

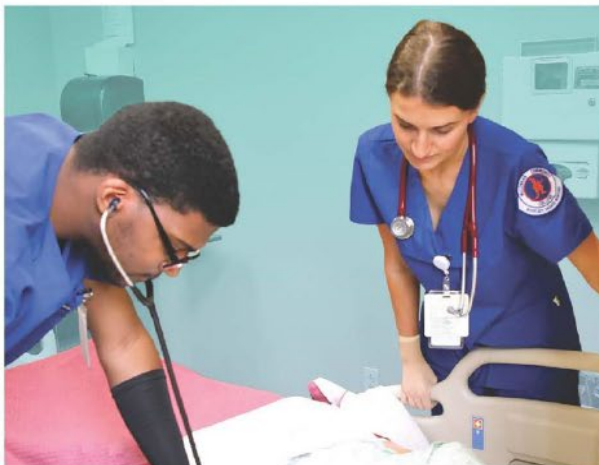
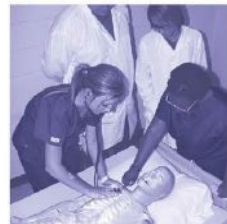
FALL 2024 Associate Degree Nursing (ADN) Student Handbook



ASSOCIATE DEGREE NURSING PROGRAM



BREAK THROUGH.



STUDENT HANDBOOK

FALL 2024

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INTRODUCTION

Letter from the ADN Program Director

Welcome!!

As Program Director of the McLennan Community College (MCC) Associate Degree Nursing (ADN) Program, I welcome you to a challenging, rewarding profession. Whether you are a new or continuing nursing student, I congratulate you on choosing nursing as your profession and McLennan Community College as your nursing school.

In addition to offering the best possible professional education, our faculty team strives to provide evidence-based teaching and clinical practices and continued exposure to current nursing issues. We take seriously our responsibility in preparing knowledgeable, caring, and clinically proficient. Each faculty member is committed to assisting you in achieving success in school and in your registered nurses nursing career.

We are committed to your learning. Our faculty is experienced in both nursing practice and teaching and will guide you every step of the way. We want to be your partner during your journey through nursing school so that your experience at the MCC ADN program exceeds your expectations. This is a very exciting time to be a part of the ADN program. We have a beautiful state-of-the-art simulation lab and skills labs, where you will find a safe and supportive learning environment, based on research and best practice. Our program is very progressive, and uses advanced technology to enhance your learning.

The faculty and staff of the MCC ADN program are very proud of our full approval status with the Texas Board of Nursing (Texas BON) and continued accreditation from the Accreditation Commission for Education in Nursing, Inc. (ACEN).

Within the pages of this Student Handbook is information and policies that will guide you along your journey. The student policies are congruent with those of the College, publicly accessible, nondiscriminatory, and consistently applied. Differences in the ADN policies and MCC general policies are justified by the goals and outcomes of the ADN department.

Once again, I want to congratulate you for being selected from a large group of people seeking entrance into the program. We are here to support you through your MCC ADN Program experiences.

Chasing What Matters,

Dr. Shelley Blackwood

Shelley Blackwood, EdD, MSN, RN, CNE, CHSE
Associate Degree Nursing Program Director

Disclaimer

The College and the Associate Degree Nursing Program reserve the right to alter contents of the Student Handbook with notice to students as necessary. Students will be notified of the change in a timely manner, given an electronic copy of the change, and must sign they have received and understand the change. Changes may be necessary as the Texas Board of Nursing regulations change and the ACEN regulations change. The most current information can be found on the Texas BON website (www.bon.state.tx.us) and the ACEN website (www.acenursing.org).

Violations of Program Policies

Infractions of the student uniform policies may result in recommendations for college disciplinary action and/or suspension.

PROGRAM INFORMATION

Accreditation and Regulating Agencies

Accreditation Commission for Education in Nursing, Inc. (ACEN)



The Associate Degree Nursing Program is accredited by the Accreditation Commission for Education in Nursing (ACEN).

Accreditation status: Continuing Accreditation

Last Site Visit: March 2021

Next Scheduled Visit: 2029

Contact Information: ACEN, Inc. 3390 Peachtree Road NE, Suite 1400, Atlanta, Georgia 30326

Office: (404) 975-5000

Fax: (404) 975-5020

www.acenursing.org

ACEN supports the interests of nursing education, nursing practice, and the public by the functions of accreditation. Accreditation is a voluntary, self-regulatory process by which non-governmental associations recognize educational institutions or programs that have been found to meet or exceed standards and criteria for educational quality. Accreditation also assists in the further improvement of the institutions or programs as related to resources invested, processes followed, and results achieved. The monitoring of certificate, diploma, and degree offerings is tied closely to state examination and licensing rules, and to the oversight of preparation for work in the profession.

Texas Board of Nursing

**The Associate Degree Nursing Program is approved by the Texas Board of Nursing.
The MEEP Program is approved by the Texas Board of Nursing**

Approval status: Full Approval

MEEP Approval Status: Full Approval

Last MEEP Site Visit: 2022

Next Scheduled MEEP Site Visit: 2028

Contact Information: Texas Board of Nursing 333 Guadalupe #3-460 Austin, Texas 78701

Office: (512) 305-7400 and (512) 305-6809

Fax: (512) 305-7401

www.bon.state.tx.us

The mission of the Texas Board of Nursing BON is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in the State of Texas is competent to practice safely. The Board fulfills its mission through the regulation of the practice of nursing and the approval of nursing education programs. The mission, derived from the Nursing Practice Act, supersedes the interest of any individual, the nursing profession, or any special interest group. The faculty, administration, and staff of the Associate Degree Nursing Program are proud of our continued accreditation and full approval status.

Program Memberships

NLN

Members of the National League *for* Nursing

Dedicated to excellence in nursing education, the National League for Nursing is the preferred membership organization for nurse faculty and leaders in nursing education. NLN members include nurse educators, education agencies, health care agencies, and interested members of the public. The NLN offers faculty development programs, networking opportunities, testing and assessment, nursing research grants, and public policy initiatives to its 33,000 individual and 1,200 institutional members. Founded in 1893 as the American Society of Superintendents of Training Schools for Nurses, the

National League for Nursing was the first nursing organization in the United States. Today the NLN is a renewed and relevant professional association for the twenty-first century. Cited by the American Society of Association Executives for the “will to govern well,” the NLN is committed to delivering improved, enhanced, and expanded services to its members and championing the pursuit of quality nursing education for all types of nursing education programs.

The National League for Nursing, headquartered in New York City, is led by a board of governors elected at large by the membership for three-year terms. The volunteer president of the board works closely with the NLN's chief executive officer. The MCC ADN faculty are proud members of NLN.

Organization for Associate Degree Nursing (OADN)

The ADN Faculty and Leadership are members of OADN, an organization that exists to amplify the voice of AND Programs in education policy and the healthcare arena.

Texas Nursing Concept-Based Curriculum Consortium

The A D N program is an active member in the Texas Nursing Concept-Based Curriculum Consortium (TxNCBC).

Texas Organization of Associate Degree Nursing Programs

The A D N program leadership and faculty are active members in the Texas Organization of Associate Degree Nursing Programs (TOADN).

Texas Association of Deans and Directors of Professional Nursing Programs

The ADN Program Director is an active member of the Texas Association of Deans and Directors of Professional Nursing Programs (TADDPNP).

Texas Community College Teachers Association

The faculty and leadership of MCC, including the ADN Program are active members of the Texas Community College Teachers Association (TCCTA).

Nurse Tim, Inc.

Full and Part-Time faculty participate in program-sponsored membership to evidence-based teaching and professional development opportunities through Nurse Tim, Inc.

Outcomes

Program Outcomes

Nursing program assessment demonstrates the extent of student learning at or near the end of the program as well as program outcome achievement using a systematic plan for evaluation (SPE).

The faculty create and implement a written SPE* for each nursing program type to determine the extent of the achievement of each end-of-program student learning outcome and program outcome, and additionally for graduate programs the role-specific nursing competencies, to inform program decision-making to maintain or improve student and program performance (ACEN Standard 5, 2023).

1. Student Learning Outcomes. Faculty will evaluate students using formative and summative methods that varied and designed to measure the Student Learning Outcomes (SLOs) for the program. Faculty will assess student achievement of SLOs through the formative use of HESI testing for the purposes of evaluating program outcomes. The End of Program Benchmark for HESI testing is a score of 900 in all QSEN-measures SLO categories. Summative data will be collected from the Clinical evaluation tool and faculty-created exams. The expected level of achievement is 75% on concept-based exam items linked to the SLOs. Students will achieve at the expected level of competency on the Clinical Evaluation Tool from largely “Dependent” (1) in Level 1 to primarily “Independent” (4) in Level 4 (ACEN Standard 5.1).

2. Program Completion. Program completion: Expected levels of achievement for program completion are determined by the faculty and reflect student demographics and program options - ELA – generic 60%; transition 70% (ACEN Standard 5.2).

3. Performance on licensure exam: The program’s three-year mean for the licensure exam pass rate will be at or above the national mean for the same three-year period – ELA- three year mean at or above the national mean for the same three-year period and will remain above 80% (ACEN Standard 5.3).

4. Job placement rates: Expected levels of achievement are determined by the faculty and are addressed through quantified measures six to twelve months post-graduation to reflect job placement in nursing or the healthcare field – ELA 70% (ACEN Standard 5.3).

Rev. 2017; 2023

End of Program Student Learning Outcomes

The graduate will be able to:

1. Use clinical reasoning and knowledge based on the nursing program of study, evidence-based practice outcomes, and research-based policies and procedures as the basis for decision-making and comprehensive, safe patient-centered care.
2. Demonstrate skills in using patient care technologies and information systems that support safe nursing practice.
3. Promote safety and quality improvement as an advocate and manager of nursing care.
4. Coordinate, collaborate and communicate with diverse patients, families and the interdisciplinary health care team to plan, deliver, and evaluate care that promotes quality of life.
5. Adhere to standards of practice within legal, ethical, and regulatory frameworks of the professional nurse.
6. Demonstrate knowledge of delegation, management, and leadership skills.
7. Demonstrate behavior that reflects the values and ethics of the nursing profession, including a spirit of inquiry.

Student Learning Outcomes Metrics

Student Learning Outcomes are measured throughout the A D N program using:
Clinical Evaluation Tool (DECs aligned with SLOS) - Faculty evaluation of students
HESI Testing in PNC and HCC Courses for a standardized, reliable, valid measurement
Faculty-Created Exams

Mission, Vision, Values, Philosophy, & Conceptual Framework

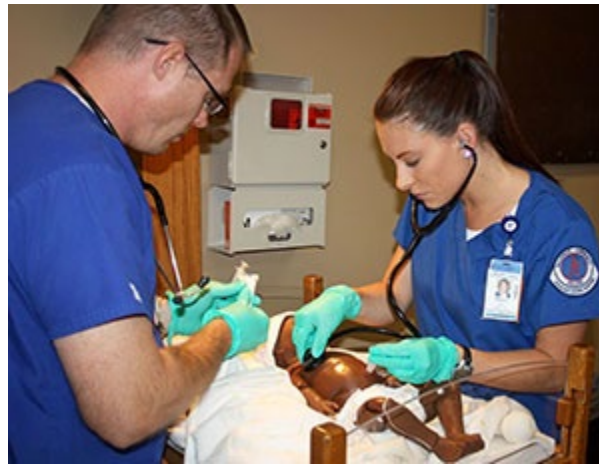
Mission Alignment

McLennan Community College Mission:

Our mission is to educate our students - improving their lives and enriching our community.

A D N Program Mission:

The mission of the Associate Degree Nursing (ADN) Program is to prepare nursing graduates that can safely and effectively function in a beginning role as members of the health care team.



The ADN Program offers a comprehensive curriculum that prepares graduates to take the NCLEX-RN to become registered nurses. At the completion of the ADN program curriculum, combined with general education and nursing education courses, students receive an Associate in Applied Science (A.A.S.) degree.

Students can choose to be finished with their education with an A.A.S. or may choose to continue to a bachelor's degree in nursing. The ADN faculty promotes lifelong learning and workforce development as essential components of the educational process.

McLennan Community College Vision

To ensure the strategic goals and priorities of McLennan Community College's [Vision 2030](#) are achieved, MCC has established [institutional objectives](#) as strategic guides to Focus on the Future. The four main goals of the Vision 2030 are:

- I. Help all students succeed at the highest level possible.*
- II. Take care of our people.*
- III. Impact the community.*
- IV. Develop resources to fund success.*

A D N Vision

Our vision is to make the name "McLennan Community College ADN Program" synonymous with excellence so that our community facilities seek our graduates first to care for their patients and advance their cultures.

Core Values Alignment

McLennan Community College's Core Values:

1. **People matter** - We will be honest, humble, respectful, and gracious to our students and to each other. We best serve our students, colleagues, and community when we work as a team.
2. **Inclusiveness matters** - We will seek to appreciate and understand our students and each other, actively seeking different viewpoints. We will work to create a civil, welcoming environment where our diverse community of students and employees learn, teach, and work together.
3. **Integrity matters** - We will work with the highest level of integrity, taking responsibility for all of our actions. We will tell the truth and seek to be fair in our decision-making and actions.
4. **Communication matters** - We will be open, collegial, and courageous in our communications with students and with our colleagues. We will listen before we speak. We will communicate decisions and the reasons for them.
5. **Excellence matters** - We will strive for excellence in all that we do. We will actively plan for the future, seeking new and innovative ways to accomplish our mission.

A D N Program Core Values:

1. Caring: Aligns with the MCC Values of Inclusiveness, People, and Communication
2. Ethics: Aligns with the MCC Values of Inclusiveness and Excellence
3. Integrity: Aligns with the MCC Values of Integrity and Excellence

Congruence Between the MCC and A D N Program's Core Values

A D N	Caring	Ethics	Integrity
MCC	Inclusiveness, People, Communication	Inclusiveness, Excellence	Integrity, Excellence

Everything we do and say should reflect our Mission, Vision, and VALUES.

**McLENNAN COMMUNITY COLLEGE
ASSOCIATE DEGREE NURSING
PROGRAM PHILOSOPHY (Core Values)**

The core values of the ADN program align with the core values of the college:

- People matter
- Inclusiveness matters
- Integrity matters
- Communication matters
- Excellence matters

By providing a quality nursing program in a learning-centered environment to meet the educational needs of students in our service and surrounding areas. Successful completion of the associate of applied science degree curriculum leads to acquisition of the skills, knowledge and attitudes necessary for employment, thereby helping to meet the health care needs of the communities served by MCC. The faculty is committed to promoting the development of qualified students prepared for the professional role as a registered nurse at the entry level. The faculty utilizes strategies designed to promote graduation, employment and licensure.

Nursing is a theory-guided, evidenced-based discipline, which builds on a foundation of knowledge from the biological, social and behavioral sciences. The curriculum is concept-based, directed toward the competencies needed to provide patient-centered care for the lifespan of a diverse population in complex environments that increasingly require interdisciplinary teamwork, leadership, use of quality improvement, informatics and technology. The graduate of the MCC ADN program is prepared to meet the differentiated essential competencies (DECs) at the associate degree level as defined by the Texas Board of Nursing in four major roles: provider of patient-centered care, patient safety advocate, manager of care and member of a profession.

The Core values of the ADN Program are:

- caring
- ethics
- integrity

These core values support the program's integrating concepts (patient-centered care, teamwork & collaboration, evidence-based practice, quality improvement, safety and informatics) and lead to the main program goals of quality of life, clinical judgment, professional identity, and spirit of inquiry.

Learning is a continuous process that occurs when the individual is challenged and motivated

to enhance personal knowledge. Teaching and learning are interactive processes between faculty and students. The responsibility of the faculty is to facilitate the student's development of clinical judgment skills through the design and evaluation of learning experiences and access and use of resources. The nursing student is responsible for actively participating in learning experiences and assuming responsibility for their own learning and accountability for their actions. Learning is a dynamic process based on life experiences, readiness to learn, and the ability to learn. Students apply what they learn in theory to their client situations and gain new insights. Faculty incorporate evidence-based teaching such as increased contact between students and faculty, cooperation among students, active learning, prompt feedback, high expectations, and respect of diverse learning styles in face- to-face and on-line learning environments.

Experiences in simulation with a strong debriefing component complement clinical education and allow students to experience high-risk, low volume situations in a safe environment.

The curriculum is conceptually based and founded on principles of adult and collaborative learning. The curriculum emphasizes deep learning about the discipline's most central concepts rather than content, which leads to the student's ability to develop habits of thought and pattern recognition. The student develops a deeper understanding of prevalent health care conditions and situations across the lifespan. Faculty design learning activities that promote student engagement, self-assessment and self-directed learning. Developing clinical judgment results from understanding of both professional and health care concepts. Reflective practice, evidence-based practice, ethical practice, cultural competence, inter-professional collaboration, and therapeutic communication and relationship skills are essential components of clinical learning. Opportunities are provided for students to engage in interactive and collaborative activities with their peers that contribute to better learning outcomes and development of higher order thinking skills.

The MCC faculty values lifelong learning by offering multiple entry points into the ADN program and encouraging progression to the BSN and MSN levels. The faculty is committed to removing barriers to academic progression and making pathways seamless, building on previous knowledge and competencies already achieved.

MISSION

Our mission is to prepare graduate professional nurses who, as members of an interdisciplinary health care team, use clinical judgment to provide safe, evidenced- based, patient- centered care to promote quality of life.

END-OF-PROGRAM STUDENT LEARNING OUTCOMES

The graduate will be able to:

- 1. Use clinical reasoning and knowledge based on the nursing program of study, evidence-based practice outcomes, and research-based policies and procedures as the basis for decision-making and comprehensive, safe patient-centered care.*
- 2. Demonstrate skills in using patient care technologies and information systems that support safe nursing practice.*
- 3. Promote safety and quality improvement as an advocate and manager of nursing care.*
- 4. Coordinate, collaborate and communicate with diverse patients, families and the interdisciplinary health care team to plan, deliver, and evaluate care that promotes quality of life.*
- 5. Adhere to standards of practice within legal, ethical, and regulatory frameworks of the professional nurse.*
- 6. Demonstrate knowledge of delegation, management, and leadership skills.*
- 7. Demonstrate behavior that reflects the values and ethics of the nursing profession, including a spirit of inquiry.*

Reviewed 2023

Educational Theoretical Underpinnings

MCC ADN faculty provide a learning environment built on educational theory that supports the nursing program's mission, addresses the needs of the students, accomplishes the program student learning outcomes, and meets the program outcomes. Program student learning outcomes refer to what the individual student will have accomplished by the end of the program. Program outcomes are the metrics for each graduating class which include the yearly NCLEX-RN® pass rate, the retention rate, and the job placement rate.

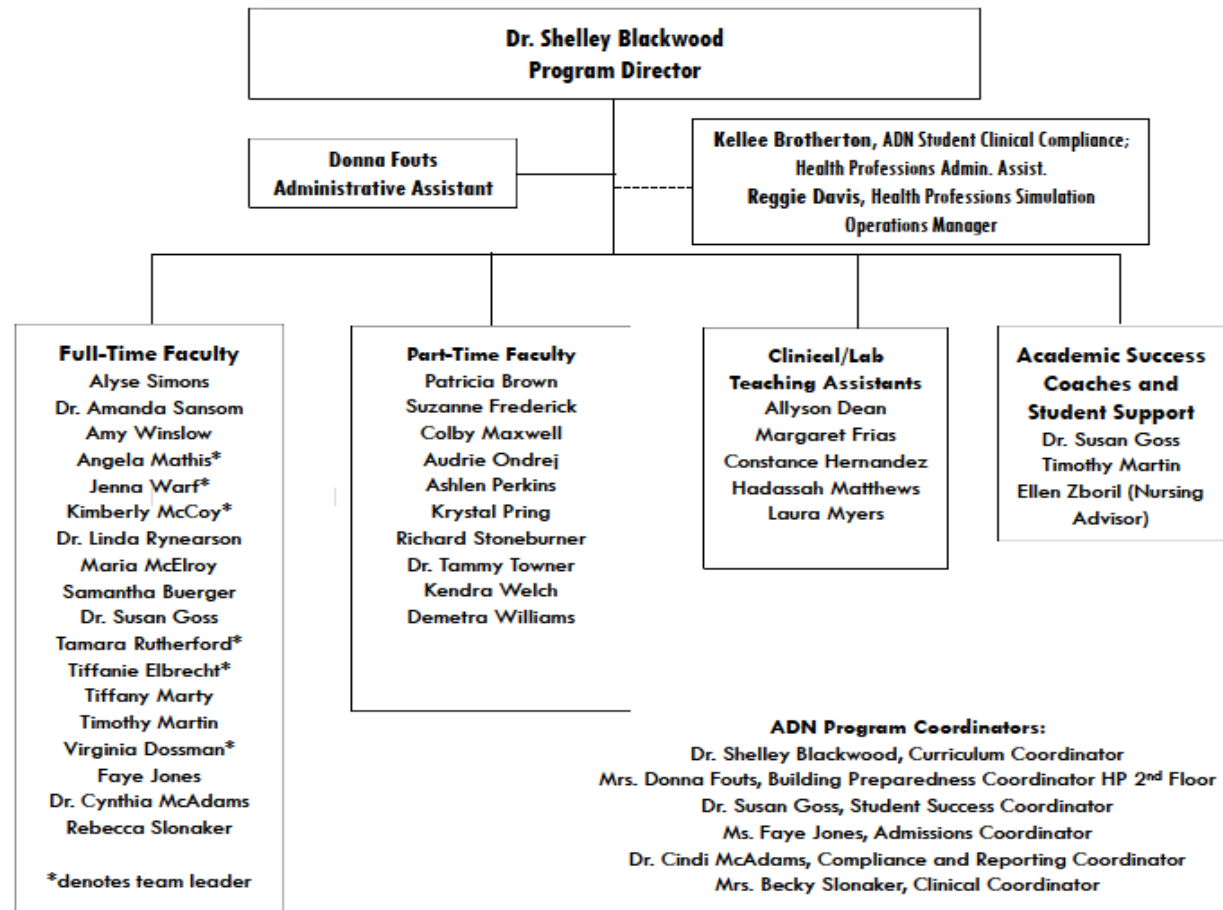
Faculty primarily apply two educational theories in their teaching for students to obtain the program student learning outcomes: cognitive learning theory and adult learning theory. Briefly, cognitive learning theory (Billings & Halstead, 2016; Lewin, 1951; Ausubel, 1960, 1978; Bruner, 1960; Piaget, 1973, Gagne, 1987) refers to an active, goal-oriented, meaningful learning environment. As content is taught it relates to, and builds on, the learner's prior learning or cognitive frameworks. Learning builds, moving from simple concepts and thinking to higher order thinking applied to complex patient situations.

Adult learning theory (Billings & Halstead, 2016; Knowles, 1968) addresses the characteristics of the student in the McLennan Community College Nursing Program. Aspects of adult learning theory used include the adult as a self-directed and problem-centered learner who needs and wants useful information that is readily adaptable to the learning situation. Adults prefer to be actively engaged in meaningful learning. These aspects of Adult Learning Theory support faculty's use of case studies, concept mapping, and problem-solving situations in the classroom and clinical environments as well as extensive use of high-fidelity human patient simulators to engage in simulated patient care.

Faculty also apply Dr. Benner's theory of Novice to Expert (Benner, 2001). Faculty understands novice learners are rule driven. As they are challenged to apply critical thinking, they grow and are able to look at the bigger picture as they enter the stage of advanced beginner by completion of the program. Application of Benner's theory is helpful when teaching critical thinking and clinical reasoning.

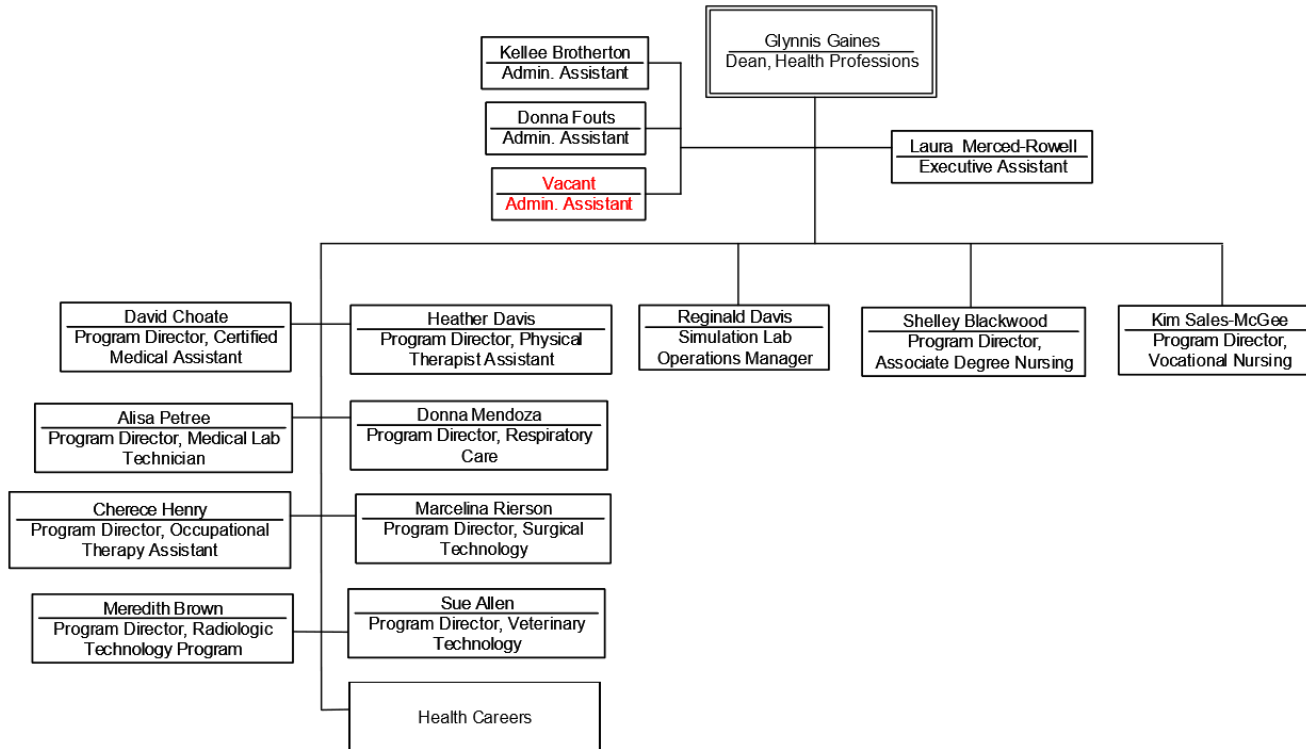
Organizational Charts

ASSOCIATE
DEGREE
NURSING
ORGANIZATION
CHART
2023-2024



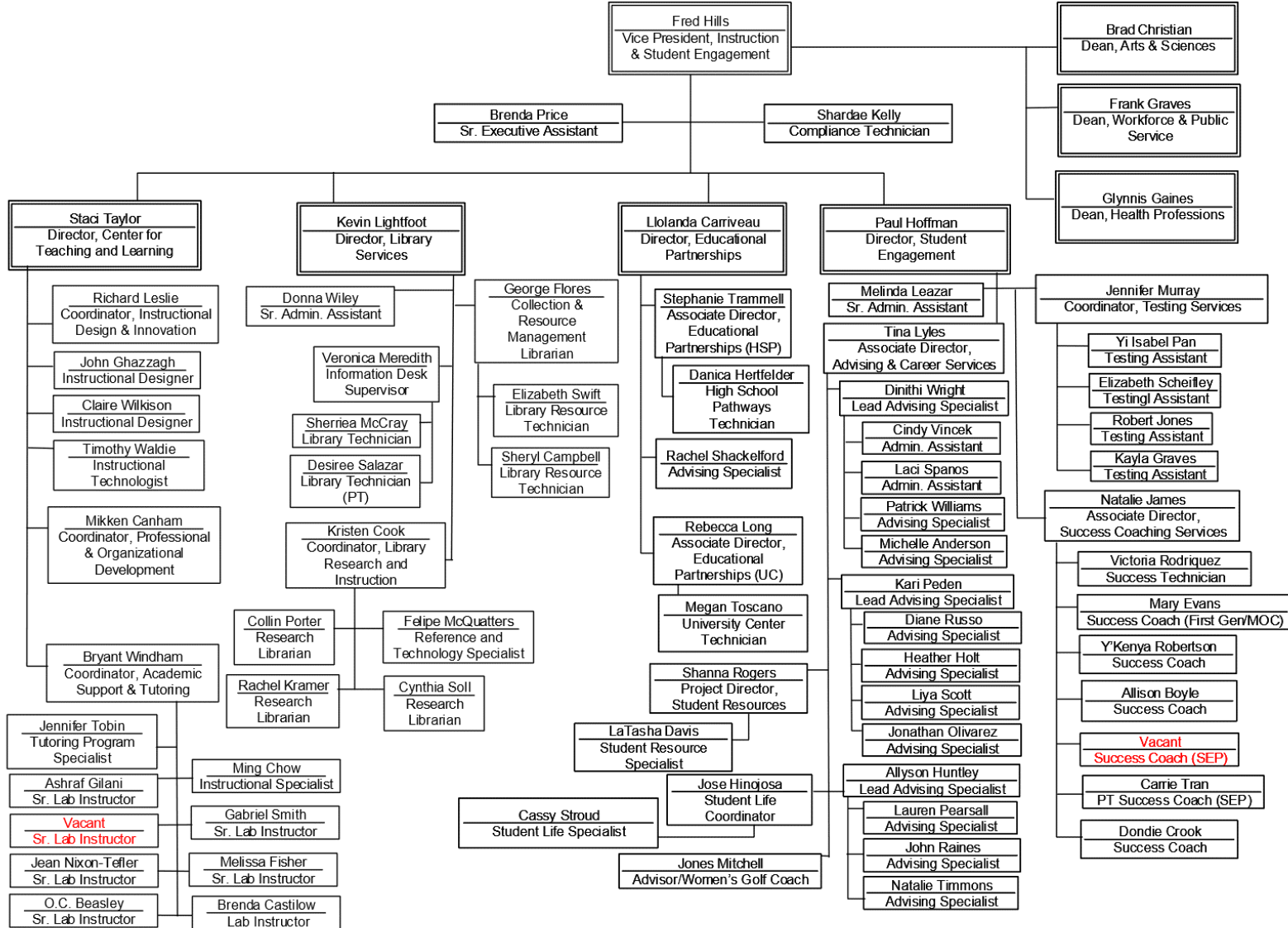
Health Professions Organizational Chart

Update 3/3/2023

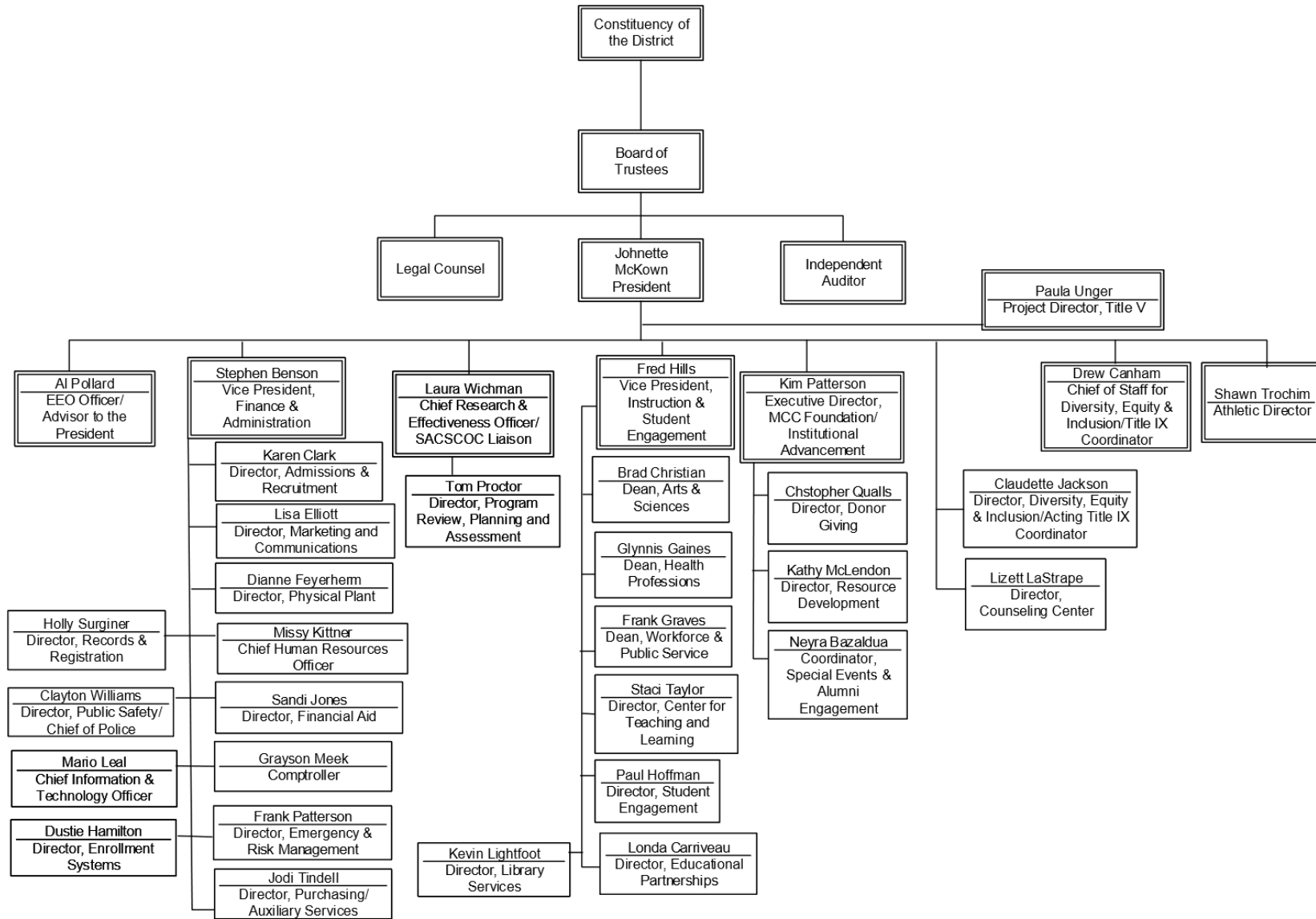


Instruction & Student Engagement Organizational Chart

Updated 3/3/2023



McLennan Community College Organizational Chart



CONCEPT-BASED CURRICULUM

Program of Study

Faculty plan, implement, and evaluate both clinical and didactic learning experiences that are sequenced appropriately, kept current, and are attainable with a timeframe of between two and four calendar years for the Generic ADN track and one to three years for the LVN-ADN Transition track. Students who wish to participate in the Multiple Entry & Exit Program (MEEP) will complete a minimum of 272 or 80 (depending on entry level) optional clinical hours in addition to the course work and clinicals in the Traditional ADN track. The ADN program length of time and the credit hours required to program completion are congruent with the attainment of identified student learning outcomes and program outcomes and are consistent with the policies of the MCC, Texas, and national standards, and contemporary practices (ACEN Standard 4.1, 4.2, 4.6 4.8). General education courses serve the purpose of knowledge enhancement to support the achievement of nursing program student learning outcomes (ACEN Standard 4.5) Nursing courses feature an emphasis on the role of the nursing professional that is appropriate to each level and highlight information technology, interprofessional collaboration, delegation, professional identity and scope of practice (ACEN 4.7) The faculty participate in the Texas Nursing Concept Based Curriculum consortium and participate in regular reviews of the curriculum to ensure quality, integrity, rigor, and currency (ACEN Standard 4.4).

The curriculum is based on sound educational principles and follows the philosophy/mission and objectives/outcomes identified for the program and for the students. The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, and direct learning activities. (ACEN Standard 4.2). The program of study prepares students to practice according to the Texas Board of Nursing Rules and Regulations. The curriculum teaches students to use safe patient care and systematic clinical decision making. In addition, students demonstrate the Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgment, and Behaviors: Vocational (VN), Diploma/Associate Degree (DIP/ADN), Baccalaureate Degree (BSN). It incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning outcomes and program outcomes consistent with contemporary practice (ACEN Standard 4, 4.1).

The IOM (National Academy of Medicine) (2011) summarized the problem facing nursing faculty with regards to nursing education: *“The explosion of knowledge and decision-science technology also is changing the way health professionals access, process, and use information. No longer is rote memorization an option. There simply are not enough hours in the day or years in an undergraduate program to continue compressing all available information into the curriculum.”* There is too much knowledge, too little time, not enough clinical space, and a limited number of faculty to continue teaching nursing using the curriculum models of the past. The IOM/national Academy of Medicine (2011) stated in their seminal work, *“New approaches must be developed for evaluating curricula and presenting fundamental concepts that can be applied in many different*

situations rather than requiring students to memorize different lists of facts and information for each situation.” To address this issue, the MCC associate degree nursing faculty chose to join other colleges in the state to develop a concept-based curriculum. The concept-based curriculum approach was chosen to help nursing programs handle content saturation and provide a method for content management. Students focus on generalities of the concepts and then apply what they have learned to specific priority exemplars. Concepts can be applied in a variety of clinical settings that will help utilize the current limited clinical sites and prepare graduates for a greater variety of positions given the current job climate. Deeper understanding of the concepts will help promote development of clinical judgment that is necessary for graduate nurses to function in the health care system (Giddens, 2013). This project builds on best practices from Jean Giddens’ work on concept-based curriculum (Giddens, 2007) and Chris Tanner’s work with The Oregon Consortium for Nursing Education (Tanner, 2008). (Excerpt from seminal literature related to the need for, organization, and implementation of concept-based curriculum)

The change to a concept-based curriculum necessitated a revision of the philosophy, student learning outcomes and conceptual framework. The MCC faculty took this opportunity to do a total revision of each to be sure and fully address the National Academy of Medicine and QSEN competencies.

The course of study balances nursing and non-nursing courses including, physical, biological, behavioral, social and nursing sciences, and includes body structure and function, pharmacology, microbiology, nutrition, human growth and development, and signs of emotional health (ACEN Standards 4.5). The course of study includes nursing skills.

Learning activities include limited lectures, audio/visual representations, interactive learning activities, simulation lab, and patient care clinical learning experiences which are hands on and supervised by educationally and experientially qualified faculty (ACEN Standards 2.1, 2.2, 2.6, 4.3).

Nursing courses cover information through the lifespan and are in the four content areas of medical-surgical, maternal/child health, pediatrics, and mental health for ADN program. The curriculum provides continuity, sequence and integration of learning (ACEN 4.2). The structure fosters promotion, prevention, rehabilitation, maintenance, and restoration of the health of individuals of all ages.

Nursing courses use competencies to prepare students to recognize and analyze health care needs, select and apply relevant knowledge and appropriate methods for meeting the health care needs of individuals and families and evaluate the effectiveness of the nursing care.

Course content is appropriate to the role expectations of the Associate Degree Nursing graduate. It includes professional values, ethics, safety, diversity, and confidentiality issues. Course content and behavioral expectations address the Nurse Practice Act, Standards of

Nursing Practice, Unprofessional Conduct Rules, and Delegation Rules. In addition, the curriculum includes cultural, ethnic, and socially diverse concepts that are driven by local, national, and global issues (ACEN Standard 4.7).

The learning experiences are progressive; the didactic and clinical portions are concurrent. Students have sufficient clinical experiences to foster communication and interpersonal relationship skills. Students participate in clinical experiences that are evidence-based and reflect contemporary practice and nationally established patient health and safety goals (ACEN Standard 4.9). Students will be able to meet stated student and program outcomes, including safe practice in contemporary health care environments. Practice learning environments are appropriate for student learning and support the achievement of the student learning and program outcomes (ACEN, Standard 4.9).

Students are oriented to technology and are supported in all methods of instructional Delivery (ACEN Standard 3.7). The curriculum uses theory, interdisciplinary practice, research and best practices to provide students with contemporary nursing models (ACEN Standard 4.7).

Evaluation methods measure student progression in cognitive, affective, and psychomotor achievements. Evaluation methods are varied and measure program as well as student outcomes (ACEN Standards 4.10, 5.1; TBON 215 & 214.9.i - k).

Faculty chooses clinical sites based on the student need to achieve course and clinical outcomes and based on safety. Agreements address responsibilities of both parties - the agency and the program. The agreements are reviewed periodically. Agreements are optional for observational experiences (ACEN Standard 4.9; TBON rule 215 & 214.10).

The partnerships that exist between the program and clinical sites function to promote excellence in nursing education, enhance the profession, and benefit the community (ACEN Standard 1.3).

Rev. 2017; 2023

Credit Hour Distribution

ADN (Generic) Track

McLennan Community College Curriculum Associate Degree Nursing Beginning Summer/Fall 2015

First Year

Pre-Requisites		LEC HRS	LAB HRS	EXT HRS	CON HRS	CR HRS	Workload
BIOL 2401 Human Anatomy & Physiology I		3	3	0	96	4	
ENGL 1301 English Composition		3	0	0	48	3	
PSYC 2301 General Psychology		3	0	0	48	3	
	Total	9	3	0	192	10	
Level 1							
BIOL 2402 Human Anatomy & Physiology II		3	3	0	96	4	
RNSG 1216 Professional Nursing Competencies		0	8	0	128	2	5.36
RNSG 1128 Introduction to Health Care Concepts		1	0	0	16	1	1.00
RNSG 1125 Professional Nursing Concepts I		1	0	0	16	1	1.00
RNSG 1161 Clinical I		0	0	4	64	1	2.68
RNSG 1430 Health Care Concepts I		3	4	0	112	4	5.68
	Total	8	15	4	432	13	15.72
Level II							
BIOL 2420 Microbiology		3	3	0	96	4	
RNSG 1533 Health Care Concepts II		4	4	0	128	5	6.68
RNSG 2362 Clinical II		0	0	12	192	3	8.04
RNSG 1126 Professional Nursing Concepts II		1	0	0	16	1	1.00
	Total	8	7	12	432	13	15.72
1st Year Total Credits (including pre-requisites)							
		25	25	16	1056	36	

SECOND YEAR

Level III							
PSYC 2314 Human Growth & Development		3	0	0	48	3	
RNSG 1538 Health Care Concepts III		4	4	0	128	5	6.68
RNSG 2363 Clinical III		0	0	12	192	3	8.04
RNSG 1137 Professional Nursing Concepts III		1	0	0	16	1	1.00
	Total	8	4	12	384	12	15.72
Level IV							
Humanities/Fine Arts Elective		3	0	0	48	3	
RNSG 2539 Health Care Concepts IV		4	4	0	128	5	6.68
RNSG 2360 Clinical IV		0	0	12	192	3	8.04
RNSG 2138 Professional Nursing Concepts IV		1	1	0	32	1	1.67
	Total	8	5	12	400	12	16.39
2nd Year Total Credits		16	9	24	784	24	

Multi-Entry & Exit Option (MEEP)

LVN Option for Credentialing while in the ADN Program

Total Credits (including prereq; not incl options)		41	34	40	1840	60	
MEEP <u>Optional</u>							
VNSG 1119 Professional Development		1	0	0	16	1	
RNSG 2460 Clinical for MEEP or		0	0	20	320	4	
RNSG 2161 Clinical for MEEP		0	0	4.5	72	1	
Total Optional		1	0	20/4.5	336/88	5/2	

LVN-ADN Transition Track

McLennan Community College Transition Curriculum Associate Degree Nursing Beginning,
Summer/Fall 2015

FIRST YEAR

Pre-Requisites to be offered in one semester - accelerated courses		LEC HRS	LAB HRS	EXT HRS	CON HRS	CR HRS	Workload
BIOL 2401 Human Anatomy & Physiology I		3	3	0	96	4	
ENGL 1301 English Composition		3	0	0	48	3	
PSYC 2314 Human Growth & Development		3	0	0	48	3	
	Total	9	3	0	192	10	
Summer Semester "Transition"							
RNSG 1118 Professional Nursing Competencies*		0	4	0	64	1	
BIOL 2402 Human Anatomy & Physiology II		3	3	0	96	4	
RNSG 1163 LVN Transition Clinical		0	0	4	64	1	
RNSG 1324 Concept-Based Transition to Prof Nursing		2	4	0	96	3	
RNSG 1128 Introduction to Health Care Concepts		1	0	0	16	1	
	Total	6	11	4	336	10	
Credit for first year ADN		10	8	16	528	15	
First Year Total Credits		25	22	20	864	35	

FALL SEMESTER- Level 3 ADN							
BIOL 2420 Microbiology		3	3	0	96	4	
RNSG 1538 Health Care Concepts III		4	4	0	128	5	
RNSG 2363 Clinical III		0	0	12	192	3	
RNSG 1137 Professional Nursing Concepts III		1	0	0	16	1	
	Total	8	7	12	432	13	
SPRING SEMESTER- Level 4 ADN							
Humanities/Fine Arts Elective		3	0	0	48	3	
RNSG 2539 Health Care Concepts IV		4	4	0	128	5	
RNSG 2360 Clinical IV		0	0	12	192	3	
RNSG 2138 Professional Nursing Concepts IV		1	1	0	32	1	
	Total	8	5	12	400	12	
2nd Year Total Credits		16	12	24	832	25	
Total Credits (including prerequisites)		41	34	44	1696	60	

Definitions of Concepts

Conceptual Area	Definitions
Health Care Concepts Biophysical	
Acid Base Balance	The process of regulating the pH, bicarbonate concentration, and partial pressure of carbon dioxide of body fluids. (G)
Cellular Regulation	Process by which cells replicate, proliferate, and grow.
Clotting	A physiologic process in which blood is converted from a liquid to a semisolid gel. (G)
Comfort	A state of physical ease.
Elimination	The excretion of waste products.
Fluid and Electrolyte Balance	The process of regulating the extracellular fluid volume, body fluid osmolality, and plasma concentrations of electrolytes.
Functional Ability	The physical, psychological, cognitive, and social ability to carry on the normal activities of life.
Gas Exchange (Oxygenation)	The process by which oxygen is transported to cells and carbon dioxide is transported from cells. (G)
Immunity	A physiologic process that provides an individual with protection or defense from disease.
Intracranial Regulation	The processes that affect intra-cranial compensation and adaptive neurological function.
Metabolism	Processes of biochemical reactions occurring in the body's cells that are necessary to produce energy, repair and facilitate the growth of cells, and maintain life.
Mobility	Factors that facilitate or impair movement of the body.
Nutrition	The process by which the body ingests, absorbs, transports uses and eliminates nutrients and foods. (NC)
Perfusion	The flow of blood through arteries and capillaries delivering nutrients and oxygen to cells and removing cellular waste.
Reproduction	The process by which humans produce a new life.

Sensory Perception	The ability to receive sensory input and, through various physiological processes in the body, translate the stimulus or data into meaningful information.
Sexuality	Factors that facilitate an individual's gender identity as well as their ability to experience and express themselves as sexual beings.
Sleep	State of rest accompanied by natural altered consciousness.
Thermoregulation	The process of maintaining core body temperature within an optimal physiological range
Tissue Integrity	The ability of body tissues to regenerate and/or repair to maintain normal physiological processes. (?)
Health Care Concepts Psychosocial	
Cognition	Process of thought by which an individual learns, stores, retrieves, and uses information. (NC)
Coping	An ever-changing process involving both cognitive means and behavioral actions, in order to manage internal or external situations that are perceived as difficult and/or beyond the individual's current resources.
Diversity	The unique variations among and between individuals, variations that are informed by genetics and cultural background, but that are refined by experience and personal choice. (NC)
End of Life	Processes and issues related to death and dying across the lifespan
Grief	The multifaceted reaction to loss whether real or perceived and how this impacts health. (?)
Human Development	The sequence of biophysical, psychosocial, and cognitive developmental changes that take place over the human lifespan that allow the individual complex adaptation to the environment in order to function within society. (H)
Interpersonal Relationships	Factors that facilitate and/or impair effective social associations, connections, or affiliations between two or more people. (K)
Mood and Affect	Emotional state and its observable expression.
Professional Nursing Concepts Professional Nursing	

Clinical Judgment	An interpretation or conclusion about a patient's needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient's response. (T)
Communication	A process of interaction between people where symbols are used to create, exchange, and interpret messages about ideas, emotions and mind- states. (G)
Health Promotion	Any activity undertaken for the purpose of achieving a higher level of health and well-being. (NC)
Patient Education	Encompasses activities designed to produce learning that alters health behaviors or improves health status. (K)
Professionalism	The assimilation of nursing skills and knowledge integrated with dignity and respect for all human beings incorporating the assumptions and values of the profession while maintaining accountability and self- awareness. (G)
Teamwork and Collaboration	The development of partnerships to achieve the best possible outcomes that reflect the particular needs of the patient, family, or community, requiring an understanding of what others have to offer.
Professional Nursing Concepts Health care systems	
Ethical and Legal Practice	A system of laws and moral principles or standards governing human conduct. (NC)
Evidence-Based Practice	Integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. (Q)
Healthcare Organizations	A purposefully designed, structured social system developed for the delivery of health care services by specialized workforces to defined communities, populations or markets. (G)
Health Policy	Actions and decisions by government bodies or professional organizations that influence the actions and decisions of individuals within the health care system. (NC)
Health Information Technology	The application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making. (B&T)

Leadership and Management	Management is the process of coordination and integration of resources through planning, organizing, coordinating, directing, and controlling to accomplish specific institutional goals and objectives. Leadership is the process of influencing people to accomplish goals. (H)
Patient-Centered Care	Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care base on respect for patients' preference values and needs. (Q)
Quality Improvement	The systematic process that health care organizations and professionals use to measure patient outcomes identify hazards and errors and to improve care.
Safety	Protection from harm or injury for patients and providers through both system effectiveness and individual performance.

SEMESTER	1				2		3		4		Transition
Concepts Biophysical	Intro HCC	Skills	HCC1	PNC1	HCC2	PNC2	HCC3	PNC3	HCC4	PNC4	CBT
	1128	1216	1430	1125	1533	1126	1538	1137	2539	2138	1324
17. Sleep			X								X
18. Sexuality							X				
19. Thermoregulation		X	X								X
20. Tissue Integrity	X	X	X						X		X
Concepts Psychosocial	Intro HCC	Skills	HCC1	PNC1	HCC2	PNC2	HCC3	PNC3	HCC4	PNC4	CBT
	1128	1216	1430	1125	1533	1126	1538	1137	2539	2138	1324
Concepts Psychosocial											
1. Cognition					X				X		X
2. Coping	X				X						X
3. Diversity			X								X
4. End of Life							X				
5. Grief							X				
6. Human Development			X				X				X
7. Interpersonal Relationships							X		X		
8. Mood and Affect							X				

SEMESTER	1				2		3		4		Transition
Concepts Professional	Intro HCC	Skills	HCC1	PNC1	HCC2	PNC2	HCC3	PNC3	HCC4	PNC4	CBT
1. Clinical Judgment		X		X		X		X		X	X
2. Communication		X		X		X*					X
3. Health Promotion				X							X
4. Patient Education		X		X							X
5. Professionalism		X		X		X		X		X	X
6. Teamwork & Collaboration				X		X		X		X	X
Concepts Health Care System											
1. Ethics & Legal Precepts		X		X		X		X		X	X
2. Evidence-Based Practice				X		X		X		X	X
3. Health Care Organizations								X			
4. Health Policy										X	
5. Health Information Technology				X				X			X
6. Leadership & Management						X				X	X
7. Patient-Centered Care				X		X		X		X	X
8. Quality Improvement								X		X	
9. Safety		X		X		X		X		X**	X

HCC – Health Care Concepts

PNC – Professional Nursing Concepts

CBT – Concept-Based Transition

* Communication will be covered within other concepts after the first semester primarily: Clinical Judgment, Coping, Cognition, Leadership and Management, Professionalism, Mood and Affect, and Intracranial Regulation

**Safety will be covered within other concepts in the fourth semester primarily: Clinical Judgment, Ethics and Legal, and Quality Improvement
Revisions 8.19.15

LEVEL 1

Intro to Health Care Concepts	Health Care Concepts I	Professional Nursing Concepts 1
<p>RNSG 1128</p>	<p>RNSG 1430</p>	<p>RNSG 1125</p>
<ul style="list-style-type: none"> ● Acid Base Balance* ● Fluid & Electrolyte Balance* ● Gas Exchange* ● Immunity* ● Metabolism* ● Perfusion* ● Tissue Integrity* ● Coping* <p>*only the concept is covered – no exemplars</p>	<p><u>Comfort</u></p> <ul style="list-style-type: none"> ● Osteoarthritis (Chronic Pain) ● Degenerative Disc Disease (Neuropathic Pain) ● Post-Operative Pain- Total Joint Arthroplasty (Acute Pain) ● Procedural Pain Dressing Changes/Wound Care, PT after Arthroplasty (Acute Pain) <p><u>Elimination</u></p> <ul style="list-style-type: none"> ● Benign Prostate Hypertrophy (BPH) – urinary retention ● Diarrhea – Bowel Incontinence ● Gerontology – Urinary Incontinence ● Clostridium Difficile (C.diff) ● (Constipation/Impaction – Elderly – skills course) <p><u>Functional Ability</u></p> <ul style="list-style-type: none"> ● Alzheimer’s ● Downs Syndrome ● Parkinson’s ● Cerebrovascular Accident - Stroke <p><u>Mobility</u></p> <ul style="list-style-type: none"> ● Hip Fractures ● Disuse Syndrome ● Joint Replacement ● Osteoarthritis ● Osteoporosis <p><u>Nutrition</u></p> <ul style="list-style-type: none"> ● Diets (Regular, Soft, Mechanical Soft, Clear Liquids, Full Liquids) ● Obesity ● Malnutrition (Inadequate-excess) ● Iron deficiency Anemia ● Dysphagia <p><u>Sensory Perception</u></p> <ul style="list-style-type: none"> ● Cataracts ● Conductive Hearing Loss ● Macular Degenerative Disease ● Peripheral Neuropathy (peripheral artery disease) ● Sensorineural Hearing Loss (Pedi) ● Glaucoma ● Eye Injuries <p><u>Sleep</u></p> <ul style="list-style-type: none"> ● Sleep Deprivation ● Insomnia ● Sleep Apnea <p><u>Thermoregulation</u></p>	<p><u>Clinical Judgment</u></p> <ul style="list-style-type: none"> ● Scenarios Applying the Nursing Process <p><u>Communication</u></p> <ul style="list-style-type: none"> ● Interpersonal ● Inter-professional SBAR Electronic Healthcare Records (EHR) ● Intra-personal <p><u>Health Promotion</u></p> <ul style="list-style-type: none"> ● Injury Prevention ● Health Care Screening ● Obesity Management ● Social Determinants of Health <p><u>Patient Education</u></p> <ul style="list-style-type: none"> ● Discharge Planning ● Formal (Examples Related to Course Content) ● Informal Pt. Teaching (Examples Related to Course Content) ● Oral health across the lifespan <p><u>Professionalism</u></p> <ul style="list-style-type: none"> ● Attributes of the Profession ● Service Excellence <p><u>Teamwork & Collaboration</u></p> <ul style="list-style-type: none"> ● Interdisciplinary Plan of Care ● Group work ● Chain of Command <p><u>Ethical and Legal Practice</u></p> <ul style="list-style-type: none"> ● Nursing Practice Act ● Patient Confidentiality (HIPAA and Social Media) ● ANA Code of Ethics ● Patient Rights <p><u>Evidence-Based Practice*</u></p> <p><u>Health Information Technology*</u></p> <p><u>Patient-Centered Care</u></p> <ul style="list-style-type: none"> ● Advocacy ● Prioritizing Individualized Care <p><u>Safety</u></p>

	<ul style="list-style-type: none"> ● Environmental Exposure ● Hypothermia – Frost Bite, Infant ● Hyperthermia – Heat Stroke – Elderly ● Fever (Pedi) ● Malignant Hyperthermia <p><u>Tissue Integrity</u></p> <ul style="list-style-type: none"> ● Dermal Ulcer ● Impetigo ● Psoriasis ● Wound (surgical/traumatic) ● Tinea Pedis ● Candida ● Pediculosis (lice) <p><u>Diversity (school has option to teach as a HCC or to teach Cultural Humility as a Professional Nursing Concept).</u></p> <ul style="list-style-type: none"> ● Hispanic Traditions – Maternity w Complementary/Alternative Medicine ● Jehovah’s Witness – Blood Products, Pediatrics ● Traditional Islamic – Ritual dying Patient ● Spirituality Spiritual distress <p>(exemplars to include Race, Gender, Sexual Orientation, Age, Education, Abilities & Life Experiences)</p> <p><u>Human Development</u></p> <ul style="list-style-type: none"> ● Hospitalized Patient – Adult/Pedi 	<ul style="list-style-type: none"> ● Standard Precautions ● National Patient Safety Goals ● Environmental Safety & Med Admin (Skills) <p>* only the concept is covered – no exemplars</p>
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Level 2

Health Care Concepts 2	Professional Nursing Concepts 2
RNSG 1533	RNSG 1126
<p><u>Acid Base Balance</u></p> <ul style="list-style-type: none"> ● Diabetic Ketoacidosis (DKA) ● Hyperventilation (Birthing Mother, Panic Attack) ● Gastrointestinal Losses (Pediatric) ● Drug Overdose with Hypoventilation <p><u>Clotting</u></p> <ul style="list-style-type: none"> ● Hemophilia ● Deep Vein Thrombosis (DVT) <p><u>Comfort</u></p> <ul style="list-style-type: none"> ● Sickle Cell Anemia (Chronic Pain, Acute Exacerbations) ● Post-Operative Pain: Abdominal Surgery (Acute Pain) ● Renal Calculi (Acute Pain) ● Peripheral Vascular Disease (PVD) (Neuropathic Pain) <p><u>Elimination</u></p> <ul style="list-style-type: none"> ● Diverticulitis ● Paralytic Ileus – Bowel Obstruction ● Neurogenic Bladder – Spastic <p><u>Fluid & Electrolyte Balance</u></p>	<p><u>Clinical Judgment</u></p> <ul style="list-style-type: none"> ● Clinical Skills (Assessing Wound/Dressing Decisions; Timing and Clustering of Daily Care) ● Urgent/Emergent Situations (Start Oxygen, Failure to Rescue, Rapid Response Team) ● Medication Management ● When to Contact Physician or other Health Care Provider <p><u>Communication</u></p> <ul style="list-style-type: none"> ● Peers and Healthcare Team Members ● Assertive Communication ● Therapeutic Communication <p><u>Professionalism</u></p> <ul style="list-style-type: none"> ● Roles of the Nurse (DECS) <p><u>Teamwork & Collaboration</u></p> <ul style="list-style-type: none"> ● Conflict Management Strategies ● Group Process Operating Room Team <p><u>Ethical and Legal Practice</u></p>

<ul style="list-style-type: none"> ● Dehydration – Gastroenteritis Elderly and Pediatrics ● Extracellular Fluid Volume Excess ● Hypocalcemia ● Hypercalcemia ● Hypokalemia ● Hyperkalemia - Chronic Renal Failure ● Hyponatremia - Syndrome of antidiuretic Hormone (SIADH), ● Hyponatremia – Diabetes Insipidus (DI) ● Hypophosphatemia ● Hyperphosphatemia ● Hypomagnesemia ● Hypermagnesemia <p><u>Gas Exchange</u></p> <ul style="list-style-type: none"> ● Asthma ● Chronic Obstructive Pulmonary Disease (COPD) ● Pneumonia- Aspiration ● RSV/Bronchiolitis (Pedi) ● Tracheal Esophageal Fistula (Pedi/Newborn) <p><u>Immunity</u></p> <ul style="list-style-type: none"> ● Vaccines ● Otitis media ● Urinary Tract Infection (and discuss Urosepsis ONLY) ● Cellulitis ● Pneumonia ● Appendicitis ● Trauma-sprain ● Osteomyelitis <p><u>Metabolism</u></p> <ul style="list-style-type: none"> ● Diabetes Type 1 ● Diabetes Type 2 ● Gestational Diabetes ● Graves’ Disease – Hyperthyroidism ● Hypothyroidism <p><u>Nutrition</u></p> <ul style="list-style-type: none"> ● Heart Healthy Diet ● Diabetic Diet ● Malnutrition (Introduce Parenteral Nutrition) ● Peptic Ulcer Disease (PUD) ● Gastroesophageal Reflux Disease (GERD) ● Malabsorption Syndromes Infant & Elderly (Gastrostomy and Enteral Feedings) ● Starvation – Failure to Thrive ● Infant Nutrition (Breast/Bottle) ● Starvation- Failure to Thrive <p><u>Perfusion</u></p> <ul style="list-style-type: none"> ● Basic ECG Rhythms (NSR, ST, SB only) ● Congestive Heart Failure ● Hypertension ● Gestational Hypertension ● Mitral Valve Prolapse ● Coronary Artery Disease (CAD) ● Peripheral Vascular Disease (PVD) <p><u>Cognition</u></p> <ul style="list-style-type: none"> ● Alzheimer’s Disease/Dementia ● Delirium <p><u>Coping</u></p> <ul style="list-style-type: none"> ● Anxiety 	<ul style="list-style-type: none"> ● Criminal Law ● Civil Law ● Informed Consent <p><u>Evidence-Based Practice</u></p> <ul style="list-style-type: none"> ● Best Practices and Standards (related to course content COPD/Diabetes) <p><u>Leadership and Management</u></p> <ul style="list-style-type: none"> ● Delegation <p><u>Patient-Centered Care</u></p> <ul style="list-style-type: none"> ● (Scenarios Related to Course Content) <p><u>Safety</u></p> <ul style="list-style-type: none"> ● Time Outs ● Core Measures ● Anticipatory Guidance
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<ul style="list-style-type: none"> Generalized Anxiety Disorder Panic Disorder (Attack) Obsessive Compulsive Disorder Eating Disorders <ul style="list-style-type: none"> Anorexia Nervosa Bulimia Phobia ● Stress <ul style="list-style-type: none"> Separation Anxiety (Developmental) Post-Traumatic Stress Disorder Physical Response/Disease Lifespan Response ● Substance Abuse/Addictive Behaviors <ul style="list-style-type: none"> Alcoholism Opioid epidemic Maternal/Fetal Cocaine Addiction Neonatal Abstinence Syndrome (Withdrawal) 	
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Level 3

Health Care Concepts 3	Professional Nursing Concepts 3
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RNSG 1538	RNSG 1137
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<p><u>Cellular Regulation</u></p> <ul style="list-style-type: none"> ● Solid tumors ● Lymphoproliferative disorder ● Cancer survivorship ● Comfort: cancer pain ● Comfort: symptom management <p><u>Comfort</u> (Included in Concept w Topic)</p> <ul style="list-style-type: none"> ● Cancer Pain ● Labor Pain ● Neonatal Pain (Circumcision, Procedural Pain, e.g., Chest Tube or ET tube Insertion) ● Rheumatoid Arthritis ● Trauma: Fractures/ Musculoskeletal Injuries (Acute Pain); Amputation (Acute and Phantom Limb/ Neuropathic Pain) <p><u>Immunity</u></p> <ul style="list-style-type: none"> ● Tuberculosis (TB) ● Anaphylaxis ● Systemic Lupus Erythematosus (SLE) ● Rheumatoid Arthritis (RA) ● Multiple Sclerosis (MS) ● Inflammatory Bowel Disease (UC and Crohns) <p><u>Intracranial Regulation</u></p> <ul style="list-style-type: none"> ● Seizure Disorder ● Stroke ● Traumatic Brain Injury/Organ Donation/Brain Death ● Post-Concussion Syndrome ● Brain Tumor ● Meningitis ● Hydrocephalus ● Parkinson's Disease <p><u>Mobility</u></p>	<p><u>Clinical Judgment</u></p> <ul style="list-style-type: none"> ● Urgent/Emergent Situations (Hemorrhagic; Recognizing anaphylaxis) ● Prioritization of Care ● Patient Advocacy ● When to Contact Physician or Other Health Care Provider <p><u>Communication</u> (Within Other Concepts)</p> <p><u>Professionalism</u></p> <ul style="list-style-type: none"> ● Commitment to the Profession <p><u>Teamwork & Collaboration</u></p> <ul style="list-style-type: none"> ● Case Management <p><u>Ethical and Legal Practice</u></p> <ul style="list-style-type: none"> ● Ethical Dilemmas ● Ethical Principles ● Advanced Directives <p><u>Evidence-Based Practice</u></p> <ul style="list-style-type: none"> ● Best Practices and Standards (related to course content) <p><u>Healthcare Organizations</u></p> <ul style="list-style-type: none"> ● Access to Healthcare ● Diagnostic Related Grouping (DRG) ● Primary Care ● Secondary Care ● Tertiary Care ● Emergency Preparedness ● Resource Utilization Allocation of Resources Cost Effective Care ● Nursing Care Delivery Systems ● Just culture
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<ul style="list-style-type: none"> ● Cerebral Palsy ● Spinal Cord Injury ● Musculoskeletal Trauma (Fractures/Musculoskeletal Injuries, Amputation, Compartment Syndrome) <p><u>Reproduction</u></p> <ul style="list-style-type: none"> ● Contraception/Family Planning ● Infertility ● Pregnancy (Includes Birth Process) ● Placental Complications ● Preterm Labor ● Newborn (Includes Neonate) ● Rh Incompatibility ● Genetics (Downs, Huntington's, Breast Cancer, Sickle Cell) <p><u>Sexuality</u></p> <ul style="list-style-type: none"> ● Dyspareunia ● Erectile Dysfunction ● Sexually Transmitted Infections ● Altered Libido ● Gender Dysphoria/Body Image <p><u>End of Life</u></p> <ul style="list-style-type: none"> ● Senescence (Aging) ● Persistent Vegetative State (PVS) ● Amyotrophic Lateral Sclerosis (ALS) (Chronic Disease Ending in Death) ● Pancreatic Cancer/Hospice (Palliative Care) ● Pediatric <p><u>Grief</u></p> <ul style="list-style-type: none"> ● Prenatal Diagnosis of Congenital Defect ● Stillborn ● Amputation ● Sudden Infant Death Syndrome (SIDS) ● Myocardial Infarction ● Terminal Illness <p><u>Human Development</u></p> <ul style="list-style-type: none"> ● Down Syndrome ● Attention-Deficit Hyperactivity Disorder (ADHD & ADD) ● Autism Spectrum Disorders <ul style="list-style-type: none"> ● Social anxiety disorder ● Developmental Delay ● Menopause ● Aging ● Social Anxiety Disorder <p><u>Interpersonal Relationships</u></p> <ul style="list-style-type: none"> ● Aging of Family Members ● Disability of Family Member ● Expanding Family (Birth, Adoption, Blended Family) <p><u>Mood Affect</u></p> <ul style="list-style-type: none"> ● Bipolar Disorder ● Major Depressive Disorder ● Suicide ● Post-Partum Depression 	<p><u>Health Information Technology</u></p> <ul style="list-style-type: none"> ● Point of Care ● Computer Based Reminder Systems ● Clinical Decision Support Systems ● Tele-health ● Alarm (Alert) Fatigue ● Legal Aspects ● Cybersecurity <p><u>Patient-Centered Care</u></p> <ul style="list-style-type: none"> ● (Scenarios Related to Course Content) <p><u>Quality Improvement</u></p> <ul style="list-style-type: none"> ● Regulatory Agencies <p>Centers for Medicare & Medicaid Services (CMS) The Joint Commission (TJC) Institute of Medicine (IOM) Quality and Safety Education for Nurses (QSEN)</p> <p><u>Safety</u></p> <ul style="list-style-type: none"> ● Hand off Communication ● Fatigue (Compassion and Physical) Nurse Caregiver ● Self-Care
Level 4	
Health Care Concepts 4	Professional Nursing Concepts 4
RNSG 2539	RNSG 2138
<u>Acid Base</u>	<u>Clinical Judgment</u>

<ul style="list-style-type: none"> ● Compensation and Partial Compensation (Include Under Concepts with Topics Where This Occurs) <p><u>Clotting</u></p> <ul style="list-style-type: none"> ● Disseminated Intravascular Coagulation ● Thrombocytopenia ● Idiopathic Thrombocytopenia Purpura (ITP) – (bone marrow) ● HELLP Syndrome (liver & pregnancy complications) ● Heparin Induced Thrombocytopenia (HIT) ● Blood Products <p><u>Comfort</u></p> <ul style="list-style-type: none"> ● ICU – Procedural Pain (Intubated/Comatose) [Scenario related to course content – not stand alone concept in 4th level] <p><u>Fluid & Electrolytes</u></p> <ul style="list-style-type: none"> ● Extracellular Fluid Volume Excess – Heart Failure ● Hypokalemia – Heart Failure ● Hyperkalemia – Acute Renal Failure <p><u>Gas Exchange</u></p> <ul style="list-style-type: none"> ● Anemia ● Respiratory Distress Syndrome ● Pulmonary Emboli ● Cystic Fibrosis <p><u>Immunity</u></p> <ul style="list-style-type: none"> ● Sepsis (Modified Early Warning Scores MEWS) ● Human Immunodeficiency Virus (HIV) ● Organ Transplantation ● Systemic Inflammatory Response Syndrome (SIRS) ● Multiple Organ Dysfunction Syndrome (MODS) with Shock and/or DIC (including Withdrawal of Care) <p><u>Metabolism</u></p> <ul style="list-style-type: none"> ● Liver Failure ● Pancreatitis ● Starvation – Failure to Thrive moved to level 2 ● Addison's ● Cushings <p><u>Nutrition (to be integrated into the applicable Concepts/exemplars instead of being a stand-alone concept)</u></p> <ul style="list-style-type: none"> ● Critically ILL Renal Diet (s) Pancreatic Diet Liver Diet(s) Parenteral Nutrition <p><u>Perfusion</u></p> <ul style="list-style-type: none"> ● Tetralogy of Fallot (Congenital) Patent Ductus Arteriosus (PDA) Septal Defects (VSD) Coarctation of Aorta ● Dysrhythmias (afib, aflutter, PVC, PAC, Vfib, Vtach, 3rd degree heart block) ● Myocardial Infarction (MI) Sudden Death ● Shock ● Aneurysms <p><u>Tissue Integrity</u></p> <ul style="list-style-type: none"> ● Burns <p><u>Cognition</u></p> <ul style="list-style-type: none"> ● Traumatic Brain Injury ● Encephalopathy ● Postpartum Psychosis ● Schizophrenia <p><u>Interpersonal Relationships</u></p>	<p>Urgent/Emergent Situations (Recognize Sepsis)</p> <ul style="list-style-type: none"> ● Medication Management ● Prioritization of Care ● Delegation ● When to Contact Physician or other Healthcare Provider <p><u>Communication (Within Other Concepts)</u></p> <p><u>Professionalism</u></p> <ul style="list-style-type: none"> ● Nursing Organizations & Unions ● Transition to Practice <p><u>Teamwork & Collaboration</u></p> <ul style="list-style-type: none"> ● Interprofessional Collaboration ● Violence/Civility in the Workplace <p><u>Ethical and Legal Practice</u></p> <ul style="list-style-type: none"> ● Whistle Blowing ● Safe Harbor ● Obligation to Report ● Peer Review ● Texas Peer Assistance Program for Nurses (TPAPN) <p><u>Evidence-Based Practice</u></p> <ul style="list-style-type: none"> ● Best Practices and Standards (Related to Course Content) ● Develop a Question (PICOT) <p><u>Health Policy</u></p> <ul style="list-style-type: none"> ● Regulatory Agencies Occupational and Health Administration (OSHA) Licensure Department of Health and Human Services (DHHS) Division of Health Services Regulation (DHSR) Center for Medicare & Medicaid Services (CMS) ● Types of Reimbursement (Medicare, Medicaid, Private) ● Professional Organizations ● Accrediting Bodies ● Current Issues ● Global Health/Pandemics <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p><u>Leadership and Management</u></p> <ul style="list-style-type: none"> ● Management and Change Theory ● Intro to Working in Healthcare Environments ● Care Coordination <p><u>Patient-Centered Care</u></p> <ul style="list-style-type: none"> ● Cultural Competence (Trauma Informed Care) ● Scenarios Related to Course Content <p><u>Quality Improvement</u></p> <ul style="list-style-type: none"> ● Quality Plans and Philosophies –Total Quality Improvement ● Culture of Safety ● Introduction to Magnet ● Error Management Root Cause Analysis (RCA) Health Information Technology Computerized Physician Order Entry (CPOE)
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<ul style="list-style-type: none">● ViolenceIntimate Partner ViolenceWorkplace ViolenceElder AbuseChild NeglectChild Abuse<ul style="list-style-type: none">Abusive Head Trauma (Shaken Baby Syndrome)BullyingRape/Trauma● Personality Disorders● Crisis Intervention● Human Trafficking	<p>Electronic Medical Record (EMR) Medication Administration System Sentinel Events</p> <p><u>Safety</u></p> <ul style="list-style-type: none">● Safety inclusive in other Level IV Concepts (Clinical Judgment, Ethical and Legal Practice, and Quality Improvement)● Safety for the healthcare team
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PROFESSIONAL STANDARDS & RESPONSIBILITIES

Professional Standards

Behaviors

ADN Students are expected to demonstrate professionalism in all settings by following the Health Professions Division's Professional Behaviors Policy and Program-specific processes related to professional behavior. The policy and related process information and forms are located in the Policies section of this handbook.

Values and Ethics in Nursing

“Nursing is a profession rooted in professional ethics and ethical values, and nursing performance is based on such values. Core values of nursing include altruism, autonomy, human dignity, integrity, honesty, and social justice. The core ethical values are generally shared within the global community, and they are a reflection of the human and spiritual approach to the nursing profession” (Poorchangizi et al., 2019, para 5). The MCC ADN Program believes in the ethical principles delineated by the Texas Board of Nursing (DECs, 2010):

1. Altruism – Concern for the welfare of others seen through caring, commitment, and compassion
2. Human Dignity – Belief in the inherent worth and uniqueness of the individual seen through respect, empathy, humanness, and trust
3. Truth – Faithfulness to fact seen through honesty, accountability, and authenticity
4. Justice – Upholding moral and legal principles seen through courage, advocacy, and objectivity
5. Freedom – Capacity to exercise choice seen through openness, self-direction, and self-discipline
6. Equality – Having the same rights and privileges seen through acceptance, tolerance, and fairness
7. Esthetics – Identifying the qualities of objects, events, and persons that provide satisfaction as seen through creativity, sensitivity, and appreciation”

“The nursing content prepares students to establish therapeutic relationships with patients and their families in the promotion, prevention, rehabilitation, maintenance, and restoration of health for individuals of all ages. The curriculum also promotes skills in nursing care supervision and management, and in providing care within legal and ethical parameters” (Texas DECs, 2021, p.)

“A licensed nurse (LVN or RN) who exhibits behaviors that reflect commitment to the growth and development of the role and function of nursing consistent with state and national regulations and with ethical and professional standards; aspires to improve the discipline of nursing and its contribution to society; and values self-assessment, self-care, and the need for lifelong learning” (Texas DECs, 2021, p. 18).

Nursing Code of Ethics

Protected by copyright and cannot be reprinted. Access a free copy on the

American Nurses Association website:

[The Code of Ethics for Nurses | ANA \(nursingworld.org\)](https://www.nursingworld.org/ethics)

McLennan Community College Performance Standards for ADN Students

Standard	Examples of Necessary Activities
Critical thinking ability sufficient for clinical judgment.	Identify cause-effect relationships in clinical situations, develop nursing care plans.
Interpersonal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds.	Establish rapport with clients and colleagues.
Communication abilities sufficient for interaction with others in verbal and written form.	Explain treatment procedures, initiate health teaching, document and interpret nursing actions and client response.
Physical abilities (mobility & lifting) to move from room to room maneuvering in small spaces and lifting clients and equipment as necessary.	Move around in client rooms, workspaces and treatment areas; administer cardio-pulmonary procedures (e.g. lift life pack, move crash cart).
Gross and fine motor abilities sufficient to provide safe and effective nursing care.	Calibrate and use equipment; position clients; perform therapeutic interventions (e.g. Foley catheter insertion).
Auditory ability sufficient to monitor and assess health needs.	Hear monitor alarms, emergency signals, auscultation sounds, and cries for help.
Visual ability sufficient for observation, assessment, and treatments necessary in nursing care	Observe client responses, read monitors screens, medication labels, syringes, documents, etc.
Tactile ability sufficient for physical assessment and nursing intervention.	Palpation related to physical examination, perform therapeutic intervention (e.g., IV Catheter insertion)
Olfactory ability (smell) sufficient for physical/environmental assessment	Smell potentially hazardous conditions (e.g., smoke, chemical odor, body exudates)

Texas Board of Nursing Standards of Nursing Practice

THE FOLLOWING ARE EXCERPTS FROM THE BOARD OF NURSE EXAMINERS' RULES AND REGULATIONS RELATING TO NURSING EDUCATION, LICENSURE AND PRACTICE:

Texas Administrative Code

TITLE 22 EXAMINING BOARDS

PART 11 TEXAS BOARD OF NURSING

CHAPTER 217 LICENSURE, PEER ASSISTANCE AND PRACTICE

RULE §217.11 Standards of Nursing Practice

[Texas Board of Nursing - Standards of Nursing Practice](#)

The Texas Board of Nursing is responsible for regulating the practice of nursing within the State of Texas for Vocational Nurses, Registered Nurses, and Registered Nurses with advanced practice authorization. The standards of practice establish a minimum acceptable level of nursing practice in any setting for each level of nursing licensure or advanced practice authorization. Failure to meet these standards may result in action against the nurse's license even if no actual patient injury resulted.

(1) Standards Applicable to All Nurses. All vocational nurses, registered nurses and registered nurses with advanced practice authorization shall:

- (A) Know and conform to the Texas Nursing Practice Act and the board's rules and regulations as well as all federal, state, or local laws, rules or regulations affecting the nurse's current area of nursing practice;
- (B) Implement measures to promote a safe environment for clients and others;
- (C) Know the rationale for and the effects of medications and treatments and shall correctly administer the same;
- (D) Accurately and completely report and document:
 - (i) the client's status including signs and symptoms;
 - (ii) nursing care rendered;
 - (iii) physician, dentist or podiatrist orders;
 - (iv) administration of medications and treatments;
 - (v) client response(s); and
 - (vi) contacts with other health care team members concerning significant events regarding client' status;
- (E) Respect the client's right to privacy by protecting confidential information unless required or allowed by law to disclose the information;
- (F) Promote and participate in education and counseling to a client(s) and, where applicable, the family/significant other(s) based on health needs;
- (G) Obtain instruction and supervision as necessary when implementing nursing procedures or practices;
- (H) Make a reasonable effort to obtain orientation/training for competency when encountering new equipment and technology or unfamiliar care situations;
- (I) Notify the appropriate supervisor when leaving a nursing assignment;
- (J) Know, recognize, and maintain professional boundaries of the nurse-client relationship;
- (K) Comply with mandatory reporting requirements of Texas Occupations Code Chapter 301(Nursing Practice Act), Subchapter I, which include reporting a nurse:
 - (i) who violates the Nursing Practice Act or a board rule and contributed to the death or serious injury of a patient;
 - (ii) whose conduct causes a person to suspect that the nurse's practice is impaired by chemical dependency or drug or alcohol abuse;

(iii) whose actions constitute abuse, exploitation, fraud, or a violation of professional boundaries; or

(iv) whose actions indicate that the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that the nurse's continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.

(v) except for minor incidents (Texas Occupations Code §§301.401(2), 301.419, 22 TAC §217.16), peer review (Texas Occupations Code §§301.403, 303.007, 22 TAC §217.19), or peer assistance if no practice violation (Texas Occupations Code §301.410) as stated in the Nursing Practice Act and Board rules (22 TAC Chapter 217).

(L) Provide, without discrimination, nursing services regardless of the age, disability, economic status, gender, national origin, race, religion, health problems, or sexual orientation of the client served;

(M) Institute appropriate nursing interventions that might be required to stabilize a client's condition and/or prevent complications;

(N) Clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non efficacious or contraindicated by consulting with the appropriate licensed practitioner and notifying the ordering practitioner when the nurse makes the decision not to administer the medication or treatment;

(O) Implement measures to prevent exposure to infectious pathogens and communicable conditions;

(P) Collaborate with the client, members of the health care team and, when appropriate, the client's significant other(s) in the interest of the client's healthcare;

(Q) Consult with, utilize, and make referrals to appropriate community agencies and health care resources to provide continuity of care;

(R) Be responsible for one's own continuing competence in nursing practice and individual professional growth;

(S) Make assignments to others that take into consideration client safety and that are commensurate with the educational preparation, experience, knowledge, and physical and emotional ability of the person to whom the assignments are made;

(T) Accept only those nursing assignments that take into consideration client safety and that are commensurate with the nurse's educational preparation, experience, knowledge, and physical and emotional ability;

(U) Supervise nursing care provided by others for whom the nurse is professionally responsible; and

(V) Ensure the verification of current Texas licensure or other Compact State licensure privilege and credentials of personnel for whom the nurse is administratively responsible, when acting in the role of nurse administrator.

(2) Standards Specific to Vocational Nurses. The licensed vocational nurse practice is a directed scope of nursing practice under the supervision of a registered nurse, advanced practice registered nurse, physician's assistant, physician, podiatrist, or dentist. Supervision is the process of directing, guiding, and influencing the outcome of an individual's performance of an activity. The licensed vocational nurse shall assist in the determination of predictable healthcare needs of clients within healthcare settings and:

(A) Shall utilize a systematic approach to provide individualized, goal-directed nursing care by:

(i) collecting data and performing focused nursing assessments;

(ii) participating in the planning of nursing care needs for clients;

(iii) participating in the development and modification of the comprehensive nursing care plan for assigned clients;

(iv) implementing appropriate aspects of care within the LVN's scope of practice; and

- (v) assisting in the evaluation of the client's responses to nursing interventions and the identification of client needs;
 - (B) Shall assign specific tasks, activities and functions to unlicensed personnel commensurate with the educational preparation, experience, knowledge, and physical and emotional ability of the person to whom the assignments are made and shall maintain appropriate supervision of unlicensed personnel.
 - (C) May perform other acts that require education and training as prescribed by board rules and policies, commensurate with the licensed vocational nurse's experience, continuing education, and demonstrated licensed vocational nurse competencies.
- (3) Standards Specific to Registered Nurses. The registered nurse shall assist in the determination of healthcare needs of clients and shall:
- (A) Utilize a systematic approach to provide individualized, goal-directed, nursing care by:
 - (i) performing comprehensive nursing assessments regarding the health status of the client;
 - (ii) making nursing diagnoses that serve as the basis for the strategy of care;
 - (iii) developing a plan of care based on the assessment and nursing diagnosis;
 - (iv) implementing nursing care; and
 - (v) evaluating the client's responses to nursing interventions;
 - (B) Delegate tasks to unlicensed personnel in compliance with Chapter 224 of this title, relating to clients with acute conditions or in acute care environments, and Chapter 225 of this title, relating to independent living environments for clients with stable and predictable conditions.
- (4) Standards Specific to Registered Nurses with Advanced Practice Authorization. Standards for a specific role and specialty of advanced practice nurse supersede standards for registered nurses where conflict between the standards, if any, exist. In addition to paragraphs (1) and (3) of this subsection, a registered nurse who holds authorization to practice as an advanced practice nurse (APN) shall:
- (A) Practice in an advanced nursing practice role and specialty in accordance with authorization granted under Board Rule Chapter 221 of this title (relating to practicing in an APN role; 22 TAC Chapter 221) and standards set out in that chapter.
 - (B) Prescribe medications in accordance with prescriptive authority granted under Board Rule Chapter 222 of this title (relating to APNs prescribing; 22 TAC Chapter 222) and standards set out in that chapter and in compliance with state and federal laws and regulations relating to prescription of dangerous drugs and controlled substances.

Source Note: The provisions of this §217.11 adopted to be effective September 28, 2004, 29 TexReg 9192; amended to be effective November 15, 2007, 32 TexReg 8165

https://www.bon.texas.gov/rr_current/217-11.asp.html

Texas Board of Nursing Unprofessional Conduct Code

Texas Administrative Code

[TITLE 22](#)

[PART 11](#)

TEXAS BOARD OF NURSING

[CHAPTER 217](#)

LICENSURE, PEER ASSISTANCE AND PRACTICE

RULE §217.12

Unprofessional Conduct

www.bne.state.tx.us/rr_current/217-12.asp.html

The following unprofessional conduct rules are intended to protect clients and the public from incompetent, unethical, or illegal conduct of licensees. The purpose of these rules is to identify behaviors in the practice of nursing that are likely to deceive, defraud, or injure clients or the public. Actual injury to a client need not be established. These behaviors include but are not limited to:

(1) Unsafe Practice--actions or conduct including, but not limited to:

(A) Carelessly failing, repeatedly failing, or exhibiting an inability to perform vocational, registered, or advanced practice nursing in conformity with the standards of minimum acceptable level of nursing practice set out in §217.11 of this chapter;

(B) Failing to conform to generally accepted nursing standards in applicable practice settings;

(C) Improper management of client records;

(D) Delegating or assigning nursing functions or a prescribed health function when the delegation or assignment could reasonably be expected to result in unsafe or ineffective client care;

(E) Accepting the assignment of nursing functions or a prescribed health function when the acceptance of the assignment could be reasonably expected to result in unsafe or ineffective client care;

(F) Failing to supervise the performance of tasks by any individual working pursuant to the nurse's delegation or assignment; or

(G) Failure of a clinical nursing instructor to adequately supervise or to assure adequate supervision of student experiences.

(2) Failure of a chief administrative nurse to follow standards and guidelines required by federal or state law or regulation or by facility policy in providing oversight of the nursing organization and nursing services for which the nurse is administratively responsible.

(3) Failure to practice within a modified scope of practice or with the required accommodations, as specified by the Board in granting an encumbered license or any stipulated agreement with the Board.

(4) Conduct that may endanger a client's life, health, or safety.

(5) Inability to Practice Safely--demonstration of actual or potential inability to practice nursing with reasonable skill and safety to clients by reason of illness, use of alcohol, drugs, chemicals, or any other mood-altering substances, or as a result of any mental or physical condition.

(6) Misconduct--actions or conduct that include, but are not limited to:

(A) Falsifying reports, client documentation, agency records or other documents;

(B) Failing to cooperate with a lawful investigation conducted by the Board;

(C) Causing or permitting physical, emotional or verbal abuse or injury or neglect to the client or the public, or failing to report same to the employer, appropriate legal authority and/or licensing board;

(D) Violating professional boundaries of the nurse/client relationship including but not limited to physical, sexual, emotional or financial exploitation of the client or the client's significant other(s);

(E) Engaging in sexual conduct with a client, touching a client in a sexual manner, requesting or offering sexual favors, or language or behavior suggestive of the same;

(F) Threatening or violent behavior in the workplace;

(G) Misappropriating, in connection with the practice of nursing, anything of value or benefit, including but not limited to, any property, real or personal of the client, employer, or any other person or entity, or failing to take precautions to prevent such misappropriation;

(H) Providing information which was false, deceptive, or misleading in connection with the practice of nursing;

(I) Failing to answer specific questions or providing false or misleading answers in a licensure or employment matter that could reasonably affect the decision to license, employ, certify or otherwise utilize a nurse; or

(J) Offering, giving, soliciting, or receiving or agreeing to receive, directly or indirectly, any fee or other consideration to or from a third party for the referral of a client in connection with the performance of professional services.

(7) Failure to pay child support payments as required by the Texas Family Code §232.001, et seq.

(8) Drug Diversion--diversion or attempts to divert drugs or controlled substances.

(9) Dismissal from a board-approved peer assistance program for noncompliance and referral by that program to the Board.

(10) Other Drug Related--actions or conduct that include, but are not limited to:

(A) Use of any controlled substance or any drug, prescribed or unprescribed, or device or alcoholic beverages while on duty or on call and to the extent that such use may impair the nurse's ability to safely conduct to the public the practice authorized by the nurse's license;

(B) Falsification of or making incorrect, inconsistent, or unintelligible entries in any agency, client, or other record pertaining to drugs or controlled substances;

(C) Failing to follow the policy and procedure in place for the wastage of medications at the facility where the nurse was employed or working at the time of the incident(s);

(D) A positive drug screen for which there is no lawful prescription; or

(E) Obtaining or attempting to obtain or deliver medication(s) through means of misrepresentation, fraud, forgery, deception and/or subterfuge.

(11) Unlawful Practice--actions or conduct that include, but are not limited to:

(A) Knowingly aiding, assisting, advising, or allowing an unlicensed person to engage in the unlawful practice of vocational, registered or advanced practice nursing;

(B) Violating an order of the Board, or carelessly or repetitively violating a state or federal law relating to the practice of vocational, registered or advanced practice nursing, or violating a state or federal narcotics or controlled substance law;

(C) Aiding, assisting, advising, or allowing a nurse under Board Order to violate the conditions set forth in the Order; or

(D) Failing to report violations of the Nursing Practice Act and/or the Board's rules and regulations.

(12) Leaving a nursing assignment, including a supervisory assignment, without notifying the appropriate personnel.

Source Note: The provisions of this §217.12 adopted to be effective September 28, 2004, 29 TexReg 9192; amended to be effective February 25, 2018, 43 TexReg 1098; amended to be effective October 17, 2019, 44 TexReg 5914

From

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=11&ch=217&rl=12](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=11&ch=217&rl=12)

Texas Board of Nursing Nurse Practice Act

Nurses in the State of Texas are expected to be familiar with and are held accountable to the Nursing Practice Act. It is a lengthy document that is designed to protect the public in the State of Texas. As a student at MCC's ADN Program, you are expected to access the Nursing Practice Act, Nursing Peer Review Act, and Nurse Licensure Compact through the Texas Board of Nursing website: [Texas Board of Nursing - Laws & Rules - Nursing Practice Act](https://www.bon.texas.gov/laws_and_rules_nursing_practice_act.asp.html) or copy this URL into your browser: https://www.bon.texas.gov/laws_and_rules_nursing_practice_act.asp.html

Civility

Creating Civility in Nursing Education

The information in this handbook concerning civility was taken from a workshop titled "Creating Civility in Nursing Education", presented by Cindy Clark, RN, PhD, ANEF, FAAN, at the University of Texas at Tyler, on August 10, 2012. This work is considered to be a historic standard by the ADN Program faculty and staff.

Civility is defined by Clark as authentic respect for others requiring time, presence, engagement and an intention to seek common ground. Incivility is disregard and insolence for others, causing an atmosphere of disrespect, conflict, and stress. Academic incivility is rude, discourteous speech or behavior that disrupts the academic environment - any environment associated with the delivery of education, including the "live" or virtual classroom, laboratory or clinical setting, or wherever a "teachable moment or learning opportunity exists including hallways, student lounges, residence halls, parking lots, or anywhere on campus. Student incivility is behavior that negatively impacts faculty well-being, sense of self-worth and commitment to teaching. Faculty incivility is behavior that damages student confidence, sense of self and psychological and physiological well-being. Faculty-to-faculty incivility is conflicted relationships with students, colleagues and administrators that cause stress and drain zest.

Incivility is defined as rude or disruptive behaviors which often result in psychological or physiological distress for the people involved (including targets, offenders, by-standers, peers, stakeholders, and organization) and if left unaddressed, may progress into threatening situation (or result in temporary or permanent illness or injury).

Promoting civility is a component of The Joint Commission, Institute of Medicine (IOM) Report (2010), Quality and Safety Education for Nurses (QSEN), Differentiated Essential Competencies (DEC's), Nursing Code of Ethics, and the ANA Standards of Professional Performance. The Joint Commission issued a Sentinel Event Alert, effective January 2009, and states that "Health care is 'high stakes, pressure-packed environment that can test the limits of civility in the workplace. Rude, disrespectful behavior among health care professionals can pose a serious threat to patient safety and the overall quality of care". The IOM Report (2010) made three recommendations: 1) expand opportunities for nurses to lead and diffuse collaborative improvement efforts (recommendation #2), 2) prepare and enable nurses to lead change to advance health (recommendation #7), and 3) build an infrastructure to collect and analyze health care workforce data (recommendation #8). The QSEN competency of "Teamwork and Collaboration" states "function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care." DEC #1.B.7.a.b.c (Knowledge) addresses professional characteristics and values such as altruism, human dignity, truth, justice, freedom, equality, and esthetics. Inherent in professionalism is accountability and responsibility for individual actions and behaviors, including civility. The Nursing Code of Ethics (Provision 1.5) requires nurses to treat colleagues, students, and patients with dignity and respect and that any form of harassment, disrespect, or threatening action will not be tolerated. The ANA Standards of Professional Performance provide objective guidelines for nurses to be accountable for their actions, their patients, and their peers.

Stress leads to poor student academic performance. In particular, nursing students' stressors, as identified by Clark, are burnout from competing demands and juggling multiple roles (school, work, family); competitive, high-stakes academic environment (grades, scholarships, parental expectations); financial stress; and faculty and student conflict. Students may have an attitude of entitlement (as reported by students and faculty) and may include assuming a 'know it all' attitude; having a 'consumer' mentality; believing students are 'owed' an education; and refusing to accept personal responsibility (blaming others, lack of accountability, and making excuses). Incivility student behaviors as reported by faculty and students include disruptive behaviors (cell phones texting, computers, side conversations); rude remarks, sarcasm, vulgarity, cyber-bullying; lack of respect and regard for other (intolerant of cultural, ethnic, class differences; pressuring faculty to agree to demands; speaking negatively about ('badmouthing') others (students, faculty, and the nursing program); retaliating against faculty and student incivility; and academic dishonesty and cheating. When students were asked the 'most important factor' to help them deal with incivility, the top four responses were 1) family and friends 2) classmates 3) supportive faculty and nursing staff, and 4) faith, inner strength, and introspection.

Faculty stressor include juggling home, work, family, other competing demands; heavy workload and workload inequity; advancement issues (example: pursuing a doctoral degree); power imbalances (non-tenured, part-time, adjunct, clinical); personal stressors and poor coping ability; problematic students; low salary and financial pressures; faculty-to-faculty incivility and "hazing"; keeping pace with technology and online teaching; publications, grants, and other scholarly works; bench science translational research; faculty excessively evaluated – internal and external; maintaining clinical or practice competence; competition for limited resources, retirements, move to non-academic sector; entrepreneurship, disputes over Intellectual Property; and lack of policies and administrative support.

Faculty attitude of superiority that adds to incivility as reported by faculty and students included exerting position and power over students, setting unrealistic student expectations, assuming a “know it all” attitude, threatening to fail or dismiss students, devaluing students’ previous life, work and academic experience. The most frequent uncivil faculty behaviors, as reported by faculty and students, were intimidating students; using inept teaching skills; making demeaning, belittling comments or gestures; labeling and gossiping about students; and showing favoritism and bias.

Faculty-to-faculty incivility examples include rude behaviors (in person and online); hazing, bullying, and acts of intimidation; put-downs and exerting rank over others; setting others up to fail; not performing one’s share of the workload; marginalizing and excluding others; gossiping and engaging in passive-aggressive behavior; rude nonverbal behaviors and gestures; engaging in clandestine meetings behind closed doors; distracting others during meeting (computers, cell phones, hand-held devices, work or newspapers); berating, insulting, and allowing; circumventing, undermining, and subverting; power playing, derailing, and disgracing; excluding, gossiping, degrading, refusing, not doing and justifying it; blaming and accusing; eye-rolling and non-verbal disapproving; table-turning and teasing; and distracting and disrupting with media and devices.

The most effective ways to address faculty-to-faculty incivility is direct communication; skilled, effective leadership and positive role-modeling; measure and address the problem, policies and protocols; education, faculty development, use of experts; organizational cultural transformation; and relationship building. The effects of academic incivility include disrupted student-faculty relationships, problematic learning environments, potential violence, increased stress levels, and negative impact on patient care.

In a qualitative longitudinal study (n = 56) by Randle, bullying and incivility (ridicule and humiliation) toward students by nurses in practice resulted in decreased confidence, anger, frustration, sleeplessness, anxiety, stress and worry. When students were subjected to bullying by nurses in practice, they are more apt to emulate the behaviors and engage in bullying activities themselves.

Incivility often occurs when people are stressed, unhappy, and rushed. When these are experience together, anything can happen. The effects of incivility include 1) eroding of self-esteem (wears down our mental defenses, creates vulnerability, self-doubt, and anxiety, and may cause withdrawal, resentment, and anger) 2) damages relationships (creates feelings of failure, isolation, and loss and causes conflict and threats to serenity and contentment) 3) increasing stress (weakens the immune system; causes wear and tear on the body, spirit, and soul; stress, distress, and emotional pain; depression; and PTSD).

The healthy workplace is a place where there is a lived vision, mission, shared values, and norms; high morale, job satisfaction, and an esprit de corps; competitive salaries (recognition of employee contributions and accomplishments); and benefits beyond salary, workspace, equipment, laboratory facilities, faculty development, flexible work schedules, travel and scholarship support, intellectual property agreements; a reasonable workload with time off; positive recruitment and retention; policies to promote a healthy work environment and protocols to eliminate incivility; respectful communication and shared decision-making.

Promoting civility includes living with purpose and meaning. Purpose includes leading an examined life; assuming goodwill; filling the reservoir of goodwill; spending time in quietness (listen to the voices of our soul). We must establish daily habits of being grateful and counting our blessings; acting with kindness and paying compliments; doing something that matters, and standing for something good. We can role model civility by assuming goodwill; being professional, inclusive, and respectful; being responsive and open; being enthusiastic for co-workers and clinical work; be transparent and open with communication; and holding things in confidence and following the 'golden rule'.

Students can promote civility by taking care of themselves and reducing stress; assuming personal responsibility; assisting in co-creating classroom and clinical norms; establishing and conforming to norms; considering individual contribution to interactions; clarifying – ask questions and seek resolution; model civility and respectful social discourse; conduct solution-focused open forum; participate in department governance teams; model respect and discourage gossip; hold one another accountable; attend class, be on time, and be prepared; avoid side conversations and monopolizing class; avoid distracting behaviors (sleeping, checking e-mail or surfing social networking sites, or working on assignments for another class).

Ways to manage stress may be to establish a professional vision and life plan; set personal and professional goals; acquire and work with a mentor, establish priorities, manage your time wisely, exercise assertiveness and practice positive health habits. Stress reduction and self-care includes enjoying family, friends, pets, and supportive people; exercise regularly; get fresh air and sunshine; engage in hobbies and other activities; eat healthy, drink lots of water and get adequate sleep; visualize the positive and practice relaxation; find quiet time for reflection and contemplation; avoid sleeping pills, drugs and too much alcohol; when worries start to build up, talk to someone; de-clutter; and enjoy your favorite music.

Seven steps to achieving “calm confidence” (Benegbi, 2012) include breathe: take long slow, deep breaths in and out through your nose continue breathing as you bring your hands together, palms pressed together in front of you, relaxed; smile: changing our projection and smiling helps us change our mood, energy, and feelings; drink a glass of water to shift energy and balance the system; repeat positive affirmation to adjust your thinking – such as “I am strong”, “I am calm”; Adjust your posture: straighten your spine, relax your shoulders, lift your chest, bring your chin in a little and breathe. This helps remove blocked energy and allows energy to flow: take a 5- minute break: go to a quiet place where you can take several deep breaths; turn into the potential within you: breathe, tell yourself to relax and to be open to a different perspective.

We must communicate openly and intentionally and work together to create a culture of civility. This includes openness, responsiveness, and presence; critical conversations; and principled negotiation. We must reflect, probe, and commit (or not). Ask yourself: *What do you really want for yourself? What do you really want for others? What do you really want for the relationship?* To respond or not respond: *If I do not respond, what is the worst thing that can happen? If I do respond, what is the worst thing that can happen? If I respond, will it contribute to the things that matter most to me?* If you choose to respond, prepare wisely. Consider you may have contributed to the problem... this may help you develop an understanding of the other person's perspective.

Create a safe zone of negotiation. Agree on a mutually beneficial time and place to meet. Choose a quiet place without interruptions. Prepare and de-stress. Third person may be invited by either side to listen/mediate. Co-create ground rules (norms) and establish goals. Seek common interests using principled negotiation. The conversation much includes objectively describing each person's perspective of the issue; speak directly and respectfully. Avoid covering up and ignoring your part in the problem. Avoid exaggerating others' role in the problems. Avoid defensiveness and listen carefully, do not interrupt. Show genuine interest and stay focused on the message. Avoid being defensive, judgmental – and do not 'correct'. You may not agree but seek to understand. Assume an open and welcoming posture. Affirm the other person by nodding and maintain eye contact. Seek a win-win resolution and end with clear expectations.

Be sure each person is clear on how to resolve the issue. Agree on who is going to do what by when. Make a plan to follow up and evaluate progress. After the issue has been discussed, stop talking about it (stop the negative from flowing), find the lesson, and avoid negative people (surround yourself with people who have the qualities you admire and wish to emulate).

The Mission of McLennan Community College and the Associate Degree Nursing Program are congruent in that they both designate fundamental beliefs and characteristics and provide guidance and direction for the program and services offered. The Core Values of MCC are:

1. Excellence requires a commitment to allocating the time, effort, and resources to ensure superior achievement.
2. Integrity is exhibited through principled leadership that continues to earn the public's Trust and to achieve the highest levels of honesty and ethical behavior.
3. Communication Matters: is to promote and brave communication and affirm the spirit of invention, inquiry, and creativity.
4. Inclusiveness matters: assures opportunity for accessible education to diverse learners by addressing financial, environmental, social, and academic barriers.
5. People Matter: requires an efficient and effective use of human, physical, and financial assets. Allocation of these resources is based on the commitment to the efficient and effective use of the environment.

Collaboration is essential in partnering to develop educational, technical, industrial, and cultural support to improve the quality of life in the community (Highlander Guide, 2013-2014).

With the mission and core values in mind, civility is a very important issue that must be practiced at all times by administration, faculty, staff, and students.

Student Behavioral Expectations and Conduct Policy Professional Expectations:

1. Be on time and remain throughout class. Arrive at least 10 minutes prior to class starting.
2. Be in class every day and ready to learn. Should some unforeseen incident occur preventing your attendance, contact your instructor.
3. Be a professional. Maintain a professional attitude and be positive. Maintain classroom civility which includes respect for other students and for the faculty. Civility is expected in all verbal and electronic interactions with peers, professors, and college administrators.
4. Know your course expectations. Read your concept syllabi and course instructional plans, check your course calendar, the learning management system (Brightspace) and MCC email daily.

5. Collegiality: Be a positive and productive influence in your work/learning environment, communicating and working professionally, safely, and legally.
6. Know your ethical responsibility to your chosen profession, and the public you will serve.
7. Collaboration: As a professional you will collaborate with clients, their families, and other professionals in the health career arena. Be positive, civil, open to new ideas, and research to promote the healing environment.
8. Additional student behavioral expectations are in the ADN Student Handbook. Reference: Billings, D. M., Halstead, J. A., (2016). Teaching in Nursing: A guide for faculty. St. Louis, MO. Elsevier. 14:236.

ADMISSIONS & PROGRESSION POLICIES & CRITERIA

Admission Criteria

ADN Program (Generic A D N and LVN-ADN Transition)

All applicants must first be accepted as students of McLennan Community College prior to acceptance into the nursing program. The Associate Degree Nursing Program admits generic 2-year students twice each year for start dates in fall (August) and spring (January). The LVN-ADN transition Track admits students once each year for summer Transition courses (Summer 1 & Summer 2). The deadlines are posted on the MCC ADN Webpage and vary slightly based on the timing of 8-week terms on campus. The timing of applications allows for all students to complete and have grades entered for pre-requisite courses.

Requirements

- All correspondence for students will be sent through the student's McLennan Community College e-mail account. We will not use a personal e-mail account.
- The MCC ADN Program & LVN to RN Transition Program for Summer 2024 requires the HESI A2 RN for Entrance Exam.
- All applicants must be TSI complete in reading, writing, and math by the application deadline.
- Late or incomplete application packets cannot be accepted. Please check the [Application Procedure](#) web page for required documents and acceptance criteria.
- Application deadlines are posted on the McLennan.edu website/ADN Web Page.
- Applicant must complete ALL requirements of admission (Apply, Accept, Attend Orientation, Background Check, Drug Screening, Vaccine and Training Compliance, etc. as instructed to be eligible for admission on the first day of class)

Both the LVN-ADN Transition and Generic Tracks of the ADN program admit all students based on points. The points are calculated in this way:

1. The grade point average of the required program prerequisites multiplied by 10
 - a. Generic Track: Required program prerequisites for the generic track are ENGL 1301, BIOL 2401 [within the past 5 years], PSYC 2301);
 - b. LVN-ADN Transition Track: Required program prerequisites for the LVN-ADN Transition track are ENG 1301, BIOL 2301 (5-year rule waived), and PSY 2314)
2. One point for residency in of the county (McLennan or Falls) at time of application
3. Three points will be awarded to any applicant with the following certifications in a health care/patient care field including: Certified Nurse's Aide/Assistant (CNA), Certified Medication Aide (CMA), Patient Care Technician (Must be a Certified PCT), Certified Pharmacy Technician, and Certified or Registered Respiratory Care Technician (CRT or RRT); Radiology Technician; or other Board Certified healthcare/patient care professional. Proof of certification must be provided. Certificate will be subject to verification before points are awarded.
3. Extra points are given based on GPA of the most recent attempts of pre/co-reqs if all courses as identified on the ADN degree plan/s have been completed.
 - a. Generic Track pre/co-requisites are BIOL 2402, PSYC 2314, BIOL 2420, Elective)
 - b. LVN-ADN Track pre/co-requisites are BIOL 2402, BIOL 2404, Elective)
4. Extra points are given for Critical Thinking on HESI A2 (see below).

The HESI A2 is the admission exam for the nursing program. Applicants are required to complete eight (8) sections of the test.

1. Anatomy & Physiology
2. Grammar
3. Math
4. Reading
5. Vocabulary and General Knowledge
6. Critical Thinking
7. Learning Styles
8. Personality Profile

The minimum score for the HESI A2 is 78% or higher in each of the following five (5) categories:

1. Anatomy & Physiology
2. Grammar
3. Math
4. Reading
5. Vocabulary

The following two (2) categories must be completed with no minimum score requirement:

- a. Learning Styles
- b. Personality Profile

The HESI A2 exam may be taken **twice** per application period. There will be no wait period between attempts

HESI A2 exam scores are accepted one year from the date taken.

Extra points will be awarded for the HESI A2 Critical Thinking Scores in the following manner:

- Critical Thinking: 951-1000 = 6 points
- Critical Thinking: 900-950 = 5 points
- Critical Thinking: 851-899 = 4 points
- Critical Thinking: 800-850 = 3 points
- Critical Thinking: <799 = 0 points

Documents and forms:

- Points charts for both the Generic and Transition Tracks of the ADN Program are available on the ADN Homepage of the mclennan.edu website.
- The ADN Program Application & Checklist can be found on the ADN Homepage of the Mclennan.edu website.
- The ADN Program Application for Re-Admission can be found on the ADN Homepage of the mclennan.edu website.

Students who are unsuccessful in nursing courses (due to failure or withdrawal) are eligible to apply for readmission. ***Students may be readmitted to the nursing program one (1) time. However, students who are unsuccessful in clinical courses (receiving no credit or NC) are not eligible for readmission.*** Associate Degree Nursing clinical courses include RNSG 1161, RNSG 2362, RNSG 2363, RNSG 2360, RNSG 2460, RNSG 1163, and RNSG 2161.

The new policy, implemented in January 2017, states a student may apply for readmission one time in the nursing program. A student who fails any clinical course is NOT eligible for readmission with one exception. **A student who is withdrawn for excessive clinical absences may apply for readmission if the student is eligible for readmission.**

The program will provide students with the necessary support, resources, and nurturing environment to facilitate success in the program and on NCLEX. In the event a student is unsuccessful, they will have one opportunity for readmission; the readmission process may include remediation, skills assessment, and other requirements to support success. Examples of the policy:

- i. A student with one withdrawal may apply for readmission.
- ii. A student with one failure may apply for readmission.
- iii. A student with one withdrawal and one failure may NOT apply for readmission until five years has passed from the date of initial entry into the program. The student will apply as a new student.
- iv. A student with two withdrawals may NOT apply for readmission until five years has passed from the date of initial entry into the program. The student will apply as a new student.
- v. A student with two failures may NOT apply for readmission until five years has passed from the date of initial entry into the program. The student will apply as a new student.
- vi. A student who fails any clinical course is NOT eligible for readmission. Clinical courses are RNSG 1161, 1163, 2362, 2363, 2360, 2460 and 2161.

To apply for readmission, the student must:

Obtain the readmission application from the Associate Degree Nursing webpage:

<http://www.mclennan.edu/health-professions/associate-degree-nursing/>

Complete and submit signed readmission application, including an updated transcript (unofficial) and a one-page essay that describes contributing factors to the unsuccessful semester, how these factors have changed, and a plan for success if readmitted into the nursing program.

Readmission application materials must be submitted to the Associate Degree Nursing Administrative Assistant or designee by the published deadline, located on the program webpage, <http://www.mclennan.edu/health-professions/associate-degree-nursing/admission>

All application materials will be reviewed by the Health Professions Admissions Committee. Students will be notified in writing by the Admission Committee of their acceptance status. If readmitted, students must meet with the nursing advisor to ensure that all program and clinical requirements are current (immunizations, TB screening, flu vaccine, transcripts, etc.). Students who are readmitted to the program will be required to complete remediation prior to the first day of the semester; learning contracts may also be required for readmission.

Students who are unsuccessful after readmission into the nursing program are encouraged to meet with an academic advisor to determine an educational path that is appropriate for their future.

Notice of Concurrent Nursing Class Requirement

Due to the inter-relationship of nursing courses taught each semester, if a withdrawal from one nursing course is necessary, the student must withdraw from all nursing courses. Please refer to the MCC Highlander Guide and Student Records information for withdrawal policy and procedures.

A student with a failure in a nursing course who is granted re-admission to that semester will take all the courses for that specific semester/level – even if they were previously successful in one of more courses for that semester. Each semester's nursing courses are concurrent courses.

At no time may a student take only the theory course(s) or the clinical course(s).

Transfer Student Admissions

The Associate Degree Nursing Program does not accept transfers into nursing courses.

Academic courses taken elsewhere will be evaluated for consistency of courses in the degree plan.

International Student Admissions

Requirements

International students must meet the [general admission requirements](#) of McLennan Community College. International admission requirements are applied to all students who have international secondary or post- secondary educational credentials, regardless of country of citizenship, immigrant status, or visa status.

Please refer to the McLennan Community College International Students Application.

https://www.mclennan.edu/internationalstudents/docs/international_students_application.pdf

Progression Requirements

In order for the student to progress in the nursing program, the following requirements must be met:

1. Achievement of a grade of "C" or better in all nursing and identified pre/co-requisite courses in the curriculum.
2. Pre-requisites to each nursing course have been successfully completed.
3. Achievement of the grade of "Credit" in the clinical area.
4. Current CPR course for Healthcare Providers certification.
5. Maintain compliance in the school's reporting system, COMPLIO, (this includes TB testing, immunizations, insurance and other required documentation noted in the system)

Delayed Licensure Examination

DELAY IN TAKING NCLEX-RN OR NCLEX-PN

05/09/2019

If a graduate does not take the NCLEX-RN or NCLEX-PN within four (4) months after the last day of the semester graduated, the graduate must take an approved RN or PN review course of their choice within one month before the Affidavit of Graduation (AOG) will be approved by the Director. The graduate must show proof of the completion of a review course to the Program Director.

STUDENT LEARNING EXPERIENCES

Theory/Classroom Experiences

Theory consists of lectures, class discussions, case studies, group projects, written reports/papers, exams, quizzes, simulations, and tutorial software. Refer to the course calendar and Brightspace for specific dates, times, and assigned activities. Each student is expected to come to class prepared to participate in the class presentation and therefore is expected to have completed assigned reading or other assignments prior to class. See curriculum outline in the handbook for courses and hours.

Students are responsible for being present and participating in any role-taking activity, including role-call, signing a class attendance role, participating in a quiz or assignment, etc. each class time. Failure to do so will be recorded as an absence.

Brightspace

Students are introduced to Brightspace the first day of class. Any students having difficulty with navigating Brightspace will receive specialized instruction. Student Brightspace Tutorials are available and students may contact the MCC Help Desk by phone, email, or live chat.

Theory and clinical information will be posted on Brightspace. **THE STUDENT IS RESPONSIBLE FOR ANY INFORMATION POSTED ON BRIGHTSPACE** or assigned in EVOLVE. Students are encouraged to check Brightspace frequently for pertinent information. MCC student e-mail is the official e-mail used in Brightspace.

Students must access Brightspace with a web browser. Do not use information from an app or from a Facebook page. An app may not show all the information, and Facebook is not from the ADN program or MCC, which therefore, may contain erroneous information.

What is Brightspace?

Brightspace is a Web application that allows McLennan Community College to offer courses online and gives instructors the ability to post supplemental material for hybrid and face-to-face courses. You can log on to Brightspace and access your class materials anywhere you have an Internet connection.

Some of the features of Brightspace are tools for submitting assignments, taking tests, and participating in discussion boards.

Not all MCC courses are on Brightspace. Instructors in traditional classroom courses have the option to post course materials or conduct class activities within Brightspace. Your instructors will inform you if their materials are posted online.

How do I use Brightspace?

Brightspace will be available to you the day your class starts. If you register after classes have started, you will need to check Brightspace throughout the day. Updates are run several times a day the first few weeks

of the semester to add students who have registered or added late. To log on to Brightspace, please follow these steps:

1. Go to the MCC website and click on the Brightspace link or use the direct link at ecampus.mclennan.edu.

2. Enter your Username and Password into the designated textboxes.
3. Your username to log in to Brightspace will be the first letter of your first name, the first letter of your last name and your seven-digit student ID number (example: jd1234567). Your password for Brightspace will be in lowercase the first letter of your first name, the first letter of your last name and your six-digit date of birth (without dashes or spaces).
4. Once you are logged into Brightspace you will see a Welcome screen.
5. On the Welcome screen, you will be able to see your courses in the My Courses section on the right side of the page. (You can also click on the Courses tab at the top of the page).

Technology Support

Having Difficulties?

If you are having trouble logging on or using Brightspace, you have several options:

1. Look at the Student Brightspace Tutorials. You'll find quick and easy-to-use files and videos on how to use the various features of Brightspace.
2. Try the Tech Support FAQ or click the Help tab at the top of the Brightspace login page.
3. If you have additional security software installed, such as CA Security, you may need to adjust your firewall setting to "off" while accessing Brightspace login.
4. Contact the MCC Help Desk at 299-8077, email helpdesk@mclennan.edu or get live MCC Help Desk assistance.

Orientation and Assistance for Technology Resources

The Student Success Department offers a Computer Basics Workshop that is free for all MCC students. This is a one-hour workshop that introduces new computer skills, as well as refresh older skills lost. The student will learn about such topics as:

- Purchasing a computer and programs
- Opening programs
- Formatting and saving documents
- E-mailing and attaching documents
- Computer shortcuts
- Brightspace
- Self Service/Ellucian
- Plato
- Smart thinking and more

Online Textbooks and Resources – Evolve e360

Updated 5/2023

Starting with Level 1 in the fall of 2023, textbooks are online as a part of the EVOLVE e360 platform. Hardback copies are available through the MCC Bookstore by special order, Evolve resources, and other book distributors. Print copies are also kept on reserve in the MCC Library for use by students on campus.

The resources utilized are through Elsevier’s Evolve e360 Platform (evolve.elsevier.com) Evolve representatives and/or MCC A D N faculty will provide an orientation and assistance to students for optimal use of the e360 Solution and all of its resources.

Instructor Plans/Syllabi will be based on the e-books and may not align with print copies.

PAYMENT FOR HESI, e360 Solution (e-books and resources), Examssoft, eValue

Payment for resources is included in registration fees. Additional Print book purchases are at the student’s expense.

PAYMENT FOR PRINTED NEXT GEN HESI AND NCLEX-RN PREP

Payment for resources is included in registration fees.

Instructor Plan/Syllabus for each class

Each course (theory, lab, and/or clinical) must have a posted Instructor Plan/Syllabus. The faculty are responsible for including the required information and publishing the document. Students are responsible for accessing, reading, and abiding by the expectations in the course syllabus. The minimum information contained in each IP/Syllabus will be. Within the IP/Syllabus, the student will find critical course, expectations, grading, attendance, communication, and accommodations, and other critical information. All course IPs/Syllabi are posted on the McLennan.edu website for public access as well as in each Brightspace course shell.

Instructor Plan/Syllabus for each concept

Each concept will have an Instructor plan/Syllabus that provides the following information:

- Concept definition
- Exemplars
- Objectives
- Prior to class assignments
- Readings/viewings

Written Assignments

The student is responsible for turning in all written work on time. An unsatisfactory incident will be noted for any work turned in late. Faculty will evaluate and return written work within one week. The instructor will grade the work as satisfactory or unsatisfactory. Unsatisfactory work will be identified on the clinical evaluation form.

- Any unsatisfactory work will be returned to student for modification and correction. These are to be resubmitted with the unsatisfactory copy within one week.
- All written work must be eligible with correct spelling and grammar. All written work becomes the property of the program and may not be returned to the students.
- Specific instructions for all clinical paperwork are made available to students.
- See individual clinical Instructor Plan/Syllabus for requirement of written assignments in all nursing courses (classroom, skills, sim, and clinical)

Student Support from Faculty – Office Hours

All full-time faculty maintain office hours commensurate with their teaching assignments. In the ADN program, all full-time faculty reserve at least five (5) open hours – called “Office Hours” - a week for students to see them about course questions, remediation, and other academic needs. Your theory advisor will have a published door schedule that details when office hours will be held. Students are expected to attend faculty-scheduled conferences when required due to scoring, academic concerns, or clinical performance. Students are expected to seek help during office hours when support is needed.

Skills Lab

The Texas Board of Nursing allows for Skills Lab to be counted as either classroom or clinical learning. In the MCC ADN Program, we report hours spent in the Skills Lab as Clinical Learning. Clinical behavioral expectations apply. Clinical policies apply in addition to those outlined in the course Instructor Plans/Syllabi ([Texas Board of Nursing 3.7.2.a Education Guidelines](#)).

Refer to RNSG 1216 Professional Nursing Competencies Instructor's plan or RNSG 1118 Transition to professional nursing competencies for skills-specific course information, Skills lab attendance, student expectations, and skills guidelines. In addition to RNSG 1118 and RNSG 1216, faculty will hold Skills Drills during clinical courses in which all Skills Lab policies and procedures will be upheld.

Skills Tracking

All critical student skills competencies must be tracked in the e-Value system under "Case Logs." Students must first complete a critical skills demonstration check off in the lab under faculty supervision before attempting the skill in the clinical setting. Each faculty-observed skill may be logged and verified in e-Value as many times as the student/faculty agrees. The minimum number of times for each skill is shown here:

Critical Requirements that Must be completed in Level 1 Skills Lab (RNSG 1216), documented in e-Value as Case Logs and verified by skills faculty are:

- Patient Vital Signs (BP (manual, temperature, pulse, respiration rate)
- Physical Assessment
- Medication: Oral, Subcutaneous (non-insulin) injection, Insulin injection, IV Fluid Piggy Back, IV Push via saline lock OR IV push in existing line, IM Injection,
- Priming Primary IV Pump Tubing
- Priming Primary IV gravity Tubing
- Venipuncture Insertion (IV) and IV Catheter Removal
- Urinary Catheter insertion and Removal
- (Other skills may be evaluated as needed)

After the critical requirements/skills are successfully demonstrated in the Skills Lab and logged in e*Value, each skill must be documented and validated as a case log at least the following number of times through the program follow clinical course Instructor Plans/Syllabi (RNSG 1163, RNSG 1161, 2362,2363, 2360) and meeting clinical course objectives. Each skill may be documented as many times as the faculty observes safe and correct technique and verifies the case log in e*Value.

- **Skills lab + 1 Verified Clinical Case Log:**
 - IM Injection
 - Venipuncture Insertion (IV) and IV Catheter removal
 - Urinary Catheter Insertion and Removal
- **Skills lab + 2 Verified Clinical Case Logs:**
 - Patient Vital Signs (BP (manual, temperature, pulse, respiration rate)
 - Physical Assessment
- **Skills lab + 3 Verified Clinical Case Logs:**
 - Medication: Oral, Subcutaneous (non-insulin) injection, Insulin injection (Insulin is not given in Level 1), IV Fluid Piggyback

- **In addition to skills lab may have either/or verified as a Case Log in e*Value at least once, preferably in Level 1:**
 - IV Push medication (one modality) IV Push via saline lock OR IV push in existing line
 - Priming Primary IV Pump Tubing
 - Priming Primary IV gravity Tubing
- (Other skills may be evaluated and added in e-Value as needed)

The Program Director, Clinical Coordinator, and or Faculty in level 4 will verify that students have completed the required number of validated skills attempts prior to the start of Clinical Transition Practicum (CTP). All clinical skills in Level 4 (RNSG 2360) CTP will be observed by a Preceptor who uses the faculty-created preceptor packet to document and track skills that will be submitted to the faculty.

MEEP Skills

For the MEEP clinical course, the expectation is that a student who has completed Level 3 in the ADN program will have completed all Critical Skills demonstrations. Skills and CETs in MEEP are documented on paper forms. Venipuncture and IV Push medications are not critical skills specifically designated for the MEEP. These skills may be done with direct faculty supervision and signed off, but are not required during the MEEP clinical rotations.

A written plan for skills demonstrations for the Generic ADN & LVN to ADN Transitions Tracks, and the MEEP can be found in the forms section of this handbook.

Simulation Center/Simulation Hospital

Vision:

To afford education that stimulates clinical reasoning, critical thinking skills, and psychomotor competence in an innovative setting.

Mission:

To provide a dedicated environment for health care providers to learn strategies that will enhance patient safety and the quality of health care via high-fidelity simulation technology. This environment provides the learner opportunities to participate in clinical experiences in a safe, nonthreatening, and structured environment.

Goals:

Increase the safety and effectiveness of patient care through inventive, interdisciplinary training.
Allow for learning in a safe, non-threatening, and controlled environment away from the clinical setting.
Building confidence in clinical performance including clinical reasoning and psychomotor skills.
Increase exposure to critical, yet low-frequency patient encounters in order to minimize the risk to patients. Increase effective communication among all members of the health care team.
Develop simulation as a tool for the assessment of clinical skills.

Clinical Hours Earned in Simulation:

Simulation is an important part of the ADN clinical experience. Students will complete assigned simulations during clinical sessions with their assigned instructor. Students must be appropriately dressed for the simulation experience in the full ADN student uniform, with their hair pulled back. Name badges will be worn at all times while participating in the simulation lab. Students are also required to bring their clinical tools, including stethoscope and penlight to simulation experiences.

The Agency for Healthcare Research and Quality (AHRQ) defines simulation as:

- A technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions.
- An educational technique that replaces or amplifies real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner (Gaba, 2004).
- A pedagogy using one or more typologies to promote, improve, or validate a participant's progression from novice to expert (INACSL, 2013).
- The application of a simulator to training and/or assessment (SSH). • A method for implementing a model over time. (SOURCE: [Healthcare Simulation Dictionary, 2nd Edition \(ssih.org\)](http://www.ssih.org); AHRQ)

Because of the amplified nature of simulation-based experiences, hours spent actively engaged and collaboration during patient care in the Simulation Hospital are calculated at a 2:1 ratio. Students receive 2 clock hours of clinical time for every 1 hour of patient-care simulation. The simulation faculty determine the activities earning the 2:1 hour ratio based on specific standards and criteria set by industry-leading organizations (INACSL, SSIH, NCSBN, TxBON and others).

Since students earn clinical credit for simulation hospital experiences, all students are expected to follow clinical policies including but not limited to attendance, punctuality, behavior, assignment, skills, and patient care, skills and time tracking, and evaluations, etc. in addition to IP/Syllabus expectations.

Clinical Learning Experiences

Clinical Practice

Critical skills must be validated by clinical faculty at each level. All skills will be validated as case logs in the e*Value system. This is necessary to ensure the proper documentation of all skills and that the recording of students' achievements of clinical objectives takes place. A sample table with the checklist can be found in the forms section of this handbook.

Clinical Evaluation

The ADN Program utilizes an online clinical documentation, evaluation, and time-tracking system called e*Value (also used by other Health Professions programs at MCC). Students are required to have all clinical hours tracked, clinical skills validated, and all clinical evaluations (self, mid, and final) completed in the online system as it becomes available at each level. Clinical hours, experiences, evaluations, and skills as well as measurements of Student Learning Outcomes and the Differentiated Essential Competencies (DECs) will be tracked using the e*Value system. Students will have access to e*Value while at clinical. Student must achieve the expected level of learning in each of the areas of the CET to achieve course objectives and receive credit for clinical courses (RNSG 1163, 1161, 2362, 2363, 2360, 2160). The MEEP CET is contained on a paper document. Students in the MEEP (RNSG 2160) program will self-evaluate and be evaluated by the instructor using the paper tool.

The Texas DECs and Program SLOs

The Clinical Evaluation Tool (CET) for both tracks of the ADN Program is based on the Texas Differentiated Essential Competencies for graduates of Associate Degree Nursing Programs (DECs). The CET for the MEEP is based on the DECs for LVN programs. Outline of the DECs Twenty-five core competencies in the DECs are categorized under four main nursing roles:

- Member of the Profession
- Provider of Patient-Centered Care
- Patient Safety Advocate
- Member of the Health Care Team

Each core competency is further developed into specific knowledge areas and clinical judgments and behaviors based upon the knowledge areas. Redundancy is intentional so that the section under each role can stand alone. Competencies for each level of educational preparation are presented in a table format. The competencies are differentiated and progressive by educational preparation. The scope of practice and competency level may be compared across the table.

Implications for Nursing Education:

- Guideline for curriculum development and revision
- Benchmark for measuring program outcomes
- Statewide standard to ensure that graduates are prepared to enter practice as safe, competent nurses.

The primary role of the entry-level graduate of a Diploma or ADN program is to provide direct nursing care to or coordinate care for a limited number of patients in various health care settings. Such patients may have complex multiple needs with predictable or unpredictable outcomes. With additional experience and continuing education, the Diploma or ADN graduate can increase the numbers of assigned patients, provide independent direct care, supervise health care of patients and their families, and receive certification in various specialty areas. Through articulation,

graduates may continue their education to prepare for expanded roles. The entry-level competencies of the Diploma and ADN graduate build upon the entry-level competencies of the Vocational Nursing graduate. (Texas Board of Nursing, 2021).

The DEC's can be found on the Texas Board of Nursing Website: [Differentiated Essential Competencies of Graduates of Texas Nursing Programs of Graduates of Texas Nursing Programs](#)

Each of the elements on the Clinical Evaluation tool is linked to the MCC ADN Program's Student Learning Outcomes (SLOs).

Linking to both the DEC's and the SLOs provides a holistic look at student achievement of desired outcomes both academically and professionally while diversifying the program's outcome measures.

Clinical Assignments

Students may be expected to attend a clinical assignment outside of theory or clinical time. Clinical assignments will be posted as indicated in the clinical course Instructor Plan. The student will review the assignments(s) and client(s) chart before clinical. Proper clinical attire for such reviews include student uniform with name badge for identification. Students are expected to demonstrate courtesy to staff needs for access to client information, especially at change of shift times.

Students are required to follow HIPAA guidelines. Failure to do so could result in dismissal from the program. No client information is allowed to leave the facility. Students will care for 1-5 clients, as the curriculum progresses. In the clinical setting the student will be required to satisfactorily demonstrate clinical competency according to the Level criteria (Level I, II, III, or IV; Transition, or MEEP) on the clinical evaluation tool).

Focused assignments will take place in the clinical setting with each clinical group and students will satisfactorily complete each assignment according to grading rubrics.

Post Conferences

Post conferences are a part of the clinical experience and are held in a conference room when possible. In addition, some post conferences may be held on campus. Absence from post conference will be recorded as an absence from clinical.

Accidental Injury - Health Insurance Coverage

Neither the hospital nor college assumes responsibility for an injury during clinical hours. The student is required to carry private medical coverage. The student should report any injury to the clinical instructor immediately. The College has made arrangements with an insurance company so students can obtain low-cost health insurance. Additional information is available in the Human Resources Office located on the first floor of the Administration/Classroom Building. Students are required to have a health insurance plan on file in Complio.

Liability Insurance

The college provides a limited liability policy for nursing students. The coverage for students is effective only during clinical instruction time. The student is not covered if employed outside of the clinical instruction time. The nursing student is encouraged to carry private medical liability insurance.

Preceptored Experiences

Preceptored experiences to enhance the student's learning may occur during each semester. Written reports may be required.

Covid-19 Vaccine Statement

MCC is a state-funded institution and therefore cannot require the COVID-19 vaccine for its students. All of the Health Professions programs at MCC (Including the Associate Degree Nursing Program) require student participation in the clinical setting as part of their curriculum. As private institutions, the clinical sites we contract with MAY require students to be vaccinated. Because of this, students' personal choice to not be vaccinated **could interfere with their ability to complete clinical rotations and their ability to graduate on time or at all.**

NURSING STUDENT ORGANIZATIONS

National Student Nurses Association (NSNA)

MCC ADN Chapter was established in 2022.

Faculty Sponsor/Advisor: Ms. Samantha Buerger (254) 299-8355

NSNA Mission

- Bring together and mentor students preparing for initial licensure as registered nurses, as well as those enrolled in baccalaureate completion programs.
- Convey the standards and ethics of the nursing profession.
- Promote development of the skills that students will need as responsible and accountable members of the nursing profession.
- Advocate for high quality, evidence-based, affordable and accessible health care.
- Advocate for and contribute to advances in nursing education.
- Develop nursing students who are prepared to lead the profession in the future.

NSNA Information

NSNA's mission is to mentor students preparing for initial licensure as registered nurses, and to convey the standards, ethics, and skills that students will need as responsible and accountable leaders and members of the profession.

Founded in 1952, NSNA is a nonprofit organization for students enrolled in associate, baccalaureate, diploma, and generic graduate nursing programs. It is dedicated to fostering the professional development of nursing students.

The organization has 60,000 members in 50 states, the District of Columbia, Guam, Puerto Rico and the U.S. Virgin Islands.

NSNA's Board of Directors is made up of 9 nursing students who are elected at the organization's [Annual Convention](#) and one ex-officio Board member elected by the Council of State Presidents. Two non-voting consultants are appointed by the American Nurses Association and the National League for Nurses to provide guidance. NSNA also employs a full-time staff headquartered in Brooklyn, NY.

Over 3,000 nursing students participate in NSNA's Annual Convention, which features leadership and career development activities, opportunities to listen to renowned nursing leaders, hear about job opportunities and the chance to network with hundreds of other students. The program includes a state board exam mini review.

NSNA holds a second meeting which attracts over 1,500 students yearly: the [MidYear Conference](#) offers workshops and panels on career and association development as well as a state board exam mini-review. The [Foundation of the NSNA](#), created in memory of NSNA's first executive director, Frances Tompkins, is a non-profit corporation (501 C-3) organized exclusively for charitable and educational purposes. The FNSNA has distributed over 4.3 million dollars in scholarships for undergraduate nursing education. The Promise of Nursing Regional Scholarship Program, administered by the FNSNA, provides undergraduate and graduate nursing scholarships and school grants.

NSNA's official magazine, [Imprint](#), publishes five times during the academic year (There is no summer issue) and members are notified of publication and provided access link via email. Issues will also be accessible at www.nсна.org.

Core Values

- Advocacy
- Leadership & Autonomy
- Professionalism
- Care
- Diversity

- Quality Education

Alpha Delta Nu (Honor Society)

MCC ADN Chapter Established in 2023

Faculty Sponsors: Dr. Shelley Blackwood (254) 299-8354 & Dr. Cynthia McAdams (254) 299-8304

Alpha Delta Nu

The national advocate for the over 1,100 associate degree nursing programs across the country, the Organization for Associate Degree Nursing (OADN) works to advance excellence in nursing education and community college pathways into registered nursing careers. OADN is the national voice and a pivotal resource for community college nursing education and the associate degree pathway, with a vision to expand networks that promote leadership, collaboration, and advocacy to further enrich nursing education and the communities we serve.

OADN established the Alpha Delta Nu Honor Society in 2012 to recognize academic achievement for nursing students graduating from community colleges. Alpha Delta Nu encourages the pursuit of advanced degrees in the nursing profession as well as continuing education as a lifelong professional responsibility. Two-thirds of Alpha Delta Nu members enroll in BSN completion programs. Learn more at Honor Society – (oadn.org)

Alpha Delta Nu Mission

The objective of the OADN Alpha Delta Nu Nursing Honor Society shall be to recognize the academic excellence of students in the study of Associate Degree Nursing. The society shall encourage the pursuit of advance degrees in the profession of nursing as well as continuing education as a life-long professional responsibility. Additionally, the society shall participate in the recruitment of qualified individuals into the profession of nursing.

Membership in Chapter

Each chapter can set additional requirements and specific timeframes for provisional membership after a student has met the minimum standards:

- Earned grade of B or better in each nursing class
- No previous failures of any nursing class

Students will be invited to provisional membership after successful completion of at least one semester of a nursing course. Full membership is granted in the final semester of study if student earns a grade of B or better in all courses, has no failures in nursing courses, and completes the mentored community service, school recruitment, or scholarly project to be approved by faculty sponsors.

- Students shall have demonstrated conduct on campus and the clinical areas that reflects integrity and professionalism. Any non-generic student shall be offered membership who has earned a grade of B or better in all nursing courses in the semesters prior to the fourth semester of the program

Graduation Honors

Alpha Delta Nu members will receive a pin and peach-colored honor cords that can be worn with any graduation regalia throughout their academic journeys. A nominal fee of \$20.00 will be required to cover the cost of the pin a cords per the organization's national bylaws.

Fast Track to Sigma Membership in a BSN program

The International Honor Society of Nursing, SIGMA, offers a fast track to membership for Alpha Delta Nu Members when they enter a BSN program. Re requirement of completing at least 12 hours in a BSN curriculum is being waived The Sigma Theta Tau International Honor Society of Nursing (Sigma) is a nonprofit organization with the mission of developing nurse leaders anywhere to improve healthcare

everywhere. Founded in 1922, Sigma has more than 135,000 members and 550 chapters at institutions of higher education and healthcare partners from Armenia, Australia, and Botswana to Thailand, the United States, and Wales. Sigma members include clinical nurses and administrators, academic nurse educators and researchers, policymakers, entrepreneurs, and others working to fulfill the organization's vision of connected, empowered nurse leaders transforming global healthcare. Learn more at www.SigmaNursing.org.

Student Affairs Committee

Nursing students are encouraged to participate in the Student Affairs Committee under ACEN Standard 3. Shared governance has become a hallmark of effective healthcare organizations. The Student Affairs Committee gives students the opportunity to participate in the shared governance process of the MCC ADN Program.

Each class will nominate at least 2 students to serve as representatives on this student/faculty collaborative committee. While all students are invited, the elected representatives will inform the agenda for the meetings. Student representatives who serve on this committee are also invited to participate in ADN Faculty meetings at specific times of each semester so faculty hear the students' perspective on how to best achieve the program's goals and Student Learning Outcomes. Meetings will be held throughout the semester and times will be announced through Brightspace.

LICENSURE

Student Roster Process

New and Accepted Student Roster Process - Student's perspective History

Since 2002 criminal history background checks have been required for all initial licensures with the Texas Board of Nursing (BON). In the past, students were able to complete this process once he/she had submitted an NCLEX examination application to the BON. The Board also had the Declaratory Order Petition process for those individuals who had something to disclose, but needed a format in which to do so. Individuals who were at least six (6) months away from a potential graduation could use this process to determine their eligibility for licensure.

The BON experienced many individuals who would wait until the last month to disclose concerns, only to find out that they were not eligible for licensure, that their file had to be transferred to Enforcement for further investigation, or at the very least, that their process was delayed. This caused great concern for both the applicant and the nursing program since the student could not be deemed eligible to test, receive the authorization to test (ATT), or practice as a GN/GVN until such time that the review was completed and/or approved. This created anxiety and additional stress for all involved.

The BON recognized that having new students complete the background check process before entering school would be extremely beneficial, and thus instituted the New and Accepted Student Roster process. This process allows both the potential applicant and school to be provided some guidance regarding the student's eligibility for licensure prior to investing the time, energy, and funds into a nursing program.

The following is a breakdown of the process and some related FAQs:

Criminal Background Check

New/Accepted Student Criminal Background Check Process

Step One: The Texas based nursing program submits the New/Accepted Student Roster to the BON.

Step Two: BON staff enters the data into our internal fingerprint database. This step is what adds them to the list with MorphoTrust.

Step Three: BON staff sends an email to the student advising them how to get their fingerprints completed.

Step Four: Once students receive the email, they should follow the directions and get fingerprints scheduled immediately.

Step Five: The BON receives information from The Texas Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) regarding the criminal background check (CBC) results and staff inputs this data within ten business days.

Step Six: a) Individuals whose CBC came back completely clear are mailed a blue card within ten

(10) business days of the BON receiving the DPS and FBI results. Students turn in the original blue card to the Nursing Office.

b) Individuals whose CBC did not come back completely clear are sent a letter requesting a Petition for Declaratory Order (D.O.), personal statement of events, and copies of court documentation related to what incidences need to be reviewed. The Declaratory Order must be submitted electronically via the Nurse Portal (<https://www.bon.texas.gov/texasnurseportal/>). You will need to submit the fee of \$150.00 at the time of application.

FAQs

How quickly will I be able to schedule my fingerprint appointment?

The BON makes every attempt to enter the rosters within ten (10) business days. We will send an email notification to your school when the information has been entered.

How will I get the Fast Pass?

It will be sent to the student via e-mail once the roster has been entered.

My school has been following this process for a while, and they have a Fast Pass from before. Do I have to wait for my school to hear back from the BON before they can give me the Fast Pass?

YES! Getting fingerprinted before your information is in the BON database will delay processing and could interfere with the BON receiving the transmission of CBC results.

What happens if a new/accepted student gets fingerprinted before being entered in the BON system?

As mentioned above, it could interfere with the BON receiving the transmission of CBC results. If this happens, you may be asked to repeat the process.

What do I do with the FastPass once I have scheduled my fingerprinting appointment? Do I mail this to the BON?

No. The Fast Pass is for you to use when scheduling your fingerprint appointment and should be taken with you the day of. Do not mail this information to the Board.

Will my school know if I am receiving a blue card or being asked for a Declaratory Order?

Based on the information provided to the individual, you must notify the school of your status with the BON. The individual will receive one of three categories: CBC complete, DO requested, or DO complete.

Does a blue card mean there is not anything that the BON needs to review?

Not necessarily. Remember, blue cards are sent to individuals whose CBC was clear, but it is possible that you did have criminal activity in the past and the jurisdiction has not reported the information to the TX DPS. In addition, the eligibility section of the D.O. has questions of a non-criminal nature. It is highly recommended that you read the ENTIRE section of eligibility questions to determine if a D.O. needs to be submitted.

I already know that something is going to show up on my background check. Can I mail the documentation before the BON has the CBC results?

You may write the letter of explanation and start accumulating the necessary documentation; however, we recommend that you wait until receiving a letter from the BON to ensure that all incidences are addressed. Not following this procedure could delay the processing.

How long does it take to hear back about the Declaratory Order I submitted?

Within ten business days of the BON receiving a completed declaratory order petition statement and court records staff will submit the documentation to the Director of Operations for the initial review (given that the CBC results have already been received by the Board). The initial review can take up to 30 days. You will be sent correspondence regarding the outcome of the initial review and whether additional action is necessary on your part.

Will I receive a blue card if my D.O. review is approved?

No. Blue cards are only mailed to individuals whose CBC was clear. If you submitted a D.O. then you will receive an Operations outcome letter.

Is there a fee associated with the eligibility review?

If the nature of the issue can be resolved within the delegated authority of the Operations Department, there will be no charge, and the Operations outcome letter will be mailed accordingly.

If the nature of the criminal issue is beyond the delegated authority of the Operations Department and must be transferred to the Enforcement Department for review, you may be asked for the \$150 review fee. Within fifteen (15) business days of receipt of the fee your file will be transferred to the Enforcement Department for review. Once the DO petition is transferred to enforcement, you will need to allow a minimum of four months before inquiring.

I am having difficulty obtaining some of the documentation since the incident happened so long ago. What do I do?

You need to make every attempt to obtain court documentation related to the incident in question. The appropriate legal jurisdiction should be able to provide something on letterhead stating that no records are found, if that is indeed the case.

Just to be on the safe side, I submitted a D.O. petition to the BON even though I'm answering 'no' to all of the eligibility questions. That's okay isn't it?

No. Receiving needless paperwork delays processing time all around. If you are legally able to answer 'no' to all eligibility questions and have received a blue card, you should not submit D.O.

Will I have to repeat the background check process before graduation?

If you completed a DPS/FBICBC after March 2006, then you will not have to do it again prior to your graduation.

I misplaced my blue card and my school is asking for it. How do I get another one?

The BON mails the original blue card to the address provided by the school on the New and

Accepted Student Roster. One additional courtesy copy can be mailed to an address you specify. Email your request to webmaster@bon.texas.gov Include your full name, date of birth, and last four digits of your SSN (if applicable) and confirm which address to mail the courtesy copy. Please make the subject line of your email: BLUE CARD COPY

Any additional blue cards, after the first two, would require a new roster from the nursing program. I went through the D.O. process a few years ago and received an outcome letter. Is this still valid? Yes. So long as no new offenses have occurred, the approval would stand, even if the letter is outdated.

I received approval through the D.O. process. This means I can now answer "no" to the eligibility questions on the NCLEX application correct?

No. Having a previous review on file does not negate the need for honesty on the eligibility questions. Complete the paper version of the application and include a statement that the information has been previously reviewed by the BON and, if applicable, that no new offenses have occurred. You may also submit a copy of the previous approval letter.

What happens if I had a review in the past and then submit my NCLEX application online? With the exception of expunged offenses, this situation is considered 'non-disclosure' and your file will be transferred to Enforcement.

Eligibility Issues

Applicants must be able to answer "No" to the following questions in order to use the online application. All other applicants may download a complete [application packet {See 2} Paper](#). Review of applicants with eligibility issues may take a minimum of four months to review.

For any criminal offense, including those pending appeal:

1. Been convicted of a misdemeanor?
2. Been convicted of a felony?
3. Pled nolo contendere, no contest, or guilty?
4. Received deferred adjudication?
5. Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
6. Been sentenced to serve jail or prison time or court-ordered confinement?
7. Been granted pre-trial diversion?
8. Been arrested or have any pending criminal charges?
9. Been cited or charged with any violation of the law?
10. Been subject of a court-martial; Article 15 violation; or received any form of military judgment, punishment, or action?

NOTE: You may only exclude Class C misdemeanor traffic violations. [Expunged and Sealed Offenses](#)

While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact

expunged or sealed may subject your license to a disciplinary order and fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC [§213.27](#))

Orders of Non-disclosure

Pursuant to Tex. Gov't Code §552.142(b), if you have criminal matters that are the subject of an order of non-disclosure, you are not required to reveal those criminal matters on this form. However, a

criminal matter that is the subject of an order of non-disclosure may become a character and fitness of duty issue. Pursuant to other sections of the Gov't Code Chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character.

*Are you currently the target or subject of a grand jury or governmental agency investigation?

Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

*Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or a psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?

*In the past five (5) years, have you been addicted to or treated for the use of alcohol or any other drug?

**Pursuant to the Occupations Code [§301.207](#), information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency and information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Occupations Code [§301.466](#). If you are licensed as an LVN in the State of Texas and are currently participating in the Texas Peer Assistance Program for Nurses you may answer "NO" to questions #4 and #5.*

Mandatory Reporting

MANDATORY REPORTING OF NURSING STUDENTS

The Nursing Practice Act for the State of Texas requires that schools of nursing must report students suspected of being impaired by chemical dependency. The following section of the Nursing Practice Act states the requirement:

Sec. 301.404. Duty of Nursing Educational Program to Report.

A nursing educational program that has reasonable cause to suspect that the ability of a nursing student to perform the services of the nursing profession would be, or would reasonably be expected to be, impaired by chemical dependency shall file with the Board a written, signed report that includes the identity of the student and any additional information the Board requires.

Licensing Eligibility

Registered Nurses - Requirements for Texas Licensure For Endorsement

- Required [fee is](#) \$186. The fee is non-refundable.
- Graduation from an [approved school](#) of professional nursing(general).
- A satisfactory score in one of the following examinations:
 - State Board Test Pool Examination (SBTPE) - with a minimum score of 350.
 - National Council Licensure Examination for Registered Nurses (NCLEX-RN®)
- Licensure in another jurisdiction which has requirements equivalent to Texas.
- Must have been employed as a registered nurse during the past four (4) years (unless you have taken and passed the appropriate RN examination within that time period). If you passed a national exam more than four years ago, and you have not been employed as a registered nurse in another state within the last four (4) years, then you must comply with Rule 217.5(b).

You will need to first:

1. Apply for a [Six-Month Temporary Permit](#)
And complete a board approved [refresher course](#)
2. Complete the Texas [Nursing Jurisprudence Exam](#) (NJE) in addition to one of the following:
 - the online Texas [Board of Nursing Jurisprudence Prep Course](#)
 - the Texas Board of [Nursing Jurisprudence and Ethics Workshop](#)
 - Texas Board of Nursing approved [Nursing Jurisprudence and Ethics course](#).

It is the nurse's responsibility to submit both of the completion certificates (NJE and choice of prep course/workshop/course) to our office.

You will be granted access to the NJE within fifteen business days of the date we receive the Six-Month Temporary Permit application. Note: If you complete the NJE as part of the requirements for the Refresher Course, then the passing results can be used for the Endorsement application portion as well

The following links provide more information:

[\(Rules and Regulations\) http://www.bon.texas.gov/laws_and_rules_rules_and_regulations.asp\(NJE\)](http://www.bon.texas.gov/laws_and_rules_rules_and_regulations.asp(NJE))
http://www.bon.texas.gov/licensure_nursing_jurisprudence.asp

[\(NJE Prep Course\) https://www.bon.texas.gov/catalog\(Workshop/Course\)](https://www.bon.texas.gov/catalog(Workshop/Course))
<https://www.bon.texas.gov/catalog>.

For details about Licensure by examination. Go to the Texas Board of Nursing Webpage:

https://www.bon.texas.gov/licensure_examination.asp.html

[Texas Board of Nursing - Examination](#)

Licensing in Other States

The Associate Degree Nursing generic program and LVN-Transition track at McLennan Community College meet the state education requirements for a Registered Nursing license in the state of Texas and other states in the Nurse Licensure Compact (https://www.bon.texas.gov/licensure_nurse_licensure_compact.asp.html). McLennan Community College has not determined if the Associate Degree Nursing and LVN-Transition tracks at McLennan Community College meet the state education requirements in any other state, any U.S. Territory, or the District of Columbia.

POLICIES & PROCEDURES

Academic Integrity and Expected Professional Behaviors

In order to preserve the honor and integrity of the academic community, McLennan Community College expects its students to maintain high standards of scholarly conduct. See Academic Integrity information at <http://www.mclennan.edu/academic-integrity>

Students and Faculty in the **ADN** Program are expected to abide by the Health Professions Professional Behaviors Policy:

McLennan Community College
Health Professions

Division Policies & Procedures

Subject: Professional Behaviors Effective date: March 22, 2023

Responsibility: Faculty, Program Directors, Clinical Coordinators Review date: March 2023

Purpose: To define standards & expectations of professional behavior necessary for success in Health Professions programs, disciplines, and the workforce, as well as provide a mechanism for reporting and addressing deficits in professional behavior.

Policy: Students enrolled in Health Professions (HP) programs at McLennan Community College are expected to maintain a professional decorum in the classroom, clinical, lab, and simulation setting that includes respect for other students and the instructor, prompt and regular attendance, and an attitude that seeks to take full advantage of the educational opportunity.

Students in McLennan Health Professions programs have willingly applied for and entered into a professional degree program that prepares them for entry into the workforce, as well as readiness for licensure or certification. Implicit in professional degree programs is the need to develop professional behaviors as well as entry level competencies.

Professional behaviors include, but are not limited to, commitment to learning, interpersonal skills, communication skills, effective use of time and resources, use of constructive feedback, problem solving, professionalism, responsibility, critical thinking, and stress management.

Each HP program will evaluate students on a continual basis throughout the program in classroom, lab activities, clinical activities, and interaction between fellow students, faculty, and instructors. If a student is found to be lacking in any area of professional behaviors, program faculty will utilize discipline specific tools and forms to review and assess deficiencies, as well as develop a plan of action with constructive feedback with the intent to improve professionalism and performance in all settings. Professional performance improvement is considered a collaboration between the student and the faculty. Students are expected to actively participate in the improvement process when deficits are identified.

Deficits in professional behaviors include, but are not limited to:

- Lack of integrity and honesty in the classroom, clinical, lab, and simulation setting (e.g., cheating, falsifying documentation, deliberate plagiarism, practicing outside of defined scope).
- Failure to demonstrate professional demeanor or concern for self, peer, faculty, or patient safety (e.g., use of offensive language & gestures, self-harm, deliberate inappropriate use of equipment, being under the influence of alcohol or drugs in the classroom, clinical, lab, or simulation setting)• Unmet professional responsibility (e.g., poor attendance,

- tardiness, disruptive, distracting or insensitive behavior in the classroom, lab, clinical, or simulation setting; unpreparedness or refusal to participate in skills demonstrations or tasks in the classroom, clinical, lab, or simulation center, whether in individual or in group settings; failing to show for scheduled meetings without notification (no call/no show)).
- Exhibiting disruptive behavior, incivility (e.g., inappropriate gestures, cursing, verbal or non-verbal intimidation, belittling or demeaning language, making statements attacking peers, faculty, or staff, the use of social media, chat rooms, or other venues to gossip, belittle, provoke fear, or stir emotions of or about peers, faculty, staff, or college leadership, etc.)
 - Lack of effort toward self-improvement & adaptability (e.g., resistance or defensive attitude toward constructive feedback, failing to complete assigned improvement plans [outside of coursework], or follow up as instructed with meetings, assignments, check ins, emails, phone calls, or forms [regardless of course assignments])
 - Lack of respect for cultural diversity (e.g., disrespecting others regarding age, culture, race, religion, ethnic origin, gender, sexual orientation)

Any student who persists with the same deficiencies without positive actions to stop or measurably improve, or multiple repeated deficits in professional behavior over 3 different episodes may be dismissed from the program based upon lack of progress in professional behavior. Failure to actively participate in any performance improvement plan (academic/classroom, clinical, skills, simulation) will indicate a lack of interest in professional behavior improvement and will result in the escalation of the consequences of this policy to program dismissal. This policy is in effect throughout enrollment in any HP program, across all courses, program related activities and clinical work as professional behavior extends across all aspects of the program.

Procedure:

Complaints regarding a breach of professional behavior may be initiated by Health Professions students, faculty, or staff. External partners who wish to file a complaint should use the "Outside of Due Process" procedure.

HP Programs should follow discipline specific policy to address deficits in professional behaviors. Written documentation and a plan of action should be in place for a breach of professional behavior. Initial complaints should go immediately to the program director with written documentation. All subsequent complaints are to be sent to the program director and copied to any other members of the college discipline and leadership teams as instructed.

As depicted in the Health Professions Professional Behaviors Policy and the General Conduct policy for MCC, certain behaviors are completely unacceptable and will escalate the violation process to third-level consequences which require failure of the course in which the violation occurred. These violations include but are not limited to bullying/cyberbullying, terroristic threats, physical harm to another student, faculty, or self; and engaging in activities that constitute cheating or deliberate plagiarism on quizzes, assignments, exams, or other assigned activities.

Created 3/2021sb; Reviewed 3/2023 gg; ADN Faculty approval 3/31/23; 1/2/2024

Academic Integrity: Process for Addressing Professional Behavior Violations (Consequences)

Integrity and Ethics are Core Values of McLennan Community College and the Associate Degree Nursing Program. Violations of Academic Integrity demonstrate that the student is not willing to demonstrate those core values. The goal of this process is to help the student develop a plan that will foster growth in the areas of Integrity and Ethics.

All faculty members shall have the right to examine materials **in** the student's possession during any academic exercise.

If a student is found to be in violation of the MCC or Health Professions, Associate Degree Nursing Handbook, or RNSG Course IP (instructor Plan)/Syllabi policies defining academic integrity and professional behaviors, the following process will be followed and consequences will be enacted.

For any academic integrity issues (Examples include but are not limited to: cheating, browsing outside of testing program before, during, or after tests, use of AI to complete any work, deliberate plagiarism, writing down test information following an exam, discussing specific exam questions outside of the testing environment, forgery).

The first (1st) Academic Integrity violation process/consequences:

Step 1: In instances of academic integrity misconduct, the faculty will immediately suspend the student from further work on the academic exercise. Faculty will assign a grade of zero for the assignment (0).

Step 2: Faculty/Theory Advisor or Clinical Instructor will complete an Academic/Professional Performance Alert (APPA) form and review the form with the student.

Step 3: Students will complete and obtain faculty approval for an Academic/Professional Performance Improvement Plan (APPIP) within the designated timeline (not more than 5 business days).

Step 4: Both the APPA and APPIP will be placed on file with the following:

- i. McLennan Community College Student Conduct/Discipline office
- ii. Associate Degree Nursing Program Director's office to be placed in the student's ADN Program Administrative File.

Step 5: The student will follow up with the faculty, Program Director, and any designated college representative as instructed to verify progress or completion of the plan set out in the APPIP.

The second (2nd) Academic integrity violation occurring ANY TIME within the ADN Program (at any level, in any class, any occurrence at all), will follow:

Steps 1-5: See previous

Step 6: The student MUST meet with the ADN Program Director whose signature will be required on the APPA and APPIP forms

Step 7: The student MUST meet with the MCC Conduct/Discipline professional and request that the office of discipline confirm the conference/ scheduled meeting with the ADN Program Director.

The third (3rd) academic integrity violation (at any level, in any class, any occurrence at all) will result in a failure of the course involved. All nursing courses are concurrent.

Failure of one course will require immediate withdrawal from all courses following college procedures. Any fees, tuition, financial aid, drop-count, or other consequences as a result of the academic integrity violation are at the expense of the student. The college keeps a record of repeat offenders for determination of future consequences. Students withdrawn from the program due to academic integrity violations are not eligible for readmission. Created 3/2021sb; Reviewed 3/2023 gg; ADN Faculty approval 3/31/23; Revised 1/2/2023

Professional Behaviors: Process for Addressing Violations (Consequences)

The MCC Core Values are: *People matter, Integrity matters, Communication matters, Excellence matters, and Inclusiveness matters*. Professional behaviors are demonstrations of each of those values. To foster an environment that supports the development of our core values, the ADN Program will follow all of the policies depicted in the **Health Professional Behaviors** policy and **General Conduct policy of McLennan Community College**. Our students are also expected to adhere to the concepts of civility and professionalism outlined in the ADN student handbook and in the **Nurse Practice Act** (Texas Board of Nursing: https://www.bon.texas.gov/laws_and_rules_nursing_practice_act.asp.html), **Standards of Nursing Practice** (Texas Board of Nursing: https://www.bon.texas.gov/rr_current/217-11.asp.html), **Fitness to Practice** (Texas Board of Nursing: https://www.bon.texas.gov/rr_current/213-29.asp.html), and meet the expectations for nursing students in the State of Texas.

For Violations related to Professional Behaviors the process will be as follows. Failure on the part of the student to follow through with any step will elevate the process and the recorded number of violations to the next step:

The first (1st) Professional Behaviors violation process:

Step 1: Faculty will ask the student to stop the behavior and/or leave the room. If a grade is involved at the time, faculty will assign a grade of zero for the assignment (0).

Step 2: Faculty/Theory Advisor or Clinical Instructor will complete an Academic/Professional Performance Alert (APPA) form and review the form with the student. The student must actively participate in this meeting.

Step 3: Students will complete and obtain faculty approval for an Academic/Professional Performance Plan (APPIP) within the designated timeline (not more than 5 business days).

Step 4: Both the APPA and APPIP will be placed on file with the following: Associate Degree Nursing Program Director's office to be placed in the student's ADN Program Administrative File. All documents will be uploaded to the MCC database

Step 5: The student will follow up with the faculty, Program Director, and anyone else as instructed to verify progress or completion of the plan set out in the APPIP. Refusal to actively participate in this process will result in a second (2nd) violation and will escalate to the third-level of consequences.

The second (2nd) Professional Behaviors violation occurring ANY TIME within the ADN Program (at any level, in any class, any occurrence at all), will follow:

Steps 1-5: See previous

Step 6: The student MUST meet with the ADN Program Director whose signature will be required on the APPA and APPIP forms

Step 7: All documents will be placed on file in the college discipline and reporting system. Documentation will be placed in the student file in the administrative office. *The Conduct office, Care Team, Law Enforcement, Safety, or other college personnel may reach out and begin a separate process outside of the ADN Program.*

The third (3rd) Professional Behaviors violation (at any level, in any class, any occurrence at all) will result in a failure of the course involved. All nursing courses are concurrent. Failure of one course will require immediate withdrawal from all courses following college procedures. Any fees, tuition, financial aid, drop-count, or other consequences resulting from an academic integrity violation/s are at the expense of the student. MCC's Student Development keeps a record of repeat offenders for determination of future consequences. Students withdrawn from the program due to professional behaviors violations are not eligible for readmission.

SPECIAL CIRCUMSTANCES:

As depicted in the Health Professions Professional Behaviors Policy and the General Conduct policy for MCC, certain behaviors are **completely unacceptable** and will escalate the violation process and consequences to the third-level which will result in failure of the course in which the violation occurred. These violations include but are not limited to bullying/cyberbullying (defined by the American Nurses Association [ANA], [Workplace Violence, Incivility & Bullying in Nursing | ANA \(nursingworld.org\)](https://www.nursingworld.org/Workplace-Violence-Incivility-Bullying-in-Nursing)), terroristic threats, physical harm or injury to another student, faculty, staff, patient, or self (harm/injury is defined per the CDC [Self-Directed Violence and Other Forms of Self-Injury | CDC](https://www.cdc.gov/violenceprevention/self-directed-violence/)) and engaging in activities that constitute cheating or deliberate plagiarism on quizzes, assignments, exams, or other assigned activities.

**Receipt of approval of background check or following a review process from the Texas Board of Nursing indicates approval to take the National Council State Boards of Nursing Licensure Exam for Registered Nurses (NCLEX-RN®). Following the receipt of clearance from the Texas Board of Nursing, any violations of the Nurse Practice Act, Standards of Practice, or other indications of changes in Fitness to Practice for nurses require the Student to report to the Board of Nursing. Certain issues (outlined on the Texas Board of Nursing website) may create a situation in which it becomes incumbent on another professional (either within the program or outside) to enter a report of specific behaviors to the Texas Board of Nursing. Failure of the student to report to the Board can result in further delays or restrictions when seeking approval to take the NCLEX-RN® after graduation.*

FORMS: Academic and Professional Performance Alert (APPA) (Forms Section XXX); Student Academic and Professional Performance Improvement Plan (SAPPIP)

All students who enroll at McLennan Community College are admitted with the expectation that they will demonstrate integrity in every aspect of their work both for and with other members of this academic community. Once you enroll, you have accepted responsibility for your actions.

How does the college define Academic Integrity?

The Center for Academic Integrity, of which McLennan Community College is a member, defines ACADEMIC INTEGRITY as a "commitment, even in the face of adversity, to five fundamental values: **honesty, trust, fairness, respect** and **responsibility**; from these values flow principles of behavior that enable academic communities to translate ideas into action." Individual faculty members determine their class policies and behavioral expectations for students. Students who commit violations of academic integrity should expect serious consequences. Offenses will be tracked so that appropriate sanctions can be applied.

How serious are the consequences for Academic Dishonesty?

MCC faculty take academic dishonesty infractions very seriously and articulate their policies within course Instructor Plans.

The **professor's grading system** is the **first measure of consequence** for a student who commits a breach of academic integrity. The grading system can be found in the course plan for each class in which the student enrolls. Faculty members and their department chairs may require a **meeting with students caught cheating**, including plagiarizing, to discuss incidences of cheating and the penalty to be assigned in the course.

Academic Integrity policy and procedures apply equally to all courses - whether on campus or online. How is Cheating defined?

With regard to cheating, plagiarism or other forms of academic dishonesty, the term "**cheating**" includes, but is not limited to: (1) use of any unauthorized assistance in taking quizzes, tests or examinations; (2) dependence upon the aid of sources beyond those authorized by the professor in writing papers, preparing reports, solving problems or carrying out other assignments; or (3) the acquisition, without permission, of tests or other academic material belonging to a member of the MCC faculty or staff. **The term "plagiarism" includes, but is not limited to**, the use, by paraphrase or direct quotation, of the published or unpublished work of another person without full and clear acknowledgment. It also includes the unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials.

What happens to a student identified as having cheated?

If the student's offense rises to the level of invoking, within the course grading system, penalties of consequence, it is a reportable offense. That is, students who are caught cheating, including plagiarizing, will be subject to penalties specified in the course Instructor Plan and, in addition, will be reported to Student

Discipline for further tracking. **Students who engage in activities that constitute cheating, as listed above, will immediately be withdrawn from the MCC ADN program and will not be eligible for readmission.**

MCC's Student Development keeps a record of repeat offenders for determination of future consequences

The intent of this policy is to focus all partners in the college-students, faculty, and administrators-**on issues of accountability** and to increase **students' understanding that academic training includes an expectation of academic integrity**, the absence of which incurs serious response.

For more information about issues of student discipline, including appeals, please refer to the [Highlander Guide student handbook](#).

All of the forms referred to in this policy can be found in the forms section of this handbook.

Plagiarism (Under Academic Integrity/Professional Behaviors)

Students found to be guilty of acts of academic dishonesty are subject to college policy as found in <http://www.mclennan.edu/highlander-guide-2017-18>. In addition, students are subject to the following discipline:

First Offense: failing grade on the assignment

Second Offense: failing grade in the course. If an associate degree nursing student has a second offense while in the ADN program, the student will receive a failing grade in the course and will be ineligible for readmission into the program.

Plagiarism – Use of Detection Service Turnitin

1. McLennan Community College (MCC) faculty members may adopt the plagiarism detection services offered by Turnitin, but they are not required to do so.
2. Faculty members choosing to adopt the plagiarism detection service offered by Turnitin shall publish in their syllabi the following statement:

Turnitin: In order to help students, learn proper composition skills and to promote academic honesty, this class will use the services provided by Turnitin (hereinafter, the “Service”). The above URL contains information about the capabilities, services, terms and conditions, and privacy policy of the Service. The instructor may use the Service to review all submitted assignments.

Students agree that by taking this course all required papers may be subject to submission for textual similarity review to Turnitin for the detection of plagiarism. All submitted papers will be included as source documents in the Turnitin reference database solely for the purpose of detecting plagiarism of such papers. Students further understand that if the results of the review support an allegation of academic dishonesty, the students’ work will be investigated and the student is subject to discipline according to policy.
3. Faculty members choosing to adopt the plagiarism detection service offered by the Service shall:
 - a. treat all students equally,
 - b. require submission of either all student papers or no student paper, for any particular assignment, and
 - c. inform students which assignments will require submission to the Service.
4. In the event a student commits an act of plagiarism, faculty members are strongly encouraged to submit the name of the offending student to the Discipline Coordinator. This action is recommended without regard to other consequences a faculty member may choose to employ. It is imperative that the Discipline Coordinator be given the information so that the college can identify serial offenders.
5. Instructors are encouraged to place the following statement in their syllabus:

Academic Dishonesty Policy: Students found to be guilty of acts of academic dishonesty are subject to college policy as found in this handbook as well as <http://www.mclennan.edu/students/hguide/>.

Affidavit of Graduation Approval

Graduating students' Affidavits of Graduation (AOGs) will be approved by the ADN Program Director when students have completed all required coursework with passing grades (C or better), earned credit for all courses on the program-track degree plan, and graduation has been confirmed by the college. AOG approval occurs online in the Texas Board of Nursing's Nurse Portal system.

For the MEEP option, PN AOGs will be approved when the faculty of record for both MEEP classes (VNSG 1119 & RNSG 2161 or 2460) verify that all course requirements have been completed and credit is earned for both the theory and clinical courses.

Only AOGs within the portal can be approved. It is the graduate's responsibility to ensure that all licensure steps have been followed, fees have been paid, the Jurisprudence Examination is completed, and the AOG has been entered into the system. Students are encouraged to frequently check their personal Nurse Portal accounts to ensure that all documentation is accurate. The Texas Board of Nursing will not share individual Nurse Portal access/information with the school.

It is important to note that the student is responsible for aligning the Nurse Portal Account with the appropriate track in the ADN program. Entering the wrong NCSBN account can result in delays in AOG approval.

MCC ADN (Generic and LVN-And Transition) NCSBN ID # US27400700

MCC MEEP NCSBN ID # US27101300

Attendance Policy

Theory/Classroom

McLennan Community College

Health Professions

Division Policies & Procedures

Subject: Student Attendance in Didactic Classes **Effective date:** August 21, 2023

Responsibility: Dean, Program Directors, Faculty

Purpose: McLennan Community College expects regular and punctual class attendance from all students. In Health Professions programs, regular class attendance is expected as a demonstration of professional workplace behavior and late arrival and/or early departure is considered as absenteeism. Students, whether present or absent, are ultimately responsible for all material presented or assigned in the classroom and will be held accountable for these materials in determination of their grade. Absences from didactic classes prevent the Health Professions student from receiving full benefit of the course, diminish the quality of group interaction in the classroom setting and may interrupt progression in the program.

Policy: A McLennan Health Professions student in a didactic course missing a cumulative of 15 percent of the class meetings due to unexcused absences will be dropped.

Students will be permitted to make up class work and assignments missed as outlined in the course syllabus due to absences caused by (1) authorized participation in official College functions, (2) personal illness, (3) an illness or a death in the immediate family, (4) Pregnant or Parenting Protections under Title IX and/or Texas State Education Code Chapter 51, Subchapter Z, Section 51.982 or (5) any excused absences as outlined in College policy B-II. In all other cases, the instructor has the prerogative of determining whether a student may make up work missed. Documentation of excused absences is required upon return to class.

Students are responsible for any work missed regardless for the cause of absence, as indicated in the institutional attendance policy. The student must initiate conversation with the instructor in a timely fashion, as defined by the program, and complete work according to timelines established with each course instructor.

Example of how the attendance policy applies to courses in the ADN Program. 15% of classes means that a student in a Health Care Concepts or Professional Concepts course can miss only the following number of classes without a qualified excuse before being dropped by a professor:

During the fall and spring, a student in the Professional Nursing Concepts courses can miss only 2.4 classes and will be dropped after missing the 3rd class day.

During the fall and spring, a student in the Health Care Concepts courses can miss only 4.8 classes and will be dropped by the professor after missing the 5th class day.

Front loading, learning labs, and special circumstances will be addressed in the course syllabus.

Clinical: Attendance Policy

(Includes on-campus clinical, off-campus clinical, clinical simulation, skills lab counted as clinical hours, and other assignments)

Tracking Hours: The student is expected to arrive and be ready to start at the scheduled time for all clinical experiences. Time in the clinical setting is tracked using the web-based system, **e*Value**. The student is expected to clock-in to patient care, observational, and clinical simulation experiences using e*Value. Students must clock in on a designated computer at the facility. IP addresses are tracked cell phones may only be used for time tracking in the presence of clinical faculty and with explicit permission. Hours tracked using a mobile or any device other than a facility-owned computer will not be credited and will count as hours missed (see the total allowable hours below). All clinical absence policies apply.

Tardies: Students must report to clinical on time. In extenuating circumstances, a student may be no more than 7-minutes late to an assigned clinical experience and remain on site. Arrival to clinical 8 minutes after start time will result in being sent home and the hours must be made up if eligible. If being sent home due to being more than 7 minutes late results in excessive absences, the student will be required to withdraw from all courses. A progressive response to each tardy will follow:

- The 1st tardy (1-7 minutes late) will result in a Plan for Success for the student.
- The 2nd tardy (1-7 minutes late) will result in a Faculty Required Enhancement (FRE) for the student.
- The 3rd tardy (1-7 minutes late) will result in a failure to meet the requirements of an FRE and will require withdrawal from all nursing courses for the semester.

Absences: *All missed clinical hours must be made up.* The student will complete the required level clinical paperwork at each clinical makeup.

- In Level 1, a student cannot miss more than 8 hours.
- In Level 2, a student cannot miss more than 20 hours.
- In Level 3, a student cannot miss more than 20 hours.
- In Level 4, a student must make up any time missed.
- In the LVN to ADN Transition track, a student cannot miss more than 12 hours.

The missed clinical hours must be made up as assigned. Any hours exceeding stated hours for makeup clinical will result in the student being withdrawn from the clinical course and also the concurrent nursing courses. Failure to fulfill all clinical hours, including assigned makeup day, by the end of the clinical portion of the academic term will result in a grade of "NC" for the clinical course. A student who has a clinical withdrawal from missing excessive clinical may apply for readmission, if eligible for readmission.

Students must attend make up clinicals **on the date assigned by the Clinical Coordinator.**

Failure to attend a make-up clinical on the assigned date will result in the missed hours being added to the total missed hours. If the hours exceed the allowable time, withdrawal and readmission policies apply.

Clinical: Assignment Policies

Students are expected to provide, without discrimination, nursing services regardless of the age, disability, economic status, gender, national origin, race, religion, health problems, or sexual orientation of the client served (RULE §217.11 (L)). Students are required to meet the work force standard of providing care to any and all clients assigned to their level of responsibility.

Clinical: Transition Practicum (CTP)

During the last semester of the second year all students will be required to participate in a Clinical Transition Practicum. Student clinical times will be arranged with the preceptor. Students will do clinical during the regular work hours of the preceptor. This can include working any time around the clock, seven days a week.

Clinical: Evaluation Guidelines and Final Grade Criteria

Every student in the Transition (TADN), A D N, and MEEP program has a right to be evaluated by their clinical instructors and supervisors. Clinical evaluation is a teaching method used to assist the student in clinical practice, progression and enhancement. In order to provide the maximum learning experience, the faculty believes it is essential for the student to be actively involved in the identification of personal strengths, weaknesses and activities to promote or strengthen these attributes. The student's clinical progression throughout the program will be reviewed and considered in guiding and determining clinical activities in each course to assist the student in performing at the expected level of competency.

The clinical evaluation tool reflects the student's level of competency. The Clinical Evaluation Tool is based on the Differentiated Essential Competencies for ADN Programs and is aligned with the Program Student Learning Outcomes (SLOs) and our ACEN Standards (4.7; 4.9; 4.11). Credit or non-credit will be noted in the MCC grading system based on the achievement of expected levels of clinical performance as noted on the Clinical Evaluation Tool. Clinical evaluations are conducted electronically in the e*Value system. Each semester, including the MEEP and TADN terms, students are expected to complete the self-evaluation, faculty will complete the midterm evaluation and final evaluations. Students and clinical instructors are required to review each CET before signing in the e*Value system. The electronic evaluation (CET) does not replace the clinical evaluation conference with faculty in which strengths and opportunities for improvement are reviewed. Face-to-face or ZOOM valuation conferences will take place as scheduled by clinical instructors.

SUPERVISION

The level of supervision of medication administration in the clinical area varies according to the course level of the student. The goal is to ensure the highest quality of patient care while providing maximum learning experience and the best utilization of faculty's time. Selected skills must be performed in MCC Nursing Skills Lab prior to completing in clinical site. At times, clinical instructors may delegate supervision to staff RN's. Competency criteria will be made available to staff RN's. Students must be evaluated by a master or doctoral prepared clinical instructor; however, after achieving a successful evaluation from a master or doctoral prepared clinical instructor, students may be directly supervised by an instructor with a baccalaureate or higher degree in nursing. An "instructor" is defined as nursing faculty (full-time or part-time adjunct or clinical teaching assistant) who are employed by McLennan Community College's Associate Degree Nursing program. A "preceptor" is defined as an appropriately experienced, qualified, and trained RN who has agreed in writing to supervise a nursing student for a designated period of time in writing. Preceptors have access to the policies, training materials, and contact information through the MCC ADN Preceptor Training website. Students are responsible for submitting the signed preceptor agreement to designated faculty.

Level 1 - RNSG 1161: Students must be evaluated by a masters or doctoral-prepared clinical instructor; however, they may be directly supervised by an instructor with a baccalaureate or higher degree in nursing at all times during the preparation, administration and recording of all medications administered. The instructor will review accuracy of the medication administration record.

Level 2 - RNSG 2362: All medications must be verified by an instructor with a baccalaureate or higher degree in nursing prior to administration. Students must be directly supervised by an instructor with a baccalaureate or higher degree in nursing at all times during the preparation, administration and recording of all medications. Students will monitor non-titrated IV infusions. The instructor will review accuracy of the medication administration record. With direct supervision by an instructor with a baccalaureate or higher degree in nursing, students may administer parenteral medications through a central line/PICC line when a primary IV is infusing if the facility policy permits. After achieving satisfactory evaluation by a master or doctoral prepared clinical instructor, students may give medications with a RN preceptor. Students in preceptored experiences must have medications verified with RN preceptor prior to administration. Students in observation experiences may not participate in patient care.

Level 3 - RNSG 2363 Guidelines from RNSG 2362 apply. The level of student's independence to prepare and administer medications will be dependent upon the student's progress and the clinical instructor's judgment. According to agency policy, students may administer total parenteral nutrition and lipids with a master or doctoral prepared clinical instructor supervision. The instructor will review accuracy of the medication administration record. With direct supervision by an instructor with a baccalaureate or higher degree in nursing, students may administer parenteral medications through a central line/PICC line. Students in preceptored experiences must have medications verified with RN preceptor prior to administration. Students in observation experiences may not participate in patient care.

Level 4 – CTP RNSG 2360: Guidelines from RNSG 2363 apply. The level of student's independence to prepare and administer medications will be dependent upon the student's progress, the clinical instructor's judgment, and/or assigned RN preceptor's judgment. The student may administer medications under the supervision of the RN preceptor. Students may not administer blood and blood products at any time.

LVN-ADN Transition - RNSG 1163: All medications must be verified by an instructor with a baccalaureate or higher degree in nursing prior to administration. Students must be directly supervised by an instructor with a baccalaureate or higher degree in nursing at all times during the preparation, administration and recording of all medications. Students will monitor non-titrated IV infusions. The instructor will review accuracy of the medication administration record. With direct supervision by an instructor with a baccalaureate or higher degree in nursing, students may administer parenteral medications through a central line/PICC line when a primary IV is infusing if the facility policy permits. After achieving satisfactory evaluation by a master or doctoral prepared clinical instructor, students may give medications with a RN preceptor. Students in preceptored experiences must have medications verified with RN preceptor prior to administration. Students in observation experiences may not participate in patient care.

MEEP- RNSG 2161/2460: Guidelines from RNSG 2363 apply. The level of student's independence to prepare and administer medications will be dependent upon the student's progress and the clinical instructor's judgment. According to agency policy, students may administer total parenteral nutrition and lipids with a master or doctoral prepared clinical instructor supervision. The instructor will review accuracy of the medication administration record. With direct supervision by an instructor with a baccalaureate or higher degree in nursing, students may administer parenteral medications through a central line/PICC line. Students in preceptored experiences must have medications verified with RN preceptor prior to administration. Students in observation experiences may not participate in patient care.

SPECIAL EXCEPTIONS

In specific clinical facilities, special policies regarding medication administration override the MCC policy.

In administering narcotics or controlled substances, the instructor and student will follow the guidelines of the clinical facility. Only instructors will have narcotic keys and/or a password to the medication dispensing system. Instructors will ensure narcotic count as correct prior to removal of

each specific narcotic. If a discrepancy is noted, the charge nurse will be immediately notified and hospital protocol followed. Students will not titrate any IV medications. Students may not administer blood and blood products.

Level 1: RNSG 1161

Level II: RNSG 2362

MEEP: RNSG 2460, RNSG 2161

Transition: RNSG 1163

Level III: RNSG 2363

Level IV: RNSG 2360

Course Requirements: Course requirements are specified in each course Instructor Plans.

Assignments: Assignments are also outlined in each course Instructor Plans.

Clinical: Professional Conduct & Preparedness

- Cell phones must be turned off during clinical.
- Cell phones may not be answered during clinical.
- No smoking during clinical hours, or when in uniform.
- No alcoholic beverages during clinical hours, or while in school uniform.
- Uniforms are to **always** be clean, pressed, and professional. Student will be dismissed from clinical for unprofessional appearance and dress at the discretion of the Clinical Instructor.
- Arguing, disrespect and unprofessionalism with the Clinical Instructor will not be tolerated.
- The Clinical Instructor must be aware of and approve any student leaving the assigned clinical area for any reason.
- Abandonment of patient or clinical responsibilities is grounds for dismissal from clinical.
- Name badge to be worn at all clinical experiences.

Preparedness for Clinical

Students must be prepared for clinical according to the Nursing Practice Act. Those who are not prepared will be dismissed from clinical. Refusal or denial of the opportunity to complete previously learned nursing skills in the clinical setting will be noted as unwilling or unprepared and a clinical failure may be consequential.

Clinical: Grading Policy

Level 1: RNSG 1161

Level II: RNSG 2362

MEEP: RNSG 2460, RNSG 2161

Transition: RNSG 1163

Level III: RNSG 2363

Level IV: RNSG 2360

Course Requirements: Course requirements are specified in each course Instructor Plans.

Assignments: Assignments are also outlined in each course Instructor Plans.

Clinical Performance:

In the clinical settings, the student will be required to satisfactorily demonstrate clinical competency according to the level/course criteria on the clinical evaluation tool and clinical objectives stated.

Focused assignments may take place in the clinical setting with each clinical group and student will satisfactorily complete each assignment according to grading rubrics.

Failure to submit any written assignment on time will result in a deduction of 10% per day late of the possible points. Completion of assignment will still be required for successful completion of the course. See the Grading/Evaluation/Academic Progression Policy in the student handbook for grading and progression information, and more information about late work.

The clinical evaluation process is also discussed in the clinical practice section of the handbook. Satisfactory clinical evaluations are required to earn credit (C) in clinical courses. Students who fail to meet criteria on the CET will receive a failing grade (F) for the clinical course and will not be eligible for admission to the ADN Program. The reason or course/program failure will be noted as being clinical performance related for the purposes of documentation.

Clinical: Final Grade Criteria

Credit:

On completion of the course the student will receive credit if she/he:

1. Performs at the expected level of competency or higher
2. Attains goal(s) identified in any Plan(s) for Success
3. Fulfills any Faculty Required Enhancements
4. Receives Consent of Professional Nursing Faculty for credit

Non-Credit:

The student will not receive credit if:

1. CET criteria are not achieved at the minimum expected level or higher
2. Plan(s) for Success are not attained
3. Faculty Required Enhancement are not fulfilled
4. Professional Nursing Faculty consent for non-credit.

Codes for Clinical Evaluation Tool (CET)

Levels of Competency:

- D:** Dependent – relies on the instructor to initialize and prompt key steps in the activity
- A:** Assisted – requires occasional prompting by the instructor or staff
- S:** Supervised – instructor or licensed professional staff observe and validate effectiveness and safety of the activity
- I:** Independent – able to perform without supervision, however, instructor is monitoring to verify student's competency

Pat on the Back: Recording written by students, staff or instructor for outstanding performance in the clinical area.

Plan for Success: A plan developed, written and carried out by the student when clinical performance is below the expected level competency. The instructor will provide guidance and assistance to the student in reaching the identified goal.

Faculty Required Enhancement: A plan developed and written by the faculty when a student has been unable to achieve Expected Level of Competence Criteria through her/his own Plan(s) for Success. A student may be issued a Faculty Required Enhancement (FRE) initially, if the clinical instructor deems necessary. Examples of an initial FRE may be unprofessionalism, injury to a patient, medication error, practicing out of scope, etc.

Information from the Nursing Practice Act. Nursing Peer Review and Nurse Licensure Compact Texas Occupations Code and Statutes Regulating the Practice of Nursing as amended September 2013 (see www.bon.state.tx.us) may be in preparation of the Faculty Required Enhancement.

Clinical Grading Criteria: The student must meet all the clinical course objectives and/or competencies as outlined in each course Instructor Plan.

Preparedness for Clinical or Lab

Preparation sheets have been developed to assist the student in preparing for the clinical assignment. The clinical instructor will check the prep sheet at pre-conference time. If the student is unable to demonstrate such preparedness, the instructor will note this behavior on the Clinical Evaluation form.

Clinical: Health Policy (Immunizations and COMPLIO)

McLennan Community College Health Professions

Division Policies & Procedures

Subject: Student Clinical Immunization Requirements Effective **date:** 8.7.2019

Responsibility: Program Directors, Clinical Coordinators Review date: 7.11.2023

Purpose: Texas Administrative Code Rule §97.64 requires that students enrolled in non- veterinary health-related programs with direct patient care and/or potential exposure to blood or body fluids complete the following immunizations:

Tetanus-Diphtheria-Acellular Pertussis Immunization. All students must have proof of a tetanus/diphtheria/acellular pertussis (Tdap) immunization within the last 10 years. One dose of a tetanus containing vaccine (Td) is an acceptable substitute if Tdap is medically contraindicated.

Measles, Mumps, Rubella Vaccines.

Students born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of two doses of a measles-containing vaccine administered since January 1, 1968 (preferably MMR vaccine).

Students born on or after January 1, 1957, must show, prior to patient contact acceptable evidence of vaccination of two doses of a mumps vaccine.

Students must show, prior to patient contact, acceptable evidence of one dose of rubella vaccine.

Hepatitis B Vaccine. Students are required to receive a complete series of hepatitis B vaccine prior to the start of direct patient care. An accelerated schedule, as recommended by the CDC, may be followed, with the first dose administered, followed by second dose in 4 weeks; and followed by 3rd dose at least 4 months from initial dose and 8 weeks from 2nd dose.

Varicella Vaccine. Students are required to have two doses of varicella vaccine.

Additionally, students enrolled in health professions programs at McLennan Community College will be required to complete annual tuberculosis screening and seasonal influenza vaccination as required for clinical rotations.

Students enrolled in veterinary programs are required to complete the following immunizations:

Rabies Vaccine. Students whose coursework involves direct contact with animals or animal remains shall receive a complete primary series of rabies vaccine prior to contact. Serum antibody levels should be checked every two years, with administration of a booster dose as needed according to CDC guidelines.

Hepatitis B Vaccine. Students are required to receive a complete series of hepatitis B vaccine prior to the start of coursework that involves potential exposure to human or animal blood or bodily fluids

Tetanus-Diphtheria-Acellular Pertussis Immunization. All students must have proof of a tetanus/diphtheria/acellular pertussis (Tdap) immunization within the last 10 years. One dose of a tetanus containing vaccine (Td) is an acceptable substitute if Tdap is medically contraindicated.

COVID-19 Vaccines:

McLennan Community College does not require students in Health Professions programs to receive COVID-19 vaccinations. However, clinical affiliates may require students and clinical faculty to be vaccinated against COVID-19 or provide a college approved exemption.

Health Professions programs will accept any documented series of COVID-19 vaccine authorized, approved, or otherwise in compliance with CDC and FDA guidelines.

Exemptions for COVID-19 vaccinations are reviewed by the Program Director and Dean, Health Professions and are granted on a case-by-case basis. Exemptions granted for participation in a McLennan Health Professions program does not guarantee that a graduate will receive an exemption from future employers.

Lack of Documentation:

Students who claim to have had a complete series of vaccinations, as described above, but have not properly documented them, cannot participate in course work activities that involve direct patient contact with potential exposure to blood or bodily fluids in an educational or medical facility, or direct contact with animals or animal remains until such time as proper documentation has been submitted and accepted by the program.

Provisional Enrollment

Texas Administrative Code §97.64 permits students to be provisionally enrolled if the student has received at least one dose of each specific vaccine prior to enrollment and completes each series as quickly as medically feasible according to CDC Adult Immunization schedule.

Provisionally enrolled students may not participate in direct patient care or animal care until full vaccination series have been administered.

Limited Exceptions:

Serological Confirmation of Immunity

Students may provide serologic confirmation of immunity (titer) to measles, rubella, mumps, hepatitis A, hepatitis B, or varicella. (TAC §97.65) A valid laboratory report must indicate confirmation of either immunity or infection and must be provided prior to participation in coursework.

There is no exemption process for immunizations required by Title 25, Texas Administrative Code 97.64.

Policy:

Students must provide proper documentation of all vaccinations prior to coursework involving patient or animal contact according to Texas Administrative Code and Division Policy. Students may not participate in coursework until proper documentation has been submitted and accepted.

Procedures:

B Testing: McLennan Health Professions students and faculty must complete TB blood testing (interferon-gamma release assay or IGRA). There are currently two FDA approved blood tests - the QuantiFERON TB Gold Plus (QFT Plus) and the T-Spot TB test (T-spot).

Students who are continuously enrolled and faculty who are continuously employed will only require one blood test and then completion of an annual TB symptom screening form.

A health care provider will draw blood and send it to a laboratory for analysis and results. Students are responsible for uploading results into Complio.

Positive TB blood test: This means that the person has been infected with TB bacteria. Additional tests are needed to determine if the person has latent TB infection or TB disease.

Negative TB blood test: This means that the person's blood did not react to the test and that latent TB infection or TB disease is not likely.

COVID-19 Vaccinations: Current CDC guidelines state that you are compliant with one (1) updated Pfizer-BioTech or Moderna COVID-19 vaccine. Updated vaccines are "bivalent" and protect against the original COVID-19 virus and the Omicron variant BA.4 and BA.5.

For purposes of immunization compliance, McLennan Health Professions will accept any documented series of COVID-19 vaccine authorized, approved or otherwise in compliance with the CDC and FDA guidelines.

McLennan Community College does not require the COVID-19 vaccine. However, some clinical partners require this vaccine and students may not be able to complete clinical requirements or attend clinical at particular locations without current vaccinations. Unvaccinated faculty may not be able to complete clinical assignments without current vaccinations.

The exemption process is explained within the body of this policy.

Students are responsible for reporting compliance with COVID-19 vaccinations by uploading documentation into Complio.

Resources:

Centers for Disease Control and Prevention. (2016). Recommended Vaccines for Healthcare Workers. <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

Centers for Disease Control and Prevention (2023) COVID-19 Vaccination Recommendations

Centers for Disease Control and Prevention. (2022). TB Screening and Testing of Health Care Personnel. <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>

Texas Administrative Code. (2016). Rule §97.64. Required Vaccinations for Students Enrolled in Health-related and Veterinary Courses in Institutions of Higher Education.

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=97&rl=64](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=97&rl=64)

Texas Administrative Code. (2016). Rule §97.65. Exceptions to Immunization Requirements (Verification of Immunity/History of Illness).

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=145702&p_tloc=&p_ploc=1&pg=2&p_tac=&ti=25&pt=1&ch=97&rl=64](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=145702&p_tloc=&p_ploc=1&pg=2&p_tac=&ti=25&pt=1&ch=97&rl=64)

Texas Department of State Health Services. (2019 July 31). Texas Minimum Vaccine Requirements for Students Enrolled in Healthcare of Veterinary Coursework.

<https://www.dshs.texas.gov/immunize/school/healthcare-veterinary.aspx>

Clinical: Uniform Policy

Scrubs: Solid Royal Blue color (Swift Uniforms)

Two Tops to choose from: 1 pocket on chest or 2 pockets on lower hem Pants (two Classic crease, Cargo, Drawstring, or Boot-cut)

White T-shirts may be worn under uniform tops (long or short sleeve). T-Shirts worn under the uniform will follow agency policy.

An MCC A.D.N. Nursing patch must be worn on the left sleeve.

Skirt: Royal blue (optional)

Scrub Jacket: Royal blue scrub jacket that is to match the color and fabric of the ADN uniform with MCC patch on the Left Sleeve. May be with or without monogramming.

Students are required to purchase two uniforms and one Scrub Jacket.

Shoes:

Shoes must be clean, safe, supportive, and reflect good taste. Athletic shoes, uniform shoes, and non-perforated footwear may be worn; the top of the shoes must have a solid surface to protect the dorsal section of the foot from blood or chemical exposure. Open-toed shoes, “croc” style shoes with holes on the top of the shoe, “flip-flop” style shoes, and slippers (for example: open back) are not acceptable.

Additional:

Stethoscope, Pen light Name badge, watch with second hand

CLINICAL REQUIREMENTS

1. At all times, uniforms and lab coats will be clean, freshly laundered and pressed if needed.
2. Uniforms will be worn only when students are engaged in nursing class activities and specified occasions of the college. Student will wear full uniform except in situations where they are specifically instructed not to do so.
3. The length of the skirt will be no shorter than knee length.
4. Shoes will be kept in good condition, clean and polished.
5. MCC name badges will be worn on the upper left side of the uniform at all times during clinical. Name pins should include first and last name on the first line and “nursing student” on the second line.
6. Transition students may purchase one complete uniform rather than two as required of the generic students.

7. Hair will be kept neatly arranged and away from the face. Students must select a hairstyle that will not fall forward or over the face while performing client care or clinical activities. Hair shall be neutral in appearance and without distractive colors and/or styles. Neutral barrettes the color of the hair will be acceptable. No bows are allowed. Sideburns will not extend below the earlobe. Neatly trimmed mustaches and beards will be acceptable. (Post conference is included in duty time).
8. The only jewelry that will be acceptable will be one simple ring or set and one small chain necklace. Those with pierced ears may only wear one pair of small metal studs or studs w/precious or semi-precious stones. Earrings shall not extend below the earlobe. Body piercing in other areas should NOT be visible. Tattoos must be covered according to agency policy.
9. Make-up will be applied in a manner that will give a natural look.
10. Fingernails will be kept smoothly rounded, sufficiently short, not to extend beyond the tips of the fingers. Nail polish may be worn only if in good repair without chipping. **No artificial nails are to be worn while providing direct client care. Includes and is not limited to tips, wraps, gels, overlays, extenders, acrylics, tapes, appliqués, nail piercing, and nail jewelry.**
1. Personal hygiene should include daily bathing as well as the use of deodorants and mouthwashes as needed. No fragrances, colognes, or perfumes will be worn. Offensive body odors will not be tolerated.
2. Chewing gum or eating candy while on duty will NOT be allowed. Breath mint and breath spray permitted.

Clinical: Problems Policy (In addition to professional behaviors policy)

Repeated inappropriate behavior and unsafe practice are grounds for requesting that the student leave the clinical facility. If the problem is not resolved, the student can receive a clinical non-credit grade in the nursing course. Also, the student may be dismissed from the program during the semester if repeated inappropriate behavior and unsafe practice occurs.

Some examples of inappropriate behavior and unsafe practice include but not limited to:

1. Attending clinical while under the influence of any substance affecting a student's ability to respond in a reasonable and acceptable manner.
2. Performing unsafe nursing care thereby causing physical injury or emotional stress to a client.
3. Failing to maintain patient confidentiality.
4. Falsifying any information concerning the client, staff and peer group.
5. Inability to perform skills learned in skills laboratory.

6. Performing skills that are not appropriate for level of practice.
7. Removing any items from a client's room or hospital without permission.
8. Inappropriate use of social media.
9. Any act that is identified as Unprofessional Conduct in RULE §217.12 of the Board of Nursing.

The student is further expected to exhibit professional behavior in appropriate dress, attitude and conduct. Students will abide by hospital policies.

An applicant or a student who is denied rotation privileges by any of the clinical affiliated agencies may not be eligible for continuation in the program. The denial must be in writing from administration of the agency denying privileges

Clinical Release Forms

Students must abide by rules and policies of clinical agencies where hospital lab assignments are provided. Since clinical affiliations are not liable for injuries or communicable diseases, students may be requested to sign and acknowledge liability release forms of area hospitals.

Clinical Visitation Policy

Students are not allowed to visit clients in the hospital on other units during clinical time.

Students are not allowed to wear their uniform, lab coat or other emblems identifying them as a nursing student or become involved in performing client care when making a personal visit to a client in the hospital or other clinical agency at any time.

Clinical: Cardiopulmonary Resuscitation (CPR) Policy: BLS for Healthcare Providers

All students must complete an **American Heart Association, Health Care Provider, CPR course** prior to enrollment in the ADN program and must maintain this specific CPR certification during enrollment. Students will not be allowed into the clinical setting without American Heart Association, Healthcare Provider CPR completion and will be counted as absent or may be dropped from the course. ***(No on-line courses will be accepted).***

Drug-Free Workplace Policies

Purpose and Goal

The Health Professions Division of McLennan Community College is committed to protecting the safety, health and well-being of all students enrolled in our programs. We recognize that alcohol abuse and drug abuse pose a significant threat to the collective goals of the students and the division. We have established a drug-free learning program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment in the classroom and clinical setting.

· Program faculty and administration encourages students to voluntarily seek help with drug and alcohol problems.

Covered Individuals

Any student applying for admission to nursing or any allied health program or who is representing a nursing or allied health program on campus property or at college event is covered by our drug-free learning policy.

Applicability

Our drug-free learning policy applies whenever a student enrolled in a nursing or allied health program is attending didactic classes, attending a clinical course or representing the program at a college function on or off campus.

Prohibited Behavior

It is a violation of our drug-free learning policy to use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs or intoxicants.

Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Any student taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with safe performance of his/her job. If the use of a medication could compromise the safety of the student, fellow students or the public, it is the student's responsibility to use appropriate procedures (e.g., request absence, request change of duty, notify supervisor, etc.) to avoid unsafe learning practices.

The illegal or unauthorized use of prescription drugs is prohibited. It is a violation of our drug-free learning policy to intentionally misuse and/or abuse prescription medications. Appropriate disciplinary action will be taken if job performance deterioration and/or other accidents occur. A positive drug or alcohol test is also grounds for dismissal from the program in which the student is enrolled as indicated above.

Notification of Convictions

Any student who is convicted of a criminal drug violation should notify the program director in writing within five calendar days of the conviction. The program director will take appropriate action within 30 days of notification. Conviction of criminal drug violations may prevent a student from attending and completing a clinical rotation, as well as creating grounds for dismissal from the program.

Drug Screening

To ensure the accuracy and fairness of our testing program, all testing will be conducted according to Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines where applicable and will include a screening test; review by a Medical Review Officer, including the opportunity for students who test positive to provide a legitimate medical explanation, such as a physician's prescription, for the positive result; and a documented chain of custody.

All drug-testing information will be maintained in separate confidential records.

Each student, as a condition of acceptance, will be required to participate in pre-clinical, random, reasonable suspicion and return-to-program testing upon selection or request of program officials or administration.

Random drug screens will be performed among all nursing and allied health students each semester.

Drug screens must be completed and results received by the ADN Administrative Office by the deadline established for each newly admitted cohort. Students cannot attend their clinical assignment portion of their respective nursing or allied health program without a negative drug screen. Each program within the Health Professions division will provide students with specific information for completion of drug screens. For some programs, clinical assignments begin immediately when classes begin for the semester. For other programs, clinical assignments are scheduled for later in the program. Verification of a negative drug screen must be received prior to the first clinical day in the student's program. The results will be acceptable for all clinical rotations during the student's enrollment in the program unless there is a break during that student's enrollment. A break in enrollment (leaving the program) is defined as nonattendance for a portion of a semester or more. Attendance must be verifiable through the College.

A 12 panel drug screen tests for amphetamines (amphetamine, MDMA, methamphetamine), marijuana, cocaine, opiates (codeine, morphine), phencyclidine (PCP), benzodiazepines, barbiturates, methadone, methaqualone, propoxyphene, oxycodone.

Any student who is found to have a positive drug screen on the 12-panel testing will be immediately removed from duty; will not be allowed to participate in any clinical rotation; and may be referred to a substance abuse professional for assessment and recommendations. If the student feels that the positive result is in error, he or she will be able to request Medical Review through the testing agency. Additional fees may apply at the student's expense. The Medical Review Officer will assess the screen further and follow through with appropriate investigation. A student will not be allowed to participate in clinical activity and will be removed from the allied health program for twelve (12) months; nursing students will be removed for twenty-four (24) months following a verified positive drug screen.

Special Information for Nursing Students: All students admitted, re-admitted, or transferred, must have a 12-panel drug screen. Drug screens must be completed and results received by the ADN Administrative Office by the deadline established for each newly admitted cohort. Students must provide a urine, blood, hair and/or breath sample when requested for the purpose of drug screening by an agency (testing laboratory) designated by the Associate Degree Nursing Program. If a urine drug screen returns as negative diluted urine, the student will be required to do a hair test. The results must be negative. All drug screens are at the student's expense. Students will also permit the agency to

release the results of the drug screening to the Program Director of the appropriate nursing program at McLennan Community College.

The Nursing program will maintain the drug screening results. All nursing students must have negative drug screen by the deadline established for each newly admitted cohort before full admission status is granted.

Students will be given information on licensure information, eligibility requirements and “good professional character” requirements from the Board of Nursing (www.bon.state.tx.us.) Students will not be allowed to participate in clinical affiliations for 24 months following a verified positive drug screen. Students must follow readmission procedures of program. Students are not guaranteed re-entry into program.

A student will be subject to the same consequences of a positive test if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person or sends an imposter, will not sign the required forms or refuses to cooperate in the testing process in such a way that prevents completion of the test.

"For Cause" Screening

At any time during classroom, lab, or clinical portions of a nursing or allied health program, the student is suspected of being under the influence of drugs or alcohol, the program faculty or clinical facility personnel may require the student to be tested for drugs and/or alcohol. If the clinical facility has the capability of doing the screen on site, the facility may use that service. If a student must be dismissed from the clinical facility during a clinical assignment to undergo testing and/or for inappropriate behavior due to possible drug or alcohol influence, the student will be responsible for providing contact information for someone to provide transportation for the student to be taken away from the site and, as necessary, to the college- designated testing agency. Failure by the student to comply with these policies is grounds for dismissal from the nursing or allied health program in which the student is enrolled. A positive drug or alcohol test is also grounds for dismissal from the program in which the student is enrolled as indicated above.

Consequences

One of the goals of the drug-free learning program is to encourage students to voluntarily seek help with alcohol and/or drug problems. If, however, an individual violates the policy, the consequences are serious.

In the case of program applicants, if he or she violates the drug-free learning policy, the offer of admission can be withdrawn. The applicant may reapply after one year and must successfully pass a pre-admission drug test.

If a currently enrolled student violates the policy, he or she will be subject to disciplinary action as indicated above. Nothing in this policy prohibits the student from being disciplined or discharged for other violations and/or performance problems. A positive drug or alcohol test is also grounds for dismissal from the program in which the student is enrolled as indicated above.

Assistance

The Health Professions Division of McLennan Community College recognizes that alcohol and drug abuse and addiction are treatable illnesses. We also realize that early intervention and support improve the success of rehabilitation. To support our students, our drug-free learning policy:

- Encourages students to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem.
- Encourages students to utilize the services of qualified professionals in the community to assess the seriousness of suspected drug or alcohol problems and identify appropriate sources of help.
- Ensures the availability of a current list of qualified community professionals.

Confidentiality

All information received by the division and the college the drug-free learning program is confidential communication. Access to this information is limited to those who have a legitimate need to know in compliance with relevant laws and management policies.

Shared Responsibility

A safe and productive drug-free learning is achieved through cooperation and shared responsibility. Both students, faculty, and administration have important roles to play.

All students are required to not report to class, clinical or be subject to duty while their ability to perform job duties is impaired due to on- or off-duty use of alcohol or other drugs.

In addition, students are encouraged to:

- Be concerned about working in a safe environment.
- Support fellow students and colleagues in seeking help.
- Report dangerous behavior to their supervisor/faculty.

It is the supervisor/faculty responsibility to:

- Investigate reports of dangerous practices. Document negative changes and problems in performance.
- Counsel students as to expected performance improvement.
- Clearly state consequences of policy violations.

Communication

Communicating our drug-free learning policy to both faculty and students is critical to our success. To ensure all students are aware of their role in supporting our drug-free learning program:

- All students and faculty will have access to the policy via program webpages, student handbooks, and through the course management system for each class (e.g. Brightspace). The policy will be reviewed in orientation sessions with new students.
- The policy will be reviewed in division meetings with faculty and division leadership.

Reviewed 07/23

Examination Policy

Revised 01/06/16 Updated 01/11/16 Revised 08/18/16 Revised 1/17/18 Reviewed 7/21 Revised 1/23, Revised 7/2023; Revised 1/2024

- 1) Nursing exams will be administered on-campus using Exam Soft, Brightspace, or Evolve e360/HESI in a proctored setting.
- 2) Students with disabilities may request special examination accommodations as outlined in the general McLennan Community College catalog.
- 3) Students are expected to take all exams on the scheduled dates and times as indicated on course calendars or in course instructor plans. There are no make-up exams. The ADN department reserves the right to make changes in the scheduling of exams in order to meet unexpected circumstances that might occur.
- 4) If a student is unable to take a scheduled exam, the student must contact a course faculty or theory advisor per MCC email, prior to the exam start time.

Exam absences - All college, division, and program policies as well as federal and state regulations apply.

- 1) Only one (1) unit exam may be missed.
- 2) A second missed unit exam will result in and be recorded as a zero (0) for that exam.
- 3) A comprehensive final exam must be completed and a passing grade earned in the course to progress in the program.

Absence from an Exam:

- 1) When the candidate has an excused absence from a first missed unit exam and has notified a course faculty or theory advisor of the absence:
 - a. The final exam grade will be recorded as the missed unit exam grade.
- 2) If the candidate has an excused absence from the final exam, and has notified a course faculty or theory advisor of the absence they are eligible for a make-up final exam.
 - a. Administration of the make-up final exam is subject to scheduling availability.
 - b. An unexcused absence from the final exam, with or without notification, is not eligible for a make-up final exam.
- 3) When the candidate has an unexcused absence from a first missed unit exam:
 - a. There will be a ten (10) point reduction applied for an unexcused absence.
 - b. The final exam grade with the 10-point reduction will be recorded as the missed unit exam grade.
- 4) When the candidate fails to notify the faculty of an excused or unexcused absence for a first missed unit exam:
 - a. There will be a 10-point reduction applied for failure to notify a course faculty or theory advisor of the absence.
 - b. The final exam grade with the 10-point reduction will be recorded as the missed unit exam grade.
- 5) A total reduction of 10-points will be applied to the final exam grade for an unexcused absence with failure to notify.

Exam Administration

- 1) Students will be given 2.0 minutes per exam item.
- 2) A standardized testing environment will be maintained in all courses. Failure to follow exam regulations or the instruction of the exam proctor will be cause for immediate dismissal from the examination room and the exam process. The following regulations are designed to help ensure such an environment:
 - a) All examinees should begin testing at the same time in each testing site.
 - i) Exception for students with ADA exam accommodations. Course faculty will advise students about exam start time according to testing center accommodation availability.
 - b) Examinees arriving to the exam room after the scheduled exam time will follow the missed exam clause above.
 - c) No communication is permitted between examinees while taking the exam; examinees are expected to complete the examination independently.
 - d) Food and drink, gum, candy, lip balm, medications, and removable medical devices are prohibited at the examinee's computer station during the exam.
 - i) An area will be provided for medical devices to be stored inside the exam room, with prior approval.
 - ii) Examinees must declare medical devices, special needs, or accommodations to course faculty prior to the first exam.
 - e) Examinees may bring two writing utensils into the examination room.
 - f) Examinees are not allowed to bring any additional materials with them to the examination site, including personal calculators.
 - g) Scratch paper, earplugs, and tissue will be provided by the exam proctor:
 - i) Examinees' name and exam dates will be written on all scratch paper provided.
 - ii) Examinees may not write any information (except name and date) on the scratch paper until after the exam password has been given.
 - iii) Scratch paper will be returned to the proctor before exiting the examination room.
 - iv) Scratch paper will be collected and destroyed upon completion of the exam.
 - h) Personal items are not allowed in the immediate testing area. Faculty will determine the appropriate placement of personal items (e.g., in the front of the room, out in the hall, in the administrative area, conference room, or in a personal vehicle) based on the physical environment. Students found with any non-medical/not approved by Title IX and Accommodations personal items (other than medial assist devices that are approved through the Title IX and Accommodations Department) with or near them while taking a test, reviewing rationales, or completing testing uploads will be subject to the consequences under the academic integrity policy, including receiving a grade of zero "0" for the exam. Personal items not allowed to be near the student during testing include, but are not limited to:
 - i) Cellular/mobile/smart phones/PDA- electronic devices must be powered OFF.
 - i) Cameras of any kind
 - ii) Any electronic devices
 - iii) Jump Drives
 - iv) Pagers/Hand-held computers
 - v) Bags/Purses/Wallets
 - vi) Back packs
 - vii) Watches including Smart watch
 - viii) Activity/Fitness Trackers (i.e. Fitbits)
 - ix) Books/Study Materials

- x) Medical aids/devices (see above- must be approved by Title IX and Accommodations officials and noted in the student record
 - xi) Sunglasses, hats, visors, or hooded clothing will not be worn during an exam.
- 3) Exams may cover material from **previously mastered levels**. For example, dosage calculations, growth and development, pharmacology, and communication, **and any concepts/exemplars may appear in subsequent exams** as “pulled forward” information.
 - 4) The ExamSoft program allows individual review of missed rationales, one time only, immediately following the exam.
 - a) Students scoring < than 75% in any nursing course **must** schedule an appointment with a Theory Advisor or Student Success Coach within 5 business days to review the strengths and weaknesses report. The appointment must take place within two (2) weeks (see Exam Administration #6). See course IP/Syllabus for specific steps.
 - i) Theory advisors may refer students to a Success Coach
 - b) Students scoring > than 75% may schedule an appointment with the theory advisor to review the strengths and weaknesses report.
 - i) **All students will be required to complete cohort and/or individualized concept-strengthening enrichment assignments (remediation) after exams** based on exam strengths and opportunities reports. Failure to complete the individualized enrichment assignments/remediation will result in consequences detailed above (in Exam Policy 8.a.) and in the course IP/Syllabus.
 - 5) Faculty will monitor each report review following the guidelines for standardized testing environment (explained above).
 - 6) Individual report reviews (with theory advisor or Student Success Coach) must be completed within the timeframe detailed in the instructor plan/syllabus for each course and no more than two (2) weeks of the original exam date. After two weeks, no further review will be allowed.
 - 7) All exams are the property of the nursing program.
 - 8) Students are prohibited from disclosing or discussing with anyone, information about the question items or answers seen on examinations (this includes posting or discussing questions on the Internet and social media websites).
 - a) Students are prohibited from navigating outside of the testing/rationale program while in the testing room. When the test has ended, the student must show the faculty that the exam is complete, exit the platform, and log out of the computer. No internet browsing, emailing, or messaging allowed in the testing environment in the classroom, computer lab, or MCC Testing Center. There are no exceptions to this policy.
 - 9) The McLennan Community College and Associate Degree nursing academic integrity policy will be enforced if any student is suspected of or commits academic dishonesty regarding exam items or answers.
 - a) This includes posting or discussing questions or answers in writing, by verbal discussion, by text, the Internet, social media websites, or other forms to share with other students, self, faculty, or success coaches.
 - 10) The proctor is not allowed to answer any questions regarding content.
 - 11) Notify the exam proctor if computer hardware or software problems occur.
 - 12) Exam grades from ExamSoft will be entered into the Brightspace gradebook. The final course grade is calculated by the Brightspace gradebook system and grades are delivered to students by Brightspace gradebook, exclusively.
 - 13) Exam grades will be made available to students in the Brightspace gradebook after exam analysis is complete. The desired time frame for completion of exam analysis is within 72 hours, unless there are extenuating circumstances.

- 14) This is a proactive program that believes in supporting the success of every student. Therefore, each student, regardless of exam score, will be required to complete all assigned individualized remediation for exams, including any HESI exams, unit/concept/module exams.
- a) If remediation is not completed in a timely manner (by the date assigned by course faculty), consequences will be imposed including any ONE of the following approaches to be determined by the teaching team for each course:
 - i) **Zero on remediation quiz grade.** If a quiz grade is given for remediation assignments, a zero (0) will be awarded for the quiz grade immediately following the due date – no late assignments will be accepted.
 - ii) **Reduction in overall quiz/assignment grade.** If faculty elect to provide a “completion” grade for students completing remediation, those grades will add up to an assignment grade. Missing or late remediation will result in a reduction in the final grade associated with that assignment.
 - iii) **Point Deductions** of up to 10% per day following the due date on the applicable exam/final exam.
 - iv) Consequences will accrue until the remediation assignments are completed.

Refer to the course instructor plan or syllabus for the course-specific plan for each exam and subsequent remediation

Exam Scoring

The National Council of State Boards of Nursing (NCSBN) has been working to adapt the NCLEX-RN® to reflect the real-world decisions made by new graduate nurses entering professional practice. This work resulted in the “NCLEX Next Gen” or “NGN” (NCSBN, 2021). The types of questions on the NGN will better measure clinical judgment by focusing on nursing-patient interactions, patient needs, and anticipated outcomes. The types of questions test-takers will encounter include “extended multiple-choice, extended drag and drop, drop- down questions with multiple items to complete, enhanced hot spot (highlighting), matrix/grid,” and others (NCSBN, 2019). The NCSBN began piloting these questions for research and improvement in 2017. In the spring of 2023, candidates for licensure will begin taking the NGN. Students graduating in December of 2022 who do not test before March 31, 2023, and those who graduate in the Spring of 2023 and beyond will take the NGN for licensure.

Starting with Levels 1 & 2 in the fall of 2021, the MCC ADN Program will begin to incorporate NGN-style questions into faculty-created, ExamSoft tests. These questions will make up no more than approximately 20% of the overall MCC ADN exam. Following the example set by NCSBN, partial credit will be given for NGN-style questions, including "select all that apply" items. Approximately 80% of each exam will contain traditional question formats (such as fill in the blank, select all that apply, multiple-choice, dosage calculations, and hot spots). Traditional questions will be counted as either “correct” or “incorrect” and no partial credit will be awarded these types of questions.

Dosage Calculation Exam

DOSAGE CALCULATION EXAMS INSTRUCTIONS & CLINICAL (Revised 01/06/2015)

- Dosage Calculation Exams will have 20 questions. Students will be given **1 hour** to complete this exam. Students with accommodations may test in testing center.
- Conversion or equivalency charts **will not** be used during examinations. May use approved
- non-memory calculator for Dosage Calculation Exams. To receive credit answer must be on answer line. On Theory Exams will use calculator available through the online testing

program. Dosage calculation answers must be typed on the answer line with correct label when using the online testing program. Calculations used to determine answers must be shown on blank sheet of paper handed out by instructor in order to receive credit for the question. Paper will be turned back in to instructor when exam is finished.

- The Joint Commission listed "Trailing Zeros" in medication orders and medication-related notations on the official "DO NOT USE" list in 2020. The rules to follow when noting a dosage in a medical chart (applies to ADN Program documentation) as follows:
 - Use of trailing zero: If the dosage is 1 mg only, write 1 mg. Writing this as 1.0 mg could be misread and more than 1 mg administered. If the dosage is 1 tablet, only write 1 tablet and not 1.0 tablet. The use of an inappropriate trailing zero on an exam will result in the problem being counted wrong even if the math calculation is correct.
 - Use of leading zero: If the dosage is .5 mg or tablet, the dosage must be written as 0.5 mg or 0.5 tab. Omission of a required leading zero will result in the problem being counted wrong even if the math calculation is correct.
 - Rules to be followed in rounding decimals:
 - if the last digit to the right is less than 5, drop the last digit without changing the number to its immediate left
 - if the last digit to the right is 5 or greater, drop the last digit, and add 1 digit to the number at its immediate left
 - Examples: 3.45 becomes 3.5, 3.43 becomes 3.4
 - Values less than 1 mL should be rounded to the nearest hundredth. Example: 0.458 becomes 0.46, 0.452 becomes 0.45.
 - Tablets should be rounded to the nearest 0.5 (1.52 tablets become 1.5 tablets).
- Final answers in the metric system must be in decimal form (Example: 0.5). Final answers with the decimal point in the wrong place are incorrect.
- Final answers should always be in a **whole number** for units, seconds, and drops.
- All medications less than 1 mL must be measured in a 1 mL syringe.
- All syringes containing medications must be labeled in the medication room with patient name, ID number, medication name and dosage.
- For conversions use equivalents on the Equivalent Table.
- When determining the therapeutic range of a medication, you must complete your problem for both the high end and the low end of the range. Then, figure the dose ordered and compare to that range. If dose is too high, then it may be a toxic level; if dose is too low then it may be a sub-therapeutic level.
- Students must make a 90% or better on the dosage calculation exam. If a student does not make a 90% or better, they must complete a remediation activity. Once this is completed, the student will then have a second opportunity to take an equivalent dosage calculation exam. If the score is less than a 90% on the 2nd dosage calculation

exam, the student must complete additional remediation. Once remediation is completed, the student will then have a 3rd opportunity to take an equivalent dosage calculation exam. If a 90% or better is not achieved on the 3rd dosage calculation exam, the student will fail the course and will be withdrawn from the program.

All dosage calculation exams will give directions in the stem of the question to which value the answer will be carried out with the exception of units, seconds, drops, and tablets.

- Example: "As the nurse, you will administer ____gtt/min."

Fundraising Policy

If students desire to raise funds, the MCC Fundraising and Soliciting Policy (E-XXII) must be followed. The Program Director, Dean of Health Professions, and Director of the MCC Foundation must be contacted for direction.

The policy states:

All fund raising for the benefit of and under the auspices of McLennan Community College must be related to the purpose of the institution.

All efforts other than soliciting by campus groups/organizations within the college to raise funds from non-governmental private sources will be coordinated by the McLennan Community College Foundation Office.

Fund raising initiatives should be aligned with the college's annual planning and evaluation process. The Executive Director of the Foundation will review fund raising activities with the President to ensure that Foundation initiatives match college priorities.

Soliciting by employees or individuals or groups from off-campus for any reason--personal, business, or charity--shall not be permitted unless approval is obtained from the college president or Director of Community Relations. Any activity that involves soliciting by campus groups/organizations must be approved Vice President of Student Services or designee

11/16. Reviewed 07/23

Grievance Process for Students

These procedures are established to provide the individual student with an opportunity to be heard in grievances involving unlawful discrimination, selective program admission, or other alleged violations of law or college policies. Complaints alleging sexual harassment will be handled in accordance with policy

E-XXVIII-a.

1. All student grievances will be handled through regular administrative organizational channels or in accordance with other formal policies of the College. Refer to the Highlander Guide “Student Grievance Procedures”. Reference G-XIII. The chain of command for any course or grade related grievances must start with the course faculty.

Class-Related Problems

A student having problems directly related to a class should first talk with the instructor. If the problem is not resolved, the student may talk to the Program Director, then to the appropriate Dean, then to the Vice President, Instruction.

Impaired Student Policy and Procedure

According to the ADN Student Handbook, students “Attending clinical while under the influence of any substance affecting a student’s ability to respond in a reasonable and acceptable manner” is considered inappropriate behavior and unsafe practice and is grounds for having the student leave the clinical environment.

Faculty who suspect any student of attending clinical while under the influence of any substance affecting the student’s ability should abide by the following:

In the clinical environment whether on McLennan Community College campus or at affiliated clinical facility:

1. Notify campus police 299-8911 or facility security for assistance in maintaining a safe environment, if needed.
2. Faculty or designated professional is required to stay with student until Clinical Coordinator or Program Director arrives.
3. If student needs medical evaluation, student will be referred to the Emergency Department or call 911. Student will be responsible for charges incurred.
4. Have another professional witness student behavior. The witness will provide written documentation.
5. Student will not be allowed to void prior to specimen collection.
6. Student will not return to the clinical experience for the remainder of the scheduled clinical day.
7. Clinical Coordinator or Program Director will notify A&D Testing at (254)399-8378 to provide an on- site screening.
 - a. Castlebranch will perform a Rapid Screen and/or Alcohol Breath Analyzer at clinical site. Negative rapid screen results shall not be disclosed to student.
 - b. Castlebranch will send a specimen to lab to confirm the results via 12 panel drug screen.
 - c. If Lab result is positive, Medical officer review will be obtained
 - d. Castlebranch will send MCC ADN an invoice for the services performed.
8. Following specimen collection:
 - a. Student will call family/friend to pick them up immediately from the clinical environment. Note: Student will not be advised that they can drive themselves.
 - b. Student shall be advised to contact Program Director, by next business day, to schedule an appointment for review of occurrence.
9. For positive drug screen results:
 - a. Students must meet with Program Director.
 - b. Students will be withdrawn from nursing program.
 - c. Student will earn a ‘non-credit’ for the clinical course
 - d. Students will not be allowed to participate in clinical affiliations for 24 months following a verified positive drug screen. Student must follow readmission procedures of program. Students are not guaranteed re-entry into program.

- e. Program Director will file complaint to Board of Nurses in compliance with Rules and Regulations defined.
 - i. BON Rule 217.12 Unprofessional Conduct #10 (d) A positive drug screen for which there is no lawful prescription
- ii. BON Section 301.402 Mandatory Report by Nurse (b) A nurse shall report to the Board in the manner prescribed under Subsection (d) if the nurse has reasonable cause to suspect that: (2) the ability of a nursing student to perform the services of the nursing profession would be or would reasonably be expected to be impaired by chemical dependency.
- iii. Complaint form located on Board of Nursing website at www.bon.texas.gov
 - 1. Select Disciplinary Action
 - 2. Select How to file a complaint
 - 3. Select Individual complaint form or <http://www.bon.texas.gov/about/pdfs/cmplt.pdf>
- f. Documentation regarding incident and lab results to be placed in students' administrative file in Nursing program.
- g. ADN Student Exit Summary Form will include earliest readmission semester.
- h. Report to be submitted to the following MCC personnel. Report must be hand delivered to the following. No electronic submission of report will be accepted.
 - i. Vice-President of Student Services
 - 1. For negative drug screen results:
 - a. Incidence to be reviewed with Program Director prior to next clinical day.
 - 2. A student who refuses to provide a specimen upon request will be considered to have a positive drug screen and will be removed from the program and all items described in #10 will be followed.

Pinning Ceremony Policy

The Pinning Ceremony planning and execution shall fall under the auspice of the Associate Degree Nursing program. The Program Director and Faculty Sponsor will receive student input from the student body of the graduating class regarding the planning of the Pinning Ceremony. The Program Director and the Faculty on the MCC Student Affairs Committee shall oversee all final decisions, aspects and execution of each pinning ceremony and the reception afterwards in accordance with MCC policy/procedures and MCC Nursing Student Handbook. The Program Director will be Master of Ceremonies. All faculty and ancillary staff present at pinning will be invited to be involved in the ceremony. The location of the Pinning Ceremony is dependent upon availability and fee. The ADN department will choose and provide funds for the venue.

The nursing students participating in the Pinning Ceremony must have successfully completed the nursing program and be eligible to take the NCLEX-RN administered by the National Council of State Boards of Nursing (NCBSN). Students who do not meet these criteria will be unable to participate in the Pinning Ceremony. The Pinning Ceremony will be conducted at 7:00 pm on the Thursday evening preceding the last Friday of the semester.

PIN:

The official MCC Associate Degree Nursing Pin will be the only pin used for pinning and worn thereafter. No other pins purchased at jewelers, online, etc. will be used in an effort to prevent the title of 'Registered Nurse' being used prior to the successful completion of the Board Exam.

- There are two pins that the students will choose from with varying costs. The pins will be ordered by the student through the MCC bookstore and will not be given to the students prior to the ceremony. The students will receive their pin when they are pinned by approved nursing faculty. Each student is responsible for the cost of the pin if the student chooses to order/purchase one.

Dress Code:

To celebrate the great tradition of clinical excellence and professionalism associated with MCC Nursing, the **Official Associate Degree Nursing Program Uniform** is required to participate in the pinning ceremony. Anyone arriving in any other attire will be asked to sit in the audience or leave.

1. The uniform must be:
 - a. Complete and include the royal blue shirt with official patch and the royal blue pants
 - b. Only the official royal blue scrub jacket may be worn if desired. No other coat or jacket will be permitted.
 - c. Students may choose to wear a white short or long sleeve t-shirt under the clinical uniform top.
2. Uniforms must appear professional, clean, free from holes, not wrinkled, not excessively faded or stained.

3. The ADN Program does not require specific shoes for the uniform. Choice of shoes should be clean and appropriate for wearing with professional clinical attire.
4. Hair may be worn up or down.
5. Jewelry may be worn as desired.
6. It will not be necessary to cover tattoos.

Audiovisual Supplement Materials:

- All slide shows, movies, music, etc. must be submitted to the Program Director and/or Faculty Sponsor at least 2 weeks prior to the Pinning Ceremony. The material submitted is subject to approval by the Program Director and will be in accordance with MCC's Policy/Procedure and ADN Student Handbook.

Presentation of the Pin:

- Prior to the presentation of the pin, the History of the pin will be presented by the Program Director and/or designated faculty.

Ceremony Requirements:

- Final approval of Ceremony outline should be approved by Program Director and/or Faculty Sponsor.
- The Nightingale Pledge will be read by designated faculty.
- The candle-lighting ceremony will be led by designated faculty.
- Rehearsal will be completed at a minimum of one to two days prior to the ceremony.
- Hard-copy programs will be preordered and purchased by the ADN department.
- Invitations will be approved prior to printing. (These are also available through MCC's Central Duplicating, and will be paid for at the student's expense).
- The limit of persons invited will be based on overall size of class participating and facility.
- Only students who successfully meet the requirements of the program completion and approval to sit for NCLEX-RN will be allowed to participate in the Pinning Ceremony.
- Any speakers who will participate in the Pinning Ceremony must be approved by the Program Director and Student Affairs Committee faculty overseeing planning prior to participation. These requests should be made PRIOR to the invitation to speak being presented to the potential speaker.

Reception:

- The reception will be held at the same site as the pinning ceremony.
- Refreshments for the reception will be provided at the students' expense.
- No alcoholic beverages or tobacco products will be permitted.
- All music, movies, other audiovisual presentations must be approved by the Program Director/Chair of Nursing and/or Faculty Sponsor.

Use of Social Media And Other Electronic Communication from the National Council of State Boards of Nursing (NCSBN)

Introduction

The use of social media and other electronic communication is expanding exponentially as the number of social media outlets, platforms and applications available continue to increase. Individuals use blogs, social networking sites, video sites, online chat rooms and forums to communicate both personally and professionally with others. Social media is an exciting and valuable tool when used wisely. The very nature of this medium, however, can pose a risk as it offers instantaneous posting opportunities that allow little time for reflective thought and carries the added burden that what is posted on the Internet is discoverable by a court of law even when it is long deleted. Nurses are welcome to use social media in their personal lives. This may include having a Facebook page, a Twitter feed or blogging on various websites. Nurses can positively use electronic media to share workplace experiences, particularly those events that are challenging or emotionally charged, but it is imperative not to mention patients by name or provide any information or details that could possibly identify them in order to protect patients' right to privacy.

Social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals. Social media provides nurses with a way to express their feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice are recognized as effective tools in nursing practice, and the Internet provides an alternative media for nurses to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information, and violating patient privacy and confidentiality. Health care organizations that utilize electronic and social media typically have policies governing employee use of such media in the workplace. Components of these policies often address personal use of employer computers and equipment, personal computing during work hours, and the types of websites that can be accessed from employer computers. Health care organizations also maintain careful control of websites maintained by or associated with the organization, limiting what may be posted to the site and by whom. The employer's policies, however, typically do not address the nurse's use of social media to discuss workplace issues outside of work on home computers, personally owned phones and other handheld electronic devices. It is in this context that the nurse may face potentially serious consequences for the inappropriate use of social media.

Confidentiality and Privacy

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context. Confidentiality and privacy are related, but distinct concepts:

- Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse.
- Such information may only be disclosed to other members of the health care team for the purpose of providing care for the patient.
- Confidential information should be shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions, a nurse is obligated to safeguard confidential information.

Privacy relates to the patient's expectation and right to be treated with dignity and respect. Effective nurse/patient relationships are built on trust. Patients need to be confident that their most personal information and their basic dignity will be protected by the nurse. Patients will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate "need to know." Any breach of this trust, even inadvertent, damages the nurse/patient relationship and the general trustworthiness of the profession of nursing.

Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulations are intended to protect patient privacy and confidentiality by defining individually identifiable information and establishing how this information may be used, by whom and under what circumstances. The definition of individually identifiable information includes any information that relates to the past, present or future physical or mental health of an individual or provides enough information that leads someone to believe the information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information they post via social media sites. Examples may include comments in which patients are described with enough sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting videos or photos of patients.

Potential Consequences

Instances of inappropriate use of social and electronic media may be reported to the BON. Laws outlining the basis for disciplinary action by a BON vary between jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media sites by a nurse on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude (defined as conduct that is considered contrary to community standards of justice, honesty or good morals);
- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

If the allegations are found to be true, the nurse may face disciplinary action by the BON, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure.

Improper use of social media by nurses may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in both civil and criminal penalties, including fines and possible jail time. A nurse may face personal liability and be individually sued for defamation, invasion of

privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the nurse's conduct violates the policies of the employer, the nurse may face employment consequences, including termination. Additionally, the actions of the nurse may damage the reputation of the health care organization or subject the organization to a lawsuit or regulatory consequences.

Social Media's Impact on Patient Safety and Care

Another concern arising from social media misuse is its effect on team-based patient care. Online comments by a nurse regarding co-workers, even if posted from home during nonwork hours, may constitute lateral violence. Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated in person or via the Internet. This is sometimes referred to as "cyberbullying." Such activity is a cause for concern for current and future employers, and regulators because they negatively affect team-based care, thus creating patient-safety ramifications. The line between speech protected by labor laws, the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined.

Nonetheless, negative comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse.

Common Myths and Misunderstanding of Social Media

While instances of intentional or malicious misuse of social media have occurred, in most cases, inappropriate disclosure is unintentional. A number of factors may contribute to a nurse inadvertently violating patient privacy and confidentiality while using social media, including:

- A mistaken belief that the communication or post is private and accessible only to the intended recipient. The nurse may fail to recognize that content once posted or sent can be disseminated to others.
- A mistaken belief that content deleted from a site is no longer accessible. The moment something is posted, it lives on a server that can always be discoverable in a court of law.
- A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.
- A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. The patient can still be identified so this too is a breach of confidentiality and demonstrates disrespect for patient privacy.
- Confusion between a patient's right to disclose personal information about himself or herself and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.
-

The ease of posting and the commonplace nature of sharing information via social media may appear to blur the line between one's personal and professional lives. The quick, easy and efficient technology enabling use of social media reduces not only the time it takes to post, but also the time to consider whether the post is appropriate and what ramifications may come from posting inappropriate content.

How to Avoid Disclosing Confidential Patient Information

With awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients. The following guidelines are intended to minimize the risks of using social media:

- Nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Nurses must not share, post or otherwise disseminate any information or images about a patient or information gained in the nurse/patient relationship with anyone unless there is a patient care-related need to disclose the information or other legal obligations to do so.
- Nurses must not identify patients by name, or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Nurses must not refer to patients in a disparaging manner, even if the patient is not identified.
- Nurses must not take photos or videos of patients on personal devices, including cell phones.
- Nurses should follow employer policies for taking photographs or videos of patients for treatment or other legitimate purposes using employer-provided devices.
- Nurses must maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has an obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
- Nurses must consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Nurses must promptly report any identified breach of confidentiality or privacy.
- Nurses must be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices, and use of personal devices in the workplace.
- Nurses must not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Nurses must not post content or otherwise speak on behalf of the employer unless authorized to do so and must follow all applicable policies of the employer.

Conclusion

Social media has tremendous potential for strengthening personal relationships and providing valuable information to health care consumers, as well as affording nurses a valuable opportunity to interface with colleagues from around the world. Nurses need to be aware of the potential consequences of disclosing patient-related information via social media, and mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, nurses may enjoy the personal and professional benefits of social media without violating patient privacy and confidentiality.

NCSBN Social Media Resources

NCSBN offers additional resources pertaining to social media including the “Social Media Guidelines for Nurses” video, at ncsbn.org that highlights guidelines for nurses and nursing students for using social media responsibly. This video summarizes key points of these guidelines along with dramatization of potential scenarios of inappropriate social media use.

The Nurse’s Challenge

- Be aware.
- Be cognizant of feelings and behavior.
- Be observant of the behavior of other professionals.
- Always act in the best interest of the patient.

National Council of State Boards of Nursing
111 E. Wacker Drive, Suite 2900 Chicago, IL 60601-4277
312.525.3600 / Fax: 312.279.1032

ncsbn.org

ACCOMMODATIONS & TITLE IX

Americans with Disabilities Act

MCC strives to provide a supportive learning environment for every student. Students who would like to request disability-based accommodations follow this process:

Contact the Disability Specialist in Student Development.

Our Disability Specialist works directly with students to provide classroom accommodations and recommends that students contact her shortly after registering for classes so that accommodations may be provided in a timely manner.

Present the Disability Specialist with current documentation detailing the diagnosis and effect(s) of the disability.

The documentation must clearly identify that the student has one or more physical or mental impairments that substantially limit one or more of their major life activities.

Allow the Disability Specialist time to review the documentation.

After review, the Disability Specialist determines suitable accommodations. Pick up the accommodation letter from the Disability Specialist.

Once appropriate accommodations have been determined, the Disability Specialist provides the student with a letter which communicates these to instructor(s) and to other support services staff (Testing Center and Student Support Services).

Give consent to release accommodation information to MCC essential faculty and staff.

Confidentiality is maintained at all times; information is not released without signed student consent. Instructors and Testing Center staff are informed only of the necessary accommodations.

The Disability Specialist also provides information about accommodation approaches to students, faculty, and staff, including assistive and adaptive technologies available to support students. She serves as the campus liaison with external agencies that provide funding and support services for students with disabilities. In addition, the Disability Specialist provides training to faculty and staff regarding ADA issues and the provision of reasonable accommodations to students with disabilities.

ADA Statement:

Any student who is a qualified individual with a disability may request reasonable accommodations to assist with providing equal access to education opportunities. Students should contact the Accommodations Coordinator as soon as possible to provide documentation and make necessary arrangements. Once that process is completed, appropriate verification will be provided to the student and instructor. Please note that instructors are not required to provide classroom accommodations to students until appropriate verification [has been provided](#) by the Accommodations Coordinator. Instructors should not provide accommodations unless approved by the Accommodations Coordinator. For additional information, please visit mclennan.edu/disability.

Students with questions or who require assistance with disabilities involving physical, classroom, or testing [accommodations should](#) contact:

disabilities@mclennan.edu 254-299-8122

Room 319 in the Student Services Center

Title IX

(www.mclennan.edu/titleix)

We care about your safety, and value an environment where students and instructors can successfully teach and learn together. If you or someone you know experiences unwelcomed behavior, we are here to help. Individuals who would like to report an incident of sexual misconduct are encouraged to immediately contact the Title IX Coordinator at titleix@mclennan.edu or by calling Claudette Jackson, Title IX Coordinator at 299-8465. Individuals also may contact the MCC Police Department at 299-8911 or the MCC Student Counseling Center at MCC by calling 299-8210. The MCC Student Counseling Center is a confidential resource for students. Any student or employee may report sexual harassment anonymously by visiting the following website: <http://www.lighthouse-services.com/mclennan/>.

McLennan's Title IX webpage (<http://www.mclennan.edu/titleix/>) contains more information about definitions, reporting, confidentiality, resources, and what to do if you or someone you know is a victim of sexual misconduct, gender-based violence or the crimes of rape, acquaintance rape, sexual assault, sexual harassment, stalking, dating violence, or domestic violence.

* You will need to access each link separately through your web browser (for example Mozilla Firefox, Chrome, Microsoft Edge, or Safari) to print each link's information.

COVID-19

For all information related to COVID-19, please see the MCC website: [MCC & COVID-19 \(mclennan.edu\)](http://www.mclennan.edu/mcc-covid-19). The ADN Program follows all MCC safety protocols and practices in addition to the COVID-19 policies of our clinical partners.

STUDENT LOANS

Information Regarding Student Loans

A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring and cooperation with lenders is available on the MCC website at www.mclennan.edu.

Students are informed of their ethics responsibilities regarding financial assistance and are addressed in orientation and on the MCC website.

FORMS

Academic/Professional Performance Alert (APPA)

Student Name:		ID#:
Level #:	Course:	
Faculty or Theory Advisor:		Date of Conference:

ACADEMIC REASON FOR THIS ALERT:

<input type="checkbox"/> Concerning Exam/Assignment Score (≤ 75)	<input type="checkbox"/> Pattern of late assignment submission
<input type="checkbox"/> Poorly written assignments	<input type="checkbox"/> Unprepared for class
<input type="checkbox"/> Excessive absences	<input type="checkbox"/> Poor class participation
<input type="checkbox"/> Tardy on multiple occasions	<input type="checkbox"/> Low overall average
<input type="checkbox"/> Concerning HESI practice/remediation	<input type="checkbox"/> HESI Score below benchmark
<input type="checkbox"/> Other Academic Reason (Please explain):	

**THE PROFESSIONALISM CONCERNS LEADING TO THIS ALERT:

<input type="checkbox"/> Incivility in the classroom or on campus (select from the list and provide additional information as needed)		
<input type="checkbox"/> Rude remarks	<input type="checkbox"/> Disrespect of students	<input type="checkbox"/> Disrespect of faculty
<input type="checkbox"/> Walking out of class	<input type="checkbox"/> Grandstanding	<input type="checkbox"/> Off-Topic comments
<input type="checkbox"/> Non-verbal cues (eye-rolling)	<input type="checkbox"/> Inappropriate device use	<input type="checkbox"/> Bullying (cyber or in person)
<input type="checkbox"/> Vulgarity	<input type="checkbox"/> Profanity	
<input type="checkbox"/> Other act of incivility:		
<input type="checkbox"/> Academic Integrity: Cheating on Test		<input type="checkbox"/> Academic Integrity: Plagiarism on Assignment
<input type="checkbox"/> Academic Integrity: Cheating on Assignment		<input type="checkbox"/> No-call/No-show to Advising/Success appointment
<input type="checkbox"/> Concerns of impairment (Based on BON guidelines)		<input type="checkbox"/> Virtual class concerns (explain)
<input type="checkbox"/> Other Professionalism Concerns:		

ACTION PLAN:

Follow up meeting with:		
<input type="checkbox"/> Advisor	<input type="checkbox"/> Dr. Goss (254) 299-8744	<input type="checkbox"/> Dr. Blackwood (254) 299-8354
<input type="checkbox"/> Student Counseling Services	<input type="checkbox"/> Remediation Assignment	<input type="checkbox"/> Other (on back/attached)
<input type="checkbox"/> Complete Academic/Professional Performance Improvement Plan		
<input type="checkbox"/> Other Action Steps:		

Action Plan to be completed by _____ Date: _____
 Follow up with documentation on _____ Date: _____ With: _____

Faculty Signature _____ **Date:** _____

Student Signature _____ **Date:** _____

Insight ALERT filed Yes No

Student Academic/Professional Performance
Improvement Plan (APPPIP)

Student Name:		ID#:
Level #:	Course:	
Faculty or Theory Advisor:		Date of Occurrence:

I understand that the reason for Academic/Professional Performance Alert was:	
Areas of Greatest Concern (concepts, topics, or behaviors):	
Academic/Personal Barriers to Success:	Program-related barriers to Success:
Goals related to this performance:	
Action steps to achieve my goals (list at least 3):	

Student Signature

Date

Congratulations!

Student Name:

Is receiving this

PAT ON THE BACK

For Outstanding Performance
in the Clinical Setting

Presented By:

Clinical Course:

ADN Level:

Hospital/Agency:

Unit:

Date:

Details of the Outstanding event/behavior:

Please cc: rslonaker@mclennan.edu; sblackwood@mclennan.edu

Plan for Success form for Clinical Notices of Performance, Attendance, Professionalism

Plan for Success

Student _____ RNSG _____ Date _____

Identify the competency and criteria number(s):

Goal

- Provider of Care
- Coordinator of Care
- Member of a Profession

Explain the situation that indicates a needed Plan for Success.

Describe the acceptable clinical behavior.

Describe the needed experience(s) to bring performance to the expected level of competency and to provide demonstration of this competency.

Expected date of completion: _____

Student Signature _____

Date _____

Faculty Signature _____

Date _____

Date _____

Goal Met

Goal Not Met

Why?

Student Signature _____

Date _____

Faculty Signature _____

Date _____

Faculty Required Enhancement (FRE)

**Faculty Required
Enhancement**

RNSG: _____ **Semester:** _____ **Date:** _____

Member of the Profession _____

Due to failure to meet the noted competencies this necessitates a Faculty Required Enhancement (FRE):

Describe behavior & actions taken to date.

Describe the acceptable standard of practice:

Describe the necessary competencies to bring the clinical performance to the expected level of c

Violating this FRE in any way described in the acceptable standard of practice or the necessary competencies to bring clinical performance to expected level may result in immediate clinical failure in RNSG 1161 . In event of clinical failure, the student will not be allowed to re-enter the MCC ADN program.

Student: _____ Date: _____

Clinical Instructor: _____ Date: _____

End of Semester Evaluation of PRE: Goal met ----- Not Met.

Student: _____ Date: _____

Clinical Instructor: _____ Date: _____

Policy per: _____

Clinical Release Forms

Ascension Providence Health Center Release Form

I, _____ (first and last name), understand that I will be entering into a clinical rotation in the _____ semester of the year _____ at Providence Health Center. I am aware and understand that during such rotation I may be exposed to various communicable diseases for which I agree to be solely responsible for any necessary treatment, and in consideration of my rotation I hereby expressly release Providence Health Center from any liability or potential liability to me arising out of such exposure and required treatment and/or damages sustained by me. By the execution of this document I waive any claim or potential claim against Providence Health Center, including but not limited to claims based on negligence of the Hospital, its agents, servants or employees, or any other person or entity and herewith agree to indemnify and hold Providence Health Center harmless from and of any claims brought by any party or parties providing medical care, services or treatment or any other parties claiming by or through me arising out of such clinical rotation and exposure to communicable diseases.

Signed:

Date:

Witness:

Date:

Baylor Scott & White Hillcrest Medical Center Student Release

For and in consideration of the right given to me to participate in the Associate Degree Nursing Program at Baylor Scott & White Hillcrest Medical Center, the undersigned hereby releases Baylor Scott & White Hillcrest Medical Center, its Board of Trustees, officers, agents, employees, and representatives (all referred to together as "Hillcrest") from any and all claims which I otherwise may assert against Hillcrest by reason of, or arising out of, my participation in the Associate Degree Nursing Program, unless the event(s) giving rise to the claim is (are) caused solely by the negligence of Hillcrest.

I hereby release McLennan Community College, its board of Trustees, officers, agents, employees, and representatives (all referred to together as "MCC") from any and all claims which I otherwise may assert against MCC by reason of, or arising out of, my participation in the program unless the event(s) giving rise to the claim is (are) caused solely by the negligence of MCC.

I understand and agree that I will be provided with access to hospital facilities in which persons having injuries or diseases will be present, and I understand that the possibility exists that I will contact infectious diseases. I hereby expressly release both Hillcrest and MCC from any claims for sickness or disease which I may get by reason of my being in the Program regardless if Hillcrest and/or MCC is negligent or not.

Print Name: _____

Signed:

Date:

Witness:

Date:

Application Forms

See the mclennan.edu Associate Degree Nursing Homepage for current application forms (MCC, Generic ADN, LVN-ADN Transition), the points systems for LVN-ADN Transition Track, application checklists, and all application procedures.

Skills Checklist Example: Critical Requirements Checklist ADN and TADN Tracks

Student's Name: _____ Developed 1/2018; Reviewed 6/2023

Critical Requirements McLennan Community College

Associate Degree Nursing

Skills	Skills Lab (RNSG 1216/1118)	Clinical: Level 1	Clinical: Level 2 (TADN)	Clinical: Level 3
BP, Temp, Pulse, Resp			(or)	
Physical Assessment			(or)	
Medication: Oral				
Subcutaneous <i>non-insulin</i>				
Insulin				
IVPB				
IV Push via Saline Lock	} 1 IVP Modality	(or)	(or)	(or)
IV Push Existing Line				
Priming Primary IV <i>Pump</i> Tubing		(or)	(or)	(or)
Priming Primary IV <i>Gravity</i> Tubing				
IM injection		(or)	(or)	
Venipuncture Insertion		(or)	(or)	
Venipuncture Removal		(or)	(or)	
Urinary Catheter Insertion		(or)	(or)	
Urinary Catheter Removal		(or)	(or)	
Other:				

Instructor Signature	Initial	Instructor Signature	Initial	Instructor Signature	Initial

Skills Checklist: Critical Requirements Checklist MEEP

Student's Name: _____ Developed 1/2018; Reviewed 6/2023

Critical Requirements McLennan Community College

Associate Degree Nursing

Skills	Skills Lab (RNSG 1216/1118)	Clinical: Level 1	Clinical: Level 2 (TADN)	Clinical: Level 3	MEEP- 2161
BP, Temp, Pulse, Resp				(or)	
Physical Assessment				(or)	
Medication: Oral					
Subcutaneous <i>non-insulin</i>					
Insulin					
IVPB					
IV Push via Saline Lock	} 1 IVP Modality	(or)	(or)	(or)	
IV Push Existing Line					
Priming Primary IV <i>Pump</i> Tubing		(or)	(or)	(or)	
Priming Primary IV <i>Gravity</i> Tubing					
IM injection			(or)	(or)	
Venipuncture Insertion			(or)	(or)	
Venipuncture Removal			(or)	(or)	
Urinary Catheter Insertion			(or)	(or)	
Urinary Catheter Removal			(or)	(or)	
Other:					

Instructor Signature	Initial	Instructor Signature	Initial	Instructor Signature	Initial

Areas highlighted in yellow are skills that may be done in the MEEP with faculty supervision but are not required for the LVN competency list. They may be documented if completed. The expectation is that all skills are done in the lab and in clinical at least once prior to the MEEP. MEEP Documentation is completed on paper

Handbook Acknowledgement Form

Student Name: _____

Semester (circle 1):

Spring

Summer

Fall

Year

ADN Level (circle 1)

Level 1

Level 2

Level 3

Level 4

Transition (TADN)

ACKNOWLEDGEMENT RECORD

	Student's Initials	Date
1. I have access to and am responsible for the information contained in the syllabi (Instructor Plans) for the level courses.		
2. I have read and understand the evaluation policies for the level courses.		
3. I have access to and am responsible for information contained in the ADN Student Handbook dated Fall 2024.		
4. I agree to abide by the information in the syllabi and the ADN Student Handbook.		
5. I am current with <i>all</i> mandatory ADN immunizations, including Influenza, and AHA healthcare provider CPR. I will remain current until completion of the ADN program at MCC.		
6. I am aware that my CPR certification and my immunization status MUST be current to participate in clinical activities. CPR Expiration Date: ____ TB Expiration Date: ____		

Submission of this form requires a written, original signature in ink.

Student Signature

Date Signed

This document will be filed in the administrative office of the Associate Degree Nursing Program in compliance with ACEN Standard 3, criteria 3.1, 3.2, 3.4, and 3.5. Your signature on this document does not signify agreement with the policies contained within the handbook. Your signature represents your acknowledgement that you have access to the handbook via the McLennan.edu website, Associate Degree Nursing page and that you understand the expectation that students will abide by the policies contained herein. Your signature also represents that you have been informed of changes to the policies and procedures contained within the handbook for the current academic term.

Prepared by Faculty-Student Committee – 1981

Revisions: 2002; 2003; 2004; 2005; 2006; 2007; 2008; 2009;
2010; December 2010; January 2011; April 2011; August 2011;
December 2011; August 2012; December 2012; August 2013;
August 2014; January 2015; August 2015; January 2016;
August 2016; January 2017; January 2018; August 2018;
January 2019; August 2019; August 2020, January 2021; July
2021; August 2022; January 2023; March 2023; August 2023; January 2024

Main Campus Buildings

- ADM Administration
- BF Baseball Field
- BPAC Ball Performing Arts Center
- BR Boat Ramp
- BRB Bosque River Ballpark
- BRS Bosque River Stage
- BT Business Technology

- CD PG Cameron Drive Parking Garage
- CSC Community Services Center
- CU Central Utilities
- ESC Enrollment Services Center
- FH Field House
- FD Faculty Office
- H The Highlands Gym
- HA Highland Arbor
- HD P G Highlander Drive Parking Garage
- HP Health Professions
- HPN Health Professions Nursing

- HPS Health Professions Simulation
- IF Intramural Fields
- LA Liberal Arts
- LH Lecture Hall
- LTC Learning Technology Center
- M Mathematics
- MAC Michaelis Academic Center
- MCCF MCC Foundation
- MTA Music & Theatre Arts
- NH Northwood House
- PHP Physical Plant
- PS Plaza & Stage
- RE Research & Effectiveness Science
- S Softball Field
- SBF Student Services Center & Campus Police
- SSC Wellness & Fitness
- WF

- CD PG
- CSC
- CU
- ESC
- FH
- FD
- H
- HA
- HD P G
- HP
- HPN

- CD PG
- CSC
- CU
- ESC
- FH
- FD
- H
- HA
- HD P G
- HP
- HPN

- ADM
- BF
- BPAC
- BR
- BRB
- BRS
- BT

Off-Site Facilities

- ESEC Emergency Services Education Center
7601 Stembeck Bend Road (Waco)
- HR Highlander Ranch
223A Cobbs Lane (Bosqueville)



McLennan
C O M M U N I T Y
C O L L E G E

1400 College Drive • Waco, Texas (254)299-8622
www.mclennan.edu

Welcome to McLennan Community College, a smoke-free, tobacco-free and vape-free campus.