The provisions in this handbook are based on Hartnell College policies and services and are subject to change. Material cited in the Nursing and Allied Health Student Handbook does not constitute an irrevocable contract between any applicant or student and the program. Hartnell College is not responsible for misrepresentation that might arise as a result of updates after publication or from errors occurring in the preparation of this handbook. Students are encouraged to use the links provided for detailed information.
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Congratulations on your acceptance to or progression in the Hartnell College Nursing and Allied Health programs. We applaud your diligence in the classroom and value your personal attributes. We are fortunate to share your educational experience and we ask for your commitment to be extraordinary.

Faculty and students have a clear mission and vision. We strive to be “an influential resource for the health and well-being of the community.” Core values of comportment, competence, caring, collaboration, and curiosity are shared. Everything we do in the classroom, skills lab, simulation lab, community, or at an individual’s bedside is founded on our “five Cs.” If we are to achieve our vision and demonstrate our values, we need you to embrace excellence and responsibilities for advancing the art and science of the nursing and respiratory care professions.

Your journey will not be easy; it shouldn’t be. Your journey will not be predictable; it can’t be. What your journey will be is incomparable to other educational or professional journeys you’ve experienced.

Hartnell College faculty and students are exemplary and we ask you to commit to the same standards. Together we will become an influential resource for health and well-being in our community.

Continued success!

Debra Kaczmar PhD-c, RN, CNE
Dean of Academic Affairs: Nursing and Allied Health
The Nursing & Allied Health Office is staffed from 0800-1700 Monday through Friday. Occasionally the office is closed between normal business hours for meetings.

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**Hartnell Academic Counselor for Nursing and Allied Health**

To ensure a quality educational plan, please contact the main counseling office at 831.755.6820 for an appointment with LaVerne Cook, the designated Nursing and Allied Health Academic Counselor.

**Salinas Valley Health Professions Pathway Partnership Program**

Manager: La’Quana Williams, MPH
Coordinator:
HARTNELL COLLEGE
NURSING AND ALLIED HEALTH

Clinical Agencies and Partnerships

Advantacare Medical
5 Mandeville Court
831.646.0303

American Medical Response West
PO Box 1953
Marina, CA 93933
831.718.9558

Central Coast Visiting Nurse Association
and Hospice, Inc.
5 Lower Ragsdale Drive Suite 102
Monterey, CA 93940
831.375.9882

Clinical de Salud de Valle del Salinas
N. Main, Circle Drive, Sanborn Clinics
Admin.: 440 Airport Blvd Salinas, 93905
831.757.6237

Coastal Kids Home Care
104 Brunken Ave., Suite A
Salinas, CA 93901
800.214.5439

Community Hospital of the
Monterey Peninsula
93625 Holman Highway
Monterey, CA 93940
831.625.4811

Community Hospital of the
Monterey Peninsula
Cardiopulmonary Wellness and Sleep
Center
93625 Holman Highway
Monterey, CA 93940
831.625.4811

Dorothy’s Hospitality Center
30 Soledad Street
Salinas, CA 93901

Eden Valley Care Center
612 Main Street
Soledad, CA 93960-2533
831.678.2462

El Camino Hospital
2500 Grant Road
Mountain View, CA 94040
650.940.7000

French Hospital Medical Center
1911 Johnson Avenue
San Luis Obispo, CA, 93401
805.543.5353

Hartnell College
Child Development Center
411 Central Ave
Salinas, CA 93901
831.755.6945

Laurel Health Clinics
Monterey County Outpatient Services
Pediatrics, Family Practice, Women's
Health
1441 Constitution Blvd
Salinas, CA 93906

Katharine Healthcare
315 Alameda Avenue
Salinas, CA 93901
831.424.1878

Marian Regional Medical Center
1400 E. Church Street
Santa Maria, CA, 93454
805.739.3000
Mee Memorial Hospital
300 Canal Street
King City, CA 93930
831.385.6000

Monterey Bay Oncology
5 Harris Court
Monterey, CA 93940
831.375.4105
505 E. Romie Lane
Salinas, CA 9390
831.755.1801

Monterey County Health Department
-Salinas Office
1270 Natividad Road
Salinas, CA 93906
831.755.4500
-Alisal Health Center
559 E. Alisal Street #201
Salinas, CA 93905
(831) 769-8800

Natividad Medical Center, including
Antenatal, Lactation Services, Infectious
Disease Outpatient Services
1441 Constitution Blvd.
Salinas, CA 93912
831.755.4111

Pacific Care Center (Kindred)
720 East Romie Lane
Salinas, CA 93901
831.424.8072

Palo Alto VA
3801 Miranda Ave
Palo Alto, CA 94304
650.493.5000

Salinas City Elementary School District
840 South Main Street
Salinas, CA 93901
831.753.5600
Edited 071216dk

Salinas Valley Medical Clinic Cancer Care
505 E. Romie Lane
Salinas, CA 93901
831.757.2058

Salinas Valley Memorial Health System
450 East Romie Lane
Salinas, CA 93901
831.757.4333

Sierra Vista Regional Medical Center
1010 Murray Avenue
San Luis Obispo, CA 93405
805.546.7600

St. Louise Regional Hospital
9400 No Name Uno
Gilroy, CA 95020
408.848.2000

Sun Street Center
11 Peach Drive
Salinas, CA 93901
831.753.5144

Sutter Maternity and Surgical Center
2900 Chanticleer Ave. Santa Cruz,
CA 95065

The Windsor Ridge Rehabilitation Center
350 Iris Drive
Salinas, CA
831.449.1515

WIC Nutrition Program
632 East Alisal Street
Salinas, CA 93905
831.393.3251

Windsor Gardens
637 E. Romie Lane
Salinas, CA 93901
831.424.0687
HARTNELL COLLEGE NURSING  
AND ALLIED HEALTH PROGRAM  
Mission, Vision, Values, and Philosophy

Mission
The mission of Nursing and Allied Health is to facilitate an interprofessional learning environment in which students become safe, accountable, and culturally-responsive healthcare professionals. Faculty and students embrace excellence and model ethical leadership while advancing the art and science of healthcare professions. The faculty and students adopt an attitude of inquiry; ideas are generated and the art of investigation is prized.

Vision
Nursing and Allied Health will be an influential resource in health education for the Salinas Valley.

Values
Nursing and Allied Health facilitates the development of healthcare professionals who embody and demonstrate core values of comportment, competence, caring, collaboration, and curiosity:

**Comportment**- involves the internalization of the core values of professional practice (NLN, 2010). Comportment is actualized by the integration of “values and actions, and may be measured in the form of professional conduct, appearance, behavior, and collaborative practice” (Clickner & Shirey, 2013, p. 108).

**Competence**- is an integration of knowledge, skills, abilities, and judgments demonstrating an expected level of performance within a scope of practice. The competent healthcare professional facilitates competent practice and seeks to remove barriers that constrain competent practice. Competence is definable, measurable, and can be evaluated; the professional is responsible and accountable for maintaining competence; competence is situational and dynamic (Professional Role Competence Position Statement, ANA, 2014).

**Caring**- is defined as "a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility" (Swanson, 1991, p. 162). There are five caring processes seen as common features of caring relationships:

- **“Knowing”** represents understanding the client experience and striving to understand an event as it has meaning in the life of the other.
- **“Being with”** includes being available and emotionally present to the other.
- **“Doing for”** entails competently doing for the other what he or she would do for self if it were at all possible. Caregivers develop a healing environment, preserve dignity and help the client navigate the healthcare system.
- **“Enabling/Informing”** is facilitating the other’s passage through life transitions and unfamiliar events. Caregivers share knowledge to benefit the other.
1. “Maintaining belief” revolves around believing in the client’s ability to make the best decisions. Caregivers demonstrate a sustaining faith in the other’s capacity to get through an event or transition and face a future with meaning (Swanson, 1991).

**Collaboration**- is the concerted effort to attain a shared goal, so the health needs of the client and the public may be addressed. Collaboration requires mutual trust, recognition, and respect among the interprofessional healthcare team, shared decision-making about client care, and open dialogue among all parties who have an interest in and a concern for healthcare outcomes (American Nurses Association (ANA), 2015).

**Curiosity**- is necessary to pursue life-long learning. “Essential to professional practice, the skills of inquiry, clinical reasoning, and research must be taught and directed.”(Benner, 2010). Evidence-based practice is best practice, and curiosity is the tool of discovery.

**Interprofessional Core Competencies**

Interprofessional core competencies include four domains, essential values for nursing and allied health professionals:

1. **Values/ethics for interprofessional practice**: Work with individuals of other professions to maintain a climate of mutual respect and shared values

2. **Roles/responsibilities**: Use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the clients and populations served.

3. **Interprofessional communication**: Communicate with clients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.

4. **Teams and teamwork**: Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver client/population-centered care that is safe, timely, efficient, effective, and equitable (IEC Expert Panel, 2011).

**Philosophy**

Nursing and Allied Health supports and implements the mission statement and objectives of Hartnell College. The Nursing and Allied Health philosophy is a compilation of beliefs and values held by the faculty about health, persons, environment, nursing, healthcare, education and learning. Guided by core values of comportment, competence, caring, collaboration, and curiosity, faculty ascribes to an evolving learning environment that incorporates new ideas and technology and is guided by the foundational elements of safety, quality, and ethical-legal standards.

Nursing and Allied Health strives to create an inclusive academic environment where diverse faculty, staff, and students flourish. Faculty is responsive to the unique needs of each student. Celebrating strengths and past experiences of students and faculty alike fortifies and enhances the
Nursing and Allied Health learning environment. Faculty encourages student engagement through the use of educational theories and instructional methods that include clinical scenarios, high and low fidelity simulation, application of theory to clinical practice, interprofessional learning activities, and reflective journaling. Faculty believes that modeling professional behaviors and promoting student growth transforms students into graduates who are prepared for entry-level positions within their scope of practice and who are inspired to engage in leadership and lifelong learning. These elements guide our curriculum development and the way in which faculty interact with students.

Learning is the process by which behavior is changed as the individual acquires, retains, and applies knowledge, attitudes, skills, or modes of thought (Billings & Halstead, 2012). The ultimate responsibility for learning rests with the learner. Learning is active and students construct meaning from experience. Nursing and Allied Health students are adults who are self-directed pragmatic problem solvers and find solutions to real problems.

Teaching is the facilitation of learning and requires mentors who value the student as a person and understand the student's learning needs (Bastable, 2008; Billings & Halstead, 2012). Nursing and Allied Health faculty creates learning environments that facilitate engagement and empower learners using a combination of cognitive, constructivist, adult-learning, and authentic learning styles. Cohort building provides internal support for students and establishes norms for expected professional behavior. The cohort model has been shown to assist the student with processing the academic requirements and fulfill students’ need for affiliation (Maher, 2005).

Ethically, each healthcare team member builds the cognitive, psychomotor, and affective skills required to demonstrate competence in practice. Students adhere to their respective ethical and the professional standards that define safe and effective practice. Competence alone is not enough to provide optimal care. Healthcare practitioners adapt care to each person's needs and preferences because the "person" is a biopsychosocial system that seeks meaning and purpose and interacts with the environment. Students integrate current, evidence-based practice with clinical expertise as they consider client preferences and values. They use information and technology to manage data and support decision-making. Quality improvement methods and measures mitigate error and continually improve the quality and safety of client care.

References


Associate Degree Nursing Program

Conceptual Framework:
Hartnell College Associate Degree Nursing (ADN) Program faculty embraces the core values of comportment, competence, caring, collaboration, and curiosity. The five core values and the nursing process create the foundation for the curriculum that includes four basic nursing concepts, or metaparadigms, which are person, environment, health, and nursing.

A **Person** is a biopsychosocial adaptive system that seeks meaning and purpose and interacts with the environment and who is the recipient of care.

**Environment** is the internal or external surroundings that affect the person. It includes the biological, spiritual, social, cultural political, economic, and systems-based factors that influence existence, development, and health of individuals, families, and communities.

**Health** is the degree of wellness or well-being that the person experiences. It is a dynamic state of being in which the developmental and behavioral potential of the individual, family, and/or community needs to be realized. Each has a right to quality healthcare and a responsibility to participate in this healthcare according to each person’s capabilities.

**Nursing** is the attributes, characteristics, and actions of the nurse providing care on behalf of, or in conjunction with, the person. Nursing is a dynamic profession occurring in a multicultural environment and is the application of concepts and theories from a unique knowledge and practice base.

The ADN program of study has a progressive design, going from maintaining health to promoting health then to restoring health, and finally, to optimizing health. The curriculum’s simple-to-complex design begins with an introduction of basic concepts of health and wellness needed to understand an individual’s response to simple physiological changes in health. It progresses to include nursing theory pertinent to individuals with complex physiologic changes, clinical leadership, and collaborative care. Nursing theory, clinical reasoning, skill development, cultural and ethical awareness, and clinical practice are integrated.

The curriculum has an organizational framework that reflects a commitment to evidence-based practice (EBP) as expressed in the nursing program’s philosophy. Hartnell College ADN curriculum’s unifying theme is the Nursing Process. The Nursing Process and Doenges & Moorehouse Diagnostic Divisions for data collection serve as structural frameworks. Components of Swanson's Framework for Caring Behaviors (Maintaining belief, Knowing, Being with, Doing for, and Enabling/Informing) integrated into the curriculum capture the humanistic attributes of nursing.

In 2014, the curriculum was aligned with the current National Council of State Boards of Nursing (NCSBN) registered nursing licensure test plan, California Registered Nursing Scope of Practice, and the joint Commission’s 2013 National Patient Safety Goals (NPSG). Knowledge, skills, and attitude competencies from Quality and Safety Education for Nurses and standards and
nursing practice guidelines from professional organizations are integrated into the curriculum.

A revised curriculum is proposed. The new course of study is aligned with new program outcomes, philosophy, mission, and program outcomes. The proposed academic program has a progressive design from maintaining health, to promoting health, to restoring health, and ending with optimizing health. Courses have a simple-to-complex framework, beginning with the introduction of basic concepts of health and wellness needed to understand an individual’s response to simple physiological changes in health. Advanced courses include nursing theory pertinent to individuals with complex physiologic changes, clinical leadership, and collaborative care. Nursing theory, clinical reasoning, skill development, cultural and ethical awareness, and clinical practice are integrated.

Clinical portfolio tools and assignments are leveled according to course outcomes. For example, students complete patient-centered plans of care that become more comprehensive as semesters progress. Fourth semester students complete self-designed capstone assignments with a leadership and collaborative care component. Students demonstrate specific skills in the clinical setting after being competency-tested in the skills lab.

The faculty is committed to a curriculum focused on quality and patient safety. Consequently, Hartnell College’s ADN professional practice standards, guidelines, and competencies reflect advances in contemporary nursing practice. Professional standards guide program outcomes. Students achieve nursing program outcomes through instruction that is innovative, supported by technology, and based on best practices. Articulation agreements with four-year universities are well established.

**The Nursing Process: Five Steps to Organize and Deliver Nursing Care***

**Assessment**
The nurse uses a systematic, dynamic way to collect and analyze data about an individual, the first step in delivering nursing care. Assessment includes physiological data, as well as psychological, sociocultural, spiritual, economic, and life-style factors. For example, a nurse’s assessment of an individual in pain includes physical causes, manifestations of pain, and the individual’s response to pain, such as an inability to get out of bed, refusal to eat, withdrawal from family members, expressed anger, or the request for more pain medication.

**Diagnosis**
The nursing diagnosis is the nurse’s clinical judgment about the person’s response to actual or potential health conditions or needs. For example, the diagnosis may reflect not only that the individual is in pain, but that the pain has caused other problems such as anxiety, immobility, poor nutrition, and conflict within the family, or has the potential to cause complications, such as respiratory infection secondary to immobilization. The diagnosis is the basis for the nurse’s care plan.

**Outcomes/Planning**
Based on assessment and diagnosis, the nurse sets measurable and achievable short- and long-range goals, or desired outcomes, for each person. Examples of short term goals include moving from bed to chair at least three times per day to improve mobility;
maintaining adequate nutrition by eating smaller, more frequent meals; or managing pain through biofeedback and/or requesting adequate medication. Examples of long-term goals include attainment of independent mobility within a specified period of time, or adequate nutrition achieved evidenced by weight maintenance or gain, or reduction of pain to an acceptable level prior to discharge. Assessment data, diagnosis, and goals are communicated in the plan of care, ensuring that involved healthcare professionals incorporate the information.

**Implementation**
Nursing care is implemented according to the plan of care. Continuity of care for the hospitalized individual or the individual receiving community-based healthcare service must be assured.

**Evaluation**
The individual’s status and the effectiveness of nursing care are continually evaluated, and the plan of care is modified as needed.

**Doenges & Moorhouse Diagnostic Divisions**: Framework for Data Collection
The nursing framework that guides data collection is the Doenges and Moorhouse Diagnostic Divisions. This framework focuses data collection on the nurse’s phenomena of concern: the human responses to birth, health, illness, and death. When evaluating the person’s response across the lifespan, the nurse promotes health, safety in the environment, prevention of disease, and the person’s access to the healthcare system.

**Diagnostic Divisions:**
**Activity/Rest**  
Ability to engage in necessary/desired activities of life (work and leisure) and to obtain adequate sleep/rest

**Circulation:** Ability to transport oxygen and nutrients necessary to meet cellular needs

**Ego Integrity:** Ability to develop and use skills and behaviors to integrate and manage life experiences

**Elimination:** Ability to excrete waste products

**Food/Fluid:** Ability to maintain intake of and use nutrients and liquids to meet physiological needs

**Hygiene:** Ability to perform basic activities of daily living

**Neurosensor}'

**Pain/Discomfort:** Ability to control internal/external environment to maintain comfort

**Respiration:** Ability to provide and use oxygen to meet physiological needs

**Safety:** Ability to provide safe, growth-promoting environment

**Sexuality** (Component of Ego Integrity and Social Interaction): Ability to meet requirements/characteristics of male/female role.

**Social Interaction:** Ability to establish and maintain relationships

**Teaching/Learning:** Ability to incorporate and use information to achieve healthy lifestyle/optimal wellness

*Adapted from the American Nurses Association, Inc. (2008). *About nursing*

**ADN Program Outcomes**: 
Upon successful completion of the Hartnell College Registered Nursing Program, a graduate will

1. Communicate with clarity, purpose and sensitivity with patients, families, communities, and interprofessional team members.
2. Access information required to assess, plan, implement, and evaluate patient care in accordance with legal and ethical standards.
3. Utilize evidence based practice and critical thinking skills when applying the nursing process to the nursing care of patients throughout the lifespan.
4. Integrate cultural competence in providing holistic nursing care across the lifespan based on knowledge of physical, social, and behavioral sciences.
5. Value lifelong learning, continuing education, and accountability for professional practice and development.
6. Advocate for patients, consumers, and the nursing profession through the involvement in healthcare policy and nursing practice.
7. Assume responsibility for the promotion, maintenance, restoration, and optimization of health for patients, families, and communities by utilizing the nursing process and a variety of teaching/learning strategies.
8. Use the principles of ethical decision-making according to the Nursing Code of Ethics and Patient Bill of Rights when planning care.
9. Demonstrate competence in nursing skills and caring practice at an entry level into the nursing profession in accordance to quality and safety initiatives.

*Under revision 2016-2017.*
# Hartnell College Associate Degree in Nursing Program Sequencing

### Semester 1

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<td>NRN 41</td>
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<td>NRN 110</td>
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**Total**: 10.5 units

**Total Nursing Units**: 44.5 units

RN course descriptions may be found in the Hartnell College Catalog and on the Hartnell College Nursing and Allied Health website: [http://www.hartnell.edu/sites/default/files/u71/rn_course_descriptions.pdf](http://www.hartnell.edu/sites/default/files/u71/rn_course_descriptions.pdf)
Vocational Nursing Program

Conceptual Framework:
Hartnell College Vocational Nursing faculty embraces the core values of comportment, competence, caring, collaboration, and curiosity. These core values and the nursing process create a unifying model and the structural framework for the curriculum. Nursing theory, clinical reasoning, skill development, cultural and ethical awareness, and clinical practice are integrated throughout the curriculum. The program of study has a simple-to-complex content framework beginning with the introduction of basic nursing care and ending with leadership and management principles for the vocational nurse. Human flourishing, professional development, a spirit of inquiry, and nursing judgment as concepts incorporated throughout the program of study. Safety, quality, collaboration, professional development, systems-based care and relationship-centered care are concepts that closely align with current workforce trends (National League for Nursing, 2010).

**Human flourishing** is defined as an effort to achieve self-actualization and fulfillment within the context of a larger community of individuals, each with the right to pursue his or her own such efforts. It encompasses the uniqueness, dignity, diversity, freedom, happiness, and holistic well-being of the individual within the larger family, community, and population. Achieving human flourishing is a life-long existential journey of hopes, achievements, regrets, losses, illness, suffering, and coping. The nurse helps the individual to reclaim or develop new pathways toward human flourishing (National League for Nursing, 2010).

**Professional identity** is defined as including both personal and professional development. It involves the internalization of core values and perspectives recognized as integral to the art and science of nursing. These core values become self-evident as the nurse learns, gains experience, reflects, and grows in the profession. Internalization of ethical codes of conduct is imperative. The nurse embraces these fundamental values in every aspect of practice while working to improve patient outcomes and promote the ideals of the nursing profession. Integral to this outcome is the nurse’s commitment to advocacy for improved health care access and service delivery for vulnerable populations and to the growth and sustainability of the nursing profession (National League for Nursing, 2010).

**Spirit of inquiry** is a persistent sense of curiosity that informs both learning and practice. A nurse infused by a spirit of inquiry will raise questions, challenge traditional and existing practices, and seek creative approaches to problem-solving. A spirit of inquiry in nursing engenders innovative thinking and extends possibilities for discovering novel solutions in both predictable and unpredictable situations (National League for Nursing, 2010).

**Clinical judgment** refers to ways nurses come to understand the problems, issues, or concerns of clients/patients, to attend to salient information, and to respond in concerned and involved ways (Benner, 2010). Nurses employ clinical judgment in complex patient care situations, working with interprofessional teams to ensure health care quality and safety. Critical components include: changes in patient status, uncertainty about the most appropriate course of action, accounting for context, and the nurse’s practical experience. Making clinical decisions is rooted in the nurse’s theoretical knowledge; ethical
perspectives; relationships with patients, the patient’s caregivers, and the community; and understanding of the influence of systems on health care outcomes (National League for Nursing, 2010).

**The Nursing Process: Five Steps to Organize and Deliver Nursing Care**

Nursing is an art and applied science that employs intellectual, interpersonal, and technical skills throughout the nursing process to assist clients in achieving optimum level of wellness. Hartnell College Vocational Nursing Program has adopted the Nursing Process as the problem-solving guide to vocational nursing practice. The vocational nurse assists the registered nurse in applying the nursing process to provide nursing care within their scope of practice.

**Assessment**
A vocational nurse collects holistic assessment data from multiple sources and communicates the data to appropriate healthcare providers. This is the first step in delivering nursing care. Assessment includes physiological psychological, sociocultural, spiritual, economic, and life-style data. For example, a nurse’s assessment of a person in pain includes not only the physical causes and manifestations of pain, but the person’s response: an inability to get out of bed, refusal to eat, withdrawal from family members, expressed anger, acceptance, fear, or the request for more pain medication.

**Diagnosis**
The nursing diagnosis is the person’s clinical judgment about the person’s response to actual or potential health conditions or needs. For example, the diagnosis may reflect not only that the individual is in pain, but that the pain has caused other problems such as anxiety, immobility, poor nutrition, and conflict within the family, or has the potential to cause complications, such as respiratory infection secondary to immobilization. The diagnosis is the basis for the nurse’s care plan. The vocational nurse assists the registered nurse when determining nursing diagnoses and contributes to the plan of care within the VN scope of practice.

**Outcomes/Planning**
Based on the assessment and diagnosis, the vocational nurse collaborates with the registered nurse to set measurable and achievable short- and long-range goals/desired outcomes for each person. Examples of short term goals may include moving from bed to chair at least three times per day to improve mobility; maintaining adequate nutrition by eating smaller, more frequent meals; or managing pain through biofeedback and/or requesting adequate medication. Examples of long term goals may include attainment of independent mobility within a specified period of time; adequate nutrition achieved evidenced by weight maintenance or gain; or reduction of pain to an acceptable level prior to discharge. Vocational nurses collaborate with the registered nurse or other members’ of the healthcare team to organize and incorporate assessment data to plan/revise patient care and actions based on established nursing diagnoses, nursing protocols, and assessment and evaluation data.

**Implementation**
The vocational nurse implements nursing care, at the direction of a registered nurse,
licensed physician or dentist through performance of nursing interventions or directs aspects of care, as appropriate, to unlicensed assistive personnel.

**Evaluation**
The vocational nurse assists the registered nurse by monitoring patient’s status and reporting any deviations from the plan of care.


**Adapted from the American Nurses Association, Inc. (2014). About Nursing. Related information on BVNPT web site.**

**VN Program Outcomes*:**
Upon successful completion of the Hartnell VN Program, a graduate will

1. function in a collaborative role with members of the healthcare team to promote comfort, protect, maintain and restore health for individuals, families, and communities by utilizing the nursing process.
2. demonstrate competence in nursing skills and caring practice at the entry level of a vocational nurse in accordance with quality and safety initiatives.
3. apply evidence-based practice and critical thinking skills when using the nursing process to provide care to individuals throughout the lifespan.
4. communicate with clarity, purpose and sensitivity with individuals, families, communities, and interprofessional team members.
5. provide safe and effective nursing care, employ curiosity in accessing information to assist with assessment, and demonstrate caring in the implementation of nursing actions in accordance with legal and ethical standards.
6. demonstrate patient-centered care that is sensitive to individual's preferences, values, and needs.
7. follow the rights of medication administration, and administer medications with appropriate assessments and teaching.
8. promote self-advocacy for individuals through the involvement in community and nursing practice.
9. adhere to the Nursing Code of Ethics and all legal principles encompassed in the Vocational Nursing Scope of Practice
10. value life-long learning, continuing education, and accountability for nursing practice and development.

*Under revision 2016-2017*
## Hartnell College Vocational Nursing Program Sequencing

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<tbody>
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<td>NVN 130A Basics of Pharmacology A</td>
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*NVN -150.1 Vocational Nursing: Laboratory Practicum (0.3 units) is offered in conjunction with Modules 2 and 3.

Modules are approximately nine weeks. With the exception of Module 1, two modules are scheduled per semester.

LVN course descriptions can be found in the Hartnell College Course Catalog and on the Nursing and Allied Health website:


Edited 071216dk
Respiratory Care Practitioner Program

Competency Based Education Framework:

The Hartnell College Respiratory Care Practitioner (RCP) Program utilizes a competency-based education framework. The program prepares graduates who demonstrate competence in the cognitive, psychomotor, and affective learning domains of respiratory care practice. Respiratory care faculty embraces the core values of caring, competence, collaboration and curiosity. These core values create a unifying model and structural framework for the curriculum to meet the goals of the program. In addition, faculty utilizes the four competencies for interprofessional practice established by the IEC expert panel in 2011 as guiding principles for the program. Theory, competency-based education, clinical reasoning, skill development, cultural and ethical awareness, and clinical practice are integrated throughout the curriculum. The program of study presents a simple-to-complex approach, beginning with the introduction of basic respiratory care and ending with advanced respiratory care, leadership, and management principles for the respiratory care practitioner. Hartnell College RCP Program graduates work in settings where people require support, advocacy, and care.

The competency-based education framework’s educational goals are “defined in terms of precise measurable descriptions of knowledge, skills, and behaviors students should possess at the end of a course of study” (Richards & Rogers, 2001). In addition, the framework addresses what graduates are expected to do (e.g. solve problems, communicate effectively, provide appropriate care) upon completion of their program of study rather than what they are expected to learn during the course of their study” (Richards & Rogers, 2001). RCP graduates are competent in seven major domains identified by Barnes, Gale, Kacmarek, and Kageler (2010, p. 604). These domains include the following:

1. Diagnostics
2. Disease management
3. Evidence-based medicine and respiratory care protocols
4. Patient assessment
5. Leadership
6. Emergency and critical care
7. Therapeutics

In addition to competencies within the seven major domains expected of respiratory care graduates, “all health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics” (Institute of Medicine, 2003, p. 3). Five core competencies for all health professionals have been identified by the Institute of Medicine (IOM) in 2003. RCP students demonstrate the following interprofessional competences:

1. **Provide patient-centered care.** Identify, respect, and care about people. Differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of health lifestyles, including a focus on population health

2. **Work in interdisciplinary teams.** Cooperate, collaborate, communicate, and integrate
care in teams to ensure that care is continuous and reliable

3. **Employ evidence-based practice.** Integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible

4. **Apply quality improvement.** Identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality

5. **Utilize informatics.** Communicate, manage knowledge, mitigate error, and support decision making using information technology (IOM, 2003, p. 45-46)

Definitions:

**Competency:** the full array of knowledge, skills, attitudes, and other characteristics (KSAOs) for completing a task or course of study or performing a job, rather than simply knowledge alone (Calhoun, Wrobel, & Finnegan, 2011, p. 152).

**Competency:** written statements describing the measureable set of specific knowledge, skills, and affective behaviors expected of graduates (CoARC, 2010, p. 10).

**Interprofessional competencies:** integrated enactment of knowledge, skills, and values/attributes that define working together across the professions, with other healthcare workers, and with patients, along with families and communities, as appropriate to improve health outcomes in specific care contexts (IEC Expert Panel, 2011, p. 2).

References:
RCP Program Outcomes
Upon successful completion of the Respiratory Care Practitioner (RCP) program a graduate will

1. Comprehend, apply, and evaluate information necessary to practice as a respiratory care practitioner (cognitive) as evidenced by their ability to
   a. analyze and evaluate patient’s subjective and objective data from the patient’s record to formulate or revise a respiratory care plan.
   b. educate patients and their families about disease states, treatment and health promotion.
   c. pass the licensure examination accepted by the California State Respiratory Care Board (National Board for Respiratory Care Entry Level Examination) and qualifying for licensure as a California Respiratory Care Practitioner. Graduates will also successfully pass the National Board for Respiratory Care Advanced Practitioner Written and Simulation Registry Examination within one year of program completion.

2. Perform the skills competently as a respiratory care practitioner (psychomotor) as evidenced by their ability to
   a. assess patients in the healthcare setting and document findings and interventions.
   b. implement respiratory therapeutic interventions in a timely manner consistent with patient safety and infection control standards.
   c. communicate clearly and professionally in interpersonal interactions with patients, family members, and the healthcare team.

3. Practice professional attitudes and behavior (affective) as evidenced by their ability
   a. practice within the legal and ethical scope of practice.
   b. work effectively as a healthcare team member.
   c. ensure safe and supportive care by building cross-cultural relationships, addressing the physical and psychosocial needs of the patient.
# Hartnell College Respiratory Care Practitioner Program Sequencing

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### Course Descriptions

Course Descriptions can be located in the Hartnell College Course Catalog and on the Nursing and Allied Health website:

Mission Statement

The purpose of the Hartnell College Emergency Medical Technician program prepares individuals to render prehospital basic life support at the scene of an emergency, during transport of the sick and injured, or during inter-facility transfer within an organized EMS system.

EMT Department of Transportation Curriculum Statement

The Hartnell College EMT Training Program uses the United States Department of Transportation’s EMT-Basic National Standard Curriculum, DOT HS 808 149, August 1994, which includes learning objectives, skills protocols, and treatment guidelines.


Course Policies and Guidelines

The EMT-basic course curriculum is extremely demanding, requiring students to demonstrate competency in cognitive, psychomotor and affective domains. Students demonstrate the ability to work well with other students, instructional staff, pre-hospital/clinical personnel, and patients. Entering this course, the student is expected to work hard and be thoroughly challenged.

The field EMT is self-reliant, motivated and has the ability to work as a team member to provide care to the ill or injured. To achieve competence, students study at least one hour for every classroom hour in order to keep pace with the information being delivered. It is strongly recommended that students incorporate a team approach to this course by establishing study groups with others in the course.

It is expected that students come prepared for lecture and skills classes by studying the topics before the lecture and practicing the skills presented outside the classroom setting for mastery. It should be noted that students are prepared for work that will make them responsible for the lives and well-being of others, their partners, and themselves. With this in mind, it is the responsibility of the instructors to provide a classroom setting that is intended to make students both proficient and confident in the knowledge and application of skills required to function as EMTs. After successful completion of the EMT-basic course and the NREMT cognitive examination, the student is considered a “safe beginner” in the challenging field of pre-hospital emergency care.
Attendance
The EMT curriculum is taught to standards set by the State of California. A minimum number of academic hours are required for successful completion. Certain lectures are mandatory. Compulsory requirements allow for no more than eight (8) hours of absence during the entire course. More than eight (8) hours of absence results in the student being ineligible for the NREMT Cognitive examination. Attendance is taken at the beginning and end of each class. Students who leave during the class are marked absent for that class period.

The instructor must approve early dismissal from any class: reasons of acute illness, family emergency, employment obligations or transportation reasons. It is the responsibility of the student to make adjustments to their schedule in order to meet the minimum State and Hartnell College requirements for attendance.

There is no tolerance for disruptive behavior or distractions during classroom sessions, clinical observations, or ambulance observations during the course.

Convictions:
Students convicted of crimes must check with the EMS agency to determine eligibility for county certification. The NREMT felony conviction policy is available from the instructor or at www.nremt.org under general policies. Failure to report convictions results in automatic denial or revocation of certification per state law. Students must consult with the EMT Program Director, confidentially, for further information.

Prior denial, suspension or revocation of certification: State law requires the local EMS agency to investigate any prior denial of certification for pre-hospital care in any capacity, and/or suspension or revocation. Students must consult with the EMT Program Director, confidentially, for details.

Open Door Policy
Hartnell College and the EMT instructors practice an open door policy to address issues that come up during the class. It is expected that the student anticipates and resolves issues as they arise to the best of their ability, but should there be a need for further assistance, students contact the instructor of Dean of Academic Affairs, Nursing and Allied Health directly or through the contact information provided.

Ambulance/Emergency Room Observation General Information
Part of the course curriculum involves a minimum set hours of clinical rotations and patient contacts in order to acquire certification. American Medical Response is the primary 911 ambulance provider in Monterey County and Natividad Medical Center may be the hospital utilized for Emergency Room observations. The student must maintain 70% GPA in order to participate in these observations. The student must comply with any and all regulations imposed by these health care providers including; appropriate dress and hygiene. Students who show up unprepared, late, or are otherwise unprofessional, may be sent home.
EMT Course Prerequisite

Coursework

HES-120 or an equivalent is a prerequisite to EMT-53. HES-120 provides a current Basic Life Support (BLS) for the Healthcare Provider certification card issued by the American Heart Association.

EMT 53 COURSE DESCRIPTION:

EMT 53 EMT follows the state-mandated curriculum. The classroom setting and clinical rotations provide opportunities to gain proficiency in the theoretical knowledge and in the application of basic life support skills required to function as an EMT. Upon completion of course requirements, students are issued a Course Completion Certificate that is required for EMT certification through the California Emergency Medical Services Agency.

COURSE OBJECTIVES:

Upon satisfactory completion of the course, students will be able to

1. define patient rights and delineate the responsibilities of EMTs in assuring those rights.
2. discuss moral and ethical tenets that direct the actions of health care professionals.
3. examine laws, regulations, and health care delivery systems that preside over the practices of EMTs.
4. employ ethical and legal standards when reporting and documenting patient care.
5. appraise the infection control guidelines required for standard and transmission-based precautions.
6. compare and contrast the need for various types of protective equipment in a variety of emergency settings.
7. choose appropriate personal protective equipment and demonstrate appropriate use.
8. explain precautions necessary to ensure the EMT's safety to prevent injury and infection from blood-borne pathogens.
9. demonstrate appropriate body mechanics when lifting, transferring, and moving people.
10. perform effective adult, pediatric and infant one and two rescuer cardiopulmonary resuscitation.
11. perform effective adult, pediatric, and infant airway obstruction management.
12. demonstrate the use of various adjunctive ventilatory aids including the bag valve mask, and various resuscitation barrier devices.
13. demonstrate the safe use of an automated external defibrillator (AED).
14. categorize the role and scope of responsibility of the emergency medical technician at the scene of an accident, during transport, and until the time the patient receives professional health care.
15. develop skills in intelligent observation of operational function, maintenance, and utilization of necessary equipment.
16. demonstrate proficiency in written and verbal communication and accurate reporting of pertinent data.
17. provide safe, competent care according to local and state legal parameters.
18. conduct the primary and secondary survey/assessment and subjective interview, including essential components of the patient's history and condition.
19. diagram the normal anatomy and physiology of the respiratory, cardiovascular,
neurosensory, skeletal, and reproductive systems
20. explain and demonstrate the appropriate treatment measures for respiratory emergencies.
21. recognize and distinguish the basic signs and symptoms of cardiac emergencies.
22. demonstrate correctly the skills involved in the stabilization of cardiac emergencies.
23. describe the signs and symptoms indicative of shock and measures to treat shock.
24. relate basic principles of pharmacology, intravenous fluid resuscitation, and medication
administration to the adult and child with life threatening emergencies.
25. describe the explain the EMT's scope of responsibility for intravenous therapy, e.g.,
initiation, assessment of site, fluid infusion.
26. plan and demonstrate skills necessary in the treatment of integumentary, skeletal, and
neurological injury
27. apply splints, bandages, spinal immobilizers, and traction splints.
28. describe the symptoms and emergency care for a person with a life-threatening medical
condition.
29. explain the physiological response to ingestion of poisons, drug overdoses, and anaphylactic
reactions; select a management plan for each situation.
30. provide emotional support to the person who has been assaulted or raped, incorporating
appropriate legal principles and guidelines
31. choose appropriate measures to assist with an uncomplicated delivery of a newborn.
32. examine the problems associated with the emergency delivery of a newborn with abnormal
presentation/premature delivery.
33. compare physiological manifestations of the death process to a person's psychological
mechanisms of coping with the death process/grief.
34. assist in advanced life support techniques, including the application of ECG leads, initiation
of IV fluids, AED, and application of MAST trousers.
35. describe the EMT's role during terrorist emergencies and natural/man-made disasters.
36. describe the basic roles and structures of body cells.
37. discuss the mechanisms the body uses to compensate for impaired cardiopulmonary
function.
38. describe the roles of water, glucose, and oxygen in the cell.
39. describe conditions that can threaten cardiopulmonary function.
40. explain the pathophysiology of shock.
41. identify signs and symptoms that indicate the body is attempting to compensate for impaired
cardiopulmonary function.
42. recognize indications that the body’s fluid balance has been disrupted.
43. recognize indications that the nervous system may be impaired.
44. describe the effects on the body of endocrine dysfunction, digestive system dysfunction, and
immune system dysfunction.
45. describe the structure and function of the hematologic system.
46. identify medications that can interfere with blood clotting.
47. describe the structure and function of the renal system.
48. describe the causes and consequences of acute and chronic renal failure.
49. recognize patients with complications of end-stage renal disease, dialysis, and missed
dialysis.
50. describe special considerations for patients who have received a kidney transplant
51. describe special challenges patients may have, including various disabilities, terminal
illness, obesity, homelessness/poverty, and autism.
52. describe general considerations in responding to patients with special challenges.
53. recognize physical impairments and common medical devices used in the home care of patients with special challenges, including respiratory devices, cardiac devices, gastrouinary devices, central IV catheters and discuss EMT assessment and transport considerations for each.
54. explain why patients with special challenges are often especially vulnerable to abuse and neglect and what the EMT’s obligations are in such situations.
55. explain how diagnosis in emergency situations may differ from traditional approaches to diagnosis.
Public Health

New public health associate and transfer degrees are pending. Approval is expected in 2017. The associate in science degree in public health prepares leaders who promote community health, prevent disease, and improve environment conditions in which people can be healthy. The public health degree is interdisciplinary in nature and prepares students for a variety of careers in schools, non-profit organizations, government agencies, hospitals, and wellness programs.

The Associate in Science degree in Public Health for Transfer provides a clearly articulated curricular track for students who wish to transfer to baccalaureate degree programs at a California State University (CSU) campus in areas such as Public Health, Health Science, Kinesiology with a Health Education or a Health and Wellness Promotion concentration, Collaborative Health and Human Services with Community Health option, and related fields.

Coursework
During the 2016-2017 academic year the following courses are scheduled:

COURSE DESCRIPTIONS:

**HES-1. Introduction to Public Health (3).** An introduction to the discipline of public health. An overview of terminologies and basic concepts of public health, public health professions, institutions, and public health disciplines will be provided. Areas of public health such as epidemiology, prevention and control of diseases in the community, analysis of social determinants of health, health disparities, community health promotion programming, environmental health and safety, global health, and health, and healthcare policy will be covered.

**HES-2. Health and Social Justice (3).** An introduction to the health inequities in the United States due to unequal living conditions. Socioeconomics, race and gender as topics of health inequality in the United States will be covered. Students will research current policy proposals to reduce health inequality and gain information and skills for health and social justice advocacy.

**HES-3. Drugs, Health, and Society (3)** An overview on substance abuse and its relevance to personal and public health. The definition of licit and illicit drug use as well as the concept of substance abuse and dependence will be introduced. The pharmacology of selected substances and their neurologic and physiologic effects will be reviewed. Political, social, and economic factors involved in the supply and demand for drugs will be discussed. Epidemiologic data on the incidence, prevalence, and trends of smoking, alcohol, prescription, and other drug dependencies in the U.S. will be covered as well as risk factors associated with the use and abuse of these substances. Treatment options for recovery and prevention will be reviewed.
Interprofessional Education

Students in Nursing and Allied Health learn interprofessionally. Faculty optimizes opportunities for students to learn theory and practice clinical skills together. Five core interprofessional competencies for health professionals include the following*:

1. **Provide patient-centered care.** Identify, respect, and care about patients. Differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of health lifestyles, including a focus on population health.

2. **Work in interdisciplinary teams.** Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.

3. **Employ evidence-based practice.** Integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.

4. **Apply quality improvement.** Identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.

5. **Utilize informatics.** Communicate, manage knowledge, mitigate error, and support decision making using information technology.


Elective Courses

Simulation courses are offered to RN, LVN, RCP, and EMT students as electives. The interprofessional courses are designed so that students may practice basic clinical skills and techniques, engage in clinical reasoning, and make collaborative clinical decisions in the safe environment of the college simulation lab. Each course has a designated focus or a target population (e.g. adult/older adult with physiological and psychological conditions; multi-system failure; maternal-newborn and pediatric health and wellness).

NRN-70/NVN-170 Growth and Development across the Lifespan is a required course for VN students and an elective course for students in a variety of disciplines, including baccalaureate level registered nursing programs. The focus is on promotion of wellness across the lifespan and how illness impacts the accomplishment of developmental tasks.

<table>
<thead>
<tr>
<th>Elective and Simulation Courses</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRN 60.1 Clinical Simulations for Nursing and Allied Health I</td>
<td>0.5 units</td>
</tr>
<tr>
<td>NRN 60.2 Clinical Simulations for Nursing and Allied Health II</td>
<td>0.5 units</td>
</tr>
<tr>
<td>NRN 60.3 Clinical Simulations for Nursing and Allied Health III</td>
<td>0.5 units</td>
</tr>
<tr>
<td>NRN 60.4 Clinical Simulations for Nursing and Allied Health IV</td>
<td>0.5 units</td>
</tr>
<tr>
<td>NVN/NRN 70 Growth &amp; Development across the Lifespan for the Healthcare Professional</td>
<td>3 units</td>
</tr>
</tbody>
</table>

Academic Integrity

Academic integrity is an essential component of professional behavior in the nursing and allied health programs. Students are expected to possess a sense of responsible professional behavior and to be accountable for their actions.

Academic Dishonesty

The Hartnell College Nursing and Allied Health Programs’ policies are in accordance with the “Standards of Student Conduct Policies” as set forth in the Hartnell College Board Policy (BP5500) and administrative procedure (AP5500), Student Handbook, College Catalog, Schedule of Classes, online orientation, and the Hartnell website. Copies of documents are available at http://www.hartnell.edu/standards-student-conduct

1. AP5500 Standards of Student Conduct
2. AP5520 Student Discipline Procedures
3. AP5530 Hartnell Student Grievance Procedures
4. Student Grievance Form

Academic work submitted by students must be the result of their own thought, research, or self-expression. For purposes of these regulations, academic work is defined as, but not limited to exams and quizzes, whether taken electronically or pencil and paper; clinical care assignments, projects; scholarly papers; and classroom presentations. Students are required to site references using American Psychological Association formatting.

Definition:

Academic dishonesty includes but is not limited to the following:

- Cheating on an exam or quiz by bringing information to the testing area, talking to another student during the exam, or looking at another student’s exam or scratch paper during the exam
- Plagiarizing – when students borrow ideas, wording or organization from another source, they shall reference that information in an appropriate manner
- Unauthorized collaboration/collusion with another in preparing outside work for fulfillment of course requirements
- Unauthorized entry (hacking) into test banks or examinations
- Falsifying data in a client record
- Discussing any assessment tools such as exams, competency tests, or simulation scenarios with students who have not taken the exam or completed the check-off
- Having a copy of the exam or knowing of a student with a copy of the exam outside the time and place of exam administration
• Lying about or misrepresenting care given, clinical errors, or any action related to clinical experience
• Not reporting clinical errors to instructor immediately
• Recording, taping, photographing, using a phone, or scanning without consent from instructor

Since dishonesty harms the individual, fellow students, and the integrity of the program, policies on academic dishonesty are strictly enforced. Any documented incidence of academic dishonesty results in disciplinary action.

**Ethical Behavior**

Students are expected to demonstrate ethical behavior as specified in the ANA Code for Nurses, National Association for Practical Nurse Education and Service, National Registry of Emergency Medical Technicians, and the American Association for Respiratory Care (AARC) position statement of ethics and professional conduct. These codes are intended to serve the individual practitioner as a guide to the ethical principles that should govern his/her professional practice, conduct, and relationships.

**Code of Ethics for Nurses**

The Code of Ethics for Nurses with Interpretive Statements, as follows:

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

*American Nurses Association (2015), *Code of ethics for nurses with interpretive statements,*
National Student Nurses’ Association, Inc.
Code of Academic and Clinical Conduct*

Preamble
Students of nursing are responsible to society in learning the academic theory and clinical skills needed to provide nursing care. The clinical setting presents unique challenges and responsibilities while caring for human beings in a variety of healthcare environments. The Code of Academic and Clinical Conduct is based on an understanding that practicing nursing as a student is an agreement to uphold the trust which society has placed in us. The statements of the Code provide guidance as the nursing student develops a personal ethical foundation and need not be limited strictly to the academic or clinical environment.

A Code for Nursing Students
Hartnell nursing faculty believes that ethical principles are a necessary guide to professional development. Therefore, within these environments students

- advocate for the rights of all clients
- maintain client confidentiality.
- take appropriate action to ensure the safety of clients, self, and others.
- provide care for the client in a timely, compassionate, and professional manner.
- communicate client care in a truthful, timely, and accurate manner.
- actively promote the highest level of moral and ethical principles and accept responsibility for our actions.
- promote excellence in nursing by encouraging lifelong learning and professional development.
- treat others with respect and promote an environment that respects human rights, values, and choice of cultural and spiritual beliefs.
- collaborate in every reasonable manner with the academic faculty and clinical staff to ensure the highest quality of client care.
- use every opportunity to improve faculty and clinical staff understanding of the learning needs of nursing students.
- encourage faculty, clinical staff, and peers to mentor nursing students.
- refrain from performing any technique or procedure for which the student has not been adequately trained.
- refrain from any deliberate action or omission of care in the academic or clinical setting that creates unnecessary risk of injury to the client, self, or others.
- assist the staff nurse or preceptor in ensuring that there is full disclosure and that proper authorization are obtained from clients regarding any form of treatment or research.
- abstain from the use of alcoholic beverages or any substances in the academic and clinical setting that impair judgment.
- strive to achieve and maintain an optimal level of personal health.
- support access to treatment and rehabilitation for students who are experiencing impairments related to substance abuse and mental or physical health issues.
• uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.


Code of Ethics for the Licensed Practical/Vocational Nurse*

The Licensed Practical and Licensed Vocational Nurse shall

• consider as a basic obligation the conservation of life and the prevention of disease.
• promote and protect the physical, mental, emotional, and spiritual health of the client and his/her family.
• fulfill all duties faithfully and efficiently.
• function within established legal guidelines.
• accept personal responsibility for his/her acts, and seek to merit the respect and confidence of all members of the health team.
• hold in confidence all matters, coming to his/her knowledge, in the practice of his/her profession, and in no way at no time violate this confidence.
• give conscientious service and charge just remuneration.
• learn and respect the religious and cultural beliefs of his/her client and of all people.
• meet the obligation to the client by keeping abreast of current trends in healthcare through reading and continuing education.
• as a citizen of the United States of America, uphold the laws of the land and seek to promote legislation that will meet the health needs of its people.


Code of Ethics for Respiratory Care Practitioner Students

Students are expected to demonstrate ethical behavior as specified in the American Association for Respiratory Care (AARC) position statement of ethics and professional conduct described below. The AARC established the statement of ethics and professional conduct in December, 1994 and was last revised in 2009*. Respiratory Therapists shall

• demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
• seek educational opportunities to improve and maintain their professional competence and document their participation accurately.
• perform only those procedures or functions in which they are individually competent and which are within their scope of accepted and responsible practice.
• respect and protect the legal and personal rights of patients, including the right to privacy, informed consent and refusal of treatment.
• divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty authorized by the patient and/or family, or required by law.
• provide care without discrimination on any basis, with respect for the rights and dignity of
all individuals.
- promote disease prevention and wellness.
- refuse to participate in illegal or unethical acts.
- refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.
- follow sound scientific procedures and ethical principles in research
- comply with state or federal laws which govern and relate to their practice.
- avoid any form of conduct that is fraudulent or creates a conflict of interest, and shall follow the principles of ethical business behavior.
- promote healthcare delivery through improvement of the access, efficacy, and cost of patient care.
- encourage and promote appropriate stewardship of resources.


**Code of Ethics for Emergency Medical Technicians**

Professional status as an Emergency Medical Technician and Emergency Medical Technician-Paramedic is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the profession of Emergency Medical Technician. As an Emergency Medical Technician-Paramedic, I solemnly pledge myself to the following code of professional ethics:

- A fundamental responsibility of the Emergency Medical Technician is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care.
- The Emergency Medical Technician provides services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race creed, color, or status.
- The Emergency Medical Technician does not use professional knowledge and skills in any enterprise detrimental to the public well-being.
- The Emergency Medical Technician respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.
- The Emergency Medical Technician, as a citizen, understands and upholds the law and performs the duties of citizenship; as a professional, the Emergency Medical Technician has the never-ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.
- The Emergency Medical Technician shall maintain professional competence and demonstrate concern for the competence of other members of the Emergency Medical Services health care team.
- An Emergency Medical Technician assumes responsibility in defining and upholding standards of professional practice and education.
- The Emergency Medical Technician assumes responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and knows
and upholds the laws, which affect the practice of the Emergency Medical Technician.

- An Emergency Medical Technician has the responsibility to be aware of and participate in matters of legislation affecting the Emergency Medical Service System.
- The Emergency Medical Technician, or groups of Emergency Medical Technicians, who advertise professional service, do so in conformity with the dignity of the profession.
- The Emergency Medical Technician has an obligation to protect the public by not delegating to a person less qualified, any service which requires the professional competence of an Emergency Medical Technician.
- The Emergency Medical Technician will work harmoniously with and sustain confidence in Emergency Medical Technician associates, the nurses, the physicians, and other members of the Emergency Medical Services health care team.
- The Emergency Medical Technician refuses to participate in unethical procedures, and assumes the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.


**Responsibilities of Nursing and Allied Health Students**

It is expected that a student will act similarly to how a reasonable prudent healthcare professionals would act under the same circumstances, based on the level of education and experience the student has at that point in time. A prudent person is one whose actions are governed by discipline, reason, skill, and good judgment in the use of resources.

Students are assigned clinical hours. It is the student’s responsibility to be on time and prepared to start the clinical experience. The faculty makes assignments based on the learning objectives and theory content. During clinical prep time, students obtain client information, prepare clinical prep and medication sheets, perform assigned duties, and begin the client care plan. Additional research may be necessary to provide safe patient care.

For the safety of all individuals, students are expected to come prepared for clinical experiences. If a student is inadequately prepared or considered unsafe, the student may be dismissed from the clinical environment, resulting in an absence, or in extreme cases, academic failure.

Students cannot provide nursing or respiratory skills in the clinical setting unless they have been instructed and competency tested in the NAH Skills Laboratory. This is not to discourage student learning, but to provide safety for both the student and the client. A student must never perform a skill if the student lacks confidence. The student should review the agency’s policy for the procedure then ask for assistance from faculty or clinical staff.

Students provide the same level of care as graduate nurses or respiratory therapists for the assigned skill and use knowledge at the theoretical level at which they are prepared. Students do not act under the licensure of the instructor. Faculty assigns clients based on the students’ level of academic preparation. Faculty assumes the students are safe and competent to implement specific nursing or respiratory initiatives once the student passes the clinical competency in the NAH skills Laboratory.
Students under the influence of drugs or alcohol are dismissed from class. Students exhibiting unsafe clinical practice may be dismissed from the program because of academic failure. Disciplinary action follows Hartnell College’s policies and procedures. Safe client care is the primary responsibility of students, faculty, and clinical facility staff. Any behavior that potentially places any individual in jeopardy is dealt with immediately. The current Hartnell College administrative policies, NAH Student Handbook, and the NAH Policy and Procedure Manual should be referenced for information on student codes of conduct.

**Shared Governance**

Student participation in the advancement of NAH is encouraged and supported by the faculty. A NAH club elects student officers who conduct regular meetings. Elections may take place yearly or in each semester as determined by the students. A faculty member serves as an advisor. Meeting agendas and dates are determined by the student leadership team. Officers include president, vice president, treasurer, and secretary. Each class may elect additional members to the leadership team as necessary. Faculty members serve as advisors.

Student representation is required on the following committees:

**Student-Faculty Committee:** Class representatives attend designated faculty meetings to discuss concerns, ask questions, and participate in shared governance decision-making. Membership: all faculty and elected student(s) from RN, VN, and RCP classes.

**Pinning Committee:** Students and faculty plan the Pinning Ceremonies. The year-round committee works within the framework of the pinning policy. Membership: faculty advisors, pinning chair, interested VN, ADN, and RCP students.

**Policy and Procedure Committee:** Students create, review, and revise program and student-related policies and procedures. Meetings are coordinated by the faculty chair and occur regularly throughout the academic year. Membership: Faculty chair, faculty, and elected student(s) from RN, VN, and RCP classes.

**Skills Lab Interprofessional Committee:** Students assist with issues related to skills lab and open practice lab experiences. Membership: Faculty chair, faculty involved with skills lab courses and open practice lab, and student representatives from RN, VN, and RCP classes.

**Simulation Committee:** Students assist with issues related to simulation lab experiences. Membership: Faculty chair, faculty and agency partners involved with simulation, and student representatives from RN, VN, and RCP classes.

**Curriculum Committee:** Students assist with course outlines, course content, and program planning. Membership: Faculty chair, all faculty, and elected student(s) from RN, VN, and RCP classes.

**Program Evaluation Committee:** Students assist with textbook evaluation, student learning outcomes, and program evaluations. Membership: Faculty chair, all faculty, and elected student(s) from RN, VN, and RCP classes.

**Community Advisory Boards:** Community members, faculty, and interested students meet one to two times a year to discuss program performance, and generate ideas for change to meet community demand. Membership: Dean, faculty, selected students, and representatives from all partnering agencies.
HARTNELL COLLEGE
Student Resources and Support Services

Nursing and Allied Health Student Success Program

NAH implemented a grant-funded program for the success and retention of students. Faculty works closely with students to support their success. Methods of instruction and learning address cognitive, psychomotor, and affective domains. Individualized learning objectives, one-on-one and group learning support is common-place. Assistance with study skills, test taking skills, and academic strategies necessary for success is available. Skills lab practice times and workshops are arranged. Students are encouraged to take full advantage of success initiative and programs on campus that exist solely to benefit students and help them progress successfully.

Student Support Services

Counseling and Guidance Center:
Professional counseling and guidance services are available to all students and prospective students of Hartnell College. Counselors assist students with exploring career, educational, and personal goals and planning a program of studies to fulfill the educational/course requirements to meet these goals. Classes are also taught by counselors to assist the student with orientation to the college, career exploration, and development of skills for academic success. Counselors are available on both an appointment and walk-in basis. Although any counselor may assist nursing and allied health students, there is a designated Nursing and Allied Health counselor available. Counseling Center – Main Campus Nursing Counselor
Building B, First Floor
Phone: (831) 755-6820  http://www.hartnell.edu/counseling-and-guidance

Crisis Counseling Services:
Students in distress are encouraged to contact the Crisis Counseling Services before experiencing distress or crisis behaviors. A professional therapist can objectively identify and problem-solve stressful life issues. Sharing feelings with a caring professional can provide validation and guidance for effective coping. Students receive emergency care and may be referred to community support services for intervention. Services are confidential and free for students enrolled in Hartnell College. Students may make an appointment or go directly to the crisis counselor’s office. Walk in hours are scheduled from 1100-1200 Monday through Friday. Crisis Counseling Services--Therapists
Building D, Rooms 123, 124, 126
Phone:831. 770-7019 (answering device)  http://www.hartnell.edu/crisis-counseling-services

Student Financial Aid:
Financial Aid assists eligible students in meeting educational costs while attending school. The primary responsibility for meeting college costs rests with the student and his/her family. Hartnell College offers programs to provide assistance for students with documented financial need. This office provides assistance with grant, loans, scholarships, and registration fee waivers. Students are encouraged to call or visit the Financial Aid Department for more information.

Edited 071216dk
Financial Aid Office
Building B, First Floor Room 121
Phone: (831) 755-6806  http://www.hartnell.edu/financial-aid

Hartnell College Scholarship Office:
The scholarship office assists students seeking scholarship information. Scholarships are advertised continuously throughout the school year and can be viewed on-line at www.hartnell.edu. Hard copies can be obtained in the Scholarship Office on the main campus. Scholarships awards are based on academic achievement, financial need, extracurricular activities, or other criteria. Donors of community-based scholarships are looking for students with a particular interest or area of study, such as future nurses, math majors, or budding poets. Others may want to provide opportunities for students of a particular background, such as those who are the first in their families to go to college, or students who served in the armed forces. Applicants are responsible for carefully reading the scholarship material and providing the required documentation, including letters of recommendation and/or personal statements. Scholarship deadlines and instructions for completion are clearly indicated. No applications will be accepted after the deadline.

Financial Aid Office
Building B, First Floor
Phone: (831) 755-6806  http://www.hartnell.edu/scholarships

Tutorial Services:
Tutorial services are available to all students free of charge. Tutors must be approved by the instructor of the course for which they tutor, and must complete a tutor training course prior to tutoring. Students wishing to use the tutorial services and students who wish to become tutors are encouraged to apply at the tutorial sign-in desk. Application documents can be downloaded from the website below. Tutorial assistance is available for both day and evening students. Learning Center and Supplemental Instruction
Building A, Room 214
Phone: (831) 755-6738  http://www.hartnell.edu/tutorial-services

Extended Opportunity Programs and Services (EOPS) and Cooperative Agencies Resources for Education (CARE):
EOPS and CARE are designed to recruit, retain, graduate, and/or transfer educationally disadvantaged, low income, and under-represented students including single parents who have chosen to continue their education. Students receive assistance with their admission, registration, financial aid, books, curriculum planning, academic and personal counseling, and other support services from counselors, administrative staff, and a team of well-trained peer advisors. EOPS (Extended Opportunity Program & Services)
Phone: (831) 755-6860  http://www.hartnell.edu/extended-opportunity-program-services

CaLWORKs Program:
CaLWORKs Cash Aid services recipients who enroll at Hartnell College. The program offers five student-centered services: 1) Counseling Case Management, which includes design of an education, study, and employment plan; 2) Career and Job Programs and Services, which provide vocational assessment, local and state labor market information, access to Job Bank, subsidized training through the CaLWORKs work-study program, college credit for on-the-job training through Cooperative Work Experience; 3) Education, which provides general employment skills and
occupational training; 4) Financial Aid, which includes grants and employment; and 5) Coordination with EOPS/CARE Programs, providing additional services for single parents who receive CalWORKs Cash Aid.

CalWORKs EOPS/CARE Center
Phone: (831) 755-6860  http://www.hartnell.edu/calworks

**Department of Supportive Programs and Services:**
Hartnell College offers supportive services and instruction for students with physical, visual, hearing, learning, acquired brain injury, developmental, and other disabilities through the Department of Supportive Programs and Services (DSPS). DSPS provides services, instruction and accommodations to facilitate student success in academics and personal development, including academic and vocational counseling, assessment for learning disability, classroom accommodations, educational planning, note-takers, translating/interpreting in sign language. **DSPS**
Building B, Room 101
Phone: (831) 755-6760  http://www.hartnell.edu/department-supportive-programs-services-dsp
Absence/Illness
It is the responsibility of students to contact the instructor in case of illness. If a student in a clinical course cannot reach the faculty member, the student must call the respiratory department manager or nurse in charge of the unit to which he/she is assigned at least one hour before scheduled assignment. The student must give the person in charge the following information:
- Name of student
- Hours of clinical experience
- Name of clinical instructor to whom the message should be given

Campus Safety & Emergency Notification
Life Threatening Emergency: 911
Campus Safety: 755-6888
Maintenance: 755-6950
Facility Emergency Notice: http://www.hartnell.edu/emergency-information
The Campus Security office is open from 8:00 am to 5:00 pm. Campus Security can be reached at 755-6888 after hours and on Saturday. Students are advised to contact campus security for assistance with reporting on-campus crimes and emergencies. An officer will respond and obtain medical assistance if necessary. The officer will call a specified college contact to the scene.

Campus Status Information: To obtain information, call the campus safety and facilities emergency status bulletin telephone number: 831-796-6222. From a campus line, simply dial 6222.
AlertU subscribers can be alerted in real-time about important security information. Alert U is a SMS based emergency notification system that works on mobile phones. To sign up for AlertU, simply use the subscription tool that says "Emergency Alerts" at http://www.hartnell.edu/campus-safety

Emergency Evacuation: Emergency evacuation plans and locations of emergency equipment are posted in each classroom. Students are responsible to review the plans and understand how to access the equipment in the event of an emergency.
In the event of an alarm or safety threat, uniformed Hartnell personnel equipped with two-way radios, including security, and maintenance staff, have up-to-date information. Hartnell Security personnel have the authority to order either shelter-in-place or immediate building evacuation. For evacuation, students should immediately heed their directions by proceeding calmly and quickly to an exterior assembly area as indicated by trained staff. All should stay back at least 200 feet from any building until the “all clear” command is issued.

Emergency Preparedness: The first 72 hours of a disaster are often the most difficult, but this period can be less stressful if everyone has extra supplies on hand. The college has a
limited amount of emergency supplies, so students and staff should have on campus their own portable emergency kit including snacks, water, and prescription medication; this is especially important for those who may need to shelter on campus. For more information go to http://72hours.org/ and http://www.hartnell.edu/emergency-online-resources

Students should provide family and childcare providers with their class schedules and ways to contact them. The nursing and allied health office is not staffed to receive calls and relay messages. Only emergency calls will be taken.

Childcare
Students with children are expected to make childcare arrangements prior to the beginning of the semester. It is recommended that students have a plan for a sick child and a “back-up” sitter. As a safety precaution, children are not allowed in the NAH Skills Lab area.

Clinical Course Student Expectations
The following are some of the expectations for a clinical experience:

1. Students are expected to provide safe, ethical, and professional care.
2. Students are expected to arrive a few minutes before scheduled class time; more than two tardies is considered a clinical absence. If a student arrives too late to provide safe care, the student may be dismissed from the clinical setting at the discretion of the clinical instructor.
3. Student absences are reviewed on an individual basis. An ongoing list of student absences and tardies is kept in the student files.
4. The student will receive a “Performance Improvement Plan” if inadequate performance or client care in the clinical setting is demonstrated.
   a. The student may not return to the clinical setting until the plan of action is successfully completed.
   b. If the student misses more than the allowed clinical absences and has not met course outcomes, the student may receive a failing grade (No Pass) for the course.
5. Interactions that place an individual at risk may be grounds for academic failure.
6. A student demonstrating a suspected or actual substance abuse problem, mental illness behaviors that are a possible risk to the student or others, or conditions that impair functioning will be removed from the clinical setting immediately.

Computers
Computers for student use are located in various areas on campus. All files saved to the Hartnell College desktops are purged every 24 hours by the Hartnell College information technologists.

Laptops and Tablets
Personal laptops and tablets may be used in the classroom, skills lab, and simulation lab. Laptops and tablets may be checked out at the library. Most locations on campus have sufficient electrical outlets.

Software and Computerized Resources
Students need software that is compatible with the most recent version of Microsoft Office and Silverlight. Students have access to electronic copies of textbooks. Students are required to access interactive resources provided by textbook publishers and online simulated electronic health records. Online standardized practice exams that are used throughout the programs have additional software requirements.
Cell Phones
Instructors may require cell phones be turned off in class. Use of a cell phone during class or in clinical agencies for personal use may result in dismissal from the class or clinical site. Use of a cell phone during examinations result in a zero for the examination and disciplinary action. Cell phone usage in the clinical setting has been linked with increased distraction, poor decision-making ability, increased problems with infection control, and breaches of security with personal health information. For more information please refer to http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3437811/

Communication
Individuals in the NAH community (students, staff, and faculty) are expected to conduct themselves in a professional manner at all times. Professional comportment is a core value. Written and verbal communications are held to professional standards.

Mailboxes
All students have a “mailbox folder” located in the NAHsuite. Students and faculty utilize these files to send memos, return assignments, etc. Students should check their mailbox at least twice per week. Faculty mailbox folders for student submissions are located in the same area. Faculty members have additional mailboxes in the private faculty office area. These mailboxes can be accessed by the administrative staff only.

E-Mail
Hartnell College uses standardized email communication for Hartnell College students. Email communication between students and the college is restricted to each student’s official Hartnell College email address. Correspondence using personal email addresses is not allowed. Faculty can only respond to college-issued student email addresses. Hartnell College Gmail accounts can be accessed at http://mail.student.hartnell.edu. Students must use the official Hartnell College email address for the online course management system.

Faculty email addresses are listed on the Hartnell College website: http://hartnell.edu. Students must identify themselves at the end of the email and demonstrate professional communication standards. Response times are not guaranteed, but the faculty strives to respond to student communications as soon as possible. Students are encouraged to check for messages at least three times a week. Course faculty may recommend an even greater frequency.

Public student information is electronically accessible via the campus on-line directory. The protected directory does not produce lists, but otherwise it is publicly available around the campus and the world. Students who do not want to be listed need to contact the college to make the request.

CPR Certification
All students must submit front and back copies of a current valid American Heart Association Basic Life Support for Healthcare Providers certification to the NAH administrative assistant at the beginning of the program and with each renewal. Students are responsible for maintaining CPR updates. Failure to maintain required CPR will result in ineligibility to attend clinical classes and may result in dismissal from the program.

Criminal Background Checks
Once accepted into the program, the completion of a criminal background check is required. Corporate Screening’s online access at www.VerifyStudents.com provides the steps to complete
this process for the NAH at Hartnell College. The student is provided an access code at the time of orientation. Background checks are honored for the duration of the student’s enrollment as long as there are no breaks in enrollment in NRN, NVN, or RCP academic courses. For example, an ADN student must be enrolled in an NRN course at all times. A break in enrollment is defined as nonattendance for any part of a semester or longer.

It is the student’s responsibility to immediately notify the Dean of Academic Affairs: Nursing and Allied Health of changes in criminal history that occur subsequent to the admission background check. Failure to do so may result in immediate dismissal from the program. Criminal background checks have to be repeated if a student has had a break in enrollment.

Additionally,

1. Completion of the criminal background check does not ensure eligibility for licensure or future employment.
2. Clinical agencies may establish more stringent standards to meet regulatory requirements for their facility.
3. Clinical agencies may conduct or request additional background checks at their discretion.

If a student is found ineligible for clinical placement based on criminal background checks, the student cannot meet clinical learning objectives. The student is counseled and withdrawn from the program pending resolution of the situation.

The California Board of Registered Nursing, Board of Vocational Nursing and Psychiatric Technicians, and Respiratory Care Board of California require fingerprinting and extensive background checks for licensure. Students with past legal infractions must consult with the Dean of Academic Affairs: Nursing and Allied Health at the time of acceptance and/or when an infraction occurs. The student is responsible for maintaining a portfolio that includes all court documents, records of restitution/payment of fines, and proof that the behavior has not recurred. Letters of recommendation from people who can speak to the issue and attest to the student’s character are required by the California Board of Registered Nursing [http://www.rn.ca.gov/](http://www.rn.ca.gov/), the California Board of Vocational Nursing and Psychiatric Technicians [http://www.bvnpt.ca.gov/](http://www.bvnpt.ca.gov/), and the Respiratory Care Board of California [http://www.rcb.ca.gov/](http://www.rcb.ca.gov/)

**Drug Screening**

Students receive general information about the required 10-panel urine drug screening upon acceptance into the program. Testing must be completed within 30 days prior to the first clinical experience. A copy of the results must be submitted to NAH. Positive results may involve additional screening. One negative test will suffice for the entire enrollment period unless a clinical agency alters their drug screening policy or there is a break in enrollment as defined as nonattendance for any part of a semester or longer. A positive drug screen may exclude a student from admission or advancement.

**Canvas**

Faculty posts grades and course materials on Canvas, Hartnell College’s course management system for each class. It is the student’s responsibility to complete the Canvas tutorial and maintain a Hartnell College email address. Log-in directions are outlined at [http://www.hartnell.edu/canvas-help-students](http://www.hartnell.edu/canvas-help-students). Students who have trouble logging in should contact the help desk at ithelpdesk@hartnell.edu call 831-755-6789.

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Financial Responsibility
Hartnell College Nursing and Allied Health assumes no responsibility for the personal financial arrangements of the student. Extensive financial aid, scholarships, and counseling are available at the College. Students should refer to “Financial Assistance” in the Hartnell College catalog or contact the Financial Aid Department.

Fundraising and Solicitation of Donations
Because Hartnell College is a public tax supported institution, the residents of the District, particularly the business and philanthropic sectors, are not to be solicited by students and student clubs/organizations/affiliated groups representing the College unless authorized by prior written approval by the CEO.

The Hartnell Student Nurses Association provides the means for fundraising for NAH students. Prior written approval from the Advancement and Development Office is required for each separate fundraising activity or drive. See the complete policy: http://www.hartnell.edu/hartnell-ccd-governing-board-policies-administrative-procedures

Immunizations
Hartnell College Nursing and Allied Health students must comply with both California law and clinical facility requirements related to immunizations and health screenings. Hartnell College tuberculosis infection screening and immunization schedules are specific to healthcare workers and may exceed what is expected for the general adult population. Healthcare providers must follow the Hartnell College immunization requirements.

Student health records are submitted at the time of enrollment and at the start of subsequent semesters if needed. Students validate their immunization and tuberculosis screening status by providing official immunization records and lab reports from healthcare providers. Immunization records, physical exam reports, and American Heart Association CPR cards are placed in the students’ files for easy retrieval when requested by clinical agencies.

Licensure Eligibility
State and professional regulatory bodies determine eligibility requirements for applicants for the initial licensure by examination. Graduation or clearance on the criminal background checks for clinical placement does not ensure eligibility for nursing or respiratory licensure. Questions regarding clearance should be directed to the Board of Registered Nursing (BRN), the Board of Vocational Nursing and Psychiatric Technicians (BVNPT), or the Respiratory Care Board of California. The regulatory agencies publish steps to take to determine eligibility for licensure by examination.

The primary objective of the licensing regulatory boards is to ensure consumer protection by determining that individuals possess the knowledge and qualifications necessary to competently and safely provide healthcare.

Upon completion of the nursing academic program, graduates are eligible to take the licensure exam (NCLEX). Specific NCLEX test information is available from the National Council of State Boards of Nursing (http://www.ncsbn.org). Eligibility for licensure as an RN or an LVN is the responsibility of each student. Students are referred to the Boards of Nursing in the state in which they wish to practice.
they plan to practice. The nursing boards can be contacted at the following addresses:

California Board of Registered Nursing
1625 North Market Blvd. Suite 11-217

California Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive
Suite 205

Upon completion of the respiratory care academic program, graduates are eligible to take the certification exam from the NBRC. Specific NBRC test information is available from the National Board for Respiratory Care at http://www.nbrc.org/Pages/default.aspx. Eligibility for licensure as a respiratory care practitioner is the responsibility of each student. Students are referred to the Boards of Respiratory Therapy in the state in which they plan to practice. The Respiratory Care Board of California contact information is as follows:

Respiratory Care Board of California
3750 Rosin Court, Suite 100
Sacramento, CA 95834
Main Telephone: (916) 999-2190; (866) 375-0386. http://www.rcb.ca.gov

Employment while a Student
Students must determine how many hours they can work while meeting the requirements of the nursing or RCP program. Faculty cannot alter course times or assignments because of a student’s job.

Upon completion of the first semester registered nursing courses, students are eligible to apply to the California Department of Public Health to become certified nurse aides/assistants.

Examinations: Testing Guidelines
Students adhere to the following testing guidelines that are included in the NAH Policy and Procedure Manual to ensure an optimal testing environment with minimal distraction and to limit the opportunity for, or appearance of, academic dishonesty. Written Examinations:

- Upon request of the instructor, all personal belongings are placed at the front of the classroom upon entering.
- Seating arrangements in the testing room may be modified to provide additional space between seats.
- Access to cell phones, pagers, or PDAs is not allowed during a testing situation unless sanctioned by the Hartnell College instructor. All watch and cell phone alarms must be silenced. Use of a cell phone during an exam or quiz results in a zero.
- The instructor reserves the right to collect all electronic equipment brought into the testing area by students prior to testing; the equipment will be distributed after completion of the assignment/examination.
- Only Hartnell College issued calculators are used during the testing period.
• Leaving the classroom during an examination requires an escort. Students must alert the instructor of the need to leave the room. Students leaving without instructor notification may have their exam confiscated and earn a zero grade.

On-Line Testing in the Classroom or Offsite:
• Upon request of the instructor, personal belongings are placed at the front of the classroom before the start of the test period.
• Seating arrangements in the testing room may be modified to provide additional space between seats.
• Access to cell phones, pagers, or PDAs is not allowed during a testing situation unless sanctioned by the Hartnell College instructor. All watch and cell phone alarms must be silenced. Use of a cell phone during an exam or quiz may result in a zero.
• The instructor reserves the right to collect all electronic equipment brought into the testing area by students prior to testing; the equipment will be distributed after completion of the assignment/examination.
• Only Hartnell College issued calculators are used during the testing period.
• Leaving the classroom during an examination will require an escort. Students must alert the instructor of the need to leave the room. Students leaving without instructor notification may have their exam confiscated and earn a zero grade.
• Students access on-line exams only during the authorized testing sessions.
• Scratch paper, if provided for use during the testing session, is turned in to the instructor before leaving the classroom.
• Students complete on-line examinations using the same testing guidelines used during in-class examinations.
• Unauthorized use of materials or collaboration with other students while taking the on-line exam compromises the validity of the exam and is considered academic dishonesty. Such behavior may result in a zero for the assignment.

Examinations: Exam Review
Students are encouraged to review exams at times specified by the course instructors. Final exams can be reviewed during semester breaks at the discretion of the instructor by submitting a written request.

Instructors might elect to perform exam review immediately after testing by posting the exam with answers and rationales on the walls of the classroom. Students are encouraged to view the exam in silence to optimize the learning experience for the group. No discussion or debate about particular test items is allowed during this time.

Students may contact the instructor to arrange individual or small group exam reviews. As with all exam reviews, students are not allowed access to personal belongings or engage in activities that may compromise exam integrity. Personal belongings may be placed at the front of the classroom upon entering. The instructor may elect to give students their exam booklet and a copy of their Scantron for reference. Note taking or tape recording during the exam review is prohibited. All exam materials must be returned to faculty by the end of the review session. Failure to return the materials results in immediate student probation.

Appeals regarding scoring of specific test items must be submitted in writing on the Test Item Query Form within three (3) school days after the exam has been graded. The form, found in the student mailbox area, is submitted to the faculty member having taught the content with supporting
sources quoted. The instructor of record makes the final decision regarding each challenged item.

**Examinations: Standardized Assessments**
Standardized assessments are used as a method of evaluation. Students complete practice, non-proctored, and procted assessments in each course throughout the programs. Standardized assessments contain content that might not be presented in class. For that reason, standardized assessments account for a small amount of the total points awarded in a class. A full account of standardized assessment protocols is found in the NAH grading policy.

**Examinations: Special Testing Accommodations**
Students must request reasonable testing accommodations through the Department of Supportive Programs and Services. Determination of need is forwarded to the NAH faculty. The student is responsible for completing all required DSPS forms for each exam and submitting them within the required timeframe. According to college policy, NAH faculty is not required to provide testing modifications if the student fails to adhere to DSPS protocols.

**Grading Policy**
The grading policy is located in the NAH Policy and Procedure Manual and should be referenced for specific details. A minimum of 70% (“C”) must be achieved for all nursing and RCP courses to advance to the next semester. If a student achieves less than 70% for a course, the student must repeat all courses for that semester. Extra credit, curving, and rounding of grades are not authorized. Exam and quiz grades are posted on Canvas in a timely manner.

**Medication Administration**
After demonstrating competency, students may administer medications to assigned clients according to syllabus guidelines and under the supervision of the clinical instructor or preceptor. Failure to adhere to safe medication administration practice results in a Performance Improvement Plan or academic failure. Medications are administered in accordance with the clinical facility’s published guidelines.

**Medication Administration Errors**
A medication error is defined as a situation in which one or more of the seven “rights” of medication administration is violated. The seven rights are the following:

1. Right client
2. Right drug
3. Right dosage
4. Right route
5. Right time
6. Right documentation
7. Right of refusal

A student who has made a medication error meets with the clinical instructor, agency staff, and/or Assistant Director of Nursing/Respiratory Clinical Coordinator. After a thorough analysis of the situation and collaboration with the Assistant Director or Nursing or Respiratory Clinical Coordinator, the instructor determines a course of action based on procedures required by the agency, standards set in the Hartnell Nursing and Allied Health Policy and Procedure Manual, and principles of Just Culture (see below).
Just Culture:
Barnsteiner and Disch (2012) describe a Just Culture as one that is transparent, without fear of retribution if a medication error is made and rewards people who report safety-related information so that efforts can be directed towards improving and fixing the system. Emphasis on ‘what’ went wrong, not ‘who’ is at fault is critical (Barnsteiner & Disch, 2012).

The underpinnings of Just Culture is about creating and supporting a learning culture, one that is open and fair, and centered on designing safer systems and managing behavioral choices (Marx, 2007). Just Culture balances individual and organization accountability when an error occurs (Marx, 2007). The healthcare professional has a duty to avoid causing unjustified harm to the patient and to follow the policies and procedures in place. The organization has a commitment to ensure safe and effective care that is provided in a timely, efficient, and cost effective manner.

There are three behaviors that contribute to error:

1. **Human error:** Inadvertent action (doing something other than what should have been done). This is not a behavioral choice. Examples include mistakes, lapses in judgment, and slips in practice. Discipline is not warranted because the action was not intentional. In a Just Culture, the only option is to console the healthcare professional (ISMP, May, 2012).

2. **At-risk behavior:** Behavioral choice that increases risk (this is because risk is either not recognized, or is mistakenly believed to be justified). People are programmed to drift into unsafe habits because the perceived risk attached to everyday behaviors is lost. Examples include taking short cuts, violating policies and procedures, or creating “work arounds” that soon become “the way we doing things around here.” In a Just Culture, the solution is to uncover the system-based reasons for the behavior and decrease staff tolerance for taking these risks through coaching (ISMP, May, 2012).

3. **Reckless behavior:** Behavioral choice to consciously disregard established rules, standards, and understand the risk being taken is substantial. The healthcare professional knows the action is wrong, not the norm, and is unable to justify the behavior. In a Just Culture, this reckless behavior is blame-worthy and should be managed through remedial and disciplinary actions (ISMP, May, 2012).

Healthcare professionals are accountable for learning and understanding what contributed to the error and for correcting behaviors to prevent future incidents. This is done through review of established policies and procedures, best practices, and additional training. Healthcare professionals have an obligation to look for risks, report any errors or hazards identified, and make safe choices (Marx, 2007). Benner, Sheets, Uris, Malloch, Schwed, and Jamison (2002) identified a concept known as “practice responsibility.” Practice responsibility refers to individual accountability and experiential learning that is shared with others to collectively change practice by creating a safer patient care environment. It is important for healthcare professionals to learn from their mistakes and the mistakes of others.


Noncompliance with Program Policies
Noncompliance with the policies and procedures of Hartnell College, Hartnell College Nursing and Allied Health or clinical affiliates may be grounds for academic failure.

Notice of Academic Standing
Students receive a Notice of Academic Standing from the instructor of record for each course. The notice serves as an early alert to the student; it does not predict failure. The Notice of Academic Standing includes the total number of points earned, current percentage, and current grade. It alerts the student to the Hartnell College semester withdrawal date and resources available for student success. The Notice of Academic Standing is signed by the student and placed in the student file. Copies may be sent to the Dean and the success course instructor.

Parking
On-campus parking is available by paid permit or daily fee. Designated parking spaces for the disabled are available. Students are responsible for parking fees and fines. Off-campus parking at clinical sites is governed by the policy of the respective agency/hospital. Clinical instructors outline specific requirements for each assigned location. As guests of the agency/hospital, students are expected to abide by all parking regulations. Students are responsible for parking fees and fines.

Photocopying and Supplies
Photocopying machines are located around campus. A fee for service is deducted from the student’s CAT Card. Student supplies (e.g. pencils, pens, Scantrons) are not available in the NAH office. Students should purchase necessary items prior to class.

Policy and Procedure Changes
All policies and procedures can be found in the Hartnell College Student Handbook and in the NAH Policy and Procedure Manual. Policies are reviewed routinely and are subject to change by the administrators, faculty, and student representatives, as deemed necessary. Students will be notified of changes through written, verbal, and email communications. NAH policies are in accordance with the Hartnell College Student Handbook.

Readmission Requirements
A student who withdraws from the program may be re-admitted one time only on a “space available basis,” and upon the recommendation of the Admissions/Selection Committee and approval of the Dean. Re-admission is not possible after failing a clinical nursing or respiratory course. The student must meet the current readmission criteria as stated in NAH Policy and Procedure Manual. The student reenters the level at which he or she exited, unless otherwise stipulated.

Standards of Student Conduct
NAH faculty seeks to maintain a learning environment that is conducive to learning and respectful to all members of the campus community. Professional behavior is essential and expected. Failure to adhere to professional student conduct may result in probation or dismissal from the nursing or respiratory care practitioner program. Hartnell’s Standard of Student Conduct (AP5500) may be downloaded from the Hartnell College website at: http://www.hartnell.edu/standards-student-conduct.
Student Files and Records
Essential academic and health information for students is stored for five years after the student graduates or withdraws from the program. Permanent records are kept by Admissions and Records.

NAH student files are stored in locked cabinets. Students may request access to their files through the Dean. Students must keep their personal/contact information current in case emergency notification is necessary. NAH student files may include, but are not limited to, the following:

1. Application(s)/Transcripts
2. Acceptance of Course Responsibility form
3. High Fidelity Simulation form
4. CPR training documentation
5. Correspondence to and from the student
6. Clinical evaluation tools
7. Confidentiality form
8. Licensure for vocational-to-registered nurses
9. Performance Improvement Plans
10. Notification of Academic Standing form
11. Student Information sheet
12. Health records may include:
13. Physical examination form
14. Disclosure for DSPS
15. Immunization records
16. Correspondence to and from the student or healthcare provider(s)
17. Medical releases

Textbooks and Supplies
Textbooks and popular reference books are available at the Hartnell College Bookstore located in the Student Center. Textbooks may be purchased online at http://www.bkstr.com/hartnellccstore/home. The Hartnell College Bookstore accepts all major credit cards, CAT Cards, personal checks, financial aid vouchers, debit cards, and cash.

The Hartnell College Bookstore does not stock all necessary nursing or allied health supplies, but will special order items such as stethoscopes, sphygmomanometers, lab coats, penlights, scissors, examination gloves, laboratory supplies, and the most current reference books and medical dictionaries. Students buy clinical skill kits for supplemental learning equipment.

Transcripts and Transfer of College Credit
Only Hartnell College academic counselors can complete official transcript reviews. Courses are accepted for transfer when evaluated as equivalent to required courses and if they meet requirements for college graduation. Applicants are strongly encouraged to consult the NAH counselor concerning course transferability prior to enrolling in any course at another institution.

For transfer of general education (non-nursing or allied health) courses, the applicant must

1. submit an official transcript from the transferring college with a request for transcript evaluation to the admissions office.
2. submit a copy of the official transcript from the transferring college to Hartnell College Admissions and Records and the NAH office.
4. comply with all clinical requirements as outlined in the respective admissions policies found in the NAH Policy & Procedures

**Transportation**

Transportation to clinical facilities and community agencies is the sole responsibility of the student. Clinical rotations are conducted at locations separate from the college campus. These assignments may be scheduled at any time within a 24-hour period and on any day. It is not uncommon for a student to visit multiple clinical sites during a clinical experience. If possible, driving maps or directions to clinical sites are provided. Students must be prepared to pay necessary travel and parking fees.

**Uniforms**

Specific uniform requirements, selected by a faculty/student committee, are detailed in the dress code policy found in the NAH Policy & Procedure Manual. The patches and the particular lab coat and uniform brand and style number may be obtained from the administrative assistant or from the staff at JT Uniforms, 918 South Main Street, Salinas. Telephone: 831.424.9439. [http://jthealthcareuniforms.com](http://jthealthcareuniforms.com) Hartnell Nursing and Allied Health does not benefit from the sale of uniforms or patches. Students are encouraged to choose a supplier that best suits the student’s need.

White lab coats with the ADN, VN, or RCP patch sewn on the left shoulder must be worn over professional clothing. When required, scrubs issued by the clinical agency may be worn in specialty areas, with the photo identification badge clearly visible. Students may be sent home from the clinical setting if the uniform policy is not followed. Students should not wear uniforms in public places.

**Visitors**

Visitors are required to check in at the NAH reception desk. Children are not allowed in the skills lab areas unless they are part of a clinical experience. Minors must be accompanied at all times. Restrictions are in place for the following reasons:

1. **Safety:** Faculty and staff cannot take responsibility of the safety of minors and visitors in the classrooms.
2. **Confidentiality:** Visitors watching students perform skills violate the students’ rights to confidentiality (FERPA) and may violate a patient’s right to privacy (HIPAA).
Skills Lab and Simulation Lab

General Information

Overview
Instruction and demonstration of clinical skills through supervised practice using components and techniques for safety and evidenced-based practices occur in the skills lab. Students practice healthcare-associated skills, medication administration math concepts, test-taking, and directed learning activities. Evaluation of skill competencies takes place in the skills lab during pre-arranged appointment times. Students utilize their purchased nursing and RCP supplies for skills practice. Additional supplies can be obtained from skills lab faculty.

The skills lab areas and equipment are available for use by students and faculty during scheduled classroom instruction, faculty-supervised student practice hours, and simulation sessions. These areas include rooms B-215, B-216A, and other designated rooms in the NAH suite. Computer workstations are available. Wireless access through Hartnell College allows students to use their own laptops and tablets. Hours of operation are posted in the lab and on Canvas.

SARS TRAK™
To receive credit for the time practicing skills during Supervised Skills Lab Practicum hours all students must log in and out of the computerized tracking system called SARS TRAK™. The computer is located in the Skills Lab. Lab course syllabi outline instructions on its use and other information.

Cleanliness and Maintenance of Equipment, Supplies, and Classrooms
Everyone is responsible for preserving equipment, supplies, and media in the lab. The environment must be left in a manner that is clean and available for full use by others. This includes, but is not limited to, putting away supplies and equipment, wiping down tables, and putting away chairs. Gum, food, and snacks must be enjoyed in areas away from the skills lab areas. All liquids for consumption must be in closed containers.

Many pieces of equipment and mannequins require special handling (e.g. wearing gloves, no liquids, etc.). Students should ask for assistance. Equipment and supplies are maintained in good working order. Broken or unsafe equipment should be reported immediately to an administrator.

Equipment and Supplies
Most supplies used for skills practice are included in the student’s supply kits. Skills lab stock of supplies is reserved for competency testing. There are limited quantities of practice supplies available in the skills lab. Requests for skills lab equipment must be made at least three days in advance. Request forms are available in the Skills Lab.

Individual Assistance
Students desiring individual help from an instructor should make an appointment using the sign-up log/calendar. Non-scheduled one-to-one assistance is dependent on instructor availability.
Simulation Learning
The NAH simulation lab is a place for practice in a setting that closely replicates a healthcare environment. There are a variety of mannequins and task trainers with varying levels of realism. Students participate in simulation learning and evaluation. Some simulated learning experiences require the student’s signed written acknowledgement regarding confidentiality and notification of the use of recorded media.

Resource Materials
Textbooks, journals, recorded media, CD-ROMs, and equipment are among the resources available for student use in the skills lab. Materials may be signed out for use and review.

Video Cameras
Camcorders and tripods are available for student use. Students are encouraged to use the cameras during skill practice. Video recordings are beneficial tools for mastering skills. The equipment can be checked out for used within the Nursing and Allied Health suite.

Video Players
A DVD/VHS player is located at each bedside in the main skills lab. They are available for classroom and student use. There is one mobile/portable TV/VCR available for use.
Clinical Programs

Health Insurance Portability Accountability Act (HIPAA)
The Health Insurance Portability Accountability Act (HIPAA) requires that protected health information is kept private and secure by persons that handle, or have access to, information. Since students, faculty, instructors, and staff use protected health information as part of the education process, students must complete mandatory annual training on HIPAA regulations prior to entering a clinical setting. Students cannot copy or remove client data with identifying information from the agency. Violation of HIPAA regulations results in disciplinary actions.

Professional Behavior
Students, while on campus, in clinical settings, or when representing the Hartnell College NAH, must conduct themselves in a professional manner. Comportment must reflect favorably upon the student, Hartnell College NAH, and Hartnell College. Students are expected to assume responsibility for their actions and are held accountable for them. Actions that result in deleterious effects on the academic environment and/or endanger the health or safety of peers, instructors, clients, or other healthcare team members may be grounds for academic failure. Students are disciplined for academic dishonesty and unprofessional conduct.

Unprofessional conduct includes, but is not limited to the following:
1. Verbal or non-verbal language, actions, voice intonations, or insubordination which compromises rapport or working relations with peers, faculty, clients, clients’ family members, or healthcare team members
2. Behavior that may potentially compromise contractual agreements and/or working relations with clinical affiliates, or may potentially constitute violations of legal/ethical standards
3. Behavior that interferes with or disrupts teaching/learning experiences
4. Using or being under the influence of any drug or alcohol that may alter judgment and interfere with safe performance in the clinical or classroom setting
5. Breach of client confidentiality in any form
6. Violation of the professional behavior standard may result in immediate removal from the clinical site and disciplinary action.

Social Media
Hartnell College and Nursing and Allied Health faculty has expectations regarding the professional and judicious use of social media. As stated above in “Professional Behavior,” students are expected to conduct themselves, while online or using social media, in a manner which is appropriate, professional, and respectful of others. Students should refrain from referencing any matter pertaining to Hartnell College, clinical agencies, and patients (see NAH Confidentiality and Professionalism Policy.) Communication that negatively affects the learning environment is not tolerated. Failure to adhere to the criteria/standards in the NAH policy may result in disciplinary action or academic failure. More information is available in A Nurse’s Guide to the use of Social Media by the National Council of State Boards of Nursing.
https://www.ncsbn.org/NCSBN_SocialMedia.pdf

Safe/Unsafe Clinical Behaviors
NAH administrators and faculty consider safety as the highest priority in all aspects of professional practice. A safety need may be physical, biological, and/or emotional in nature. Safe practice is an academic outcome of the programs.
At no time can a student perform a procedure in a clinical setting without an instructor being present or knowing about the activity. For the safety of individuals, no skill can be performed in a clinical setting unless the student has received a passing grade by a lab instructor on the skill competency. Often an individual’s clinical condition changes; skills performed by the student earlier in the clinical day may no longer be safe to perform later.

Adherence to clinical agency policies and procedures is mandatory. Students are responsible for reviewing pertinent documents and completing required agency competencies prior to performing invasive or diagnostic skills.

Increased safety and surveillance may be needed in certain clinical situations. Unsafe clinical practice is characterized by behavior that threatens or violates the physical, biological, or emotional safety of the client, family, students, faculty, staff, or self. The NAH Student Handbook and Policy and Procedure Manual delineate the minimum safety expectations/guidelines in the clinical setting.

The following examples serve as guides to unsafe behavior. Unsafe behaviors include, but are not limited to, the following:

- Inappropriate use of bed side rails, wheelchairs, equipment
- Lack of proper protection of the client which potentiates the risk for falls, lacerations, burns, injury
- Failure to correctly identify a client prior to initiating care
- Failure to perform a pre-procedure safety check of equipment, invasive devices, or client status
- Failure to recognize violations in aseptic technique
- Improper medication administration techniques/choices
- Medication calculation errors
- Performing actions without appropriate supervision
- Failure to seek help when needed
- Attending clinical classes while ill
- Failure to properly identify a client prior to treatment
- Threatening or making a client, family member, faculty, staff, or bystander fearful
- Providing inappropriate or incorrect information
- Performing actions without appropriate supervision
- Exhibiting unstable emotional behaviors

Unsafe or unprofessional clinical practice may result in the following:

- Performance Improvement Plan
- An evaluation conference
- Immediate removal from the clinical site
- Academic failure

**Professional Risks**

Interactions with clients in the healthcare environment carry inherent health and safety risks to both the client and caregiver, including communicable diseases. Students receive information about lowering risks and learn skills to implement appropriate precautions. Students are required to practice standard precautions at all times.
The following are important factors in the prevention of healthcare associated infections:

- Perform hand hygiene procedures, either by washing hands with conventional soap and water or with alcohol-based hand rubs, or as recommended for specific microorganisms.
- Keep current on immunizations.
- Follow agency and school policies for personal illness.
- Utilize standard or transmission precautions in clinical environments.
- Consistently follow infection control procedures according to agency policy & Center for Disease Control (CDC) recommended guidelines.
- Change out of clinical clothing as soon as possible.
- Take caution when handling and disposing of sharps.
- Adhere to agency policy and procedure when exposed to needle sticks or blood and body fluids.
- Be knowledgeable of risk factors and monitor personal viral status (HIV and Hepatitis B and C). If a student is HIV or Hepatitis positive, it is the student’s responsibility to protect patients and peers from exposure to the virus.

### Health Insurance

Hartnell College does not provide personal health insurance coverage for students.

### Accident Insurance

Student accident insurance is the responsibility of the student. Student injuries occurring at the clinical facility/agency during assigned clinical time must be reported immediately to the clinical instructor so that the agency’s protocol for work-related injuries is followed. The injured student completes the appropriate accident forms from Hartnell College as soon as possible. The forms can be obtained from the Dean of Academic Affairs: Nursing and Allied Health.

When a student injury occurs on campus or during a college-sponsored event, the student must immediately contact an instructor. The student completes the appropriate forms from Hartnell College.

### Professional Practice Insurance

Although students are encouraged to carry professional malpractice insurance, Hartnell College Nursing and Allied Health does not require it. Students are encouraged to research individual insurance plans and consult with insurance professionals.
Student Health & Safety Requirements

Students are not permitted in clinical courses unless all health requirements are met. Written verifications are kept on file. Students who are ill are not permitted in the clinical setting.

Health examination requirements include

Physical Examination
- Within 90 days of semester start date

Annual TB skin Test or Quantiferon gold TB Blood Test
- Must be current at all times during the program
- 2-step process for the first TST (PPD) then annually after that. First TST (PPD) is placed and may/may not be read. One week to one month later, the second TST is placed and is read within 48-72 hours. Size of reaction to the second TST must be measured in millimeters and recorded.
- Quantiferon gold TB blood test must be repeated annually.
- Chest X-Ray is required only if TB skin test is positive
- A history of a positive TB skin test requires a report of a negative chest X-ray
- Students with positive TB skin tests complete a Tuberculosis Questionnaire upon entry into the program and annually after that.
- Student must report symptoms of TB, such as, fevers, cough, night sweats, and recent weight loss to their clinical instructor. If positive for any of the above symptoms, a new X-ray is required.

Immunizations
- Measles/Mumps/Rubella: two combination-MMR vaccines, given one month apart, or a measles titer showing proof of antibodies to measles.
- Hepatitis B: 3 doses plus blood titers showing proof of antibodies to Hep B surface antigen (anti-HBs). No proof of antibodies after the 3-dose course requires a second series and blood titer.
- Varicella: two varicella vaccines, given on month apart, or a varicella titer showing proof of antibodies to varicella.
- Tetanus/Diphtheria/Pertussis (Tdap): current for 10 years.
- Influenza: annual

American Heart Association CPR for the Healthcare Provider
- Must be current
- Expires after 2 years
ADA Compliance Statement

NAH provides reasonable accommodations for students with disability needs. The faculty and staff do not discriminate against individuals and comply with the 1990 Americans with Disabilities Act (ADA) and section 504 of the Rehabilitation Act of 1973. In addition, the faculty and staff are sensitive to student rights, including privacy and confidentiality.

Disability is defined as (1) physical or mental impairment that substantially limits one or more of the major life activities of such individuals; (2) a record of such impairment; or (3) being regarded as having such impairment. Disabilities include, but are not limited to physical, visual, hearing, medical and long term disabilities, mental health disorders (anxiety), attention deficit disorders (ADD) or attention deficit/hyperactivity disorders (ADHD), or other learning disabilities.

Individuals requesting reasonable accommodations are required to self-disclose to the Department of Supportive Programs and Services coordinator. The student may request an appointment for a learning disability assessment by calling the Department of Supportive Programs and Services office at 831-755-6760. Additional information may be found at http://www.hartnell.edu/department-supportive-programs-services-dsps

For the purposes of NAH, a qualified individual with a disability is one who, with or without reasonable accommodation or modification, meets the requirements as described in Essential Capabilities and Functional Requirements.

Essential Capabilities

To meet course objectives, NAH students have abilities and skills of five varieties: Cognitive-Conceptual, Behavioral and Social Attributes, Communication, Sensory, and Motor. A student should be able to perform in a reasonably independent manner. Students who require adaptive equipment to perform essential capabilities are accommodated to the extent possible and in accordance with clinical agency regulations. For safe and effective professional performance, abilities and skills are demonstrated in the clinical, laboratory, and classroom settings and are directly related to clinical course objectives.

Cognitive-Conceptual
A student must have the ability to think critically and apply clinical judgment. Essential abilities include measurement, calculation, reasoning, analysis, and synthesis.

Behavioral and Social Attributes
A student must possess the emotional stability required for full utilization of their intellectual abilities. The prompt completion of all responsibilities, inherent to the care of clients and the development of mature, sensitive and effective relationships with clients is essential. The student is exposed to experiences that may be physically taxing and stressful. The student needs to adapt to changing environments, display flexibility, and learn to function effectively, despite the uncertainties inherent to clinical situations. The student must be able to interact and establish rapport with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds. Compassion, integrity, honesty, concern for others, interpersonal skills, interest, and motivation are personal qualities required throughout the education process.
Communication
A student must be able to speak, hear, and observe individuals in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications. A student must be able to communicate effectively and sensitively with individuals, colleagues, and other personnel. Communication includes speech, reading, and writing. The student must be able to communicate effectively and efficiently, orally and in writing, in English with members of the healthcare team, clients, and families.

Sensory
A student must be able to observe a client accurately. Observation necessitates the functional use of the senses of vision, smell, touch, hearing, and somatic sensation.

Motor
A student should have sufficient motor function to elicit information from individuals using palpation, auscultation, percussion, and other assessment techniques. A student must be able to execute gross and fine motor movements required to provide general care and emergency treatments. Many actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

Functional Requirements
The functional requirements described below are representative, but not limited, to those that are expected of students while completing clinical coursework in acute and community-based settings. Students who require adaptive equipment to perform functional requirements are accommodated to the extent possible and in accordance with clinical agency regulations.

Communication
• Communicate effectively and efficiently in English with clients, families, and other healthcare providers, both verbally and in writing (e.g. explain treatment procedures, instruct clients and families, and document in clinical medical records)
• Effectively adapt communication for intended audience
• Interact and establish rapport with individuals, families, and groups from a variety of social emotional, cultural and intellectual backgrounds
• Assume the role of a healthcare team member
• Function effectively under supervision

Sensory
• Coordinate verbal and manual instruction
• Assess a client from 10 feet away to observe posture and response to treatment
• Respond to a timer, alarm, or cries for help
• Assess client status and perform treatments using auditory, visual, and tactile abilities (e.g., see color changes in skin, hear heart and lung sounds, feel raised rashes)

Motor
• Move from room to room and maneuver in small spaces
• Transfer clients who may require physical assistance
- Guard and assist clients with ambulation
- Perform exercise techniques, including applying resistance during exercise
- Squat, crawl, bend/stoop, reach above shoulder level, use standing balance, and climb stairs
- Use hands repetitively; use manual dexterity
- Perform CPR
- Travel to and from academic and clinical sites
- Spend 75% of clinical time standing/walking
BOARD OF REGISTERED NURSING

The Hartnell College ADN program is accredited by the Board of Registered Nursing (BRN). Its goals are to maintain excellence and to keep pace with the changing demands of the healthcare industry and community. The nursing curriculum is dynamic and ever-changing.

The BRN is a state governmental agency established by law to protect the public by regulating the practice of registered nurses. The BRN is responsible for implementation and enforcement of the Nursing Practice Act: the laws related to nursing education, licensure, practice, and discipline. The Nursing Practice Act created a nine-member Board which serves as the BRN decision-making body.

Board Members
The nine-member Board is composed of three members of the public, five registered nurses, and a physician. The five registered nurses include three direct-client care nurses, a nurse administrator, and a nurse educator. Seven of the members are appointed by the Governor and two of the public members are appointed by the Legislature. Each member serves a four-year term and can be reappointed, although the member cannot serve more than two consecutive terms.

BRN Consumer Protection
The BRN performs a variety of activities in its mission to protect consumers, including:

Setting RN Educational Standards
- The BRN sets educational standards for nursing programs which prepare individuals to become licensed as registered nurses.

Approving California Nursing Programs
- There are approximately 100 approved nursing programs that meet BRN educational standards.

Evaluating Licensure Applications
- Applications are evaluated to determine whether the applicant meets all licensure requirements. To be licensed the applicant must
  - complete educational requirements
  - pass a national licensing examination
  - be cleared through a background check for conviction of any crime which might make the applicant ineligible for licensure

Issuing and Renewing Licenses
- Licenses are issued to applicants who meet the licensing requirements. The license must be renewed every two years.

Issuing Certificates
- The BRN issues certificates to eligible public health nurses, nurse practitioners, nurse anesthetists, nurse midwives, and clinical nurse specialists. The BRN also maintains a list of eligible psychiatric/mental health nurse specialists.

Taking Disciplinary Action
- If a nurse violates the Nursing Practice Act, the BRN may take disciplinary action against the nurse's license. Grounds for discipline focus on behaviors that place clients at risk of harm. The disciplinary action is dependent on the nature and severity of the violation and what is necessary to protect the public. The disciplinary action becomes a part of the RN's file and is accessible to the public.
Managing a Diversion Program
- The BRN's Diversion Program is an alternative to the discipline process for nurses whose practice may be impaired due to chemical dependency or mental illness. This confidential Program protects the public while enabling the nurse to be rehabilitated.

Operating a 24-Hour Toll-Free Licensing Verification System, and an Online License Verification System
- The BRN's toll-free license verification system and the online verification system allows the consumer to validate the status of a nurse's license. The online licensing system is accessed by calling 1-800-838-6828 or by the online licensing system at [http://www.dca.ca.gov/proflic/rns.html](http://www.dca.ca.gov/proflic/rns.html) to learn if
  - the person is licensed as an RN
  - the license is active, inactive, or lapsed
  - the nurse has any BRN certificates
  - there is any disciplinary action against the license

BRN Regulation
The BRN regulates California registered nurses. There are over 350,000 registered nurses in California providing healthcare services in a variety of settings. Regardless of the title or setting, the registered nurse's practice is governed by the BRN.

Titles used in clinical practice include
- nurse anesthetist (CRNA)
- nurse midwife (NMW)
- clinical nurse specialist (CNS)
- nurse practitioner (NP)
- public health nurse (PHN)

Settings where Registered Nurses practice include
- health departments
- health maintenance organizations
- home health agencies
- schools
- private practice
- hospitals and skilled nursing facilities

BRN Contact Information
Board of Registered Nursing (BRN)
P.O. Box 944210
Sacramento, CA. 94244-2100 (916) 322-3350

What is the Board of Registered Nursing? [www.rn.ca.gov](http://www.rn.ca.gov)
BOARD OF VOCATIONAL NURSING
AND PSYCHIATRIC TECHNICIANS

The Hartnell College Vocational Nursing program is accredited by the Board of Vocational Nursing and Psychiatric Technicians (BVNPT). The mission of the California BVNPT is to protect the public. Public protection is paramount to the BVNPT and its highest priority in exercising its licensing, regulatory and disciplinary functions. Toward this end, the BVNPT ensures that only qualified persons are licensed vocational nurses and psychiatric technicians by enforcing education requirements, standards of practice and by educating consumers of their rights. The nursing curriculum is dynamic and ever-changing.

BVNPT Board Members
The BVNPT is composed of eleven members with a public member majority. There are six public members and five professional members. Nine members are appointed by the Governor, one by the Speaker of the Assembly, and one by the Senate Pro Tempore.

BVNPT Public Protection
The California BVNPT protects the consumer from unprofessional and unsafe licensed vocational nurses (LVNs) and psychiatric technicians (PTs). Public protection is the highest priority of the BVNPT in exercising its licensing, regulatory and disciplinary functions.

To protect the public, the BVNPT
- establishes the minimum requirements for examination and licensure.
- establishes educational standards for the accreditation of Vocational Nursing (VN) and Psychiatric Technicians (PT) schools in California.
- adopts regulations to clarify the performance, practice and disciplinary standards for its licensees.
- enforces the regulations governing the continued accreditation of VN & PT schools in California.
- enforces the regulations governing LVNs and PTs by taking appropriate disciplinary action against incompetent or unsafe licensees efficiently and effectively.

The Board is responsible for examination and licensure of over 9,500 VN applicants and 1,000 PT applicants annually. The Board contracts with the National Council of State Boards of Nursing, Inc. for the year-round computer-adaptive vocational nurse licensure examination (NCLEX) administered at over 200 test centers nationwide. After an application has been approved, the applicant is sent an NCLEX Registration Bulletin with instructions on registering for the examination. Once the applicant registers for the NCLEX, an Authorization to Test is mailed from the NCLEX Data Center in Minnesota. The applicant is then responsible for scheduling an appointment to test.

A licensed vocational nurse is an entry-level healthcare provider who is responsible for rendering basic nursing care. A vocational nurse practices under the direction of a physician or registered nurse. The licensee is not an independent practitioner.
Curricular Requirements:
Licensed vocational nursing programs must consist of 1,530 total instructional hours:
Theory - *576 Hours which includes 54 hours of pharmacology for nurses
Clinical - 954 Hours
Programs are located in community colleges (47.0%); adult education/high schools (24.0%);
private schools (20.0%); regional occupational centers (8.0%); and hospitals (1.0%).

BVPT Employment:
There are more than 200,000 licensed vocational nurses in California providing healthcare
services in a variety of settings. Regardless of setting, the vocational nurse's practice is governed by
the BVNPT.
- Acute Medical/Surgical Hospitals
- Convalescent Hospitals (Long Term Care, Skilled Nursing)
- Home Care Agencies
- Outpatient Clinics
- Doctor's Offices
- Ambulatory Surgery Centers
- Dialysis Centers
- Blood Banks
- Psychiatric Hospitals
- Correctional Facilities
- School districts

Contact Information
Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive
Suite 205
Sacramento, CA 95833
(916) 263-7800 http://www.bvnpt.ca.gov/
COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE (CoARC)

The Hartnell College Respiratory Care Practitioner Program is seeking accreditation from the CoARC. Its mission is to serve the public by ensuring high quality respiratory care education through accreditation services. The respiratory curriculum is dynamic and ever-changing.

The CoARC is a national agency that accredits first professional respiratory care degree programs at the associate, baccalaureate, and master’s degree level in the United States and internationally. CoARC also accredits professional respiratory care degree programs offering certificates in polysomnography. The Hartnell College RCP program is accountable to the CoARC for the effective delivery and outcomes of. Public protection is paramount to the CoARC and its highest priority is exercising its regulatory and disciplinary functions. Toward this end, the CoARC ensures that only qualified persons are licensed respiratory therapists by enforcing education requirements and by educating consumers of their rights.

Contact Information
Commission on Accreditation for Respiratory Care
1248 Harwood Road Bedford, TX 76021-4244 (831) 283-2835 www.coarc.com

RESPIRATORY CARE BOARD OF CALIFORNIA

Respiratory Care Practitioners (RCPs) or Respiratory Therapists (RTs) in California are licensed and regulated by the Respiratory Care Board of California (RCB). The RCB is a state governmental agency established by law to protect the public by regulating the practice of respiratory care practitioners. The mandate of the Respiratory Care Board is to protect and serve the consumer by administering and enforcing the Respiratory Care Practice Act and its regulations in the interest of the safe practice of respiratory care. Its mission is to protect and serve the consumer by enforcing the Respiratory Care Practice Act and its regulations, expanding the delivery and availability of services, increasing public awareness of respiratory care as a profession, and supporting the development and education of all respiratory care practitioners.

RCB Public Protection
Public protection is the highest priority of the Board in exercising its licensing, regulatory and disciplinary functions.

To protect the public, the RCB
- establishes the minimum requirements for licensure.
- adopts regulations to clarify the performance, practice and disciplinary standards for its licensees.
- enforces the regulations governing the continued education of its licensees
- enforces the regulations governing RCPs by taking appropriate disciplinary action against incompetent or unsafe licensees efficiently and effectively.
RCB Regulation
The RCB regulates California respiratory care practitioners. More than 29,000 RCP licenses have been issued in the State of California. Regardless of the title or setting, the RCPs practice is governed by the Respiratory Care Board.
Settings where Respiratory Care Practitioners practice include
- health departments
- health maintenance organizations
- home health agencies
- schools
- private practice
- hospitals and skilled nursing facilities

Contact Information
Respiratory Care Board of California
3750 Rosin Court, Suite 100
Sacramento, CA 95834
Main Telephone: (916) 999-2190
Toll Free in California (866) 375-0386
Fax: (916) 263-7311
E-mail: rcbinfo@dca.ca.gov

What is the RCB? www.rcb.ca.gov
The National Registry of Emergency Medical Technicians (NREMT) will deny certification or take other appropriate actions in regards to applicants for certification or recertification when a felony conviction has occurred. Decisions affecting eligibility will be based upon the following categories. Applicants may appeal decisions made by the National Registry as outlined in the NREMT Disciplinary Policy.

**Preamble**
EMS practitioners, by virtue of their state licensure, certification, or national registration, have unsupervised, intimate, physical and emotional contact with patients at a time of maximum physical and emotional vulnerability, as well as unsupervised access to personal property. In this capacity, they are placed in a position of the highest public trust, even above that granted to other public safety professionals and most other health care providers. While police officers require warrants to enter private property, and are subject to substantial oversight when engaging in “strip searches” or other intrusive practices, EMTs are afforded free access to the homes and intimate body parts of patients who are extremely vulnerable, and who may be unable to defend or protect themselves, voice objections to particular actions, or provide accurate accounts of events at a later time.

Citizens in need of out-of-hospital medical services rely on the EMS System and the existence of state licensure/certification or national certification to assure that those who respond to their calls for aid are worthy of this extraordinary trust. It is well accepted in the United States that persons who have been convicted of criminal conduct may not serve as police officers. In light of the high degree of trust conferred upon EMTs by virtue of licensure and certification, EMTs should be held to a similar, if not higher, standard. For these reasons, the EMS certifying/licensing agency has a duty to exclude individuals who pose a risk to public health and safety by virtue of conviction of certain crimes.

**General Denial**
Certification of individuals convicted of certain crimes present an unreasonable risk to public health and safety. Thus, applications for certification by individuals convicted of the following crimes will be denied in all cases.

1. Felonies involving sexual misconduct where the victim’s failure to affirmatively consent is an element of the crime, such as forcible rape.
2. Felonies involving the sexual or physical abuse of children, the elderly or the infirm, such as sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on an elderly or infirm person.
3. Any crime in which the victim is an out-of-hospital patient or a patient or resident of a health care facility including abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.

**Presumptive Denial**
Applications for certification by individuals in the following categories will be denied except in extraordinary circumstances, and then will be granted only if the applicant establishes by clear and
convincing evidence that certification will not jeopardize public health and safety.
Applications for certification by individuals who have been convicted of any crime and who are currently incarcerated, on work release, on probation or on parole.
Applications for certification by individuals convicted of crimes in the following categories unless at least five years have passed since the conviction OR five years have passed since release from custodial confinement whichever occurs later:

1. Serious crimes of violence against persons, such as assault or battery with a dangerous weapon, aggravated assault and battery, murder or attempted murder, manslaughter except involuntary manslaughter, kidnapping, robbery of any degree; or arson.
2. Crimes involving controlled substances or synthetics, including unlawful possession or distribution, or intent to distribute unlawfully, Schedule I through V drugs as defined by the Uniform Controlled Dangerous Substances Act.
   a. Serious crimes against property, such as grand larceny, burglary, embezzlement or insurance fraud.
   b. Any other crime involving sexual misconduct.

**Discretionary Denial**
Applications for certification by individuals convicted of any crimes including DUI, but not including minor traffic violations may be denied after consideration of the following factors:
1. The seriousness of the crime.
2. Whether the crime relates directly to the skills of out-of-hospital care service and the delivery of patient care.
3. How much time has elapsed since the crime was committed.
4. Whether the crime involved violence to, or abuse of, another person.
5. Whether the crime involved a minor or a person of diminished capacity.
6. Whether the applicant’s actions and conduct since the crime occurred are consistent with the holding of a position of public trust.

**Contact Information**
The National Registry of Emergency Medical Technicians (NREMT) PO Box 29233 Columbus, OH 43229 Telephone: 1-614-888-4484 Fax: 1-614-888-8920 https://www.nremt.org/nremt/

**CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY**

The EMS Authority is charged with providing leadership in developing and implementing EMS systems throughout California and setting standards for the training and scope of practice of various levels of EMS personnel. The EMS Authority also has responsibility for promoting disaster medical preparedness throughout the state, and, when required, coordinating and supporting the state's medical response to major disasters. Emergency and disaster medical services in California are rooted in the skills and commitment of the first responders, EMTs, nurses, physicians, and administrators who deliver care to the public and operate the system. In order for high quality services to be delivered with high efficiency, all aspects of EMS systems must work together, mutually reinforcing and supporting each other for the benefit of the patient. The California EMS
Authority, through standard setting, consensus building, and leadership, plays a central role in improving the quality of emergency medical services available for all Californians.

In California, day-to-day EMS system management is the responsibility of the local and regional EMS agencies. It is principally through these agencies that the EMS Authority works to promote quality EMS services statewide. EMS Authority staff also work closely with many local, state and federal agencies and private enterprises with emergency and/or disaster medical services roles and responsibilities.

**Prehospital Emergency Medical Care Personnel Standards**

The EMS Authority is mandated by statute to develop and implement regulations that set training standards and the scope of practice for emergency medical personnel, including Emergency Medical Technician (EMT), Advanced EMTs, Paramedics, Mobile Intensive Care Nurses (MICN), Firefighters, Peace Officers and Lifeguards.

Responsibilities for prehospital emergency medical care personnel standards include the following:

1. Development of statewide standards for all prehospital personnel;
2. Development, adoption, implementation, and maintenance of regulations for each level of personnel;
3. Resolution of policy issues and development of policies as necessary; and
4. Provision of technical assistance regarding regulations and policies to LEMSAs, prehospital care providers including fire agencies and ambulance companies, EMS personnel, persons seeking required training, and training program administrators;
5. Review and approval of Statewide Public Safety Emergency Medical Responder (EMR), EMT and Refresher Training Programs.
6. Maintain and provide technical assistance for the statewide Emergency Medical Services Personnel Registry, a database providing the certification and licensure status for all EMS personnel in California.

**Contact Information**

The Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA
EMSA Main Phone Number: (916) 322-4336
FAX: (916) 322-1441
Paramedic Licensure: (916) 323-9875
Licensure Fax: (916) 324-2875
PROFESSIONAL NURSING ORGANIZATIONS

National Student Nurses Association
With a membership of approximately 56,000 nationwide, the National Student Nurses' Association mentors the professional development of future registered nurses and facilitates their entrance into the profession by providing educational resources, leadership opportunities, and career guidance. Its programs improve nursing and healthcare through community projects; education; legislative activities; and recruitment and retention of traditional and nontraditional nursing students.  [http://www.nsna.org/](http://www.nsna.org/)

American Nurses Association
The ANA is the only full-service professional organization representing the nation’s 2.7 million registered nurses through its constituent member nurses associations. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on healthcare issues affecting nurses and the public. [http://www.nursingworld.org/](http://www.nursingworld.org/)

Accreditation Commission for Education in Nursing, Inc.
The Accreditation Commission for Education in Nursing (ACEN) is responsible for the specialized accreditation of nursing education programs (Clinical Doctorate, Master’s, Baccalaureate, Associate, Diploma, and Practical programs). The Commission has authority and accountability for carrying out the responsibilities inherent in the application of standards and criteria, accreditation processes, and the affairs, management, policy-making, and general administration of ACEN.

The ADN and VN programs are candidates for initial accreditation. Site visits are scheduled for September 2016. [http://www.acenursing.org/](http://www.acenursing.org/)

National League for Nursing
Hartnell College Nursing Program is proud to be a member of the National League for Nursing (NLN), a national organization that sets the standard for Nursing Education. [http://www.nln.org/](http://www.nln.org/)

National Organization for Associate Degree Nursing
N-OADN is the leading advocate for associate degree nursing education and practice, and promotes collaboration in charting the future of healthcare education and delivery.

N-OADN strives to:
- Maintain eligibility for registered nurse licensure for graduates of associate degree nursing programs.
- Educate students and promote AD nursing programs at community colleges nationwide.
- Provide a forum for discussion of issues impacting AD education and practice.
- Develop partnerships and increase communication with other professional organizations.
- Increase public understanding of the role of the associate degree nurse.
- Participate at national and state levels in the formation of healthcare policy.
- Facilitate legislative action supportive of the goals of N-OADN. [https://www.noadn.org/](https://www.noadn.org/)
National Association for Practical Nurse Education and Service, Inc.
The National Association for Practical Nurse Education and Service, Inc. (NAPNES) is the world’s oldest LPN/LVN Association. NAPNES is dedicated to promoting and defending the practice, education and regulation of Licensed Practical Nurses (LPN), Licensed Vocational Nurses (LVN), Practical Nursing Educators, Practical Nursing Schools, and Practical Nursing Students. NAPNES has constituent state members throughout the U.S. NAPNES is the organization that is responsible for the legislation that provides for the licensure, and education of practical nursing in the United States. Founded in 1941 by Practical Nursing Educators, NAPNES has grown to become a multi-disciplinary organization that welcomes not only LP/VNs, but also RNs, MDs, Student Practical Nurses, Practical Nursing Educators, Practical Nursing Schools, agencies, organizations, lay community and other individuals that are interested in promoting the professional practice, and education of practical nurses. http://www.napnes.org/

Additional Professional Nursing Organizations
Additional professional organizations can be researched at the following websites:
http://www.nsna.org/CareerCenter/Associations.aspx
California Nurses Association: http://www.calnurses.org
California Licensed Vocational Nurses Association: http://www.clvna.org/
PROFESSIONAL RESPIRATORY CARE ORGANIZATIONS

American Association for Respiratory Care
Since 1947, the American Association for Respiratory Care (AARC) has been committed to enhancing your professionalism as a respiratory care practitioner, improving your performance on the job, and helping you broaden the scope of knowledge essential to your success. With more than 50,000 members nationwide, the AARC is the only professional society for respiratory therapists in hospitals and with home care companies, managers of respiratory and cardiopulmonary services, and educators who provide respiratory care training. [http://www.aarc.org/](http://www.aarc.org/)

California Society for Respiratory Care
The California Society for Respiratory Care (CSRC), as an affiliate of the American Association of Respiratory Care (AARC), is a non-profit professional organization, whose mission is to represent and support our members through public and legislative advocacy, educational opportunities, and to continuously strive for excellence in the cardiopulmonary profession. By these means, the CSRC is committed to health, healing and disease prevention in the California community. [http://www.csrc.org/](http://www.csrc.org/)
Student Acceptance of Course Responsibilities

The professions of nursing and respiratory care require integrity and adherence to the Nursing and Respiratory Codes of Ethics.

I understand that I must maintain client confidentiality at all times. I will not discuss clients or experiences outside of the clinical area or simulation lab. I will not leave any identifying information on any client paperwork.

I understand that I may not give any medications or perform clinical skills without the supervision or expressed consent of the clinical instructor.

I understand that [list of courses] are separate courses that must be taken concurrently. Failure in any one of these courses will result in having to take all the courses again.

I have read, reviewed, and understand the contents, objectives, and requirements as stated in all course syllabi for [course]. I agree to abide by them. In addition, I have read, reviewed, and understand the contents in the Hartnell College Nursing and Allied Health Student Handbook and Policy & Procedure Manual.

Failure to adhere to the policies and procedures, guidelines within the program’s handbook, and college-wide policies may result in verbal/written warning, Performance Improvement Plans, failing grades for nursing or respiratory courses, and expulsion from the nursing or respiratory care practitioner program.

Student Name (print)          Student Signature

______________________________
Date
CONFIDENTIALITY AGREEMENT

As a part of the Hartnell College Nursing and Allied Health academic program, students participate in simulated patient care experiences and environments. The experiences are designed for learning and improving performance in patient care situations. Student participation may be active or observational.

Simulation exercises involve equipment, documents, and situations with patients, family members, caregivers, healthcare personnel, faculty, and others.

Students are expected to maintain strict confidentiality about events and procedures that take place. Events and procedures include the information obtained prior to the actual simulation, information obtained during the simulation, and information obtained during the debriefing portion of the simulation. Students cannot share information regarding their experiences or the performances of others.

I agree to maintain strict confidentiality about details of the scenarios, my performance, performance of participants, and other events regarding the simulation exercises.

Print Name __________________________________________________________
Signature  __________________________________________________________
Date   __________________________________________________________

VIDEOTAPING AND RECORDING

I understand that my simulation patient care experiences may be video and/or audio recorded and used during the debriefing portion of the simulation exercise with appropriate faculty and students. Recordings will be deleted following completion of the learning activity.

Print Name __________________________________________________________
Signature  __________________________________________________________
Date   __________________________________________________________
Notice of Academic Standing

Date: 

Student Name: 

Course: 

Attached is a copy of your grades to date. The total number of points earned, current percentage, and current grade are included. If you disagree with the calculations, please schedule an appointment to meet with the instructor immediately.

As of this date, I understand that I am not receiving a satisfactory score/percentage to successfully pass this course and that I am at risk for failure. I understand that I must receive sufficient points on the remaining graded assignments to meet the 70% minimum to successfully complete this course.

As of this date, I understand that I am receiving less than 75%. I understand that I must receive sufficient points on the remaining graded assignments to meet the 70% minimum to successfully complete this course.

I am aware that is the last day to withdraw from this course with a “W.” Thereafter, I will receive a “D” or an “F” for the course should I fail to achieve a 70% for this course.

I am aware of the resources available to me by the course instructors, clinical faculty/professional experts, Hartnell College academic counselors, and Hartnell College’s student services. I understand how to access my resources so that I may formulate an educational plan that best addresses my needs.

__________________________________  __________________________ 
Student Signature                     Date                           Instructor Signature  Date

Original to Student File
cc: D. Kaczmar,
Hartnell College  
Nursing and Allied Health Program  

Performance Improvement Plan  

Date: __________  

Student Name: ________________________ Course: ________

The named student is not meeting course objectives as described below:

<table>
<thead>
<tr>
<th>Learning Objective</th>
<th>Performance/ Behavior</th>
<th>Identified Deficiency</th>
<th>Expected Student Outcomes</th>
<th>Resources Available</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Student’s Plan for achieving the outcomes/goals

Summary:

Signatures:  
*Signing this form only acknowledges receipt of the form, not agreement or disagreement with the information documented on the form.*

<table>
<thead>
<tr>
<th>Student</th>
<th>Date</th>
<th>Instructor</th>
<th>Date</th>
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<tbody>
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</table>

Dean of Academic Affairs: Nursing and Allied Health Date
Exam Item Query Form

Must be submitted within 3 school days after exam has been graded

Student: ________________________________________________________________

Course: ____________________________  Exam Date: __________________________

I am challenging the following test item:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Rationale:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Two published resources available to classmates that validate the challenge.

1. Text/Syllabus/Professional Journal: _________________________________
   Title/Page Number: _________________________________________________

2. Text/Syllabus/Professional Journal: _________________________________
   Title/Page Number: _________________________________________________

Edited 071216dk
The provisions in this handbook are based on Hartnell College policies and services and are subject to change. Material cited in the Nursing and Allied Health Student Handbook does not constitute an irrevocable contract between any applicant or student and the program. Hartnell College is not responsible for misrepresentation that might arise as a result of updates after publication or from errors occurring in the preparation of this handbook. Students are encouraged to use the links provided for detailed information.