SOUTH PUGET SOUND COMMUNITY COLLEGE

2026-2028 NURSING PROGRAM

STUDENT HANDBOOK

WELCOME

The faculty and staff of South Puget Sound Community College (SPSCC) are thrilled you have joined us to pursue the wonderful profession of nursing. We believe you chose SPSCC because you feel our program best fit your needs. Be assured that we will work in partnership with you to facilitate your personal growth and academic success.

The information in this handbook will supplement the college catalog and SPSCC general policies and procedures, and includes the nursing program's mission, vision, values, learning outcomes, and conceptual framework as well as specific policies, procedures, and guidelines impacting nursing students.

We hope this handbook will answer many of your questions and will be a reference for you throughout your time in the program. It is essential that you familiarize yourself with these policies, procedures, and guidelines. The content *may not be announced verbally,* therefore, it is advised that you keep this handbook available for reference until you graduate. If you have any questions after reading this handbook, please ask a faculty member for clarification.

You have worked hard to get to this important step in your education and after completing this program you will have developed skills that you will use for the rest of your life. We look forward to working with you and wish you the best as a practicing RN.

Have a fantastic 2 years!! You can do this!

SPSCC Nursing Team

South Puget Sound Community College Nursing Information:
https://spscc.edu/healthcare/nursing

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South Puget Sound COMMUNITY COLLEGE | SUCCESS AMPLIFIED

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INTRODUCTION

The nursing program is located in the Dr. Angela Bowen Center for Health Education (ABC) and provides clinical experiences in a variety of healthcare settings throughout the surrounding communities. Students completing the graduation requirements for the Associate in Nursing Direct Transfer Agreement/Major Related Program (DTA/MRP) are eligible to apply for licensure as a Registered Nurse (RN). We actively encourage all graduates to progress to a Bachelor of Science in Nursing (BSN) degree after completion of the nursing program at SPSCC.

SPSCC's nursing program has been created to meet the health care needs in the local region and communities that we serve. This is accomplished through a dynamic, creative and informed concept-based program grounded in excellence and evidence-based nursing practice. Graduates of our two-year program are prepared to provide safe and effective individualized care, facilitate compassion and comfort, innovate practice standards, advocate for updated care delivery models, and to be an active professional leader.

This handbook has been designed to provide you with the policies and procedures that you must adhere to while in the nursing program. The information has been broken into sections including; academic and didactic content, laboratory, clinical, and simulation. We are hopeful that this will provide clarity and ease of reference, while allowing students to separate the sections as needed.

QUICK REFERENCE GUIDE

Here are a few policies and procedures that previous students have shared would be nice to have as a quick reference. Since this is not a comprehensive list, please see more detailed information in the handbook that follows.

Attendance

Students must place emphasis on developing a sense of responsibility for their education. In this connection, students are held accountable for all work covered in a course despite valid reasons for absences. Students should make all outside appointments at times that do not coincide with class, skills lab, clinical or simulation times. Prompt attendance is encouraged as a courtesy to the learning experience of yourself, your cohort, and your faculty.

Didactic Courses:

- **Attendance for didactic courses is instrumental to your success in the program.**
- Missed theory content is the responsibility of the student to obtain.
- Quizzes, in-class activities, and recordings may be missed with absences. (*Points/grades for in class activities may not be made up.)*
- Make up of exams may be made only under ***extenuating circumstances***. A zero will be given for any exam missed unless arrangements for the re-take have been made with the *appropriate faculty* ***prior to the scheduled exam time.*** Faculty discretion will determine eligibility for exam make-up. A deduction of 10% of possible points from the exam will occur if the exam is not taken when originally scheduled. Repeated make-ups may be denied or result in more points deducted. Evidence of stealing, cheating or dishonesty is grounds for dismissal.

Lab Courses:

Laboratory hours are often impossible to make-up and students must not expect make-up time to be available. When an absence results in the inability of the student to develop and demonstrate course outcomes and/or meet the required hours of the course necessary for credit, the student will not receive a passing grade and be ineligible to progress in the program.

- **Attendance for all lab classes is required.**
    - Students must notify the faculty a minimum of one hour prior to the start of lab if they are going to be late or are unable to attend.
        - A faculty may grant an exception for extenuating circumstances.
- Lab faculty will keep track of all lab attendance each quarter.
- A second absence, per quarter, will result in a Student Success Plan.
    - If a student is unable to meet the goals of the Student Success Plan, it may result in removal from the program.
    - Extreme extenuating circumstances may be reviewed by the faculty member and/or the dean.

Clinical Courses:

When an absence results in the inability of the student to develop and demonstrate clinical outcomes and/or meet the required hours of the course necessary for credit, the student will

not receive a passing grade and be ineligible to progress in the program.

Clinical partnerships through the community represent limited educational opportunities. The expectation is that students respect that partnership through consistent, reliable, and engaged attendance in all clinical environments.

- **Attendance at all clinical experiences is required.**
- All clinical absences **must be made-up** using the method determined by the program before the end of the quarter the absence occurred.
- Students must notify the faculty a **minimum of one hour** prior to the start of clinical if they will be late or absent.
    - Students arriving more than ***20 minutes*** late will not be permitted to attend clinical that day.
        - Faculty may grant exceptions for extenuating circumstances at their discretion.
- Students must remain at the clinical site for the full assigned time unless excused by faculty.
- Faculty will report clinical absences by the end of the day to the clinical coordinator.
    - The clinical coordinator will document absences in the clinical tracking system.
- A second absence, per quarter, will result in a Student Success Plan developed with the clinical faculty member.
- If a student is unable to meet the goals of the Student Success Plan, it may result in a formal professional guideline which is referred to the Professional Conduct Committee and may result in removal from the program.
    - ***Extreme extenuating circumstances*** may be reviewed and/or approved by the faculty member and/or the dean.

Clinical Simulation:

- **Attendance at all CSim sessions is required.**
- Simulation time counts as clinical time per WAC 246-840-534 and WAC 246-840-531.
- Students must email simulation@spscc.edu a minimum of **one (1) hour prior** to the start of CSim if they are going to be late or are unable to attend.
    - Faculty may grant an exception for extenuating circumstances.
- Students must remain present for the duration of the assigned CSim time unless excused by the staff/faculty/facilitator.
- Students who are more than ***twenty (20) minutes*** tardy ***will not*** be cleared for entry to the CSim session.
- With the first tardy for CSim of any duration, students will receive a warning.
    - Each subsequent occurrence of tardiness, of any duration, will be counted as an absence.
    - Extreme extenuating circumstances may be reviewed by the faculty member/facilitator and the Dean of Healthcare Professions as applicable.

Children

For safety purposes, children are not allowed to attend any classes on campus.

Grading Policy

Students must maintain at least a 77% grade in courses overall. An overall course grade of 76.99% or less is below the minimum standards for the nursing program and progression will not be continued. Grading policies for each course will be clearly established in each course syllabi. Assessments will be developed and weighted at the discretion of each faculty. *(Please see the lab, clinical and simulation sections for further details in those courses.)*

The nursing program grading scale will be utilized for all nursing program core courses:

- A (4.0) = 94.00% - 100.00%
- A- (3.67) = 90.00% - 93.99%
- B+ (3.33) = 87.00% - 89.99%
- B (3.0) = 83.00% - 86.99%
- B- (2.67) = 80.00% - 82.99%
- C+ (2.33) = 77.00% - 79.99%
- F (0) = 76.99% or below *Failure to meet minimum course requirements*

Grading for lab/clinical & simulation courses will utilize this grading scale:

- ≥ 77% score + meeting course outcomes = Satisfactory
- <77% score and/or not meeting course outcomes = Unsatisfactory

Satisfactory/Unsatisfactory is more than a pass/fail but is an accumulative scoring that includes the student meeting course outcomes in a safe practice. When determining final grades for any course, percentages will be calculated to the hundredths.

- No rounding up of grades will occur.
- Policy for 'Incomplete Grades' will follow SPSCC college policy.
- There are no individual opportunities for extra credit in the nursing program.

Assignment Policy

The expectation is that students submit all assignments for feedback to receive their final grade.

- Assignments in this program are linked to course and/or end of program learning outcomes.
  - End of program learning outcomes ***must be*** met to complete the program.
- Communication with faculty regarding extenuating circumstances *may be* approved for missed/late assignment exemption.
  - It is the student's responsibility to communicate with faculty ***prior*** to assigned due dates.

Due dates for assignments are posted and enforced. Assignments are due by date and time as specified in Canvas. This is practice for workforce in ensuring timely communication, documentation, and/or project/task completion.

- Late assignments will be accepted for extenuating circumstances **only** if discussed with the instructor *prior* to the assignment being due.
- Late assignments *not* previously discussed with faculty will have 10% of possible points

deducted for EACH DAY late without exception. Submit assignments via Canvas ONLY.
- No individual opportunities for extra credit will be assigned in the nursing program.
- Submission of academic work that has previously been submitted for a grade in another course is considered academic dishonesty.

Please refer to the "Professional Expectations" policy regarding continued issues with assignment completion.

Assignments, exam schedule, and grade weights are subject to change based upon the needs of the program, class, or students in concordance with all appropriate program and college policies and procedures.

Dress Code

Students should remember that they represent the SPSCC nursing program and faculty, particularly when dressed in the school uniform. Casual attire is permitted in the classroom. Uniforms should be worn during lab, simulation, and clinical.

- Clinical uniform includes: black scrubs, clean shoes, ID badge, and other equipment needed. (Please see page 57 for details.)

Professional Advancement

There are multiple professional advancement opportunities for nursing students. To explore these different opportunities, please see page 41 for details.

ACCREDITATION

South Puget Sound Community College is accredited by the Northwest Commission on Colleges and Universities (NWCCU).

The nursing program is approved by the Washington State Board of Nursing (WABON).

The South Puget Sound Community College Associate Degree in Nursing is accredited by the National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA) located at 2600 Virginia Avenue, NW, Washington, DC 20032, 202-909-2526.

STUDENT RIGHTS & RESPONSIBILITIES

The materials contained in this handbook have been prepared to enhance the understanding of the principles and guidelines for the student in the Associate in Nursing DTA/MRP degree program. These materials link both faculty and student rights and responsibilities that promote educational growth and development for successful course completion. (See Cohort Canvas Shell or the SPSCC website for the Code of Student Rights.pdf).

SPSCC students shall:

- Assume responsibility for self-direction and motivation that is necessary for successful course completion.
- Achieve outcomes, as outlined in the course syllabi, through successful didactic

examination as well as evidence-based lab and clinical practice.

- Progress in the predetermined/defined sequence of learning with the assistance of a faculty member(s).
- Demonstrate commitment and engagement to the learning process.
- Set aside differences, appreciating varying perspectives, and work together with peers, faculty, and healthcare members, for the mutual goal of client safety.
- Adhere to all guidelines and processes outlined in the program orientation and this student handbook.
- The student will be responsible for their own learning and help promote an atmosphere which facilitates maximum learning for clients and fellow learners. A student will not obstruct the learning process of others by causing undue anxiety for any reason, including the monopolization of faculty's time.

SPSCC faculty shall:

- Provide a high-quality nursing education program that promotes an education that allows for individual differences and needs within the limitation of the program.
- Promote a learning environment that links theory and practice concurrently as much as possible, therefore strengthening the education process.
- Provide a curriculum that allows students to progressively build knowledge on previous concepts, while also linking concepts together to provide holistic client care.
- Provide feedback and guidance throughout the program as a faculty mentor, class/clinical evaluations, student success forms, and professional guidelines which empower the student to become competent practitioners who are ethically and legally qualified to obtain and maintain a license to practice.

NURSING PROGRAM MISSION, VISION & VALUES

Mission

The nursing program at South Puget Sound Community College prepares students to engage within the nursing profession, to thrive in the workforce, and to further advance their professional knowledge and practice. This is achieved through an emphasis on lifelong learning, integration of technology, and information derived from evidence-based practice. Our students will be supported to be successful within the nursing program at SPSCC and provided opportunities for a seamless transition to their BSN and beyond.

Vision

South Puget Sound Community College's nursing program is recognized as a leader in the South Sound region. Partnership with local stakeholders, innovative curricular design, and inclusion of a diverse student population prepare graduates to address diverse local and global community health and wellness needs. Graduates will be prepared to pursue further education and to become nurse leaders, innovators, and creative community partners in the continually evolving nursing profession.

Values

The values of the nursing program at South Puget Sound Community College reflect nursing and nursing education to self, each other, the program, and the community:

Caring

Compassion

Accountability

Empowerment

Respect

Effective Communication

Excellence with Integrity

Humor and Laughter

NURSING PROGRAM CONCEPTUAL FRAMWORK

The SPSCC nursing program prepares you for the profession of nursing through an integrated curriculum that extends across the lifespan. This preparation builds upon foundational concepts and exemplars that advance from simple actions and client management to more complex care scenarios, actions, and client management. This structured conceptual approach to curriculum design was specifically crafted to encourage depth of knowledge and student success. The SPSCC nursing program takes a fresh approach to preparing you to be a RN by presenting content in a fashion that enhances your understanding of the knowledge, skills, and abilities (KSAs) requisite to be a safe, ethical, and effective care provider.

"Nurses provide integrated care in a variety of environmental settings to promote, maintain, and restore health in effort to support quality of life and loss/transition into death for individuals, families, groups, communities, and beyond." (Re-Design Nursing Faculty, 2013).

Wellness→===(promotion)===(maintenance)===(restoration)== →Illness

Complex

Simple

NURSING END OF PROGRAM STUDENT LEARNING OUTCOMES (EPSLO)

Graduates of SPSCC's nursing program are prepared to use their skills in critical thinking and data analysis, as well as their understanding of relationships and responsibilities to:

- Demonstrate the ability to assess, analyze, plan, safely implement, and evaluate nursing plans of care which address the holistic needs of diverse individuals, families, groups, and communities.
- Acquire & implement new scientific knowledge & use technology to enhance nursing practice.
- Communicate effectively in full partnership to facilitate delivery of care.
- Participate ethically and professionally in local and global communities as an entry level nurse.

See the table in Appendix A for more detailed information about these outcomes. Furthermore, these end of program student learning outcomes interlink with professional standards in nursing that are referred to throughout the nursing curriculum.

NURSING CURRICULUM AT SPSCC

Associate Nursing DTA/MRP Degree

SPSCC nursing program degree plan meets the requirements for Washington's Direct Transfer Agreement. The Nursing DTA/MRP Pathway Map can be found in Appendix B. Also see the College Catalog for program description of all Prerequisite general education and nursing courses.

Completing the Nursing Degree

To graduate from the nursing program at SPSCC with an Associate in Nursing DTA/MRP degree, the student must complete the following:

I. Prerequisites:
- ENGL& 101 – English Composition (B or better)
- MATH& 146 – Intro to Stats (B or better)
- PSYC& 200 – Lifespan Psychology (B or better)
- BIOL& 241 – Anatomy & Physiology I (B+ or better)
- BIOL& 242 – Anatomy & Physiology II (B+ or better)
- BIOL& 260 – Microbiology (B or better)
- CHEM& 121- Intro to Chemistry (B or better)

II. General education requirements (passing grade expected, however grades received in these courses may impact future educational opportunities):
- BIOL& 160 – General Biology w/ Lab OR BIOL& 211 – Majors Cellular (passing grade)
- Communications, 5 credits from DTA list (passing grade)
- Humanities, 10 credits from DTA list (passing grade)
- PSYC& 100 – General Psychology (passing grade)
- NUTR& 101 – Nutrition (passing grade)

III. Nursing program courses with a **final grade of C+ (77.00%) or better**.

It is the student's responsibility to ensure all courses required for their certificate/degree are satisfactorily completed. Academic advisors and faculty mentors are available if there are questions about the student's status in the program.

Each student is required to submit a 'Petition for Graduation' to the enrollment office up to two quarters before and no later than one year after the final class. This is completed during your Transition to Practice course, 6th quarter of the program.

The college has one graduation ceremony at the end of the spring quarter. All students are encouraged to participate in the ceremony.

A nurse pinning ceremony is held at the completion of the sixth quarter. Attendance is *strongly recommended* for all graduates. (*See pinning requirements for more details.)*

Program Curriculum

Curriculum content is organized by concept. Students will learn nursing-related concepts and exemplars in each course and then progressively build knowledge on previous concepts, as well as learning to link concepts together to provide holistic client care. The following concepts are included in the curriculum listed by quarter of introduction**. Each quarter will build on the previous quarter in complexity and in alignment with our conceptual framework**. This list shows when the concept is introduced only, however, multiple times throughout the program, these concepts will be discussed again with different exemplars. Course syllabi provide a complete list of concepts and exemplars to be covered in each course, as well as order taught.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6
Application of Ethics to Concepts	Anti-inflammatory Pharm	Endocrine	Addiction	Bias	Accountability
Clinical Decision Making	Antibacterials Pharm	Immunity	Cognition	Client Rights	Legal Issues
Comfort	Antifungal Pharm	Intracranial Regulations	Digestion	Ethical Dilemmas	
Communication	Antineoplastics Pharm	Metabolism	Mood & Affect	Healthcare Systems	
Culture Humility , Diversity, & Spirituality	Autonomic Nervous System Pharm	Psychosocial Care in Healthcare	Prematurity	Mandatory Reporting	
Elimination	Cardiac Products Pharm	Stress & Coping	Self	Organ Donation	
Ethical principles	Cellular Regulation			Policy in Healthcare	
Grief & Loss	Endocrine			Thermoregulation	
Health Promotion, Wellness, Illness, & Injury	Fluids & Electrolytes				
Informatics - EHR	Gastrointestinal Pharm				
Integrative Health	Infection				
Intro to Concept Based Curriculum	Inflammation				
Managing Care	Intro to Pharmacology				
Mobility	Neurological Pharm				
Perfusion	Obstetric Pharm				
Professional Boundaries	Oxygenation				
Professional Foundations	Perioperative/ Postoperative Care				
Professionalism	Pharmocological Drug Classes				
Reproduction	Pharmodynamics				
Safety	Pharmokenetics				

Sexuality	Pharmo-therapeutics				
	Psychopharmacology				
	Renal Pharm				
	Respiratory Pharm				
	Sensory Perception				
	Tissue Integrity				

Program Costs

Information regarding program costs can be found on the nursing webpage, under 'Helpful Notes'.

Schedules

The quarterly class schedule for the nursing program, regarding all didactic courses (ex. theory, ethics, and psychosocial integrity), can be found in the college course catalog online.

The quarterly class schedule specific to lab and clinical courses can be found in the college course catalog online with specific times posted in the Cohort Canvas shell. Clinical Simulation (CSim) is a component of your clinical course and section scheduling options will be communicated through your course Canvas shell as well. The quarterly schedule provided by the nursing program will reflect dates, rooms, and times.

Schedules posted will give you a specific section ID to enroll in, therefore, please do not register for your nursing courses prior to the schedule being posted in Canvas. Every attempt is made to get the schedule out as early as possible because we understand the need to plan for childcare, work, etc., however, we cannot accommodate student's special requests. The posted schedule is final.

Once you have been admitted to the nursing program, your spot is always available, but you must be registered prior to the first day of classes to maintain enrollment. If you need to register for courses before the schedule is available due to financial requirements, register for the appropriate courses. When the schedule is finalized, you may need to switch to a different section ID. In that case, you would drop/add courses so that you are enrolled into the section assigned to you by the nursing program.

Initial Licensure Outside of Washington State

There are some students who plan on moving outside the state of Washington and therefore need to apply for initial licensure in a different state. SPSCC has not made a determination that the nursing program curriculum meets education requirements for licensure/certification outside of Washington State. We encourage students who plan to work out-of-state to check relevant local licensure/certification and nursing practice requirements.

ACADEMIC POLICIES

Essential Skills

SPSCC encourages all interested and qualified individuals to apply to the nursing program and does not discriminate or deny admission to students with disabilities.

Qualifications

Nursing students must demonstrate knowledge, skills, and abilities (KSA's) in application of nursing concepts in the four program outcome areas; Utilize Integrated Nursing Care, Pursue Continuous Improvement, Communicate Effectively, & Participate Professionally, by completion of the program. Being mindful of KSA's and Essential Standards at SPSCC will support student's success on the pathway to becoming an RN.

The following statement of *Essential Standards* identifies the functional abilities which have been determined to be necessary in the provision of safe, effective, and professional nursing care. These Essential Standards are reflected in the Washington Administrative Code, The Washington State Board of Nursing (WABON), Nurse Scope of Practice, and in the SPSCC Student Handbook.

The practice of a Nurse requires the following functional abilities with, or without, reasonable accommodations. Graduates will be prepared to pursue further education and to become nurse leaders, innovators, and creative community partners in the continually evolving nursing profession according to the non-exhaustive list below:

Behavioral and Social Attributes

- capacity to communicate effectively, respectfully, and with cultural humility, with all individuals whom they encounter
- accept supervision, criticism, and constructive feedback from the collaborative team including, but not limited to; SPSCC team members, RN in the clinical setting and/or preceptor, and healthcare team member such as PT/OT, Dietitian, MD, CNA, etc.
- adapt quickly to rapidly changing situations/environments, and to withstand human trauma and its effects on the learner
- correctly judge when assistance is required and seek appropriate assistance in a timely manner
- exhibit professional behavior, personal accountability, compassion, integrity, concern for others, and care for all individuals in a respectful and effective manner regardless of gender identity, age, race, sexual orientation, religion, disability, or any other protected status

Communication

- comprehend, communicate, and document information in the English language through electronic, verbal, and written means
- communicate accurately and effectively with patients, their significant others/spouses/partners, and parents/guardians

- communicate accurately and effectively with the healthcare team and other professionals, instructors, and classmates in all settings
- verbal and written communication sufficient to effectively interact with clients, peers, and others, both respectfully and with cultural humility
- utilize and demonstrate computer literacy

Cognitive Ability

- develop and refine critical thinking, decision making and problem-solving skills in various settings and apply new information
- ability to grasp scientific concepts, set up and answer basic math & algebra problems, critical thinking sufficient for clinical judgment
- ability to comprehend, integrate, and communicate verbally and in writing
- ability to make sound decisions within their scope of practice
- ability to work in fast-paced environments and demonstrate the characteristics of adaptability and flexibility

Assessments and Essential Skills

- collect, use, and interpret objective and subjective information from clients, including (but not limited to) changes in skin color; use assessment tools accurately such as VS equipment; detect discrepancies within normal limits and sounds related to audible alarms; client experience documented in the processing of health data
- identify and honor safety components in a variety of healthcare settings
- ability and/or accessibility to read fine print such as on equipment labeling and supplies
- assess changes in odors such as foul-smelling bodily fluids, spoiled foods or smoke
- assess changes in skin temperature and detect unsafe temperature level in heat producing devices in patient care areas

Motor Ability

- ability to lift or carry a minimum of twenty (20) pounds independently and if greater weight, the ability to utilize lifting assistive devices and/or techniques/assistance
- perform client care activities, including *(but not limited to)* transferring of patients in and out of bed; patient movement in the care environment; safe delivery of administration of medications; turning and positioning of patients; moving equipment to various heights and spaces; disposing of needles in sharp containers; and manipulating small equipment and containers
- ability to move from room to room, maneuver in small spaces, and remain on feet for extended periods of time
- comply with all safety standards in all clinical settings including *(but not limited to)* standard and infection control precautions *(droplet, contact, airborne, aerosol),* use of fire extinguishers, and evacuation equipment
- without limitation and/or with reasonable accommodations:
    - gross and fine motor skills sufficient to provide safe and effective nursing care, including but not limited to intermittent standing, sitting, and walking on carpeting, linoleum for varying amounts of time; full range of motion of all joints

- hearing ability and/or accessibility to monitor and assess clients, e.g., hear heart and breath sounds and use a telephone
- visual acuity and color discrimination sufficient to read fine print, to observe and assess clients, e.g., identify skin tones such as pale, ashen, gray, or bluish
- tactile ability sufficient for physical assessment, e.g., palpate peripheral pulses and accurately place and maintain position of stethoscope for detecting sound of blood pressure and apical pulse
- respond to emergency patient care situations in a timely manner and provide emergency care, including cardiopulmonary resuscitation

Change of Data

Chosen and legal name changes, as well as gender marker changes, must be submitted to the college. Instructions on how to make these changes can be found on the SPSCC Name or Gender Marker Change page. Please review this page as there are specific documentation requirements. This is necessary to ensure grades are reported appropriately and information is sent to the correct address.

Legal names ***must*** align with personal documentation and transcripts for the National Council Licensure Examination (NCLEX) application, therefore, please submit a copy of these documents and an updated copy of the Authorization to Release Student Information for References Form (Appendix C) to the Healthcare Professions (HCP) AA. This must be done prior to any SPSCC employee providing a reference for a student.

Commitment to Diversity

SPSCC is a learning community that embodies social justice, equity and inclusion, and seeks to empower students, faculty and staff to fully participate in a society of increasingly diverse identities and experiences. SPSCC actively works to eliminate all forms of discrimination and provide an education that reflects the diversity of our community and a deeper understanding of the dynamics of power and privilege that perpetuate inequity and inequality.

Faculty, staff, and students will actively work towards contextually weaving multiculturalism and diversity throughout our learning as related to readings, lectures, and other assignments. In a learning community, students, staff, and faculty share the responsibility for the teaching and learning environment. SPSCC nursing program embraces and supports the SPSCC Commitment to Diversity.

All our students need to be respected and appreciated as valuable members of our community. We encourage everybody's perspective and strive to create a safe environment for different points of view and courageous conversations.

Orientation

A mandatory nursing student orientation is provided prior to the start of the first quarter of the academic year. This orientation will include current students, staff, and faculty and is an 'open' atmosphere where information is shared, program curriculum is explained, and students can

ask, and get answers, to questions as they are welcomed into the program.

GRADES & GRADING SCALE

Grading Policy

Students must maintain at least a 77% grade in courses overall. An overall course grade of 76.99% or less is below the minimum standards for the nursing program and progression will not be continued.

Grading policies for each course will be clearly established in each course syllabi. Assessments will be developed and weighted at the discretion of each faculty. *Please see the lab, clinical and simulation sections for further details in those courses.*

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- No rounding up of grades will occur.
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- Assignments in this program are linked to course and/or end of program learning outcomes.
  - End of program learning outcomes ***must be*** met to complete the program.
- Communication with faculty regarding extenuating circumstances *may be* approved for missed/late assignment exemption.

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Due dates for assignments are posted and enforced. Assignments are due by date and time as specified in Canvas. This is practice for workforce in ensuring timely communication, documentation, and/or project/task completion.

- Late assignments will be accepted for extenuating circumstances only if discussed with the instructor *prior* to the assignment being due.
- Late assignments *not* previously discussed with faculty will have 10% of possible points deducted for EACH DAY late without exception. Submit assignments via Canvas ONLY.
- No individual opportunities for extra credit will be assigned in the nursing program.
- Submission of academic work that has previously been submitted for a grade in another course is considered academic dishonesty.

Please refer to the "Professional Expectations" policy regarding continued issues with assignment completion.

Assignments, exam schedule, and grade weights are subject to change based upon the needs of the program, class, or students in concordance with all appropriate program and college policies and procedures.

Retention Requirements

To progress to the next quarter, students must complete program courses with a **final grade of C+ (77.00%) or better in didactic courses and achieve an 'S' for lab, clinical, and clinical simulation.** In addition, students must meet all course requirements as described in the course syllabi which may include remediation for failed exams and/or skills lab deficiencies. Students having academic difficulty are urged to seek mentoring from faculty.

The faculty and Dean of Healthcare Professions at SPSCC progress only those students who satisfy *all* requirements.

Following admission, students *may not* progress if any of the following occur:

- A student fails to meet deadlines for supplying immunization, health, background, and/or training records as required by the program in order to comply with state regulations and/or contracts with clinical agencies.
- A student does not achieve a final grade of 77% or above in a single course. Should this occur, the student will be removed from the program and unenrolled from *all* classes for the upcoming quarter.
  - If a student fails one of either nursing didactic, lab or clinical/simulation; all courses will be repeated, as courses are designed to be taken concurrently.
- A clinical agency *(hospital, outpatient, nursing home, or other health care/clinical facilities*) refuses educational access to the clinical areas to a student who does not meet the agency's standards for safety, health, and ethical behavior, or whose behavior is detrimental to the operation of the agency and/or client care.

- The clinical faculty determines that the student has not shown the level of proficiency needed to continue in the clinical assignment.
- A student fails to meet attendance standards for lab and/or clinical/simulation courses as specified under attendance.
- A student does not demonstrate a technical standard and/or essential skill/proficiency identified in this handbook, even if the student is otherwise in good standing.
- A student who is admitted and enrolled in the nursing program but fails to complete the entire program within three (3) academic years.
- The Professional Conduct Committee determines that a student should be dismissed based on one or multiple professional guidelines.
- Students that are arrested and/or charged with a misdemeanor and/or felony must notify the Dean of Healthcare Professions *within 5 school days*. Failure to notify the dean may result in dismissal.
- Official notification of removal from the program will come from the Dean of Healthcare Professions.

Upon being notified that a student has failed to meet standards or demonstrate proficiencies, the dean will notify the student and enrollment services that the student will not be progressing. Enrollment services will unenroll the student from all nursing courses for the following term.

The student may be eligible for readmission and should consult the appropriate sections of this handbook for information on applying for readmission. Students who are dismissed for professional failures *may not* be eligible for reentry.

Withdrawal and/or Dropping Nursing Courses

Students who voluntarily withdraw from the nursing program must follow the enrollment procedures of the college and are responsible for dropping or withdrawing from *all* nursing courses.

- College wide enrollment dates apply to the nursing program.
- Students are required to inform the Dean of Healthcare Professions in writing of their intent to withdraw.
- Students are encouraged to schedule an exit interview with the Dean of Healthcare Professions to discuss reasons for the withdrawal, potential readmission, etc.
    - There is no guarantee that a student who withdraws from the program, even in good standing, will be readmitted into the program.
- Students who withdraw may be required to repay some or all of their financial aid. Before withdrawing, students should speak with a financial aid advisor.

Readmission of Nursing Students

SPSCC encourages students who did not meet minimum standards to apply for readmission to the program the following year. Students who do not successfully complete the first quarter must reapply through the lottery system. No student is guaranteed readmission and reentry is

dependent on space available within the program for quarters two through six. Final decisions about the number of students readmitted each quarter will be determined by the Dean of Healthcare Professions in collaboration with the Clinical Coordinator.

Readmission is defined as: re-entering the nursing program by an SPSCC nursing student that has successfully completed the first quarter of the program. Students will be readmitted to the quarter in which they withdrew and/or failed. Some special circumstances will allow for traditional students to be re-admitted in the evening weekend cohort or vice versa. This must be requested in writing by the student and be approved by the nursing team. Students readmitted to the program will repeat all courses in the quarter in which they are readmitted. A student is eligible for reentry if all curriculum courses required in the quarter(s) prior to the quarter of entry have been completed. Students who were removed for professional failures *may not* be considered for readmission.

To petition for readmission:

- A student must complete a Petition for Readmission form (Appendix D) the **quarter before** the application window would close and return it to the Dean of Healthcare Professions.
    - Applications for readmission are due by the following dates:
        - Fall – July 15
        - Winter – October 15
        - Spring – February 15
        - Summer – May 15
    - Students will be notified by email of their readmission status by the following dates:
        - Fall – August 15
        - Winter – November 15
        - Spring – March 15
        - Summer – June 15
- The nursing team, consisting of the Dean of Healthcare Professions and all full-time nursing faculty and staff, will consider all petitions for readmission.
- The decision of the team will be based upon multiple factors related to the student's likelihood of future success in the program, including, but not limited to:
    - the student's pattern of behavior, regardless of the course
    - the faculty(s) recommendation
    - evidence of remediation
    - the students plan for success moving forward
- Students will be evaluated for readmission in the following order:
    - Category 1: Returning students who voluntarily withdrew and were passing nursing related course(s) (didactic, lab, clinical, or preceptorship).
    - Category 2: Returning students who were not in good standing in a didactic, lab, clinical, or preceptorship nursing course.
- The team's decision regarding readmission will be sent to the student by the Dean of Healthcare Professions.

- Returning students must reenter the nursing program within **one year** of first exiting from the nursing program.
    - If a student waits more than one year they will be required to reapply to the nursing program through the lottery selection process.
- Students who have failed any nursing course more than once (*or two nursing courses in one quarter*) or withdrew while not in good standing more than once, will not be considered for re-entry into the program.
    - Example: student fails NURS 111, then returns and passes NURS 121, but fails any other nursing course, the student *cannot* return a second time.

Graduation Requirements

All students will apply for graduation during the Transition to Practice course in the sixth quarter of the program. Degrees are awarded according to the policies, procedures, and requirement described in the college catalog.

Official transcripts, confirming degree completion, are delivered by Enrollment Services to WABON and/or the Board of Nursing in the state that the student has requested. Completion of the nursing program and graduation from the college does not guarantee passage of the licensure exam. Application and passage of the exam is the sole responsibility of the student. (*More information can be found under National Council Licensing Examination (NCLEX) section in this handbook or on the* National Council of State Boards of Nursing (*NCSBN website.)*

Pinning Requirements

If a student is unable to attend pinning they should notify the dean in writing. The Nursing Pinning Committee determines the place, date and time of the event and works in collaboration with the graduating student reps regarding details of the programing. A small reception will follow the pinning program. The nursing program has a school pin that identifies the school from which the nurse graduated. Pins used at the ceremony may be either the official school pin or a family nursing pin.

Academic Integrity

Academic integrity is valued at SPSCC as a fundamental part of the learning process and is essential in nursing education. Nursing education prepares students for a career that is accountable and responsible to the profession, society and community receiving healthcare. Strong morals and ethics are required, and all students are accountable for academic integrity.

Academic integrity is a priority and expected in the classroom, skills lab, simulation, and clinical settings and in any additional circumstances where a student represents the program. Education that is acquired by dishonesty can be detrimental to not only the student, but to clients/families and community citizens, both healthy and ill. Therefore, academic dishonesty opposes the goals of nursing education and will not be tolerated at SPSCC. This is a serious matter that may result in removal/dismissal from the program. Representing someone else's ideas as one's own or using others' notes, aides or other means to improve grades on an assignment, project or exam will result in disciplinary action.

Examples of academic misconduct include, but are not limited to:

- plagiarism - using materials without citing sources
- cheating
- false documentation
- utilizing artificial intelligence without a reference
- omission of documentation
- malpractice
- receiving or providing unauthorized assistance on assignments, exams or finals
- using unapproved information and resources during testing
- altering an assignment or exam and submitting for re-grading
- submission of academic work that has previously been submitted for a grade in another course is considered academic dishonesty
- making up data or references for assignments
- retainment of exam materials (including notes, print outs, etc.)
- falsifying a client's medical record
- the use of smart phones, watches, recorders or any type of technology to obtain information during reviews or exams

Artificial Intelligence (Generative AI) Use

The SPSCC Nursing Program recognizes that generative AI can be a valuable tool for productivity; however, it is not a substitute for student work. When used, students are required to appropriately acknowledge and cite any use of AI in their assignments as specified in assignment instructions and grading rubrics.

Plagiarism

Plagiarism is presenting another's (including AI) words, ideas, or data as one's own. When a student submits work that includes the words, ideas, or data of others, the source of that information must be acknowledged through complete, accurate and specific references. Papers and assignments must reflect college level writing with appropriate referencing.

The nursing program at SPSCC uses the most recent American Publication Manual of the American Psychological Association (APA) for guidance in citations and formatting of their written work. Faculty will also use these standards when grading papers and determining potential plagiarism. Failure to document sources of information accurately, whether intentional or not, may constitute an act of plagiarism.

Academic dishonesty and/or plagiarism are violations of the SPSCC Code of Student Rights and Responsibilities section 132X-60-090. The student will be subject to the provisions as outlined in the SPSCC student handbook and this may include course failure. See Appendix E for more information regarding Academic Integrity.

NCLEX Success

The program is dedicated to preparing students for successful graduation and passing of the National Council Licensure Examination (NCLEX). This is seen with the use of Examplify for

giving exams and the NCLEX style writing of questions. In addition, during your Transition to Practice course in 6th quarter, there is a live review NCLEX preparation course offered that requires full attendance by graduating students. This course is designed to set up study preparation prior to taking the exam.

NCLEX exam is designed to begin giving the test taker questions beginning at the remembering level and continuously moving up through Bloom's Taxonomy (Appendix F). Our program conceptual framework is from simple to complex, and our exams continue with this trajectory, progressively getting more critical and complex, so that by the 5th quarter exams require more analysis than remembering.

Examinations

Nursing examinations may include information from any previously taught material, including didactic, laboratory, clinical, and simulation content. Nursing courses may include a comprehensive final exam of all essential nursing didactic, laboratory, clinical, and simulation content appropriate to determine student achievement of course outcomes/objectives. To protect exam reliability, final exams are ***not*** available to review.

Nursing examinations will be taken utilizing the software Examplify (also called ExamSoft by faculty). This allows students to experience exams in a very similar way to the NCLEX. Examinations will be taken in the designated computer labs.

To better emulate NCLEX style testing centers:

- Personal items including, but not limited to: book bags, phones, smart watches (or other 'smart' accessories), refreshments, clothing with hoods or large pockets, and hats should be left in the classroom or personal vehicle.
    - Phones may be utilized for multi-factor authentication (MFA), and then placed in the secured phone location, prior to starting the exam.
- Randomized seating will occur.
    - Faculty will provide students with a number matching a computer, upon entering the computer lab and students will go to that computer to take their exam (this will be for exams and proctored ATI).
- Students will be provided a small whiteboard and dry erase marker.
    - If there are any issues with the whiteboard or dry erase marker, simply raise your hand and the faculty will come to you.
- Students may leave feedback regarding a question within Examplify and/or email faculty by the end of the day *(1700 for traditional, 2359 for EW),* regarding feedback/concerns.
    - Please remember when sending an email to describe the question of reference as one student's question 2 may be another's question 13.
- See rules from NCSBN here.

Make up of exams may be made only under ***extenuating circumstances***. A zero will be given for any exam missed unless arrangements for the re-take have been made with the *appropriate faculty* ***prior to the scheduled exam time.*** Faculty discretion will determine eligibility for exam

make-up. A deduction of 10% of possible points from the exam will occur if the exam is not taken when originally scheduled. Repeated make-up may be denied or result in more points being deducted. Evidence of lack of academic integrity, including cheating or dishonesty is grounds for dismissal.

Nursing approved functions will have no penalty for missed exams as long as prior arrangements have been made by the student. Arrival prior to exam start time of the exam is imperative to decrease stress and interruptions to other students and to be available for any instructions. *Doors to the computer lab will be locked once the exam begins.* If the student shows a pattern coming in late for exams, faculty may counsel students utilizing the professional guidelines form.

Group exams may occur each quarter, allowing students to collaborate with one another on the decision-making process. This is modeled to the work force where multiple members of a team critically think together from many perspectives for the betterment of the client. Groups will be smaller in the first year, while the complexity of the second year may lead to larger groups to support prioritization and communication excellence.

Exam analysis is performed on all didactic based exams and scores are determined by the results of the analysis. Specific questions regarding the exam should be noted in the Examplify notes and/or via email for faculty review. There should be no discussion on specific questions until after the exam analysis is completed, which can take 24-48 hours. No exam can be retaken to improve a score.

Testing Accommodations

Students with documented disabilities who wish to request accommodation should contact Disability & Access Services. You have the right to services and reasonable accommodations providing you meet the basic requirements to perform the activities of the program, that is, you are "otherwise qualified" to be at SPSCC. Among the accommodations available are additional exam time, distraction decreasing equipment and/or assistive personnel (i.e., reader).

The National Council of State Boards of Nursing (NCSBN) determines how the NCLEX is given and requires students to provide documentation of approval from WABON. WABON requires documentation prior to applying for the NCLEX exam. Documentation requirements can be found the WABON website under 'Register for NCLEX' section.

Students should understand that without documentation of a true educational need, NCSBN will not approve testing accommodations. Since this is the licensing exam that students ultimately must pass to practice nursing, it is in the student's best interest to understand and be prepared to provide the appropriate documentation. See more in the NCLEX Candidate Bulletin.

Tutoring

General tutoring is available through Learning Support Services (LSS). Nursing tutoring is also

available, free of charge, for all students in the program. These tutors will be nurses and have been approved by the nursing team. Contact information and availability will be shared quarterly on the Cohort Canvas shell.

Exam Taking Tips

Courses are structured to require a *minimum of 2-4 hours* of preparation for each course credit hour. As an example, if a class meets a total of 4 hours each week, students should expect to spend 8-16 hours outside of class each week reading, writing assignments, studying for exams, etc.

It is *strongly recommended* to work *no more than 12-20 hours per week* to meet the demands of the program. Students should plan additional time for utilizing the library, student lounge, and skills lab for required and recommended learning activities.

Hints for Studying:
Study techniques differ from person to person. To better understand your learning and/or studying technique, please review 'Your Smarter Than You Think' results (explained in quarter one) and/or reach out to a faculty member. Our faculty can help guide you to current assessments to help you to begin to understand your personalized style for learning and/or studying.

Other hints/tips for studying include:

- find your learning style and use best techniques for your personal style
- read your notes EVERY day
- compartmentalize/concept map data and information
- utilize sayings/acronyms/mnemonics
- study in short intervals, taking a break every *20-30* minutes
- use yellow or lime green highlighters and/or yellow paper
- smell lavender, eat pasta, nuts and yogurt to decrease anxiety
- use positive self-talk and stay away from the negative talkers
- take personal time for self and family
- exercise, this will increase oxygen to the brain and help decrease anxiety. A 10 minute walk may help.
- focus on the nursing process – Assessment, Analyze, Planning, Implementation, Evaluation; including management, safety, labs, diagnostics, medications, teaching, health promotion, prioritization
- utilize the clinical judgment model:
    - recognize cues
    - analyze cues
    - prioritize hypotheses
    - generate solutions
    - take action
    - evaluate outcomes
- remember your knowledge will be tested in scenarios, so study that way:
    - what is this?

- what do I know about it and/or how would I recognize it in my client?
- what can be done in this situation?
- what would I be teaching my client to help them get discharged and not have to keep coming to the hospital?

Hints for Exams:

Beginning in 2023 NGN asks better questions to help nurses think critically when providing care and making the right decisions. NGN is about protecting the public and achieving the best outcomes for client, nurses, and institutions (NCSBN, 2021). More information about the types of questions can be found here.

Other tips and hints for exams include:

- There are parts to the question: scenario; stem; options (this includes the correct answer and distractors).
- Read the stem first.
- Look for key words: first, initial, essential, severe, best, most important, priority, pregnant, adolescent, early/late, pre/post, before/during/after, on the day of/after several days, acute/chronic.
- Eliminate incorrect answers.
- Words that make it incorrect 99.9% of the time include: all, nothing, only, never, over, always, any, none, total, everyone, nobody, completely, sole.
  - Absolutes are a no-no.
- Prioritize utilizing the six most common priority-setting frameworks.
  - Maslow's Hierarchy of Needs;
  - The Nursing Process;
  - Airway-Breathing-Circulation (ABC);
  - Safety & Risk Reduction;
  - Least Restrictive/Least Invasive;
  - Acute vs. Chronic/Unstable vs. Stable/Urgent vs Nonurgent.
- Treat each question individually, unless it says it is specifically linked.
- Answer with textbook and/or ideal world situation. This is your only client, all
- options are readily available.
- Use national standards and not local, regional or where you work.
- If you don't have a clue, reread the answers starting with the last one.
- Be positive about the exam.

Other examples of NCLEX question types can be found throughout the exams given in the program (unit exams and ATI standardized exams). Full explanation and practice examples can be found on the NCLEX website. Our exams integrate NGN NCLEX exam types throughout the curriculum, leaving the student well prepared for their testing experience.

Standardized Testing

The nursing program utilizes standardized testing. This is a means of providing both the students and the program with information about individual students and/or cohort learning

and progress in comparison to national averages, while assisting in preparation for licensure examination. The package of assessment and review materials provides students with a variety of assessment opportunities and learning resources. Standardized testing with ATI is integrated throughout the curriculum and will contribute to your grades.
Course syllabi will delineate which assessments are to be taken each quarter during the program and the timeline that they are due. Practice assessments are for the benefit of studying and exposure to the variety of concepts found on the proctored exams.

The use of a combination of the practice and proctored assessments are used to achieve 5-10% of the course grade and can be obtained the following way:

- Complete practice Assessment A at the beginning of the quarter. Students should obtain a 77% or greater.
    - If score is below a 77% on the first attempt, the student will repeat the practice assessment until achieving the 77%.
    - Must have completed with a 77% or greater prior to taking the proctored exam *(ticket to class).*
- Complete the proctored assessment.
    - Score a level 3 = 10/10
    - Score a level 2 = 8/10
        - Student may receive a 9/10 by completing practice assessment B and achieving a 77% or greater.
    - Score a level 1 = 7/10
        - Student may receive a 8/10 by meeting with a faculty member ***and*** practice assessment B with a score of 77% or greater.
    - Score below level 1 = 6/10
        - Student may receive a 7/10 by meeting with a faculty member ***and*** practice assessment B with a score of 77% or greater.

Additionally, in all lab courses, a proctored dosage calculation assessment is given. Scoring on these assessments will be based on the percentage received when the student takes the assessment. ATI practice and proctored assessments will still only comprise 5-10% or less of the total grade for the course.

Finally, a proctored comprehensive RN predictor assessment is given during the last quarter of the program, on campus in a proctored setting.

This will comprise 5% of the total grade for the course, separate from any other standardized testing category and can be obtained the following way:

- Complete practice assessment A at the beginning of the quarter. Students should obtain a 77% or greater.
    - If score is below a 77% on the first attempt, the student will repeat the practice assessment until achieving the 77%.
    - Must have completed with a 77% or greater prior to taking the proctored exam *(ticket to class).*

- Complete the RN predictor assessment.
  - Score a 95% or greater of passing NCLEX = 10/10
  - Score a 90-94% of passing NCLEX = 8/10
    - Student may receive a 9/10 by completing practice assessment B and achieving a 77% or greater.
  - Score an 85-90% of passing NCLEX = 7/10
    - Student may receive an 8/10 by meeting with a faculty member ***and*** practice assessment B with a score of 77% or greater.
  - Score below an 84% of passing NCLEX = 6/10
    - Student may receive a 7/10 by meeting with a faculty member ***and*** practice assessment B with a score of 77% or greater.

Dosage Calculation Exams

Accuracy when calculating dosage is essential. Many medication errors stem from inaccurate dosage calculations which can lead to complications for clients, and in some cases, death. The ability to calculate dosage correctly is an essential proficiency for a Registered Nurse.

- Dosage calculation quizzes will be given in labs on a regular basis. (*pencil, calculator and scratch paper will be provided)*
- Dosage calculation exams and quizzes with problems specific to the level and type of calculations required for medication administration and clinical management will be administered during each academic term and will progress in difficulty throughout the nursing program.
- Students must achieve a 95% or above to pass the dosage calculation required for clinical medication administration and the final dosage calculation assessments in all nursing courses.
  - Students who do not achieve 95% or higher on final dosage exams will fail the course in which the exam is administered, *regardless of overall standing* based on other graded assignments and assessments.
- See course syllabus calendar for scheduling.

Student Success Plans

Student Success Plans are utilized to provide holistic support and guidance to students who experience difficulty meeting course outcomes. The aim of this policy is to intervene and facilitate program progression before a student has become deficient. This policy also helps to ensure honest and timely conversations between students and faculty about expectations for success and extracurricular obstacles to success.

Students intended for participation are those who have:

- Identified by self or faculty as being at risk of failing to meet academic or professional standards in a course.

Procedure*:*

- Students, faculty, or dean may initiate the Student Success Plan.
- Students intended for participation are those who:
  - are concerned they are at risk of failing demonstrate a need to strengthen

professional behaviors (see professionalism rubric)
  - earn below a 77% on one or more unit exams;
    - All students who score below a 77% on any unit exam ***must*** schedule with the faculty member of the course, within one (1) week of grades being posted for the exam failed.
    - Failure to follow up with a faculty member will result in professional guidelines write up *(please see professional failures section for more details).*
  - miss more than one laboratory *without prior* communication or are otherwise not prepared and/or failing to pass skill competencies before the end of the term
  - miss more than one clinical *without prior* communication or are otherwise not prepared and/or failing to pass skill competencies before the end of the term
  - miss more than one clinical simulation *without prior* communication or are otherwise not prepared and/or failing to pass skill competencies before the end of the term

- A plan will be created using the Student Success Plan (SSP) form (see cohort Canvas shell for form). The Student Success Plan is a guideline and is not intended to replace student standards. Listed below are the steps for usage of the Student Success Plan:
  - The student will complete pages 1-4 of the SSP and send to the faculty member they are meeting with at least 2 hours prior to scheduled meeting.
  - The student and faculty member will develop a plan by listing factors affecting student performance and by identifying possible solutions.
    - faculty can help directly and confidentially with many factors including, but not limited to:
      - time management
      - study skills
      - nursing skills
      - math and writing assistance
      - test-taking skills and review of past exams and nursing skills
    - for factors outside the expertise of the faculty, the student will be confidentially informed of appropriate resources including, but not limited to:
      - Access Services
        - accommodations
      - Counseling Center
        - personal counseling
        - test anxiety
        - time management
      - Tutoring
        - study skills
        - math, writing assistance
      - Diversity, Equity & Inclusion Center
      - Safe Zones

        - Financial Aid
            - financial aid office
            - emergency fund
        - Off Campus Resources as Deemed Appropriate
- If a student makes less than a 77% on a unit exam, the following steps should occur:
    - the student must schedule a meeting with the faculty member of that course within one week of that exam;
    - the student will complete the first four (4) pages of the Student Success Form, identifying potential behaviors and/or circumstances that may be hindering the student's success;
    - the student will then email the completed form to faculty at least 2 hours prior to scheduled meeting;
    - both student and faculty will electronically sign page 5 of the form and a copy will be emailed to the student, with the original being saved in the student's electronic file in the program office;
    - after the next scheduled unit exam following the initial SSP, the student must schedule a follow-up meeting with the faculty member who initiated the plan within one week of completing that exam to evaluate the outcomes of the plan;
        - If other recommendations are made, this should be captured in documentation on page 5.
        - The student will receive an emailed copy of the form, with the original being saved in the student's electronic file in the program office.
- If a student scores less than a 77% on a *third unit* exam, the above steps are followed, however, the student ***must*** meet with a different faculty member and/or dean with documentation recorded in a new font color to differentiate between recommendations.
- If the Student Success Plan is initiated from the student self-identifying, there may or may not be a need for follow-up.
- If the Student Success Plan is initiated related to the student missing lab, clinical, or clinical simulation, there should be a follow-up the following week to review goals and/or as needed in relation to the concerns.
- The student success plan will be considered complete when:
    - all success plan goals have been met;
    - circumstances contributing to the initial concern have been resolved and/or;
    - substantial improvement in performance continues for one additional quarter

Student Health

Students should not attempt to attend class, lab, clinical, or simulation when the student has a fever or illness that could be contagious. SPSCC will follow the CDC and WA DOH guidelines regarding screening, tracing and quarantine for illnesses. Additional requirements may be needed for clinical *(see the clinical portion for details)*.

Attendance

SPSCC's nursing program is rigorous and nursing courses prepare students for safe client care. It

is expected that students attend each class, laboratory, simulation, and clinical session to develop the theoretical and practice components of the nursing role. Nursing students are expected to prioritize personal, work, and school requirements appropriately so their success is not impacted by routine absences. It is the responsibility of the student to notify the faculty *prior* to an absence.

Students must place emphasis on developing a sense of responsibility for their education. In this connection, students are held accountable for all work covered in a course despite valid reasons for absence from class; therefore, each student is expected to attend each class. Students should make all outside appointments at times that do not coincide with class, skills lab, clinical or simulation times.

For safety purposes, children are not allowed to attend any classes on campus, including, but not limited to: didactic classroom, lab, simulation, clinical, or student lounge.

Prompt attendance is encouraged as a courtesy to the learning experience of yourself, your cohort, and your faculty. Missed theory lectures may be recorded, however, lecture recordings are not guaranteed. If a student does miss a course of any kind, the student is responsible for the missed material.

- Attendance for didactic courses is instrumental to your success in the program.
  - Missed theory content is the responsibility of the student to obtain.
  - Quizzes, in-class activities, and recordings may be missed with absences. (*Points/grades for in class activities may not be made up)*
  - Make up of exams may be made only under ***extenuating circumstances***. A zero will be given for any exam missed unless arrangements for the re-take have been made with the *appropriate faculty* ***prior to the scheduled exam time.*** Faculty discretion will determine eligibility for exam make-up. A deduction of 10% of possible points from the exam will occur if the exam is not taken when originally scheduled. Repeated make-ups may be denied or result in more points deducted. Evidence of stealing, cheating or dishonesty is grounds for dismissal.

Professional Appearance Regulations

Students should remember that they represent the SPSCC nursing program and faculty, particularly when dressed in the school uniform *(see lab, clinical, and clinical simulation sections for specific school uniform information).* Casual attire is permitted in the classroom.

Inclement Weather

There are times when inclement weather, natural disasters, power outages or other incidents can disrupt the operation of the college. If no announcements are made, we will operate normally. All college staff, faculty and students should monitor the SPSCC Alerts messaging system. Decisions regarding college closure will normally be made by 5:30 a.m. on the day in question with messaging sent via Rave. Public Relations will post announcements on the college website and social media. Students should always check Canvas to ensure that faculty have not cancelled or rescheduled class/lab/clinical or simulation.

Library

The SPSCC library is located on the Mottman campus and is available for all students. See specific rules and regulations for the use of the library on the SPSCC website.

Technology

All SPSCC provided computers and electronic devices are for course work and academic pursuits (example: registering for classes, checking school email, etc.) only.
SPSCC computers are not to be utilized for personal work or play

Computer Lab

The Healthcare Professions computer lab will be available for use at designated times. Students are encouraged to utilize the computers to complete required and/or recommended learning activities. Computers and a printer can be found in the student lounge on the first floor. For use of the computer lab, students will need to request availability with the administrative assistant. Foods and liquids are ***not allowed*** in the computer lab.

Unauthorized removal of hardware, software or tampering with computer programs may result in dismissal from the program and/or legal action by the college. Children are not allowed in the computer lab.

Student Lounge/Kitchenette

The Healthcare Professions student lounge and kitchenette will be available for use during campus open hours and serves all students enrolled in a Healthcare Professions program. This is a shared space, please be sure to clean up after use and leave communal utensils/supplies in the kitchenette. At the end of each quarter all items will be removed that are not dated.

Students are encouraged to utilize the student lounge for studying and planning student work. Access to the computers is to follow SPSCC standards. If a computer/printer is not working, please communicate that to the administrative assistant.

PROFESSIONAL POLICIES

Students of the SPSCC Nursing Program represent the college, program, faculty and staff. Professionalism is a required skill set in the nursing profession.

Communication

All official communication will be sent through your SPSCC student email and your course Canvas shells. To ensure clear and timely communication, students are expected to regularly check their SPSCC email and Canvas announcements/messages, at least every 2–3 days, and to respond to faculty communications within the timeframe outlined in the course syllabus. Prompt student responses help support student success and maintain effective communication within the program.
It is also recommended that you set up and allow notifications from Canvas. Digital citizenship (*see below*) should be followed when using all forms of communication.

- Each cohort will have a Canvas site where faculty and staff post program information

and collect documents needed by the program or its accreditors.

- Student SPSCC email is the official communication tool while in the program(s*tudents should check email/Canvas regularly).*
    - Always address the recipient of the communication by name and sign the email with your name.
    - Utilize the subject line in all email interactions.
    - Use of professional and/or non-inflammatory language when using email as communication is a priority.
    - Use a spell checker and appropriate grammar (*upper and lower case even when using email*).
    - Students should demonstrate empathic understanding of others when communicating with classmates, college staff, and faculty.
- Students are responsible for content of all communication sent by staff/faculty to their SPSCC email address.
- Students are responsible for reviewing all communication avenues in Canvas (messages, announcements, etc.).
- Students should use SPSCC email address and/or the Canvas messaging tool to communicate with staff/faculty electronically.
- It is encouraged for students to follow up with a SPSCC email and/or Canvas message if anything has been left for review/consideration for staff/faculty.
    - Staff/faculty have mailboxes and communications may be left there by providing to the HCP AA.
    - Faculty offices are located on the ABC campus on floors 2 and 3.

Digital Citizenship

The term digital citizenship encompasses a broader range of concepts related to responsible and ethical behavior online, including online safety, privacy, and media literacy. “Digital citizenship continues to evolve as technology becomes more complex, but the underlying theme of digital citizenship remains the same: staying safe and responsible when using digital technology.” (Learning.com, 2025) Common courtesy and professional etiquette should always be employed in all forms of communication.

When meeting with staff/faculty/peers online there is a professional expectation that cameras are on, and all members are engaged. This exemplifies professional expectations of telehealth. Exceptions to this would require proactive communication with the faculty member prior to the meeting.

Faculty reserves the right to remove any discussion board postings that display inappropriate language and/or content.

Student Class Representatives

Student class representatives will attend meetings of the nursing department and Nursing Advisory Committee when the program’s policies, operations, and curriculum are under review or up for discussion and/or upon request from the class representatives or department.

Procedure:

- Class representatives will be selected during the fourth week of quarter one. Class representative(s) will:
  - be elected by classmates;
  - be two representatives per cohort;
  - serve until the beginning of the next academic year;
  - be responsible for convening meetings and collecting input about the nursing program's policies, operations, and/or curriculum from their cohort class;
  - may request to add items to department meeting agendas, provided that the agenda items relate to the program's policies, operations, and/or curriculum;
    - Individual grievances or complaints about a faculty or class will not be placed on the agenda. These must be handled through the academic complaint process as specified in the college's Code of Student Rights and Responsibilities.
  - be willing to present and be on time to Nursing Department meetings;
  - attend each Advisory Committee Meeting (held in October and May each academic year);
  - sit on the faculty Daisy Award Committee (held the month prior to pinning)
- Agenda requests must arrive at least 48 hours before a scheduled meeting.
- Decisions of the meeting chair regarding agenda items are final.

Cohort Meeting with the Dean

The Dean of Healthcare Professions meets with each cohort on occasion to discuss program factors and/or activities. These are open meetings to allow students an opportunity to share concerns, provide feedback, and obtain answers to questions. Student class representatives can request a cohort/dean meeting at any time.

Guiding Principles for Student Conduct

The knowledge, skills, and attitudes (KSAs) that students learn and demonstrate in the nursing program is a direct link to professional expectations at the bedside and beyond in a nursing career. Foundational elements come from the NCSBN (2019) surrounding professionalism and accountability. Professional accountability is defined as "The process in which the nurse has an obligation, or duty, to act and is answerable for their choices, decisions, and actions" (NCSBN, 2019).

Essential elements of nursing accountability are:

- Admitting mistakes openly rather than hiding or blaming others.
- Responsibility to the client to provide competent nursing care and adhere to a professional code of ethics.
- Expectation of competence to rise through practice. (NCSBN, 2019)

The ownership of professional identity is a foundational part in establishing the individualized career for each registered nurse, making it is cornerstone factor in the growth for nursing students; as well as instrumental in success as a learner. Nursing is a life-long learning career

and the expectation is that students engage in professionalism and commit to continuous growth throughout the program.

As a student enrolled and admitted to the SPSCC nursing program, you are obligated to honor Washington state nursing law. All students must conduct themselves in a manner consistent RCW, Chapter 18. 130, Regulation of Health Professions–Uniform Disciplinary Act. As well as RCW, Chapter 18.79, Nursing Care, and WAC, Chapter 246-840, Practical and Registered Nursing. Please feel free to reach out if you have any questions or seek any clarifications.

Nurses and nursing students are held to high standards of professional and personal conduct. While in the nursing program, students must emulate the behaviors of professional licensed nurses including civility and respect.

Each student must:

- follow the policies of SPSCC and the nursing program as defined in this handbook;
- program policies such as completing assignments and meeting deadlines support professional development into nursing practice;
- comply with the policies for care and conduct established by our community partners when working in their facilities;
- practice within the ethical, legal, and regulatory frameworks of nursing and the standards of professional nursing practice;
- report unsafe practices using appropriate channels of communication;
- demonstrate accountability for nursing care given by self and/or delegated to others;
- use standards of nursing practice to perform and evaluate client care;
- advocate for client rights;
- maintain organizational and client confidentiality;
- practice within the parameters of individual knowledge and experience;
- serve as a positive role model within the health care setting and, in the community, at large;
- recognize the impact of economic, political, social, and demographic forces on the delivery of health care;
- develop and implement a plan to meet self-learning needs;
- maintain appropriate professional boundaries in the nurse-client relationship;
- escalation pathways (chain of command, should be followed as needed;

(Modified from NLN website)

Professional Expectations

The conduct of students reflects upon their personal integrity, that of the nursing program and SPSCC. Students must exhibit professional behavior and demonstrate competencies in all aspects of their practice as nursing students. Students are expected to conduct themselves in a professional manner at all times. Failure to meet professional expectations may negatively impact a student's academic standing. Even when a student is otherwise in good standing, serious or repeated violations may result in disciplinary action, including suspension or dismissal from the program, and may affect eligibility for readmission.

Examples of professional failures include but are not limited to:

- endangering the physical safety of a client, classmate, staff, faculty, or member of the public;
- threatening the psychological safety of a client, colleague, classmate, faculty member, or member of the public;
- being asked to not return to a clinical unit and/or facility;
- violating professional ethics (Appendix H);
- assuming inappropriate independence when delivering care;
- violating client dignity, confidentiality, or privacy;
- unprofessional behavior or communication in all educational and academic environments;
- disruptive behavior in the classroom, lab, or clinical setting;
- belittling, devaluing, or failing to consider the culture, beliefs or values of other students, faculty, staff or member of the public;
- lacking the ability to work in a group in any learning or working environment associated with the nursing program;
- failing to communicate in a clear, timely or accurate manner;
- academic dishonesty;
- violating the program's social media policy as specified below;
- impairment due to drugs, alcohol, or other chemical substances in any learning or working environment associated with the nursing program;
- failing to comply with clinical agency guidelines;
- failing to comply with any policy of the college, including those specified in this handbook;
- failing to follow the lawful directives of program faculty, staff or clinical personnel.

Procedure:

Using the professionalism rubric (Appendix I), students, staff, and faculty can see examples that may require a Professional Guidelines form (Appendix J). Faculty will identify, in writing, students who do not meet minimum professional standards and/or who demonstrate unsafe and concerning behaviors. These incidents will be evaluated by the Professional Conduct Committee (consisting of the Dean of Healthcare Professions and at least two full-time nursing faculty). This Professional Conduct Committee determines next steps for the student which may include suspension dismissal of a student from the program, depending on the severity of the circumstances and will notify the student and faculty member involved within 10 business days.

Students who are not dismissed will receive documented counseling. The Professional Conduct Committee, with feedback from the faculty of record, will create a plan of correction that will address the documented issues. Adherence to the plan of correction will resolve the deficient performance issue.

All professional failures will remain documented in the student's academic file. Three professional failures of *any type* may result in dismissal from the nursing program.

Student Grievance Process

As part of their nursing education, students learn to resolve problems/concerns in an effective manner, using lines of communication (*chain of command*).

- If students are having difficulty or other problems (*such as grades, clinical expectations, questions about assignments/grades, clinical behavior, etc*.) in any course, the student should first ask the faculty member that the concern involves, in private, for help to resolve the issue.
    - This interaction may prove beneficial by shedding light on the issue and/or providing the student with a satisfactory reason for the event involving the faculty. Usually, this can resolve the situation.
    - If students are hesitant to speak to the faculty, it is suggested that they ask another faculty member to be present when meeting with the faculty member.
- If this does not result in resolution of the problem/concern, the student needs to seek the assistance of the Dean of Healthcare Professions.

If the student believes the issues are not resolved, the next step includes following the steps covered in the SPSCC Code of Student Rights and Responsibilities handbook. Additionally, a pdf copy of the SPSCC Code of Student Rights and Responsibilities Handbook is available in your cohort Canvas shell.

Academic grievances are covered on the SPSCC Student Concerns and Reporting page. Students with an academic grievance including, but not limited to, grade disputes, should contact the faculty member within ten calendar days of the incident and attempt to resolve the issue(s).

- If unable to resolve the issue(s), the student should contact the appropriate dean or director within ten calendar days of contact with the faculty.
- If still unable to resolve the issue(s), the student may contact the supervising vice-president within ten calendar days of contacting the dean or director.
- The decision of the vice-president shall be final.

Course and Curriculum Evaluations

- Students are expected to evaluate nursing courses and the overall program throughout each quarter and at program completion. Providing specific, measurable, achievable, relevant, and timely (SMART) feedback helps faculty and the dean make improvements that benefit students and strengthens the program. In all evaluations, student identity will be kept confidential and data will be used in aggregate form only.
- Faculty evaluations assess classroom environment and faculty effectiveness and are administered near the end of each quarter.
    - Evaluations will not be released to faculty until the term is completed and grades have been posted.
- Course evaluations are important tools for curriculum development. They are separate from faculty evaluations in that they do not evaluate faculty effectiveness or the classroom environment.
    - Course evaluations are done electronically late in the quarter and ask questions

about the design of the curriculum and how well it's serving the needs of students preparing to become registered nurses. This will include all course, didactic, lab, clinical, and simulation.

- Student satisfaction surveys are completed in quarter three (3) and six (6) and give our program important data to see how our overall program and college are doing from students' perspective.
- Alumni surveys go out to graduates in January and are required by our accrediting bodies to assess a variety of elements, including employment status, and end of program student learning outcomes met.
    - Alumni data is integral to closing the loop regarding EPSLOs being met or unmet.

Nursing Activities

We encourage all students to participate in college wide and community events. All decisions of student activities that represent SPSCC nursing program should have faculty, staff or administration involvement and approval before being implemented. Students are encouraged to participate in and initiate college-related activities that enhance their own wellbeing, support their peers, and strengthen the overall program

Professional Advancement

Professional advancement in healthcare is both rewarding and demanding, especially while in a nursing program. As you build your skills, knowledge, and confidence, you may face challenges balancing coursework, clinical responsibilities, and personal commitments. However, these experiences are essential in shaping your resilience, critical thinking, and professional identity. Staying focused on your long-term goals and embracing growth opportunities, even when difficult, can open doors to meaningful career advancement.

Nursing Assistant Certification (NAC)

Students enrolled in the nursing program may be eligible to apply for the Nursing Assistant Certification (NAC) after successful completion of quarter one (1) per WAC 246-841A-463. It should be noted that students with an NAC must practice in that role when working, whereas with the nurse technician role, the practice standards grow with the student progression. If a student plans to obtain their NAC, please email the HCP AA to set up a meeting with the dean.

Nurse Technician (NT)

Nursing technicians (NT) is defined as "a nursing student employed in a hospital licensed under chapter 70.41 RCW, a clinic, or nursing home licensed under chapter 18.51 RCW. Students enrolled in the nursing program may be eligible to work as nurse technicians after successful completion of quarter one (1) and after reviewing the written information on the legal role of the nursing technician as defined in WAC 246-840-010 and 246-840-840.

Per RCW 18.79.340 a nursing student who:

- Is currently enrolled in good standing in a nursing program approved by the board and has not graduated; or
- Is a graduate of a nursing program approved by the board who graduated:
    - within the past thirty days; or
    - within the past sixty days and has received a determination from the secretary that

there is good cause to continue the registration period, as defined by the secretary in rule.

- No person may practice or represent oneself as a nursing technician by use of any title or description of services without being registered under this chapter, unless otherwise exempted by this chapter.
- The board may adopt rules to implement chapter 258, Laws of 2003.

***Procedure**:*

When applying for an NT position:

- review the legal responsibilities of the position found in WAC 246-840-840;
- review the **Nursing Technician (NTEC) License** information on the WABON website and complete the **'**Steps to Apply'.
- Students should complete sections 1 and 2 of 'The NTEC Education Verification Form' prior to sending to the HCP AA for step 3 completion.

The HCP AA will return all form requests within three (3) to five (5) working days.

Application and forms listed above, along with the application fee will be completed through the WABON website.

In the Nurse Technician role, the student must follow these guidelines at all times:

- At the successful completion of each quarter, students should submit a copy of their signed skills checklist to their employer to verify completion of courses and qualification to perform more advanced skills.
- The student may function only under the direct supervision of a registered nurse who has agreed to act as supervisor and is immediately available.
- The student may gather information about clients and administer care to clients.
- The student may ***not*** assume ongoing responsibility for assessments, planning, implementation, or evaluation of the care of clients.
- The student may ***never*** function independently, act as a supervisor, or delegate tasks to licensed practical nurses, nursing assistants, or unlicensed personnel.
- The student may ***not*** administer chemotherapy, blood or blood products, intravenous medications, scheduled drugs, nor carry out procedures on central lines.
- The student may ***not*** perform any task or function that does not appear on the verification sent to the nursing technician's employer by the nursing program in which the nursing technician is enrolled.
- If the Nurse Technician is requested to perform any task not verified by the nursing program, the nursing technician must inform their supervisor that the task or function is not within their scope and must not perform the task.

The student must also follow these legal requirements:

- If a student fails a course, they must ***immediately*** let the employer know about the failure.
- If a student lacks a 'good standing' with the nursing program they do not qualify to continue to practice as Nurse Technician and ***must*** advise their employer of this change.

  - The nurse technician license will be placed in "inoperable" status until you return to a 'good standing' status.
  - To return to work as a nurse technician the student must then submit a new application to WABON (fees are waived) as outlined above.
- Students who take a leave from the nursing program ***cannot*** practice under the Nurse Technician license until they return to the program.
  - However, there will be no change in the status of the credential.
  - Upon re-entry to the program the student must submit a new application to WABON (fees are waived) as outlined above.
- Students may also opt to take the Nursing Assistant Certification exam upon successful completion of the first two quarters.
- Refer to the Department of Health website for more information.

License Practical Nurse (LPN)

Students who successfully complete quarter four (4) of the nursing program are eligible to take the NCSBN of NCLEX for the Licensed Practical Nurse (NCLEX-PN).

Procedure*:*

The application process for licensure examination and for state licensure should be started as soon as plans are initiated to test.

- Students will notify the HCP AA of intentions to sit for NCLEX-PN exam *(this allows for timeliness of necessary documents to be prepared).*
- Students will go to WABON website to review the process.
- Students will follow the 'Apply by Exam' application requirements and instructions and may choose a single state or multistate license.
- Please review the steps and complete in order, noting that **notification of the AA** will prompt the certificate of completion to be prepared and sent to WABON.
- SPSCC utilizes 'Parchment' for transcript services with steps to request, costs, and other information found here.

Registered Nurse (RN)

Students who successfully complete the two-year nursing program are eligible to take the National Council of State Boards of Nursing Licensure Examination for the Registered Nurse (NCLEX-RN). During 6th quarter students will be guided on the how the process works. The exam is taken after verification of completion of the nursing program. We strongly encourage students to complete their exam as soon as possible after meeting graduation requirements.

Procedure*:*

- The application process for licensure examination and for state licensure should be started a minimum of 60 days prior to the end of the second year.
- Information and applications for the licensure examination and state licensure are available on the WABON website.
- Students will follow the 'Apply by Exam' application requirements and instructions and may choose a single state or multistate license.
- Please review the steps and complete in order, the certificate of completion is prepared

and sent to WABON from the division office upon completion of the program. SPSCC utilizes 'Parchment' for transcript services with steps to request, costs, and other information found here.

SKILLS LAB INFORMATION

The skills labs are an integral part of the innovative nursing program at SPSCC. Labs simulate the clinical environment and give the student the ability to learn and practice safely without causing harm to clients. Students have opportunities to overcome fears and insecurities while working with a variety of task trainers, simulators and current practice clinical equipment. The goal for SPSCC nursing labs is to provide the environment for students to become competent with nursing technical and adaptive skills, while working towards excellence in becoming a safe practitioner. Therefore, students spend time in the skills labs quarters one through five, learning new psychomotor skills, reviewing previously learned skills, refining critical thinking and reasoning, and/or preparing for clinical and future practice.

Each quarter of skills lab is unique and building on previous experience. Please refer to your course syllabus and/or course Canvas shell for specific objectives.

Lab Guidelines

To provide guidance to all that use nursing skills, the following guidelines have been established to ensure that all users will be able to enter and engage in teaching and learning without delay. Our labs are designed to represent realistic clinical environments and therefore all areas should be left ready for use by the next group of learners. Because our labs are an extension of didactic, clinical and simulation courses the same requirements for maintaining professional expectations apply.

General Guidelines

- Student uniform should be worn during all times in lab (*see Profession Appearance Regulations below*).
- No food, beverages, or gum allowed in, or around the labs. (*Water bottles with closable lids are acceptable in the lab spaces.)*
- Cell phones and personal devices must be silenced during labs. (*No texting and/or usage unless directed to do so by facilitator/faculty member.*)
- All personal items (*coats, jackets, school bags, purses, etc.*) should be stored in the student space of the lab.
- Children are not allowed in labs for safety reasons, unless part of a faculty approved and supervised, planned curricular activity.

Practice

- Bring all necessary supplies and/or equipment to complete skills, this includes your lab bag and skills checklist.
- Prior to your lab class, review skills as assigned through ATI and/or skills checklist as assigned by faculty.
- Complete assigned ATI skills modules as assigned *(see Canvas shell).*
- Bring, and refer to often, the lab skills checklist (*provided in the first week of lab*).
- Practice skills during scheduled lab times, open lab times and as homework, when applicable.
- Integrate peer review critique and feedback into your practice as appropriate.

Evaluation

- Professional expectations are expected.
- Department approved lab evaluation tools will be used for each lab course.
- Lab courses are graded separately from concurrent didactic and clinical courses and are assigned grades of "S" for satisfactory or "U" for unsatisfactory.
    - score of 77% or greater = Satisfactory
    - score of 76.99% or lower = Unsatisfactory
    - see course syllabi for the weighted grade breakdown
    - timely feedback will be provided for all assignments
        - students will be notified of deficiencies as applicable
    - Students ***should submit all assignments*** for feedback to support meeting the course objectives and EPSLOs.

Open Lab Guidelines

Open lab times may be offered as an opportunity for students to practice and reinforce skills before an evaluation, clinical simulation, and/or experiential learning experience. All previously stated lab guidelines apply during open lab in addition to the following:

- Nursing staff/faculty *must* be present during open lab times for guidance and safety measures.
- Open labs will be scheduled on certain given days and times each quarter. (*See course Canvas shell for posted times of availability.)*

Latex Warning

SPSCC makes every effort to remove supplies containing latex and equipment with latex accessories. Students should be aware that there is a possibility that they could encounter a latex product and should prepare accordingly. Students should notify the staff/faculty that they have a latex allergy or sensitivity. If an exposure requires a visit to the healthcare provider, then the exposure should be documented on the Incident form.

Attendance

Laboratory hours are often impossible to make-up and students must not expect make-up time to be available. When an absence results in the inability of the student to develop and demonstrate course outcomes and/or meet the required hours of the course necessary for credit, the student will not receive a passing grade and be ineligible to progress in the program. Prompt attendance is encouraged as a courtesy to the learning experience of your own, your cohort, and your faculty. Further instructions are stated in each course syllabi. Failure to meet the program's expectations for attendance will result in removal from the program.

- Attendance at all lab sessions is required.
    - Students must notify the faculty a minimum of one hour prior to the start of lab if they are going to be late or are unable to attend.
        - A faculty may grant an exception for extenuating circumstances.
    - Lab faculty will keep track of all lab attendance each quarter.
    - A second absence, per quarter, will result in a Student Success Plan.
        - If a student is unable to meet the goals of the Student Success Plan, it may

result in removal from the program.
    - Extreme extenuating circumstances may be reviewed by the faculty member and/or the dean.

Professional Appearance Regulations

The lab setting replicates the clinical setting and in order to best simulate your role as a nurse, students should wear their clinical uniform and abide by the professional appearance guidelines below *(including on open lab days)*:

- The standard program required clinical uniform can be purchased anywhere and is the responsibility of the student to meet regulations. The clinical uniform includes:
    - Black uniform pants or skirt.
    - A black scrub top with the nursing program's log embroidered on it.
        - Embroidery is discussed at FAQ and Orientation sessions. For questions, students must contact the HCP AA.
    - A black, royal blue, or white undershirt with short or long sleeves is optional.
        - Do not wear hoodies/casual jackets over scrubs in the clinical area.
        - Black scrub jacket may be worn.
        - Scrub caps and/or head coverings may be worn *(colors to align with program; black, royal blue, and white).*
    - Cleanable non-porous material, solid closed-toe, closed-heel, shoes with non-skid soles.
    - An SPSCC photo ID name tag worn on the left side of the uniform with Badge Buddy accessory attached.
    - A watch with ability to measure seconds and should have a metal and/or plastic band that is easily cleanable.
    - A stethoscope with a bell and diaphragm.
    - Other recommended equipment:
        - Pen light, bandage scissors, quality black pens and hemostats *(optional)*
- Personal appearance regulations:
    - Cleanliness is mandatory.
        - Discernible body odors and soiled clothing are prohibited.
    - Fingernails must be kept short and clean.
        - No artificial nails or chipped polish will be allowed in lab/clinical settings.
    - Makeup, if worn, should be appropriate for the setting.
    - Hair must be worn in a neat, controlled style and held away from the client environment.
        - Long hair (below the shoulders) must be tied back in a way that hair will not be impeding the immediate care environment.
        - Facial hair must be clean and neatly trimmed.
    - No heavy odors such as smoke, lotion, perfumes, body wash, shampoo, aftershave or hairspray are allowed.
- For yours and client's safety:
    - Dangling, hoop earrings, bracelets and rings with protrusions are prohibited.
    - Openly gauged earring are allowed, but must be secured with gauge plugs.

    - Visible body jewelry (nose, brow, tongue rings etc.) must be modest while in the client care environment.
- Tattoos may need to be covered.
    - If you have questions, reach out to your faculty member.
- Any skin lesions, especially herpetic lesions such as fever blisters, need to be reported to the faculty member before lab.
    - A student may be infectious and may be denied access to the lab environment.

Skills Training Resources

A variety of training resources, including supplies, equipment, and task trainers, are available. These resources are designed to meet the requirements of the skills lab checklist and/or learning outcomes listed with the courses. Resources are put out by the instructional technician when needed for lab activities and open lab sessions. It is expected that faculty and/or students will return items to their proper locations neatly and with care. Students should inform faculty of any restocking needs and/or issues with the resources. Faculty will collaborate with the instructional technician and lab manager to ensure resources are safe and abundant.

Skills Supplies/Equipment

Any sign of unsafe, damaged or malfunctioning equipment should ***not be used*** and should be reported to nursing staff/faculty immediately. Misuse of any supplies/equipment by any student may result in dismissal of that student from lab.

Supplies

- ***Personal supplies and equipment such as supply tote, stethoscope, penlight, and drug guides are the responsibility of the student and should be brought to each scheduled skills lab.***
- Supplies, medications and equipment in the nursing labs are for educational purposes only. They are never to be used on humans, unless specifically indicated as part of faculty-led instruction.
    - Dedicated supplies and equipment for live subject use are identified in advance and will be supplied by lab coordinator.
- Many supplies are reusable and should be restocked 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/equipment must not be taken out of labs unless requested by nursing staff/faculty.
    - Unauthorized removal of supplies/equipment deprives other students and may result in expulsion from the program and/or legal action by the college.
- All lab users are responsible for ensuring that the lab areas are left clean and in good condition for the next group.

Beds

- Use beds for practice and evaluation purposes only.
- All beds should be left in a low position with bed rails down after each use.

- Linens should be properly placed back on the bed and/or manikin as if caring for a client.
- Clean linens should be refolded and placed back in the linen cabinet.
- Soiled linen should be placed in the soiled linen cart for laundering.

Manikins

- Use gloves as you would with a client in the clinical setting.
- Medium and Hi-fidelity manikins are not to be moved from their designated beds without arrangement with lab staff/faculty and should only be operated by staff/faculty.
- No Betadine or ink is to be used on the manikins. (Students may use ball point pen to label items that may be on or near manikins, such as dressings, patches, and IV labels).
- Only use staff/faculty approved supplies on manikins.

Standard Precautions: Exposure to Bodily Fluid

SPSCC and the nursing department are committed to following standard procedures and providing a safe and healthy environment for faculty, staff and students. All blood and body fluids are potential sources of infection and are treated as if known to be infectious.

To promote safe guarding against exposure, the following will be honored:

- Eating, drinking, applying cosmetics (*including lip balm*) and handling contact lenses are prohibited in the work area where there is a likelihood of occupational exposure.
- All biohazards and/or sharps should be placed in red biohazard bins, bags, and/or sharps containers.
    - Biohazards and/or sharps should never be left in beds, on tables, or in trash.
    - Contaminated sharps will not be bent, recapped or removed.
    - Contaminated sharps must be placed in an appropriate container as soon as possible.
- Red biohazard bins, bags, and sharps containers are provided in all lab spaces.
- Staff will coordinate proper disposal of biohazard bins and waste after each quarter, or as needed.
- Supplies for human use will be clearly marked and kept separately from lab supplies and will be disposed of after each activity.
    - Refer to program's 'Invasive Procedure Consent' in Appendix K. *Consents to be signed will be found in onboarding paperwork in the cohort Canvas shell and must be completed by the end of the first week.)*
- When exposure is possible, personal protective equipment (PPE) should be used. PPE includes:
    - Hand Washing: Should be done upon entering and exiting a room and immediately after removal of gloves and/or PPE, as well as the standard times (before after eating, using restroom etc.)
    - Gloves: To be worn when it can be reasonably anticipated that the individual may have contact with blood, other potentially infectious materials, mucous membranes, or non-intact skin; when touching contaminated items/surfaces and when performing vascular access procedures.
    - Masks/Eye Protection/Face Shields: Should be worn whenever splatter, spray, or

droplets of blood or other potentially infectious materials may happen and eye, nose or mouth contamination can be reasonably anticipated.
    - Gowns: Should be worn when there is potential risk of exposure of chemical, biological and/or physical hazards.
- Laundry with potential exposure to biohazards will be handled with gloves and wrapped in separate bags. The nursing department will follow the protocol for biohazards.

Skills Demonstrations

Our goal is for students to provide safe care. There are specific skills and skill performance standards/criteria to learn before performing safely in the clinical area.

Students will follow the criteria as listed below:

- Read all material assigned.
- Listen to lectures and watch assigned video(s).
- Practice in skills lab as instructed.
- Students must correctly demonstrate a skill to faculty using critical elements before it can be done in the clinical setting.
    - If a student doesn't demonstrate a skill correctly, the student can repeat the skill by appointment with lab faculty.
    - Students cannot perform the skill in the clinical setting until this step is completed.
    - After the student has demonstrated, lab faculty will sign/initial the skill in the student's skill checklist, providing a real time view of skills that can be performed in the clinical setting.

Invasive Procedures

As you learn many new skills during the program, some are invasive to the clients you will be caring for. In order to give you a real-life experience in a more relaxed controlled environment before clinicals, the faculty at SPSCC wish to give you the opportunity to practice select invasive skills on each other.

Participation in these practice skills has advantages:

- practice on a live human subject best mimics practice on a client in clinical environments
- acquisition of empathy for future clients undergoing these procedures
- variety of different types of subjects (i.e., rolling veins, skin colors, hyperkeratosis, etc.)

Participation in these practice skills has inherent risks:

- anxiety
- intentional stressors
- possible exposure to infection carried by body fluids
- personal injury

Your Rights and Responsibilities

You have the right to withhold your consent for participation or withdraw consent after it is given at any time without penalty for your learning. *If consent is withheld or withdrawn, you must participate in an alternative learning experience as determined by the faculty*. Specific skill

outcomes must be satisfactorily achieved, regardless of real subject practice. If you have any questions, please see your lab faculty.

Before practicing on a live human subject in lab you must:

- read the risks and discomforts associated with each invasive procedure.
- sign the Invasive Procedures Consent Form, found here. (*All students must sign to either give or withhold consent. Consents to be signed will be found on your cohort Canvas shell.)*
- return signed/initialed consent form in the drop box within the cohort Canvas shell, to be placed in the student's academic file.
- complete any quizzes, learning activities, and/or practice activities on nonhuman subjects prior to practice with a human subject as directed by faculty.

Finger-Sticks

Finger-sticks may involve receiving numerous finger sticks performed by fellow students during the laboratory course for this program for the purpose of obtaining capillary blood specimens.

Benefits:

- participation in a learning experience after adequate didactic modalities of learning and use of mannequins to refine skill is necessary to become a nurse
- acquisition of empathy for future clients undergoing this procedure

Possible Risks and Discomforts:

- introduction of infection into body tissues
- pain resulting from the procedure itself
- bleeding that could result in ecchymosis

Injections

Injections may involve being the recipient of injections administered by a fellow student; one intradermal, one subcutaneous, and one intramuscular. Each will contain sterile saline and be given under the direct supervision of nursing faculty.

Benefits:

- participation in a learning experience after adequate didactic modalities of learning and use of mannequins to refine skill is necessary to become a nurse
- acquisition of empathy for future clients undergoing this procedure

Possible Risks and Discomforts:

- anxiety
- damage to a nerve, muscle or other soft tissues
- introduction of infection into body tissues
- pain resulting from the procedure itself

Venipunctures

Venipunctures may involve being the recipient of one or more venipunctures (*IV starts*) performed by a fellow student under the direct supervision of the nursing faculty.

Benefits:

- participation in a learning experience after adequate didactic modalities of learning and use of mannequins to refine skill is necessary to become a nurse
- acquisition of empathy for future clients undergoing this procedure

Possible Risks and Discomforts:

- anxiety
- damage to nerve, muscle or other soft tissues
- introduction of infection into body tissues or vessels
- pain resulting from the procedure itself
- bleeding that could result in ecchymosis or a hematoma

Incident Injury

Students are to report any incidents and/or injuries to faculty/staff/dean immediately and follow the SPSCC's incident reporting policy by completing and incident form and filing it with the Dean of Healthcare Professions.

Faculty/staff should review the incident report with the student; discuss the incident and what could have been done differently for the incident not to occur. Faculty/staff then turn the form into the Dean of Healthcare Professions for review and filing.

CLINICAL INFORMATION

Nursing clinicals are provided in agencies located primarily in Thurston, Lewis, Mason and Pierce counties. Students should expect to travel to any of these locations throughout the two-year clinical experience. Other local facilities provide specific clinical experiences such as schools, daycares, clinics, private homes, mental health and chemical dependency units. All student learning activities are planned, supervised, and evaluated by SPSCC nursing faculty and are chosen to provide experience with clients of all age groups in varying degrees of wellness.

Essential Skills

SPSCC encourages all interested and qualified individuals to apply to the nursing program and does not discriminate or deny admission to students with disabilities. Nursing students must meet technical standards/essential skills to progress through the program. Please review the Essential Standards section above and the full document found under 'Special Program Notes' on our website, which identifies the functionals abilities that have been determined to be necessary in the provision of safe, effective, and professional nursing care. These Essential Standards are reflected in the Washington Administrative Code (WAC), the Washington State Board of Nursing (WABON), Nurse Scope of Practice, and the SPSCC Nursing Student Handbook.

Immunizations

Once admitted to the nursing program, proof of immunizations or immunity to certain diseases must be provided. Hepatitis B series must be started prior to beginning the nursing program, with Surface Antibody titer completed on the appropriate timeline. *Information regarding healthcare requirements is provided with offers of admissions and annually from the nursing program.* Immunization requirements may change based upon clinical site requirements. Students are responsible for the expenses incurred and must be kept current throughout the program. Additional requirements for any new clinical sites will be communicated to students as needed.

AGENCY REQUIREMENTS

Clinical Onboarding

The clinical facilities you attend as part of the program establish immunization, health record, and background check requirements. The nursing program partners with Clinical Placements Northwest (CPNW) to track and verify your clinical requirements. Your records must be current and on track at all times *throughout the duration* of your time in the nursing program. CPNW and myClinicalExchange (mCE) are clinical placement platforms designed to support safe clinical and preceptorship opportunities.

Students will collect required documents and upload all documents to CPNW and/or mCE. This allows the clinical coordinator and/or simulation lab manager to review, follow up, and confirm that all passport pieces are up to date in real time. It is recommended to keep a digital copy of all your records available to you as needed. You will be unable to attend clinical until the all items have been uploaded and/or completed.

Notifications of items missing will come from a variety of places, including CPNW, mCE, and the clinical coordinator.

- Please do not delete these without following up, as it may delay your clinical start time, potentially keeping you from progressing in the program.
- We will do all that we can to help you remediate what is missing.

The following are pieces that are also a part of clinical onboarding:

- Malpractice and General Liability Insurance:
  - Clinical agencies require students to carry malpractice insurance. The college purchases this insurance on your behalf from fees collected at the time of registration.
- Criminal History Background Checks:
  - A criminal history clearance is required by state law RCW 43.43.830 to participate in client care at clinical facilities. An initial background check is required upon admission/readmission to the program.
  - Students will be required to order the Yr2 Washington State Patrol (WSP) background check through Complio prior to starting their 2nd year in the program. Students will be prompted by program staff when they should initiate this order.
  - Background checks must be clear in order to continue enrollment in the nursing program.
- Examples of crimes for which an individual will be denied clearance:
  - Crimes against another person such as murder, manslaughter, assault, rape, sexual abuse, child abandonment or neglect.
  - Conviction for a crime against property such as first-degree offenses including burglary, arson, criminal mischief, robbery, or forgery.
  - An extensive list can be found in WAC 388-113-0020.
- Background checks are required by WABON and clinical sites to protect clients and the general public.
  - The background checks, dissemination of self-disclosure information, background check results, and conviction records, whether in or outside the State of Washington as deemed necessary by the nursing program may be provided to the clinical sites at their request.
  - The nursing program will provide every clinical facility verification of background checks performed.
  - In addition, please be aware that clinical sites reserve the right to refuse placement of any student, resulting in that student not being able to pass the course, creating grounds for dismissal from the program.
  - To receive a clinical placement in sites, the student must comply with the requirement, and all findings must be satisfactory according to the guidelines found in the RCW 43.43.830.

Health

- Students are expected to meet the health standards and requirements of the clinical agencies to which they are assigned.

- It is strongly recommended that students obtain health insurance to protect themselves if illness or accident occurs.
    - Clinical agencies have no provisions for free or reduced cost health care for students.
- Students are expected to comply with the immunization and disease screening requirements of the nursing program.
    - A copy of the requirements including due dates will be provided upon admissions and made available in each cohort's Canvas course.
- In the event that the immunization and disease screening requirements change, current and/or re-admitted students must comply with those requirements.
- It is the student's responsibility to make sure all health and immunizations required by the nursing program are up to date by the first day of the quarter in which the immunization expires.
- Directions and guidelines for how to upload records to CPNW and/or mCE will be found on the cohort Canvas page.

Other Agency Requirements

Other agency requirements must be met to attend clinical and include, but are not limited to the following:

- Students must comply with all agency requirements including orientation, Health Insurance Portability and Accountability Act (HIPAA), and other mandated trainings including, but not limited to eLearning annual modules.
- A student may be required to submit to drug screening by a clinical placement agency prior to the first clinical experience in that agency.
    - The nursing program will communicate to students the requirements of each facility.
    - A student who refuses to be tested will not have a clinical placement, which may negatively affect progression in the program.
    - Expenses for testing, including the screening fee, will be the responsibility of the student.
    - If test results are deemed unsatisfactory for placement in a clinical facility, the student will not be allowed to attend clinicals at that site.
    - The nursing program is under no obligation to find alternative clinical placements for a student who is denied access to a clinical site based on a positive drug screening or refusal to test but will make an attempt to do so.
- AHA BLS CPR training and certification is required and will be provided to all students upon admission to the program. (*Other CPR trainings will not substitute for this requirement.)*
    - The certification must show a hands-on demonstration in person was performed with a program instructor.
    - This certification must be current throughout the program.
- Washington state healthcare licensure and/or certifications should be provided even though you're currently enrolled in a nursing program.
- Failure to comply with these requirements will result in students being denied access to

clinical.

Clinical Attendance

Clinical hours are often impossible to make-up and students must not expect make-up time to be available. WAC 246-840-531 states that RN students must have a minimum of 500 clinical hours, including simulation up to 50% per quarter, dependent on clinical placement availability. Clinical hours include all scheduled clinical days, alternative clinical learning activities (*active observation*), and simulation (*please see the simulation information for further details*). When an absence results in the inability of the student to develop and demonstrate clinical outcomes and/or meet the required hours of the course necessary for credit, the student ***will not*** receive a passing grade and be ineligible to progress in the program.

Clinical partnerships through the community represent limited educational opportunities. The expectation is that students respect that partnership through consistent, reliable, and engaged attendance in all clinical environments. Students who arrive unprepared or demonstrate unsafe practice will not be permitted to provide client care and will receive a zero for that clinical day. *(For client and student safety, students are not permitted to work the shift immediately prior to a quarterly clinical rotation. It is also recommended that students do not work a shift immediately after quarterly clinical rotations.)*

- Attendance at all clinical experiences is *required.*
  - All clinical absences **must be made-up** using the method determined by the program before the end of the quarter the absence occurred.
- Students must notify the faculty a **minimum of one hour** prior to the start of clinical if they will be late or absent.
  - Students arriving more than ***20 minutes*** late will not be permitted to attend clinical that day.
    - Faculty may grant exceptions for extenuating circumstances at their discretion.
- Students must remain at the clinical site for the full assigned time unless excused by faculty.
- Faculty will report clinical absences by the end of the day to the clinical coordinator.
  - The clinical coordinator will document absences in the clinical tracking system.
- A second absence, per quarter, will result in a Student Success Plan developed with the clinical faculty member.
- If a student is unable to meet the goals of the Student Success Plan, it may result in a formal professional guideline which is referred to the Professional Conduct Committee and may result in removal from the program.
  - ***Extreme extenuating circumstances*** may be reviewed and/or approved by the faculty member and/or the dean.

Professional Appearance Regulations

A student may receive a failing grade in the course and be dismissed from the program if there is an inability to place the student in a clinical setting due to noncompliance with the

professional appearance policy. Uniform guidelines and strict personal appearance exist for all clinical settings.

- The standard program required clinical uniform can be purchased anywhere and is the responsibility of the student to meet regulations. The clinical uniform includes:
  - Black uniform pants or skirt.
  - A black scrub top with the nursing program's log embroidered on it.
    - Embroidery is discussed at FAQ and Orientation sessions. For questions, students must contact the HCP AA.
  - A black, royal blue, or white undershirt with short or long sleeves is optional.
    - Refrain from wearing hoodies/casual jackets over scrubs in the clinical area.
    - Black scrub jacket may be worn.
    - Scrub caps and/or head coverings may be worn *(colors to align with program; black, royal blue, and white).*
  - Cleanable non-porous material, solid closed-toe, closed-heel, shoes with non-skid soles
  - An SPSCC photo ID name tag worn on the left side of the uniform with Badge Buddy accessory attached
  - A watch with ability to measure seconds and should have a metal and/or plastic band that is easily cleanable
  - A stethoscope with a bell and diaphragm
  - Other recommended equipment:
    - Pen light, bandage scissors, quality black pens and hemostats *(optional)*
- Personal appearance regulations:
  - Cleanliness is mandatory.
    - Discernible body odors and soiled clothing are prohibited.
  - Fingernails must be kept short and clean.
    - No artificial nails or chipped polish will be allowed in lab/clinical settings.
  - Makeup, if worn, should be appropriate for the setting.
  - Hair must be worn in a neat, controlled style and held away from the client environment.
    - Long hair *(below the shoulders)* must be tied back in a way that hair will not be impeding the immediate care environment.
    - Facial hair must be clean and neatly trimmed.
  - No heavy odors such as smoke, lotion, perfumes, body wash, shampoo, aftershave or hairspray are allowed.
  - For yours and client's safety:
    - Dangling, hoop earrings, bracelets and rings with protrusions are prohibited.
    - Openly gauged earrings are allowed but must be secured with gauge plugs.
    - Visible body jewelry *(nose, brow, tongue rings etc.)* must be modest while in the client care environment.
  - Tattoos may need to be covered.
    - If you have questions, reach out to your faculty member.
  - Any skin lesions, especially herpetic lesions such as fever blisters, need to be

reported to the faculty member before clinical.
    - A student may be infectious and may be denied access to a clinical site.

(Specific clinical sites may modify the uniform and/or photo ID requirements, and students must comply with the requirements of the agency where they are rotating.)

Nursing Clinical Assignments

Due to agency space limitations, nursing faculty reserve the right to assign students to clinical agencies. Students may be required to travel to agencies outside of their home community in any given quarter. Other clinical reminders include:

- Travel expenses are the responsibility of the student.
- Students may not bring children to clinical.
- Personal visitors are *not allowed* at any time during clinicals.
- Students do not take verbal or telephone orders from providers.
- All students are expected to perform their clinical activities efficiently and safely without the influence of drugs or alcohol.
- Other general clinical guidelines will be shared each quarter.
- Some clinical experiences may occur outside of regularly scheduled clinical days.

Each clinical rotation has specific learning assignments. Each assignment provided to students creates a learning opportunity to help the student successfully reach a course and/or EPSLO. **All** assignments ***should*** be completed for feedback to meet the course objectives and/or EPSLOs, unless an extenuating circumstance is approved by your clinical faculty. Timely feedback will be provided to students to help create a pathway to success.

Clinical Skills Performances

Our goal is for students to provide safe care. There are specific skills and skill performance standards/criteria to learn before performing safely in the clinical area.

Students will follow the criteria as listed below:

- Read all material assigned.
- Listen to lectures and watch assigned video(s).
- Practice in skills lab as instructed.
- Students must correctly demonstrate a skill to faculty using critical elements before it can be done in the clinical setting.
    - If a student doesn't demonstrate a skill correctly, the student may repeat the skill by appointment with lab faculty.
    - Students cannot perform the skill in the clinical setting until this step is completed.
        - After the student has demonstrated successfully, lab faculty will sign/initial the skill in the student's skill checklist, providing a real time view of skills that can be performed in the clinical setting.
- IV push meds and central line meds *cannot* be given unless faculty member and/or licensed personnel are with the student.
    - In some facilities, IV push meds cannot be given by students.
- *Blood and blood products will not be administered by students, NO EXCEPTIONS.*

- See 'Badge Buddy' list (found on all clinical schedules) for the appropriate skills in each quarter.

Evaluation

- Professional expectations are expected.
- Department approved clinical evaluation tools will be used for each clinical day.
- Clinical/Clinical Simulation courses are graded separately from concurrent didactic and lab courses and are assigned grades of "S" for satisfactory or "U" for unsatisfactory.
    - score of 77% or greater = Satisfactory
    - score of 76.99% or lower = Unsatisfactory
    - see course syllabi for the weighted grade breakdown
    - timely feedback will be provided for all assignments
        - students will be notified of deficiencies as applicable
    - Students ***should submit all assignments*** for feedback to support meeting the course objectives and EPSLOs (see assignment policy).

Confidentiality

Confidentiality is an essential component of nursing practice. SPSCC nursing students follow Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations (see next section for details). Violation of confidentiality will result in disciplinary action or dismissal from the program.

Ethical and Legal Responsibilities of Students

Nursing students are privileged to give personal care to individuals in a variety of situations. They have access to a wide range of information about each client, and this information must be used only for care and educational purposes. Healthcare providers work under HIPAA. This federal law requires that client health information is to be protected and not disclosed without the client's consent and knowledge. More information regarding HIPAA can be found here.

The guidelines below are expected of SPSCC nursing students and faculty and apply in all areas of nursing practice:

- Any mention or use of confidential information in public places or with personal family is a violation of the client's right of privacy.
- Only the client's initials, never the name, are to be used on assessment data sheets, concept maps, care plans, and other homework.
    - Students may not make photocopies of client information, including printing from the Electronic Health Record (EHR), and remove it from the facility as this is a HIPAA violation.
- Taking pictures using your personal camera phone is not allowed in the clinical setting as this is a HIPAA violation.
- Students will report to the instructor any safety incidents or sentinel events (e.g. medication errors, client fall, etc.) immediately upon discovery of the incident and will follow agency policy to report and document the incident.
- Students are expected to perform their clinical activities efficiently and safely without the influence of drugs or alcohol.

Student nurses will be required to keep all information (verbal, written or electronic) of a medical, personal, or business nature concerning clients, faculty, other students, medical staff and employees of clinical facilities in strict confidence. Under no circumstances will such information be shared with any unauthorized persons, either inside or outside the college or clinical facilities. Students are required to sign confidentiality agreements with the nursing department and all clinical agencies where they are placed.

***Procedure**:*

- Student must read and sign confidentiality agreement annually.
- Violation of this agreement may result in disciplinary action, up to and including suspension and/or removal from the program.
- Violations of a HIPAA may result in civil and/or criminal prosecution by the clinical facility and/or state/federal regulatory bodies.
    - More information about HIPAA can be found here.

Patient privacy and confidentiality is protected under HIPAA. Advances in technology, including computerized medical databases, the internet, artificial intelligence (AI) and telehealth, have facilitated the potential for unintentional breaches of private/confidential health information. Protection of privacy/confidentiality is essential to the trusting relationship between health care providers and patients. Quality patient care requires the communication of relevant information between health professionals and/or health systems. Nurses and other health professionals who regularly work with patients and their confidential medical records should contribute to the development of standards, policies, and laws that protect patient privacy and the confidentiality of health records/information. (ANA website 2024)

The concept of the right of individuals to privacy is taught throughout the nursing curriculum. Privacy rights are protected by maintaining confidentiality on a routine basis, the faculty addresses the legal, moral and professional consequences of breaches of confidentiality. The profession of nursing respects the autonomy of every individual and demands the maintenance of confidentiality at all times.

Healthcare professionals (*including nursing students*) should not discuss or post any type of information about faculty, peers, clients, client's family members or any clinical facility and health care team members, at any time, on any electronic venue or social network. This could lead to a HIPAA violation.

Social and Electronic Media

Definition of social media as used in this policy: "social networking" or "social media use" means communicating with others over the Internet. Internet posting is any information transmitted electronically, such as text, files, pictures, video, audio, artwork, etc. This includes, but not limited to Facebook, Instagram, TikTok, Marco Polo, Twitter, LinkedIn, SnapChat, YouTube, and/or blogs and can also include media sites that are offered by television networks, newspapers and magazines. Transmission may be between individuals or businesses, or to websites, by browser, cell phone, email or any other electronic device or tool.

Social and electronic media have tremendous potential for strengthening personal relationships and providing valuable information to health care consumers, as well as affording students enrolled in the nursing program at SPSCC a valuable opportunity to interface with colleagues from around the world. Students need to be aware of the potential consequences of disclosing patient-related information via social media, and mindful of affiliated agency policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, students enjoy the personal and professional benefits of social and electronic media without violating patient privacy and confidentiality. (NCSBN, 2024.)

Facility resources including, but not limited to computers, print/copy machines and food are *ONLY* for activities directly related to client care. These resource areas are not to be used for students' personal needs.

Computers at the clinical facility cannot be used to access personal web pages, social networking sites, or online communication networks such as those mentioned above or other sites used for social/personal communication.

If electronic devices are allowed in the clinical area, remember that electronic mobile devices, just as other medical equipment, may act as a reservoir for microorganisms and contribute to cross contamination. Employ infection control protocol as needed.

Appropriate, responsible, and accountable behaviors concerning the use of social media and electronic devices during class and clinical is expected. Misuse of electronic devices may result in course sanctions and/or program failure. Ultimately, you have sole responsibility for what you post. Be smart! Protect your and others' privacy, yourself, SPSCC, and all forms of confidential information.

***Procedure**:*

Excerpted from NCSBN website regarding Professional Boundaries:

- Students are strictly prohibited from transmitting by way of an electronic media any patient-related image.
- Students must not share, post or otherwise disseminate any information or images about a client or information gained in the nurse/client relationship with anyone unless there is a client-care related need to disclose.
- Students must not identify clients by name, or post or publish any information that may lead to the identification of a client.
- Students must not make disparaging remarks about clients, fellow students, faculty or staff at affiliated agencies, even if the identity is concealed.
- Students are not to participate in acts of cyber-bullying. Cyber-bullying is when someone purposely embarrasses, harasses or torments another person using digital media.
- Students must not take photos or videos of clients or their health information record on any electronic or personal devices, including cell phones.
- Students will not interact with clients using social media.

- Students must maintain professional boundaries in use of electronic media. Online contact with clients or former clients blurs the distinction between a professional and personal relationship.
- Students must promptly report any identified breach of confidentiality or privacy to the faculty.
- Students must be aware of and comply with the affiliated agency policies regarding use of agency owned computers, cameras and other electronic devices, and use of personal devices in the clinical setting.
- Students must not post content or otherwise speak ***on the behalf*** of SPSCC nursing program.
- Students will not use the SPSCC logo or images on any personal online site.
- Students will not use the SPSCC nursing program name to promote or endorse any product, cause or political party or candidate.
- Students will not misrepresent SPSCC nursing program in language, image or behavior.

Additional Excerpts from NCSBN:

- Merely removing someone's name (or face, in the instance of images) from a communication does not necessarily protect that person's identity.
- It is a mistaken belief that content deleted from a site is no longer accessible.
    - The moment something is posted it lives on a server that can always be discoverable in a court of law.

Potential Consequences*:*
Any violation of this policy will constitute a professional guideline violation, which may result in *suspension or removal* from the nursing program.

Just Culture

In 2010, the American Nurses Association (ANA) came out with the following 'Just Culture' position statement: "Then ANA supports the Just Culture concept and its use in healthcare to improve patient safety. The ANA supports the collaboration of state boards of nursing, professional nursing associations, hospital associations, patient safety centers, and individual healthcare organizations in developing regional and state-wide Just Culture initiatives.

The principle behind 'Just Culture' environment is that discipline needs to be tied to the behavior of individuals and the potential risks their behavior presents, more than the actual outcome of their actions. Hospitals and/or schools utilize a Just Culture approach if/when a clinical practice event occurs, so that it is reviewed and analyzed from a holistic view. This is in effort to ascertain any mitigating or aggravating factors that contributed to the event and then determine the improvement plan and/or disciplinary action.

A 'Just Culture' Method/Process (Appendix L) should:

- Foster a learning environment that encourages reporting of all mistakes, errors, adverse events, and system weaknesses, including self-reports;
- Place focus on evaluating the behavior, not the outcome;

- Require leadership, commitment, and modeling;
- Distinguish between normal error, unintentional risk-taking behavior, and intentional risk-taking behaviors; as well as reckless behaviors;
- Lend itself to continuous improvement of work processes and systems to ensure that the highest level of client and staff safety occurs;
- Encourage the use of non-disciplinary actions whenever appropriate (includes coaching, counseling, training, and education);
- Hold individuals accountable for their own performance in accordance with their responsibilities, but does not expect individuals to assume accountability for system flaws over which they had no control;
- Encourages discussion and reporting of errors and near misses without fear of retribution. It instead focuses on the behavioral choices of the individual, not merely on the fact that an error occurred or that a bad outcome resulted from an error.

Individuals, including nursing students, will inevitably make mistakes and most errors take place within complex systems. When errors occur, the immediate solution often is to blame an individual for the error, however, blaming individuals creates a culture of fear, discouraging open reporting and discussion of errors, doing little to prevent future errors or improving the safety of the health care system.

Nursing programs embracing 'Just Culture', utilizing the Root Cause Analysis Survey and the Student Practice Event Evaluation Tool (SPEET), that was developed by the NCBON* for evaluating practice events and determining if the actions of the individual student warrant action (consoling, coaching, counseling, remediation, or disciplinary action). The tool will be used with consistency and fairness, while providing the opportunity to learn from mistakes and enhance client safety. WAC 246-840-513 requires that any even resulting in patient harm, unreasonable risk of patient harm, or diversion of legend drugs or controlled substances be reported to the Washington State Nursing Board of Nursing (WABON) within two business days.
**Permission to use the tool was obtained by the Washington State Nursing Board of Nursing (WABON), Spring 2015 (CNEWS).*

Incident Reporting and Tracking

In accordance with WAC 246-840-519 nursing programs are required to have written policies/procedures on incident reports and tracing of reports that are specific to nursing students. These are as follows:

Clinical Accidents and Errors

WAC 246-840-513 requires that any event resulting in client harm, unreasonable risk of client harm, or diversion of legend drugs or controlled substances be reported to the WABON within two business days AND that all events are logged and tracked by the program. The following guidelines should be utilized when an event occurs.

- The student should immediately report the event to their clinical faculty member, as well as the nurse in charge of the client, if they are not already aware.
  - This is the student's legal and ethical responsibility.
- The clinical faculty member will immediately meet with the student at the facility to briefly discuss what occurred and to determine what, if any immediate action need to be taken (*such as notifying the charge nurse or completing and incident report*).
- The clinical faculty will notify the clinical coordinator.
- The student and clinical faculty member will set up an appointment to meet for an in-depth discussion of what occurred (*this should be scheduled within a 24-hour window*).
- The clinical faculty member will complete the Student Practice Event Evaluation Tool (SPEET).
- The student and clinical faculty member will together complete a Root Cause Analysis Survey (supplied by faculty) as well as review the Student Practice Event Evaluation Tool (SPEET).
  - These forms will be utilized as a tool to determine the root cause of the even and to determine the appropriate student corrective action.
- When finalized, the clinical faculty member will give a copy of both forms to the student, the clinical coordinator, and the dean.
  - A copy will be placed in the student's academic file.
- As described in WAC 246-840-513, if the event resulted in client harm, unreasonable risk of client harm, or diversion of legend drugs or controlled substances, the dean will report the even to the WABON using the appropriate reporting forms.
- If the student has an active license, the WABON may take action against the active license.

The nursing program will track all events each quarter on a spreadsheet that captures all the information required by law and will be reviewed each quarter by the Nursing Team.

Student Accidents

If a student is involved in any type of accident (*including needle sticks/injuries*) while on campus and/or during a clinical course the following should occur:

- The student should report the accident to the appropriate faculty member, if unwitnessed.

- That faculty member who witnesses and/or responds to the incident should complete the Accident/Incident Report with the student, capturing descriptive information of what occurred and what actions were taken.
    - In case of needle stick, students must adhere to the clinical site exposure plan and/or recommendations of the faculty member (*if occurs on campus*), which stipulates treatment required.
    - The student is responsible for all costs.
- The form is given to the dean who reviews and takes any actions required to prevent future accidents or address additional issues to the event.

Students may report any behavior of students/staff/faculty on campus that they consider dangerous, inappropriate, threatening, or disruptive. This is done by accessing myspscc, and clicking on the 'Campus Conduct Reporting' under the Support section, or by following this link. When negative patterns of behavior are identified early and the necessary steps are taken, deadly consequences can possibly be prevented.

Automated Drug Distribution Devices (ADDD)

Most healthcare facilities utilize drug dispensing devices, such as a Pyxis. Per WAC 246-945-450 nursing students may be given access but must have adequate training. Facilities and organizations, including educational institutions, must assure safe medication administration by students utilizing the ADDDs.

- All students will receive orientation to the use of ADDDs, in the lab setting, as part of their medication administration training and validation.
- All students will receive orientation to the use of ADDDs, in the clinical setting as part of their clinical orientation.
    - The clinical faculty member is responsible for ensuring that the orientation has been completed, prior to access by the student.
- Students will be given personal access codes to the ADDDs or must work with their faculty, preceptor, and/or staff RN, to access these devices according to the agency policy.

Any errors related to the use of ADDDs will be reported using the 'Just Culture' rubric and program report forms, which will be provided by the faculty member.

Safe Medication Administration by Nursing Students

The proper dispensing and administration of medication performed by nursing students is vital to the delivery of safe and effective client care. The details of these processes are outlined in in Appendix M, but this is a quick review:

- Students will receive orientation and practice experience related to the use of Automated Drug Dispensing Devices (ADDD).
- Students will follow the policy and procedures of the healthcare facility regarding the use of ADDDs and will always be under the supervision of a licensed nurse when accessing and administering medications.
- Each dose of medication will be administered per the "Six Rights" of Medication Administration (Right Patient, Drug, Dose, Time, Route, and Documentation) and after an assessment of client allergies.

- Students may administer controlled substance medication but must follow the restrictions outlined in the Safe Medication Administration by Nursing Students process.
- Blood products requiring a witness for infusion/administration ***cannot*** be done by nursing students, however, students can collect the blood products from the blood bank, prime the tubing with saline, and participate in blood administration monitoring policies (i.e. taking vital signs).
- The functions not permitted to be performed by nursing students under any circumstances is outlined in the process and must be understood and adhered to.
    - Administration of all insulin formulations, including both SQ and IV insulin doses and all insulin IV infusion, is calculated and drawn up with direct RN supervision.
    - The administration of high-risk medications (any medications that require additional training), in emergency or critical care units, is ***NOT*** allowed in quarter 1 through 5 by the nursing student.
        - The precepting student (quarter 6) is allowed to administer high-risk medications ***ONLY*** if the supervising nurse or clinical faculty member obtains the high-risk medication for the nursing student and the nursing student administers the medication only under the direct supervision of the supervising nurse/clinical faculty member.
- All medication errors and medication diversions will be reported using the 'Just Culture' rubric and program report forms, which will be provided by the faculty member.
    - The forms will be submitted to the dean for tracking and a copy of the completed forms will also be placed in the student's academic file.

Preceptorship

The preceptorship experience occurs during the last quarter of the program. The student will work the schedule that their assigned preceptor works which could be 8, 10, or even 12-hour shifts, equating to a 32+ hour work week. The student follows this schedule until reaching a minimum of 198 hours, per the credit load (6 credits). Students should plan to stay for all shifts in their entirety (no half shifts are permitted). A separate preceptorship guide will be provided to students at the beginning of quarter six.

It is impossible for the student to work full-time and carry out their school assignment during their preceptor experience, while remaining safe!

- Students ***must*** plan ahead to cover their personal obligations during 6th quarter.
- Students will not be allowed to have a schedule that requires overlapping shifts from student assignment to work assignment.
    - *For client and student safety, students are not permitted to work the shift immediately prior, or after, a scheduled preceptorship shift.*

The preceptorship experience is intended to assist the student preparing to graduate in rounding out their education. Upon completion of the experience, the student is expected to have met all the EPSLO.

- Preceptorship assignments are made by the clinical coordinator with feedback from the student, student's preceptor and faculty member.

  - Final assessment of passing preceptorship is made by the faculty member.
- Students should not seek, solicit, explore, or network for a clinical and/or preceptorship experience.
  - Any student who engages in this activity is at risk of failing the quarter and potentially being dismissed from the program.
- Students should complete 198 hours in total. Any absences, concerns, or extenuating circumstances ***must be*** addressed with the preceptorship faculty member.

Suspected Substance Abuse in the Student Nurse

The purpose of this policy is to protect the welfare of clients, students, instructors, SPSCC, and its affiliates. WABON has the authority to grant or deny licensure based on conditions established in the Disciplinary Code. RCW 18.130.180 has defined chemical dependency as unprofessional conduct. At SPSCC all nursing students are expected to perform their clinical activities efficiently and safely without the influence of drugs or alcohol.

Students must notify the course faculty member if they are taking any medication which may impact the student's ability to provide safe, competent care (*essential functional abilities*).

- This includes any medications that may cause sedation, slowed reflexes, or other alterations in physical and mental abilities.

Students are required by WABON's Washington Health Professional Services (WHPS) to self-report to the educational program allowing for assistance from WHPS.

Procedure:

If the student is reasonably suspected of being under the influence of drugs or alcohol while at a clinical site:

- The dean will be notified by the faculty member and the student will submit immediately to drug/alcohol testing at the site designated by the program.
- The expense of the testing will be the responsibility of the student.
- The student will be sent home for the remainder of that day.
- Students are legally responsible for their own acts therefore;
  - Any student demonstrating unsafe behavior will not be allowed to continue in clinical practice if there is a positive test result as per the rules of SPSCCs clinical affiliates.
  - If the test results are negative, the student may return to clinical practice (*on their next scheduled rotation*), subject to affiliate approval, if behavior is safe and appropriate.
  - If the student refuses Substance Abuse Assessment, they will be dismissed from the clinical course on the grounds of implied admission to substance use/misuse and therefore will be unable to progress in the program.
- Faculty will document characteristics utilizing the Professional Guidelines form. Impaired characteristics typical of chemical dependency include:
  - Behavioral characteristics - absenteeism; tardiness; frequently leaves clinical/practicum unit; behavioral changes: e.g., mood swings and irritability;

excuses or apologies for failure to meet deadlines, isolation/withdrawal from the group; decreased classroom and clinical/practicum productivity; fluctuating clinical/practicum or academic performance; pervasive alcohol odor; inappropriate physical appearance, missed assignments, confusion.

- Physiologic characteristics - flushed face; red eyes; abnormal pupillary constriction or dilation; unsteady gait; slurred speech; blackouts; declining health, odor of alcohol on breath, bloodshot eyes, fine motor tremors.
- Other characteristics – Clinical/practicum accidents, drug test tampering, information falsifying, suspected theft of drugs.

The following actions/conditions are prohibited:

- Unsafe or potentially unsafe clinical performance/behavior not meeting program standards due to use of drugs and/or alcohol.
- Reporting for a clinical session with the odor of alcohol or illegal chemicals on the breath.
- Possessing any illegal narcotic, hallucinogen, stimulant, sedative or similar drug while on clinical time.
- Using any intoxicating liquor or illegal substances while on clinical time, on the premises or away from the premises when required to return to the clinical facility.
- Removing any drug from the clinical facility or client supply for any reason other than administration to the client.
- Falsifying specimen collection for required drug screen in clinical.

Any student dismissed from the program for substance use/misuse may petition for readmission with evidence of having successfully completed an approved treatment program (i.e. WHPS). The standard readmission policies and procedures will apply.

CLINICAL SIMULATION INFORMATION

Introduction

The South Puget Sound Community College (SPSCC) Nursing Simulation Program provides growth through consistent, quality experiential learning events in alignment with the overall curricular conceptual framework. The simulation program and lab spaces are an integral part of the innovative nursing program at SPSCC, replicating clinical environments and providing students the ability to learn and practice safely without causing harm to clients. Students work with a variety of task trainers, simulation manikins, and current clinical equipment. Each quarter is unique and builds on previous experience.

Clinical Simulation, or CSim, replicates essential aspects of a clinical situation in such a way that students have firsthand experience understanding and managing the clinical setting. Students are exposed to simulated life-like situations in a safe learning environment that is conducive to developing clinical judgement and reasoning skills, as well as enhancing critical thinking. All simulation events include a prebrief, a scenario, and debrief. Any one simulation day may include one or more scenarios. SPSCC Clinical Simulation Program functions in alignment with WABON guidelines for simulated learning experiences and requirements of other accrediting bodies.

Mission Statement

South Puget Sound Community College's Clinical Simulation Program provides a safe space for students to grow knowledge, skills, and attitudes utilizing clinical reasoning, technology, and evidence-based practice, while preparing to engage in the nursing profession, thrive in the workforce, and advance their professional knowledge and practice.

Vision Statement

South Puget Sound Community College's Clinical Simulation Program graduates are inclusive nurse leaders, innovators, and creative community partners who respond to healthcare advances and challenges in the nursing profession.

What is Clinical Simulation?

WABON provides guidelines for nursing schools and programs to use simulated learning experiences for clinical hours. For the sake of clarity, SPSCC nursing program will refer to this as 'Clinical Simulation' or 'CSim'.

CSim is an attempt to use suspension of disbelief to replicate essential aspects of a clinical situation in such a way that students have firsthand experience of understanding and managing the clinical setting.

Students will be exposed to simulated life-like experiences in a safe learning environment that is conducive to developing clinical judgement and reasoning skills, as well as enhancing critical thinking. All simulation events include a prebrief, a scenario, and debrief. Any one simulation day may include one or more scenarios that will each be preceded by a prebriefing and

followed by a debriefing. The SPSCC nursing program knows that the debriefing process is as important, if not more so, than the scenario itself, because it is when the in-depth learning opportunities may occur.

Healthcare Simulation Standards of Best Practice

SPSCC Nursing CSim Program follows the recommendations and guidelines outlined by the International Nursing Association for Clinical and Simulation Learning (INACSL) in the current (HSSOBP®).
The standards are:

- Professional Development
- Prebriefing
- Simulation Design
- Facilitation
- The Debriefing Process
- Operations
- Outcomes & Objectives
- Professional Integrity
- Simulation-Enhanced-IPE
- Evaluation of Learning and Performance

We also utilize Healthcare Simulation Dictionary, 2nd Edition (3.0). Guiding our learner centered activities and curricular design is the Healthcare Simulationist Code of Ethics. The Society for Simulation in Healthcare (SSH) is our foundation for professional and program development: www.ssih.org.

Location

The SPSCC Simulation Program occupies the 3rd floor of the Dr. Angela Bowen Center for Health Education (ABC) building. With two skills labs and a clinical simulation suite, the program has over 3,300 square feet dedicated to experiential learning. KbPort Simplicity Simulation Learning Management System (LMS) is installed in all the rooms for Audio-Visual streaming and recording, with each CSim being recorded

Hours & Scheduling

Simulations will be scheduled as part of the student's quarterly clinical schedule with a full schedule posted outside the entrance to the suite.

Student Expectations

The SPSCC Sim team includes simulation faculty, staff, and a simulation committee and will include a simulation lab manager and a lead simulation educator. Students are included in that team by participating and providing SMART feedback after each session. Student expectations include:

- Watch the general pre-brief video each quarter, prior to attending the first CSim and as needed.
- Come prepared as determined by the pre-assignments identified to supporting learning.

- Arrive on time.
- Adhere to the student dress code.
- Be fully engaged in the prebrief, simulation and debrief sessions.
- Be willing to suspend disbelief, by treating the simulation as if it were a real-life encounter.
- Maintain confidentiality regarding all aspects of the session.
- Be civil to all participants.
- Participate in refining student experience by sharing feedback.

Simulation Attendance

Simulation time counts as clinical time per WAC 246-840-534 and WAC 246-840-531 therefore, attendance to CSim is vital.

- Attendance at all CSim sessions is ***required***.
- Students must email simulation@spscc.edu a minimum of **one (1) hour prior** to the start of CSim if they are going to be late or are unable to attend.
    - Faculty may grant an exception for extenuating circumstances.
- Students must remain present for the duration of the assigned CSim times unless excused by the staff/faculty/facilitator.
- Students who are more than ***twenty (20) minutes*** tardy ***will not*** be cleared for entry to the CSim session.
- With the first tardy for CSim of any duration, students will receive a warning.
    - Each subsequent occurrence of tardiness, of any duration, will be counted as an absence.
    - **Extreme extenuating circumstances** may be reviewed by the faculty member/facilitator and the Dean of Healthcare Professions as applicable.

Students Physical and Psychological Safety

CSim, like the clinical setting, can sometimes pose physical and/or psychological risks to the student. To help minimize those risks, the CSim facilitator will provide prebriefing to set the stage for the simulation. The pre-brief session reviews the objectives as well as the guidelines, which include confidentiality, mutual support and respectful, professional communication.

If a student is having an overwhelming distressing response to the CSim, the student may call for a 'Code Lavender'. The responsibility of the facilitator is to determine the appropriate course of action, including immediately stopping the simulation and assessing the situation. The students' emotional response to the simulation will be discussed privately with the session facilitator and next steps will be addressed.

If the student's physical safety is compromised the faculty will stop the simulation. The student(s) will be assessed and if warranted given first aid and/or the emergency medical system activated.

Simulation Participant Guidelines

Student simulation participation is expected by all students.

Students will:

- Always abide by professional expectations.
- Allow for challenge and growth.
- Assume "The Basic Assumption©" (Center for Medical Simulation, 2020). Retrieved from https://harvardmedsim.org/resources/the-basic-assumption/: We believe that everyone participating in activities at SPSCC is intelligent, capable, cares about doing their best, and wants to improve.
- Practice within the 'Clinical Simulation Participation Agreement' (each student should print, sign and date and turn in at first CSim of each academic year, found here.) This includes:
    - Brave Space: This learning space is one rooted in communal experience of nursing and authentic inclusion of thought (Keondra Rustan PhD, RN, CHSE, CNE)
        - Welcome multiple viewpoints – dialogue, not debate
        - Recognize your own privileges
        - Be comfortable with being uncomfortable
        - Share the floor
        - Confidentiality – share the message not the messenger
        - You are not the representative for your community
        - Emotions are ok
        - Hold each other accountable and challenge beliefs without shaming
        - Be present
    - Confidentiality: Understanding that CSim s should follow HIPAA guidelines as you would in clinical settings.
    - Learning Community: We are creating a learning community in simulation. What happens here stays here. Nursing is a team effort and best experienced when working closely with peers without judgment, criticism or negativity.
    - Audiovisual recording understanding: Recordings may be made during CSims.
- **Remain Safe**:
    - SPSCC simulation labs follow safety and security guidelines as discussed in this handbook.
    - All medications and fluids are for demonstration purposes only.
        - Do not remove anything from the simulation suite.
    - Do not lift and move manikins. Call for assistance if you need to roll or sit up a manikin.
    - Needles are real. Use standard precautions and sharps disposal.
- **Silence Cell Phones**:
    - Silence phones. No texting. Treat this as if you are walking into work.
- Give constructive, SMART, feedback in a supportive way.
- Listen attentively.

Practice Medications and Supplies

- All medications, topicals, IV fluids are for practice use only and **ARE NOT INTENDED FOR HUMAN USE.**
- All supplies in the simulation lab, including needles, syringes, kits and dressings are for practice use only and **ARE NOT INTENDED FOR HUMAN USE.**

Biohazards

SPSCC and the nursing department are committed to following standard procedures and providing a safe and healthy environment for students, staff, and faculty. To promote safeguarding against exposure, the following will be honored in the simulation suite:

- Eating, drinking, applying cosmetics (including lip balm) and handling contact lenses are prohibited in the work area where there is a likelihood of occupational exposure.
- Red biohazard bins, bags, and sharps containers are provided in all spaces.
- All biohazards and/or sharps should be placed in red biohazard bins, bags, and/or sharps containers.
    - Biohazards and/or sharps should never be left in beds, on tables, or in trash.
    - Contaminated sharps will not be bent, recapped or removed.
    - Contaminated sharps must be placed in an appropriate container as soon as possible.

Disposal

- Any potential infectious wastes are collected, contained, stored and disposed of according to the Occupational Safety and Health Administration (OSHA) guidelines.
- Lab staff will coordinate proper disposal of biohazard bins and waste after each quarter, or as needed.

Simulation Suite Guidelines

The following guidelines have been established to ensure that all users of the nursing CSim spaces will be able to enter and engage in teaching and learning without delay. The space is designed to represent realistic clinical environments and therefore all areas should be left ready to use by the next group of learners. Because our simulation spaces are an extension of the clinical and academic programs, the same requirements for maintaining professional expectations in clinical, lab, and/or didactic settings apply (*see Skills Lab Section).*

General

- No food, beverages or gum allowed in, or around the spaces. Beverages with a secure lid are acceptable in the briefing space.
- Cell phones and personal devices must be silenced during CSim.
- No texting and/or usage of personal devices will be allowed unless students are directed to do so by facilitator/faculty member.
- All personal items (*coats, jackets, school bags, purses, etc*.) should be stored in the briefing space.
- Children are not allowed in the simulation suite or briefing space for safety reasons, unless part of a faculty supervised, planned curricular activity.

Dress Code

- Adherence to the SPSCC Nursing dress code for clinical settings, including SPSCC nametags, is expected at all times while participating in CSim.

Technology

- Use of computers and electronic devices within the simulation suite and briefing space are for course work only and not for personal use.

Supplies/Equipment

Any unsafe, damaged or malfunctioning equipment should ***not be used*** and should be reported to nursing faculty and/or staff ASAP. Misuse of any equipment by any student may result in dismissal of that student from CSim.

- Beds
  - Beds are to be utilized for CSim activity evaluation purposes only.
- Manikins
  - Use gloves as you would with a client in the clinical setting.
  - Manikins are not to be moved from their designated beds.
  - No Betadine or ink is to be used on the manikins and/or ECHO masks.
    - *Students may use ballpoint pen to label items that may be on or near manikins, such as dressings, patches, and IV labels.* Please write on the label before applying to manikin skin.
  - Only use SPSCC Nursing approved supplies on manikins.
- Supplies
  - Supplies, medications and equipment in the CSim space are for educational purposes only. They are ***never to be used on humans***.
  - Many supplies are reusable and should be restocked after use at the discretion of the CSim lab manager.
  - 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/equipment must not be taken out of CSim areas unless requested by CSim facilitators.
  - ***Personal supplies and equipment such as stethoscope, penlight, and watch with a second-hand, are the responsibility of the student and should be brought to each scheduled CSim.***
  - All users are responsible for ensuring that the simulation suite is left clean and in good condition for the next group.

Simulation Resources

SPSCC nursing simulation program has a robust amount of resources to facilitate realism to contextualize learning. Resources are introduced to students in skills lab or during the CSim tour prior to the session.

CSim Roles & Key Terms

SPSCC supports the use of simulation education and utilizes faculty in several roles within the simulation program.

Clinical Simulation (CSim): A simulated learning experience that provides students the opportunity to apply the nursing process in the assessment and care of one or more simulated clients, their families, their significant others and/or community members. The experience occurs in a simulated learning environment and includes the use of low, medium or high-fidelity patient simulator(s) and/or standardized patients. The experience may occur in a wide array of contexts and may involve multiple students as participants or observers. The experience must include the key components specified in this handbook and may include pre and/or post simulation assignments. The CSim should be as realistic as is reasonably possible and provide opportunities for students to critically think, reflect and improve on clinical reasoning and clinical judgement. Per WAC 246-840-534, these hours are included in the students overall clinical hour total.

Code Lavender: A Code Lavender intervention is designed to help with the effects of any overwhelming situation during a CSim experience. It is meant to provide emotional support and it is a safe place to share and process feelings. It may be requested by any student, staff, or faculty and is managed by the facilitator.

Debriefing: A reflective learning session, occurring shortly after an actual simulation that assists students to process the emotions, actions, and outcomes of a CSim. It involves a trained faculty facilitator, trained faculty observer, the student participants, and the student observers. Debriefing adheres to the evidence-based PEARLS tool (Appendix N) and the CSim Participant Evaluation Form (Appendix O). Debriefing also includes student reflection, student feedback, and faculty feedback. The students' exploration and questioning are encouraged to promote active assimilation, accommodation, and transfer of learning to other contexts.

Embedded Participant (EP): A person who portrays a family member or health care provider in order to meet the objectives of the simulation.

Faculty Facilitator (FF): A nurse educator with simulation training who provides direction and support during a CSim. The FF will lead the pre-brief and debrief in the briefing room, provides a pre-brief tour of the simulation suite for the students, and coordinates the scenario in the control room alongside the Simulation Operationalist. The FF also evaluates the student pre-assignments and participation in the scenario and enters their grades into Canvas per published rubrics. The FF assigns student roles for the scenario and later documents roles assigned on the Student Role Worksheet.

After the completion of the scenario, the FF evaluates the effectiveness of the scenario fidelity and processes. This is done in collaboration with the faculty observer and the simulation operationalist/simulation technician and is entered into the Simulation Assessment Tool (SAT) on the share drive. Observations are documented within 2 weeks so the LSE can do next steps. The FF abides by the guidelines provided in this handbook and the Healthcare Simulation Standards of Best Practice®.

Faculty Observer (FO): A nurse educator with simulation training who provides support and guidance to student observers during the simulation experience.

Assists the FF in managing the learning environment of the simulation scenario to which they are assigned. The FO attends the pre-briefing and debriefing led by the FF. During the scenario, the FO remains in the briefing room with the students and ensures that the audiovisual feeds are functioning appropriately, explores observations, and answers questions voiced by the students, while maintaining an environment of student-led learning.

The FO also monitors student individual and group responses to the scenario and notifies the FF of any psychological safety issues. The FO completes a CSim Participant Evaluation Form for each student performing a role within the scenario, summarizes observations verbally, then gives the written form to the students during the debriefing. After the debriefing and exit of the students, the FO provides input to the FF regarding the effectiveness of the scenario and any issues identified. The FO abides by the guidelines provided in this handbook and the Healthcare Simulation Standards of Best Practice®.

Lead Simulation Educator (LSE): The lead simulation educator is responsible for the curricular scenario validity, CSim scheduling, faculty training and guidance during CSim experiences, and facilitating and/or evaluating CSim experiences. Additionally, the LSE collaborates with the simulation committee, simulation operationalists, nursing faculty, and Dean of Healthcare Professions to maintain various aspects of the simulation program. The LSE may participate in simulations as either facilitator or faculty observer. The LSE will obtain and/or maintain a Certified Healthcare Simulation Educator (CHSE)® certification. See the Lead Simulation Educator job description.

Pre-assignment: Focused assigned reading, review, and/or implementation activity framing the upcoming learning experience. This is required to be completed prior to attending CSim. Basic Assumption©: "We believe that everyone participating in activities at SPSCC is intelligent, capable, cares about doing their best, and wants to improve©".

Prebriefing: An information session, occurring just prior to an actual simulation that provides students with instructions or preparatory guidance. It sets the stage for the students, helping promote a "suspension of disbelief", communicates the expectations, and helps establish a safe learning environment. Suggested activities include those items found in this handbook.

Skills lab: At SPSCC, skills lab courses may utilize simulation components to enhance learning opportunities. These do not count towards clinical hours.

Simulation Lab Manager: The simulation lab manager oversees the simulation labs and development of simulations in conjunction with the Dean of Nursing, Simulation Faculty member, Simulation Technician, and appropriate instructional faculty members. Will actively engage in simulation activities and ensure that the schedules, resources, supplies and evaluations are accomplished. The simulation lab manager will obtain and/or maintain a Certified Healthcare Simulation Operations Specialist (CHSOS)® certification. See the simulation lab manager job description.

Simulation Operations Specialist (SO)/Simulationist: A member of the simulation team with the training and experience to run the technical operations during CSim. This includes the AV equipment (KbPort) and manikin programming within vender- specific software (Laerdal, Gaumard). This lead simulation member is responsible for the operational logistics, including equipment, physical spaces, and technical facilitation. SOs must be familiar with each scenario's script, objectives, trajectory and expected student actions, and is responsible for cueing and voicing the patient, and responding appropriately to student nurses' questions and actions. The SO provides training to simulation technicians and/or staff/faculty as needed. The SO will obtain and/or maintain a CHSOS® certification.

Simulationist: A simulationist provides direction, support, and structure during some or all stages of a CSim. These stages include prebriefing, the simulation, and debriefing. The simulationist will abide by the guidelines provided in this handbook and the Healthcare Simulation Standards of Best Practice®.

Simulated Participant (SP): An individual who is trained to portray a real patient (including the history, body language, physical findings, and the emotional and personality characteristics) in order to simulate a set of symptoms or problems used for health care education, evaluation, and research.

Simulation Technician (ST): Team member with technical training who assists with simulation and scenario operation. After the ST is trained, they may be responsible for the operational logistics, including equipment, physical spaces, and technical facilitation.

Student Roles: Student focus is on preparation, participation and evaluation of the CSim experience while learning to utilize closed loop communication, also referred to TeamSTEPPS, and ISBARR (Appendix P). The student will be assigned specific roles that are identified by the faculty and/or the student team and may include:

- Student Registered Nurse: Practice AAPIE within the scenario. May be the primary and/or secondary nurse. Review client chart, medications, labs and treatments. Administer medications (utilizing the client rights of medication administration) and document. Educate client and/or family/community members as related to care (disease process, medications, lifestyle changes etc.). Evaluate actions taken within the scenario for wanted effects. Report abnormalities and seek guidance from nurse team lead/charge nurse as applicable.
- Student Nurse Team Lead/Charge Nurse: Obtain prescriptions from health care provider. Review client chart and prescriptions. Communicate with family/community members. Assist members of the team as needed. Provide guidance to team. Double check medication and/or dosage calculation, vital signs, lab results etc. Consult with team members and assist with data collection as needed. Practice AAPIE within the scenario.
- Student Other Healthcare Provider: This may include nursing assistant certified (NAC), nurse tech (NT), licensed practical nurse (LPN), respiratory therapist (RT), and other specialists as needed in the simulation experience.

- Student Embedded Participant: A simulated person, such as a family or community member, that has a prescribed role/script in the CSim to deliver cues, actions, or disruptions. May provide client history and/or advocates on behalf of the client. Is creative and suspends disbelief by hugging, holding hand with and/or providing comfort to the client.
- Student Observer: Observes the scenario intently by video in the briefing space while gathering data, information and preparing feedback for discussion in debriefing.

Suspension of Disbelief: The simulation theater is a simulated clinical environment. The scenarios are designed with specific educational gains in mind. When the students enter the room, we want students to think like an RN and actively participate in the situation at hand. The students should treat the simulator or SP as a real client and the scenario as a real client care situation (wear gloves, introduce themselves, etc.).

CSIM METHODOLOGY

SPSCC Nursing Program threads simulation throughout the program. CSims are threaded through each quarter with didactic/lab/clinical content to reinforce technical and adaptive nursing skills, and challenge students' clinical reasoning and judgement. Each quarter's simulation scenarios will require students to call upon previously learned knowledge and skills as well as blend clinical reasoning with new factors managing simulated care. These scenarios are intended to scaffold learning by building in complexity; challenging students at the appropriate level within their progression through the nursing program. CSims are facilitated by team members who have completed required simulation scholarship and training.

CSim Learning Modalities

A variety of appropriate learning modalities will be used throughout CSims, including task trainer, hybrid simulations, high-fidelity simulators, and Simulated Participants (SP).

CSim Objectives

- Integrate and align simulation with the SPSCC nursing curriculum, as designed by faculty and evaluated by staff, students, and faculty.
- Demonstrate and promote emerging evidence based best practices in alignment with industry healthcare needs and community stakeholders.
- Cultivate a culture of innovation to maximize experiential student learning providing preparation to thrive in the work force and to further advance their professional knowledge and practice.
- Enhance student learning with facilitation of debriefing and constructive and SMART feedback, creating and reinforcing clinical reasoning and judgement.
- Utilize a variety of simulation modalities that support student progression while promoting client safety and quality healthcare.
- Provide a psychologically safe learning environment that includes equitable and diverse experiences and evolving nursing professionalism, ethics, and communication.

CSim Pre-assignment and Schedule

Experiences will be scheduled after initial didactic and/or lab content is presented as an opportunity for growth and clarity. CSim experiences are scheduled by faculty to avoid conflicts with didactic, lab and clinical schedules, and are assigned by clinical group. Any changes to the schedule must be approved in advance by the LSE. To be aligned with best practice standards, the number of students scheduled per section of any given simulation is limited (unless approved by faculty) and each section must have a minimum of three (3) students and a maximum of ten (10) students.

Pre-assignments are required for both participants and observers. These are assigned tasks of background information to contextualize the learning experiences; such as readings from textbooks, ATI books, and journal articles and activities such as concept maps, ATI templates, care plans, etc. The intention of these experiences is to set the environment for student broadening of knowledge, skills, and abilities. The pre-assignments are turned in prior to the beginning of prebrief.

CSim Prebrief

In addition to viewing the prebrief video at the beginning of the academic year, each scenario will have a prebrief orientation session prior to running the simulation scenario. Prebriefing ensures that simulation learners are prepared for the educational content and are aware of the ground rules for the simulation-based learning experience (HSSOBP®, 2021). Prebrief is intentional and students will receive enough information on the scenario to prepare as they would for a clinical experience.
Discussion of available tools and measure of success will be reviewed along with:

- welcome
- pre-assignment discussion
- review of definitions
- review of ground rules/guidelines/expectations
- review of objectives
- introduction to scenario
- scenario data
    - time for questions
- physical orientation to the simulation environment
    - specific equipment and supplies
- review of scenario flow and timing
    - include resources available for this scenario
- review and assignment of participant roles (participants and observers)

CSim Student Actions

Expectation for those participating in each session include:

- introduce self to client
- use standard client identification procedures
- practice standard precautions at all times

- demonstrate head to toe and/or focused assessments and data collecting skills
- demonstrate effective communication (adaptive skills) with client, family/community member, peers and staff/faculty
- perform nursing care according to professional and/or evidence-based standards
- participate in alignment with WAC standards for the scope of practice of a registered nurse
- participate in debrief discussion, promoting a psychologically safe learning environment

Expectation for those observing in each session include:

- Active engagement in the viewing of the participant actions
- Take notes to add to the constructive feedback for debrief to include:
  - standards of care
  - client/family viewpoint
  - therapeutic communication
  - other (ethical, legal, social issues, etc.)
  - participation in debrief discussion, promoting a psychologically safe learning environment.

CSim Debriefing

The goal of the debriefing process is to assist in the development of insights, improve future performance, and promote the transfer and integration of learning to practice (HSSOBP®, 2021). The process aims to identify and resolve gaps in knowledge, skills, attitudes and communication related to the individual, team, and/or system.

Debriefing is a "session after a simulation event where educators/instructors/facilitators and learners re-examine the simulation experience for the purpose of moving toward assimilation and accommodation of learning to future situations" (INACSL Dictionary, 2020) and is "used to encourage participants' reflective thinking and provide feedback about their performance, while various aspects of the completed simulation are discussed" (INACSL Dictionary, 2020).

Debriefing Goals

- safe place to discuss experiences, without pressure
- reflect on emotions experienced
- encourages collaboration and communication
- compares different perspectives to increase understanding
- correlates CSim experiences with real-world experiences
- enhances critical thinking, clinical reasoning and judgement
- facilitates expansion through a growth mindset and spirit of inquiry
- correlates domains of learning (cognitive, affective, and psychomotor) with learning opportunities

Debriefing Methods

SPSCC CSim program utilizes the PEARLS debriefing framework (Appendix N). When exploring the many opportunities for debriefing, PEARLS emphasize self-reflection while being learner center aligned with our values. PEARLS theoretical framework has many debriefing tools

combined and includes a Delta/Plus portion to allow students to recognize and discuss behaviors that occurred as well as opportunities for clinical practice improvement.

When utilizing PEARLS the following will be addressed:

- setting the scene
- reactions
- description
- analysis
- application/summary

CSim Reflection

Simulation research shows that simulation-based experiences and debriefing can best change behaviors and actions when students are supported to create meaning and understanding from their experiences. After the scenario and debrief are completed, the student will participate in a discussion of the experience that outlines strategies they plan to clinically implement. Other reflective assignment/work may be incorporated in alignment with programmatic goals and outcomes.

Student Learning Evaluation

Evaluation of student learning by the faculty is a formative process, with the goal of facilitating learning and developing clinical competence. This is not summative or high stakes learning event, as those benchmarks are embedded into other classes outside of CSim.

- CSim is included as part of the overall clinical grade and is either Satisfactory or Unsatisfactory. See syllabi for specific details of grading. The expectation is that students ***submit all assignments*** for feedback to receive their final grade.
- Students evaluate their own learning by completing the CSim evaluation (Simulation Effectiveness Tool - Modified SET-M) after each scenario, the course evaluation each quarter, as well as the Clinical Learning Environment Comparison Survey 2.0© (CLECS 2.0) evaluation at the completion of each year in the program.
- Each student performing the nurse or other healthcare provider role in the scenario receives verbal and written feedback from the FO utilizing the CSim Participant Evaluation Form (Appendix O). This feedback carries no points and does not contribute to the clinical course grade.

Post CSim Expectations

SPSCC nursing program is committed to providing high quality education in every learning experience. To maintain and improve overall quality, the simulation program strives to meet benchmark goals outlined in the Healthcare Simulation Standards of Best Practice (HSSOBP®) and SSH's certification and accreditation standards. The program implements a continuous quality improvement process through evaluations and data collection, student feedback, debriefing process, and NCLEX program reports. The results and data of these tools inform the simulation and nursing program on the effectiveness of the scenarios, facilitation, and impacts on student clinical confidence.

Fiction Contract

South Puget Sound Community College Nursing CSim Program faculty and staff strive to create realistic clinical settings within the limits of available technology, equipment, and supplies. During CSim experiences, students will encounter low, medium, and high-fidelity manikins. While our goal is to replicate real-life clinical situations, technical limitations exist. Student learning is enhanced through a "suspension of disbelief," with students expected to interact with manikins, peers, and faculty as they would with real clients, families, and healthcare team members. Faculty and staff take their roles seriously and expect students to do the same. Time spent in the simulation space is considered clinical time, and all participants are expected to engage accordingly.

Confidentiality Agreement

During CSim, students will participate directly in scenarios and may also observe classmates managing healthcare situations. Because simulation is a shared learning experience, students are expected to maintain confidentiality regarding individual performance and specific scenario details. The same standards of confidentiality that apply to real patients also apply in CSim, and HIPAA requirements must be upheld at all times.

Notes related to individual performance or scenario details must be shredded or deleted from electronic devices. Breaching confidentiality may impact classmates' learning and demonstrates a lack of professional responsibility.

Audiovisual Digital Recording

SPSCC Nursing reserves the right to make continuous audiovisual digital recordings of simulation experiences and debriefing conferences. Students will consent to continuous audiovisual digital recording while in simulation experiences. Unless authorized by the student, SPSCC Nursing will NOT specifically identify students and the recordings will be shown only for educational, research, or administrative purposes. No commercial or social media use of the audiovisual recordings will be made without student written permission and consent.

- CSim will be recorded for IT tracking and educational purposes. SPSCC Nursing Program retains recorded CSim footage for the current academic year. Videos are automatically moved to KbPort Archiver and deleted after 3 years.
- Stored footage is for technical, evaluative and/or educational purposes.
- Recordings may be utilized in debrief sessions when 4 or less students are present for the simulation event.
- Access may only be provided with approval from the Simulation Lab Manager, LSE, and/or Dean to protect student privacy.

LSE and/or Dean may grant access to FF to review recording with a student needing direct visual feedback. The Clinical Simulation Participation Agreement form provided in your CSim orientation will need to be signed and turned in by the assigned due date annually.

SUMMARY

To conclude, the information within this handbook will help guide your educational experience. We encourage students to reference this document often as you navigate your courses. Along with course syllabi, handbooks are the contract and the terms to make sure we are all on the same page quarter by quarter, year by year. Please feel free to reach out to any member of the nursing team if you have any questions or seek any clarifications from the information provided in this handbook.

Finally, you will find references as well as appendices previously referenced throughout this handbook in the following pages. We also ask that you sign and date the provided copy of the Verification Statement Form found in your onboarding section of your cohort Canvas shell. This form also needs to be signed and dated and turned in the first day of class.

Thank you so very much for reviewing the information within the SPSCC Nursing Student Handbook for the 2026-2028 graduates. We are so looking forward to working with you as you continue your journey of learning the knowledge, skills, and attitudes it takes to cultivate health and wellness in our communities and world.

We are excited you are here at SPSCC Nursing and look forward to the upcoming year!

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APPENDICES

South Puget Sound COMMUNITY COLLEGE | SUCCESS AMPLIFIED

Appendix A
End of Program Student Learning Outcomes (EPSLO)

To demonstrate the connections between purposeful program design, innovative curricular structure, and continuous program evaluation the following key is used throughout.

Nursing Care= (NC)	Continuous Improvement =(CI)	Communicate Effectively = (CE)	Participate Professionally =(PP)
The following table elaborates upon the student learning outcomes delineated by numbers. These are used throughout the syllabi to demonstrate how unit and course specific objectives link to the overall program design.			
Nursing End of Program Student Learning Outcomes (EPSLO)			
#1 Utilize Integrated Nursing Care (NC)	**#2 Pursue Continuous Improvement (CI)**	**#3 Communicate Effectively (CE)**	**#4 Participate Professionally (PP)**
Upon graduation from SPSCC nursing program, a graduate will be able to demonstrate the ability to assess, analysis, plan, safely implement, and evaluate nursing plans of care which address the holistic needs of diverse individuals, families, groups, and communities.	*Upon graduation from SPSCC nursing program, a graduate will be able to acquire & implement new scientific knowledge & use technology to enhance nursing practice.*	*Upon graduation from SPSCC nursing program, a graduate will be able to communicate effectively in full partnership to facilitate delivery of care.*	*Upon graduation from SPSCC nursing program, a graduate will be able to participate ethically and professionally in local and global communities as an entry level nurse.*
1.1 Utilizes the nursing process to support & facilitate patient centered care across the lifespan (A) 1.2 Creates and maintains a safe & effective care environment: management of care and safety & infection control (A, S) 1.3 Promotes and support psychosocial integrity (M, S) 1.4 Promotes physical health and wellness: basic care and comfort, pharmacologic & parenteral therapies (A)	2.1 Demonstrates the use of research to collect, analyze, implement and evaluate best practices in nursing care (A, I) 2.2 Demonstrates the use of technology to provide collaborative care (A, I) 2.3 Creates, integrates, and evaluates ideas, concepts, and/or information across a range of contexts, cultures, and/or areas of knowledge to make meaningful conclusions, judgments, and/or products. (A, M)	3.1 Conveys ideas & information with clarity & control while recognizing that communication is influenced by personal perspective. (E) 3.2 Adapts communication methods appropriate to purpose, content, audience and situation (E) 3.3 Implements therapeutic communication with diverse populations to facilitate culturally responsive care (M)	4.1 Practices in a manner consistent with a code of ethics for nursing practice. (S) 4.2 Analyzes the alternatives to and the consequences of an action or a decision through accountability and reflection (S, I) 4.3 Applies understanding of WA Nurse Practice Act to define the scope of practice as entry level RN (S) 4.4 Demonstrates leadership skills in planning care and collaborating with colleagues (E, S) 4.5 Demonstrates self-care to allow continuous engagement within the profession (E, M, S)

College Wide Abilities (CWA): Analytical Reasoning (A), Effective Communication (E), Information Literacy (I), Multicultural Awareness (M), Social Responsibility (S)

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Appendix B

Nursing DTA/MRP Pathway Map ~ 138 credits

Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Qtr. 5	Qtr. 6	Qtr. 7	Qtr. 8	Qtr. 9	Qtr. 10	Qtr. 11	Qtr. 12
Check with your advisor to determine where you will start.											
Transition Studies: **Choose one:** **ABE 62** (5cr) Applied Math I **ABE 63** (5cr) Applied Math II **ABE 64** (5cr) Contextualized Math I	**AMATH 097** (7cr) Corequisite Intermediate Algebra Includes ability to complete: **MATH 096** **MATH 097**	**CMATH 146** (7cr) CLIPPERS introduction to Probability and Statistics* includes the ability to complete: **MATH 095** **MATH 096** **MATH& 146** *some students may place directly into MATH&146	**PSYC& 100** (5cr) General Psychology	**NUTR& 101** (5cr) Nutrition	**PSYC& 200** (5cr) Lifespan Psychology	**NURS 111** (3cr) Integrated Nursing Care I: Diversity	**NURS 121** (5cr) Integrated Nursing Care II – Theory	**NURS 131** (5cr) Integrated Nursing Care III – Theory	**NURS 211** (4cr) Integrated Nursing Care IV – Theory: Diversity	**NURS 221** (4cr) Integrated Nursing Care V – Theory	**NURS 231** (4cr) Nursing Transition into Practice
Choose one: **ESOL 61** (10cr) Beginning Literacy **ESOL 62** (10cr) Low Beginning **ESOL 63** (10cr) High Beginning **ESOL 64** (10cr) Low Intermediate **ESOL 65 (**10cr) High Intermediate **ESOL 66** (10cr) Advanced **ABE 53** (5cr) Language Arts III **ABE 54** (5cr) Language Arts IV	**ENGL 090** (5cr) Integrated Reading and Writing I **ENGL 095** (5cr) Integrated Reading and Writing II	**ENGL 098** (5cr) Transitional English Composition **ENGL& 101** (5cr) English Composition I	**ENGL& 102** (5cr) Composition II	Humanities (5cr) recommended **CMST& 220** (5cr) Public Speaking	**BIOL& 260** (5cr) Microbiology	**NURS 112** (3cr) Integrated Nursing Care & Assessment I – Lab	**NURS 122** (2cr) Integrated Nursing Care & Assessment II – Lab	**NURS 132** (2cr) Integrated Nursing Care & Assessment III – Lab	**NURS 212** (2cr) Integrated Nursing Care & Assessment IV – Lab	**NURS 222** (2cr) Integrated Nursing Care & Assessment V – Lab	**NURS 232** (6cr) Preceptorship

ABE 55 (5cr) Language Arts V											
	CCS 107 (5cr) Healthcare Professions Exploration	**BIOL& 160** (5cr) General Biology w/Lab	**CHEM& 121** (5cr) Introduction to Chemistry	**BIOL& 241** (5cr) Human A & P 1	**BIOL& 242** (5cr) Human A & P 2	**NURS 140** (2cr) *Integrated Nursing Care & Assessment I – Clinical/ Simulation*	**NURS 141** (3cr) *Integrated Nursing Care & Assessment II – Clinical/ Simulation*	**NURS 142** (3cr) *Integrated Nursing Care & Assessment III – Clinical/ Simulation*	**NURS 240** (3cr) *Integrated Nursing Care & Assessment IV – Clinical/ Simulation*	**NURS 241** (3cr) *Integrated Nursing Care & Assessment V – Clinical/ Simulation*	
						PHIL 235 (2cr) *Ethics and Policy in Health Care I*	**NURS 113** (2cr) *Pharmacology*	**PSYC 235** (2cr) *Psychosocial Issues in Health Care I*	**PSYC 236** (3cr) *Psychosocial Issues in Health Care II*	**PHIL 236** (3cr) *Ethics and Policy in Health Care II*	**NURS 233** (2cr) *Capstone Project*
						Choose One (5cr): (Humanities, recommended) **PHIL& 101** (5cr) Introduction to Philosophy **PHIL 102** (5cr) Ethics **PHIL 103** (5cr) Science, Technology, and Human Values **SPAN 199** (5cr) Spanish for Healthcare Workers					

Advising Notes:

*__Required__ indicates that students must take one of the specific courses listed. Any substitution would require Ed Planner and Department approval.

*__Recommended__ indicates that Pathway faculty recommend the courses listed, but other courses may fulfill the degree requirement. Students should consult with Advisor about additional course options.

Appendix C
Authorization to Release Student Information for References

By completing this form, the student is authorizing the Nursing office and/or faculty to release information for employment, education, or scholarship purposes.

*Student Name				*ctcLink ID	
*Street				*Apt #	
*City		*State		*Zip Code	
*Phone		*Email			
*Date of attendance					

Under federal legislation, The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), I understand that my educational records cannot be released without my written permission. I, therefore, request that the information listed below be released to the following individual or organization:

Any agency requesting reference	Signature of Student:		
OR			
Restricted to these Agencies:	Name of agencies:		
*Student Name (Print)		*Date	
*Student Signature			

**Required information*

Appendix D
Nursing Program Petition for Readmission

Complete this application and return it to the Dean of Healthcare Professions, mwright12@spscc.edu, by the dates specified below. Attach any documentation related to withdrawal or dismissal from the program to this form, including correspondence with the Dean.

Name: _____ ctcLink ID: _____

Last Quarter of Attendance: _____ Requested Quarter of Re-Admission: _____

Personal email: _____ Phone: _____

Applications for readmission are due on the following dates:

- Summer – May 15
- Fall –July 15
- Winter – October 15
- Spring – February 15

Students will be notified by email of their readmission status by the following dates:

- Summer – June 15
- Fall – August 15
- Winter – November 15
- Spring – March 15

Answering the questions below should reflect on why you believe you are ready to be readmitted to the program and the commitment you are making to your success. We encourage you to be thoughtful and reflective in your responses in essay format. Please attach additional space/pages if necessary.

What challenges or difficulties did you face that led to your withdrawal, or failure in the program? (e.g., health management, resources, study habits/skills, test taking, time management, personal circumstances.)

What specific actions or decisions contributed to those outcomes?

What steps are you currently taking, or have been taking, to correct those outcomes in your time away from the program?

When reflecting on your needs, what resources will you need to be successful and how do you plan to access those resources?

What specific goals do you have for yourself if you are readmitted (both short-term and long-term goals)?

Please share with the team any other factors that may contribute to your readiness and commitment to being successful.

Appendix E
Statement of Academic Honesty

Students at South Puget Sound Community College are expected to be honest and forthright in their academic endeavors because academic dishonesty disrupts the learning process and threatens the educational environment for all students. As members of the college community, we all benefit from an open, honest, educational environment and therefore, we all bear a responsibility to encourage and promote academic honesty.

Forms of Academic Dishonesty – Definitions:

Plagiarism: Plagiarism is presenting another's (including artificial intelligence (AI)) words, ideas, or data as one's own. When a student submits work that includes the words, ideas, or data of others, the source of that information must be acknowledged through complete, accurate and specific references. Papers and assignments must reflect college level writing with appropriate referencing.

In academically honest writing or speaking, the student will acknowledge the source whenever:

- another's actual words are quoted;
- another's idea, opinion or theory is used, even if it is completely paraphrased in the students' own words;
- facts, statistics, or other illustrative materials are borrowed – unless the information is common knowledge

Some other links for examples of plagiarism includes:

- Citing Generative AI - APA Quick Citation
- How to Cite ChatGPT

Cheating: Cheating or other forms of academic dishonesty that is intended to gain unfair academic advantage.

The following list of offenses is not intended to be fully exhaustive of all potential instances of cheating:

- copying from another student's test or assignment or allowing another student to copy from a test or assignment;
- collaborating during a test with any other person/entity without instructor permission;
- using the course textbook or other course materials during a test without instructor permission;
- using prepared materials during a test (e.g., notes, formula lists) without instructor permission;
- stealing, buying, or otherwise obtaining all or part of a test before it is administered;
- retainment of exam materials (including notes, print outs, etc.)
- selling or giving away all or part of a test that has not been administered, including answers;
- submission of academic work that has previously been submitted for a grade in another course is considered academic dishonesty;

- bribing someone to obtain a test that has not been administered ***or*** information about the test;
- taking a test for someone else or permitting someone to take a test for you

Fabrication: Fabrication is the intentional use of invented information or the falsification of research or other findings with the intent to deceive.

Examples include:

- submitting as the students own work and academic exercise (e.g., written work, lab work, computer work, art work, etc.) prepared totally or impart by another. (The typing of a student paper by another person is permissible, but all corrections and rephrasing must be the student's own.);
- inventing data or source information for research or other academic exercises;
- citing of information not taken from the source indicated;
- listing sources in a bibliography not actually used in the academic exercise

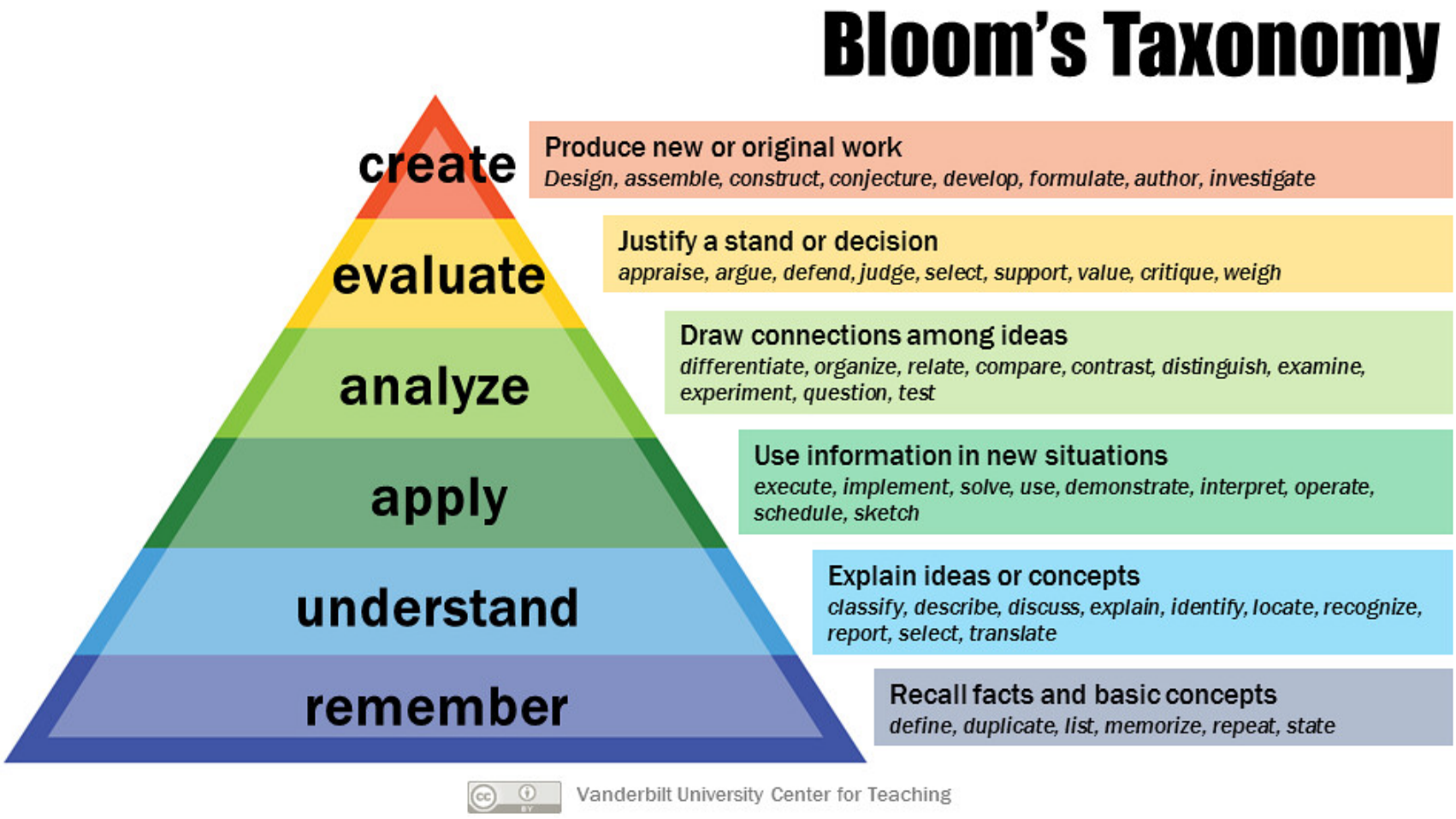
Grade Tampering: Grade tampering involves changing, altering, or being an accessory to the changing and/or altering of a grade in a grade book, on a test, on an assignment, on a change of grade form, or any other official academic record.

The consequences for engaging in any form of academic dishonesty vary based on circumstances. Students who engage in such activities may be dismissed from the college as outlined in the Code of Student Rights and Responsibilities.

For more information regarding academic honesty on campus, see the following:

- Code of Student Rights and Responsibilities
- Vice President for Student Services Office (building 25)

Appendix F
Bloom's Taxonomy



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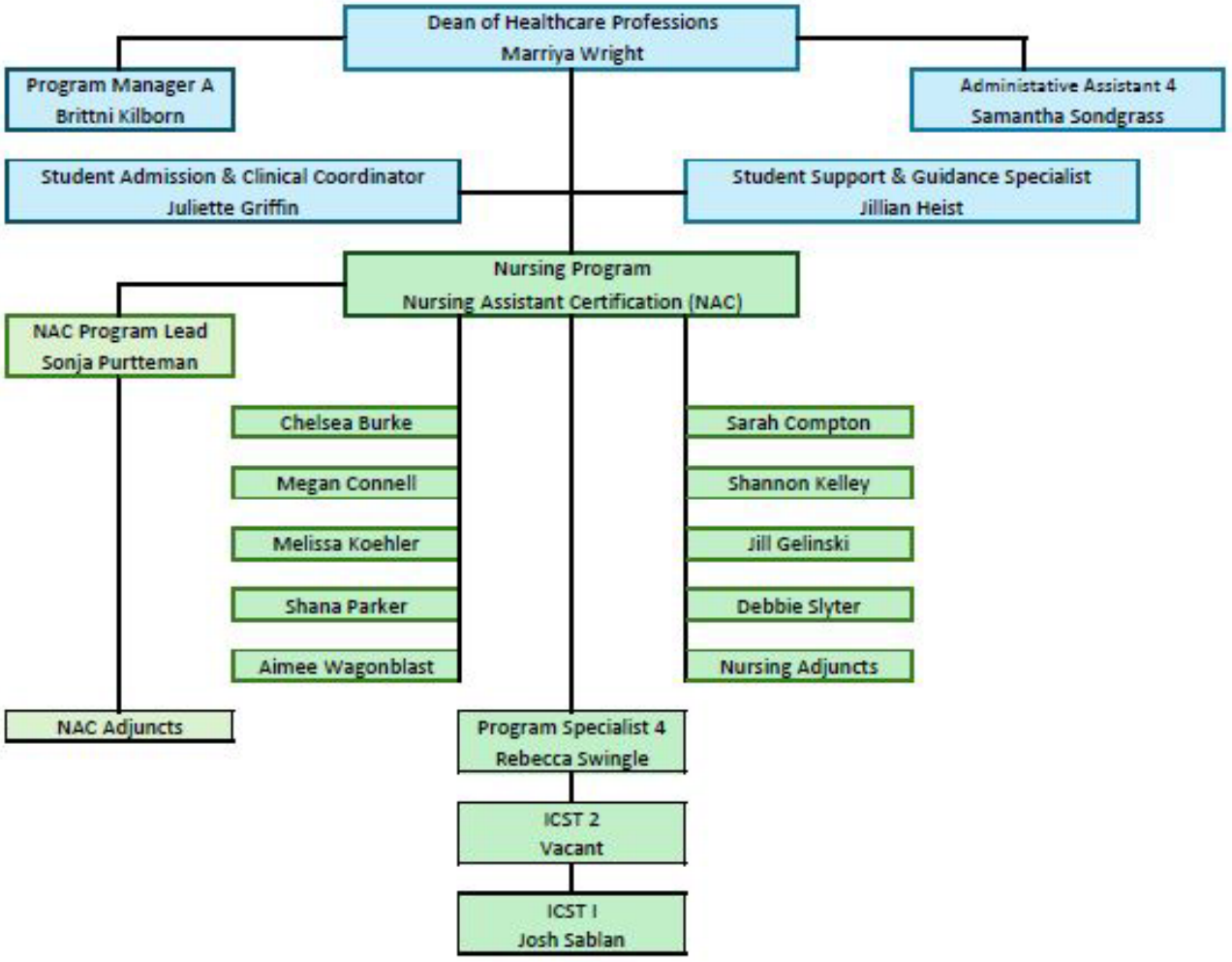
Appendix G
Nursing Department Organizational Chart



Appendix H
ANA Code of Ethics for Nurses

1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

2. A nurse's primary commitment is to the recipient(s) of nursing care, whether an individual, family, group, community, or population.

3. The nurse establishes a trusting relationship and advocates for the rights, health, and safety of the recipient(s) of nursing care.

4. Nurses have authority over nursing practice and are responsible and accountable for their practice consistent with their obligations to promote health, prevent illness, and to provide optimal care.

5. The nurse has moral duties to self as a person of inherent dignity and worth including an expectation of a safe place to work that fosters flourishing, authenticity of self at work, and self-respect through integrity and professional competence..

6. Nurses, through individual and collective effort, establish, maintain, and improve the ethical environment of the work setting that affects nursing care and the well-being of nurses.

7. Nurses advance the profession through multiple approaches to knowledge development, professional standards, and the generation of policies for nursing, health, and social concerns.

8. Nurses build collaborative relationships and networks with nurses, other healthcare and non-healthcare disciplines, and the public to achieve greater ends.

9. Nurses and their professional organizations work to enact and resource practices, policies, and legislation to promote social justice, eliminate health inequities, and facilitate human flourishing.

10. Nursing, through organizations and associations, participates in the global nursing and health community to promote human and environmental health, well-being, and flourishing.

(American Nurses Association, 2025).

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Appendix I
Professional Rubric

Criteria	Met	Unmet
Caring	• Maintain Professional Boundaries While Sharing • Remain Open-Minded • Express Intentions Thoughtfully - Promoting Transparency, Empathy, and Trust in all interactions • Support the Success of Self and Others • Demonstrate Empathy by Centering Others (clients/peers/staff/faculty). • Practice Active and Respectful Listening • Demonstrate caring and Respect to preceptor, instructor, peers & staff	• Does not maintain professional boundaries while sharing, and does not create a safe space for emotional expression • Dismissive of different viewpoints • Express intentions without transparency, empathy, or trust • Undermine the success of self and others • Self-centering • Listening without engagement or empathy with frequent interrupts • Struggles with demonstrating respect
Compassion	• Participates in all required conferences • Adopt a calm, respectful, and empathetic manner of speaking • Provide Nonjudgmental Listening and Care • Create space for empathy • Share Humanity Through Vulnerability and Strength • Demonstrate Grace – exhibit poise and dignity even under stress • Honor Individuality in Every Person	• Does not participate in required conferences • Adopt a hostile, impatient, and inconsiderate speaking tone • Offer judgmental listening and care • Dismiss or ignore others' feelings • Suppress vulnerability and present a detached persona • React with agitation and loss of self-control under pressure • Stereotype, and Disregard personal values, beliefs, and experiences

Accountability	• Arrive on time (class, lab, clinical/CSim).
	• Turn in assignments on time.
	• Follows student handbook policies.
	• Follows nursing student scope of practice (badge buddy)
	• Acknowledge when something is wrong.
	• Responsibility for own actions.
	  ○ Do what you say you're going to do.
	• Assumes responsibility for education.
	• Reliability.
	• Maintains confidentiality.
	• Demonstrates/verbalizes accountability for own performance.
		• Arrives late (class, lab, clinical/CSim)
		• Submits at least one assignment late.
		• Does not follow student handbook policies.
		• Does not follow nursing student scope of practice.
		• No awareness of issue/concerns.
		• Does not take responsibility for actions.
		  ○ Does not follow through with plan.
		• Takes minimal responsibility/initiative for furthering own education.
		• Inconsistent behaviors
		• Shares personal information regarding patients, students, staff, and instructors not related to clinical rotation.
		• Does not demonstrate/verbalize accountability.
		  ○ Blames others for outcomes.
		  ○ Makes excuses for outcomes.

Empowerment	• Advocate for self and others. • Be authentic. • Lead by example. • Verbalizing self-belief. • Promoting positive self-talk. • Accepts constructive feedback from instructor/preceptor/peers. • Involve client and/or team in decision making. • Engages/participates in care and/or class activities. • Has positive/neutral attitude about assignments, tasks, and working with others.	• Prioritizes harmony over assertiveness, even at the cost of equity and/or safety • Use personas or roles to navigate professional settings, hiding personal values or identity. • Set expectations without personally demonstrating them. • Verbalizes self-doubt or avoids expressing belief in one's abilities to prevent appearing boastful. • Focuses on flaws or failures rather than strengths. • Has difficulty accepting feedback or has an inappropriate response. • Excludes client and/or team in decision making. • Observes others provide care and/or does not engage/participate in class activities • Has neutral/negative attitude about assignments, tasks, and working with others. ○ Attitude impacts productivity and/or team function.
Respect	• Encourage and honor differing opinions. • Encourage kindness with each other. • Attentive listening • Respond not react - Calm responses • Lead with curiosity • Respects others' time, space, and workload. • Being punctual for meetings, class/clinical/lab and assignments.	• Dismiss or discourage differing opinions. • Using profanity, or making discriminatory or biased remarks. • Talking most of the time, and/or talking over others. • Reacts angrily and/or raises voice. • Strives to share own opinions over others. • Expects responses without regard to others. • Often showing up late and disruptive.
Effective Communication	• Provide constructive feedback. • Clear directions with expectations. • Respectful in language. • Proactive communication. • Based on the content, knowing when to engage face-to-face, via phone, group chat, or email. • Engaging in active and empathetic listening. • Seeking feedback to ensure understanding. • Consistently communicates with instructor, staff, and patient/family. • Speaks clearly and audibly while making intermittent eye contact."] • Listens with minimal interruption.	• Seeking to be right, instead of seeking to understand. • Not paying attention, interrupting, or mentally preparing a response instead of listening. • Engaging in gossip and/or talking about others' behind their backs. • Reactive communication when there is a problem. • Utilizes inappropriate methods of communication. • Appears bored, looks at phone for periods. • Does not seek feedback to ensure understanding. • Inconsistently communicates with instructor, staff, and patient/family. • Mumbles or speaks in a low volume. Makes limited or lack of eye contact. • Interrupts frequently

Excellent with Integrity	• Do what you say your going to do. • Own errors/mistakes. • Be humble. • Seek feedback. • Being committed to high quality work and diligently citing resources and/or crediting the work of colleagues.	• Does not follow through on verbalized or written commitments. • Blaming others for one's mistakes. • Making excuses or denying one's mistakes and errors. • Rebuffing feedback. • Plagiarism ○ Citations missing or does not credit colleagues.
Humor & Laughter	• Inspire kind-spirited humor, even in tough times. • Create space for joy. • Laughing with others. • Use self-deprecating humor modestly. • Encourage a fun, relaxed atmosphere. • Recognize and respect cultural and/or personal boundaries. • Smiles and shows warmth. • Use humor to build rapport. • Celebrate wins with playful enthusiasm.	• Use of unprofessional and/or mean-spirited humor. • Discourage laughter or celebration in professional settings. • Laughing at others – use of humor to mock or exclude. • Never jokes about oneself and/or does so in a way that undermines confidence. • Emphasis on seriousness and/or control over creativity and/or comfort. • Use of humor that may be culturally insensitive or personally offense ○ Assumes everyone shares the same sense of humor. • Present as emotionally distant or unapproachable. • Interactions are strictly formal or transactional. • Avoid acknowledging milestones in a joyful or engaging way.

Appendix J
Professional Guidelines

Student Name: _____ ***Date:*** _____

This document is to support the student in meeting professionalism expectations in academic, professional, or administrative settings in order to meet the standards of professionalism inherent in being a Nurse. The following areas will be considered in evaluation of the student:

Integrity & Honesty

__ The student provided false information in an academic, professional, or administrative setting.
__ The student acted outside the scope of their role in an academic, professional, or administrative setting.
__ The student presented the work of others as their own.
__ The student used their professional position for personal advantage.
__ The student used the physical or intellectual property of others without permission or attribution.
__ Other behavior that demonstrated lack of integrity and/or honesty:

_____

Respect

__ The student did not demonstrate respect for the rights of others in academic or professional settings.
__ The student did not demonstrate respect in interactions with others.
__ The student was disruptive or rude.
__ The student did not establish or maintain appropriate boundaries with clients, family members, fellow students, faculty, or staff.
__ The student did not demonstrate equal respect for all persons, regardless of, race, gender, religion, sexual orientation, age, disability, or socioeconomic status.
__ The student did not demonstrate respect for the confidentiality rights of clients, research participants or others.
__ Other behavior that demonstrated lack of respect:

_____

Responsibility

__ The student was tardy and/or absent.
Dates:_____
Prior communication from student: Y or N
__ The student missed deadlines and/or appointments.
Dates:_____
Prior communication from student: Y or N
__ The student needed continual reminders in the fulfillment of responsibilities.
__ The student could not be relied upon to complete his/her responsibilities in a timely manner.
__ The student did not adhere to policies, procedures and/or instructions.
__ The student did not dress in attire appropriate for the setting.
__ The student failed to follow, and/or manipulated clinical policies, including those for client assignment and management.
__ The student failed to adhere to protective equipment and/or infection control guidelines.
__ Other irresponsible behavior:

_____

Client-Centered Care & Client Safety

__ The student did not act in the best interest of the client.
__ The student did not demonstrate sensitivity to the needs, values or perspectives of clients, family members or caregivers.
__ The student did not establish appropriate rapport with clients, family members or caregivers.
__ The student did not demonstrate openness/responsiveness to the client's ethnic and cultural background.
__ The student did not respond to client needs in a timely, safe, or effective manner.
__ Other unprofessional behavior related to client-centered care and/or safety:

_____

Service & Working Within the Team

__ The student was late and/or absent for clinical without notifying faculty accordingly.
__ The student did not function collaboratively within the healthcare team.
__ The student did not demonstrate sensitivity to the requests of the healthcare team.
__ The student did not demonstrate the ability to collaborate with students, faculty, and staff in a learning environment.
__ Other behavior that impeded collaboration:

_____

Responsiveness, Adaptability, and Self-Awareness

__ The student was resistant or defensive when provided with constructive feedback.
__ The student was not accountable for their actions and/or errors.
__ The student did not demonstrate awareness of their own limitations and/or willingness to seek help.
__ The student resisted adopting recommendations from faculty or others to improve learning or performance.
__ The student did not demonstrate adaptability in a client care, classroom, or laboratory environment.
__ The student did not correct their errors when were brought to their attention.
__ Other behavior that impeded self-improvement:

_____

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Follow Up Comments:

Copy will remain in student's file for remainder of program and may factor into quarterly evaluations and readmissions

Appendix K
Invasive Procedures Consent

Invasive Procedures Consent Form

As a student in the nursing program at South Puget Sound Community College I am aware of the possible risks and discomforts, benefits, and appropriate alternatives to my voluntary participation in the nursing courses. I agree to abide by the safety rules and regulations promulgated by South Puget Sound Community College and the faculty of each course as they relate to my participation in the courses. I have made the nursing program administration and the appropriate faculty(s) aware of any pre-existing condition (such as seizure disorder, bleeding disorder, etc.) that I have that might put myself or others at risk through my participation.

I further state that I am of legal age and legally competent to sign this agreement or that I will obtain a signature from my legal guardian.

I have read and understand the terms of the agreement and I signed the agreement as my own free act. I understand that invasive skills may only be practiced under direct supervision of faculty physically present in the lab.

INITIAL CONSENT

I give my consent to participate in the following invasive procedures. I further understand that I have the right to withdraw consent after it has been given for any reason. I understand that withdrawing consent will not adversely affect my course grade.

Please initial all procedures you GIVE consent for.

Finger-stick	_____	Subcutaneous Injection	_____
Intramuscular Injection	_____	IV Start	_____

Signature _____ **Date** _____

WITHHOLDING OF INITIAL CONSENT

At this time, I ***do not*** give my consent to participate in ***any*** invasive procedures during lab. I understand that withholding consent will *not* adversely affect my course grade, but I will be required to demonstrate competence in an alternative format.

Signature _____ **Date** _____

WITHDRAWAL OF PREVIOUS CONSENT

I wish to ***partially or completely*** withdraw my consent for participation in invasive procedures. I understand that withdrawing consent will *not* adversely affect my course grade, but I will be required to demonstrate competence in an alternative format. I wish to ***maintain*** my participation in only the procedures initialed below.

Finger-stick	_____	Subcutaneous Injection	_____
Intramuscular Injection	_____	IV Start	_____

Signature _____ **Date** _____

Appendix L
Just Culture Process for Responding to Student Clinical Events

Nursing is moving from a culture of blame and shame to a culture of quality improvement and client safety. This is a national effort that focuses not only on client protection but also upon learning from mistakes. The SPSCC nursing program adopted the "Just Culture" process from the North Carolina Board of Nursing. The principle behind 'Just Culture' environment is that discipline needs to be tied to the behavior of individuals and the potential risks their behavior presents, more than the actual outcome of their actions. Hospitals and/or schools utilize a Just Culture approach if/when a clinical practice event occurs, so that it is reviewed and analyzed from a holistic view. This is in effort to ascertain any mitigating or aggravating factors that contributed to the event and then determine the improvement plan and/or disciplinary action

Nursing students complete clinical rotations as part of their nursing program requirements. These are done in hospitals or other health care facilities under the supervision of SPSCC nursing faculty and/or healthcare facility nursing staff. The program utilizes full-time and adjunct faculty to teach clinical courses. Students observe the work of RNs and also work directly with clients, under close supervision, practicing a variety of entry-level nursing skills. The students are held to strict safety standards and are subject to evaluation/use of the Just Culture tools in any occurrences of a clinical practice event.

If a student is involved in a clinical event that the program has reason to believe resulted in patient harm, an unreasonable risk of patient harm, or is involved in the diversion of drugs or controlled substances, the nursing program is mandated by Washington State law to report these events to WABON within two business days. An important part of this reporting should show evidence of an in-depth assessment of the incident using root cause analysis. This analysis is important to both the student and the clinical faculty overseeing the student's work as they work together to determine what factors contributed to the error and how it can be prevented in the future.

The purpose of these guidelines is to provide a well-defined process used by faculty in response to student/faculty clinical events that evaluates students'/faculty actions and behavior with consistency and fairness using Just Culture principles, while also meeting the WABON's reporting requirements of thorough root cause analysis. This will be done by:

- Clearly defining the roles and responsibilities of faculty, students, team leaders, the lead faculty, and the Associate Dean of Nursing when a clinical event occurs.
- Providing faculty with the knowledge and skills needed to evaluate clinical events that meets WABON's reporting requirements of root cause analysis.
- Providing training that ensures the completion of the Student Practice Event Evaluation Tool (SPEET) is completed with interrater reliability.

Some important definitions to know:

- ***Clinical Event:*** An event in a clinical setting by a student or faculty member that resulted in patient harm, an unreasonable risk of patient harm, or is involved in the diversion of drugs or controlled substances.
- ***Just Culture:*** A system developed by the North Carolina Board of Nursing (NCBON) used to evaluate and respond to clinical events. It seeks to develop a safe environment encouraging discussion and reporting of errors and near misses without fear of retribution.
- ***Human Error***: Nurse inadvertently, unintentionally did something other than intended or other than what should have been done; a slip; a lapse; or an honest mistake. Isolated event, not a pattern of behavior.
    - Examples: Single medication event/error (wrong dose, wrong route, wrong patient, or wrong time); Failure to implement a treatment order to oversight.
- ***At Risk Behavior (Board of Nursing Practice Consultant to be contacted for consultation):*** Behavioral choice that increases risk where risk may not be recognized or is mistakenly believed to be justified; nurse does not appreciate risk; unintentional risk taking; and nurse's performance or conduct does not pose a continuing practice risk to clients or others.
    - Examples: Exceeding scope of practice; pre-documentation; minor deviations from established procedure; nurse knowingly deviates from a standard due to a lack of understanding of risk to client, organization, self, or others
- ***Reckless Behavior (Mandatory report to Board or Nursing required):*** Nurse consciously disregards a substantial and unjustifiable risk; nurse's action or inaction is intentional and purposeful; or nurse puts own self/personal interest above that of client, organization or others
    - Examples: Nurse abandons patients by leaving workplace before reporting to another appropriately licensed nurse. Nurse leaves workplace before completing all assigned patient/client care (including documentation) for a non-urgent reason; nurse does not intervene to protect a patient because nurse is not assigned to patient; nurse makes serious medication error, when realized tells no one, and when questioned denies any knowledge of reason for change in client condition; nurse falsifies documentation to conceal an error.
- ***Near Miss:*** Any event or situation that could have had adverse consequences but did not and was indistinguishable from a full-fledged adverse event in all but outcome ("close call"). In a near miss, a patient is exposed to a hazardous situation, but does not experience harm through either luck or early detection.
- ***Root Cause Analysis:*** A systematic process for identifying "root causes" of problems or events and an approach for responding to them.
- ***Student Practice Event Evaluation Form (SPEET):*** A form developed by the North

Carolina Board of Nursing (NCBON) used to categorize and score student behavior or actions that caused or could have caused harm to a patient. The score provides specific actions to take with the student that are appropriate to the seriousness of the error and may include consoling, remediation, counseling, coaching, or disciplinary action.

This process applies to SPSCC nursing program faculty, Clinical/Simulation Coordinator, Dean of Healthcare Professions, and any student involved in a clinical event.

References:

WAC 246-840-513 - Reporting and recordkeeping requirements for nursing education programs.

RCW 70.56.010 - Adverse Health Events and Incident Reporting System

Just Culture Program and Forms: https://www.ncbon.com/education-resources-for-program-directors-just-culture-information.

Appendix M
Medication Administration by Nursing Students

This guidance reflects the requirements of WAC 246-840-519 (vii) and WABON rule RCW 18.79.240. The proper dispensing and administration of medication performed by nursing students is vital to the delivery of safe and effective patient care. As such, the following procedures will be followed to ensure the safe administration of medications using Automated Drug Distribution Devices (ADDD).

Orientation and Practice Experience

Students within the nursing program will be provided with both orientation and simulated experiences related to the safe medication administration and use of ADDDs. Students will be required to participate in an ADDD tutorial with subsequent competency assessment. Documentation of successfully passing the competency assessment will be provided to clinical faculty members prior to use of any ADDD system. Nursing students will also be required to participate and demonstrate clinical competency in simulated clinical scenario using an ADDD system.

Student orientation to the safe distribution and use of ADDDs includes, but is not limited to, the following simulated learning experiences:

- accurately read and interpret medication orders
- correctly login into ADDD
- identify correct client using processes specific to the facility
- accurately select medication to be given
- secure ADDD when complete
- follow Rights of Medication Administration
- accurate dosage calculation
- correct documentation of medication administration
- perform inventory control measure (wasting of medications) specific the facility

Student competency will be evaluated and satisfactorily completed prior the administration of medications within the clinical environment. Students administering medications within the clinical environment will always be under the supervision of a licensed nurse.

Evaluation of Medication Administration within the Healthcare Facility

During their clinical time, students will be provided with ADDD access in accordance with each healthcare facility's policies and procedures. Students will always be under the supervision of a licensed nurse while accessing and administering medications.

Once a quarter, students will be given a dosage calculation exam that determines knowledge of safe medication dosage. Each student must have a passing score of 95% or higher in order to progress to the next level of the program and participate in clinicals. Students who do not achieve a score of 95% will be given remedial training and allowed one retake of the exam. Throughout each level, nursing students will be evaluated on pharmacology knowledge and

safe medication administration in the form of exams and/or skill competency simulations.

Nursing Students: Access and Administration of Medications

Students administer medications under the supervision of the clinical faculty or the supervising nurse and have access to ADDDs per institutional policy.

1. Communication and Order Transmission
    a. Nursing students ***DO NOT*** take verbal or telephone orders from providers.
    b. Nursing students ***DO NOT*** transcribe provider orders.
    c. Nursing students ***DO NOT*** communicate medication orders to the pharmacy.
2. Each dose of medication will be administered per the "Six Rights" of Medication Administration (Right Patient, Drug, Dose, Time, Route, and Documentation) and after an assessment of client allergies.
3. Nursing student medication administration, including documentation, will be performed utilizing agency specific policies, procedures, and protocols.
4. A clinical faculty member or supervising nurse must confer with the student before a student administers medication.
5. A nursing student may administer controlled substance medication with the following **RESTRICTIONS:**
    a. All controlled substances require a RN or LPN signature. The documentation system for a clinical site requires a co-signature option for students to administer controlled medications. If a co-sign option is not available, controlled substances will not be administered by a student.
    b. Analgesic administered via a Patient Controlled Analgesia (PCA) infusion pump requires direct RN supervision, including but not limited to the following actions:
        i. initial set up and dose programming
        ii. administer loading and/or bolus doses of analgesic medication
        iii. change medication cartridges or tubing
        iv. adjust delivery dosages/settings
6. Nursing students may administer Pitocin/oxytocin with the following **RESTRICTIONS:**
    a. All Pitocin/oxytocin administration to a laboring or postpartum patient, including rate adjustment, requires the direct supervision of the patient's RN.
7. Blood product administration by nursing students includes the following **RESTRICTIONS:**
    a. Blood products/medication requiring a witness for infusion/administration **CANNOT** be administered by the student. This includes blood typing.
        i. However, students can collect the blood products from the blood bank, prime the tubing with saline, and participate in blood administration monitoring policies (i.e. taking vital signs).
    b. Medications that do not legally require a witness **CAN** be administered by the student under the supervision of the clinical faculty member or supervising nurse.
        i. Documentation must be co-signed by an RN. (Examples: Not limited to but include: Rhogram, albumin, Factor 8, Vitamin K, Hespan)
8. There are some medications and monitoring skills that nursing students are **NOT** permitted to perform **under any circumstances**. These include the following:

a. Confirm, release, or acknowledge medication orders in the electronic medication administration record
b. Administer medications that are not confirmed or acknowledged in the electronic medication administration record
c. Administer chemotherapy via any route
d. Administer conscious sedation or assume monitoring responsibility for patients undergoing procedural sedation
e. Administer or adjust medications that require advanced training (e.g. medications that are restricted to critical care areas)
f. Administer medications via an epidural or spinal catheter
g. Discontinue a PCEA (Patient Controlled Epidural Analgesia) infusion
h. Cosign/witness controlled medication shift count or dose wastage
    i. When it is necessary to destroy a small amount of controlled substances following the administration of a dose by a nurse, the destruction shall be witnessed by a second licensed nurse who shall countersign the record of destruction.
i. Provide any licensed nurse-required peer check per facility policy

9. Administration of anticoagulants are calculated and administered with an RN check and co-signature as per facility policy
    a. These include, but are not limited to:
        i. All heparin, warfarin, t-PA, low molecular weight heparin, bivalirudin, dabigatran, and other anticoagulants
10. Administration of all insulin formulations, including both SQ and IV insulin doses and all insulin IV infusion, is calculated and drawn up with direct RN supervision.
    a. Insulin administration requires co-signature as per facility policy
11. The administration of high-risk medications (any medications that require additional training), in emergency or critical care units, is **NOT** allowed in quarters 1 through 5 by the nursing student. The precepting student (quarter 6) is allowed to administer high-risk medications **ONLY** if the supervising nurse or clinical faculty member obtains the high-risk medication for the nursing student and the nursing student administers the medication only under the direct supervision of the supervising nurse/clinical faculty member.
    a. Sodium Chloride at concentrations greater than 0.9% (Normal Saline)
    b. Emergency and/or Critical Medications include, but not limited to the following:
        i. Adenosine
        ii. Amiodarone
        iii. Atropine
        iv. Dopamine
        v. Epinephrine
        vi. Lidocaine
        vii. Magnesium Sulfate
        viii. Procainamide
        ix. Sotalol

x. Vasopressin

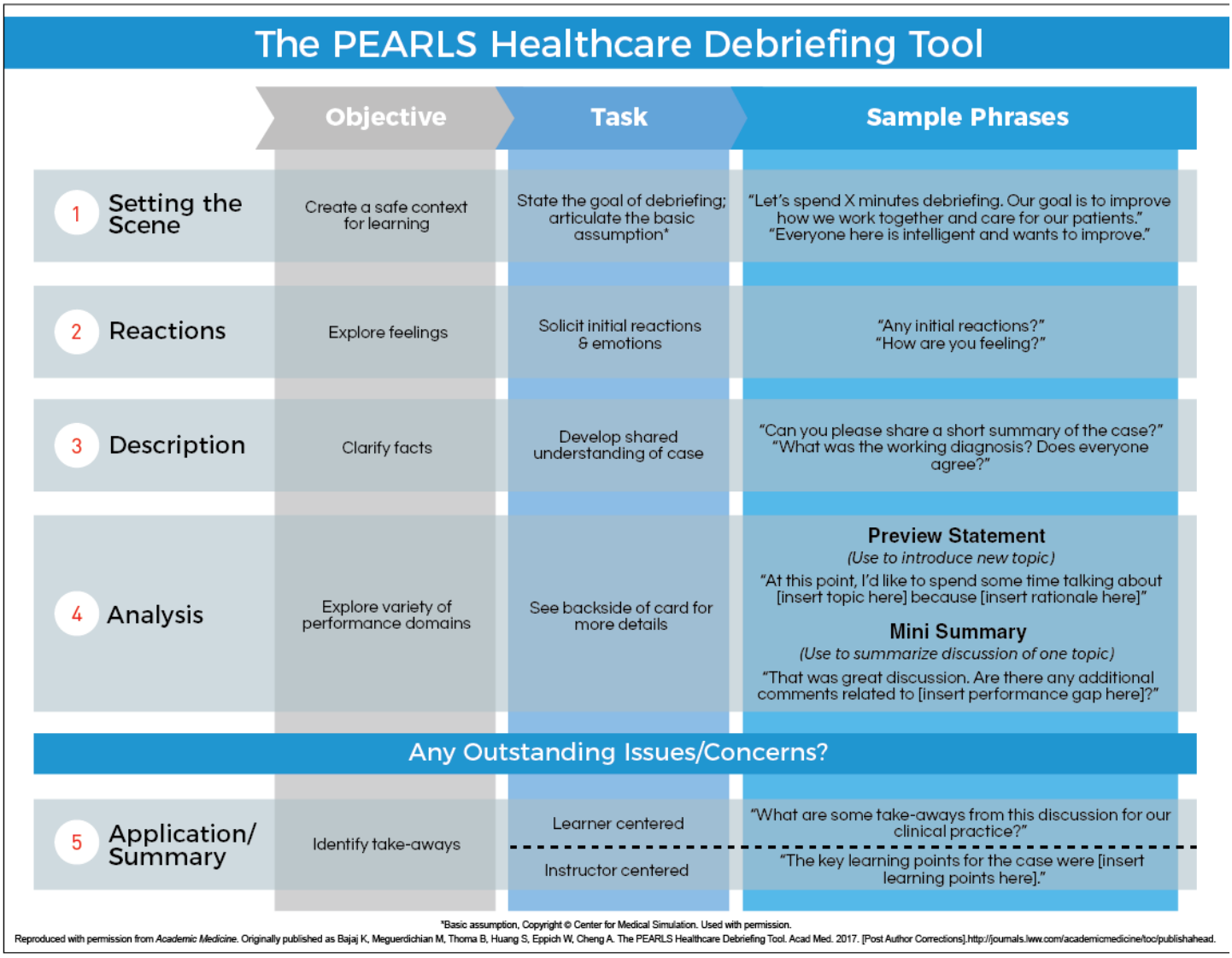
Documentation of Medication Errors

As mandated by the WABON, documentation of student medication errors and diversion of medications will be completed and reported to the WABON as required. All medication errors and medication diversions will be documented using the Root Cause Analysis for and the NCBON "Just Culture" Student Practice Event Evaluation Tool (SPEET) form. The forms will be submitted to the Dean for tracking and a copy of this completed form will also be placed in the student's academic file (see 'Just Culture' for more details).

Contracted clinical facility restrictions or limitations, which are more restrictive than these guidelines, will supersede any aspect of this policy.

South Puget Sound COMMUNITY COLLEGE | SUCCESS — AMPLIFIED

Appendix N
PEARLS Healthcare Debriefing Tool



The PEARLS Healthcare Debriefing Tool

	Objective	Task	Sample Phrases
1 Setting the Scene	Create a safe context for learning	State the goal of debriefing; articulate the basic assumption*	"Let's spend X minutes debriefing. Our goal is to improve how we work together and care for our patients." "Everyone here is intelligent and wants to improve."
2 Reactions	Explore feelings	Solicit initial reactions & emotions	"Any initial reactions?" "How are you feeling?"
3 Description	Clarify facts	Develop shared understanding of case	"Can you please share a short summary of the case?" "What was the working diagnosis? Does everyone agree?"
4 Analysis	Explore variety of performance domains	See backside of card for more details	**Preview Statement** *(Use to introduce new topic)* "At this point, I'd like to spend some time talking about [insert topic here] because [insert rationale here]" **Mini Summary** *(Use to summarize discussion of one topic)* "That was great discussion. Are there any additional comments related to [insert performance gap here]?"
Any Outstanding Issues/Concerns?			
5 Application/ Summary	Identify take-aways	Learner centered	"What are some take-aways from this discussion for our clinical practice?"
		Instructor centered	"The key learning points for the case were [insert learning points here]."

*Basic assumption, Copyright © Center for Medical Simulation. Used with permission.

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Appendix O
CSim Participant Evaluation Form

Student Name: _____

	0 = Did not perform; 1=Performed, but not to expected standard; 2=Performed at expected standard; N/A=not applicable			
ASSESSMENT				
Obtains pertinent data in a prioritized manner.	0	1	2	N/A
Performs assessment and/or follow-up assessments as needed.	0	1	2	N/A
Assesses the environment in a productive and orderly manner.	0	1	2	N/A
COMMUNICATION				
Communicates effectively with intra/interprofessional team (SBAR, Written & verbal read back order, Closed loop)	0	1	2	N/A
Communicates effectively with client and/or family/community member (verbal, nonverbal, teaching)	0	1	2	N/A
Documents clearly, concisely and accurately	0	1	2	N/A
Responds to abnormal findings appropriately and promptly	0	1	2	N/A
Promotes professionalism	0	1	2	N/A
CLINICAL JUDGMENT				
Interprets vital signs (T, P, R, BP, O2 Sats, Pain)	0	1	2	N/A
Interprets lab results	0	1	2	N/A
Interprets subjective/objective data (recognizes data as relevant and/or irrelevant)	0	1	2	N/A
Prioritizes appropriately	0	1	2	N/A
Performs evidence based actions/responses	0	1	2	N/A
Provides evidence based rationale for actions/responses	0	1	2	N/A
Evaluates evidence based actions/responses and outcomes	0	1	2	N/A
Reflects on clinical simulation experience	0	1	2	N/A
Delegates appropriately	0	1	2	N/A
PATIENT SAFETY				
Uses patient identifiers appropriately	0	1	2	N/A
Utilizes standardized practices and precautions (hand washing, PPE use)	0	1	2	N/A
Administers medications safely (uses clients rights)	0	1	2	N/A
Manages technology and equipment	0	1	2	N/A
Performs procedures correctly	0	1	2	N/A
Reflects on potential hazards and errors	0	1	2	N/A

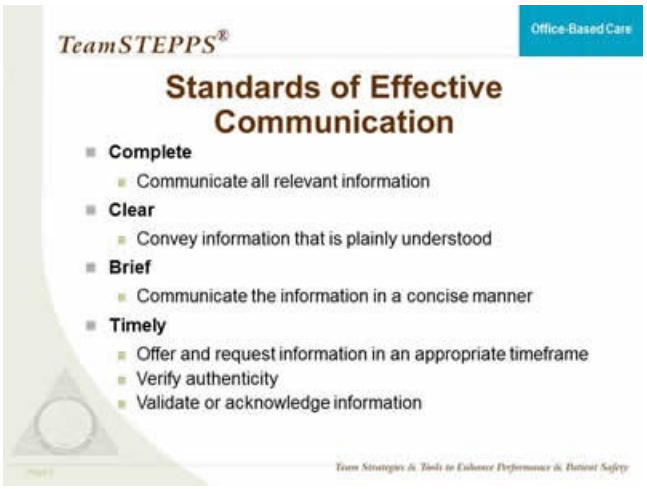
Comments:

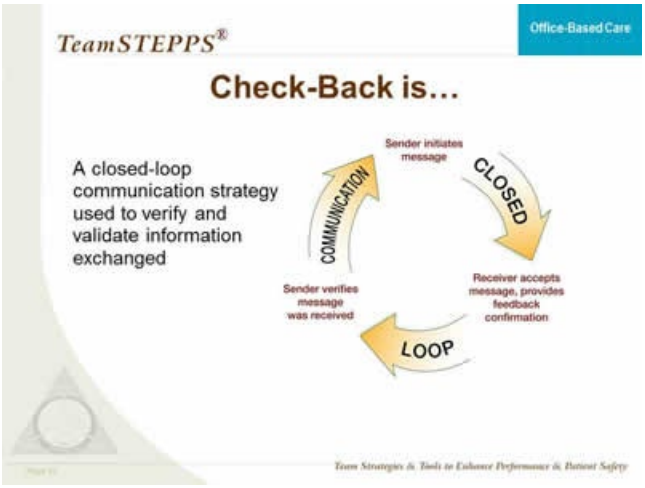
Total scored	
Total available	
Score received	

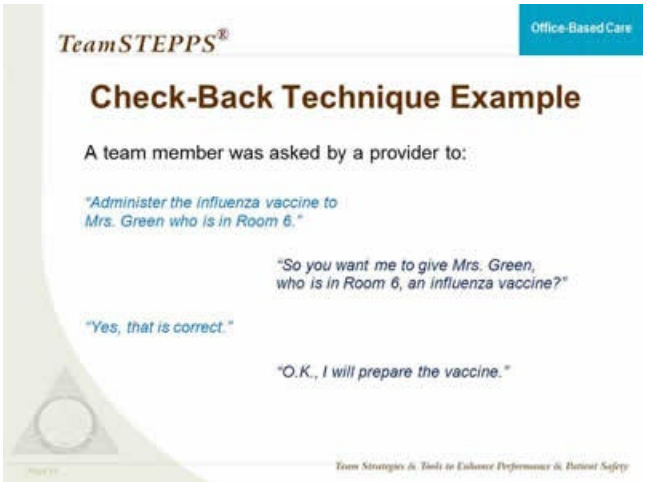
***Created by SPSCC Simulation Committee, 4/2020*

Faculty Observer: _____

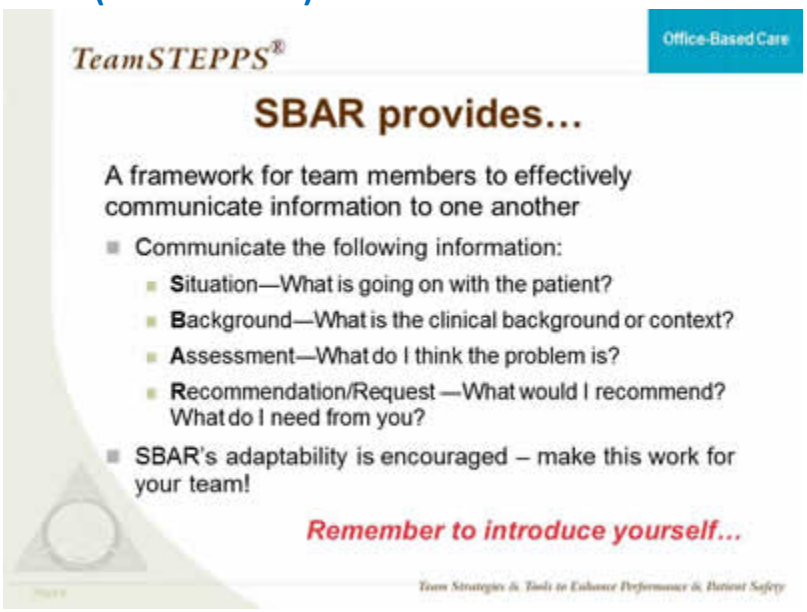
Appendix P
Closed Loop Communication/Check-Back (TeamsSTEPPS)







SBAR (TeamSTEPPS)



SBAR through TeamSTEPPS reminds you to introduce yourself. In the rubric below, 'I' is for Identify.

Figure 1. ISBAR Interprofessional Communication Rubric

Quantitative Rating	No Credit (0)	Remediation (1)	Pass (2)	Exceeds Expectations (3)	Score
Identify	RN student fails to identify self	RN student concisely identifies 1 of the 3 criteria: ☐ Name ☐ Position ☐ Where he/she is calling from	RN student concisely identifies 2 of the 3 criteria: ☐ Name ☐ Position ☐ Where he/she is calling from	RN student concisely identifies all criteria: ☐ Name ☐ Position ☐ Where he/she is calling from	
					Score
Situation	RN student fails to provide the situation	RN student concisely provides 1 of the 3 criteria: ☐ Patient by name and age ☐ Diagnosis or chief complaint ☐ Reason for the call/problem	RN student concisely provides 2 of the 3 criteria: ☐ Patient by name and age ☐ Diagnosis or chief complaint ☐ Reason for the call/problem	RN student concisely provides all criteria: ☐ Patient by name and age ☐ Diagnosis or chief complaint ☐ Reason for the call/problem	
					Score
Background	RN student fails to provide background information on the patient	RN student concisely provides 1 of 3 criteria: ☐ Admission date ☐ Relevant Past Medical History ☐ Recent interventions for the patient	RN student concisely provides 2 of 3 criteria: ☐ Admission date ☐ Relevant Past Medical History ☐ Recent interventions for the patient	RN student concisely provides all criteria: ☐ Admission date ☐ Relevant Past Medical History ☐ Recent interventions for the patient	
					Score
Assessment	RN student fails to provide assessment data	RN student concisely provides 1 of 3 criteria: ☐ Vital Signs ☐ LOC/behavior ☐ Relevant assessment data	RN student concisely provides 2 of 3 criteria: ☐ Vital Signs ☐ LOC/behavior ☐ Relevant assessment data	RN student concisely provides all criteria: ☐ Vital signs ☐ LOC/Behavior ☐ Relevant assessment data	
					Score
Recommendation	RN student fails to provide a recommendation	RN student concisely provides 1 of 3 criteria: ☐ Suggests potential reason for condition or suggests interventions. ☐ Explains urgency of actions ☐ Repeats back all orders; clarifying if needed	RN student concisely provides 2 of 3 criteria: ☐ Suggests potential reason for condition or suggests interventions. ☐ Explains urgency of actions ☐ Repeats back all orders; clarifying if needed	RN student concisely provides all criteria: ☐ Suggests potential reason for condition or suggests interventions. ☐ Explains urgency of actions ☐ Repeats back all orders; clarifying if needed	
					Total Score

Rubric developed by Foronda, C. & Bauman, E. (2015). Assistance with graphic design provided by Azaiza, K.
This tool may be used freely with acknowledgment and citation from the corresponding publication in *Nursing Education Perspectives*, 36(6), 383-388.doi: 10.5480/15-1644.
Adapted from the CliniSpace™ ISBAR Rating Sheet developed by Innovation in Learning Inc. & Clinical Playground, LLC, 2011, with permission (unpublished)
SBAR format and tool originally developed by the United States military and adapted for healthcare by Kaiser Permanente (Institute for Healthcare Improvement, 2015).
Please retain this footer in the spirit of appropriate recognition.

The Joint Commission (TJC) includes a requirement under the Provision of Care, Treatment, and Services (PC 02.01.03, EP 20) for the receiver of a verbal order to record it and read (not repeat) back to the prescriber. This is a safety measure that helps reassure that one has not only heard an order correctly but also transcribed it accurately. In response to that requirement, Quality and Safety Education for Nurses (QSEN) recommends adding a second 'R' for Readback.

Another resource includes Institute for Safe Medication Practices (ISMP) list of error-prone abbreviations, symbols, and dose designations and can be found at https://www.ismp.org/recommendations/error-prone-abbreviations-list.

Appendix Q
Clinical Simulation (CSim) Participation Agreement

Name: _____

FICTION CONTRACT

South Puget Sound Community College Nursing CSim Program faculty and staff strive to create realistic clinical settings within the limits of available technology, equipment, and supplies. During CSim experiences, students will encounter low, medium, and high-fidelity manikins. While our goal is to replicate real-life clinical situations, technical limitations exist. Student learning is enhanced through a "suspension of disbelief," with students expected to interact with manikins, peers, and faculty as they would with real clients, families, and healthcare team members. Faculty and staff take their roles seriously and expect students to do the same. Time spent in the simulation space is considered clinical time, and all participants are expected to engage accordingly.

CONFIDENTIALITY OF INFORMATION

During CSim, students will participate directly in scenarios and may also observe classmates managing healthcare situations. Because simulation is a shared learning experience, students are expected to maintain confidentiality regarding individual performance and specific scenario details. The same standards of confidentiality that apply to real patients also apply in CSim, and HIPAA requirements must be upheld at all times.

Notes related to individual performance or scenario details must be shredded or deleted from electronic devices. Breaching confidentiality may impact classmates' learning and demonstrates a lack of professional responsibility.

AUDIOVISUAL DIGITAL RECORDING

SPSCC Nursing reserves the right to make continuous audiovisual digital recordings of simulation experiences and debriefing conferences. Students will consent to continuous audiovisual digital recording while in simulation experiences. Unless authorized by the student, SPSCC Nursing will NOT specifically identify students and the recordings will be shown only for educational, research, or administrative purposes. No commercial or social media use of the audiovisual recordings will be made without student written permission and consent.

I have read all of the above and agree to the terms outlined in this participation agreement. By signing I am agreeing to uphold the confidentiality agreement and am hereby informed that there will be audiovisual recordings made of myself and my classmates participating in clinical simulations and furthermore, I agree to conduct myself in the manner outlined in the fiction contract for the duration of my time in the SPSCC Nursing Program.

_____ _____

Printed Name Date

_____

Signature

NURSING STUDENT HANDBOOK VERIFICATION STATEMENT FORM

All students enrolled in the nursing program must read this handbook and sign and submit the following statement at the beginning of each academic year (or when admitted, if admitted other than at the beginning of the academic year).

I have read, comprehend, and will comply with the Standards of Professional Behaviors and Policies and Procedures in the 2026-2028 South Puget Sound Community College Nursing Program Student Handbook.

Student Name: _____
(Please Print)

Student Signature: _____

Date: _____