt;Total (14) credits</td>
<td><strong>Level I –</strong>&lt;br&gt;<strong>Fall Semester:</strong>&lt;br&gt;NUR 121 (6) credits&lt;br&gt;NUR 124 (5) credits&lt;br&gt;NUR 150 (3) credits&lt;br&gt;Total (14) credits</td>
<td><strong>Level I –</strong>&lt;br&gt;Winter Semester:&lt;br&gt;NUR 121 (6) credits&lt;br&gt;NUR 124 (5) credits&lt;br&gt;NUR 150 (3) credits&lt;br&gt;Total (14) credits</td>
</tr>
<tr>
<td>Winter Semester:&lt;br&gt;NUR 125 (5) credits&lt;br&gt;NUR 127 (4) credits&lt;br&gt;NUR 128 (4) credits&lt;br&gt;Total (13) credits</td>
<td>Winter Semester:&lt;br&gt;NUR 125 (5) credits&lt;br&gt;NUR 127 (4) credits&lt;br&gt;NUR 128 (4) credits&lt;br&gt;Total (13) credits</td>
<td>Spring/Summer Session:&lt;br&gt;NUR 125 (5) credits&lt;br&gt;NUR 128 (4) credits&lt;br&gt;Total (9) credits</td>
</tr>
<tr>
<td>Spring Session:&lt;br&gt;NUR 130 (3) credits&lt;br&gt;NUR 134 (1) credits&lt;br&gt;Total (4) credits</td>
<td>Spring Session:&lt;br&gt;NUR 130 (3) credits&lt;br&gt;NUR 134 (1) credits&lt;br&gt;Total (4) credits</td>
<td>Fall Semester:&lt;br&gt;NUR 127 (4) credits&lt;br&gt;NUR 130 (3) credits&lt;br&gt;NUR 134 (1) credits&lt;br&gt;Total (8) credits</td>
</tr>
<tr>
<td><strong>Level II</strong>&lt;br&gt;<strong>Fall Semester:</strong>&lt;br&gt;NUR 221 (2.5) credits&lt;br&gt;NUR 222 (2.5) credits&lt;br&gt;NUR 223 (2.5) credits&lt;br&gt;NUR 224 (2.5) credits&lt;br&gt;SSC 200 (3) credits&lt;br&gt;Total (13) credits</td>
<td><strong>Level II</strong>&lt;br&gt;<strong>Fall Semester:</strong>&lt;br&gt;NUR 225 (5) credits&lt;br&gt;NUR 226 (5) credits&lt;br&gt;HUM 200 (3) credits&lt;br&gt;Total (13) credits</td>
<td>Winter/Spring Sessions:&lt;br&gt;NUR 221 (2.5) credits&lt;br&gt;NUR 222 (2.5) credits&lt;br&gt;NUR 223 (2.5) credits&lt;br&gt;NUR 224 (2.5) credits&lt;br&gt;SSC 200 (3) credits&lt;br&gt;Total (13) credits</td>
</tr>
<tr>
<td>Winter Semester:&lt;br&gt;NUR 225 (5) credits&lt;br&gt;NUR 226 (5) credits&lt;br&gt;NUR 227 (2) credits&lt;br&gt;HUM 200 (3) credits&lt;br&gt;Total (15) credits</td>
<td>Winter Semester:&lt;br&gt;NUR 221 (2.5) credits&lt;br&gt;NUR 222 (2.5) credits&lt;br&gt;NUR 223 (2.5) credits&lt;br&gt;NUR 224 (2.5) credits&lt;br&gt;NUR 227 (2) credits&lt;br&gt;SSC 200 (3) credits&lt;br&gt;Total (15) credits</td>
<td>Fall Semester:&lt;br&gt;NUR 225 (5) credits&lt;br&gt;NUR 226 (5) credits&lt;br&gt;NUR 227 (2) credits&lt;br&gt;HUM 200 (3) credits&lt;br&gt;Total (15) credits</td>
</tr>
<tr>
<td>Spring Session:&lt;br&gt;NUR 228 (3) credits&lt;br&gt;Total (3) credits</td>
<td>Spring Session:&lt;br&gt;NUR 228 (3) credits&lt;br&gt;Total (3) credits</td>
<td>Winter Semester:&lt;br&gt;NUR 228 (3) credits&lt;br&gt;Total (3) credits</td>
</tr>
</tbody>
</table>

Revised 8/2009

**APPENDIX 1**
### Recommendations for Clinical Experience Restrictions*

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

*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

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

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 patients 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 patients, especially those in emergency care settings in which the risk of blood exposure is increased, and the infectious status of the patient 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 patient 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 patient care or handling patient 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
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:

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

STEP 6: Follow up procedures
♦ The exposed individual will provide the College with written documentation from the selected health care provider
  - Healthcare provider name
  - Date of visit
  - 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

MID MICHIGAN COMMUNITY COLLEGE
Medication Administration Policy
in Laddered 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.

LEVEL I STUDENT NURSE:

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 130:

- In addition to NUR 128, students may hang IV solutions with hospital staff nurse supervision as determined by faculty.
- After assessment of student’s medication technique and approval by current faculty, students may give parenteral medication independently after validation of medication knowledge and five rights with the faculty member. This is at the discretion of the faculty member and in accordance with the facility medication administration policy. (Faculty may delegate supervision of medication administration to selected staff members).
**LEVEL II STUDENT NURSE:**

**NUR 222:**

- In addition to policies for Level I courses, student may start IV's on Adult patients only. **NO** IV starts will be attempted on pediatric patients.
- IV Pushes are only given with faculty supervision.

**NUR 224:**

- No medications will be given by student during the mental health experiences.

**NUR 226:**

- In addition to the policy for Nursing 222, 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 parenterals must be witnessed by preceptor.
APPENDIX 6

Code of Ethics for the Licensed Practical/Vocational Nurse

The Licensed Practical and Licensed Vocational Nurse shall....

1. Consider as a basic obligation the conservation of life and the prevention of disease;

2. Promote and protect the physical, mental, emotional, and spiritual health of the patient and his/her family;

3. Fulfill all duties faithfully and efficiently;

4. Function within established legal guidelines;

5. Accept personal responsibility for his/her acts, and seek to merit the respect and confidence of all members of the health team;

6. Hold in confidence all matters coming to his/her knowledge, in the practice of his/her profession, and in no way at no time violate this confidence;

7. Give conscientious service and to charge just remuneration;

8. Learn and respect the religious and cultural beliefs of his/her patient and of all people;

9. Meet the obligation to the patient by keeping abreast of current trends in health care through reading and continuing education; and

10. As a citizen of the United States of America, uphold the laws of the land and seek to promote legislation that will meet the health needs of its people.

Illinois Institute of Technology, Chicago, Center for the Study of Ethics in the Professions. (November 2002). Codes of ethics online. Retrieved March 16, 2004, from the Center for the Study of Ethics in the Professions site: http://www.iit.edu/departments/csep/PublicWWW/codes/coe/Licensed...
APPENDIX 7

American Nurses’ Association Code for Nurses

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

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

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

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

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

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

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

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

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

APPENDIX 8

National Association of Practical Nursing Education (NAPNE) Code of Ethics

The Licensed Practical/Vocational Nurse Shall:

1. Consider as a basic obligation the conservation of life and the prevention of disease.

2. Promote and protect the physical, mental, emotional, and spiritual health of the patient and his family.

3. Fulfill all duties faithfully and efficiently.

4. Function within established legal guidelines.

5. Accept personal responsibility (for his/her acts) and seek to merit the respect and confidence of all members of the health team.

6. Hold in confidence all matters coming to his/her knowledge, in the practice of his/her profession, and in no way at no time violate this confidence.

7. Give conscientious service and charge just remuneration.

8. Learn and respect the religious and cultural beliefs of his/her patient and of all people.

9. Meet his/her obligation to the patient by keeping abreast of current trends in health care through reading and continuing education.

10. As a citizen of the United States of America, uphold the laws of the land and seek to promote legislation which shall meet the health needs of its people.

Visit: www.napnes.org/index.html
APPENDIX 9

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 patient outcomes responsive to nursing intervention are evaluated.


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. Patients 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 patients.

- 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 10**

American Nurses’ Association Standards of Practice

- **Standard 1. Assessment**
  The registered nurse collects patient 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 patient.

- **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 patient’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 patient, 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.

APPENDIX 11

NLN Standards

A

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.
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.
13. Develop and implement a plan to meet self-learning needs.
14. Delineate and maintain appropriate professional boundaries in the nursing relationship.

B

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.
4. Protect confidential information.
5. Utilize information technology to support and communicate the planning and provision of client care.

C

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
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.

**D**

**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.

**E**

**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 decisions.
12. 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.
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.
APPENDIX 13

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.michleaguening.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

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  48909

For other links, see:
http://www.minurses.org/links.shtml
APPENDIX 14

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 ____________

NOTE: All policies and procedures as stated in this handbook are subject to change at anytime at the discretion of the
College with due notice to the student.

Return signed form to Health Education Specialist in the Nursing Office which will then be placed in your student file.