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**NURSING PROGRAM**

HANDBOOK

4500 Steilacoom Blvd. SW

Lakewood, WA 98499

Revision date 9/24/2021

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**The Nursing Programs Vision**

**Our vision is to promote holistic nursing care based on current evidence-based practice and industry standards through quality nursing education to a culturally diverse population.**

**Nursing Programs Mission**

**Our mission is to provide a career pathway for students to gain nursing knowledge, skills and professional values necessary to succeed in the workforce of today, and become leaders in the workforce of tomorrow.**

## Welcome from the Dean of Nursing Programs

On behalf of the Nursing faculty and staff, welcome to the Clover Park Technical College (CPTC)

Nursing Program. We are committed to providing you with a quality educational experience and are here to guide and support you on your path to become a compassionate, empathetic caregiver.

The Clover Park Technical College Nursing Program has a rich history, which has expanded over fifty years. The Practical Nurse program was started in 1961 with just one instructor. Today, Clover Park Nursing Programs include: Nursing Assistant and Practical Nurse programs with numerous dedicated faculty.

Our nursing program is designed to improve your critical-thinking skills, develop evidence-based practice and guide you in the art and science of nursing. You will have the opportunity to learn theory in the classroom and practice newly learned skills in the comfort of the laboratory setting. Under the supervision of clinical faculty, you will participate in the care of patients at local industry partner facilities. All of these components will help prepare you for the national licensure exams (NCLEX).

We are excited that you have chosen Clover Park Technical College Nursing Programs as the next step in your future. Remember, we are here to encourage you, lead you, and walk your academic path with you. The work will be hard, but you ARE up for the task!

Welcome and get ready for your next adventure!

Tiffany G. Smith-Fromm, MN, RN

Dean of Nursing Programs

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**Introduction to the Nursing Program Student Handbook**

This handbook includes the policies and procedures for the nursing programs at CPTC. Policies are designed to clarify expectations for the student. The handbook provides resources and guidance for the student to meet program requirements. The student is encouraged to refer to this handbook frequently.

These policies are all subject to change. Students will be notified in writing of any revision prior to implementation.

Students have input into future development of policies through the attendance and participation of class representatives at the Nursing Evaluation and Curriculum meetings.

Each student is expected to read, become familiar with, and follow the policies and procedures provided in this handbook as well as the Clover Park Technical College Student Handbook.

Each student, who wishes to enroll in the PN program, will be required to sign an affidavit of understanding indicating that they have read, understand and agree to abide by all nursing program policies and procedures.



[Clover Park Website](http://www.cptc.edu/) (www.cptc.edu) **•** (253) 589-5800

**4500 Steilacoom Blvd. SW, Lakewood, WA. 98499-4004**

Program Outcomes

Based on National League of Nursing “Outcomes and Competencies for Graduates of Practical/Vocational, Diploma, Associate Degree, Baccalaureate, Master’s, Practice Doctorate and Research Doctorate Programs in Nursing” 2010

**Practical Nurse Program Outcomes**

The goal of CPTC Practical nursing program is to graduate competent learners who are able to -

1. **Human Flourishing:** Promote the dignity, integrity, self-determination, and personal growth of diverse patients, their families and oneself through therapeutic communication.
2. **Nursing Judgement/Caregiver:** Provide a rationale for judgements used in the provision of safe, quality care and for decisions that promote the health of patients within the family context.
3. **Professional Identity:** Articulate a unique role as a member of the health care team, committed to evidence-based practice, caring, advocacy, and safe quality care, to provide optimal health care for diverse patients and their families.
4. **Collaborator**: By collaborating with health care team members, utilize evidence, tradition, and patient preferences in predictable patient care situations to promote optimal health status.
5. **Spirit of Inquiry**: Communicates relevant, accurate and complete patient care information in a concise, confidential and clear manner.

These outcomes will be measured by these program success indicators:

1. NCLEX pass rate
2. Program Completion Rate within 18 months of program start
3. Graduates reporting that they are working as Licensed Practical Nurses within 6-12 months of graduation
4. Graduates reporting satisfaction with the CPTC nursing program – 100% of those responding.
5. Community stakeholders, employers, and clinical partners reporting satisfaction with graduates from the CPTC Practical Nurse program – Advisory Board members report satisfaction with graduates they have employed.

Reviewed: 4.6.2020, 7.6.2020, 9.28.2020, 1.4.2021, 4.4.2021, 7.6.21

**Physical/Functional Job Requirements of Nursing per Industry Standards**

***Nurses have expectations that must be adhered to in order to perform the job as a nurse. The following are the physical/functional requirements expected by the students at CPTC to perform as a student nurse. The percent (%) equals the amount of time the nurse is expected to perform these skills:***

| ***Requirement*** | ***Frequency*** | ***Percentage of time*** |
| --- | --- | --- |
| Posture/movement/balancing | Continuously | 66-100% |
| Hand/finger dexterity | Continuously | 66-100% |
| Eye/hand coordination | Continuously | 66-100% |
| Reaching/grasping (below shoulder level) | Continuously | 66-100% |
| Repetitive motions (substantial movement of wrists, hands, fingers) | Continuously | 66-100% |
| Standing/walking | Continuously | 66-100% |
| Hearing/seeing/smelling/talking | Continuously | 66-100% |
| Contact with physician/patient/family | Continuously | 66-100% |
| High attention to detail/mental focus | Continuously | 66-100% |
| Noise | Continuously | 66-100% |
| Stringent hygiene standards | Continuously | 66-100% |
| Fast pace/high stress environment | Frequently | 34-65% |
| Crouching/crawling/kneeling/squatting | Frequently | 34-65% |
| Pushing/pulling (10-30 pounds) | Frequently | 34-65% |
| Day/night/weekend/flexible shifts | Frequently | 34-65% |
| Exposure to blood-borne and other pathogens | Frequently | 34-65% |
| Chemical hazards | Frequently | 34-65% |
| Climbing stairs | Occasionally | 1-33% |
| Reaching/grasping (overhead/extension) | Occasionally | 1-33% |
| Sitting | Occasionally | 1-33% |
| Stooping (bend at waist) | Occasionally | 1-33% |
| Twisting (back/neck/waist/knees) | Occasionally | 1-33% |
| Acute medical situations | Occasionally | 1-33% |
| Frequent training/retraining | Frequently | 66-100% |
| Management of people/resources | Occasionally | 1-33% |
| On-call/overtime/shift reduced or cut | Occasionally | 1-33% |
| Regular travel between facilities | Occasionally | 1-33% |
| Mechanical hazards | Occasionally | 1-33% |
| Electrical hazards | Occasionally | 1-33% |
| Fumes/odors/gases/mist | Occasionally | 1-33% |
| Temperature extremes (hot/cold) | Occasionally | 1-33% |
| Inside/outside environmental conditions | Occasionally | 1-33% |

Reviewed 4.6.2020, 7.6.2020, 9.28.2020, 1.4.2021, 4.4.2021



Nursing Programs Policy and Procedure

ADA Accommodations

Policy

The nursing program follows the CPTC policy on disability resources and accommodations. CPTC wants to help all students succeed. Disability Resources for Students (DRS) is dedicated to ensuring access and inclusion to academic programs and college-sponsored events for students at Clover Park Technical College. DRS serves students with temporary and/or permanent physical, health, learning, sensory and/or psychological disabilities. Access and inclusion is a collaborative effort.

Procedure

It is important for students requesting accommodation to do so in a timely manner as some requests can take several weeks to arrange. Students requesting services for the first time are required to meet with CPTC’s DRS Coordinator 253-589-5548 or [Disability Resources](mailto:disabilityresouces@cptc.edu) (disabilityresouces@cptc.edu). Students will need to provide documentation from a qualified professional verifying the existence of a disability and its potential impact on academic success. Accommodations are determined on an individual basis based on the documentation provided. Possible accommodations include but are not limited to:

* Exam accommodations
* Alternatively formatted class materials such as text books in Word docs, PDFs, MP3, Braille and/or large print
* Sign Language interpreting
* Alternative classroom furnishing

1. Students are responsible for providing documentation of accommodation need to each instructor for each course they are requesting the accommodation at the beginning of each quarter they are enrolled in or as soon as the accommodation letter is completed by the DRS Coordinator.
2. Accommodation documentation must be updated quarterly and provided to each instructor prior to asking for implementation of accommodation.

3**.** Please be aware that accommodations are not retroactive

The complete Clover Park Technical College Policies and Procedures for Reasonable Accommodations for Students with Disabilities under ADA/504 is available through the DRS coordinator

Please note accommodations offered while in the program may or may not be offered by NCLEX administrators. Approval for NCLEX accommodation should be initiated well in advance as this could significantly delay taking of the NCLEX.

Revised 4.6.2020

Reviewed 1.6.2020, 4.6.2020, 7.6.2020, 9.28.2020, 1.4.2021, 4.4.2021, 7.6.2021



Nursing Programs Policy and Procedure

Admission Process

Policy

Clover Park Technical College serves a very diverse population. The nursing program experiences and encourages diversity within the program as well.

Students are admitted on a first come first served basis upon completion of all pre-requisites for the program.

Up to 40 PN students are admitted in the winter, spring and fall of each year.

Students being admitted to the program must attend a mandatory orientation which is held at the beginning of quarter one.

Students seeking admission by transfer from another approved nursing education program, or readmission for completion of the program, shall meet the equivalent of the program’s current standards.

Procedure

Please refer to website for further information

[Nursing Program](http://www.cptc.edu/programs/nursing) (http://www.cptc.edu/programs/nursing)

Questions? Contact: [Nursing Program Contact](mailto:nursingprogram@cptc.edu) (nursingprogram@cptc.edu)

Reviewed 1.6.2020, 4.6.2020, 7.6.2020, 9.28.2020, 1.4.2021, 4.4.2021, 7.6.2021

Revised 4.24.2020



Nursing Programs Policy and Procedure

Attendance

Policy

Absences and/or tardiness is not acceptable in the workplace and does not demonstrate professional behavior. Attendance is required for **all** clinical and lab days. Any absence must be approved by the instructor and may jeopardize progression in the program if this results in instructor being unable to adequately evaluate the student. Any clinical absences in the last week of the quarter must be approved by the nursing program director and may require documentation. Extended absence of more than one day per quarter must also be approved by the nursing programs director and may require written documentation. Absences of more than one day may require extending enrollment time in the program.

Procedure

Failure to adhere to the following guidelines could result in clinical failure:

1. In the event of illness, students must notify the clinical instructor 1 hour before the shift. It is the student’s responsibility to keep a record of his/her current clinical facility’s phone number. The student must notify the instructor and clinical facility on each subsequent day of absence.
2. For community clinic rotations only, in the event of illness, the student should call the clinical facility and community instructor before their shift begins to report an absence at least 1 hour before shift.
3. Absences, including tardiness, may jeopardize progression in or successful completion of the program.

**Inclement Weather**

CPTC is rarelyclosed due to inclement weather. In the event of possible school closure due to weather, listen to local media reports on school closures. **Announcements of college closures are separate from those of local school districts. If it is announced that Clover Park** **School District is closed that does not mean the college is closed.** Watch for college announcements and phone numbers to call in the event of emergencies.

CPTC will notify students of delayed start or closure by notices on the website, or students can sign up for e-mail, voicemail, or text notification on their phones. CPTC makes every attempt to post delayed opening announcements by 5 a.m. on the CPTC website and on the weather line. Refer to the college web site or call **589-5707** for updated weather information. If CPTC has delayed opening or early cancellation all classes and clinical will follow the delayed opening or early cancellation schedule. Students are still expected to be at class or clinical on days with

delayed opening; however, students must exercise judgment about safe driving conditions. If

the student is unable to attend class or clinical during inclement weather, the student must notify all of the instructors for that day by the preferred method stated in the syllabus.

If a class or clinical is cancelled due to inclement weather, the instructor will notify students of an assignment to be completed to recapture the missed learning opportunity. The additional assignment must be completed (and the course percentages adjusted) in order to pass the course. If the student does not turn in the assignment by the due date specified by the instructor, this may be considered a failure in the clinical rotation.

Revised 4.13.2020

Reviewed 1.13.2020, 4.13.2020, 7.13.2020, 10.5.2020, 1.11.2021, 4.11.2021, 7.13.2021



Nursing Programs Policy and Procedure

CLINICAL EXPECTATIONS, OBJECTIVES, AND EVALUATION

**Student Learning Outcomes**

**Quarter 1**

* Recognize adaptations needed for age, gender, culture and cognitive needs of patient
* Identify vital signs that are abnormal and report to clinical instructor and staff
* Identify differences between scope of practice of an LPN and a NAC
* Show ability to provide daily patient care
* State findings and care provided in simulated patient record

**Quarter 2**

* Uses therapeutic communication while collecting data
* Performs designated skills per protocols
* Uses the skills of the practical nurse in the lab and clinical setting
* Simulate the nursing process
* States data collection findings utilizing simulated documentation tool

**Quarter 3**

* Perform data collection while maintaining respect and recognizing cultural differences
* Use multiple therapeutic communication techniques based on gender, age, cognitive ability and cultural diversity
* Develop and completes head to toe data collection skills timely and accurately
* Illustrate development in the LPN role with data collection
* Practice safe nursing skills
* Develop documentation focusing on objective descriptions as found in data collection

**Quarter 4**

* Identify strategies that create a safe environment while appreciating cognitive and physical limits of human performance
* Perform nursing skills learned throughout the PN program
* Apply therapeutic communication techniques based on gender, age, cognitive ability and cultural diversity
* Prioritize findings of data collected
* Analyze the full scope of safe nursing practice as a practical student nurse
* Use evidenced based nursing skills practices
* Differentiate between subjective and objective findings in data collection through documentation.

1. Demonstrate ability to prepare and administer medications, following pharmacologic principles, for selected clients across the age continuum with a variety of medical surgical disorders and diseases.
2. Demonstrate ability to progressively participate as a member of the health care team on a student nurse level utilizing principles of professional appearance, behaviors and attendance based on program standards.
3. Demonstrate ability to perform practical nurse scope of practice skills, for clients from a variety of cultures across the age continuum who present with a variety of medical-surgical or disorders and diseases or mental illnesses.

**Clinical guidelines**

* Clinical sites are a very valuable component to the nursing program. All clinical assignments are coordinated through CPTC Placement coordinator. No student is to contact a facility directly to arrange a clinical rotation or to make changes to their assignment or schedule. Failure to comply with this may result in a clinical failure.
* Patient assignment will be determined in collaboration with the clinical instructor and the department or facility supervisor/charge nurse.
* Faculty are responsible for the overall supervision and evaluation of the student and must confer with each preceptor or interdisciplinary mentor and student at least once before the student learning experience, at the mid-point of the experience, and at the end of the learning experience.
* Clinical dates and times are subject to change without prior notification based on site availability and student learning needs.
* Student will not be allowed to participate in clinical rotation if appearance does not meet program requirements, including but not limited to wearing name tag and complete uniform. Please reference CANVAS for the most current information on clinical sites and clinical schedule. Students are responsible for checking the schedule prior to each rotation, assignments may change without notice.
* Students may be assigned clinical sites that are located up to 50 miles away from the school and may require payment of bridge tolls. Clinical assignments for PN students may start as early as 5:45 am and end as late as 11:00 pm.
* No changes are to be made to the clinical rotation schedule without the approval of the program director.
* Students are expected to participate with staff members in all routine activities on the unit as well as taking responsibility for assigned clients. Working on non-clinical home work is not allowed while at any clinical site.
* Pre-conference and post-conference are considered part of the clinical experience and attendance is mandatory.
* Instructors include staff comments/feedback on student evaluations. Staff members are encouraged to share observations of student performance with the Instructor and to make suggestions to the student. Students are expected to accept feedback professionally.
* Students should bring their lunch or plan to buy their lunch in the facility cafeteria (as available). Students at hospitals may not leave the facility at lunch time or during breaks*.* Students must always check with instructor before leaving a facility for whatever reason.
* Tobacco use in any form is not allowed. *If smoking odor is detectable on clothing or a tobacco product is noted in the mouth, a student may be asked to leave the clinical site and may constitute a failure.*
* There are no lockers available for student use. Personal items carried to the clinical locations are at your own risk. Label books, stethoscope, scissors, or other personal items clearly with your last name.
* **Cell phones and/or personal electronic media are prohibited at all clinical sites without instructor approval**
* The clinical schedule follows school holidays and closures.

Students are evaluated at the completion of each rotation. **Any student who receives one or more “Unsatisfactory” will does not pass the clinical course for that rotation.** The instructor and/or preceptor assesses the student’s performance using direct observation, written assignments, and facility nursing staff feedback. Feedback from facility nursing staff may be communicated either verbally or in writing to the faculty. Input from professional staff at the clinical site is respected as valid assessment of the student, however instructor will evaluate the situation before including in clinical rotation evaluation. It is the student’s responsibility to be aware of the objectives and expectations for each clinical rotation and the student’s responsibility to meet those objectives.

Based on performance or behaviors either observed by faculty or reported by staff at facility a student may be removed from the clinical site immediately and/or may be allowed to remain in the clinical site with limited scope of practice.

The following behaviors or performances at the clinical site are considered extremely unprofessional or egregious to the point where continuation in the program is not guaranteed:

* + 1. Unethical or illegal conduct in the clinical area
    2. Serious threat to a patients’ safety
    3. Unprofessional conduct, including violations of professional boundaries
    4. Violation of standards of confidentiality in relation to patient, staff, clinical

facility, or another student (HIPAA criteria)

* + 1. Violation of patients’ rights
    2. Violation of nursing WACs describing unprofessional conduct
    3. Falsification of information in documentation, omission of documentation, or

failure to verbally report patient care or assessment.

* + 1. Functioning outside the student role.
    2. Demonstration of any other behavior/performance which is a serious violation

of principles/practices taught in basic nursing courses.

* + 1. Performance of any aspect of a client’s care without checking MD orders or

patient care guidelines according to correct procedure.

* + 1. Performance of any procedure or medication administration requiring

instructor supervision without the instructor being present.

* + 1. Performance of any nursing procedure that has not yet been taught and or

“checked off” in the classroom, nursing lab and/or clinical site.

* + 1. Failure to complete basic nursing care for assigned clients
    2. Failure to demonstrate basic knowledge expected of a student at that point in

the program.

* + 1. Failure to comply with dress code as outlined in nursing program handbook.
    2. Use of cell phone while on duty at clinical site without instructor approval.

The instructor at each clinical site exercises professional judgment in determining the student’s evaluation/grade.

All required written assignments must be completed satisfactorily in order for the student to receive a “Pass” grade for the experience.

**Attendance**Absences and/or tardiness is not acceptable in the workplace and does not demonstrate professional behavior. Attendance is required for **all** clinical and lab days. Any absence must be approved by the instructor and may jeopardize progression in the program if this results in instructor being unable to adequately evaluate the student. Any absences in the last week of the quarter must be approved by the nursing program director and may require documentation. Extended absence of more than one day must also be approved by the nursing programs director and may require written documentation.

Failure to adhere to the following guidelines could result in clinical failure:

1. In the event of illness, students must notify the clinical instructor 1 hour before the shift. It is the student’s responsibility to keep a record of his/her current clinical facility’s phone number. The student must notify the instructor and clinical facility on each subsequent day of absence.

2. For community clinic rotations only, in the event of illness, the student should call the clinical facility and community instructor before their shift begins to report an absence at least 1 hour before shift

3. Absences may jeopardize progression in or successful completion of the program

Unexcused absences will result in failure of the clinical course- Unexcused absences include

1. tardy/late

2. No call/no show to clinical

3. Not in full uniform including but not limited to program appropriate, CPTC uniform

patch, and ID badge

4. Screening management system not complete and up to date  
 5. Not checking schedule and knowing location of rotation prior to day of rotation

See course syllabi for specific course/facility objectives and student evaluations.

Reviewed 1.13.2020, 4.13.2020, 7.13.2020, 10.5.2020, 1.11.2021, 4.11.2021, 7.13.2021

Revised 4.24.2020, 9.18.2020, 9.1.2021



Nursing Programs Policy and Procedure

Clinical Practice Expectations

Policy

Clinical and/or direct patient care experiences are faculty planned and based on program outcomes and goals and educational preparation and skill level of student. Faculty are responsible for planning, overseeing and evaluating student clinical and practice experience. Students practice under the future license they may obtain upon completion of the program; they do not practice under the license of the faculty. The Practical Nurse students will have a minimum of 300 hours of clinical practice.

Procedure

**Practical Nurse Clinical**- provides the opportunity for the student to provide care for clients in long term care, acute and community settings. This experience involves direct client care, nursing procedures and administration of medications to clients throughout the life span. Focus is on safe nursing practice, nursing process, communication, documentation and client teaching. The students are expected to identify and apply basic principles of care for selected clients from a variety of cultures across the age continuum who present with a variety of medical-surgical disorders and diseases and mental illness. The student will participate as a member of the health care team on a student nurse level utilizing principles of professional appearance, behaviors and attendance based on program standards.

**Faculty to student ratio-** maximum of one faculty to ten students in clinical settings involving direct patient care. Maximum of one faculty to fifteen students in practice setting that are observational.

A lower ratio of faculty to student may be required for students in initial or highly complex learning situations or when student tor patient safety warrant.

**Mentors-**  Mentors may be used to enhance clinical or practice learning experiences after a student has received instruction and orientation from faculty who assure student is adequately prepared for clinical or practice experience. A mentor is not to be assigned more than one student. A mentor must have an unencumbered nursing license at or above the level for which student is preparing and have experience in facility and specialty area of at least two years. The mentor cannot be related to or be a personal friend of the student. Interdisciplinary mentors who have experience and educational preparation appropriate to the faculty planned student learning objectives may be used. The mentor is to receive orientation covering course objectives and student learning objectives and the expected role of the faculty, mentor and student. Faculty are responsible for the overall supervision and evaluation of the student and must confer with each mentor or interdisciplinary mentor and student at least once before the student learning experience , at the mid-point of the experience and at the end of the learning experience.

**Simulation Clinical-** see simulation manual appendix- approval will be submitted to NCQAC for approval in May 2020

Reviewed 1.13.2020, 4.13.2020, 7.13.2020, 10.5.2020, 1.11.2021, 4.11.2021, 7.13.2021

Revised 4.24.2020, 9.18.2020



Nursing Programs Policy and Procedure

Clinical Site Acquisition Process

Clinical Sites are an essential component to the nursing programs at Clover Park Technical College.

The opportunity for experiential learning provides the student with an opportunity to put into practice skills and knowledge acquired in their program. As a nursing program we are continuously seeking new opportunities that will provide our students with a diverse experience.

Procedure

* Once faculty or staff receive information, from any source, regarding a potential new clinical site initial contact is made via phone or email, by the nursing programs clinical placement coordinator.
* An appointment is then scheduled for the faculty and/or program director to visit the site. This is to assess if the clinical site offers learning opportunities that will meet the needs of students. The Potential Clinical Site Evaluation Form will be utilized to evaluate the site.
* Once clinical site representative and nursing program director have agreed that clinical site will work for both the program and facility the Nursing Program Clinical Placement Coordinator will initiate the affiliation agreement process.
* Once Affiliation agreement is signed by both parties, clinical placement may begin.
* Students are asked to rate each active clinical site when they exit the program. Any clinical sit having a score of less than 3.5 will be reviewed in the nursing program evaluation committee and may be removed from the list of approved clinical sites for that program.

Reviewed 1.21.2020, 4.20.2020 7.13.2020, 10.12.2020, 1.19.2021, 4.18.2021, 7.20.2021

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Potential Clinical Site Evaluation Form  Facility Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   | Information | Comments | | --- | --- | | Type of Facility |  | | Capacity |  | | Services offered |  | | Type of Students that facility can accept |  | | Maximum number of students facility can handle |  | | Under any sanctions or restrictions |  |   Additional comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Faculty/staff present:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Follow up notes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



Nursing Programs Policy and Procedure

Clinical Site Requirements

Policy

All Clinical sites have a current affiliation agreement for CPTC student placement and have the right to enforce facility specific requirements of the students which must be met before placement. These may include, but are not limited to background checks, immunizations, drug screening and dress and/or appearance codes. Each nursing student will maintain these records in the screening management system and has signed a release of information so that information may be shared with the clinical facility.

Procedure

**Required documentation** includes the following.

1. Current American Heart Association **Basic Life Support – Health Care Provider** CPR Card. This card must be current throughout your enrollment in the program.
2. Current and unencumbered NA-C (Nursing Assistant-Certified) or NA-R (Nursing Assistant -Registered license from Washington State Department of Health).
3. Immunizations – All immunizations must be complete by the first day of the quarter you start the program. Documentation for the required immunizations must be available for review during the orientation day of the program.

* M**easles, Mumps, & Rubella (MMR)**
* 2 MMR doses of vaccinations **or**
* Proof of immunity by titer of each of the three components-Rubella, Mumps & Measles. (Lab report required)
* **Varicella (Chicken Pox)**
* 2 doses of the Varicella vaccinations **or**
* Positive antibody titer (lab report required)
* **Hepatitis B**
* 3 vaccinations **and**
* Positive HepB sAB antibody titer (lab report required)
* **TB Skin Test (2 Step) Provide one of the following:**
* Negative 2 step test (2 separate tests done 1-3 weeks apart) within the past 12 months (you must show placement date and read date for both of the 2 steps)
* **Or** Past negative 2 step test PLUS all subsequent annuals (latest test must have

been done with the past 12 months) or

* If positive results, clear Chest X-Ray report within the past 3 years and a current year symptom-free report from your healthcare provider or
* Negative QuantiFERON Gold Blood test. You must submit a copy of the laboratory report to meet this requirement.
* **Tetanus, Diphtheria & Pertussis (TDaP)**
* There must be documentation of a TDaP vaccination. If the TDaP vaccine was administered more than 10 years ago, you must also submit a recent TD booster.
* **Influenza**
* Submit documentation of a seasonal flu shot administered after October of the current year.
* **COVID**
* Clinical sites now require the student to be fully vaccinated with the COVID vaccine. **Fully vaccinated means completion of vaccine and a period of two weeks has passed after the last dose of the vaccine.**

1. Proof of Personal Health Insurance and/or “Student Injury Only Insurance Plan”.
2. Completion of Clinical site specific training and/or documentation.
3. Students may be required, at any time, to complete a drug screening test as required by a clinical facility.
4. Accommodation documentation must be updated quarterly and provided to each instructor and/or clinical site prior to asking for implementation of accommodation.

Instructions for processing required documentation into the screening management system will be provided at Program Orientation. Students will need to be in compliance with the screening management system requirements within time frames indicated at orientation. Students must remain in compliance with the requirements of the screening managed system through the entire program. Students are responsible for monitoring and responding to all requirements.

***Please Note:*** *Immunizations, CPR and NAC or NAR license must be current, up-to-date, and not expired during the entire time you are in the program. If the student does not maintain current documentation, the student will not be allowed to participate in clinical experiences which will result in a failing grade for that clinical course.*

***The only acceptable CPR course is Basic Life Support for HealthCare Provider approved by the American Heart Association. Students will not be allowed to attend clinical without a valid, current and approved CPR card, and up-to-date immunizations (including a current PPD Test).***

**Background checks**

* All students must complete the Department of Social and Health Services (DSHS) background check AND the Washington State Patrol Background check. Long term care facilities are required to run the DSHS background check on students. Disqualifying crimes for long term care can be found at: [DSHS WA](https://www.dshs.wa.gov/sesa/background-check-central-unit/disqualifying-list-crimes-and-negative-actions)  (https://www.dshs.wa.gov/sesa/background-check-central-unit/disqualifying-list-crimes-and-negative-actions). Students must complete an online DSHS application available at: [Fortress WA](https://fortress.wa.gov/dshs/bcs/) (https://fortress.wa.gov/dshs/bcs/). Upon completion of the form, the required DSHS code and your date of birth will be forwarded to the facility. Returning students must pass a background check through CastleBranch which includes Washington State Patrol.

Additionally must pass the Department of Social and Health Services background check prior to clinical rotations.

**Castle Branch will run the second Washington State Patrol Background check-**

Castle Branch Employment Screening provides employers with the tools to make informed hiring decisions, avoid costly litigation, and build a safe working environment for their staff, through extensive research of criminal records. We access a network of researchers and databases across all court levels, as well as partnering with state agencies across the country.

Below we have provided a brief overview of the criminal search options, how records are stored and accessed, and how we work to resolve disputes or record discrepancies. This document is stored within your Client Library for future access and will be updated as needed. If you would like to participate in an online education session with other employers, please contact our customer service team for more information.

**Criminal Searches Within the United States**

Most state courts are structured as displayed in the diagram below. Each court handle different types of criminal charges.

State High Court: Supreme Court, Supreme Court of Appeals

Court of Last Resort

State Intermediate Court: Court of Appeals, Superior Court

Appeals of a Lower Court

State Lower Court – General Jurisdiction: Trial Court, Circuit Court

Serious Criminal Offences

State Lower Court – Limited Jurisdiction: District Court, Municipal Court, Town Court

Traffic, Misdemeanors, Infractions

Criminal Records Information

Retrieved from: [US Courts Educational Resources](http://www.uscourts.gov/EducationalResources/FederalCourtBasics/CourtStructure/UnderstandingFederalAndStateCourts.aspx) (http://www.uscourts.gov/EducationalResources/FederalCourtBasics/CourtStructure/UnderstandingFederalAndStateCourts.aspx)

There are a variety of criminal record searches available. Most clients have a package with a combination of one or more of the following:

National Records Indicator with SOI - The NW Record Indicator with SOI search is a nationwide database search that is used as a pointer file to identify potential search locations at the county level or within the National Sex Offender Registry. The NW Record Indicator with SOI product will display a status of in process or complete within the client roster, results summary and results pdf. This search is not included within our record scan process. Should the search provide locations to be searched, the counties will be added to the order. Reportable records will display within the County Criminal section of results. Similarly, clear results will display as clear within the County Criminal section.

The database used for the National Records Indicator with SOI search will contains over 200 million records from multiple jurisdictions and sources. Sources include state court repositories, departments of correction, county courts and/or other state level agencies, as well as sex and violent offender records from the 50 states. Important to note: there is no such thing as a comprehensive nationwide search. Sources for a database can and do change throughout the year. Some states are better represented than other states. Please refer to your client library for the sourcing document titled "National Records Indicator Sourcing".

Statewide Criminal - A statewide criminal record investigation accesses a state maintained repository of criminal records. Sources for the information vary from state to state and are subject to change. Please refer to your client library for the Statewide Criminal Information document for a breakdown of sourcing by state. There are limitations to some statewide searches. A statewide search may include one or more of the following limitations:

• All courts located in the state may not report into the database

• All conviction levels may not be included.

• All counties may not report case information up to the state.

County Criminal - A county criminal record search reveals whether an applicant has criminal

records within a particular county. County criminal records include both misdemeanor and felony convictions, as well as pending charges.

Nationwide Federal Criminal - Federal Criminal records typically encompass severe crimes such as drug violations, illegal sale of firearms, embezzlement and pornographic exploitation of children. Federal crimes do not appear in county criminal or statewide criminal searches. A nationwide federal criminal search will look for cases in all 50 states.

Statewide Federal Criminal - A statewide federal search will look for federal cases in the requested

state.

**Criminal Records Storage and Access**

Criminal records are typically indexed by name. Most criminal records are entered by the clerk of court within the jurisdiction. Storage of information is not always perfect. The clerk may misspell a name when entering the defendants’ information. Identifying information on the defendant may also be documented incorrectly by the arresting officer or agent. Although a rare, there have been documented cases where a defendant provided alias identification at the time of their arrest. Searching criminal records is most often a set of very structured steps. However, our staff at Castle Branch is trained to go above and beyond to provide our clients with the most thorough search techniques in the industry.

Accessing criminal records varies from state to state even from county to county within a state:

Clerk Search - Some jurisdictions require that a request is submitted to the clerk of court. The clerk of court will search the name provided on a first come first serve basis. Turn-around time for clerk searches typically exceeds 5 business days. IE Maine, New Hampshire, and Massachusetts counties.

Terminal Search – A researcher goes to the courthouse public access terminal to conduct the search for the applicant's name. Many county criminal searches are terminal searches.

Administrative Office of the Courts Access - Searches are conducted via the State's Administrative Office of the Courts (AOC) Database. This is a statewide system that allows access directly to the county court's centralized database. The North Carolina Statewide Criminal search is accessed via the State's AOC database.

State Police or Department of Public Safety- Several statewide searches are accessed via a state police or department of Public Safety. These searches will provide records that are reported to the state agency. An example is the IL statewide which is conducted by the state police. Proprietary Database Search - There is not a true, comprehensive "nationwide" criminal search in the United States. However, there are Nationwide Proprietary Database searches that provide case data from numerous sources in the 50 states.

Federal Criminal Searches - Federal Criminal searches are conducted using the Federal

Government's PACER (Public Access to Court Electronic Records) system. PACER only stores the defendant's name. Due to the lack of identifiers, case files are sometimes required to assist in eliminating or confirming a record. Case File requests may increase turn-around time by 2-4 weeks. Please refer to the Federal Criminal Information document in your Client Library for more information.

**Criminal Records Information**

**Arrest Records**

An arrest record will typically not include court case or disposition information, as the only information from the source is the arrest itself. There are times where the arrest record is the only information available on a charge. An arrest record may not show on a county criminal search. Arrest records are typically pulled from the arresting agency and no further action may be taken by the arresting agency or jurisdictional court (person was never prosecuted in court for the crime, charges were dropped, etc.). Another reason that arrest records may not show up on a county criminal search is because the

court may not provide the supplemental court data information back to the source of the arrest record (typically police agency). Arrest records are most commonly found from proprietary databases that have police agency source information included, or from a police source directly (for example, several of our Statewide Criminal searches are sourced from State Police records).

**Possible Records**

Castle Branch will not report a case unless we are able to confirm that the case belongs to your applicant (we will not report "possible" records). In order to confirm if a case is associated to an applicant, two identifiers (name, date of birth, address, social security number if provided) must match. If we are presented with a record that has a partial or missing identifier will we initiate an investigation in an attempt to obtain more identifiers. We will execute due diligence through further researching, ordering case files and contacting the courts to help confirm that the record belongs to the applicant on the order or that it belongs to someone else. This due diligence searching could delay the release of the results.

**Resolution of Disputes or Record Discrepancies**

**What is the Fair Credit Reporting Act (FCRA)?**

The Fair Credit Reporting Act is government legislation that regulates the use of consumer information. Background checks are considered a consumer report, and therefore, users of background check reports must comply with the FCRA.

As an employer, you are responsible for the following under the FCRA:

• Notify the applicant that a consumer report (background check) will be conducted.

• Have the applicant sign a Disclosure and Authorization and store this document within your employee files. Castle Branch provides a standard Disclosure and Authorization form or will accept your company approved release form. Some searches require a specific release form, ask your Customer Service representative for more information.

• Provide the applicant with a copy of the FTC's A Summary of Your Rights document.

• Should you elect to take adverse action based on the consumer report, you must provide the applicant with a Pre-Adverse action letter and a copy of A Summary of Your Rights.

• Applicants have the right to dispute inaccurate background check results directly with the

CRA, Castle Branch.

• If you take Adverse Action, you must send the applicant an Adverse Action letter.

**Criminal Records Information**

The following documents are located in your client library:

• Disclosure and Authorization form

• The FTC's *A Summary of Your Rights.*

• Templates for the Pre-Adverse and Adverse Action letters.

**Criminal Record Disputes**

Per the FCRA, applicants have the right to dispute the results of their background check. All disputes are conducted by Castle Branch at no additional charge to you or your applicant. Result disputes are

reviewed within 5 days of submission and are resolved within thirty days. Castle Branch's dispute rate for orders is at less than one percent based on data from 2012. Please see our Criminal and Civil Records Dispute Policy and Procedure document for further information.

**The difference between a dispute and a discrepancy**

A dispute is initiated when an applicant deems results as inaccurate. A result discrepancy occurs when background check results for the same applicant produce different results.

**Criminal Records Discrepancies**

Many clients run rechecks in order to obtain up to date background checks for their applicants.

There are some instances that a recheck will generate a result discrepancy. A result discrepancy occurs when background checks for the same applicant produce different results. Several factors may contribute to this scenario:

* The record is no longer reportable due to scope. For example: The case is over seven years old at the time of the recheck and the case is a non-conviction.
* Limitations on access to public records regarding access to public records.
* The package requested does not contain the same item(s) that pulled the record, as was ordered in previous report.
* If the record was previously or is currently provided on the Nationwide Database Search the Nationwide Database is continually updated. Jurisdictions may provide additional cases or may restrict file sharing at any given time.
* Human error in record entry

Discrepancy Resolution

Castle Branch has internal quality control policies and procedures to promote the highest level of accuracy. A true discrepancy that is not resolved prior to our returning background check results is an extremely rare event. Should you believe you have an applicant results containing a discrepancy, please contact our Criminal Records management team for prompt resolution.

**Criminal Records Information**

Our resolution methods may include any or all of the following steps:

• Review the results and determine the reason for the discrepancy

• If human error, conduct 100% audit of that researchers work

• Conduct a partial recheck on orders at no charge to the client

• Add a supplemental search to your package

Daily updates will be emailed to the appropriate account contact. A phone call will be made if the resolution is expected to take more than 3 business days. Upon resolution, you will receive a summary letter and time-line of all actions taken, as well as a follow-up conference call.

**Frequently Asked Questions**

**I provided the applicant's social security number. Why were the records that I know exist not located?**

Criminal records are not indexed by social security number. Criminal records are typically indexed by name and date of birth. Most records are public information and social security numbers are not provided to protect the individuals associated with the record. For example, a clerk of court would enter in your applicant's name to see if any cases were available. The date of birth is used to eliminate or confirm records.

**I have been notified that this applicant has a record that was not reported on the background**

**screen. Why were you not able to find this record?**

There are several factors that could cause a record not to show on a background check report.

* The applicant's identifiers may have been entered into the Court system incorrectly by the Clerk.
* The jurisdiction may provide limited public access to their court records.
* The record may be a non-conviction and could be out of reporting scope.
* The record may be sealed or expunged, in either case the records are not reportable.
* The jurisdiction for the case may not have been requested on the report.
* Some jurisdictions have multiple courts in which not all lower level courts can be included in a standard search. It is possible the case in question is located at a court that is not provided by the standard search of that jurisdiction.
* Searches are performed by name and date of birth. If either identifier is listed differently on the record than what is provided on the search, there is a possibility it may not be located as some court systems will only search an exact match of identifiers provided.
* The package ordered may not include the search that would pull the record. Please contact our Package Analysis team for a package analysis to ensure that your searches are the most comprehensive possible

**Criminal Records Information**

**What is a reporting scope?**

The standard reporting scope for employment screening is 7 years for non-convictions. Convictions may be reported indefinitely (as defined in FCRA 15 U.S.C. §1681c). The FCRA does state that one may report non-convictions outside of the standard 7 years when: "the employment of any individual at an annual salary which equals, or which may reasonably be expected to equal $75,000, or more" (Section § 605.b.3). Castle Branch will not search extended scopes without a signed scope addendum on file.

**What does it mean when a record is sealed or expunged?**

Expungement involves the destruction or sealing of a criminal record after the expiration of a certain time period or when an arrest is unlawful or does not result in a conviction. "Initiated through a court process, the result of expungement is that a person's criminal history is, for most purposes, erased" (Definition retrieved from: [Criminal Lawyers.com](http://criminal.lawyers.com/expungem...pungement.html) (http://criminal.lawyers.com/expunged...pungement.html)).

**What does it mean to be a minor or a juvenile?**

Juvenile – "A person who has not reached the person's eighteenth birthday and is not married,

emancipated, or a member of the armed forces of the United States" (N.C.) § 7B-101

(14).Definitions.). States have different laws defining the age that constitutes a minor or juvenile. For example, North Carolina considers a juvenile as a person ages 18 and under. However, defendants may be tried as an adult at age 16 and above. Most juvenile cases are sealed and therefore, not public record.

**Where can I find definitions for common criminal terminology?**

Your client library contains a document titled Criminal Definitions. This document will provide you with a listing of common criminal terms and their definitions.

Reviewed 1.21.2020, 4.20.2020, 7.13.2020, 10.12.2020, 1.19.2021, 4/18.2022, 7.20.2021

Revised 4.24.2020, 3.1.2021, 7.1.2021



Nursing Programs Policy and Procedure

Communication

Policy

Communication from faculty and staff in the nursing program to students will be conducted through CPTC student email address and the Canvas Learning management service. It is the student’s responsibility to regularly check their e-mail, and Canvas accounts. Students are responsible for any information sent to them through student email and Canvas and to keep contact information current with the nursing program office staff.

Procedure

Faculty and staff use the **Canvas** learning management systems to post course syllabi, class schedules, course documents and communicate with student(s). Written communication will occur through student email and/or Canvas. It is strongly suggested that you print out course documents **prior** to coming to class. Faculty will not routinely provide printed handouts of presentations or course materials. If you do not have access to a computer or internet at home, there are computers and printers available for student use in the library. Please do not ask staff members to copy or print documents for you.

Revised 10.1.2020

Reviewed 1.27.2020, 4.27.2020, 7.20.2020, 10.19.2020, 1.25.2021, 4.25.2021, 7.20.2021



Nursing Programs Policy and Procedure

Distance Learning

Policy

It is essential that distance learning, whether being provided in a time of state of emergency or as part of hybrid education, meet the established learning outcomes and expected quality of the course(s).

Procedure

**Quality assurance-**

Distance learning will be provided utilizing the current software (i.e. Zoom, Microsoft Teams) as prescribed by Clover Park Technical College. Although recordings of lectures may be made available for reference, it is the expectation that all course lectures will be provided live with a student/faculty interaction component. Learning outcomes and methods of assessment for distance learning classes will mirror the approved outcomes and method of assessment for face to face classes.

Syllabi and course curriculum are reviewed annually for all nursing courses by the nursing program curriculum committee. This review includes learning outcomes, methods of assessment and instruction, end of program student evaluations and faculty course evaluations. Included in the student and faculty evaluations will be an indication of whether evaluated course was taught face to face or via distance learning. Students and faculty will be asked to identify barriers to learning as well as strengths of each course. This data will utilized for comparison of face to face and distance learning classes.

The nursing program director will complete a classroom observation of each course and/or faculty a minimum of once per year. Tenure track faculty additionally have several classroom observations completed quarterly by tenure track committee members. For distance learning courses the Clover Park Technical College Online Classroom Observation Assessment form is utilized (see attached). Nursing Program Director will review the completed observations and Student Assessment of Learning Experiences (SALE) with the individual faculty member at a minimum of annually.

**Security-**

Clover Park Technical College does not have any open distance learning classrooms. Utilization of the waiting room and an access password is required to ensure only students on the course roster or invited guests are allowed access. Recording of distance learning classes is permitted if only sharing with students in the same class section via CANVAS. Recorded content with student identifying information may NOT be shared outside of that class/section. For best practices while recording- student names are not recorded and during student speaking the recording should be stopped for interactive discussions or faculty may read questions/comments from the chat feature without using the student name.

Should faculty choose to record a live classroom, the information below will need to be in the syllabus for that course:

Our class sessions may be audio visually recorded for students in the class to refer

back to and for enrolled students who are unable to attend live. Students who participate with their camera or utilize a profile image are agreeing to have their video image recorded. If you are unwilling to consent to have your profile or video image recorded, be sure to keep your camera off and do not use a profile image. Likewise, students who un-mute during a class and participate orally area agree to have their voice recorded. If you are not willing to consent to have your voice recorded during class, you will need to keep your mute button activated and communicate exclusively using the “chat” feature, which allows students to type questions and comments live.

To ensure security during testing and testing integrity faculty may require students come to campus for proctored exams and/or require additional security measures for remote testing. This may include any or all of the following:

**LockDown Browser + Webcam Requirement**

Faculty may use Respondus LockDown Browser and webcam for online exams when applicable. The webcam can be the type that's built into the computer or one that plugs in with a USB cable and needs to be positioned to show student at all times during testing.

**What is LockDown Browser?**

LockDown Browser is a custom browser that locks down the testing environment in Canvas. When students use LockDown Browser to access a quiz, they are unable to print, copy, visit other websites, access other applications, or close a quiz until it is submitted for grading. Quizzes created for use with LockDown Browser cannot be accessed with standard browsers.

**System Requirements**

* + LockDown Browser and Respondus Monitor are available for Windows, Mac, and iPad devices.
  + iPad Users – Note that the Respondus Monitor settings have an iPad option that must be enabled on a per exam basis.
  + Chromebook Users – Respondus Monitor isn’t currently available for Chromebooks.
  + Mobile Phones – LockDown Browser and Respondus Monitor aren’t available for use on mobile phones, such as the iPhone or Android phones.

**Download Instructions**

Download and install LockDown Browser from this link: https://download.respondus.com/lockdown/download.php?id=231842820

**Once Installed**

* Start LockDown Browser
* Log into to Canvas
* Navigate to the exam

**Service support for students and faculty/maintenance**-

Faculty were provided in person training on utilization of Zoom in Spring 2020. Faculty and students may access online resources at the links listed below. Students may receive assistance utilizing the college IT virtual assistance. Students and faculty may also receive assistance through the college’s e-learning department.

<https://cptc.sharepoint.com/sites/Staff/SitePages/Zoom-Training.aspx>

<https://www.microsoft.com/en-us/microsoft-365/microsoft-teams/group-chat-software>

[www.cptc.edu/online](http://www.cptc.edu/online)

Clover Park Technical College Internet Technology department is responsible for maintenance of the distance learning software platform.

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Reference- WAC 246-840-546 “Distance learning nursing education course or courses offered by approved nursing programs” <https://app.leg.wa.gov/wac/default.aspx?cite=246-840-546>

Reviewed 1.27.2020, 4.27.2020, 7.20.2020, 10.19.2020, 1.25.2021, 4.25.2021, 7.20.2021

Revised 8.2020



Nursing Programs Policy and Procedure

Professional Dress Code

Policy

**Classroom dress and appearance**

Students are to wear professional-business attire in the classroom. The nursing program expects students to appropriately represent the nursing profession and the program while on campus. Clothing should be business-casual and in good repair. The faculty will counsel any student whose dress is considered inappropriate. Examples of inappropriate dress include anything that is revealing and/or has offensive language or references alcohol, tobacco or drugs.

Revealing appearance **i**ncludes clothing that reveals cleavage (including when leaning over), reveals the waist area, the gluteal cleft, undergarments, or any part of the body that would not be appropriate to see when working in a professional environment. Such clothing is considered inappropriate regardless of the student’s age or body structure. The classroom or clinical instructor may ask the student to leave for that day due to inappropriate dress.

**Lab/Simulation/Clinical dress and appearance**

The complete official CPTC student uniform is to be worn whenever the student is on duty at a clinical site, unless instructed differently by the instructor. The student will be required to wear the uniform during simulation, lab class, or make-up experiences in the lab or any facility in relation to the program. The uniform is to be worn only for nursing program activities.

The student uniform is a program **specific color.** Students should purchase enough uniforms to allow for frequent laundering and ironing

The student’s clinical, lab, simulation, or classroom Instructor will counsel student and may dismiss any student who does not follow these guidelines. If student is dismissed from clinical, lab and/or simulation student will be marked as absent for this time period.

Procedure

**Appearance requirements**: These requirements must be adhered to anytime student is in CPTC uniform. Students will also adhere to any additional clinical/agency/facility specific policies regarding dress code. Students who are not in compliance may be sent home.

Men & Women

1. Uniform top must have CPTC Logo sewn on Left Shoulder two inches below shoulder seam
2. The uniform must be clean, pressed, and in good repair at all times. Pant legs must not touch floor in accordance with infection control standards. Uniforms must fit like business attire. Pants must be at the waist, and the center seam may not sag toward the knees.
3. Undergarments not visible through pants (no thongs or revealing undergarments)
4. Lab or warming jacket (designated program color) (optional), with CPTC Logo sewn on Left shoulder two inches below shoulder seam)
5. Hair must be off the shoulders, clean, conservatively colored and groomed.
6. Men must be clean-shaven or have neatly trimmed facial hair. One to a few days of facial hair growth is not allowed as it can interfere with fitting of mask.
7. Fingernails must be clean and not exceed ¼ inch past end of fingertip. Nail polish is limited to clear, French, or neutral shades of polish.
8. Artificial/acrylic nails are not permitted.
9. Jewelry is limited to :
   * 1. Watch with second-hand
     2. One wedding ring without sharp edges
     3. One pair of conservative color and style stud earrings up to 6 mm in size

**O**

1. Visible body piercings, other than the one pair of earrings addressed in #2 and/or tattoos are notallowed in the clinical/lab area. Piercings other than the one pair of earrings must be removed for clinical/lab. If student has a visible piercing that cannot be removed they must discuss this with the instructor prior to first clinical/lab day.
2. CPTC photo ID badge at all times
3. Shoes with socks must be professional, clean, comfortable, in solid conservative colors of white, blacks, or blues, closed toes, rubber soles or slip proof, and in good repair.
4. Discernible cologne, perfumes, after shave, lotion, powder, body or hairsprays may not be worn.
5. Personal hygiene and oral care must be exemplary. Students are expected to be showered, neat and odor free.
6. Chewing gum is not permitted at clinical or lab at any time as this interferes with effective communication.
7. The scent of tobacco smoke is not to be detectable at any time on body or clothing.
8. Solid conservative color (white/grey/black) long-sleeve shirt or turtleneck (optional)
9. Watch with second hand
10. Stethoscope

Revised 3.7.19

Reviewed 1.27.2020, 4.27.2020, 7.20.2020, 10.19.2020, 1.25.2021, 4.25.2021, 7.20.2021



Graduation

Policy

Only students who have completed all course requirements for their program and all college requirements will be eligible for graduation.

Procedure

Once CPTC transcript evaluator has reviewed student’s record, the Nursing Program Director will review for completion of program requirements, sign and submit required documentation for student to apply for NCLEX exam.

Revised 1.4.19

Reviewed 1.27.2020, 4.27.20, 7.20.2020, 10.19.2020, 1.25.2021, 4.25.2021, 7.20.2021



Nursing Programs Policy and Procedure

Incident Reporting and Tracking

WAC 246-840-513

Definitions

**Near Miss**- an adverse event that was caught just before the treatment was given and/or task initiated and could have been harmful or fatal.

**Error-** an act of omission or commission that contribute or could contribute to an unintended result.

**Normal Human Error**- an inadvertent action caused by the failure of a system to facilitate people making good decisions, or a slip, lapse in judgment, or a simple act of omission. Action- Console the individual, discuss what led to the error and how to prevent it in the future.

**At Risk Behavior Error-** errors made by people when the risk is not recognized; or the risk is believed to be minimal, or the risk is justified based on presenting circumstances. Action- Counsel or remediation, increased supervision during high risk activities, complete student plan for success

**Reckless Behavior Error-** conscious disregard of substantial and unjustifiable risk. Action- Sanction- may be dismissed from program.

**Unreasonable Risk of Harm-** an act or failure to act, which is below the standard of care for what a reasonably prudent nurse would be in similar circumstances, thereby creating a risk of harm to the patient, whether or not actual harm resulted.

**Patient Harm**- Anything that impairs or adversely affects the health, safety or well-being of the patient. Harm includes physical, mental, emotional and sexual abuse, exploitation, neglect or abandonment.

Policy

The Clover Park Technical College Nursing Program faculty are committed to the principles of Just Culture. Students are to report all safety issues in clinical facilities, whether real or perceived, to their instructors who will assist them to notify the appropriate staff person and complete any required documentation. Students, who make errors, experience “near misses” or witness other nurses or students make errors are strongly encouraged to report the incident to their instructor with the purpose of fixing system problems and/or allowing others to learn from our mistakes. Just Culture is a system used to implement organizational improvement by decreasing the focus on errors, outcomes and assigning blame, and increasing the focus on reducing risk through system design and managing behavioral choices by individuals.

Principles of Just Culture in Clinical

* Fosters a learning environment that encourages the reporting of errors and near-misses.
* We expect students to be consistent and honest in their behavior.
  + Make the best choice
  + Learn from mistakes
* Holds students accountable for their performance but does not hold them accountable for circumstances or system flaws that are beyond their control.
* Supports critical analysis and constructive feedback.
* Lends itself to continuous quality improvement in work processes and systems that improve patient safety through feedback to facilities.

Clover Park Technical College utilizes the North Carolina Board Of Nursing Just Culture Student Practice Event Evaluation Tool (SPEET).

The primary responsibility of the student and instructor is to take care of the patient’s immediate medical needs, and notify the patient’s primary RN and physician.

Procedure

WAC 246-840-513 (1) & (2)

The Clover Park Technical College nursing program shall report to the commission, events involving a student or faculty member the program has reason to believe resulted in patient harm, an unreasonable risk of patient harm, or diversion of legend drugs or controlled substance.

The nursing program will keep a log of all events reported by a patient, family member, student, faculty or health care provided resulting in patient harm, an unreasonable risk of patient harm, or allegations of diversion and medication errors.

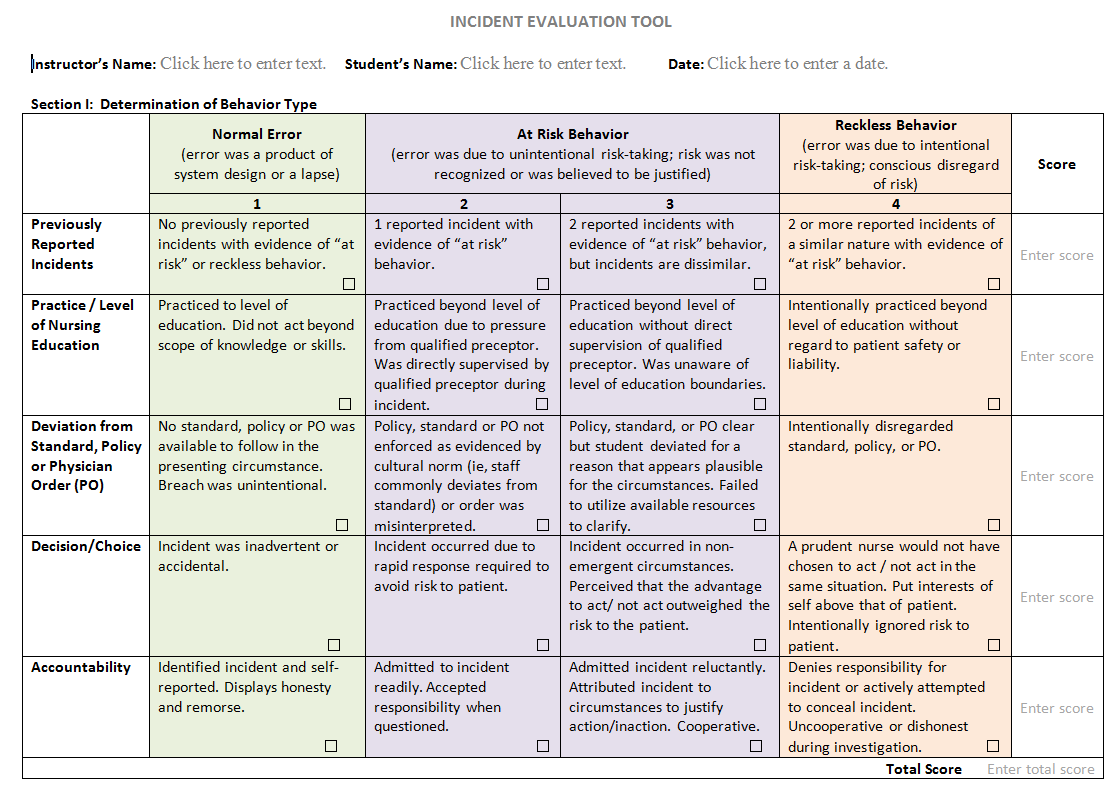
The log must include:

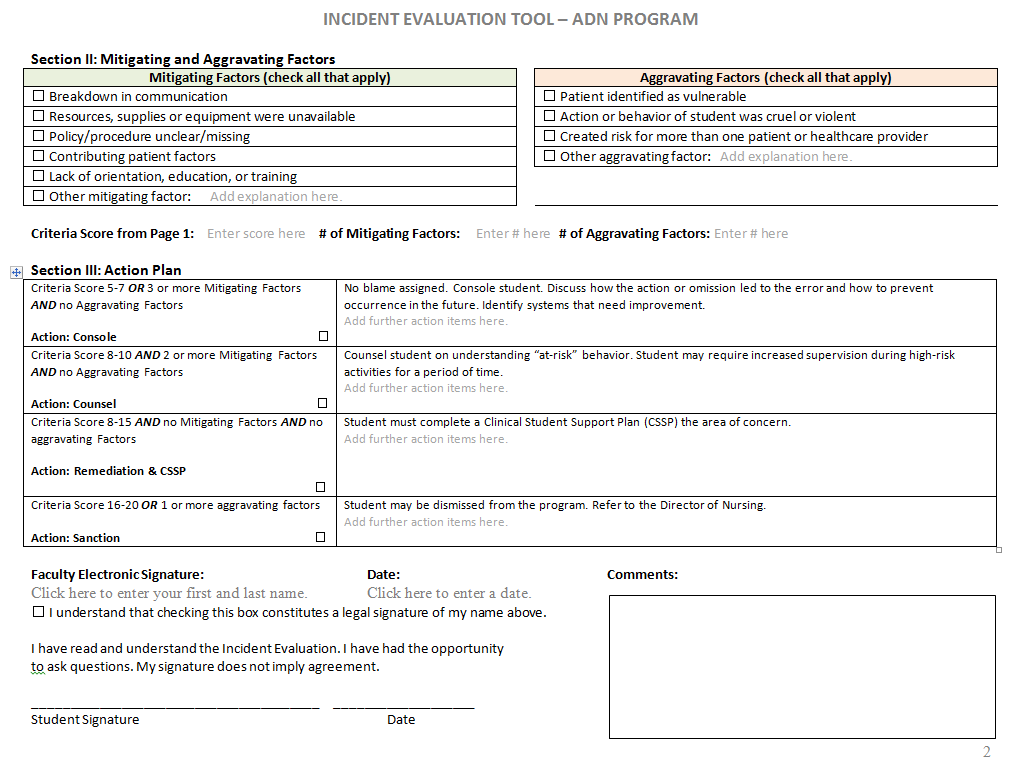
1. Date and nature of the event
2. Name of the student or faculty member involved
3. Name of the clinical faculty member responsible for the student’s clinical experience.
4. Assessment of the findings and suspected causes related to the incident or root cause analysis
5. Nursing education program corrective action; and
6. Remediation plan, if applicable

Clinical Instructors are responsible for reporting the information above to the Nursing program Director immediately.

The nursing education program shall use the principles of just culture, fairness, and accountability in the implementation and use of all incident reporting logs with the intent of

1. Determining the cause and contributing factors of the incident
2. Preventing future occurrences
3. Facilitating student learning and
4. Using the results of incident assessments for on-going program improvement.



Reviewed 2.3.2020, 5.4.2020, 7.20.2020, 10.26.2020, 2.1.2021, 5.2.2021, 8.2.2021



Nursing Programs Policy and Procedure

Leave of Absence (LOA)

Policy

A student may request a leave of absence when life circumstances interfere with the student’s ability to continue in the program; however, the **student must be passing all enrolled courses at the time of the request of the LOA**.

LOA may be requested for life circumstances such as pregnancy, medical condition of self or family, spousal deployment, death of immediate family members or other unexpected occurrence.

Procedure

LOA may be requested one time during the program and may be granted for up to one year.

Request for LOA must be submitted in writing to the CPTC Nursing Program Director with an explanation of the circumstances leading up to the request.

Students are responsible for contacting the nursing program director when they are ready to return to school. Students may be required to demonstrate continued competency in skills and knowledge prior to being approved for registration.

Revised 1.7.2019

Reviewed 2.3.2020, 5.4.2020, 7.20.2020, 10.26.2020, 2.1.2021, 5.2.2021, 8.2.2021



Nursing Programs Policy and Procedure

Medication administration by students and

Faculty role in supervising student during medication administration

Or selection process

Policy

Students must demonstrate competency in laboratory setting before performing skill on live patient. The role of nursing instructor on clinical site is to provide direct and/or indirect supervision of students in all clinical activities and to ensure patient safety.

Procedure

When determining the appropriate level of supervision, instructors need to consider severity or illness and stability/condition of the assigned patient, the types of treatments, procedures, medications required for the patient and the students competency.

During preceptorship assignments, approved and qualified employee of the facility will supervise the student(s). The preceptor must be at or above the level of licensure of the student.

Instructors are responsible for orientating students to equipment and supplies that are at the facility.

All students must be supervised, by instructor or preceptor, before administrating medications for the first time, via that route. Instructors will determine what level of supervision is required after the first observation to ensure patient safety.

Students and/or instructors will immediately report to the facility any medication errors and/or near misses. This information will then be reported to CPTC Nursing Program Director and information will be logged per policy. Nursing Program Director will report incidents, medication errors and/or near misses to the nursing commission as required.

**CLINICAL MEDICATION ADMINISTRATION GUIDELINES**

The student will:

1. Prior to administration of any medication, complete a drug profile for *each* medication to be administered that includes the following information:

1. generic and trade name of drug
2. classification of the drug
3. action of the drug
4. side effects
5. drug interactions
6. nursing implications
7. client teaching
8. Verify correct transcription of doctor’s orders by comparing the MAR to the original doctor’s order prior to preparation or administration of medications.
9. Check for and verify client allergies.
10. Obtain a current set of vital signs (i.e. blood pressure and pulse if giving lopressor) and pertinent laboratory tests available (i.e. blood sugars if giving Insulin, etc.).
11. Utilize the 3-safety checks when preparing medications for administration.
12. Utilize the 5-rights of medication administration for each medication prepared and given to a client. (You should be able to recite the 5-rights if asked).
13. Utilize the 3-safety checks to correctly identify the client by asking client to state his/her name, date of birth, and comparing the medical records number on the name band to the MAR each time before administration. In Geriatrics, verification will be made with staff who knows client. In clinics ask for date of birth with name.
14. Demonstrate the ability to calculate medication doses.
15. Accurately prepare injections choosing the correct syringe and needle size for the age, condition, and selected method and site.
16. Maintain security of the Pyxis and medications at all times.
17. Performs client teaching for each medication, as requested.
18. Remain at the bedside while client takes medications.
19. Be supervised at all times while providing medications.
20. Document medications immediately following administration on MAR and applicable chart forms according to facility policy.
21. Make pertinent observations after medication administration (i.e. effectiveness of pain medication) with appropriate follow-up documentation.

Reviewed 2.3.20, 5.4.2020, 7.20.2020, 10.26.2020, 2.1.2021, 5.2.2021, 8.2.2021



Nursing Programs Policy and Procedure

Nursing Program Faculty Advisor

Policy

The Clover Park Technical College program strongly supports student success within the program. One important component of the success plan is the assignment of a nursing faculty to serve as an advisor to each enrolled nursing program student. The faculty advisor is in addition to the college advisor assigned to nursing programs.

Procedure

During the program initial orientation students are assigned a nursing program faculty member as an advisor. This advisor meets with the student prior to or within the first week of quarter one to develop a plan for student success based on identified individual student needs. These needs may have been identified through the pre-admission testing, math exam given during orientation, students grades achieved on pre-requisites course or by the student themselves.

The advisors are available to the student throughout the duration of the program. Students are encouraged to meet with their advisors to develop remediation plans as needed, discuss career plans, any personal issues which may be impacting their program success and/or any other issue of need or concern.

Revised 3.7.19

Reviewed 2.10.2020, 5.11.2020, 7.27.2020, 11.2.2020, 2.8.2021, 5.9.2021, 8.9.2021



Nursing Programs Policy and Procedure

Clover Park Technical College Practical Nursing Program

Curriculum Framework

The Clover Park Technical College Practical Nursing program built its content-based curriculum utilizing the framework of the National League of Nursing (NLN) and Quality and Safety Education for Nurses (QSEN) competencies. Other resources used were Bloom’s Taxonomy, the Washington State Department of Health Scope of Practice Decision Tree (2017), and the Washington State Administrative Code for Nursing Education (WAC 246-840-500 to 246-840-583).

Practical nurses need to be able to provide care that encourages independence, understand nursing judgments, use evidence-based practice to ensure safe, quality care, and collaborate with other members of the healthcare team to provide holistic care. Competency in clinical skills within nursing is critical to the safety and well-being of the patient. It is imperative that nurses are equipped to and able to apply the knowledge base and technical skills and are grounded in values and ethics to ensure safe, quality care. The first program learning outcome is to promote the dignity, integrity, self-determination, and personal growth of diverse patients, their families, and oneself through therapeutic communication. The second outcome is to provide a rationale for judgments used in the provision of safe, quality care and for the decisions that promote the health of patients within the family. The third outcome is to articulate a unique role as a member of the health care team, committed to evidence-based practice, caring, advocacy, and safe, quality care, to provide optimal health care for diverse patients and their families. The fourth outcome is by collaborating with health care team members, utilize evidence, tradition, and patient preferences in predictable patient care situations to promote optimal health status. The last outcome is to communicate relevant, accurate, and complete patient care information in a concise, confidential, and clear manner (National League of Nursing, 2014). Literature suggests that the incorporation of evidence-based theory into practice yields greater clinical skill outcomes of nursing students. The overall goal for the QSEN project is to meet the challenge of preparing future nurses who will have the knowledge, skills, and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems within which they work (QSEN.org, 2020). Practice and experience lead to greater understanding of people, situations, and judgment.

The Nursing Programs Mission is to provide a career pathway for students to gain nursing knowledge, skills, and professional values necessary to succeed in the workforce today and become leaders in the workforce tomorrow. The vision is to promote holistic nursing care based on current evidence-based practice and industry standards through quality nursing education to a culturally diverse population. The students will be proficient in communication, critical thinking and problem solving, personal and professional responsibility, and information and technological literacy.

The students will be able to pass the NCLEX exam and flourish in the field of nursing as a generalist practice nurse providing safe, quality, evidence-based care to patients and their families.

The student learning outcomes are progressive in competence from quarter one through quarter four. Each course outcome supports achievement of the outcomes of both the Nursing Program and Clover Park Technical College. Components of each course are attached to one or more of the course outcomes and instructional methods are guided by these measurable course outcomes. Achievement of the student learning outcomes is measured through effective, valid, and varied evaluation methods. The content-based curriculum is divided into the following courses:

* Medical-Surgical Nursing I, II, III, & IV
* Fundamentals of Nursing
* Nursing Clinical Skills and Data Collection I & II with Lab
* Pharmacology in Nursing
* Mental Health in Nursing
* Maternity and Pediatric Nursing
* Issues and Trends in Nursing
* Clinical Practicum I, II, III, & IV

National League of Nursing. (2014, September). Retrieved from <http://www.nln.org/professional-development-programs/teaching-resources/practical-nursing>

QSEN.org. (2020). QSEN Competencies. Retrieved February 11, 2020, from <https://qsen.org/competencies/pre-licensure-ksas/>

Washington State Department of Health. (2017, March 3). Scope of Practice Decision Tree. Retrieved from <https://www.doh.wa.gov/Portals/1/Documents/Pubs/669305.pdf>

Washington State Legislature. (2019, December 19). PRACTICAL AND REGISTERED NURSING. Retrieved February 11, 2020, from <https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840>

Revised 1.2020, 3.3.2020

Reviewed 2.10.2020, 5.11.2020, 7.27.2020, 11.2.2020, 2.8.2021, 5.9.2021, 8.9.2021



Nursing Programs Policy and Procedure

Pregnant Student Guidelines

Policy

The reference materials for these guidelines are offered in the pamphlet (https://www2.ed.gov/about/offices/list/ocr/docs/pregnancy.pdf) “[*Supporting the Academic Success of Pregnant and Parenting Students*](https://www2.ed.gov/about/offices/list/ocr/docs/pregnancy.pdf)*”* by the Department of Education, Office for Civil Rights, June 2013.

**Policy**

As with any student with a medical condition and following the policies of the Clover Park Technical College Disability Services, the pregnant student is required to produce medical documentation before any academic assistance (accommodations) will be considered and/or granted. Prior to any assistance being given, the paperwork must be approved by the Nursing Programs Director. Students are encouraged to meet with the Nursing Program Director to discuss a plan for student success.

In accordance to Student Pregnancy Policy by the Office of Civil Right (OCR), faculty **must** excuse a student’s absences due to pregnancy or childbirth for as long as the student’s doctor deems the absences medically necessary. In addition, when a student returns to school, she must be allowed to return to the same academic and extracurricular status as before her medical leave began

CPTC nursing faculty cannot and will not require a pregnant student to obtain a doctor’s permission before allowing her to attend school late in her pregnancy unless the student is asking for assistance or has a “high risk” pregnancy. If the college instructor is worried about the health or safety of a student, it is perfectly acceptable for the instructor to inquire about the student’s limitation but only when it pertains to their classroom and the student’s successful completion of the course. CPTC Nursing program will not require a pregnant student to produce a doctor’s note in order to participate in school or academic activities unless the same requirement to obtain a doctor’s note applies to all students being treated by a doctor.

**Harassment**

Clover Park Technical College Nursing Program will not tolerate harassment of any form, especially towards pregnant women. Prompt and effective steps will be taken to reasonably end pregnancy-related harassment, prevent its recurrence, and eliminate any hostile environment created by the harassment. It is a violation of Title IX if sexual harassment or other pregnancy-related harassment by employees, students, or third parties is sufficiently serious that it interferes with a student’s ability to benefit from or participate in the school’s program, and the harassment is encouraged, tolerated, not adequately addressed, or ignored by school employees.

**Accommodations**

With proper documentation, students who are pregnant or have given birth within six months will be entitled to assistance/accommodations. The accommodations vary pertaining to the type of pregnancy, medical documentation, as well as the academic program the student is enrolled. To ensure a pregnant student’s access to an educational format, when necessary, a program must make changes to the regular schedule that are reasonable and responsive to the student’s temporary pregnancy status. For example, a classroom might be required to provide a larger desk, or allow frequent trips to the water fountain or the bathroom. Students need to make appointment outside of scheduled class time unless all allowed and documented by condition and physician.

As stated earlier, Title IX requires a school to excuse a student’s absences due to pregnancy or related conditions, including recovery from childbirth, with medical approval. A school may offer the student alternatives to making up missed work, such as retaking a semester, taking part in an online course credit recovery program, or allowing the student additional time in a program to continue at the same pace and finish at a later date, especially after longer periods of leave. The **student** should be allowed to choose how to make up the work as long as it doesn’t create an undue burden.

Procedure

**Duties and Responsibilities**

**The pregnant student has the responsibility to**

1. Review Student Pregnancy Policy.
2. Have Health Care Provider complete paperwork.
3. Submit paperwork to the Nursing Program Director.
4. Upon approval, give documentation letters to instructors.
5. As changes occur in pregnancy and accommodations are upgraded, update steps 2-4.
6. Request assistance as needed due to pregnancy.
7. Assist your instructor in charting an action plan for the semester, which includes deadlines and expectations.

**Instructor has the responsibility to**

1. Develop an action plan for the quarter with the student, include deadlines and expectations.

It may be necessary for an academic contract to be addressed in order to track deadlines and progression of course materials. It is advisable to agree on this course of action and implement this matter early on in the semester.

Students who have disclosed they are pregnant will not be asked to participate in known occupational hazards for pregnant women.

Known Hazards:

* + - 1. Infectious diseases

1. The pregnant student is strongly advised to get all applicable immunizations (Hep B, Influenza, MMR, Varicella)
2. Consistent adherence to universal precautions is strongly encouraged
3. Minimize work to home contamination (change out of clinical clothes before entering home, laundering and storing clinical and non-clinical clothing separately)
4. May modify clinical setting to reduce occupational exposure depending on immunity or stage of pregnancy.
5. High alert infectious diseases: CMV, Parvovirus B19, influenza.
   * + 1. Pharmaceutical agents
6. There are specific drugs that have been identified as impacting reproductive and fetal development. Pregnant students in the clinical setting will not be required to administer the following agents:
   * + - 1. Antineoplastic agents
         2. Aerosolized agents such as pentamidine, ribavirin
         3. Waste anesthetic gases (in operating rooms, recovery room and post anesthesia care units)
         4. Organic Solvents-many are teratogenic and embryotoxic (examples include acetone, benzene, chloroform, ethanol, methanol, formaldehyde, gasoline and industrial glues)

To limit exposure wear solvent resistant gloves and protective clothing.

* + - 1. Ionizing radiation sources (radiology, nuclear medicine, positron emission tomography, gamma-ray cancer therapy, and cardiac catheterization procedures all emit ionizing radiation)

Reviewed 3.7.2019

Reviewed 2.10.2020, 5.11.2020, 7.27.2020, 11.2.2020, 2.8.2021, 5.9.5051, 8.9.2021

|  |
| --- |
| **Request for Academic Accommodation Pregnancy**  **Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  The request for temporary medical accommodation must be submitted with the following stipulations. Failure to fully complete procedures may delay any assistance being requested.   * Documentation must be on **doctor’s letterhead** and have a medical diagnosis (pregnancy). * Documentation must be signed by a medical doctor or appropriate specialist * Documentation must include a “due date”   It is important to note that a change in accommodations may occur due to the progression of the pregnancy. Any requests for different accommodations must be submitted with additional documentation justifying/verifying the adjustment.  **Please select the accommodations requested:**  Excused absence Separate table and chair  Temporary disability parking Frequent bathroom breaks  Limited exposure to chemicals No lifting over ten pounds  Frequent breaks to walk around Permission to leave class suddenly  Permission to eat/drink in class No prolonged standing  Excused for tardiness  Additional Accommodations:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is the student classified in the “high risk pregnancy category? Yes\_\_\_\_\_No\_\_\_\_\_\_\_  Students who have disclosed they are pregnant will not be asked to participate in known occupational hazards for pregnant women. |



Nursing Programs Policy and Procedure

Student Professional Behavior Expectations

Policy

Student conduct is expected to meet standards which will reflect positively on the profession of nursing, and Clover Park Technical College. The nursing program follows the CPTC *Student Code of Conduct* found in the current college catalog.

Areas covered in this policy include:

* Professional behaviors regarding
  + Use of tobacco
  + Food and drink
  + Scent-free/scent-neutral environment
* Student conduct in classroom, lab, and simulation environments
* Student conduct in clinical settings
* Integrity
* Failure to follow standards of professional behavior

**Professional Behaviors**

Students in the nursing program are expected to display qualities and behaviors that represent the program philosophy and nursing as a profession. Students are expected to display common courtesy at all times, on and off campus, especially when in CPTC uniform. The nursing student uniform should only be worn when in the capacity of a CPTC student.

Professional conduct reflects behaviors consistent with standards taught in nursing program courses, are consistent with standards expected in industry and are considered foundations for success in the health care field.

Any student whose behavior is inconsistent with standards of professional behavior may be referred to the CPTC Student Conduct Officer.

A student who does not correct or alter inappropriate behaviors following counseling may be referred to the CPTC Student Conduct Officer.

If you have a child at Hayes Center we understand it is tempting to see the child when they

come to the nursing lab several times every quarter. This visit is a clinical rotation for our 3rd

and 4th quarter Practical Nurse students. The students put a lot of time and effort into planning

this visit for the children. We want to provide a safe and positive learning environment for both

the nursing students and the children. Therefore the door to the nursing lab will be locked

during this time. If you wish to visit with your child during this time please make arrangements

with Hayes center staff for your child to remain at the Hayes center for your visit. In the case of

an emergency you would first go to the Hayes center to sign your child out and the center will

notify the Hayes center instructors in the nursing lab and/or our faculty/staff that you are

coming to pick up your child.

As a quarter 3 or 4 practical nurse student participating in the clinical rotation you will also need

to be prepared to develop a plan of how you address this potential conflict. When your child is

in the lab you have to remember you are in the role of student not a parent. The instructor

can assist you with developing this plan if needed.

**Standards of professional behaviors include but are not limited to:**

* Using critical thinking skills in determining one’s actions in the clinical setting
* Demonstrating empathy in the care of others
* Accepting responsibility for one’s own actions, including preparing sufficiently for class and clinical
* Adhering to the School’s dress code and having a neat, clean appearance. This includes responding promptly when feedback is given by a faculty member that your dress, jewelry or hygiene (including fingernails) is outside the bounds of the dress code
* Attending orientations, class and clinical, arriving and leaving as scheduled
* Taking exams as scheduled and completing assignments on time, including patient/client care
* Responding appropriately and in a timely fashion to constructive criticism and feedback from faculty, clinical site staff, and peers
* Giving prior notification in writing or voice mail to faculty if unable to meet commitments and following up with faculty regarding potential make up requirements
* Dealing with others (peers, faculty, staff, patients/clients and their families) in an honest, respectful, sensitive and nonjudgmental manner that communicates respect for individual differences
* Nonuse of inappropriate or offensive language, gestures or remarks
* Nonuse of intimidation, coercion or deception in working with patients/clients, families, staff, other students and faculty and staff
* Demonstrating teamwork and helping behavior for colleagues that exemplifies an assertive, rather than aggressive approach
* Respecting others’ space and time through the demonstration of such actions as turning off cell phones, avoiding disruptive sidebar conversations, and refraining from texting others in class and clinical settings.
* Recognizing that nurses and nursing students have professional boundaries and that it is possible to be either over involved or under-involved with patients. As a health care professional, a nurse should strive to inspire the confidence of clients, treat everyone they encounter professionally, and promote the clients’ independence. Clients have the right to expect a nurse to act in their best interest and to respect their dignity, including that the nurse abstains from obtaining personal gain at the client’s expense and refrains from inappropriate involvement in the client’s personal relationships.

**Failure to Follow Standards of Professional Behavior:**

The Faculty will **immediately** dismiss any student from the classroom, simulation, lab, or clinical site whose behavior seriously conflicts with standards of professional behavior. Students may be denied opportunity to attend clinical rotation(s) if an instructor determines that student is unsafe in nursing practice. These behaviors include but are not limited to:

* Any conduct in the classroom, lab, simulation, or clinical area that is illegal or in conflict with accepted standards and ethics of the nursing profession and/or jeopardizes safety of self or others
* Contacting a clinical site directly without program approval.
* Violation of the Washington Administrative Codes (WAC) for nursing which describe unprofessional conduct.
* Use of or being under the influence of alcohol or drugs during school, lab, simulation, or clinical hours. This includes prescription narcotic medications or marijuana.
* Failure to follow policies of CPTC, or failure to comply with requests from faculty and staff in accordance with CPTC policies.
* Any action which violates confidentiality of HIPAA rights of a patient/resident, a clinical facility or its staff, or another student.
* Failure to maintain “professional boundaries.”
* Conflict with a staff member at a clinical site which is reported to the faculty (i.e. refusal to follow directions for patient care, or inappropriate conduct).
* Failure to come to clinical prepared including inadequate knowledge of treatment, medications, or plan of care AND inappropriate dress and appearance.
* Unprofessional communication behaviors (examples: personal texting, Face Book; using profane language with patients, visitors, staff, or faculty)
* Failure to treat others with respect, honesty and dignity
* Failure to implement appropriate action to ensure safety of patients/clients
* Additional behavior(s) deemed unprofessional by faculty including being disruptive and or refusing to follow faculty directions.
* Misrepresentation of physical presence or participation in clinical experience
* Causing or potentially causing physical harm

Students may be referred to the CPTC Student Conduct Officer.

**Use of Tobacco:**

Tobacco/nicotine use of **any** type and/or “Related products" including cigarettes, pipes, herb cigarettes, electronic cigarettes, vapor cigarettes, water pipes, hookahs, chewing tobacco, and snuff is not allowed in any building on campus. According to RCW 70.160.075, smoking may only occur in designated smoking areas on campus (see CPTC smoking policy in the CPTC Student Handbook or in the catalog). Students are responsible for disposing of tobacco items appropriately.

**Use of Drug/medications/alcohol:**

This policy applies to all CPTC students admitted to the School of Nursing programs. All CPTC nursing students are required to complete clinical coursework at a hospital, clinic, nursing home, and/or other healthcare facility in order to complete their degree requirements. The CPTC Drug Free Environment Policy follows the **Federal** Drug Free Schools and Communities Act

which prohibits the unauthorized use, possession, sale, conveyance, distribution, and manufacture of controlled substances, as well as being under the influence of legally prescribed drugs that prevent an individual from performing the essential functions of his or her job or where the individual poses a direct threat while using those drugs. Clinical agencies affiliated with the CPTC may also have drug and alcohol policies that require nursing students to comply with additional drug testing policies. Safety in the delivery of care to patient/client populations is the basis for drug testing. Clinical sites have the right to refuse any student for clinical placement based on concerns about that student’s ability to deliver safe practice; this could result in student not being able to complete a required clinical rotation.

Washington state Initiative 502 - Marijuana remains a schedule I controlled substance under federal law. This means employers may terminate your employment for a drug test which indicates use of marijuana, this includes medicinal use. CPTC follows the Federal Drug Free School and Communities Act as listed above. Use and/or possession of Marijuana on any CPTC campus and/or affiliated clinical site is prohibited and in violation of the student code of conduct.

**CPTC NURSING PROGRAM POLICY ON STUDENT ATTENDANCE DURING LECTURE/LAB/SIMULATION ACTIVITIES**

Attendance and reliability/responsibility are expected professional behaviors for the professional nurse. The student is expected to be punctual, attend **all** classes and clinical experiences in order to gain the greatest benefit from the educational experience. Any non-emergency appointments are to be scheduled outside of program hours. The instructor has the right to request verification of illness, injury or other emergency impacting attendance and/or participation. Students with repeated attendance issues may find it difficult to meet course objectives.

Student is expected to attend class and arrive promptly. If absence is unavoidable, it is the responsibility of the student to contact the instructor before class (per the syllabus) and obtain handouts, notes, announcements, etc. from other students. Specific guidelines for missed assignments or quizzes/exams can be found in the individual course syllabi.

Unexcused absence or tardiness may result in a lower grade for participation. Not all learning experiences may be replicated. The instructor is not responsible for providing the student with missed learning experiences.If you must be late to class or leave early, please enter or exit without causing disruption.

**Food and Drink**

Drinks are allowed in the classroom with closed containers only. No consumption of food or beverage is allowed in the nursing lab area. There is to be no chewing of gum at any time when student is in uniform.

**Scent-free/scent-neutral environment**

Students should be aware that health care facilities are scent-free environments due to allergic reactions of patients, visitors, and health care workers. To best prepare students for this health care environment, students should avoid wearing scented hairspray, aftershave, perfume, cologne, powder, or lotion. Students are expected to be freshly bathed and use deodorant.

Because smoke odors remain on clothing, students must keep their uniforms free from odor.

Students may be asked to leave the lab or clinical area if scents (including tobacco smoke) are noticeable or causing someone discomfort. This will be an unexcused absence.

Additional expectations of student behaviors while classes or labs are in session are found in the course syllabus. Adhering to these expectations will provide the best learning environment for all students. The following expectations apply during class, simulation or lab hours:

1. One course credit is equal to 60 minutes of instruction. Breaks are given at the discretion of the instructor with consideration being given to (1) quizzes or exams just being given, (2) amount of material covered, and (3) amount of material remaining to be covered.
2. Cell phones will be either turned off or on silent/vibrate mode during class, simulation, and/or lab hours. **Texting is not allowed during any class time**. Only in an emergency should students leave the classroom to respond to a cell phone call. **Cell phones must be turned off during any quiz or exam.** Instructors may have additional guidelines regarding cell phone use in their course syllabi. **No cell phone use in any clinical setting.**
3. The student should inform immediate family, day care providers, etc., of the phone number of security (253-589-5682). Security will locate student in the event of an emergency.
4. The student is expected to demonstrate classroom courtesy by raising their hand and being recognized before making a comment.
5. Students are encouraged to share comments about class discussions with the whole class while being mindful of the noise level in the environment.
6. Inappropriate or offensive language is not acceptable in the classroom, simulation, lab, or clinical area. This includes language that could be offensive to a particular cultural or religious group, to any individual with a disability, or other specific characteristic.
7. Students who have a question or concern about an instructor’s assignments, classroom management and/or grades need to make an appointment with that instructor to discuss this issue, it should not occur during class time and/or in the hallway.
8. The nursing lab is not to be used as a gathering area during break times or lunchtime
9. Individuals not enrolled in the class may not be in the classroom.
10. Children are not allowed in the classroom, lab, or clinical settings (per CPTC policy).

**Integrity**

Cheating is a form of academic dishonesty as described in the CPTC Student Handbook and catalog and is not tolerated in the Nursing Program. The disciplinary process as outlined in the CPTC Student Handbook and catalog will be followed and student may be referred to Student Conduct Officer.

* Cheating
* Copying from another student’s paper
* Allowing another student to copy your paper
* Collaborating during a test
* Using a text or other materials that are not authorized during an exam
* Accessing information on any electronic device
* Plagiarism
* Using or closely imitating the language and/or thoughts of someone else without authorization, and the representation of that person’s work as your own by not crediting the original author
* Fabrication
* Intentional use of made up information with the intent to deceive.
* Academic Misconduct
* Intentional violation of college policies
* Examples include selling or giving away test answers, changing or altering a grade on a test or in a grade book.

Falsifying information in school records (including admission information, information on official program/school forms, course assignments, clinical documentation etc.) is a serious breach of integrity and will be referred to Student Conduct Officer.

Reviewed 2.18.2020, 5.18.2020, 7.27.2020, 11.9.2020, 2.16.2021, 5.16.2021, 8.16.2021



Nursing Programs Policy and Procedure

Program Progression/Grading

Policy

The student’s assessment/evaluation is based on meeting individual course objectives during the program and having met “Program Outcomes” by the time he/she has completed the program. Students need to be aware that they will have multiple instructors throughout the program and each instructor has academic freedom in their course. It is important to read each course syllabus as policies will vary for each course. Students enrolled in the nursing program must maintain 80% or better grade point average and/or “Pass” in **each and every** nursing course in order to continue progression to the next quarter of the program.

All students attending the Practical Nurse program will be provided with academic supports in quarter one and two of the program.  In order to progress in the program students will be required to take assessments at the beginning of quarter one the end of quarter one and two and attend additional support classes each week until a qualifying assessment score is obtained.

**All requirements for clinical on-boarding (Castle Branch and DSHS background check) must be current and complete prior to registering for quarter 2, 3 and 4 classes.**

If you register for classes and are found to be out of compliance you will be withdrawn from all nursing classes and you will have to apply for re-entry the following quarter.

Clinical facilities determine their criteria for admission of students to their facility for rotations. Clinical facilities reserve the right to refuse any student admission independent of CPTC policies and procedures. Reasons for refusal may include but are not limited to drug screening, prior employment, criminal background and Office of Inspector General clearance.

If a student fails a clinical rotation, the student has failed the entire clinical course and may not be able participate in further clinical rotations that quarter. The student must apply for re-entry and take the entire clinical course, regardless of what point in the quarter the student failed their clinical rotation. A competency assessment may be required to determine if student is safe in the patient care environment. Inability to pass this competency exam may result in student not being allowed to continue in course and/or re-enter program.

Patient safety in administration of medication is a high priority for all nurses. In order to ensure medication competency in all nursing students, students must also pass the medication dosage calculation competency requirements for their program.

Procedure

Mandatory Dosage Calculation Competency Exam

All medication Competency Exams are timed

1. **Practical Nurse students**

**Quarter two-**– students must pass **NURS 134** -pharmacology with an 80% or better.

**Quarter three- NURS 149**- students are expected to maintain proficiency in dosage calculations.

**Quarter four-** students must pass a medication competency exam at 100%. Students may take the medications competency exam as many times as needed, after demonstrating that they have completed remediation following each attempt. The first attempt will be scheduled during class time. Absence during the first attempt will be counted as an unsuccessful attempt and remediation will be required before taking the exam.

Students must achieve 100% on the exam before Nursing Program Director will sign approval to take the NCLEX exam.

Didactic Course Grading

1. The nursing program requires each student to maintain 80% or better grade point average in **each** course. The nursing program follows CPTC’s grading scale and can be found in the CPTC catalog:

| Percentage | Letter Grade | Points |
| --- | --- | --- |
| 93-100 | A | 4.0 |
| 90- 92 | A- | 3.8 |
| 88-89 | B+ | 3.3 |
| 83-87 | B | 3.0 |
| 80-82 | B- | 2.7 |
| 78-79 | C+ | 2.3 |
| 73-77 | C | 2.0 |
| 70-72 | C- | 1.7 |
| 66-69 | D | 1.0 |
| 65 and below | F | 0.0 |

1. If the student’s average falls below 80% during any course, the student should contact the instructors to discuss the grade. The instructors will assist the student to explore means for improvement (i.e., improvement in study habits, note taking, tutoring options, etc.).
2. Any student whose final grade in a course is below 80% may not register for courses offered during the next quarter. (See Policy on Re-entry)
3. The student is expected to maintain a record of their grades in each course in order to be aware of their standing. A student who is concerned or has questions about their progress may make an appointment to meet with the course instructors during office hours.
4. The syllabus for each course is the “contract” between the student and faculty and clarifies expectations for the course.
5. The Instructor of each academic course will specify the grading criteria for that course.
6. **The Kaplan predictor exam will be administered early in the 4th quarter of the program. Students receiving an overall score of less than 69% will be required to remediate proportionally across deficient areas. Students will be required to submit a paper listing 5**

**items learned during their remediation, for every percentage point of deficiency per category**

1. **AND how this information would be applied and/or change their nursing practice. This must be completed prior to completion of the program.**
2. **Attendance is mandatory at the Kaplan review course in the fourth quarter. Failure to attend all sessions may result in failure of a nursing course.**

Clinical Grading

1. The grade for each clinical practicum is based on the student’s meeting course objectives as

listed in the syllabus. Each clinical course includes two or more specific clinical rotations. The clinical evaluation form is utilized as the grading tool.

1. A clinical evaluation tool will be completed for each clinical experience – students will be rated

Satisfactory, Developing, Needs Improvement, and Unsatisfactory**.**  Anystudent receiving ‘unsatisfactory’ will not pass that rotation and clinical course.

1. A competency assessment may be required at any time to determine if student is safe in the patient care environment. Inability to pass this competency exam may result in student not being allowed to continue in course and/or re-enter program.
2. The instructor assesses the student’s performance using direct observation, written assignments, and nursing staff feedback. Feedback from nursing staff may be communicated either verbally or in writing to the faculty. In the event that the instructor is notified verbally, the instructor will evaluate the situation and document the information. Any student who receives a patient safety clinical failure report from a clinical site may fail the clinical course.
3. The instructor will inform the student if he/she is not making satisfactory progress prior to the end of the clinical rotation. For clinical rotations that are only of one week duration, a warning of unsatisfactory progress may not be possible. It is the student’s responsibility to be aware of the objectives and expectations for each clinical rotation and the student’s responsibility to meet those objectives.
4. A student will either be removed from the clinical site immediately or may be allowed to remain in the clinical site with limited scope of practice based on performance or behaviors either observed by faculty or reported by staff at a site where the faculty is not physically present. This may impact the student’s ability to pass the clinical course.
5. The instructor at each clinical site exercises professional judgment in determining the student’s evaluation/grade.
6. All required written assignments must be completed satisfactorily in order for the student to receive a “Pass” grade for the experience.

Revised 8.14.2020, 9.1.2021

Reviewed 2.18.2020, 5.18.2020, 7.27.2020, 11.9.2020, 2.16.2021, 5.16.2021, 8.16.2021



Nursing Programs Policy and Procedure

Student Record Keeping

Policy

Documentation regarding immunizations, background checks and clinical onboarding will be maintained by the student in Certified Background. It is the responsibility of the student to monitor and keep all documentations current.

The Nursing program will maintain a file for each nursing student in a locked file cabinet. Student files shall be available to the Nursing Commission staff during one site- surveys and/or investigations. Files will be destroyed upon graduation or one year after student has discontinued program. These files will contain the following items:

* Student contact information
* Emergency contact information
* Affidavit of understanding
* Model release
* Consent for invasive procedures
* Release of information for affiliated clinical sites
* Letters of Recommendation/References Information Release
* Program application
* Clinical evaluations
* Progress improvement plan if any
* Incident reports if any
* Progress reports if any
* Accommodation requests if applicable

Procedure

During mandatory program orientation nursing student handbook and policies and procedures will be reviewed, students will be required to sign affidavit of understanding. Revisions of the policies and procedures will be sent to students via Canvas and students will be asked to sign a new affidavit of understanding.

Students will be provided information regarding use of record management profile during first quarter. Students who do not complete and/or maintain currency of all required documents will not be allowed to attend clinical which will result in a failure of the clinical course.

The Nursing Program administration will keep a log of any event involving a student or faculty member that the program has reason to believe resulted in a patient harm, significant risk for patient harm, or diversion of legend drug or controlled substance to report to the state Nursing Commission according to the WAC 246-840-513.  The log will include the date and nature of the event, the name(s) of the student or faculty member involved, name of the clinical facility, assessment of findings and suspect cause related to the incident or root cause analysis, Nursing Program corrective actions, and remediation plan. The Nursing Program will use the principles of just culture, fairness, and accountability in the implementation and use of all incident reporting logs to determine the cause and contributing factors of the incident, preventing future occurrences, facilitating student learning, and use the results of the incident assessments for on-going program improvement.

Reviewed 2.24.2020, 5.26.2020, 8.3.2020, 11.16.2020, 2.22.2020, 5.23.2021, 8.23.2021

## Clover Park Technical College Logo

## Nursing Programs Policy and Procedure

Re-Entry into program

Students who meet the following criteria are eligible to apply for re-entry into the nursing program:

* Has voluntarily withdrawn from the Clover Park Nursing program, OR
* Has failed to achieve 80% or higher or pass a pass/fail class in one or more nursing course during a quarter

Re-admission will be considered based on space availability. No student is guaranteed re-admission. Priority for re-admission will be on a first come, first serve basis.

Students wishing to re-enter the program must:

* Notify the Nursing Program Director of their intent via email.
* Pick up a permission to register form and a CastleBranch extension form from the Instructional Program Assistant.
* Be current with all CastleBranch requirements including:
  + immunizations
  + Tuberculin testing
  + American Heart Association BLS CPR
  + Healthcare insurance
* Pass a background check through CastleBranch which includes Washington State Patrol. Additionally, must pass the Department of Social and Health Services background check prior to clinical rotations.
* Maintain a current, active, and unencumbered NAC or NAR license.

Students re-entering the program are responsible for ensuring they have retained the knowledge and skills obtained in previous quarters, as the program progressively builds on the knowledge and competency.

**Academic Failure**

Students who failed to successfully complete a didactic class with 80% or better or do not pass a pass/fail class cannot continue in the program. They may repeat that course the next time it is offered on a space-available basis by following the re-entry process outlined above. If they successfully complete the course upon a repeat, they can then continue in the program. Per CPTC policy a course may be repeated no more than twice. This means a student may take a course one time then repeat it, if needed, two more times for a total of 3 times. All courses and earned grades will remain on the student’s transcript. Please be advised that other colleges may not accept a grade earned in a repeated course.

**Patient Safety Clinical Failure**

If a clinical site representative reports a student action that reflects a patient safety concern the clinical instructor will investigate the incident and report to Nursing Program Director. The clinical instructor who verifies or witnesses a patient safety concern, will determine how the incident will affect the student’s clinical grade. This may include a failing grade for that clinical course, and the student will not be able to continue in the program. The clinical site may also refuse to allow the student to continue at the site for liability reasons. A root cause analysis will be completed by the nursing program and the incident may need to be reported to the Nursing Care Quality Assurance Commission (WAC 246-840-513).

Patient safety is of utmost import. If the student is eligible to re-enter the program, a competency assessment will be utilized to determine if the student is safe to return to the patient care environment. This competency assessment will be comprised of the skill verification competency tests utilized in the quarter one and two clinical skills laboratory classes. The competency assessment will be administrated and proctored by two nursing faculty members. The clinical instructor at the time of the clinical failure will not be eligible to be involved in the competency assessment process. Assessment will occur in the nursing laboratory classroom with no other students present, other than possible student volunteers serving as patient, in the area. Students being tested will be consulted regarding the selection of volunteer patients.

Inability to pass this competency exam may result in requirement to remediate skills by student re-enrolling in Quarter one and/or Quarter two Nursing clinical skills laboratory class. Student will not be able to progress in the program until remediation is complete and competency has been demonstrated in the laboratory skill courses.

Revised 5.2.19, 11.18.19, 4.24.2020

Reviewed 2.24.2020, 5.26.2020, 8.3.2020, 11.16.2020, 2.22.2021, 5.23.2021, 8.23.2021



Nursing Programs Policy and Procedure

Remediation

Policy

The student’s assessment/evaluation is based on meeting individual course objectives during the program and having met “Program Outcomes” by the time he/she has completed the program. Students need to be aware that they will have multiple instructors throughout the program and each instructor has academic freedom in their course. It is important to read each course syllabus as policies will vary for each course.

Each student is expected to monitor their grades through each course. If the student’s average falls below 80% during any course, the student must contact the instructor to discuss the grade. The instructor will assist the student to explore means for improvement (i.e., improvement in study habits, note taking, tutoring options, etc.). The student should also contact their faculty advisor for additional assistance or advice.

Procedure

The Kaplan predictor exam will be administered early in the 4th quarter of the PN program. Students receiving an overall score of less than 69% will be required to remediate proportionally across deficient areas. Students will be required to submit a paper listing 5 items learned in remediation for every percentage point of deficiency per category. This must be completed prior to completion of the program. Those students who receive an overall score of less than the 69% **AND** do not complete the remediation will receive a zero on this assignment, which result in a final grade of less than 80% and/or Failure in Nursing 154.

Revised 3.14.2020, 9.1.2021

Reviewed 2.24.2020, 5.26.2020, 8.3.2020, 11.16.2020, 2.22.2021, 5.23.2021, 8.23.2021



Nursing Programs Policy and Procedure

Respondus LockDown Browser

**LockDown Browser + Webcam Requirement**  
This program may use Respondus LockDown Browser and webcam for online exams when applicable. The webcam can be the type that's built into your computer or one that plugs in with a USB cable. Students are responsible for ensuring they have access to a webcam.

**What is LockDown Browser?**

LockDown Browser is a custom browser that locks down the testing environment in Canvas and other computer programs such as Kaplan. When students use LockDown Browser to access a quiz, they are unable to print, copy, visit other websites, access other applications, or close a quiz until it is submitted for grading. Quizzes created for use with LockDown Browser cannot be accessed with standard browsers.

**System Requirements**

* LockDown Browser and Respondus Monitor are available for **Windows, Mac, and iPad** devices.
* **iPad Users** – Note that the Respondus Monitor settings have an iPad option that must be enabled on a per exam basis.
* **Chromebook Users** – Respondus Monitor isn’t currently available for Chromebooks.
* **Mobile Phones** – LockDown Browser and Respondus Monitor aren’t available for use on mobile phones, such as the iPhone or Android phones.

**Download Instructions**  
Download and install LockDown Browser from this link:

<https://download.respondus.com/lockdown/download.php?id=231842820>

**Once Installed**

* Start LockDown Browser
* Log into to Canvas
* Navigate to the quiz

Note: You won't be able to access a quiz that requires LockDown Browser with a standard web browser. If this is tried, an error message will indicate that the test requires the use of LockDown Browser. Simply start LockDown Browser application and navigate back to the exam to continue.

Revised 8.8.2020

Reviewed 2.24.20, 5.26.2020, 8.3.2020, 11.16.2020, 2.22.2021, 5.23.2021, 8.23.2021



Nursing Programs Policy and Procedure

Students Rights and Responsibilities

Policy

Clover Park Technical College Nursing Program follows the CPTC student policy. This information can be accessed on the CPTC website.

[CPTC Safety and Security](http://www.cptc.edu/srr) (http://www.cptc.edu/srr)

Revised 3.7.19

Reviewed 2.24.2020, 5.26.2020, 8.3.2020, 11.16.20, 2.22.2021, 5.23.2021, 8.23.2021



Nursing Programs Policy and Procedure

Selection Process

Students are admitted on a first come first served basis after completion of all pre-requisites for the program.

***Prerequisites****:* **Must achieve a 2.0 or better and only if required for prerequisites below that require a B or better:**

CHEM& 110 or higher (5CR)

BIOL& 160 or 175 (5CR)

*-* ***Prerequisites****:* **Must achieve a B or better**

BIOL& 241 Human A & P 1 w/lab (5CR)

BIOL& 242 Human A & P II w/lab (5CR)

BIOL& 260 Microbiology with lab (5CR)

ENGL& 101 English Composition OR ENGL& 235 Technical Writing (5CR)

MAT 099 Intermediate Algebra (5CR) or MATH& 141, 146, or 151

NUTR& 101 Nutrition (5CR)

PSYC& 100DIV General Psychology (5CR)

PSYC& 200 Lifespan Psychology (developmental psychology) (5CR)

**For COLL 102 must achieve a passing grade**

COLL 102 College Success (3CR) (not required if you are transferring in 30 credits, have

a similar course from another college, or you hold a degree from another college).

**Other Requirements:**

* **NLN PAX Pre-admission exam**: Unlimited attempts to obtain a score of 102 or higher

and no expiration for this test.

* **No Record On File”** report for crimes against children or vulnerable adults with

the Washington State Patrol and DSHS. Possible drug testing for clinical rotations.

* **Immunizations-** all required immunizations must be completed by the first day of the quarter you start.
* **CPR-** Current American Heart Association Basic Life Support for Healthcare Provider card

Please refer to website for further information: <http://www.cptc.edu/programs/nursing>

Questions? Contact [nursingprograms@cptc.edu](mailto:nursingprograms@cptc.edu)

Revised 4.24.20,

Reviewed 3.2.20, 6.1.2020, 8.10.2020, 11.30.2020, 3.1.2021, 5.31.2021, 8.23.2021



Nursing Programs Policy and Procedure

Social Media

Policy

This policy applies to Nursing students who engage in internet conversations about or involving CPTC, clinical sites and/or didactic course activities. Distribution of sensitive and confidential information is protected under HIPAA and FERPA whether discussed through traditional communication channels or through social media.

**GENERAL INFORMATION:**

Social media are defined as mechanisms for communication designed to be disseminated through social interactions. Social media is commonly thought of as a group of Internet-based applications foundations that allows the creation and exchange of user-generated content. Examples include but are not limited to LinkedIn, Wikipedia, blogs, podcasts, RSS feeds, Allnurses.com, Twitter, Facebook, YouTube, and Instagram. Social media often spans traditional boundaries between professional and personal relationships and thus takes additional vigilance to make sure that one is protecting personal, professional, and CPTC reputations.

As students you are expected to represent CPTC in a fair, accurate and legal manner while protecting the brand and reputation of the institution.

When publishing information on social media sites be aware that this information may be public for anyone to see and can be traced back to you as an individual. Since social media typically enables two-way communications with your audience, you have less control about how materials you post will be used by others. “If you wouldn’t put it on a flier, carve it into cement in the quad or want it published on the front of the Wall Street Journal, don’t broadcast it via social media channels.

Procedure

* Protect confidential, sensitive, and proprietary information: Do not post confidential or proprietary information about CPTC, staff, students, clinical facilities, patients/clients, or others with whom one has contact in the role of a CPTC nursing student.
* Respect copyright and fair use. When posting, be mindful of the copyright and intellectual property rights of others and of CPTC.
* Do not use CPTC logos and/or graphics, on personal social media sites. Do not use CPTC name to promote a product, cause, or political party or candidate.
* No personal phone conversations or texting are allowed at any time while in patient/client areas or in the classroom. If the student needs to respond to an emergency text or phone call during class, the student is asked to leave the classroom and respond as deemed necessary.
* Use of computers (PDAs, Notebooks, etc.) during class shall be restricted to note taking and classroom activities. Use otherwise is distracting for not only the student involved in the activity but those in the immediate area/vicinity.
* No student shall videotape/photograph professors or fellow students for personal or social media use without the express written permission of the faculty or fellow student. At NO time shall patients/clients be videotaped or photographed.
* If you identify yourself as a student, ensure your profile and related content is consistent with how you wish to present yourself to colleagues, clients, and potential employers. Identify your views as your own. When posting your point of view, you should neither claim nor imply you are speaking on CPTC’s behalf.
* HIPPA guidelines must be followed at all times. Identifiable information concerning clients/clinical rotations must not be posted in any online forum or webpage.
* Ultimately, you have sole responsibility for what you post. Be smart about protecting yourself, your and others privacy, and confidential information.

**PROCEDURES/CONSEQUENCES:**

* There is no such thing as a “private” social media site. Search engines can turn up posts years after the Publication date. Comments can be forwarded or copied. Archival systems save information, including deleted postings.
* Think twice before posting. If you are unsure about posting something or responding to a comment, ask your faculty. If you are about to publish something that makes you even the slightest bit uncertain, review the suggestions in this policy and seek guidance.
* Future employers hold you to a high standard of behavior. By identifying yourself as a CPTC student through postings and personal web pages, you are connected to your colleagues, clinical agencies, and even clients/patients. Ensure that content associated with you is consistent with your professional goals.
* Nursing students are preparing for a profession which provides services to a public that also expects high standards of behavior.
* Respect your audience.
* Adhere to all applicable college privacy and confidentiality policies.
* You are legally liable for what you post on your own site and on the sites of others. Individual bloggers have been held liable for commentary deemed to be proprietary, copyrighted, defamatory, libelous or obscene (as defined by the courts).
* Employers are increasingly conducting Web searches on job candidates before extending offers. Be sure that what you post today will not come back to haunt you.
* Monitor comments. You can set your site so that you can review and approve comments before they appear. This allows you to respond in a timely way to comments. It also allows you to delete spam comments and to block any individuals who repeatedly post offensive or frivolous comments.
* Do not use ethnic slurs, personal insults, obscenity, pornographic images, or engage in any conduct that would not be acceptable in the professional workplace.

**CONSEQUENCES:**

* Violation of patient/client privacy with an electronic device will be subject to HIPAA procedures/guidelines and consequences per clinical facility and/or school policy.
* Students who share confidential or unprofessional information do so at the risk of failing the course.

Reviewed 3.2.2020, 6.1.2020, 8.10.2020, 11.30.2020, 3.1.2021, 5.31.2021, 8.23.2021



Nursing Programs Policy and Procedure

Student Concern and Grade Appeal Process

Policy

It is the goal of the Nursing Program that student concerns and grade appeals be resolved at the instructor level. However, in situations that this is not possible Clover Park Technical College Nursing Programs follow the CPTC student concern policy and procedure.

Procedure

\*\* **Please note-** students concerns and grade appeals regarding the nursing program, are submitted to the Nursing Program Director, not the division dean. Grade appeals will be reviewed for the following criteria at the program level-

* Error made in calculating grade
* Instructor deviated from published course syllabus
* Grading of students was not completed fairly and equitably for all student

[Student Concerns](http://catalog.cptc.edu/student-concerns)  (http://catalog.cptc.edu/student-concerns)

Nursing Program Instructional Program Assistant maintains the record of nursing students concerns and grade appeals.

**For Title IX concerns please go to-** [**Title IX**](http://www.cptc.edu/title-ix)  **(**http://www.cptc.edu/title-ix)

Revised 8.29.18

Reviewed 3.2.2020, 6.1.2020, 8.10.2020, 11.30.2020, 3.1.2021, 5.31.2021, 8.23.2021



Nursing Programs Policy and Procedure

Student Performance Evaluations

Policy

Students are responsible for monitoring their progress and grades throughout the program and utilize resources or seek assistance as needed from faculty and/or staff.

Faculty are responsible for providing feedback to students and maintaining a current grade record in the learning management system.

Procedure

For in class lecture courses students’ performance will be measured as indicated in the individual course syllabus and recorded in the learning management system. Students must earn a minimum of 80% in all didactic classes.

For clinical, lab or simulation courses students will be evaluated by the instructor and/preceptor at the completion of the rotation. Significant issues or concerns that have been identified by the faculty during the rotation will be addressed as they occur and a progress report completed and filed in student record. Student must achieve “meets standards” in all competencies for all clinical rotations.

Revised 3.7.19

Reviewed 3.9.2020, 6.8.2020, 8.17.2020, 12.7.2020, 3.8.2021, 6.6.2021, 8.30.2021



Nursing Programs Policy and Procedure

Student Preparation for

NCLEX/Licensure Process

Policy

To assist in the transition from student to graduate nurse directions will be provided to student regarding the process for National Council Licensing Examination (NCLEX) and the state licensure. Directions on how to apply for the NCLEX and Washington State Nursing License will be made available to the student within the first week of Quarter four curriculum in the Issues and Trends Class. WAC 246-840-519 (3) (a) (xvi)

Procedure

Directions for Application process for NCLEX: http://www.pearsonvue.com/nclex

Eight steps of NCLEX: https://www.ncsbn.org/20\_NCLEXinfo\_factsheet.pdf

1. Apply for licensure/registration with one Nursing Regulatory Body (NRB).
2. Register and pay the exam fee at Pearson VUE online or by calling Pearson VUE NCLEX Candidate Services.

* Payment via credit, debit or prepaid card (MasterCard, Visa or American Express) will be accepted.

1. Receive Acknowledgement of Receipt of Registration from Pearson VUE by email.
2. NRB makes you eligible in the Pearson VUE system.

* You must be made eligible by the NRB within 365 days of your NCLEX registration and payment.

1. Receive Authorization to Test (ATT) email from Pearson VUE.

* You must test within the validity dates (an average of 90 days) on the ATT. There are no extensions.

1. Schedule your exam appointment at Pearson VUE online or by calling Pearson VUE NCLEX Candidate Services at 866.496.2539.
2. Arrive for the exam appointment with your acceptable identification and complete your exam.
3. Receive your official results from your NRB up to six weeks after your exam (this time period varies amongst NRBs).

Acceptable Identification

* Use the exact first and last names that are on your ID when registering for the NCLEX with Pearson VUE. At the test center, the first and last names on the ID you present must match the first and last names in the Pearson VUE system. If they do not match you will be required to reregister and pay another exam fee.
  + All forms of identification must be valid and meet the following requirements:

a. Government issued

b. Non-expired

c. Name (in Roman characters)

d. Recent photograph

e. Signature

* + Examples of acceptable forms of identification for domestic test centers are:
* Passport books and cards
* Driver’s license
* Provincial/Territorial or state identification card
* Permanent residence card
* Military identification card
  + The only identifications acceptable for international test centers, including Puerto Rico,

are: Passport books and cards.

* + If your ID does not contain a signature but meets all other ID requirements listed above you must bring in a secondary form of identification to the test center. The signature on your secondary ID must match exactly with the first and last name on your primary ID and with the names that you provided when you registered. The secondary identification must contain:
    - * Signature (in Roman characters)
  + The definitions of domestic and international test centers can be found on the Testing Locations page.
  + If you cannot provide an acceptable ID at your appointment, you will have to reregister and pay another exam fee for the NCLEX.

Other considerations:

1. You may not access or bring any educational, test preparation or study materials to the testing center at any time during your examination.
2. Cell/mobile/smart phones, tablets, smartwatches, MP3 players, fitness bands or other electronic devices may not be accessed at all during your examination appointment (including breaks). Candidates will be required to store electronic devices in sealable, plastic bags at the test center. Candidates who refuse to store their electronic devices in the Pearson VUE provided plastic bag upon check-in will not be allowed to test and will be required to reregister and pay another exam fee.

Scheduling/Rescheduling/Unscheduling:

1. If you need to reschedule your appointment:
   * + - Tuesday, Wednesday, Thursday or Friday appointments must be changed 24 hours in advance of the original date and time. For example, if your appointment is on Wednesday at 2:00 pm, then you must call or go online to reschedule by Tuesday at 2:00 pm.
       - Saturday, Sunday or Monday appointments must be changed no later than the Friday before the original date and time. For example, if your appointment is on Monday at 2:00 pm, then you must call or go online to reschedule by Friday at 2:00 pm.

Directions for applying for state licensure: <https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NurseLicensing/LicensedPracticalNurse/HowtoApplyforaLicense>

1. Clover Park Technical College will forward your official transcripts with your degree listed to the Nursing Commission.
2. Complete the application form and submit a hard copy along with your check or money order to:

Department of Health

PO Box 1099

Olympia, WA 98507-1099

3. Go to the following website for the application fee schedule: https://www.doh.wa.gov/licensespermitsandcertificates/nursingcommission/nurselicensing#heading64963

4. The Department of Health website also includes information on Renewals; Suicide Prevention

training requirements and continuing competency requirements.

https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NurseLicensing/LicensedPracticalNurse/LicenseRequirements

Revised 3.23.2020

Reviewed 6.8.2020, 8.17.2020, 12.7.2020, 3.8.2021, 6.13.2021, 8.30.2021



Nursing Programs Policy and Procedure

Student Representatives

Policy

Clover Park Technical College nursing program values the input of students in the systematic evaluation process. Student Representatives from each cohort are invited to actively participate in the nursing program curriculum and evaluation committees. These students exchange information between the committees and their cohort.

Procedure

* At the beginning of quarter one or two 2 students will be elected from their cohort to serve as student representatives.
* Students may be nominated by their peers and/or nominate themselves.
* Students enrolled in that cohort will vote for their choice of student representatives.
* The two candidates with the highest votes will serve as the student representatives for that cohort through program completion.
* The two student representatives may both participate in the curriculum and evaluation committee or they may divide the duties designating one representative to curriculum committee and one to evaluation committee.
* If a student is unable to continue to serve as student representative the cohort will be asked to select a new representative.

Reviewed 3.16.2020, 6.15.2020, 8.17.2020, 12.14.2020, 3.15.2021, 6.13.2021, 8.30.2021



Nursing Programs Policy and Procedure

Withdrawal and Dismissal of students

Policy

Students may voluntarily withdraw from the program at any time. Students are encouraged to check

withdrawal dates in the current college catalog for any financial obligations and refund policies.

Students who withdraw from any nursing course will need to request re-entry if desired.

Students who stop attending class or clinical, or who do not register for the next quarter without requesting a Leave of Absence are considered withdrawn from the program.

Students are expected to display the highest level of integrity in administering patient

Care/medications, observing, documenting, and in communication with peers, staff, and instructors in accordance with the CPTC Nursing Program Policy on Student Professional Conduct. Students are expected to behave in a professional, respectful manner at all times.

Procedure

Examples of violations of integrity in the clinical setting include, but are not limited to:

1. Falsifying of documentation (i.e. patient assessment, administration of medications,

treatments, or any aspect of patient care)

1. Documenting care or assessments that were not actually performed
2. Falsifying information to staff or instructors about care given
3. Failure to report an error or omission in medication administration, patient care, or

documentation

1. Failure to report patient care provided and/or assessment
2. Plagiarism or falsification of information in written clinical assignments
3. Passing medications without an instructor approval
4. Unethical or illegal conduct in the clinical area
5. Serious threat to a patients’ safety
6. Unprofessional conduct, including violations of professional boundaries
7. Violation of standards of confidentiality in relation to patient, staff, clinical facility, or

another student (HIPAA criteria)

1. Violation of patients’ rights or dignity
2. Violation of nursing WACs describing unprofessional conduct
3. Functioning outside the student role
4. Demonstration of any other behavior/performance which is a serious violation of

principles/practices taught in basic nursing courses

1. Performance of any aspect of a client’s care without checking MD orders or patient care

guidelines according to correct procedure

1. Performance of any procedure or medication administration requiring instructor

supervision without the instructor being present

1. Performance of any nursing procedure that has not yet been taught and competency

assessed in the classroom and/or nursing lab

1. Failure to complete basic nursing care for assigned clients
2. Failure to demonstrate basic knowledge expected of a student at that point in the

program

1. Failure to come to clinical prepared with appropriate paperwork as described by

instructor

1. Use of cell phone, or other electronic device, while on duty at clinical site without

instructor approval.

Reviewed 3.16.2020, 6.15.2020, 8.17.2020, 12.14.2020, 3.15.2021, 6.13.2021, 8.30.31

Draft

Clover Park Technical College

Nursing Simulation Program

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Introduction:

The Practical nursing program of Clover Park Technical College (CPTC) is designed to improve critical-thinking skills, develop evidence-based practice and guide the student in the art and science of nursing. Student will have the opportunity to learn theory in the classroom and practice newly learned skills in the comfort of the laboratory setting. Under the supervision of clinical faculty, students will also participate in the care of patients at local industry partner facilities. The Simulation Lab will provide a realistic, effective, and efficient learning environment for nursing students. All these components will help prepare students for the national licensure exams (NCLEX). This document is intended for both students and faculty.

Nursing Mission Statement:

The program mission is to provide a career pathway for students to gain nursing knowledge, skills and professional values necessary to succeed in the workforce of today and become leaders in the workforce of tomorrow.

Nursing Vision Statement:

The program vision is to promote holistic nursing care based on current evidence-based practice and industry standards through quality nursing education to a culturally diverse population.

CPTC Practical Nurse Program Simulation Program

**WAC 246-840-534 (1)(a)Simulation as used in this section means a technique to replace or amplify real experiences with guided experiences evoking or replicating substantial aspects of the real world in a fully interactive manner.**

**WAC 246-840-534(3)(b)(i) short-term and long-term plans for integrating simulation into the curriculum**

Simulation is an attempt at replicating essential aspects of a clinical situation so that similar situations may be understood and managed in the clinical setting. High fidelity manikins, standardized patients, realistic equipment and realistic environments are used to demonstrate psychomotor skills, teamwork, communication and critical thinking. The use of simulation allows students to learn by doing and by reflecting on their experiences. Simulating real life experiences for students in a safe learning environment is conducive to developing critical thinking, clinical reasoning, and clinical judgment skills. Simulation education brings together classroom learning, nursing skills, and real‐life clinical experience to allow the nursing student to "put it all together" in a safe learning environment for the purpose of safer nursing practice and improved patient care. A simulation event includes a pre‐brief, a scenario, and debriefing. A simulation day may include one or more scenarios preceded by a briefing and followed up with debriefing. The debriefing process is as important as the scenario itself because this is when important learning opportunities occur. The short and long-term plans for integrating simulation into the curriculum can be found in the Appendix item A.

**WAC246-840-534 (1)(b) The nursing education program shall have an organizing framework providing adequate fiscal, human, technological, and material resources to support the simulation activities. (d) The nursing education program shall have a budget sustaining simulation activities and training of the faculty.**

The budget for the Simulation activities are sustained through assignment of student fees; HB2158; Clover Park Technical College Foundation and UMG funding which supports staff development

1. Simulation Standards:

Clover Park Technical College follows the International Nursing Association for Clinical Simulation and Learning INACSl Standards of Best Practice: These standards are:

* + INACSL Standards of Best Practice: Simulation(SM) Simulation Design
  + INACSL Standards of Best Practice: Simulation(SM) Outcomes and Objectives
  + INACSL Standards of Best Practice: Simulation(SM) Facilitation
  + INACSL Standards of Best Practice: Simulation(SM) Debriefing
  + INACSL Standards of Best Practice: Simulation(SM) Participant Evaluation
  + INACSL Standards of Best Practice: Simulation(SM) Professional Integrity
  + INACSL Standards of Best Practice: Simulation(SM) Simulation-Enhanced Interprofessional Education (Sim-IPE)
  + INACSL Standards of Best Practice: Simulation(SM) Operations
  + INACSL Standards of Best Practice: Simulation(SM) Simulation Glossary
  + INACSL Standards of Best Practice: Simulation(SM) Simulation

The Standards can be found at: [www.inacsl.org](http://www.inacsl.org). These standards will be posted in the canvas course. Students are asked to complete a Simulation Survey at the end of each scenario. Data and comments are reviewed by nursing faculty in the Evaluation Committee three times per year for program improvement.

1. Location

WAC 246-840-534(1)(e) The nursing education program shall have appropriate facilities, education and technological resources and equipment to meet the intended objectives of the simulation

CPTC Nursing Program is located in Building 21 and has two large open multiple bed lab spaces and two small individual simulation rooms. The room numbers are: Nursing Lab 137; Nursing Lab 130; SimLab 143; Pediatric Hal SimLab 145; Debriefing room 140; Control Room 144.

1. Lab Hours and Scheduling

WAC 246-840-534 (g) Faculty to student ratios in the simulation lab must be in the same ratio

as identified in WAC 246-840-532 for clinical learning experiences.

Normal operating hours for the skills and simulation labs are 8 AM to 4 PM but may be scheduled outside of these days and times as needed. All lab and simulation activities will be scheduled as part of the nursing program master schedule and posted outside the entrance to each lab. Simulation hours will be scheduled up to 150 hours and not to exceed fifty percent of the clinical hours for the course. The student to faculty ratio is 1:10 maximum as identified in WAC 246-840-532 for clinical experiences.

1. Lab Staff

WAC 246-840-534(c) Simulation activities must be managed by an individual who is academically and experientially qualified and who demonstrates currency and competency in the use of simulation while managing the simulation program.

All CPTC Nursing Skills and Simulation Experiences are overseen by the Nursing Simulation Laboratory Instructor. Nursing faculty will lead Simulation Experiences Nursing Simulation Laboratory Instructor description. See Appendix item B

1. Nursing Simulation and Quality Improvement Process

* Participation Expectations:
* Student
* Come prepared by completing any pre‐assigned work.
* Be on time.
* Be willing to suspend your disbelief and treat the simulation as if it were a real life encounter.
* Be fully engaged in the simulation as well as the pre‐briefing and debriefing sessions.
* Be respectful of all participants.
* Adhere to the clinical dress code.
* Maintain confidentiality regarding the scenario and all aspects of the session.
* During the debriefing session, write down reflections.
* Faculty

WAC 246-840-534(2)(3) Faculty shall organize clinical and practice experiences based on the educational preparation and skill level of the students.

* Faculty will organize simulation and practice experiences based on the skill level of the student
* Qualified simulation faculty will supervise and evaluate student clinical and practice experiences.
* Review all materials prior to the session.
* Be prepared with all materials needed for session prior to start of session
* Be on time.
* Inspect the set‐up of the activities to assure that they align with the stated objectives.
* Conduct a pre‐briefing session to review confidentiality, schedule, objectives, and orientation to simulated environment.
* Be fully engaged in the simulation as well as the pre‐briefing and debriefing sessions.
* Be respectful of all participants.
* Wear professional attire with a white lab coat or clinical uniform.
* Maintain confidentiality regarding the scenario and all aspects of the session.
* Summarize student performance
* Review of scenario objectives with students.

1. Simulation guidelines:

The labs simulate the clinical environment where students can learn and practice safely without causing harm to clients. The following are mandatory practices for everyone using the Simulation Labs. These have been designed to ensure that all users of the labs will be able to enter and engage in teaching and learning without delay. Since the lab is designed to represent realistic clinical environments, all areas are to be left ready to be used by the next group of learners.

* General
* No food or fluids allowed.
* Coats, jackets, school bags or purses are to be stored in the designated space in each of the nursing labs.
* No shoes on beds.
* No cellphone use in the labs (unless directed to do so by instructor).
* Social distancing guidelines may apply.
* Dress Code
* Adherence to the practical nursing dress code is always expected.
* Students will wear their nursing scrubs while participating in the Simulation Experience. This also includes name badge, stethoscopes, penlights, pens etc.
* Supplies/Equipment
* All beds should be left in the low position with bed rails down after each use.
* Use beds for practice and evaluation purposes only.
* Linens should be properly placed back on the manikin as if caring for a client.
* All used linens should be placed in hamper for laundering after scenario.
* Many supplies are reusable and should be restocked and sanitized when not being used.
* Needles/sharps are to never be reused under any circumstance and should be disposed

of in sharps containers.

* Some supplies are past expiration dates and are intended for practice only.
* Supplies and equipment must not be taken out of labs unless requested by nursing faculty/staff.
* Personal supplies and equipment such as pens, stethoscope, penlight, and calculator are the responsibility of the student.
* Report any malfunctioning, unsafe, or damaged equipment to nursing faculty/staff ASAP.
* Manikins
* Use gloves as you would with a client in the clinical setting.
* Do not remove manikins from the beds. Faculty or staff are the only ones who can pick up and move a manikin.
* Do not use betadine on manikins.
* Do not use pens near manikins. May only use ball point pen to label items that may be on or

near manikins, such as dressings, patches, and IV labels.

* Students must bring to each Simulation Experience Day.
* Skills checklist(s) (see Canvas clinical course) as indicated and found on canvas or may access FA Davis the new Distance Learning Hub, LPN Nursing Skills Videos and LPN Interactive Clinical Scenarios

www.fadavis.com/product/dave-distance learning-hub

* Drug guide
* Stethoscope
* Pens
* Laptop‐ if directed by instructor
* Penlights
* Any additional supplies as directed by the instructor

Simulation Experience Supplies/Equipment Inventory

**WAC 246-840-534(1)(e) The nursing education program shall have appropriate facilities, education and technological resources and equipment to meet the intended objectives of the simulation.**

|  |  |
| --- | --- |
| **Supplies:**   * **PPE – gloves, gown and mask** * **Urinary catheter kit** * **Oxygen tubing** * **Nebulizer** * **Nasal cannula** * **Oxygen mask – adult & pediatric** * **Incentive spirometer** * **Anti‐embolism stockings** * **Trach Dressing change kit** * **Lancets** * **Syringes – insulin, 3cc, 5cc, 10cc** * **Needles – filter, 23g, 27g** * **Insulin pens** * **Chest tube** * **Sharps Containers** * **Fluids: IV’s** * **Kangaroo pump/bags** * **Enteralite Infinity Pump/bags** * **Ampules** * **Stethoscopes/ and BP cuffs** * **Pill crusher** * **Oximeters** * **Gastric tubes** * **NG tubes** * **Chux pads** * **Wound care supplies** * **Hand sanitizer** * **Stoma care supplies** * **Tuning Forks** * **Thermometers** * **Wheelchairs** * **Crutches** * **Foley catheter supplies** | **Medications:**   * **Acetaminophen** * **Albuterol** * **Alteplase** * **Ampicillin** * **Aquamephyton** * **Azithromycin** * **Bisacodyl supp.** * **Calcium carbonate** * **Carvedilol** * **Cefepime** * **Ceftriaxone** * **Docusate sodium** * **Enoxaparin** * **Erythromycin** * **Furosemide** * **Gabapentin** * **Heparin** * **Hepatitis B vaccine** * **Hydrochlorothiazide** * **Insulins** * **Ipratropium** * **Levothyroxine** * **Lisinopril** * **Magnesium sulfate** * **Methylprednisolone** * **Metoprolol** * **Morphine** * **Naloxone** * **Norepinephrine** * **Ondansetron** * **Oxycodone** * **Oxytocin** * **Simvastatin** * **Tdap vaccine** * **Tiotropium** * **Vasopressin** * **This list will be updated as needed to support the scenarios provided.** |

|  |  |
| --- | --- |
| **High‐Fidelity Human Patient Simulators:**  **Laerdal SimMan 3G**  **Gaumard Mom Noel and Newborn**  **Laerdal Sim Mom**  **Laerdal Nursing Baby**  **Laerdal Sim Jr**  **Gaumard Pediatric Hal**  **Laerdal Nursing Anne X 2**  **Nursing Kelly X 2** | **Other Equipment:**  **Automated Drug Dispensing Device PYXIS and Medication Cart**  **Electric Hospital Beds**  **Electric Birthing Bed**  **Portable Functional Headwall in all SIM areas**  **Portable nebulizer**  **Glucometer**  **Infant scale**  **Electronic Digital Scales**  **Foley Catheter task trainers**  **NG Tube insertions task trainers**  **IV insertion arm task trainer**  **Wound task trainers** |
| **Online Programs:**  **SimChart for Patient-Care Experiences and**  **Online Instruction (Evolve.Elsevier.com)**  **Nursethink vClinicals**  **(Swift River vClinicals)**  **Laerdal SIM Cloud program**  **Laerdal SimCapture** | **Implementing Spring Quarter**  **Implementing Spring Quarter in conjunction with Sim Lab and Nursing Lab and curriculum.** |

Simulation Experiences:

The Learning Objectives of the CPTC Nursing Program simulation experience are:

Quarter 3 Learning Outcomes

1. Perform data collection while maintaining respect and recognizing cultural differences.

2. Use multiple therapeutic communication techniques based on gender, age, cognitive ability and cultural diversity

3. Develop and completed head to toe data collection skills timely and accurately

4. Illustrate development in the LPN role with data collection.

5. Practice safe nursing skills

6. Develop documentation focusing on objective descriptions as found in data collection

Scenarios:

* + Integrated Clinical Simulation
  + Adjunct to the theory course (as indicated)

The simulation scenarios are designed to enhance the course's theory/clinical content and allow students to reinforce nursing skills. The simulation scenarios will require students to call upon previously learned skills and knowledge. The simulation scenarios are intended to build in complexity and challenge students at a level appropriate within their scope of practice. vClinicals scenarios weekly assignments will be aligned with the topics schedule for each day/week. Faculty may develop their own scenario or may use already established scenario through another provider e.g. Laerdal. The faculty must assure that the scenario outcomes are linked to the course outcomes and includes all components of the Scenario template listed later in this document. Upon completion of the Simulation Experience, the instructor will evaluate the student’s performance using the Quarter 3 Clinical Evaluation tool. See appendix item F.

\*\*\*Note, these simulation scenarios are facilitated by the Lab & Simulation Coordinator, Simulation faculty and/or the clinical and theory instructor(s).

1. National and State Nursing Initiatives

Each integrated clinical simulation day exposes students to National and State Nursing Initiatives and may cover one or more concepts from National Initiatives and Practice Guidelines in Nursing and Healthcare.

* Websites and resources used for referencing these initiatives:
* Functions of licensed practical nurse WAC 246‐840‐705
* TeamSTEPPS©: Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) TeamSTEPPS 2.0

<https://www.ahrq.gov/teamstepps/instructor/scenarios/contents.html>

* Nursing Care Quality Assurance Commission Practice Guide (NCQAC)

<http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/PracticeInformaton>

* Quality and Safety Education in Nursing (QSEN) <http://qsen.org/competencies/pre‐licensure‐ksas/>

https://app.leg.wa.gov/wac/default.aspx?cite=246-840-705

* Scope of Practice/ Components of Care Scope of Practice Comparison Chart <https://www.doh.wa.gov/Portals/1/Documents/6000/NCAO13.pdf>

Schedule Template Schedule

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week 1** | **Day 1 (Tuesday)** | **Day 2(Wednesday)** | **Day 3 (Thursday)** | **Day 4 (Friday)** |
| Morning | AM/PM L&D  Normal Delivery  Shoulder dystocia  Pre-eclampsia  Post-Partum Hemorrhage | Diabetes Management | Bowel Obstruction | Acute Kidney Failure |
| Afternoon | Pediatric Asthma | Diabetic Insulin Administration | GI Bleeding | Postoperative Hemicolectomy |
| **Week 2** | **Day 1 (Tuesday)** | **Day 2(Wednesday)** | **Day 3 (Thursday)** | **Day 4 (Friday)** |
| Morning |  | CVA with Risk for aspiration | Hip Arthroplasty | Congestive Heart Failure |
| Afternoon | Pediatric Seizures | COPD | Hip Fracture | Congestive Heart Failure Medication Management |
| **Week 3** | **Day 1 (Tuesday)** | **Day 2(Wednesday)** | **Day 3 (Thursday)** | **Day 4 (Friday)** |
| Morning |  | Myocardial Infarction | Asepsis and Infection Control. Caring for patient on Contac Precautions | Asthma-adult |
| Afternoon | Pediatric Infant Croup | Coronary Artery Disease | Post-Operative Abdominal Hysterectomy | Pneumonia |

Student Preparation for Simulation Scenario

|  |  |
| --- | --- |
| Settings | Order Sets/Protocols  *(Information from these documents have been*  *used in developing simulation scenarios and client*  *charts.)* |
| Data Collection (Refer to Nursing Textbooks) | Interventions  (*Refer to nursing textbook)* |
| Diagnostic and Laboratory Results  (*Refer to laboratory & diagnostic textbook.* | Medication Administration  *(Refer to drug guide. Fill out medication section on* data base for reference.) |
| Skills Review: reference guide  • FA Davis the new Distance Learning Hub, LPN Nursing Skills Videos and LPN Interactive Clinical Scenarios  www.fadavis.com/product/dave-distance learning-hub |  |

* Clinical Activities: (times may vary +/‐ an hour)

|  |  |
| --- | --- |
| Timeline | Activities |
| 1 hour | Pre‐briefing   * Introduction/identification to practice initiatives * Introduction to learning objectives. * Clarify questions related to student preparation information. * Scenario Situation, Background, Objective Data Collection, and Recommendation (SBOR). * Role Assignment. |
| 15 minutes | Break |
| ~1.5 hours | Simulation Scenario & Debriefing |
| ~1 hour | Debriefing:   * Scenario SBOR & Role assignment continuation * Simulation Scenario & Debriefing continuation |
| 30 minutes | Break |
| 1 hour | Pre‐briefing   * Introduction/identification to practice initiatives * Introduction to learning objectives. * Clarify questions related to student preparation information. * Scenario Situation, Background, Objective Data collection, and Recommendation (SBOR). * Role Assignment |
| 15 minutes | Break |
| ~1.5 hours | Simulation Scenario & Debriefing |
| ~1 hour | Debriefing   * Scenario SBOR & Role assignment continuation * Simulation Scenario & Debriefing continuation |

Simulation Scenario Template

WAC 246-840-534 (3)(a) The nursing education program shall demonstrate that simulation activities are linked to programmatic outcomes. WAC 246-840-354(b)(ii)(c)An identified method of debriefing each simulated activity and (c)Debriefing s used in this section means an activity following a simulation experience that is led by a facilitator, encourages reflective thinking and provides feedback regarding the participant’s performance.

Scenario Title: Caring for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Focus area for this scenario:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Estimated time:\_\_\_\_\_\_\_\_\_\_

Scenario description:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Scenario Learning Outcomes:**  **(course outcomes are listed at end of scenario)** | **Human Flourishing** | **Nursing Judgement/Caregiving** | **Professional Identity** | **Collaborator** | **Spirit of Inquiry** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **Evaluative Criteria** | **Objective Data Collection**  **☐ Communication**  **☐ Medication Administration**  **☐ Safety**  **☐ Participation**  **☐Documentation/SBOR**  **☐\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **☐\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **☐\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Supplies & Equipment required** | **1.**  **2.**  **3.**  **4.**  **5.**  **6.** | | | | |
| **Resources/References for this scenario:** |  | | | | |

|  |  |
| --- | --- |
| **Student Preparation Assignment**  **(Ticket to Enter Simulation Experience)**  **Assignment Name:** |  |
| **Debriefing Methods:**  **Plus/Delta(+/Δ)**  **Advocacy/Inquiry Method/Guided Reflections** | **Guided questions examples:** |
| **Student Orientation** | **☐ Review of days activities (Pre-Briefing/Scenario, Debriefing)**  **☐ Review Learning Outcomes**  **☐ Overview/orientation of simulation/manikin/equipment/supplies**  **☐ Orientation to lab space**  **☐ Role of students**  **☐ Role of Instructor**  **☐ Experience time**  **☐\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **☐\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **☐\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Quarter 3 Learning Outcomes

1. Perform data collection while maintaining respect and recognizing cultural

differences.

1. Use multiple therapeutic communication techniques based on gender, age,

cognitive ability and cultural diversity

1. Develop and completed head to toe data collection skills timely and

accurately

4. Illustrate development in the LPN role with data collection.

5. Practice safe nursing skills

6. Develop documentation focusing on objective descriptions as found in data

collection

SBOR Report Outline

(SBAR is an acronym for Situation, Background, Assessment, Recommendation; a technique that can be used to facilitate prompt and appropriate communication. For purposes of this learning process we are integrating and replacing “A=Assessment with “O” =Objective Data Collection/Identification). This tool gives the student a specific, unambiguous way to learn to communicate information and minimize miscommunication.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **Age** | **Gender** | **DOB** | **Medical Record #** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Physician:** | | **Admission Ht/Wt** | |
| **Allergies** | **Isolation Precautions** | **Occupation** | **Current Wt** |
|  | **Culture** | **Religious Pref** | **BMI/BSA** |
| **Working Diagnosis** |  | **Chronic Illness/Medical Diagnosis** | **Surgical Procedures** |
| **S**  **Situation** | |  | |
| **B**  **Background** | |  | |
| **O**  **Objective Data collected** | |  | |
| **R**  **Recommendations** | |  | |

Simulation Day Expectations:

1. During each session, the student is expected to:

* Introduce self to client
* Use standard client identification procedures
* Use standard precautions at all times/social distancing maybe required.
* Demonstrate head to toe and/or focused data collection skills
* Effectively communicate with client, family, peers, and faculty
* Use the six right of medication administration

1. Simulation Roles

* Role of faculty/facilitator. Faculty assess, plan, implement, and evaluate the simulation experience of the student. The faculty enhances learning by providing cues/prompts when needed, but does not function as an active participant in the simulation.
* Role of the student. The student’s role focuses on preparation, participation in and evaluation of the experience. The student will be assigned a specific role identified by the faculty or the student team which may include:
* Student Practical Nurse. Review client chart, medications, and treatments. Administer medications and document. Maintain client rights of medication administration. Identification of medication actions related to scenario. Review client chart and orders. Obtain orders from health care provider. Monitor lab results. Communication with family members. Assisting members of the team as needed. Double‐check medication and dosage calculation, assisting with data collection. Double‐check vital signs. Report assessment abnormalities to Charge Nurse.
* Observer. Observation and documentation of simulation scenario.
* Family Member if applicable. Provide Client history. Advocacy. Provide comfort to the manikin as indicated.

Debriefing

WAC 246-840-354(b)(ii)(c) An identified method of debriefing each simulated activity and (c)Debriefings used in this section means an activity following a simulation experience that is led by a facilitator, encourages reflective thinking and provides feedback regarding the participant’s performance.

What is Debriefing?

“A reflective process immediately following the SBE that is led by a trained facilitator using an evidence-based debriefing model. Participants’ reflective thinking is encouraged, and feedback is provided regarding the participants’ performance while various aspects of the completed simulation are discussed. Participants are encouraged to explore emotions and question, reflect, and provide feedback to one another. The purpose of debriefing is to move toward assimilation and accommodation to transfer learning to future situations.” INACSL Standards of Best Practice: Simulation (SM) Simulation Glossary.

Criteria to meet the INACSL Standards of Best Practice: Simulation (SM) Debriefing

1. The debrief is facilitated by a person(s) competent in the process of debriefing.
2. The debrief is conducted in an environment that is conducive to learning and supports confidentiality, trust, open communication, self-analysis, feedback, and reflection.
3. The debrief is facilitated by a person(s) who can devote enough concentrated attention during the simulation to effectively debrief the simulation-based experience.
4. The debrief is based on a theoretical framework for debriefing that is structured in a purposeful way.
5. The debrief is congruent with the objectives and outcomes of the simulation-based experience.

\*\*Elements for each of the criterion can be found in the cited standard.

Methods of Debriefing

Plus/Delta (+/Δ)

Defines successful actions and results (plus +, meaning positive) or needing improvement in some way (delta Δ, the Greek symbol for change).

On a white board create two columns entitled + and Δ. The students and debriefing facilitator write down behaviors or actions that were positive in the plus column and behaviors or actions that should be changed or improved upon in the delta column.

|  |  |
| --- | --- |
| **+** | **Δ** |
| * Identified client * Consistent hand hygiene * Client teaching/explanations with medications and treatments | * No recapping needles * Disposing of sharps *  Focus on clients concerns |

Advocacy/Inquiry method/Guided Reflections

Advocacy‐inquiry, sometimes called the “debriefing with good judgment” approach. This method decreases defensiveness in participants, while still allowing them to self‐reflect. It allows the facilitator to correct critical errors, without having the participants guess what the facilitator is

thinking. This technique also identifies the student’s assumptions.

Additionally, the advocacy/inquiry approach allows for mutual respect of both the facilitator and students, and helps reveal the students thought processes.

This method has three components which are used by the facilitator during a debriefing session.

1. Facilitator seeks to understand the actions of students based on their frame of reference (schema).

2. Facilitators approach is genuine inquiry about the actions and frame of reference.

. Facilitators uses advocacy‐inquiry as of method of understanding actions and frame of reference.

* During advocacy, the facilitators states observations on students’ performance

actions.

* During inquiry, the facilitator uses genuine inquiry or questioning to understand the student’s current frame of reference.

Examples:

* An advocacy question, “I noticed that the team was staring at the monitor during the code instead of the client,” paired with an inquiry such as, “What was running through each team members mind as you were evaluating the monitor?”
* An advocacy question, “I noticed that you decided not to give the prn medication that was ordered,” paired with an inquiry such as, “Can help me understand your reasoning?” Or “I wonder what your treatment strategies and priorities were at the time?”

Simulation Activity Evaluation

WAC 246-840-534 (3)(d)(e)(f) (3)(d)The nursing education program shall develop criteria to evaluate simulation activities (e) Students shall evaluate the simulation experience on an ongoing basis.(e)Students shall evaluate the simulation experience on an ongoing basis.(f) The program shall include information about use of simulation in its annual report to the commission.

Students will be asked to anonymously complete the Student Simulation Experience Evaluation Tool after each Simulation day. Simulation Faculty will be asked to complete the Faculty Simulation Evaluation tool upon the completion of each week. The Simulation Coordinator will compile the responses in a summary report and provide feedback to the Faculty and Program Director. Discussion of the findings will be addressed in the Evaluation committee. Changes to the Simulation program will be addressed, reviewed and approved by the faculty. Simulation will be incorporated into the Program Evaluation and Review tool which will be given to the student to anonymously complete at the end of the fourth quarter. A sample of the evaluation tool for Student and Faculty can be found at the end of this document. See Appendix Exhibit C and Exhibit D respectively. The Program Director will submit a report which include information and activities regarding the use of simulation in the annual report to the commission.

Simulation Committee member will include the following positions: Nursing Simulation Laboratory Instructor, Simulation faculty-required and Nursing Faculty-optional, Director of Nursing and Program IPA. This committee will meet every month and report simulation activities to the Evaluation Committee. Other responsibilities include 1) Assessment of current simulation manual, including policies and procedures and reviewed on an annual basis. 2) Review of completed student and faculty simulation evaluation forms, 3) Assessment of current simulation equipment and supplies, 4) Assessment of current simulation spaces and 5) Assessment of current of simulation integration into didactic and clinical courses, including scenarios being utilized.

Safety and Confidentiality

1. Fiction Contract

The Clover Park Technical College Nursing Program faculty and staff make every attempt to create a realistic clinical‐like setting in the Simulation Lab within the limitation of the current technology and available equipment and supplies. During your participation in the scenarios you will encounter high, medium and low fidelity patient simulator manikins. Given the limitations of these manikins and equipment the faculty and staff will do their best to make the simulation seem as real as possible. For your part, you will enhance your learning during the simulation scenario if you suspend your disbelief and conduct yourself as you would in the clinical setting.

To the extent that you are able you should interact with and treat the patient simulator manikins and fellow students as if they are real patients/family members/members of the healthcare team. During the scenarios the faculty and staff will take their roles very seriously and ask that you do the same. Time spent in the Sim Lab is clinical time and all participants should treat this time with all the seriousness that you would any clinical setting. You will be asked to sign the Fiction Contract which can be found in Canvas. See Appendix C.

1. Confidentiality Agreement

During your participation in scenarios in the BTC Simulation Lab you will be an observer to the performance of other nursing students managing situations that are intended to be challenging. Due to the unique aspects of simulation education you are asked to maintain confidentiality of all information regarding the performance of your fellow students and the details of the scenarios. As a nursing student you understand the significance of confidentiality of information regarding patients, real or simulated, and will uphold the requirements of HIPAA while in the Sim Lab. Breaching confidentiality not only shows your lack of HIPAA understanding but can also negatively affect your classmates’ learning during simulation scenarios. See appendix item E.

1. Audiovisual Recording Understanding

Recordings may be made during simulation scenarios for the purpose of facilitating learning and the debriefing process. These recordings are stored in a secure manner and will not be made available to anyone outside Clover Park Technical College without additional written approval of the participants. Students should be mindful of each other’s feelings when reviewing recorded simulation scenarios and act professionally.

1. Students Physical and Psychological Safety

Simulation can sometime pose physical and/or psychological risks to the student. To minimize these risks the simulation educator provides a pre‐briefing which sets the stage for the simulation. A pre‐briefing session reviews the objectives as well as confidentiality, respectful communication, and mutual support. If a student shows signs that their psychological safety may be compromised during the simulation faculty will be responsible for determining the appropriate course of action including continuing or stopping the simulation.

The students’ emotional reaction to the simulation will be discussed in private with faculty. If a student’s physical safety is compromised, the faculty will stop the simulation. The student/s will be assessed and if warranted given first aide and/or activation of the emergency medical system. Faculty will also be required to fill out an incident report.

1. Incident Injury

Students will report any incidents or injuries to their instructor or the associate dean immediately. Student and instructors should follow CPTC’s and nursing program incident reporting policy as noted in the program handbook.

1. Exposure to Bodily Fluids ‐ Standard Precautions

All blood and body fluids are considered to be potential sources of infection and are treated as if known to be infectious.

* Contaminated sharps shall not be bent, recapped or removed.
* Contaminated sharps must be placed in an appropriate container as soon as possible.
* Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are

prohibited in the work area where there is a likelihood of occupational exposure.

* When exposure is possible, personal protective equipment shall be used. Personal protective equipment includes:
* Gloves to be worn when it can be reasonably anticipated that the individual may have hand contact with blood, other potentially infectious materials, mucous membranes, and non‐intact skin; when performing vascular access procedures; and when touching contaminated items or surfaces.
  + Masks, eye protection and face shields to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
  + Wash hands immediately after removal of gloves or other personal protective equipment.

1. Latex Warning

Every effort has been made to remove supplies containing latex and equipment with latex accessories. Students should notify their instructor and instructional tech that they have a latex allergy or sensitivity. The instructional tech should be notified if a student or faculty finds any latex supplies or equipment accessories. Students and all others using the labs should be aware that there is a possibility that they could encounter a latex product and should be prepared. Exposures requiring a healthcare provider visit must be documented in a CPTC incident form.

1. Sharps and Biohazard Waste Disposal

Potential infectious wastes are collected, contained, stored, and disposed of according to the Occupational Safety and Health Administration (OSHA) guidelines. Sharps disposal is handled by a professional disposal service. When sharps containers are full the instructional tech should be notified. Filled containers are collected and stored in the lab storage area off limits to students in a biohazard box until box is full then it is removed by facility staff.

Faculty Orientation and Development

WAC 246-840-534(b)(iii) The nursing education program shall have written policies and procedure on the following: (iii)A plan for orienting faculty to simulation.(f)All faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation and shall engage in ongoing professional development in the use of simulation.

1. Simulation Completion Training. All Simulation faculty, both didactic and clinical, will complete Simulation Training including courses listed below. New simulation faculty will be assigned to an experienced and qualified faculty mentor for three weeks as a requirement of orientation before independently facilitating Student Simulation. All simulation faculty are required to provide proof of continuing education annually in the use of simulation.

* Southern Indiana Clinical Simulation Online Certificate Program (30 contact hours). Other resources include the University of Washington Website:
* Basic Simulation Lessons
* Sim 101: Introduction to Clinical Simulation
* Sim 102: Pedagogical Approaches in Simulation for Developing Critical Thinking
* Sim 103: Designing and Writing a Simulation Scenario
* Sim 104: Briefing and Debriefing – The Key to Learning in Simulation
* Advanced Simulation Lessons
* Sim 201: How to Evaluate Learning Using Simulation
* Sim 202: Matching Human Patient Simulators to Clinical Educational Outcomes
* Sim 203: Bringing Realism to Simulation
* Sim 204: Designing and Leading IPE Sessions

Textbooks Resources

The following textbooks can be found in the Nursing Office Suite:

* Campbell, S. H. & Daley, K. M. (2018). Simulation Scenarios for Nursing Educators: Making It Real, New York: Springer Publishing.
* Jeffries, P.R. (2012). Simulation in Nursing Education: From Conceptualization to Evaluation.

New York, NY: National League for Nursing.

* Foisy-Doll, C. & Leighton, K. (2018). Simulation Champions, Fostering Courage, Caring and Connection. Wolters Kluwer.
* Palaganas, J. C., Maxworthy, J. C., Epps, C. A., & Mancini, M. E. (2015). Defining Excellencein Simulation Programs. Philadelphia: Wolters Kluwer.
* Daley, Karen M (second edition) Simulation Scenarios for Nursing Educators, Making it Real: Springer Publishing Company

Online Resources and References to Support Simulation

* Society for Simulation in Healthcare (SSH)
* SHH Certification Programs <http://www.ssih.org/Certification>
* Southern Indiana Clinical Simulation Online Certificate Program
* University of Washington ‐ Teaching with Simulation Center for Health Sciences Interprofessional Education, Research and Practice (CHSIERP)

<http://collaborate.uw.edu/faculty‐development/teaching‐with‐simulation/teaching‐>withsimulation.html‐0

Basic Simulation Lessons

* + Sim 101: Introduction to Clinical Simulation
  + Sim 102: Pedagogical Approaches in Simulation for Developing Critical Thinking
  + Sim 103: Designing and Writing a Simulation Scenario
  + Sim 104: Briefing and Debriefing – The Key to Learning in Simulation

Advanced Simulation Lessons

* + Sim 201: How to Evaluate Learning Using Simulation
  + Sim 202: Matching Human Patient Simulators to Clinical Educational Outcomes
  + Sim 203: Bringing Realism to Simulation
  + Sim 204: Designing and Leading IPE Sessions
* FA Davis the new Distance Learning Hub, LPN Nursing Skills Videos and LPN Interactive Clinical Scenario www.fadavis.com/product/dave-distance learning-hub
* <https://www.healthysimulation.com/1947/more-free-nursing-simulation-scenarios/>
* <https://www.healthysimulation.com/316/great-places-to-get-free-simulation-scenarios/>
* <https://ksbn.kansas.gov/administrator-resources/simulation-scenarios/>
* https://qsen.org/
* http://www.nln.org/centers-for-nursing-education/nln-center-for-innovation-in-education-excellence/institute-for-simulation-and-technology/vsim-for-nursing-medical-surgical
* National League for Nursing (NLN) Resources

Simulation Innovation and Resource Center (SIRC) <http://sirc.nln.org/>

Debriefing Foundations

* + Beyond Basic Debriefing
  + Guidelines for Simulation Research
  + Teaching and Learning Strategies
  + Integrating Concepts into Simulation
  + Evaluating Simulations
  + Advanced Evaluation
  + Curriculum Integration
  + Designing a Simulation Center
  + Maximizing Realism
  + Standardized/Simulated Patients
  + Developing Faculty
  + Unfolding Cases
  + Simulation Based Inter‐Professional Education
  + Designing and Developing Simulations
  + Programming a High Fidelity Simulator

Appendix Documents

Appendix A Short-Term and Long-Term Plan document

SHORT- AND LONG-TERM PLANS FOR INTEGRATION OF SIMULATION INTO PRACTICAL NURSE CURRICULUM WAC 246-840-534 (3)(b)(i)

The Clover Park Technical College (CPTC) Practical Nurse program built the content-based curriculum utilizing the frameworks and resources of the National League of Nursing (NLN) and Quality and Safety Education for Nurses (QSEN) competencies. This curriculum framework was also used to develop the integration of simulation into the Practical nurse curriculum.

In October 2019, the need for an academically and experientially qualified simulation program manager was identified. Once this position was filled this person, working with program faculty, would be responsible for developing the simulation program manual including policies and procedures. This manual would then be submitted to Washington State Nursing Care Quality Assurance Commission (NCQAC)for approval of use of simulation hours for clinical experiences. The request to fill and job description was submitted to college administration. In March 2020 position of Nursing Simulation Laboratory Instructor was posted for recruitment. (position description Appendix B)

March 2020- Pre-introduction of Covid19 Plan-

Once Nursing Simulation Laboratory Instructor was acquired their first responsibility would be to work with faculty to develop a simulation manual with policies and procedures. This manual would be submitted to the Washington State Nursing Care Quality Assurance Commission for approval for while waiting for approval Nursing Simulation Laboratory Instructor would ensure simulators are working properly, coordinate any repairs needed and rearrange simulation spaces for maximum efficient use. They would assess didactic and skills laboratory curriculum for simulation integration and assist faulty with this integration.

Once approval for use of simulation for clinical experiences was obtained Nursing Simulation Laboratory instructor would begin working with faculty to implement simulation experiences. This would initially be started with Quarter Three clinical courses not to exceed fifty percent of any particular course. Second implementation phase would be for one 3-week simulation experience into Quarter 4 with progressive student learning outcomes from Quarter 3.

April 2020- Post-introduction of Covid19 Interim Plan-

Review for applicants to the Nursing Simulation Instructor Position revealed posting was reviewed 432 times with no applications completed. Position has been reposted and recruitment expanded. With clinical sites all temporarily discontinuing student placements it became essential to move forward with development of the CPTC simulation program. Judy Rose-Bungay was named the interim Simulation Manager ( Completed courses include Southern Indiana Clinical Simulation Online Certificate Program (30 contact hours); University of Washington-Basic Simulation Lessons Sim

101;Sim 102;Sim 103; Sim104; and advanced lessons Sim 201; Sim 202; Sim 203;

Sim 204. The attestation statement for 1:1 simulation for clinical hours was signed and submitted to NCQAC on April 8, 2020. This attestation is in full alignment with

WAC 246-840-534 and will provide documentation to the NCQAC within 30 days of the state emergency proclamation ending. Simulation manual, including policies and procedures, was developed by program faculty, Nursing Program Director and interim Simulation Manager. Simulation clinical experiences to be implemented with current Quarter 3 students in the areas of labor and delivery and medical surgical inpatient care. These scenarios will be mapped to student learning and program outcomes. Release of HB2158 funding allowed for purchase of additional low, medium and high-fidelity simulators, scenario cloud and recording/camera system.

Student and faculty evaluations of simulation experience will be reviewed monthly during Nursing Program Evaluation meeting for program improvement. Faculty, staff, nursing program director and students from each cohort participate in this meeting.

Post-Acquisition of Simulation Manager (Nursing Simulation Laboratory Instructor)

• Assessment of current simulation manual, including policies and procedures

• Review of completed student and faculty simulation evaluation forms

• Assessment of current simulation equipment and supplies

• Assessment of current simulation spaces

• Assessment of current of simulation integration into didactic and clinical courses, including scenarios being utilized

Working with program faculty

• Revision of current simulation manual, including policies and procedures and submission to NCQAC for review and approval

• Coordinate any needed repairs/maintenance of current simulation equipment and supplies

• Rearrange current simulation spaces as needed

• Assist faculty with simulation integration into didactic and clinical

courses

Appendix B Nursing Simulation Laboratory Instructor Job Description

Salary

See Position Description

Location

Lakewood, WA

Job Type

Adjunct

Direct Report Unit

Instruction

Job Number

1920f06

Closing

Continuous

Position Objective

Applications received by Tuesday, March 24, 2020, at 11:59 pm will receive first consideration; however, applications will be accepted until the position is filled.

Clover Park Technical College celebrates the many individuals that make up our community and embraces the opportunity to learn from both our differences and similarities. Instructors at Clover Park Technical College impart knowledge, skills, enthusiasm and excitement to our students. We welcome faculty who have a commitment to excellence in teaching and student learning and the ability to utilize a variety of methods and modes of instruction to ensure student success. Given the diversity of our student population, we encourage applications from faculty who can adapt teaching methods to a wide range of student backgrounds and interests.

Responsible for simulation program development, maintenance, and instruction; delivering high quality simulation experiences for Clover Park Technical College's Nursing students. The successful candidate will coordinate and manage daily operations of the simulation lab including scheduling, supplies and training. This position reports to the Director of Nursing.

This position is represented by the Clover Park Federation of Teachers, Local 3913, AFT/ AFT Washington.

SALARY

BASE SALARY:

TEMPORARY STIPEND: Exclusively contingent upon State funding appropriated to the College by HB2158 for the purpose of increasing nurse educator salaries, Master's prepared registered nurses receive a stipend equivalent to 33.5% of their base salary. Stipends are not eligible for cost of living adjustments (COLA).

Duties and Tasks (Essential Functions)

Instruction and instruction-related responsibilities

• Provide instruction to students.

Assess and evaluate student achievement.

• Establish clearly defined instructional and performance objectives, and assessments that accurately measure those objectives.

• Develop and present simulation scenarios for all aspects of nursing education.

• Develop creative, flexible and innovative instructional strategies to equitably, efficiently and effectively serve the needs of a diverse student population.

• Collaborate with fellow instructors to provide quality simulation experiences.

• Develop assessments and rubrics.

• Maintain and/or coordinate the upkeep of simulation and related equipment.

• Maintain inventory.

• Prepare purchase requisitions for required equipment and supplies.

• Develop, assess and modify (as needed) policies and procedures related to instruction and the simulation lab.

• Update curriculum.

• Remain current in INACSL simulation software and best practices.

• Maintain appropriate professional certifications and memberships.

College support functions

• Actively participate and collaboratively maintain a productive and professional relationship with the program's advisory committee.

• Participate in student recruitment, retention, and job placement activities.

• Adhere to all Clover Park Technical college employee policies and procedures.

• Attend major college events, when scheduled.

• Active participation in college committees.

• Participation in shared governance.

Minimum Qualifications

• Master's degree in Nursing from an accredited college or university and from a nursing education program that is accredited by a nursing education accreditation body recognized by the United States Department of Education.

• Current, active, unencumbered Washington State Registered Nurse License.

• Experience using simulation and simulator.

• Teaching experience as a nurse educator.

• Demonstrated experience in curriculum development and instructional design.

Preferred Qualifications

• Simulation Educator Certificate or equivalent simulation training

Appendix C Student Evaluation Tool

Simulation Experience Evaluation Tool

Simulation Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_------------------------------------------\_\_Date\_\_\_\_\_\_\_\_\_\_\_

Rate each question with one of the following responses by circling the number that best describes your opinion: (You may provide additional comments on the back of this form)

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly agree

1. Instructor identified both the course and scenario learning objectives in the pre-brief session.

1 2 3 4 5

1. Instructor presented clear guidelines and expectations for the scenario.

1 2 3 4 5

1. The scenario and environment were realistic.

1 2 3 4 5

1. I was an active participant in this scenario.

1 2 3 4 5

1. I was able to identify the patient problem and initiate the interventions

1 2 3 4 5

1. I was able to incorporate theory into hands-on practice.

1 2 3 4 5

1. This experience has enabled me to identify areas of practice that I feel comfortable with and areas that I feel I need more practice.

1 2 3 4 5

1. I was prepared to participate in the scenario.

1 2 3 4 5

1. The simulation environment was a safe place for learning to take place.

1 2 3 4 5

10. The instructor oriented the student to the role and expectations of the debriefing process.

1 2 3 4 5

1. Everyone was respectful of each other during the debriefing process.

1 2 3 4 5

1. The debriefing/reflection session provided valuable feedback.

1 2 3 4 5

1. This was a valuable learning experience.

1 2 3 4 5

1. I feel more confident to practice in an actual clinical environment.

1 2 3 4 5

Additional Comments:

Appendix D Faculty Survey

Simulation Subject\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rating on a scale of 1 best disagree to 5 strongly agree. Answer by circling a response for each of the following questions:

1.Were you satisfied with your Simulation experience with your students today?

1 2 3 4 5

If you were not satisfied, please identify

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Was all equipment functioning?

1 2 3 4 5

Please explain/identify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Identify areas that need attention/change when running the scenario:

☐ Resources not available to run the scenario

☐ Debriefing activities did not go as planned

☐ Scenario complexity was at an inappropriate level e.g. too high or too low for

intended audience.

☐ Supplies/equipment not sufficient for this scenario

☐ Other areas ( please identify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify what needs to occur to improve this scenario option\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Did you feel supported by administration as you conduct and plan for the Simulation experiences for the school?

1 2 3 4 5

If not please identify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Was this scenario appropriate for Quarter 3 students?

2 3 4 5

If not, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Are there any additional concerns?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix E Fiction Contract

This is a contract between instructor(s) and students that is intended to optimize the benefits of hands-on education by simulation. It helps everyone begin with the same mental image of our mutual commitment to simulation training. By offering this contract the instructor(s) ascribe to the “Basic Assumption” below. Students respect each other and agree help each other get the most out of each simulation by signing below.

Basic Assumption: We believe that each person participating in the NURS 149 Sim Lab is intelligent, and capable, and cares about doing their very best, and still wants to improve. Instructors respect students.

As a student, acknowledging that manikins consist of computers, compressors, pumps, tubes, fluids, speakers, and simulated monitors; and that human actors are just that, actors, I promise to suspend my disbelief, and treat manikins and actors with the same compassion and clinical professionalism that I would extend to a “real” patient.

Students and faculty agree to focus on the process, and not on the person. Like all learning environments at CPTC, we agree to keep Sim Labs psychologically

safe spaces.

Confidentiality Agreement

During your participation in scenarios in the CPTC Simulation Lab Experience, you will be an observer to the performance of other nursing students managing situations that are intended to be challenging. Due to the unique aspects of simulation education you are asked to maintain confidential all information regarding the performance of your fellow students and the details of the scenarios. As a nursing student you understand the significance of confidentiality of information regarding patients, real or simulated, and will uphold the requirements of HIPPA while in the Simulation Experience Lab. Breaching confidentiality not only shows your lack of HIPPA understanding but can also negatively affect your classmates’ learning during simulation scenarios.

Student Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Name Printed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix F Clinical Evaluation Tool

Clover Park Technical College

Practical Nurse Program

**CLINICAL EVALUATION TOOL**

**COURSE: Quarter 3 Clinical Site**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Evaluation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical Faculty**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Absent/Tardy Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  | **Competency** | **FACULTY** |
| --- | --- | --- |
| 1. | Accepts responsibility for one’s own actions and attitudes.  Program Outcome 3: Professional Identity Learning Outcome 2 | **S/ D/ NI/ U** |
| 2. | Demonstrates the ability to use multiple therapeutic techniques based on age, gender, cognitive ability and cultural differences.  Program Outcome 5: Spirit of Inquiry Learning Outcome 2 | **S/ D/ NI/ U** |
| 3. | Demonstrates a respectful, sensitive, and non-judgmental manner when communicating with others. Others are defined as: peers, faculty, clients, staff, families, community, and staff.  Program Outcome 3: Professional Identity Learning Outcome 2 | **S/ D/ NI/ U** |
| 4. | Demonstrates personal and professional ethics, honesty, and integrity.  Program Outcome 3: Professional Identity Learning Outcome 2 | **S/ D/ NI/ U** |
| 5. | Completes Head to Toe data collections skills timely and accurately  Program Outcome 5: Spirit of Inquiry Learning Outcome 2 | **S/ D/ NI/ U** |
| 6. | Provides prior notification to appropriate faculty when he/she is unable to meet commitments or requirements.  Program Outcome 3: Professional Identity Learning Outcome 2 | **S/ D/ NI/ U** |
| 7. | Participates in clinical activities as scheduled, arriving on time and prepared for the daily assignment throughout the length of the nursing program.  Program Outcome 3: Professional Identity Learning Outcome 2 | **S/ D/ NI/ U** |
| 8. | Demonstrates professional appearance.  Program Outcome 3: Professional Identity Learning Outcome 2 | **S/ D/ NI/ U** |
| 9. | Demonstrates the ability to use good judgment in all decision making and provide sound rationale for actions, using the Washington State Scope of Practice Decision Tree.  Program Outcome 2: Nursing Judgment/Caregiver. Learning Outcome 1 | **S/ D/ NI/ U** |

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| 10. | Respects others during clinical activities (i.e., no talking while others are talking, cell phones are silenced, and no inappropriate use of computers)  Program Outcome 3: Professional Identity Learning Outcome 2 | **S/ D/ NI/ U** |
| 11. | Completes assignments as required and scheduled.  Program Outcome 3: Professional Identity Learning Outcome 2 | **S/ D/ NI/ U** |
| 12. | Perform data collection while maintaining respect and recognizing cultural differences  Program Outcome 5: Spirit of Inquiry Learning Outcome 2 | **S/ D/ NI/ U** |
| 13. | Practice safe nursing skills as it relates to patient care.  Program Outcome 1: Human Flourishing Learning Outcome 2 | **S/ D/ NI/ U** |
| 14. | Actively participates as a patient advocate.  Program Outcome 1: Human Flourishing Learning Outcome 2 | **S/ D/ NI/ U** |
| 15. | Administers medications following pharmacologic principles, to a diverse population of clients with a variety of health disorders.  Program Outcome 2: Nursing Judgement/Caregiver Learning Outcome 1 | **S/ D/ NI/ U** |
| 16. | Applies principles of professionalism as a member of the health care team.  Program Outcome 3: Professional Identify Learning Outcome 2 | **S/ D/ NI/ U** |
| 17 | Uses required skills of a Practical Nurse as outlined in Washington State Scope of Practice Decision Tree.  Program Outcome 2: Nursing Judgement/Caregiver Learning Outcome 3. | **S/ D/ NI/ U** |

**ADDITIONAL COMMENTS** Comment on your/student’s overall strengths as well as next steps

for professional development.

**Next steps for focus and growth- Student and faculty comments regarding strengths as**

**well as next steps for professional development**

**Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Key: Instructions: Please evaluate the student’s performance, circling the letter rating***

***(see “Key”) and providing comments***

S = Satisfactory D= Developing NI = Needs Improvement U= Unsatisfactory

Student receiving an Unsatisfactory rating will not pass that clinical course.

**RATING SCALE**

|  |  |
| --- | --- |
| **Satisfactory** | |
| Almost Never Requires (<10% of the time)   * Direction * Guidance * Monitoring * Support | Almost Always Exhibits (>90% of the time)   * A focus on the client or system * Accuracy, safety & skillfulness * Assertiveness and initiative * Efficiency and organization * An eagerness to learn |
| **Developing** | |

|  |  |
| --- | --- |
| Occasionally requires (25% of the time)   * Direction * Guidance * Monitoring * Support | Very often exhibits (75% of the time)   * A focus on the client or system * Accuracy, safety & skillfulness * Assertiveness and initiative * Efficiency and organization * An eagerness to learn |
| **Needs Improvement** | |
| Often requires (50% of the time)   * Direction * Guidance * Monitoring * Support | Often Exhibits (50% of the time)   * A focus on the client or system * Accuracy, safety & skillfulness * Assertiveness and initiative * Efficiency and organization * An eagerness to learn |
| **Unsatisfactory** | |
| Very often requires (75% of the time)   * Direction * Guidance * Monitoring * Support | Occasionally Exhibits (25% of the time)   * A focus on the client or system * Accuracy, safety & skillfulness * Assertiveness and initiative * Efficiency and organization * An eagerness to learn |

Adapted from www.qsen.org