COPPER MOUNTAIN COLLEGE REGISTERED

NURSING PROGRAM

STUDENT NURSE HANDBOOK

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Dear Registered Nursing Student:

Welcome to the Copper Mountain College Registered Nursing Program. Nursing is a challenging, exciting, and rewarding profession and you are embarking on a career with unlimited possibilities. A s a student you bring unique qualities and experiences to your nursing education and will work with resolute, caring, and inspiring faculty and staff to achieve your dream of becoming a Registered Nurse.

This Handbook has been prepared to provide you with information about the RN Program. Included is an overview of the curriculum, policies and procedures governing your educational experience, both theoretical and clinical. This Handbook explains what is expected of you and what you may expect of the faculty.

Please read this Handbook carefully and if there are any areas that are unclear, please seek clarification from your instructor or the Program Director. Keep this Handbook available for reference as you progress through the Program. Notice of revisions will be provided to you as changes are made and you will always be able to access the most current version on the RN page of the CMC website at Registered Nursing AS - Copper Mountain College

It is your responsibility to understand and comply with all the information in this Handbook in addition to the academic policies stated in the College catalog. You are required to sign the form (see next page) indicating that you have received this Handbook, that you understand the information, and that you will comply with all the requirements contained therein.

Best wishes as you embark on your journey.

Who inspires me to be a nurse? Every nurse who doesn't turn their back on nursing students, or graduate nurses, every nurse who acknowledges it's okay and simply human to make foolish mistakes, every nurse who takes a moment of their time to help when you're scared, and every nurse who remembers what it's like to be a beginner.

– Anonymous Nurse

Copper Mountain College
Registered Nursing
Program Compliance
Agreement

I, _____ , have received a copy of the Copper Mountain College
Registered Nursing Program Student Handbook.

I acknowledge responsibility for knowing, understanding, and complying with:

1. All the information in the Registered Nursing Program Student Handbook. The most recent version of the
    Handbook can be found on the CMC website.

2. If an update is made to the handbook, I will be notified of the changes via email with a read-receipt. The read-
    receipt will be considered my agreement to comply with the updated handbook.

3. The academic policies stated in the Copper Mountain College Catalog and the Schedule of Classes. These
    policies   include, but are not limited to admission, retention, readmission, and grievance policies

4. The College and Registered Nursing Program graduation and completion requirements, obtaining timely
    counseling related to meeting those requirements, and submitting necessary petitions and applications for
    graduation and licensure in a timely manner.

5. Course registration, purchase of required textbooks, online testing and resource materials, maintaining
    current   American Heart Association CPR skills and certification as evidenced by documented completion of
    an approved course for Healthcare Providers according to the requirements of the agency,
    Universal/Standard Precautions, health and safety requirements, drug dosage mathematics competency,
    adherence to Program uniform policy, attendance, and behavior standards in accordance with all policies and
    deadlines

6. Submitting complete and appropriate class and clinical written assignments, including self-evaluations as
    stated in the course syllabi.

7. Completion of patient care skills prior to beginning clinical rotation to ensure patient safety.

_____   _____   1, 2, 3,4
           Student Signature   Date   Semester (circle one)

Mission Statement
Philosophy

The Copper Mountain College Registered Nursing Program (CMC-RN) embraces the mission, vision, and values of Copper Mountain College. The program provides excellence in nursing education through the delivery of a comprehensive, cost effective and innovative curriculum to diverse community members. The CMC-RN program prepares individuals for professional nursing roles as associate degree (AD) graduates and provides pathways for transfer to universities.

The program is designed to culminate in seven identified student learning outcomes which emerge from the QSEN core competencies-Coordination and Collaboration of Care; Safety and Quality Improvement; Evidenced-Based Practice, Nursing Judgement; Culture; Professional Development and Leadership; and Informatics and Technology-and are reflective of changes in current healthcare initiatives. The sequencing of courses promotes the development of higher cognitive levels, address differing patient populations, and focus on increasing complexities in patient care needs which are delivered in a variety of healthcare settings.

The nursing faculty acknowledge the diverse and dynamic roles of the nurse generalist. Nurses serve as patient advocates, providing direct and indirect care throughout the lifespan in a variety of healthcare settings. Nursing practice is based on nursing knowledge, theory, and research, as well as knowledge and evidence from other disciplines that are adapted and applied. The nurse practices from a holistic caring framework which focuses on the patient's mind, body, spirit, and emotions. Nurses are leaders within the healthcare environment and are accountable for their own professional practice, functioning autonomously and interdependently as a member of the healthcare team. Nurses possess the knowledge and authority to safely delegate nursing tasks to designated team members. Nurses use research findings and other evidence to design, coordinate, and supervise care. Nurses ethically manage data, information, knowledge, and technology to effectively communicate and support safe nursing practice. Nurses promote the image of nursing by modeling the values, standards, and attitudes of the profession. Professional nursing requires strong critical thinking, communication, teaching, and assessment skills. Nurses incorporate quality improvement processes and outcome measures to ensure quality care and patient safety. The nurse is prepared for ethical dilemmas that arise in practice and facilitates collaborative decision-making within a professional ethical framework.

The nursing faculty recognize that teaching and learning are dynamic processes involving a fluid curriculum that is evaluated and revised based on research evidence, the needs of a multicultural society, advances in technology, and the changing healthcare system. The nursing faculty believe learning is a continuous lifelong process and a personal responsibility that promotes autonomy and encourages self-directed learning. The faculty recognize the individuality of each nursing student including differences in culture, ethnicity, learning styles, goals, and support systems by choosing learning experiences that build on these differences to enhance their growth. Faculty implement sequenced learning activities that help to synthesize knowledge, develop clinical proficiency and cultural sensitivity, and socialize them into the nursing role. This process facilitates the attainment of each student's potential, allowing CMC-RN program graduates to effectively meet their student learning outcomes, obtain nursing licensure, and practice in the community as a safe provider and manager of professional nursing care.

Conceptual Framework and Unifying Theme

The CMC Program has integrated a concept driven theoretical and clinical framework which includes Organizing Concepts and Content Concepts while integrating the Nursing Process, and Quality and Safety for Education in Nursing (QSEN) concepts. Although the program's courses are generally organized into the traditional content areas of Foundations of Nursing, Medical-Surgical Nursing, Maternal-Child and Family Health, Pediatric Nursing, Psychiatric Nursing and Mental Health, Gerontology, and Nursing Management, Leadership and Preceptorship, the Program's Organizing Concepts unify all course content.

The primary conceptual framework is Organizing Concepts which integrate the QSEN model of excellence within a concept driven format. The Organizing Concepts of the Program are *Coordination and Collaboration of Care, Safety and Quality Improvement, Evidence-Based Practice, Nursing Judgment, Culture, Professionalism and Leadership, and Informatics and Technology.* These Organizing Concepts are used to define the competencies required for graduates. These concepts are consistent with CMC's Program philosophy, program learning outcomes, and guide the process of selection, planning and implementation of content concepts, organization of learning experiences and the evaluation process.

The "Nursing Process," the Program's unifying theme, consists of *Assessment, Diagnosis* (nursing analysis and nursing diagnosis), *Planning* (outcomes), *Interventions, Evaluation*, and *Reevaluation (ADPIER).* The Nursing Process is integrated into each Program course and focuses on patient outcomes, prioritized nursing interventions, and collaborative care within the interdisciplinary team.

A. Organizing Concepts
   The Program incorporates seven Organizing Concepts which guide and organize theory and clinical content concurrently within each course while utilizing the Nursing Process and integration of QSEN concepts:
   .
   1. Coordination and Collaboration of Care
      a. Ensures the patient's needs and preferences are met with respect to health services and information
         . sharing across people, functions, and sites
      b. Deliberate organization of patient care between the interdisciplinary team, patient, and family to facilitate appropriate delivery of health care services to achieve positive patient outcomes.
      c. Integrates the concepts of supervision, leadership, communication, teamwork, planning, and patient education into direct patient care.

   2. Safety and Quality Improvement
      a. The prevention of harm to patients from unintended health outcomes and defects in the delivery of care to patients (www.npsf.org).
      b. Minimize the risk of harm to patients, families, and providers through system effectiveness and individual performance (www.qsen.org)
      c. Ensure students are provided a *Just Culture* learning environment which:
         1) Balances the need for a non-threatening learning environment with the equally important need to hold persons accountable for their actions.
         2) Seeks to judge the behavior, not the outcome, through a process driven, evidence-based outcome and evaluation.
         3) Fosters a learning environment that encourages the identification and review of all errors, near-misses, adverse events, and procedural difficulties and or limitations.
      d. Decrease the risk of harm to patients and families through interdisciplinary team communication and integration of National Patient Safety Goals, QSEN concepts, and health care systems and policies.

   3. Evidence-Based Practice
      a. Proof of the usefulness of an intervention, the projected course of a disease, or the link between environmental causes and illness.
      b. Integration of the best evidence possible regarding current standards of nursing practice and expertise, patient preferences and values, to create a plan of care that promotes positive patient outcomes and maximize effects of clinical judgment.

   4. Nursing Judgment
      a. Analyze and interpret patient data using the nursing process, to form both a critical and rational evaluation.
      b. Identify, associate, and interpret the signs or symptoms of a given alteration in health to include a rational and relevant intervention and/or plan of care.
      c. Incorporates clinical judgment when collecting and analyzing data to formulate a patient centered plan of care that promotes cultural competence.

5. Culture
   a. Pattern of shared beliefs, social norms, expected roles, and values that occur among specific groups of people that speak a particular language or live in a defined geographical setting.
   b. Ethnicity is a common ancestry that shares beliefs and values.
   c. Cultural competence is demonstrated by exhibiting awareness, acceptance, and respect for patient preferences and cultural norms.

6. Professionalism and Leadership
   a. Having a unique or special knowledge and the self-imposed obligation to serve the community.
   b. Continuing pursuit of knowledge, a sense of responsibility for human concerns, preparation through higher education, peer accountability, autonomy, and altruism.
   c. Advocacy is part of the professional nurse's responsibility to all communities and the patients they serve.
   d. Leaders provide guidance by directing and sharing their vision and knowledge and offering support to achieve goal attainment.

7. Informatics and Technology
   a. Usage of the Electronic Health Record (EHR) and integration of other sources of medical technology to promote patient and provider safety, improve patient outcomes, while maintaining privacy.

B. The Nursing Process

1. The nurse integrates the nursing process with Organizing Concepts and Content Concepts to plan and implement patient plans of care.

2. The steps of the nursing process are integrated in all courses.

3. Nursing process components are:
   a. Assessment: A systematic method of collecting and analyzing patient data including physiological, psychological data, and sociocultural, spiritual, economic, and life-style factors.
      1) Assessment of patient needs utilizing curriculum Organizing Concepts and Content Concepts as a guide for collecting pertinent patient data.
      2) Gordon's Functional Health Patterns are used as a tool to organize assessment data.
      3) Identification of potential risks that may create future alterations in health.
   b. Diagnosis: Statement of nursing diagnosis, identified relevant medical diagnosis, and collaborative problems. The North American Nursing Diagnosis Associations Taxonomy (NANDA) is used to identify accepted nursing diagnoses.
   c. Analysis: Create plans of care and interventions utilizing core measures and National Patient Safety Goals.
   d. Planning: Statement of expected patient outcomes to include measurable criteria and time parameters.
   e. Implementation/Prevention: Implementation of prioritized collaborative nursing interventions and plans of care.
   f. Evaluation: Evaluate effectiveness of interventions and anticipated patient outcomes. Create modified plans of care to address any noted deficits in plan of care or expected patient outcomes.
   g. Reevaluation: Reevaluate modified plans of care. Adjust plans of care based on anticipated outcomes and identified results.

Program Learning Outcomes

COMMUNICATION SKILLS

Coordination and Collaboration of Care
Perform within an interdisciplinary team utilizing effective communication skills, collaborative decision making, and mutual respect to promote quality patient care.

CRITICAL THINKING SKILLS

Safety and Quality
Devise plans of care that minimize risk of harm to improve safety and quality for diverse patients across the life span utilizing system processes.

Evidence Based Practice
Integrate current best evidence utilizing clinical reasoning, nursing judgment and patient preferences to achieve optimal health.

Nursing Judgment
Demonstrate judgment in practice, supported by evidence that integrates knowledge, skills, and attitudes of a beginning nurse generalist to provide safe quality of care.
Utilize the nursing process in providing nursing care.

ETHICS

Culture
Provide patient centered nursing care to meet the healthcare needs of patients with unique cultural attributes within diverse communities.
Manage an environment that promotes patients' self-esteem, dignity, safety and comfort.

PERSONAL DEVELOPMENT

Professionalism and Leadership
Demonstrate integrity, ethical standards and principles of leadership and professional practice, personal growth, accountability for adherence to policies and procedures, and advocacy for patients and the profession of nursing.

INFORMATION COMPETENCY

Informatics and Technology
Manage information and technology to communicate with the interdisciplinary team, make informed clinical decisions, and minimize patient and personal harm.

The Nursing Program Curriculum

A. Program Pathways
The RN Program offers options for generic and advanced placement (LVN to RN and Military Challenge) students. Generic students may complete the courses required for an associate degree and/or challenge nursing courses for grades. LVNs may enter the generic path, qualify for advanced placement or select the 30-Uunit Option. Military Challenge applicants may enter the generic path or qualify for advanced placement. All required transfer courses are accepted as below. Please note that all qualified/official students may challenge all nursing courses.

BI-022 Human Anatomy with lab ....4 units
BI-023 Human Physiology with lab ....4 units
BI-015 Microbiology with lab...4/5 units
ENG-003A College Composition ....3 units
PSY-003 Developmental (Lifespan) Psychology ....3 units
MATH-040 Intermediate Algebra ....4 units
PSY-001 General Psychology ....3 units
SOC-001 Intro to Sociology or ANTH-002 Cultural Anthropology....................................3 units
SP-001 Interpersonal Communication or SP-004 Public Speaking or
SP-007 Decision-Making and Advocacy or SP-015 Intercultural Communication.............3 units
One course which meets the Social & Behavioral Science requirement...........................3 units
One course which meets the Humanities requirement ....3 units
RDG-051College Preparatory Reading ....3 units

(See CMC Catalog or Schedule of Classes for more detailed information.)

B. The Registered Nursing Courses: (Effective Fall 2018)
First Semester

N-010 Nursing Foundations	2.5 U Theory	2.5 U Clinical
N-015 Concepts Nursing Practice I	2.5 U Theory	2.5 U Clinical

These courses are sequential. N-010 must be passed before proceeding to N-015.

Second Semester

N-020 Concepts of Nursing Practice II	2.50 U Theory	2.50 U Clinical
N-025 Concepts of Mental Health Nursing	2.00 U Theory	1.50 U Clinical

These courses are offered twice a semester.

Third Semester

N-030 Concepts of Nursing Practice III	2.50 U Theory	2.5 U Clinical
N-035 Concepts of Obstetrical Nursing with Family Health	1.25 U Theory	1.0 U Clinical
N-036 Concepts of Pediatric Nursing	1.25 U Theory	1.0 U Clinical

These courses are offered twice a semester.

Fourth Semester

N-040 Concepts Nursing Practice IV	2.5 U Theory	2.5 U Clinical
N-045 Nursing Management, Leadership and Preceptorship	1.5 U Theory	2.5 U Clinical

These courses are sequential. N-040 must be passed before proceeding to N-045.

Instructor Office Hours:

Each instructor has specific office hours for student advisement. These hours are posted outside the instructor's office. Students are encouraged to meet with their instructors whenever there are concerns regarding the course, learning problems, policies and/or procedures. The student must make every effort to seek appointments during office hours. When this is truly not possible, instructors will make special arrangements upon request.

Grading

THE RN PROGRAM DOES NOT ROUND ITS POINTS OR GRADES. For example, if you received a 74.99 on a test, or grade for the class your points or grade would be a 74. Or if you received an 89.75 on a test, your grade would be an 89 NOT a 90. We are not using any numbers to the right of the decimal point; we only use whole numbers. We do not round up or down.

The following grading scale is followed throughout the RN Program:

90 - 100   = A

82 - 89   = B

75 - 81   = C

Below 75 = Below 75 is considered failing should this be 74 or below? Faculty handbook has 74..

Testing-Test review Policy (including quizzes)

A. Instructor will supply scratch paper, pencil and calculator for student use.
B. Nothing will be allowed on tables or desks. Items such as: books, backpacks, papers, pencils, cell phones (turned OFF), drinks, cups, glasses, water bottles, food, hats, caps, coats, jackets, hoodies, AND watches will NOT be allowed in the testing area. ALL ITEMS will be required to be moved to a designated area. NO EXCEPTIONS.
C. Students should use the restroom prior to an exam or quiz.
D. If there is a situation with family issues, please inform your family that you will be taking a test and that you cannot be disturbed during testing.
E. At the end of the exam or quiz, the student is to return the pencil, all scratch paper, and calculator to the instructor.
F. If the instructor reviews student responses to an assessment and determines that the assessment was not effective in measuring student comprehension, it is at the instructor's discretion to determine how to adjust the scores. This may include options such as giving all students credit or exempting the item from grading altogether. The goal is to ensure fairness and accurately reflect students' understanding of the material.

Progression and Retention
To remain in the Program and progress toward completion, the following must be adhered to:
A. A grade of 'C' or better in theory and a rating of "Satisfactory" in the clinical area in each nursing course. A grade of 'C' or higher is mandatory in ALL courses required for RN licensure.
B. Clinical performance will be graded "Satisfactory" or "Unsatisfactory" as evaluated by the instructor based on established criteria. An Unsatisfactory rating in clinical results in failure of the course regardless of the theory grade.
C. The HSNP Department has the authority to refuse progression in the Program if a grade of "C" or better is not maintained, or if the student is unable to perform satisfactorily and safely in the clinical area.
D. The lowest grade to equal a 'C' is 75% in the RN Program courses.
E. A student who does not attain a 'C' in a nursing course is considered to have failed the course. Note that CMC policy permits only one repetition to improve substandard grades and Program policy permits only one reenrollment in the Program.
F. Both student and instructor must sign the Student/Faculty Meeting Record whenever a student is in danger of failing a course.

G. Pregnant students are required to present an unrestricted physician's release indicating they can meet the physical demands of clinical performance without restriction when pregnancy is identified, every two months during the pregnancy and after delivery. Pregnant students who are deemed unable to meet those demands will be required to withdraw from the Program.

H. All Program and CMC requirements including health/fitness documentation and CPR competency, must be continuously met.

Health Standards

All students must submit the original health examination form and associated documents to the HSNP Office and keep a copy for their personal records.

Students must maintain a level of physical and/or psychological health that enables them to provide safe nursing care to clients. When an instructor notes signs or symptoms that could indicate a health problem, the student may be required to bring evidence of satisfactory physical and/or mental health from a physician.

Health Requirements:

The student must be free from communicable diseases, infection, psychological disorder, and other conditions that would present a threat to the wellbeing of faculty, students or patients or would prevent the successful performance of the responsibilities and tasks required in the education and training program. Any condition described above which is developed by the student after admission to the Program may be considered sufficient cause for dismissal from the Program.

The Director may require a student to be examined by a licensed physician and to have laboratory tests, as needed, to determine physical and/or mental fitness. The Director is authorized to require that records of any such examination be released to the Director. Such records may be used only to determine fitness for the Program, and except for such use, the confidentiality of such records shall be maintained

Dismissal from the Program for health reasons will be on a case-by-case basis and shall be reviewed by the Director in consultation with CMC officials, other officials, and/or the BRN.

A. Licensed Independent Practitioner (MD, DO, NP, PA) must complete the Pre-Entrance Medical Record form.

B. Copies of required lab reports and other documentation must be attached to the Pre-Entrance Medical Record.

C. Tuberculosis (TB) testing is an ANNUAL requirement. Students entering the Program are required to undergo a two-step PPD screening and annual screening must be maintained during enrollment in the Program. If a student has tested positive in the past, documentation of the positive test and a current chest x-ray (within six months of beginning the Program) is required.

D. Documentation of the following titers is required for all students entering the Program: Rubeola (Measles), Mumps, Rubella, Varicella, Hepatitis B and Hepatitis Acute Panel. If any of the above titers are negative or equivocal, immunization is required. Additional health requirements may be imposed by facilities used for student clinical experiences.

E. Current Diphtheria/Tetanus/Pertussis immunization is required.

F. Pregnancy/Childbirth: As soon as a student suspects she is pregnant, she should be examined by her healthcare provider. If pregnancy is confirmed, the following is required:

   1. A signed statement, on official letterhead, from the physician and/or nurse practitioner stating that it is safe for the student to perform the work required in a clinical facility without restriction. This must be presented to the HSNP Office and will be placed in the student file.

   2. A signed statement from the physician and/or nurse practitioner must be presented to the HSNP Office every two months or more frequently if determined necessary by the Director. The statement will verify the student's health status and continued ability to perform the clinical assignments without restriction.

   3. The student must submit a release to return to unrestricted activity to the HSNP Office from the physician after pregnancy/childbirth.

G. All students are to have a background check and drug screen prior to entering the Program. Criminal background checks and drug screens are required by all clinical agencies/facilities.

H. Every student must maintain American Heart Association certification at the Healthcare Provider level Basic Life Support skills (CPR). If, at any time, the student is found to be without current certification, he/she will be excluded from the clinical setting until certification is obtained. If this results in excessive absence, according to the attendance policies stated in this handbook, the student will be dismissed from the Program.

I.   Injuries in the Clinical Area
1. Notify your instructor as soon as possible. The instructor will help you with the required documentation.
2. Neither the clinical facilities nor CMC are responsible for providing treatment related to student injuries occurring because of this training program. It is highly recommended that students without health insurance purchase insurance coverage.

J.   Students who have sustained an injury, whether during Program activities or during personal activities, are required to submit proof of fitness to participate in clinical activities without restriction. A Nursing Incident Form is required for any injury that occurs while on campus or in the clinical setting. Failure to provide such documentation when requested by faculty or the Director may result in dismissal from the program.

NOTE: It is the student's responsibility to retain copies of all documentation submitted. The HSNP Office will NOT make copies of any documents submitted and will NOT provide in any other way copies of records or any other information submitted and/or required for Program entrance or progression.

Healthcare Worker Mandates

The Occupational Safety and Health Administration (OSHA) of the Department of Labor has issued rules regarding occupational exposure to blood borne pathogens. These have been implemented since June 6, 1992, under the title of "Universal Precaution" and Standard Precautions [airborne]. Students are not specifically addressed in these mandatory standards. However, since nurses are at-risk employees, student nurses would have the same designation. The hospitals require that students receive the same training and protection as the nurses employed. Therefore, the CMC RN Program will observe the following plan for control of exposure to blood borne pathogens:

A.   All students, upon entrance to their first clinical nursing course, will receive information on this subject before any assignment at a clinical facility. Students receive additional training on-site at the clinical facilities per the clinical facilities' practices for orientation.

B.   Standard precautions will be implemented in the care of all patients. All students will wear Personal Protective Equipment in situations where contact with body fluids is a possibility.

C.   The student will be required to receive Hepatitis B vaccination or sign a statement declining it.

D.   Students will receive mandatory instruction on the prevention of Tuberculosis transmission.

E.   Students will receive instruction and will be required to sign the Hospital Drug and Hazard Awareness form.

F.   It is strongly recommended that potentially contaminated work clothes are changed before leaving the hospital. OSHA standards mandate changing grossly contaminated work clothes immediately. Students should carry a spare clean uniform with them or in their vehicle for such situation.

G.   Students do not undergo respiratory fit testing, and therefore are not allowed to perform patient care tasks that require airborne precautions. Students are allowed to perform patient care tasks that require other precautions.

Filing for the RN National Council Licensing Exam (NCLEX-RN)

A.   The Director and/or designee(s) submits a list of students expected to complete the required course work of the Program to the California BRN. If a student fails to complete the Program, the Director or Assistant Director will notify the BRN immediately and follow the policies of notifying them by telephone, fax or email. A follow-up letter will be sent to the BRN.

B.   NCLEX–RN filing status will be either Graduate or non-Graduate.
1. Graduate Status:
Students must complete associate in science degree requirements to be considered a graduate of CMC. To receive an ASD in Nursing, a student must complete all the required courses that comprise the CMC Registered Nursing Program (see next section) plus any additional degree requirements. (See Catalog for ASD-Voc Ed). The only exception to this is if the student already holds a degree from a recognized, accredited college.
2. Non-Graduate Status:
A student who completes the Program requirements but not the degree requirements will be considered a non-graduate and **may** receive an Occupational Certificate upon request.

C.   Required Courses for NCLEX-RN Eligibility
BI-022 Human Anatomy with lab ....4 units
BI-023 Human Physiology with lab ....4 units
BI-015 Microbiology with lab...4/5 units
ENG-003A College Composition ....3 units
PSY-003 Developmental (Lifespan) Psychology ....3 units
MATH-040 Intermediate Algebra ....4 units

PSY-001 General Psychology ....3 units
SOC-001 Intro to Sociology or ANTH-002 Cultural Anthropology........................3 units
SP-001 Interpersonal Communication or SP-004 Public Speaking or SP-007

Decision-Making and Advocacy or SP-015 Intercultural Communication ....3 units
One course which meets the Social & Behavioral Science requirement ....3 units
One course which meets the Humanities requirement ....3 units
RDG-051College Preparatory Reading ....3 units
N-010 Nursing Foundations ....5 units
N-015 Concepts of Nursing Practice I...5 units
N-020 Concepts of Nursing Practice II ....5 units
N-025 Concepts of Mental Health Nursing ....3.5 units
N-030 Concepts of Nursing Practice III...5 units
N-035 Concepts of Obstetrical Nursing with Family Health ....2.25 units
N-036 Concepts of Pediatric Nursing ....2.25 units
N-040 Concepts of Nursing Practice IV ....5 units
N-045 Nursing Management, Leadership and Preceptorship ....4 units

D.   A student who completes the Program or content required but not the degree requirements may be considered a non-graduate when the NCLEX-RN is taken unless the student entered the Program as a college graduate. This may affect reciprocity in some states.
E.   If a student's status changes after filing for the NCLEX-RN exam, the Director must be notified as soon as possible and the BRN informed.

Withdrawal from the Program
A.   A student may withdraw from a course (and, thus, from the Program) prior to reaching the 75% mark; the transcript may show a "W." After 75%, the transcript will show an "F."
B.   A student who withdraws from the Program a second time will not be considered for readmission.
C.   A student leaving the Program for any reason other than graduation must attend an exit interview and sign the Exit Summary form. This is a requirement for future consideration for readmission.
D.   Any student wishing to be considered for readmission must make formal application according to admission policy guidelines in effect at the time of reapplication.

Dismissal from the Nursing Program
A.   A student will be dismissed from the Program for any of the following:

1.   Academic and/or clinical failure (failure = D or F grade)
2.   Unsafe clinical performance
3.   Acts of dishonesty or unethical behavior
4.   Violation of program professional conduct standards
A student who is dismissed for any of the above reasons will be denied readmission as allowed by BRN policy, RN Program policy and CMC policy.
B.   If dismissal occurs, the student transcript will show an "F."
C.   All incidents must be documented in writing as soon as possible on a Faculty/Student Meeting Record form and signed by both the instructor and the student.
D.   A student leaving the Program for any reason other than graduation must attend an exit interview and sign the required Exit Summary form.

Readmission to the Program

Because the size of each class is limited, readmission to the Program is subject to available space. However, the Director may determine that vacant seats will not be filled, even in the presence of qualified applicants, if it is deemed to be in the best interests of existing students and Program success. Any student seeking readmission must meet the following criteria:

If enrollment in the CMC RN Program ends in the student exiting the Program, and the student is eligible, the student may reapply for admission following the admission policy in effect at the time of reapplication.

The student may be readmitted to the Program a total of one (1) time. A remediation plan may be prepared by a designated faculty member or the Director. The student will be required to furnish proof or demonstrate remediation prior to consideration for readmission to the Program.

Students who have exited the Program for more than one year may be considered for readmission. The student may be required to complete remediation as part of consideration for readmission.

The Director will review all applications to determine that specific criterion have been met. The final decision regarding readmission to the Program is at the discretion of the Director.

Students who exit the Program for any of the following reasons are ineligible for readmission to the Program:
- Unsafe clinical performance
- Acts of dishonesty or unethical behavior
- Violation of Program professional conduct standards

Priority for Readmission
When the number of qualified applicants exceeds the number of available seats, the priority for readmission will be as follows:

First Semester (N-015) (Fall)
1. Returning CMC students who left passing
2. Returning CMC students who left failing
3. Military Challenge applicants
4. Transfer applicants who left passing and/or LVN wishing to enter program

Second Semester (N-020 and/or N-025) (Spring)
1. Returning CMC students who left passing
2. Returning CMC students who left failing
3. Transfer applicants who left passing and/or LVN wishing to enter program
4. LVN-RN Option II applicants

Third Semester (N-0030 and/or N-036 and/or N-037) (Fall)
1. Returning CMC students who left passing
2. Returning CMC students who left failing

Fourth Semester (N-040 or N-045 or both) (Spring)
1. Returning CMC students who left passing
2. Returning CMC students who left failing

Attendance/Tardy Policy

The RN Program at Copper Mountain College is a concentrated course of study. To ensure academic success and the achievement of course and program student learning outcomes, students are expected to demonstrate responsible professional behaviors throughout the program. Attendance and timeliness are part of the professional behaviors exhibited by the nurse. Attendance and punctuality are integral in promoting safe patient care.

Expectations:

All students are expected to attend every session of every course in which they are enrolled. Failure to do so may indicate lack of serious purpose. Students who fail to attend the first-class meeting and /or week may be dropped from the class. The student must inform their instructors prior to any absence. Course work missed for unavoidable causes may be made up with the instructor's approval. Under no circumstances will absence for any reason excuse the student from completing all the work assigned in each course. After an absence, it is the responsibility of the student to consult with the instructor regarding the completion of missed assignments.

As a part of the program's Professional outcome, it is an expectation that the teaching faculty for the assigned educational activity will be notified prior to a student's absence or tardy. When an unexpected absence or event occurs, students should notify their faculty and explain the incident resulting in their absence as soon as possible. Any time within the program that students lack attendance and /or punctuality occurs at either a classroom or clinical session, additional course work will be required. Extended absences may require medical clearance before the student is able to return to class and /or clinical. Religious observances may be accommodated, if possible and only if course/clinical outcomes can be met. The student may receive an incomplete, failing grade or may be dropped from the program for absences/tardies that result in an inability to meet the student and graduate learning outcomes.

Theory: A student who is absent or tardy misses theoretical content related to the student learning outcomes of the course. It is the responsibility of the student to meet student learning outcomes of the course. Make up work or remote attendance may be arranged at the discretion of the theory instructor on a case-by-case basis.

Clinical: The faculty plans clinical learning experiences related to the student learning outcomes of the course. It may not be possible to provide these experiences a second time within the available period of the rotation. Students will be required to make up a missed clinical by:

1.) Attending a clinical experience on an alternate day that may not correspond with their regular clinical assignment.

2.) The student may be assigned clinical lab hours. Students who are absent or tardy from any clinical experience (hospital/clinic, skills lab) may be unable to achieve the course or completion of the program.

3.) Simulations/Case studies may be assigned at the discretion of the theory instructor.

Academic Honesty

Students are expected to abide by ethical standards in preparing and presenting material which demonstrates their level of knowledge, and which is used to determine grades. Such standards are founded on basic concepts of integrity and honesty. These include, but are not limited to the following areas:

1. **Students shall not plagiarize, which is defined as stealing or passing off as one's own ideas or words of another and as using a creative production without crediting the source. The following cases are examples of what constitutes plagiarism:**

    - paraphrasing published material without acknowledging the source.

    - making significant use of an idea or a particular arrangement of ideas, e.g., outlines.

    - writing a paper after consulting with persons who provide suitable ideas and incorporating these ideas into the paper without acknowledging the debt.

    - submitting under one's own name, term papers or other reports which have been prepared by others.

2. Students shall not cheat, which is defined as using notes, aids, or the help of other students on tests or exams in ways other than those expressly permitted by the instructor; and as misreporting or altering the data in laboratory or research projects involving the collection of data.

3. Students shall not submit an original paper or project to more than one class without approval from the second instructor. Instructors who do not accept previously submitted papers should so inform the students in the course syllabus.

4. Students shall not furnish materials or information to enable another student to plagiarize or cheat.

Plagiarism Prevention and Detection: In its commitment to academic honesty, Copper Mountain College uses Turnitin.com software to prevent and detect plagiarism.

The instructor reserves the right to submit student assignments to Turnitin.com to check for textural similarities between those assignments, Internet sources and the Turnitin.com assignment database. Students will be required to electronically submit their written work for plagiarism checking.

Students agree that by enrolling in a course, assignments may be subject to the above plagiarism prevention and detection processes.

The use of artificial intelligence (AI) technologies may be permitted for certain assignments or learning activities. However, the use of AI will be at the discretion of the course instructor. Students are responsible for reviewing the course syllabus and any additional instructor guidance to understand when and how AI tools may appropriately be used. Unless explicitly authorized by the instructor, students must complete assignments, examinations, and clinical documentation independently, without the assistance of AI. Unauthorized or inappropriate use of AI may result in disciplinary action. Students are encouraged to seek clarification from their instructor if they are uncertain about whether AI use is permitted for a particular assignment or activity.

Nursing Uniform Policy

As a student of the CMC Health Sciences program, compliance with the uniform policy is essential for maintaining our reputation of excellence within the communities we serve.

Students are required to wear uniforms for Clinical Nursing Skills Labs and clinical rotations. When students are in uniform, they must adhere to all requirements of the CMC Nursing Program.

To ensure compliance with all federal, state, and local agency policies, students are expected to report for clinical experiences each day in a neat, clean, pressed uniform. This includes:

1. Official CMC nursing uniform and jacket. Other outerwear is not permitted.

2. Hair must be worn above or off the collar or tied back secured with a small neutral colored hair clip or band. Hair must be secure, so the strands are not hanging in the face when the student bends forward. No colored hair clips/hair accessories are permitted. Only natural hair colors are permitted. Extreme hair colors are not permitted (orange, pink, blue, etc.). Male students (without beards) must be clean-shaven before coming to clinical and all students must be neatly groomed. Male beards and mustaches must be short and neatly trimmed. Facial stubble is not permitted. Hair is to be neat and trimmed or pulled back and secured.

3. For cultural or religious purposes, a solid-color scarf may be worn with the uniform. Students with special uniform needs pertaining to cultural or religious requirements should inform the clinical faculty and the Director of Nursing.

4. Nails Fingernails must be clean and kept short, trimmed to no longer than ¼ inch beyond fingertips (tips of nails not visible from palm of hand view), and no nail polish. No artificial nails Artificial nails include, fake nails, false nails, acrylic nails, gels, acrylic cover coats, nail tips, and nail extenders, glued on nails and appliques are not allowed in clinical. Artificial fingernails or other nail enhancements are NOT permitted because of documented outbreaks of infection due to gram negative bacteria associated with artificial nails.

5. Make-up If worn, must be applied in moderation to enhance the natural features and create a professional image. Glitter, sequins, and false eye lashes (including lash extensions) are prohibited.

6. Jewelry/Piercings: One small plain post earring in each ear is allowed in the clinical areas. Plugs are not allowed. Bracelets, decorative wrist bands, chains, necklaces, multiple earrings, large dangling, or hoop earrings are prohibited. Jewelry must be removed from any other visibly pierced locations. No other visibly pierced jewelry is permitted such as the head, face, or oral piercing while in the clinical area. Watches or Time Device: A watch with a second hand is to be worn with a simple single band. No color band is permitted.

7. Fragrances: No fragrances. For patients and staff health, the use of all scented products, such as cologne, perfume, scented deodorant, after-shave, hairspray, or lotions, are not allowed to be worn because they may have adverse effects on patients, visitors, and other staff. Students must maintain good personal hygiene. Observe proper bathing habits, use unscented deodorant products to prevent odor.

8. Tattoos: All tattoos must be covered with a long sleeve shirt and not visible through clothing.

9. Smoking is prohibited while in uniform.

10. Shoes: Solid black standardized leather like nursing shoes, to be kept polished and clean. Black shoelaces, black nylon stockings or socks. No open toe shoes or heels.

11. The Logo Patch is a required part of the student uniform. The logo patch is sewn on the upper left sleeve of the uniform top and jacket. All students are required to obtain a CMC photo ID card prior to the first day of class. Photo ID cards are obtained in Student Services after registration. The photo ID card must be worn on the outermost piece of clothing at shoulder height where it is clearly visible to others. Lanyards and reel/retractable ID card holders are not allowed.

12. Clinical uniforms may not be worn outside of clinical experiences (e.g., shopping, dining out, etc.) unless participating in a function where the uniform is appropriate (e.g., Health Fair) and as directed by program faculty.

13. The uniform items MUST be exactly as indicated. A comparable but different product is only permitted if the items listed are not available, and the alternate is approved by the Program Director. The required uniform garments are:

WW620 WW670	Cherokee Revolution	Ladies' Top Men's Top	Black
WW120 WW140	Cherokee Revolution	Ladies' Pant Men's Pant	Black
OPTIONAL WW310 WW360 Long/short sleeve t-shirt/undershirt	 Cherokee Revolution Cherokee Revolution Any Brand	 Ladies' Jacket Men's Jacket Any Brand	 Black Black Black

Standards of Professional Behaviors

Professional Behaviors All students in the nursing programs at Copper Mountain College are required to conduct themselves in a professional manner. In recognition that communication styles and behaviors vary among various cultures and generations, a list of behaviors is offered as guidelines for professional behavior.

Professional Behaviors:

- Caring

- Follows directions & rules.

- Compassion, sensitivity, commitment.

- Maintains physical & emotional safety.

- Positive attitude

- Therapeutic communication with patient's family, staff, peers, faculty

- Appropriate eye contact/smiling.

- Maintains personal & professional boundaries.

- Appropriate independence & autonomy

- Compartmentalizes own thoughts, feelings & values.

- Strives to meet program & course learning outcomes.

- Trustworthy

- Effective conflict resolution

- Consistently puts forth best effort.

- Growth in clinical performance

Accountable/Punctual Unprofessional Behaviors

• Discourteous, rude, disrespectful

- Deliberate lack of consideration of others

- Surly, haughty, arrogant, sullen

- Showing resentment or defiance

- Resisting authority/insubordination

- Not submitting to authority

- Failure to comply with chain of command

- Dishonesty

- Bullying including cyberbullying/Incivility

- Lack of punctuality or timeliness

- Eye rolling or Smirking

- Spreading rumors, gossiping

- Excluding or marginalizing others

- Abusive/Harassment

- Mean Spirited

- Malicious

- Intimidating

- Raising voice or yelling

- Uses profanity

- Threatening (physical and/or emotional)

- Walking away in disgust

- Demeaning

- Refusing to share essential information

- Recording an instructor, staff, or student, without permission

Behaviors for the Safety of the Public

Information:
The boards of nursing protect the health, safety, and well-being of the public through the fair and consistent application of the statutes and regulations governing nursing practice and education in California. The CMC nursing programs are approved by their respective boards, therefore have a primary focus and intention to protect the health, safety, and well-being of the public.

Policy
1. The faculty reserves the right to remove from the clinical area any student who, in the faculty member's professional judgment, places the client in physical or emotional jeopardy or requires an inordinate level of supervision to ensure patient safety.

2. Patterns of behavior deemed unsafe, as determined by the professional judgment of faculty, may result in academic failure of the course without opportunity for reinstatement.

3. Safety violations will result in ineligibility for reinstatement.

Examples of Unsafe Behaviors
This list includes examples and is not conclusive.

• Performing invasive procedures outside of the scope of practice and/or without appropriate supervision

• Administering medications outside the scope of practice and/or without appropriate supervision

• Endangering the public

• Removing a patient from a facility for any reason, regardless of facility policy, clinical site/staff request or clinical care plan.

• Client abandonment

• Expressions of anger or hostility directed towards clients or others.

• Attempting, threatening, or placing a client or other, in physical or emotional jeopardy.

• Behavior consistent with or being under the influence of the use of controlled substances, alcohol, or any intoxicant.

• Failure to follow an instructor's directions.

• Insubordinate attitude or profane language or behavior with the intent to disrupt, malign, harm, or discredit program faculty or staff.

• Entering patient care areas without faculty approval.

• Inability to effectively communicate with the health care team or patient in the English language.

• Falsification of documentation.

• Behavior incompatible with the role of the professional nurse

• Medical error in which the student is at fault as evidenced by circumventing safety guards, not applying basic learned skills, or neglect.

• Dishonesty. (Ex: cheating, lying, stealing, plagiarism either within the semester or throughout the program

Substance Abuse and Mental Disability

Information:

The nursing student must be emotionally and mentally healthy and free of any illegal drugs/alcohol in all nursing program classes, laboratories, and clinical rotations. Additionally, students may not be impaired by any prescribed medication while attending any school function.

Nursing faculty of CMC support the California Board of Registered Nursing statements regarding alcoholism, drug abuse, and emotional illness and recognizes that:

1. These are disorders and should be treated as such.

2. Personal and health problems involving these disorders can affect one's academic and clinical performance, and that the impaired nursing student is a danger to self and a grave danger to the patients in his or her care.

3. Students who develop these disorders must seek assistance to recover.

4. It is the responsibility of the student to voluntarily seek diagnosis and treatment of any suspected illness.

5. Students are required to report any change in health status and provide clearance to participate in unrestricted activities essential to nursing practice.

6. Confidential handling of the diagnosis and treatment of these disorders are essential.

7. Students must be free of any evidence of impairment.

8. Patient safety is always the number one priority.

Procedure for dealing with a student who has no documented impairment who discloses drug abuse, mental disability, or inappropriate use of alcohol while enrolled in the program:

Conference between the student, Director, and/or didactic or clinical faculty to develop a plan of action.

Recommendations for remediation and referral to the CMC counseling services. Below is a list of behaviors that suggest impairment. This list is not comprehensive.

• trembling hand

persistent rhinorrhea (excessive nasal discharge)

• altered pupil dilation

• flushed face, red eyes

• slurred speech

• odor of alcohol

• tachycardia

• somnolence (drowsiness/sleepiness)

• unsteady gait

• irritability and mood swings

• pattern of absenteeism and tardiness

• fluctuating clinical and academic performance

• change in dress or appearance • inappropriate or delayed responses

• elaborate excuses for behavior

• decreased alertness/falling asleep in class/clinical

• dishonesty

• inappropriate joking about drug and alcohol use

• paranoia

• delusions

• hallucinations

<h1 style="text-align:center"><u>Confidentiality and Privacy Policy - HIPAA</u></h1>

Information:

Confidentiality and Privacy Policy Students are involved with the complete personal care of clients in various facilities. Students will comply with all privacy standards as accorded by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. For further information about HIPPA Guidelines visit the Human Health Services website. https://www.hhs.gov/hipaa/for-professionals/index.html

The third provision of the ANA Code of Ethics for Nurses (2015) addresses the nurse's responsibility to protect patients' privacy and confidentiality.

The nurse promotes, advocates for, and protects the rights, health, safety, and safety of the patient.
Protection of the Rights of Privacy and Confidentiality: Privacy is the right to control access to, and disclosure or nondisclosure of, information pertaining to oneself and to control the circumstances, timing, and extent to which information may be disclose. Nurses safeguard the right to privacy for individuals, families, and communities. The nurse advocates for an environment that provides sufficient physical privacy, including privacy for discussions of a personal nature. Nurses also participate in the development and maintenance of policies and practices that protect both personal and clinical information at institutional and societal levels.

Confidentiality pertains to the nondisclosure of personal information that has been communicated within the nurse patient relationship. Central to that relationship is an element of trust and an expectation that personal information will not be divulged without consent. The nurse has a duty to maintain confidentiality of all patient information, both personal and clinical in the work setting and off duty in all venue, including social media or any other means of communication. Because of rapidly evolving communication technology and the porous nature of social media, nurses must maintain vigilance regarding postings, images, recordings, or commentary that intentionally or unintentionally breaches their obligation to maintain and protect patients' rights to privacy and confidentiality. The patient's well-being could be jeopardized, and the fundamental trust between patient and nurse could be damaged.

 by unauthorized access to data or by the inappropriate or unwanted disclosure of identifiable information

1. All nursing students must adhere to strict confidentiality of all patient/client/resident, student, agency, and healthcare team information always without exception, including but not limited to social media sites. Facilities have stringent policies regarding photography and social media. Even if a photo does not contain HIPAA-protected information, taking pictures can violate the facility's rules and compromise privacy and confidentiality. To ensure we maintain good relationships with our clinical partners, please refrain from taking any photos inside clinical settings.

2. Communication (verbal, electronic, or written) about clients and/or clinical experience that reveals any Patient Health Information (PHI) is a direct violation of privacy and confidentiality regulations and client rights.

3. Any documents containing PHI may not leave the clinical facility.

4. Removal of documents from facilities will result in a safety violation and removal from the program.

5. Failure to maintain the confidentiality of others will not be tolerated and may lead to immediate dismissal from the program without readmission privileges.

6. Maintaining confidentiality of the patient/client/resident information supersedes the student's personal, religious, or cultural responsibilities.

7. In addition, students are protected by Family Educational Rights and Privacy Act (FERPA) and should not be discussing the performance of other students with anyone without a need-to-know of information.

8. Students should also not be sharing student ID numbers, usernames, and passwords with anyone as this information links to a student's personally identifiable information.

Privacy Protected Health Information includes the following patient identifiers. This list was obtained from the HIPAA Security and regulations.

• Name & initials

• Geographic subdivisions smaller than a state (includes street address, city, county, precinct, zip code and equivalent geo codes - except the first three digits of zip codes unless the population density is under 20,000).

• All date elements, other than year, related to an individual (includes birth date, admission date, discharge date, date of death).

• Telephone numbers

• Fax numbers

• E-mail addresses

• Social Security numbers

• Medical record numbers of Health plan beneficiary numbers

• Account numbers

• Certificate/license numbers

• Vehicle identifiers and serial numbers (includes license plate numbers)

• Device identifiers and serial numbers

• Web universal resource locators (i.e., URLs)

• Patient-related photos

I, _____, have received a copy of CMC Confidentiality and Privacy Policy.

I acknowledge responsibility for knowing, understanding, and complying with the policy.

NURSING RESOURCE LAB

(Skills Lab)

The Nursing Resource Lab is in Rooms 222 and Room 220. The purpose of the lab is to supplement and enhance instruction for students enrolled in the Health Sciences and Nursing Programs. Students are guided and supervised by faculty and/or the Nursing Resource Lab Coordinator.

The NRL contains equipment, supplies, and simulation mannequins for training prior to and during the student's clinical experience. The NRL's purpose is to demonstrate patient care and procedures and to provide a setting in which students may practice skills in a safe, judgement free environment.

When not in use for class or Simulation, students may practice skills under faculty supervision. The faculty may determine that a student needs more practice in a skill and direct him/her to spend specific time in the NRL.

Expected behavior:

• Wash hands and wear gloves when caring for simulators

• Handle equipment carefully

• Be respectful and polite to peers and instructor

• Put away any equipment and clean.

• Make all beds of patients upon leaving

• No food or drink in the lab (this includes water)

• No cell phone use in labs

• No sharpies or pens near the simulators

• All spills are to be cleaned appropriately according to the MSDS

<u>**Student Class Council and Faculty Meetings:**</u>

A.   **Student Class Council Meetings**

Each class may elect a Class Council. Elections are guided by a faculty advisor in the Fall semester for the new student class. Officers serve their class through graduation.

1.   The Class Council serves the students of their class by accepting responsibility for:
   a.   guiding/planning fundraising activities.
   b.   leading planning for the pinning ceremony and other Program completion celebrations.
   c.   providing a forum for student concerns.
   d.   representing the class at Program Faculty Committee meetings.

2.   Structure/Officers: The Class Council is comprised of the following officers who are selected by a nomination and election process in which all class students participate:

3.
   a.   President: Responsible for leading Class Council meetings, including scheduling regular meetings and announcing those meetings to all students in the class (not just officers), ensuring there is an agenda for the meeting, **ensuring minutes are documented of all meetings and filed with the HSNP office**, communicating issues to the Director, and ensuring the Class Council has a representative at Faculty/Committee meetings so that students have a voice in the Program decision-making process
   .
   b.   Vice-President: Assists the President as directed and assumes the role of President in the event the President becomes unable to serve in that role.

   c.   Secretary: Distributes meeting agendas at the direction of the President, records meeting minutes and ensures they are typed and **filed with the HSNP office**, performs other communication functions as needed by the Class Council.

   d.   Treasurer: Receives funds obtained via fundraising, donations, etc., and ensures that funds are deposited appropriately, accurate records are maintained of income and expenditures, and a financial status report is presented at every Class Council meeting.

   e.   Members-at-Large: Two members-at-large are elected to participate in service to the class with the other members of the Class Council, including representing the class at Program Faculty/Committee meetings.

4.   Meetings: The Class Council will meet at a time that is acceptable to the council members and the

faculty advisor. The President will schedule the meeting and ensure that all class members are notified via e-mail and announcement of the time/date/location of the meeting in advance of the meeting date. The faculty advisor **must** be present when Class Council meetings are held.

5. Advisement: The Director and/or faculty designee serves as advisor to the Class Council. The Class Council meetings must be scheduled in collaboration with the faculty advisor. The Class Council cannot conduct any activities of any type without the knowledge and approval of the Director, including meetings, fundraising, collection of donations and expending class funds.

B. **RN Program Faculty/Committee Meetings**

RN Program Faculty/Committee meetings. These meetings include Program policies/procedures, curriculum, admission/enrollment decisions, budgeting/purchases, and other Program operations.   It is considered vital that students are represented in the decision-making process.

The student-elected Class Council will ensure that a representative is present at the RN Program Faculty/Committee meetings. All Program students are welcome to attend the meetings and all students are notified of the meeting schedule.

Each meeting has an open session and a closed session component. Students are not allowed to attend the closed session segment of the meeting as confidential issues are discussed.

Student Resources

Students are encouraged to use the library facilities at CMC during regular library hours. Among library resources you will find computer workstations with internet access to websites such as Medline, Merck, and other related health science information in addition to EbscoHost, a full-text database with over two thousand magazines and journals.

Please consult the CMC catalog for services available to students. Those services include the following:
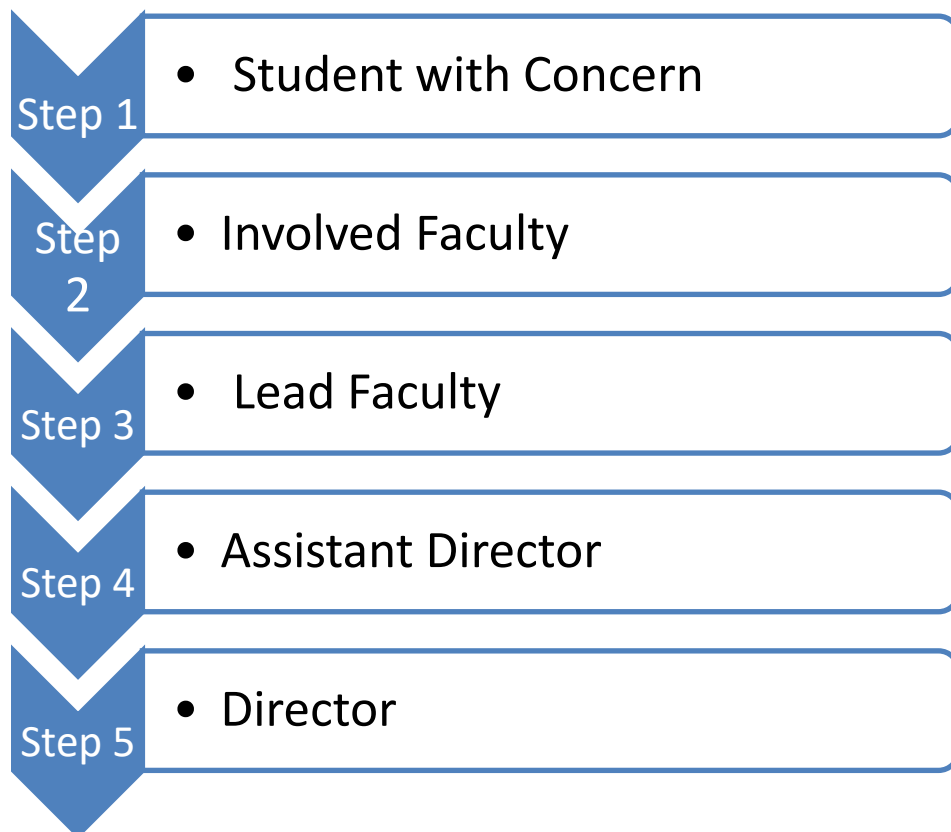
Counseling
Financial Aid
EOPS/CARE ACCESS
Tutorial Service

Student Departmental Complaints

To facilitate resolution of student complaints/conflicts within the department, it is an expectation that the student:

A.   Will discuss the issue with the people involved and try to resolve the issue (follow the chain-of command).

B.   If the problem remains unresolved or the student is dissatisfied, he/she may request a meeting with the Director to discuss the issue and ways of effecting a resolution. This should be done as soon as possible so that the Director may facilitate a resolution before the problem escalates.

C.   If still dissatisfied, the student may request an appointment with the Administration in accordance with the CMC grievance procedure.

Chain of Command Diagram

Step 1	• Student with Concern
Step 2	• Involved Faculty
Step 3	• Lead Faculty
Step 4	• Assistant Director
Step 5	• Director

<p style="text-align:center"><u>Policy and Procedure for Clinical Performance Evaluation</u></p>

Clinical Expectations:

Students are expected to demonstrate growth in their clinical performance as they progress throughout the program. In each nursing course, students must achieve course/end of program student learning outcomes and related competencies that demonstrate a safe level of clinical in all assigned clinical related activities.

Students do not undergo respiratory fit testing, and therefore are not allowed to perform patient care tasks that require airborne precautions. Students are allowed to perform patient care tasks that require other precautions.

Clinical performance is based on:

- Demonstration of safe nursing skills that ensure quality, safe, patient centered nursing care.
- Display professional/ethical behaviors, attitudes, and leadership principles in all clinical settings.
- Preparedness for clinical practice.
- Utilizes caring behaviors for oneself and others.
- Understanding one's limitations and boundaries to prevent avoidable errors.
- Accepting responsibility and accountability for the nursing care provided.
- Demonstration of sound clinical reasoning and clinical judgement.
- Interaction with the healthcare team using therapeutic communication principles.
- Demonstrate using nursing informatics and patient acre technologies.

Clinical Performance Evaluation:

Student performance will be evaluated either formally or informally during each clinical experience by qualified clinical nursing faculty. Formal clinical evaluations will occur at the end of each clinical rotation and as required using the Clinical Performance Evaluation Tool which outlines evaluative measures used to assess each semester level course/end of program student learning outcomes.

The nursing faculty may at any time during the clinical rotation or clinical experience identify a less than satisfactory clinical performance or behavior demonstrated by a student.

Students who do not demonstrate consistent clinical growth in a course may be unable to achieve their course/end of program student learning outcomes, resulting in an inability to progress and/or complete the program.

Clinical Performance Evaluation Definitions:

Satisfactory: The student consistently demonstrates the actions and behaviors outlined below:

- Provides quality, safe competent, professional nursing skills, or behaviors.
- Arrives prepared, inquisitive and engages in learning opportunities that are available.
- Plans and implements nursing care based on relevant and current evidence-based nursing practices and standards of care.
- Identifies areas needing development and seeks guidance from the faculty or another appropriate member of the healthcare team.
- Assumes responsibility and accountability for their own behavior and the care they provide for patients and the community.
- Participates as an active member of the intra/interprofessional healthcare team, communicating

collaboratively and collegially with other members of the team.

- Demonstrates appropriate level of clinical reasoning and judgement on which to base their clinical decision making.

- Confidently uses nursing informatics systems and patient care technologies to effectively communicate, manage and analyze data, prevent errors, and support decision making.
- Demonstrates self-regulated learning behaviors and independently seeks additional learning opportunities or experience.
- Completes clinical assignments and activities in a timely manner and demonstrate higher order thinking.

Minimal Effort: Needs Improvement

Definition: The student demonstrates repeated inconsistencies in their action(s) and/or behavior(s), requiring a significant amount of guidance or supervision from the faculty compared to other students performing satisfactorily at the same level. Despite assistance, the student continues to demonstrate one, some or all the action(s) and/or behavior(s) outlines below:

- Inconsistently identifies areas for growth.
- Demonstrates minimal improvement when given repeated opportunities to demonstrate competency.
- Inconsistently assumes accountability and responsibility for their own actions and clinical judgement.
- Knowingly violates or neglects any designated clinical agency policies and/or procedures.

All course/end of program student learning outcomes are equally important in assessing a student's clinical competency. Earning a Minimal clinical performance grade for any course/end of program student learning outcome(s) will result in earning an overall Minimal clinical performance evaluation grade for the clinical rotation.

A student who has earned their first Minimal clinical performance evaluation grade at the end of a clinical rotation will progress to the next rotation with a detailed remediation plan developed in collaboration with the faculty. All remediation activities must be completed and submitted to the designated faculty member by the agreed upon due date for the student to earn a Satisfactory clinical grade in the next rotation.

Unsatisfactory Clinical Performance

Definition: The student fails to demonstrate quality, safe, competent, professional nursing action(s), and behavior(s) during clinical related activities. Despite repeated opportunities for improvement and additional guidance from the faculty, the student continues to demonstrate one, some or all the actions(s) and/or behavior(s) outlined below:

- Repeatedly lacks preparation and/or knowledge necessary for providing safe, competent nursing care.
- Unable to identify areas needing improvement and fails to seek necessary guidance from
- the faculty or other members of the health care team.
- Does not assume responsibility and accountability for their own behavior and the care they provide for patients and the community.
- Places the patients and/or other's safety in jeopardy.
- Fails to actively participate as a member of the interprofessional healthcare team and in doing so jeopardizes a patient's safety.
- Lacks appropriate level of clinical reasoning and judgement on which to base their clinical decision making.
- Fails to utilize nursing informatics systems to effectively communicate, manage and analyze data, prevent errors, and support decision making.

- Required clinical assignments and activities are inconsistently completed, not completed in a timely manner, and/or do not demonstrate higher level thought processes, despite repeated and documented opportunities for improvement.

Unsafe Clinical Performance

Definition: A student's action(s) or pattern(s) of behavior(s) reflect substantial departure from that which is expected of students at the same level under similar circumstances and when the students' action(s) and/or behavior(s) have or could have resulted in physical or emotional jeopardy to the patient. If at any time a student's clinical performance is evaluated by the faculty to be unsafe or grossly negligent the student will:

- Be dismissed from the clinical area.
- Earn an "F" grade for the course because theory and clinical are concurrent and results in a combined grade.
- Be ineligible for readmission to the program.

Clinical Breaks and Lunch:

Hours Worked (CA Labor Law)	Clinical Hours	Breaks *	Lunch Break Required *
5 hours, 1 minute – Less than 6 hours	6 hours clinical	1 – 30-minute break	No
More than 6 hours – Less than 10 hours	8 – hour clinical 10 – hour clinical	1 – 15-minute break	30 minutes
More than 10 hours 1 minute – Less than 12 hours	12-hour clinical	2 - 15-minute breaks	45 minutes

* Time for breaks and lunch is incorporated into the regular clinical day but may not be taken at the end of the clinical day for early release. (Lunch hours count towards overall clinical hours).

1. All students and faculty are entitled to a break and/or lunch during their clinical day based on the number of clinical hours.

2. All students are to report off to their nurse and faculty when they are leaving the floor on a break.

3. Break times start once you have communicated that you are leaving the unit.

4. Students and faculty will comply with each specific hospital's preference for how lunch breaks are taken. Some facilities may want all students/faculty to have lunch at the same time, whereas others leave it to the discretion of the faculty.

5. Lunch and breaks are not to be combined. Students who do not get a break should reevaluate their day to help facilitate breaks in the future.

6. Students will check back in with faculty and nurse once they return to the unit after a break or lunch.

Communication and Social Media Policy

This policy is intended to guide students in professional communication that is expected in the program as well as in the professional community.

Communication includes verbal, non-verbal, written, and electronic means (emails, text, social media post, etc.).

Social media is defined as forms of electronic communication through which users create online communities to share information. Types of social media include but are not limited to collaborative projects (Wiki), websites, blogs, microblogs (Twitter, Instagram), content communities (e.g., YouTube), social networking sites (e.g., Facebook, virtual game worlds), and virtual social worlds.

Students should be aware, communication reflects you, the program, CMC, and the nursing profession. Before you communicate in any fashion, take a moment to consider if your words might lessen the community's trust in our ability to serve them (ex: "I'm sick at clinical today", "my patients annoy me", "the patient liked me better than the nurse", "my program isn't teaching me anything", etc.).

Students are advised to visit the National Council of State Boards of Nursing (NCSBN), Social Media Guidelines for Nurses | NCSBN for the latest guidelines and to view a brief video on healthcare providers and social media usage.

1. Faculty staff, and Administration will be addressed professionally by title, and in a professional and courteous manner.

2. Appointments should be made directly with faculty.

3. All students, staff, and faculty will communicate via CMC email addresses. This is the official means of communication within the programs.

4. Students and faculty are required to view their CMC email account daily.

5. Canvas is the college-wide learning management system (LMS). It is the student's responsibility to check Canvas for updates to course materials or communication daily.

6. Photos/video recording in any clinical setting for any reason is not permitted and is in violation of HIPAA. Recording by any method, at any time, must be approved by CMC and the facility.

7. Students are prohibited from speaking to the media, representing CMC (in title, uniform, or any other manner) without written consent from the CMC Public Relations Office and the Director of the program.

8. Students who choose to communicate via social networking sites are held solely responsible for its content. Inappropriate or unprofessional postings may jeopardize a student's status in the program.

9. Students may not utilize any college or program branding (i.e., logos, banners, name) for any reason including social media, or email accounts and/or pages without consent from the CMC Public Relations Office and the program Director.

10. Complaints or criticism about CMC, fellow students, instructors, clinical sites, patients, patient populations, and/or clinical experiences, may result in failure without the possibility of being reinstated, on grounds of unprofessional behavior.

11. No photos or videos taken in the skills lab are to be used for social media without written consent from the Public Relations Office and the Director of the program.

12. Violations of communication and social media policies may result in performance improvement plan and up to failure of the course without eligibility for reinstatement on the grounds of unprofessional conduct.

Copper Mountain College
Theory/Clinical Make Up Form

STUDENT NAME: _____ DATE OF ABSENCE: _____

COURSE: RN-010 RN-015 RN -20 RN- 25 RN-30 RN 35 RN-36 RN-40 RN-45 (circle one)

FACULTY NAME:_____

ASSIGNED AREA(S)/FOCUS FOR DAY MISSED:_____

NUMBER OF HOURS MAKING UP: _____

GOALS FOR THE ASSIGNED MAKE-UP (required):

_____

_____

WRITTEN ASSIGNMENT (if applicable):

_____

_____

INSTRUCTOR COMMENT:

SIGNATURE: _____ DATE: _____
                            STUDENT

          _____ DATE: _____
                    INSTRUCTOR

<u>DOCUMENTATION OF MAKE-UP COMPLETION:</u>

TIME IN: _____ TIME OUT: _____

TOTAL TIME COMPLETED: _____

_____   _____
   Signature of Faculty Overseeing Make-Up   Date

Note: The theory or clinical instructor will initiate the form. The student will take the original copy of the form to the faculty member overseeing make-up when reporting to make up the missed time. The faculty member will document the student's completion of the required make-up and turn form into the Program Director.

COPPER MOUNTAIN COMMUNITY COLLEGE
HEALTH SCIENCES/NURSING PROGRAMS DEPARTMENT

<u>REQUIRED EXIT SUMMARY</u>

DATE: _____/_____/_____

Name of Student: _____

Course Exiting: _____ Reapplying: Yes ____ No ____

REASON FOR EXIT:

1. Theory Failure _____ 3. In Danger of Failing _____

2. Clinical Failure _____ 4. Personal (Specific) _____

REMARKS: (include factors which may have influenced student's ability to succeed):

_____

_____

RECOMMENDATIONS to improve the chance of success if readmitted.

(1) _____ hours remediation (document guidelines/directions)

(2) Remediation in Nursing Resource Lab

(3) Enrollment in College or other coursework to achieve Plan/Goals.

(4) Reading reevaluation by Reading Center

(5) Other

_____   _____/_____/_____
Signature of Student   Date

_____   _____/_____/_____
Signature of Faculty   Date

Code of Ethics for Nurses

Adopted by ANA House of Delegates 2001

Whereas   the Code for Nurses was last revised in 1985; and

Whereas   ethics is an integral part of the foundation of nursing; and

Whereas   a code of ethics for nurses must be dynamic enough to maintain its relevance fo nursing practice in a changing social context; and

Whereas   the relevant body of knowledge in ethics has expanded to include humanist and fe perspectives, virtue ethics, and the ethics of care as well as ethical rules, principle theories; and

Whereas   the draft Code has been revised based on extensive dialogue and broad input fro nurses in diverse settings; and

Whereas   the draft Preface and interpretive Statements enrich the understanding of the cor provisions of the Code.

Therefore, be it resolved that the ANA House of Delegates approves and adopts the following provisions as constituting the Code of Ethics for Nurses:

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

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

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

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

5. The nurse owes the same duty to self as to others, including the responsibility to pres integrity and safety, to maintain competence and to continue personal and professional grov

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

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

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

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

COPPER MOUNTAIN COLLEGE STUDENT
HOSPITAL DRUG AND HAZARD AWARENESS FORM

Student Name: _____will signify that they have read the

following materials concerning drug and/or medicinal therapies to any/all clients.

The following items represent the students' responsibility/awareness when in the clinical areas. The

student is aware that:

A. Each clinical facility has a hazard policy according to Title 8 California Code of Regulation, Section 5194, and Federal Regulations 29, Part 1910.1200, requirements.

B. All drugs given by the student must be adequately researched according to school policy, prior to giving it to the client to ensure safe administration. This includes using the drug inserts, clinical facility, formulary and/or a student pharmacology text for the current year.

C. Handling of drugs and storing of hazardous materials will be done per clinical facility policy.

D. New drugs being used have various drug reactions and interactions or toxic effects may occur.

E. Toxic drugs may become aerosolized, absorbed through the skin or mucous membranes, or inhaled.

F. Note: Mercury (used in certain equipment – BP, Cantor Tube) is toxic and absorbed via the skin. Never handle mercury without gloves.

G. Students are not allowed to administer intravenous cytotoxic (oncological) drugs. Special post-licensure education and certification is required for nurses administering these medications.

H. All clinical facility spills of body fluids should be managed according to facility policy. Check with the RN on the Unit for direction. Bleach (e.g. Clorox) is a universal cleanser.

Student signature verifies:

1. Receipt of this notice.
2. Commitment to read, know and comply with these directions.
3. Agreement to ask questions when in doubt.
4. Student has been informed and understands the clinical facility hazards.

Signature: _____   Date: _____

COPPER MOUNTAIN COLLEGE NURSING

CLINICAL MAKE-UP FORM

STUDENT NAME: _____ DATE OF ABSENCE: _____

CLINICAL FACULTY NAME: _____

ASSIGNED AREA(S)/FOCUS FOR DAY MISSED: _____

_____

NUMBER OF HOURS MAKING UP: _____

GOALS FOR THE ASSIGNED MAKE-UP (required):

_____

_____

CLINICAL WRITTEN ASSIGNMENT (if applicable):

_____

_____

INSTRUCTOR COMMENT:

SIGNATURE: _____
　　　　　　　　DATE: _____ STUDENT

_____
　　　　　　　　　　　　　　　　　　　　　　　DATE: _____
CLINICAL INSTRUCTOR

DOCUMENTATION OF CLINICAL MAKE-UP COMPLETION:

TIME IN: _____ _____ _____ TIME OUT: _____ _____ _____

TOTAL TIME COMPLETED: _____

_____ _____
Signature of Nursing Resource Lab Faculty　　　　　　Date

Note: The instructor of the clinical class missed initiates the form. The student brings the original copy of the form to the NRL when they report to make up the missed day. The NRL instructor retains the form and completes the documentation of clinical make-up completion portion. The original is then turned into the HSNP office. The HSNP office will route a copy of the completed form to the original clinical faculty member as notice that the time has been made up.

Copper Mountain College
Health Sciences & Nursing Programs Department
Student Meeting Record (SMR)

Student Name: _____   Faculty Name: _____

☐ ROUTINE ADVISORY   ☐ STUDENT REQUEST

RN   ☐N-010   ☐N-015   ☐N-020   ☐N-025   ☐N-030   ☐N-035   ☐N-036   ☐N-040

VN   ☐VN-010   ☐VN-020   ☐VN-030   ☐HS-064   ☐HS-066

☐General

☐Support System

☐Financial

IDENTIFIED CONCERN
☐ THEORY   ☐ CLINICAL   ☐ TUTOR   ☒ REMEDIATION ☐ NOT MEETING EXPECTATIONS

RN   ☐N-010   ☐N-015   ☐N-020   ☐N-025   ☐N-030   ☐N-035   ☐N-036   ☐N-040

VN   ☐VN-010   ☐VN-020   ☐VN-030   ☐HS-064   ☐HS-066

Identified concern:

Plan of Action / Assignment(s):

Student Signature: _____   Date: _____

Faculty Signature: _____   Date: _____

NRL Coordinator (PRN): _____Date: _____ Director (PRN): _____Date: _____

STANDARDS OF COMPETENT PERFORMANCE

Website: http://www.rn.ca.gov/regulations/title16.shtml#1443.5

1443.5. STANDARDS OF COMPETENT PERFORMANCE

A registered nurse shall be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:

(1) Formulates a nursing diagnosis through observation of the client's physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.

(2) Formulates a care plan, in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.

(3) Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the client and family and teaches the client and family how to care for the client's health needs.

(4) Delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.

(5) Evaluates the effectiveness of the care plan through observation of the client's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the client and the health team members, and modifies the plan as needed.

(6) Acts as the client's advocate, as circumstances require by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided.

STATE OF CALIFORNIA

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DEPARTMENT OF CONSUMER AFFAIRS

BOARD OF REGISTERED NURSING

PO Box 944210, Sacramento, CA 94244-2100P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov

IMPAIRED NURSING STUDENTS

GUIDELINES FOR SCHOOLS OF NURSING IN HANDLING NURSING STUDENTS IMPAIRED BY CHEMICAL DEPENDENCY OR MENTAL ILLNESS

BOARD STATEMENT:

The Board of Registered Nursing considers the student use of controlled substances, dangerous drugs or devices or alcoholic beverages to an extent or in a manner injurious to self or others to constitute unprofessional conduct. The conviction of a criminal offense involving the prescription, consumption or self-administration of the above substances is conclusive evidence thereof. (B&P 2762).

Nursing students showing signs of mental illness or chemical dependency should be directed to a health care provider for diagnosis and treatment of the illness. Chemical dependency and mental illness are diseases and should be treated as such. The Board has established an intervention program for impaired registered nurses as a voluntary alternative to traditional Board disciplinary actions. (B&P 2770)
Link to Intervention Program Brochure; http://rn.ca.gov/pdfs/intervention/intbrochure.pdf

NURSING PROGRAMS ARE EXPECTED TO:

- Have a policy for students who are impaired by or demonstrate characteristics of chemical dependency or mental illness which directs the student to seek appropriate assistance through a health care provider and provide the nursing program with
- proof of treatment.
- Provide instructors with the authority and responsibility to take immediate corrective action regarding the impaired student's conduct and performance in the clinical setting. This includes removing the impaired student from the patient care area until the student is deemed medically safe to return to patient care activities.
- Provide this information to incoming students in their nursing program handbooks along with factual material related to chemical dependency and mental illness
- among nursing students.
- Handle the matter confidentially.

STUDENTS ARE EXPECTED TO:
- Voluntarily seek diagnosis and treatment for chemical dependency or mental illness and provide evidence of treatment and fitness for practice to the nursing program.
- Show evidence of rehabilitation when submitting their application for licensure.

1

EDP-B-03 (REV. 08/10; APPROVED 11/84

STATE OF CALIFORNIA

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DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF REGISTERED NURSING

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ABANDONMENT OF PATIENTS

Inquiries have been received by the Board of Registered Nursing (BRN) regarding which actions by a nurse constitute patient abandonment and thus may lead to discipline against a nurse's license.

Generally, for patient abandonment to occur, the nurse must:

> a) Have first **accepted** the patient assignment, thus establishing a nurse-patient relationship, and then

> b) **Severed** that nurse-patient relationship without giving reasonable notice to the appropriate person (e.g., supervisor, patient) so that arrangements can be made for continuation of nursing care by others.

A nurse-patient relationship **generally** begins when responsibility for nursing care of a patient is accepted by the nurse. Failure to notify the employing agency that the nurse will not appear to work an assigned shift is not considered patient abandonment by the BRN, nor is refusal to accept an assignment considered patient abandonment. Once the nurse has accepted responsibility for nursing care of a patient, severing of the nurse- patient relationship without reasonable notice may lead to discipline of a nurse's license.

RNs must exercise critical judgment regarding their individual ability to provide safe patient care when declining or accepting requests to work overtime. A fatigued and/or sleep deprived RN may have a diminished ability to provide safe, effective patient care. Refusal to work additional hours or shifts would not be considered patient abandonment by the BRN.

The RN who follows the above BRN advisory statement will not be considered to have abandoned the patient for purposes of Board disciplinary action. However, it should be noted that the BRN has no jurisdiction over employment and contract issues.

NPR-B-1 REAFFIRMED 4/1998
ABANDONMENT OF PATIENTS REV. 11/2001,
01/2011, 04/13/2011

Document Revision History			
Publish Date	Pages	Changes	Notes
1-26-25	4	Compliance agreement updated to note that students will be notified by email if a modification is made to the handbook.	Approved at 12-2-25 Faculty Meeting
1-26-25	5	Mission updated to change "professional generalist nursing roles" to "professional nursing roles".	Approved at 11-18-24 Faculty Meeting
1-26-25	10	Grading policy updated to note instructor's discretion to determine how to adjust the scores.	Approved at 12-2-25 Faculty Meeting
1-26-25	12	Isolation section updated regarding respiratory precautions.	Approved at 11-18-24 Faculty Meeting
1-26-25	15	Attendance policy updated to note instructor's discretion to allow remote attendance to theory.	Approved at 1-24-25 Faculty Meeting
1-26-25	17-18	Uniform policy updated to note no alternate outerwear allowed; modifications to uniforms based on unavailable items must be approved by department director.	Approved at 12-2-24 Faculty Meeting
1-26-25	24	HIPAA policy updated to clarify NO photos inside a facility.	Approved at 12-2-24 Faculty Meeting
4-29-25	16	Academic Honesty policy updated to include paragraph on artificial intelligence (AI).	Discussed at 4-25-25 Faculty Meeting. Final language approved by FT faculty via email on 4-28-25.