

COURSE: NUR 103 PRACTICAL NURSING III

HOURS: Lecture: 6 Lab/Shop: 0 Work Exp./Clinical: 9 Credits: 9

#### COURSE DESCRIPTION:

This course is designed to assimilate the concepts within the three domains of the individual, healthcare, and nursing. Emphasis is placed on biophysical and psychosocial concepts, professional behaviors, healthcare systems, health policy, and quality improvement. Upon completion, students should be able to demonstrate the knowledge, skills, and attitudes necessary to provide safe, quality, and individualized entry-level nursing care.

This course is a core course in the following program(s): Practical Nursing Curriculum. A student must obtain a grade of "C" or better in all courses in the Practical Nursing curriculum in order to progress in the program and/or to graduate.

PREREQUISITE(S): NUR 101, NUR 102

**COREQUISITE(S)**: NONE

## **TEXTBOOK(S) & OTHER SPECIAL REQUIREMENTS:**

deWit, Susan C; O'Neill, Patricia. <u>Fundamental Concepts and Skills for Nursing</u>, 5<sup>th</sup> ed., St. Louis, MO: Saunders, an imprint of Elsevier, Inc., 2018.

deWit, Susan C; Kumagai, Candice A. <u>Medical-Surgical Nursing Concepts and Practice, 3<sup>rd</sup> ed.</u>, St. Louis, MO: Saunders, an imprint of Elsevier, Inc., 2017 ISBN 9780323243780

DeWit, Susan C. & O'Neill, Patricia. <u>SLG Fundamental Concepts and Skills for Nursing</u>, 5<sup>th</sup> ed., St. Louis, MO: Saunders an imprint of Elsevier, Inc, 2018. ISBN 9781455708451

Morris, C. Gray. <u>Calculate with Confidence</u>, 7<sup>th</sup> ed., St. Louis, MO: Elsevier, 2018. ISBN 9780323089319

Clayton, Bruce and Willihnganz, Michelle. <u>Basic Pharmacology for Nurses 17<sup>th</sup> ed.</u>, St. Louis, MO: Mosby, 2016. ISBN 9780323311120

Leifer, Gloria. <u>Introduction to Maternity and Pediatric Nursing 7<sup>th</sup> ed, St. Louis, MO; Saunders and imprint of Elsevier, Inc. 2015 ISBN: 9801455770151</u>

Leifer, Gloria. SG for Introduction to Maternal and Pediatric Nursing, 7<sup>th</sup> ed., St. Louis, MO: Saunders, an imprint of Elsevier, Inc., 2015 ISN 9781455772568

Elsevier PN adaptive quizzing program

Assessment Technologies Institute, Fundamentals of Nursing, Content Mastery Series, PN Edition, access right for proctored and non-proctored Assessment Tests. ISBN 9801565335424

Assessment Technologies Institute, Pharmacology for Nursing, Content Mastery Series, PN Edition, access right for proctored and non-proctored Assessment Tests. ISBN 9801565335580

Assessment Technologies Institute, Nursing Care of Children, Content Mastery Series, PN Edition, access right for proctored and non-proctored Assessment Tests. ISBN 9801565335561

Assessment Technologies Institute, Nutrition for Nursing, Content Mastery Series, PN Edition, access right for proctored and non-proctored Assessment Tests. ISBN 9801565335479

Lab/Diagnostic Textbook of choice

## Highly recommended (will be used in class)

## **Drug Text:**

Vallerand. April and Cynthia, Sanoski. <u>Davis Drug Guide for Nurses</u>. 16<sup>th</sup> ed., Philadelphia: F.A. Davis, 2018.

## May be helpful:

### **Medical Dictionary:**

<u>Taber's Cyclopedic Medical Dictionary</u>. 22nd ed., Philadelphia: F.A. Davis, 2013. ISBN 980-0803629803

OR

Mosby's Dictionary of Medicine, Nursing & Health Professions. 9<sup>th</sup> ed., St. Louis: Mosby, 2012.

ISBN: 980-0323074032

#### **COURSE OBJECTIVES AND STUDENT LEARNING OUTCOMES:**

# **Course Objective I - Individual Domain:**

Upon completion of the course, the learner will be able to assimilate all concepts within the domain of the individual related to common alterations in health.

## **Learning Outcomes:**

- 1. Participate in evaluating the concepts of the holistic individual and client response in the promotion of health, wellness, illness, quality of life, and the achievement of potential.
- 2. Participate in evaluating the concepts of the holistic individual and client response in the promotion of health, wellness, illness, quality of life, and the achievement of potential.

## Course Objective II – Nursing Domain:

Upon completion of the course, the learner will be able to provide safe, culturally competent,

therapeutic nursing care to individuals with common health alterations.

## **Learning Outcomes:**

- 1. Practice professional nursing behaviors, within the legal practice boundaries of the practical nurse, incorporating personal responsibility and accountability for continued competence.
- 2. Participate in providing evidence-based nursing care, from an established plan of care, based on biophysical, psychosocial, and cultural needs of clients in various stages of growth and development while assisting them to attain their highest level of wellness.
- 3. Participate in the nursing process to provide individualized, safe, and effective nursing care in a structured setting under supervision.
- 4. Demonstrate caring behaviors in implementing culturally-competent, client centered nursing care to diverse clients across the lifespan.
- 5. Participate in collaboration with the interdisciplinary healthcare team as assigned by the RN to support positive individual and organizational outcomes in a safe and cost effective manner.
- 6. Reinforce and/or implement the teaching plan developed and delegated by the registered nurse to promote the health of individuals, incorporating teaching and learning principles.
- 7. Participate in collaboration with the interdisciplinary healthcare team as assigned by the RN to support positive individual and organizational outcomes in a safe and cost effective manner.

## Course Objective III – Health Care System Domain

Upon completion of the course, the learner will be able to safely and provide therapeutic nursing care within the healthcare system for individuals with common alterations in health.

# **Learning Outcomes:**

- 1. Practice professional nursing behaviors, within the legal practice boundaries of the practical nurse, incorporating personal responsibility and accountability for continued competence.
- 2. Utilize informatics to access, manage, and communicate client information and validate best practices.
- 3. Participate in providing evidence-based nursing care, from an established plan of care, based on biophysical, psychosocial, and cultural needs of clients in various stages of growth and development while assisting them to attain their highest level of wellness.
- 4. Participate in Quality Improvement (QI) by identifying hazards and error and by suggesting, to the RN, changes to improve the client care process.
- 5. Practice professional nursing behaviors, within the legal practice boundaries of the practical nurse, incorporating personal responsibility and accountability for continued competence.

**QEP Objective:** Upon completion of the course, the learner will be able to demonstrate active oral and written communication skills as well as select and use appropriate means and methods to communicate thoughts and ideas on specific disease processes.

### **Learning Outcomes:**

- 1. The student will express thoughts and ideas in writing using Standard English and appropriate vocabulary.
- 2. The student will express thoughts and ideas orally using Standard English and appropriate vocabulary.

3. The student will select and use appropriate means and methods to communicate thoughts and ideas.

**Course Topics** 

Concepts Related to the Individual Fluid and Electrolytes  Acute renal failure  Pancreatitis Liver Disease Gout Intracranial regulation  Intracranial regulation  Exemplar  Intracranial regulation  Intermoregulation  Cellular Regulation  Cellular Regulation  Cellular Regulation  Eleukemia Sickle Cell Anemia Hemophilia  Acute respiratory distress syndrome Cystic Fibrosis  Perfusion  Perfusion  Inflammation  Gallibladder disease Nephritis Inflammatory Bowel Disease  Inflection  Inflection  Inflection  Cellular  Exemplar  Acute respiratory distress syndrome Cystic Fibrosis  Angina Stroke Life Threatening Dysrhythmias Shock (hypovolemic, cardiogenic, neurogenic and septic)  Inflammation  Gallibladder disease Nephritis Inflammatory Bowel Disease  Insue Integrity  Burns  Inflection  Septicemia Tuberculosis Glomerulonephritis  Immunity  Lupus Anaphylactic Shock  Sensory/Perception  Mobility  Herniated nucleus pulpous Parkinson's Diesease Spinal Cord Injury Parkinson's Diesease Spinal Cord Injury Stress and Coping  Generalized Anxiety Disorder Anxiety D	Course	
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Intracranial regulation  Intracranial regulation  Increased Intracranial Pressure  Head Injury (concussion)  Thermoregulation  Thermoregulation  Increased Intracranial Pressure  Head Injury (concussion)  Thermoregulation or in multisystem injury or failure  Ecllular Regulation  Leukemia Sickle Cell Anemia Hemophilia  Oxygenation  Acute respiratory distress syndrome Cystic Fibrosis  MI Angina Stroke Life Threatening Dysrhythmias Shock (hypovolemic, cardiogenic, neurogenic and septic) Inflammation  Gallibladder disease Nephritis Inflammatory Bowel Disease  Nephritis Inflammatory Bowel Disease  Tissue Integrity  Burns  Infection  Septicemia Tuberculosis Glomerulonephritis  Immunity  Lupus Anaphylactic Shock  Sensory/Perception  Galaucoma Macular Degeneration Menier's Syndrome  Mobility  Herniated nucleus pulpous Parkinson's Diesease Spinal Cord Injury  Stress and Coping  Generalized Anxiety Disorder Somatoform disorders Phobias Panic Disorder Anxiety Disorders Crisis (maturational, situational) Obsessive-compulsive disorder Post-Traumatic Stress Disorder  Mood and Affect  Depressive disorders Bipolar Disorder  Bipolar Disorder  Atzheimer's disease/		<ul> <li>Chronic renal failure</li> </ul>
Intracranial regulation  Intracranial regulation  Intermoregulation  Intermoregulation  Intermoregulation r/t multisystem injury or failure  Leukemia  Sickle Cell Anemia  Hemophilia  Oxygenation  Oxygenation  Intermoregulation  Acute respiratory distress syndrome  Cystic Fibrosis  Intermoregulation  Acute respiratory distress syndrome  Cystic Fibrosis  Intermoregulation  Angina  Stroke  Life Threatening Dysrhythmias  Shock (hypovolemic, cardiogenic, neurogenic and septic)  Inflammation  Gallbladder disease  Nephritis  Inflammatory Bowel Disease  Nephritis  Inflammatory Bowel Disease  Tissue Integrity  Burns  Septicemia  Tuberculosis  Glomerulonephritis  Immunity  Lupus  Anaphylactic Shock  Sensory/Perception  Galaucoma  Macular Degeneration  Meniere's Syndrome  Mobility  Herniated nucleus pulpous  Parkinson's Diseases  Spinal Cord Injury  Stress and Coping  Generalized Anxiety Disorder  Somatoform disorders  Phobias  Panic Disorder  Anxiety Disorder  Anxiety Disorders  Phobias  Panic Disorder  Anxiety Disorders  Prost-Traumatic Stress Disorder  Post-Traumatic Stress Disorder  Post-Traumatic Stress Disorder  Bipolar Disorder  Schizophrenia  Alzheimer's disease/	Metabolism	Pancreatitis
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Tuberculosis     Glomerulonephritis  Immunity     Lupus     Anaphylactic Shock  Sensory/Perception     Glaucoma     Macular Degeneration     Meniere's Syndrome  Mobility     Herniated nucleus pulpous     Parkinson's Diesease     Spinal Cord Injury  Stress and Coping     Generalized Anxiety Disorder     Somatoform disorders     Phobias     Panic Disorder     Anxiety Disorder     Anxiety Disorders     Crisis (maturational, situational)     Obsessive-compulsive disorder     Post-Traumatic Stress Disorder  Mood and Affect     Depressive disorders     Bipolar Disorder     Schizophrenia     Alzheimer's disease/	Tissue Integrity	Burns
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Immunity		Glomerulonephritis
Anaphylactic Shock  Sensory/Perception      Cataracts     Glaucoma     Macular Degeneration     Meniere's Syndrome  Mobility  Herniated nucleus pulpous     Parkinson's Diesease     Spinal Cord Injury  Stress and Coping  Generalized Anxiety Disorder     Somatoform disorders     Phobias     Panic Disorder     Anxiety Disorders     Crisis (maturational, situational)     Obsessive-compulsive disorder     Post-Traumatic Stress Disorder  Mood and Affect  Mood and Affect  Cognition  Schizophrenia     Alzheimer's disease/	Immunity	·
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Glaucoma     Macular Degeneration     Meniere's Syndrome  Mobility     Herniated nucleus pulpous     Parkinson's Diesease     Spinal Cord Injury  Stress and Coping     Generalized Anxiety Disorder     Somatoform disorders     Phobias     Panic Disorder     Anxiety Disorders     Crisis (maturational, situational)     Obsessive-compulsive disorder     Post-Traumatic Stress Disorder  Mood and Affect     Depressive disorders     Bipolar Disorder     Schizophrenia     Alzheimer's disease/	Sensory/Perception	
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Cognition  • Schizophrenia  • Alzheimer's disease/	Mood and Affect	
Alzheimer's disease/		
	Cognition	
Payised June 2010		

	Dementia
	Delirium
Behavior	Addiction
	Nicotine use
	Substance abuse and or physiologic
	dependence
	Alcohol abuse
	Assaultive behaviors
Development	ADHD: Attention Deficit
	Hyperactivity Disorder
	Autism
Social Function	
Self	Personality disorders
	Eating disorders
Family	Collection of data r/t impact of family
	on client responses to health
	alterations
Violence	Suicide
	<ul> <li>Assault</li> </ul>
	Homicide
	<ul> <li>Unintentional injury &amp; trauma (Motor</li> </ul>
	Vehicle Accidents (MVA)
Health, Wellness, and Illness	<ul> <li>Participation with the RN in</li> </ul>
	consumer education
Concepts Related to Nursing	Exemplars
Professional Behaviors	<ul> <li>Leadership principles</li> </ul>
	<ul> <li>Commitment to Profession</li> </ul>
	<ul> <li>Assign to the LPN</li> </ul>
	Continued Competence
Communication	<ul><li>Continued Competence</li><li>Assertive communication</li></ul>
Communication	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants</li> </ul>
	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> </ul>
Communication  Assessment (Data collection)	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic</li> </ul>
	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the</li> </ul>
	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the lifespan for normal and abnormal</li> </ul>
Assessment (Data collection)	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the lifespan for normal and abnormal data collection</li> </ul>
	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the lifespan for normal and abnormal data collection</li> <li>Decision-making</li> </ul>
Assessment (Data collection)  Clinical Decision Making/Problem Solving	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the lifespan for normal and abnormal data collection</li> <li>Decision-making</li> <li>Prioritization of care</li> </ul>
Assessment (Data collection)	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the lifespan for normal and abnormal data collection</li> <li>Decision-making</li> <li>Prioritization of care</li> <li>Participates with the RN in patient</li> </ul>
Assessment (Data collection)  Clinical Decision Making/Problem Solving  Teaching and Learning	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the lifespan for normal and abnormal data collection</li> <li>Decision-making</li> <li>Prioritization of care</li> <li>Participates with the RN in patient education (HP)</li> </ul>
Assessment (Data collection)  Clinical Decision Making/Problem Solving	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the lifespan for normal and abnormal data collection</li> <li>Decision-making</li> <li>Prioritization of care</li> <li>Participates with the RN in patient education (HP)</li> <li>Participates as assigned by the RN</li> </ul>
Assessment (Data collection)  Clinical Decision Making/Problem Solving  Teaching and Learning	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the lifespan for normal and abnormal data collection</li> <li>Decision-making</li> <li>Prioritization of care</li> <li>Participates with the RN in patient education (HP)</li> <li>Participates as assigned by the RN in collaboration with interdisciplinary</li> </ul>
Assessment (Data collection)  Clinical Decision Making/Problem Solving  Teaching and Learning	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the lifespan for normal and abnormal data collection</li> <li>Decision-making</li> <li>Prioritization of care</li> <li>Participates with the RN in patient education (HP)</li> <li>Participates as assigned by the RN in collaboration with interdisciplinary teams</li> </ul>
Assessment (Data collection)  Clinical Decision Making/Problem Solving  Teaching and Learning  Collaboration	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the lifespan for normal and abnormal data collection</li> <li>Decision-making</li> <li>Prioritization of care</li> <li>Participates with the RN in patient education (HP)</li> <li>Participates as assigned by the RN in collaboration with interdisciplinary teams</li> <li>Continuity of care</li> </ul>
Assessment (Data collection)  Clinical Decision Making/Problem Solving  Teaching and Learning  Collaboration  Concepts Related to Healthcare	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the lifespan for normal and abnormal data collection</li> <li>Decision-making</li> <li>Prioritization of care</li> <li>Participates with the RN in patient education (HP)</li> <li>Participates as assigned by the RN in collaboration with interdisciplinary teams</li> <li>Continuity of care</li> </ul> Exemplars
Assessment (Data collection)  Clinical Decision Making/Problem Solving  Teaching and Learning  Collaboration  Concepts Related to Healthcare  Safety	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the lifespan for normal and abnormal data collection</li> <li>Decision-making</li> <li>Prioritization of care</li> <li>Participates with the RN in patient education (HP)</li> <li>Participates as assigned by the RN in collaboration with interdisciplinary teams</li> <li>Continuity of care</li> <li>Exemplars</li> <li>National Patient Safety Goals (TJC)</li> </ul>
Assessment (Data collection)  Clinical Decision Making/Problem Solving  Teaching and Learning  Collaboration  Concepts Related to Healthcare  Safety  Legal Issues	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the lifespan for normal and abnormal data collection</li> <li>Decision-making</li> <li>Prioritization of care</li> <li>Participates with the RN in patient education (HP)</li> <li>Participates as assigned by the RN in collaboration with interdisciplinary teams</li> <li>Continuity of care</li> <li>Exemplars</li> <li>National Patient Safety Goals (TJC)</li> <li>Whistle blowing</li> </ul>
Assessment (Data collection)  Clinical Decision Making/Problem Solving  Teaching and Learning  Collaboration  Concepts Related to Healthcare  Safety	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the lifespan for normal and abnormal data collection</li> <li>Decision-making</li> <li>Prioritization of care</li> <li>Participates with the RN in patient education (HP)</li> <li>Participates as assigned by the RN in collaboration with interdisciplinary teams</li> <li>Continuity of care</li> <li>Exemplars</li> <li>National Patient Safety Goals (TJC)</li> <li>Whistle blowing</li> <li>Professional organizations</li> </ul>
Assessment (Data collection)  Clinical Decision Making/Problem Solving  Teaching and Learning  Collaboration  Concepts Related to Healthcare  Safety  Legal Issues	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the lifespan for normal and abnormal data collection</li> <li>Decision-making</li> <li>Prioritization of care</li> <li>Participates with the RN in patient education (HP)</li> <li>Participates as assigned by the RN in collaboration with interdisciplinary teams</li> <li>Continuity of care</li> <li>Exemplars</li> <li>National Patient Safety Goals (TJC)</li> <li>Whistle blowing</li> <li>Professional organizations</li> <li>Types of Reimbursement (Medicare,</li> </ul>
Assessment (Data collection)  Clinical Decision Making/Problem Solving  Teaching and Learning  Collaboration  Concepts Related to Healthcare  Safety  Legal Issues  Health Policy	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the lifespan for normal and abnormal data collection</li> <li>Decision-making</li> <li>Prioritization of care</li> <li>Participates with the RN in patient education (HP)</li> <li>Participates as assigned by the RN in collaboration with interdisciplinary teams</li> <li>Continuity of care</li> <li>Exemplars</li> <li>National Patient Safety Goals (TJC)</li> <li>Whistle blowing</li> <li>Professional organizations</li> <li>Types of Reimbursement (Medicare, Medicaid, Private)</li> </ul>
Assessment (Data collection)  Clinical Decision Making/Problem Solving  Teaching and Learning  Collaboration  Concepts Related to Healthcare  Safety  Legal Issues	<ul> <li>Continued Competence</li> <li>Assertive communication</li> <li>Group Process (Stages, participants and roles)</li> <li>Participates with the RN in holistic health assessment across the lifespan for normal and abnormal data collection</li> <li>Decision-making</li> <li>Prioritization of care</li> <li>Participates with the RN in patient education (HP)</li> <li>Participates as assigned by the RN in collaboration with interdisciplinary teams</li> <li>Continuity of care</li> <li>Exemplars</li> <li>National Patient Safety Goals (TJC)</li> <li>Whistle blowing</li> <li>Professional organizations</li> <li>Types of Reimbursement (Medicare,</li> </ul>

	Bioterrorism and First response)  Diagnostic Related Grouping (DRG) Allocation of resources
Ethics	Ethical dilemmas
Accountability	Professional Development
Quality improvement	<ul><li>Just culture</li><li>Quality Improvement Cycle: Plan- Do-Study-Act</li></ul>
Informatics	<ul><li>Computers in health organizations</li><li>Clinical decision support systems</li></ul>

#### **EXPLANATION OF SYLLABUS:**

The Student Learning Outcomes listed in this syllabus are those required actions that a student who successfully completes the course must be able to perform or exhibit. The educational experience, however, is a two-way, interactive process involving both the student and his/her instructor. The student must play an active role in the learning process in order to be successful. Instructors will provide an Instructor's Course Requirements document at the first class meeting explaining how he/she measures each of the Student Learning Outcomes listed in the syllabus. A student who is unable to accomplish the outcomes will not receive a passing grade in the course.

The information in this RCC Syllabus may not be accurate beyond the current semester. Textbooks and other course materials are subject to change. Students should verify the textbooks at the first class meeting with their instructor prior to purchasing.

#### RCC NURSING DEPARTMENT ATTENDANCE POLICY:

Regular attendance is considered essential for students to meet student learning outcomes in a course and progress in the Nursing Program. Students are expected to be prepared to start the course at the first class session and attend all scheduled meetings of classes for which they register. Rules on tardiness and leaving class early are addressed in each course syllabus. Instructors are required to record and report student absences.

At the beginning of each semester, faculty will complete the 10% reporting requirements as required by the North Carolina Community College System for traditional and distance learning courses. Students who do not meet the 10% reporting requirements will be reported as non-attending by the faculty using the appropriate report, and will be dropped from the course by the Registrar.

In addition to the 10% reporting period, faculty will state their attendance policy including its impact on the student's grade as a component of the course syllabus. Individual instructors should determine their own attendance policy in keeping with student learning outcomes. No matter the basis for absences, students are held accountable for academic activities.

The Nursing Department's requirement related to attendance exceeds the college policy. Nursing students are required to attend 90% of classes, labs, and clinicals. At the discretion of the instructor, a written assignment or makeup clinical may be given for hours missed determined to be unavoidable. Simulation experiences will not exceed 25% of the scheduled clinical hours and will be indicated on the clinical schedule.

If a student knows in advance that he/she will be absent from class, lab, or clinical, the Director or appropriate instructor **must** be notified. Students who are unable to attend clinical **MUST** notify the assigned clinical area and the nursing instructor prior to the time the clinical experience is to begin or face disciplinary action. Students will be given the home telephone number of each clinical instructor. Communications should be by phone; **text messaging is not acceptable**.

Tardy students are disruptive to the learning experience of others. Three (3) documented tardies equals one (1) absence.

Classroom doors will be locked at the beginning of class (per RCC Security Policy). Students who are late may enter the classroom at the first break.

Nursing students are expected to meet all scheduled classes, labs, and clinical learning experiences. Excessive absences may result in being dropped from the course.

### **Student Withdrawals**

Students may withdraw from Richmond Community College courses at any time. However, depending upon what point in the semester the student withdraws from a course may have consequences for the student if they are receiving any form of financial aid, scholarships, and/or veterans benefits.

In order to formally withdraw from a course, the student must complete a Student Withdrawal Form. The student is encouraged to read through the refund policies and discuss the impact of withdrawing with their instructor, advisor, financial aid staff, and/or Veterans Coordinator.

Individual instructors may have attendance requirements in individual classes. The instructor will notify the student if they are at risk of being withdrawn from an individual course due to the attendance requirements outlined on the Instructor Course Requirements for an individual course. The instructor will notify the student's advisor, financial aid staff, and/or the Veteran's Coordinator if an instructor initiated student withdrawal is imminent.

A withdrawal occurring before the 10% census reporting period ends for that course will not be included on the student's transcript.

Students may withdraw from Richmond Community College curriculum courses up to the published Last Date to Withdraw, approximately 90% point of the section term. The student will receive a grade of "W" for the class and will not receive credit for the course. The "W" grade will not be used to compute hours earned or to compute the student's grade point average. If the student presents written documentation of extenuating circumstances which make it impossible to continue in the course after the 90% point, a late withdrawal (occurring after the published Last Date to Withdraw and on or before the last date of the section term) may be approved. A late withdrawal must be approved by the Vice President of Instruction.

Criminal background checks and/or drug testing may be required by clinical agencies prior to a student's participation in the clinical component of a NUR course. Failure to meet clinical agency requirements will result in the student not having the opportunity to meet clinical objectives; therefore, the student will not be allowed to progress in the Nursing curriculum.

### No clinical facility reassignments will be made.

It is important to note that the clinical site, not the College, determines whether the result of the criminal background check/drug screening disqualifies the student from clinical activities. The hospital or other clinical agency, in its sole discretion, may request the removal of any student who, based on the results of the criminal background check/drug screening, the agency deems as inappropriate to provide care, treatment, or services.

## **Requests for Exceptions: Nursing Students**

Students who attend 89% or less of the course must be given a failing grade by the instructor, unless an exception to remain in the class or be withdrawn by the instructor is granted by the faculty's Department Chair. The instructor must submit the request for exception in writing within a week of the date in which the student began failing the course due to attendance or sooner, if possible. If granted, documentation of the exception with its rationale must be submitted to the Office of the Vice President for Instruction/Chief Academic Officer. Exceptions for students who attend 60% or less of the course must be approved by the Vice President for Instruction/Chief Academic Officer. If granted, documentation of the exception with its rationale must also be maintained by the Office of the Vice President for Instruction/Chief Academic Officer In either case, the faculty must give the student additional assignments to make up for the absences.

### **Student Appeal Process**

After speaking with the instructor, students who desire to appeal their withdrawal must submit a written (not e-mail) request of appeal to the appropriate lead instructor. This request must be submitted within a week of the date in which the student began to fail the course due to attendance. The student must be prepared to support his/her appeal with extenuating circumstances (i.e. documented illness whereby the student has kept up with work in class). If the lead instructor does not decide to readmit the student, the student may request that the department chair review the appeal. If the department chair does not decide to readmit the student, the student may request that the Vice President for Instruction/Chief Academic Officer review the appeal. The Vice President for Instruction/Chief Academic Officer will make a decision regarding the appeal based on the evidence.

If the appeal is not upheld, the student may request a meeting before the Student Appeals Committee. This must be within three business days of the decision rendered by the Vice President for Instruction/Chief Academic Officer. The student must bring evidence to the Student Appeals Committee on the date and time assigned by the Vice President for Student Services.

#### RCC GRADING SYSTEM:

Richmond Community College employs a system of letter grades and corresponding quality points per grade to evaluate a student's performance in meeting the stated goals and objectives for each course.\*\*

## **Nursing Grading Scale**

Students enrolled in a Nursing curriculum must obtain a grade of 80 or higher in all NUR courses in order to progress and graduate in the Nursing program. The grading scale used in the Nursing program for the final course grade is:

A: 90-100 (89.5 will be rounded to a 90)
B: 80-89 (79.5 will be rounded to an 80)
C: 70-79 (69.5 will be rounded to an 70)

D: 60-69 F: Below 60

\*Unit Test Grades rounded to tenth.

Nursing exams will be formatted to the NCLEX-PN Test Plan. In addition to multiple choice questions, alternate formats may be given. This may include fill-in-the-blanks, identifying hot spots, short answers, and multiple responses. Charts, graphics, sound, and video may be included.

The theory grade in NUR 103 will be based on unit tests, the final exam, and successful completion of an ATI Capstone Review course. Unit tests will account for 70% of the grade and the final exam 25%. ATI Capstone will account for 5% of the final course average.

NUR classes with clinical and/or lab components require that the student have a satisfactory in the clinical/lab component in order to pass the course. The numerical and letter grade are derived from the theory component, but satisfactory clinical performance is required to pass the course. A student who is not functioning at a satisfactory level will receive a letter grade of "F" for the course.

### **MEDICATION COMPETENCY:**

NUR 103 students will be given a medication competency test at the beginning of the semester. A minimum score of 85 is required to be able to administer medication at the clinical sites. Failure to pass the competency test with three attempts will result in an unsatisfactory on the clinical evaluation.

**Focused Client Care Experience**: A focused client care experience with a minimum of 90 hours shall be provided in the final semester of the program. This experience may be led by nursing faculty or an approved agency preceptor.

#### **NCLEX-PN QUESTIONS:**

A course requirement within NUR 103 will be to complete an assigned number of NCLEX type questions prior to each exam. These NCLEX style questions will assist the student to develop and improve test taking skills, as well as to reinforce material. Research supports the idea that this will improve a student's chance of passing the NCLEX test upon graduation. These questions will coincide with the current topics being covered. The questions and number of questions will be assigned by the instructor. These questions will be due to the instructor at the beginning of class on any given test date. This will be your TICKET TO TEST. If you do not complete these questions, you may not be allowed to take the test on this day. Please remember, that if you do not take the test on the assigned day, then the instructor may give an alternate exam. The NCLEX style questions will come from sources to include ATI, textbook, and adaptive quizzing program.

<sup>\*</sup>Final Course Grade rounded to whole number.

#### **SECURITY AND SAFETY PROCEDURES:**

RCC's upgraded security procedures require all doors to be locked at class start-time. All students, faculty, staff, and visitors must wear visible identification (ID) badges. Identification badges should be worn on the front of clothing. RCC employees can stop, restrict, and remove from any school-related activity or function anyone who does not display an ID badge.

#### STUDENTS WITH DISABILITIES:

Richmond Community College complies with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act, which require that no qualified student with a disability be excluded from participation in or be denied the benefits of any services, programs or activities on the basis of his or her disability. If a student has a disability that is covered by the Americans with Disabilities Act and requires accommodations in the classroom and/or in extracurricular activities, the student should request the accommodations in writing and submit the request to the Vice President for Student Development at least one month prior to the beginning of the semester in which the student enrolls in order to arrange for reasonable accommodations for the student. Richmond Community College will make every effort to provide reasonable assistance as related to a student's individual impairment and functions to help him/her participate and benefit from the programs and activities enjoyed by all students.

#### WITHDRAWAL AND FINANCIAL AID:

The Federal Return of Title IV Funds policy became effective August 1, 2000. This policy affects any student receiving Federal financial aid (Pell; FSEOG; ACG) who withdraws from all classes. Under this policy, every student who withdraws or is withdrawn by the instructor completely on or before the 60 percent point of the semester will be required to repay all or a portion of his/her Federal financial aid.

\*\*Please refer to the online version of RCC's Catalog & Student Handbook for current academic and general policies.