



Student Handbook

Associate Degree Nursing

2023/2024

Metropolitan Community College- Health Science Institute
Associate of Applied Science Nursing
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SUBJECT TO CHANGE WITHOUT NOTICE

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Dear Student,

Welcome to the Associate of Applied Science Nursing (Professional Nursing) Program.

We are excited and glad that you chose MCC-Penn Valley for your nursing education.

The Nursing Program is one of many health career programs available to MCC students and is integral to the College, reflecting its philosophy and objectives.

The Student Handbook is designed to provide information about the program and how to achieve success in your learning experiences.

The Nursing Program faculty and staff are dedicated to serving students and assisting each to reach the fullest of potential by fostering the desire for continuing education throughout life and developing a spirit of inquiry and creativity. The Associate of Applied Science Nursing Program is committed to improving health care in the community and working for the betterment of the nursing profession.

Best wishes for success in your pursuit of a career in nursing.

The Faculty, Staff, and Coordinators of the Associate Degree Program

INTRODUCTION/HISTORY OF THE NURSING PROGRAMS

Metropolitan Community College (MCC) is the oldest institution of higher learning in the Kansas City metropolitan area. It was founded in 1915 as the Kansas City Polytechnic Institute. It was accredited by North Central Association of Colleges and Schools in 1918 and in 1919 became the Junior College of Kansas City. MCC is also the largest college in the metropolitan area. The college has five campuses: MCC–Penn Valley, MCC-Blue River, MCC-Longview, MCC-Online and MCC-Maple Woods. The Administrative Center and Broadway Plaza house the administration of the MCC system and sits adjacent to the Penn Valley campus. The Health Science Institute is part of the Penn Valley campus.

The Practical Nursing Program (PN) originated under the sponsorship of the Kansas City, Missouri School District. The Kansas City, Missouri Board of Education Program of Practical Nursing was established in 1949 and was approved by the Missouri State Board of Nursing in November 1954. The Jennie Lund School of Practical Nursing was established July 1, 1966, through the Independence School District and was named for Jennie Lund, one of the first Practical Nurses in the Independence, Missouri area. The Jennie Lund School of Practical Nursing became a satellite of the Kansas City, Missouri Board of Education Program of Practical Nursing on July 1, 1988. In March 1990, a cooperative agreement with Penn Valley Community College was established to offer college credit hours for the total program. On June 30, 1993, the Kansas City, Missouri School District relinquished sponsorship of the program, and on July 1, 1993, the program became Penn Valley Community College. The Practical Nursing Program has full approval from the Missouri State Board of Nursing.

The Associate of Applied Science Nursing Program (A.A.S. in Nursing) was established August 1, 1966. The A.A.S. in Nursing Program has an average enrollment of 128 students per academic year. The program is fully approved by the Missouri State Board of Nursing and accredited by the NLNAC. The initial accreditation was January 1972 with the last accreditation occurring in spring 2022 by ACEN (formerly NLNAC) with full approval granted.

MCC's Nursing Department is recognized as one of the most technologically advanced nursing programs in the area. Several area-nursing programs utilize the Virtual Hospital suites, located on the first floor of the Health Science Institute. The Virtual Hospital suite simulates an actual hospital clinical environment for the use of nursing and allied health students through six learning areas that closely simulate hospital departments to develop and practice skills in electronic medical record systems and medication carts, along with fifteen incredibly life-like, computer-operated human patient simulators that mimic a wide variety of medical scenarios, including trauma, shock and cardiac arrest. Because of the progressive nature of the program, the ADN program was selected as one (1) of ten (10) nursing programs across the country to participate in a simulation study sponsored by the National Council of State Boards of Nursing (NCSBN). The inclusion in this study recognizes the nursing program as a leader in providing quality education and will help to standardize simulation in schools across the country.

MCC MISSION

MCC's Board of Trustees affirms its commitment to MCC's mission to provide access to educational opportunities in a supportive and caring environment that values diverse constituencies by:

"Preparing students, serving communities, creating opportunities for all."

Board Policy 7.30020 BP Non-Discrimination

MCC VISION

MCC will be the Kansas City region's college of choice where all are encouraged to learn, discover, and engage.

MCC VALUES

MCC identified five value statements that represent the ideals the College will embody in its next chapter and beyond.

- Excellence - We deliver our very best as an employer, community partner, educator, and workforce training provider for all of Kansas City.
- Learning - We promote personal, professional, and lifelong learning opportunities that positively impact lives and shape the Kansas City workforce.
- Equity - Our institutional infrastructure fosters equity in employment and student learning and eliminates barriers to success for anyone.
- People - People serve as the cornerstone of what we do and why we do it. We invest in employee development, intentionally recruit and retain a workforce that represents the communities we serve, and embrace individuals of all walks of life as valued members of the MCC Wolfpack.
- Integrity - We conduct ourselves transparently, ethically, and in ways that honor the trust placed in us by our students, employees, and communities we serve.

MCC PURPOSE

In pursuit of MCC's mission, the district will:

- Provide courses and associate degree programs that prepare students to transfer to four-year colleges and universities to complete bachelor's degrees.
- Provide courses, certificates and associate degree programs to prepare students to enter the work force in skilled jobs and careers.
- Provide courses, certificates and associate degree programs to assist adult workers to upgrade their job skills, change careers, or advance in their careers.
- Provide instruction in core academic skills that prepare students to succeed in college-level courses and programs.
- Provide student development and support services to assist students to achieve their academic, career and personal goals.
- Provide and support activities to enhance student learning outside the classroom.
- Provide a range of services and accommodations to help all prospective students overcome barriers to access college programs and opportunities
- Provide courses and other educational and cultural activities to enrich the lives of members of the community.
- Provide business support services and other training and assistance to support the economic development of the community.
- Collaborate with other educational institutions, community-based organizations, agencies, businesses and industries to meet the needs of the community.

PHILOSOPHY OF THE NURSING PROGRAM

Individual

The individual is a unique human organism who comes from a culturally diverse background with biological, psychological, social, and spiritual needs. The individual has an inherent knowledge, will, and strength that enable the person to achieve the tasks of the developmental stages and attain life goals. Needs in the biological, psychological, social, and spiritual dimension may affect the health of the individual.

Health

Health is a state of wholeness or integrity of the person and is defined by the individual. We believe health is a multi-dimensional, dynamic, fluid state in which the individual may be at any point from independence to peaceful death. Health is the responsibility of a total society and all its members.

Environment

The environment encompasses the person, the family, and the community. Impacting the individual within the environment are the internal and external forces that affect the needs of that individual. Internal and external forces within the environment are considered by the nurse when assisting with the individual's needs.

Nursing

Nursing is a profession that focuses on the care of individuals, families, and communities. Nursing is primarily assisting the individual, ill or well, in the performance of those activities contributing to independence, maintenance, or restoration of health or a peaceful death. The nurse, as a professional, utilizes critical thinking and the nursing process to render care. Communication is essential to the individual/nurse relationship. The nurse is cognizant of legal/ethical issues when assisting the individual. Both the nurse and the individual are affected by internal and external forces, which are dynamic.

Education

Education is an ongoing, lifelong, dynamic process of socialization resulting in increased knowledge and behavioral change in which the learner must be an active participant.

Nursing Education

Nursing education integrates the science and art of nursing with knowledge from the humanities and the biological, physical, and behavioral sciences to provide the foundation for clinical application of nursing care. Utilization of basic core knowledge permits entry and exit at different points of the nursing education continuum.

Associate Degree Education

Associate degree nursing education prepares the graduate to assume the roles of provider, manager, and member of the discipline. The associate degree nurse is able to select from a variety of nursing interventions to meet complex needs of clients who have common, recurrent problems with predictable outcomes. The graduates of the Associate of Applied Science Nursing Degree are provided an educational foundation for a variety of healthcare settings and/or for further study at the baccalaureate or masters level.

Learners

Learners come from diverse social and cultural backgrounds and bring a multitude of educational, work, and life experiences to the nursing program. Each student is respected as a unique individual. The faculty acknowledges individual differences when planning the educational program. Teaching is an interactive process by which the individual is motivated and assisted to learn. The faculty, as facilitators, promote a sense of inquiry and the desire for continued learning. We believe learning is observable, progressing from simple to complex, common to uncommon, and normal to abnormal. The process of learning contributes to the individual's ability to attain educational goals. The faculty is committed to educational mobility that provides learners with opportunities to meet their individual educational needs and goals. The nursing faculty shares the responsibility for the total educational curriculum and for ongoing evaluation of the program to determine its adequacy in meeting the changing health care needs of the community.

THE MISSION STATEMENT OF THE NURSING DEPARTMENT

The Nursing Department is committed to providing a quality Associate of Applied Science Nursing Degree in an academic setting. The nursing programs provide an environment conducive to learning that fosters intellectual inquiry, is supportive of the individual learner, values diversity, encourages commitment to lifelong learning, and provides for the development of the individual student.

PURPOSE STATEMENTS OF THE NURSING DEPARTMENT

1. Provide a learning environment with appropriate organizational structure and resources to fulfill the mission of MCC.
2. Attract and retain qualified traditional and non-traditional students from culturally diverse populations for completion of the Practical Nursing Certificate or the Associate Degree in Applied Science in Nursing.
3. Provide an environment that supports and enhances the educational program while fulfilling the individual student's learning needs.
4. Provide the student with the opportunity to develop new knowledge and skills through educational access by articulation among multiple levels of nursing education.
5. Provide an environment that holds students to be accountable for personal and professional growth through active participation in professional organizations and community activities.

CONCEPTUAL FRAMEWORK

The environment is the realm in which the interaction between the nurse and the individual occurs. The environment is dynamic and ever changing. Nursing is cognizant of the environment and the impact it has on the relationship between the nurse and the individual.

Nursing utilizes the skills of critical thinking, the nursing process, and the knowledge of legal/ethical issues to deliver care to an individual in a professional manner. The link between the nurse and the individual is communication.

The individual brings to the relationship basic needs: biological, psychological, social, and spiritual. Nursing must individualize care to meet those basic needs, incorporating the individual's cultural background and developmental stage. Nursing, within the environment in which the relationship is operating, utilizes the individual's own knowledge, strength, and will to assist the individual to independence, restoration, maintenance, or peaceful death.

Internal and external forces are present in all aspects of the relationship, arising from the environment or being inherent in the nurse or the individual. These forces influence the relationship and the interaction with the environment.

NURSING DEPARTMENT CURRICULUM MODEL



PROGRAM OUTCOMES

The nursing program strives to provide the following as its program outcomes:

1. Therapeutically communicate with diverse populations to meet the developmental needs throughout the lifespan.
2. Demonstrate professional behavior in all interactions with clients to produce quality care by way of the nursing process.
3. Meet the basic needs within the environment while respecting the legal/ethical issues of the clients within their community.

OBJECTIVES OF THE ASSOCIATE DEGREE NURSING (ADN) PROGRAM

LEVEL I 100 Level Courses

1. Recognize the significance of principles of growth and development in providing age-appropriate nursing care.
2. Respect cultural and ethnic differences when planning care.
3. Provide basic client care organized according to Maslow's hierarchy of needs throughout the health-illness continuum.
4. Identify the impact of the environment in providing care throughout the wellness-illness continuum.
5. Describe the role of the Associate Degree Nurse in the health care delivery system.
6. Utilize the nursing process as a framework for data collection, assessment, diagnosis, planning, implementation, and evaluation in providing client care.
7. Utilize basic concepts of scientific knowledge to provide rationale for nursing actions.
8. Utilize verbal and written skills to communicate pertinent information
9. Discuss legal/ethical guidelines in the provision of basic nursing care.

LEVEL II 200 Level Courses

1. Analyze concepts and principles of growth and development when providing age-appropriate nursing care.
2. Integrate cultural and ethnic data when planning nursing care.
3. Prioritize client-centered care according to identified basic needs.
4. Analyze the impact of internal and external environmental factors on the provision of care throughout the wellness-illness continuum.
5. Demonstrate responsibility and accountability for continued development as a professional person.
6. Evaluate the effectiveness of the nursing process in the delivery of health care to clients/families throughout the life cycle.
7. Integrate principles from an expanding body of knowledge to assist individuals in promotion, maintenance, and restoration of optimal health and independence whenever possible or a peaceful death.
8. Demonstrate therapeutic communication techniques to establish and maintain relationships with clients/families and the multidisciplinary health care team.
9. Integrate ethical and legal standards into the practice of nursing

COURSE DESCRIPTIONS

LEVEL 1 – ASSOCIATE DEGREE NURSING PROGRAM

RNUR 115 – PROFESSIONAL TRANSITION

This sixteen-week course facilitates the transition of the Licensed Practical Nurse to the role of Associate Degree Nurse and includes professional and legal/ethical issues. Concepts covered in the course include the nursing process, physical assessment, teaching-learning principles, group dynamics, cultural/ethnic issues and critical thinking. Community health concepts & previously learned content will be introduced.

RNUR 126 – FUNDAMENTALS OF PROFESSIONAL NURSING

This sixteen-week course is taken in the first semester of the associate degree-nursing program. The student will acquire knowledge fundamental to the development of basic skills and attitudes essential for the practice of nursing. The principles of physical, biological, behavioral sciences, and nursing theory serve as the foundation. The fundamental principles of health assessment are also a part of this course. This first clinical laboratory course is designed to introduce the student to the role of the professional nurse in meeting basic needs common to all clients. Students are prepared to establish the nurse-client relationship through communication skills. Planned clinical experience is designed to allow the student to utilize the nursing process to deliver safe, individualized nursing care according to legal/ethical guidelines.

RNUR 131 – ESSENTIAL NURSING CONCEPTS

This sixteen-week course must be taken concurrently with Fundamentals of Professional Nursing in the first semester of the program and presents the concepts underlying the nursing curriculum. The course provides a basis for beginning nursing practice. It introduces the student to nursing as a profession with its component parts: professionalism, health care delivery systems, the health care team, and legal/ethical issues. The student is introduced to communication theory, the hierarchy of basic needs, developmental theories, the impact of culture and ethnicity on health practices and the nurse-client relationship. Competency in calculation of medication dosages will be required.

RNUR 134 – MENTAL HEALTH NURSING

This sixteen-week course is based on the belief that mental health nursing is an integral part of all nursing. It builds upon the foundation of basic knowledge of human behavior that the student receives from the field of psychology. The student will acquire a basic knowledge of the causes, treatment, and prevention of mental disorders across the lifespan including the impact of environmental forces. Ethical/legal concepts are integrated throughout. Emphasis is placed on application of therapeutic communication techniques, psychiatric assessment skills, and the nursing process. The impact of the therapeutic environment upon the treatment of specific psychiatric populations across the lifespan will be presented.

RNUR 138 – NURSING CARE OF WOMEN & NEONATES

This is sixteen-week course focuses on nursing care of women and neonates. The course is designed to provide a holistic view of women and their health-related, self-care practices. While major emphasis is placed upon providing experiences in meeting the basic needs of the family during the childbearing years, women's changing health care requirements throughout their lifetime are also addressed. Communication with women, mothers, and significant others is emphasized. Developmental tasks of the neonate, adolescent, and adult are identified. The nursing process is utilized in the clinical setting to determine needs and related interventions for childbearing women, neonates, and support systems. Emphasis is placed on incorporating teaching-learning needs as part of the plan of care for the culturally diverse family.

RNUR 141 – ADULT NURSING I

Adult Nursing I is the first of three (3) medical-surgical nursing courses and builds upon the basic nursing content and skills learned in Fundamentals of Professional Nursing and Essential Nursing Concepts. This sixteen-week course focuses on presentation of gerontological concepts along with selected medical-surgical problems associated with this population. The nursing process will serve as a framework to integrate the concepts of legal-ethical issues, culture and ethnicity, developmental stages/tasks, and communication. Emphasis is placed on identifying physiological and psychological changes of clients aged 65 and older.

LEVEL II – ASSOCIATE DEGREE NURSING PROGRAM

RNUR 234 – CHILD-CENTERED NURSING

This sixteen-week course is designed to introduce the student to the role of the professional nurse in promoting health care in children and their families. Nursing care will be provided in primary, secondary, and tertiary settings. This course stresses the uniqueness of each child and the family unit. Communication is employed to assist the child and family in health maintenance with the goal of independence and autonomy of function. The nursing process will be used as the interactive tool linking all aspects of care for culturally diverse clients and their families. Developmental stages/tasks will be stressed in assisting the family unit toward health maintenance.

RNUR 238 – ADULT NURSING II

Adult Nursing II is the second of three (3) medical-surgical nursing courses and is the first with a clinical component. This sixteen-week course allows students to utilize previous nursing concepts as they apply their skills to clients in a variety of secondary and tertiary settings. Students assume professional nursing roles in meeting basic needs by demonstrating skills in communication, critical thinking, and the nursing process. Students interact with culturally/ethnically diverse clients and integrate legal/ethical issues into the plan of care. Content regarding medical-surgical disease processes is continued, giving the student the basis of knowledge to assist the client to reach optimal status on the health-illness continuum.

RNUR 244 – ADULT NURSING III

This is the final of three (3) adult nursing courses and is designed to prepare the student to transition to the role of the professional nurse. In this sixteen-week course students will expand their knowledge of therapeutic communication and skills related to health care technology. Concepts from previous nursing courses are integrated to provide comprehensive nursing care to select adult clients and their families experiencing multi-system failure/trauma. Students use the nursing process to organize and manage care in conjunction with other health team members. Critical thinking, developmental stages, cultural/ethnic diversity, and legal/ethical issues are implemented in the care planning process. Clinical laboratory practice occurs in primary, secondary, and tertiary settings with diverse client populations. A community health nursing experience is incorporated in theory and clinical practice.

RNUR 230 – LEADERSHIP/MANAGEMENT/TRENDS

This sixteen-week course focuses on leadership and management principles necessary for the professional nurse to function in the leader/manager role. Concepts and theories of nursing care delivery models, leadership and management, delegation of patient care, communication, time management, conflict resolution, legal responsibilities, ethical issues, decision making, issues and trends in nursing, graduate role integration, and professional development will be explored.

AMERICAN NURSES ASSOCIATION PROVISIONS OF THE CODE OF ETHICS FOR NURSES

Nursing is regarded as one of the most ethical of all professions. The concern for the sick, injured, and vulnerable and the social justice in providing care for all individuals and the community are embedded in nursing practice. Nurses act to change those aspects of social structures that detract from the health and well-being of individuals, families, groups, and communities. Nurses are expected to adhere to the ideals and moral norms of the profession and to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing uses self-reflection to monitor the behavior of all members of the profession. A code of ethics makes the goals, values, and obligations of the profession explicit to societal members, both inside and outside the profession.

The following Provisions of the Code of Ethics for Nurses developed by the American Nurses Association (ANA), the official organization representing professional nurses (RNs), serves the following purposes:

- It is a succinct statement of the ethical values, obligations, duties, and professional ideals of nurses individually and collectively.
 - It is the profession's non-negotiable ethical standards.
 - It is an expression of nursing's own understanding of its commitment to society.
1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
 2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
 3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
 4. The nurse has the authority, accountability, and responsibility for nursing practice; makes decisions; and acts consistent with the obligation to promote health and to provide optimal care.
 5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
 6. The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
 7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
 8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
 9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

From: American Nurses Association (2015) *Code of Ethics for Nurses with Interpretive Statements*. Washington, DC: Author. The ANA Code of Ethics for Nurses can be found on the following link: <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>

MISSOURI NURSING PRACTICE ACT FOR PROFESSIONAL NURSING

For a complete copy of The Nursing Practice Act, contact the Academic Affairs Office or access the website of Missouri State Board of Nursing @ <https://pr.mo.gov/nursing-rules-statutes.asp> or the Missouri statutes website @ <http://moga.mo.gov/mostatutes/chapters/chapText335.html>.

A critical section of the Missouri Nursing Practice Act (§335.066 RSMo 2019) reprinted below has significant relevance to nursing students and their professional development. Students should understand that completion of the program does not guarantee eligibility to take the licensure examination.

Section 335.066 is reprinted here from State of Missouri Division of Professional Registration State Board of Nursing Statutes & Rules:

§335.066 Denial, revocation, or suspension of license, grounds for civil immunity for providing information-complaint procedures.

1. The board may refuse to issue or reinstate any certificate of registration or authority, permit or license required pursuant to this chapter* for one or any combination of causes stated in subsection 2 of this section or the board may, as a condition to issuing or reinstating any such permit or license, require a person to submit himself or herself for identification, intervention, treatment, or monitoring by the intervention program and alternative program as provided in section 335.067. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.
2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate of registration or authority, permit or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:
 - (1) Use or unlawful possession of any controlled substance, as defined in chapter 195, by the federal government, or by the department of health and senior services by regulation, regardless of impairment, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by sections 335.011 to 335.096. A blood alcohol content of .08 shall create a presumption of impairment;
 - (2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated pursuant to sections 335.011 to 335.096, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;
 - (3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to sections 335.011 to 335.096 or in obtaining permission to take any examination given or required pursuant to sections 335.011 to 335.096;
 - (4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;
 - (5) Incompetency, gross negligence, or repeated negligence in the performance of the functions or duties of any profession licensed or regulated by this chapter*. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;
 - (6) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by this chapter, including, but not limited to, the following:
 - (a) Willfully and continually overcharging or overtreating patients; or charging for visits which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records;
 - (b) Attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation;
 - (c) Willfully and continually performing inappropriate or unnecessary treatment, diagnostic tests, or nursing services;
 - (d) Delegating professional responsibilities to a person who is not qualified by training, skill, competency,

- age, experience, or licensure to perform such responsibilities;
- (e) Performing nursing services beyond the authorized scope of practice for which the individual is licensed in this state;
 - (f) Exercising influence within a nurse-patient relationship for purposes of engaging a patient in sexual activity;
 - (g) Being listed on any state or federal sexual offender registry;
 - (h) Failure of any applicant or licensee to cooperate with the board during any investigation;
 - (i) Failure to comply with any subpoena or subpoena duces tecum from the board or an order of the board;
 - (j) Failure to timely pay license renewal fees specified in this chapter;
 - (k) Violating a probation agreement, order, or other settlement agreement with this board or any other licensing agency;
 - (l) Failing to inform the board of the nurse's current residence within thirty days of changing residence;
 - (m) Any other conduct that is unethical or unprofessional involving a minor;
 - (n) A departure from or failure to conform to nursing standards;
 - (o) Failure to establish, maintain, or communicate professional boundaries with the patient. A nurse may provide health care services to a person with whom the nurse has a personal relationship as long as the nurse otherwise meets the standards of the profession;
 - (p) Violating the confidentiality or privacy rights of the patient, resident, or client;
 - (q) Failing to assess, accurately document, or report the status of a patient, resident, or client, or falsely assessing, documenting, or reporting the status of a patient, resident, or client;
 - (r) Intentionally or negligently causing physical or emotional harm to a patient, resident, or client;
 - (s) Failing to furnish appropriate details of a patient's, client's, or resident's nursing needs to succeeding nurses legally qualified to provide continuing nursing services to a patient, client, or resident;
- (7) Violation of, or assisting or enabling any person to violate, any provision of sections 335.011 to 335.096, or of any lawful rule or regulation adopted pursuant to sections 335.011 to 335.096;
- (8) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;
- (9) Disciplinary action against the holder of a license or other right to practice any profession regulated by sections 335.011 to 335.096 granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;
- (10) A person is finally adjudged insane or incompetent by a court of competent jurisdiction;
- (11) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by sections 335.011 to 335.096 who is not registered and currently eligible to practice pursuant to sections 335.011 to 335.096;
- (12) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;
- (13) Violation of any professional trust or confidence;
- (14) Use of any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;
- (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;
- (16) Placement on an employee disqualification list or other related restriction or finding pertaining to employment within a health-related profession issued by any state or federal government or agency following final disposition by such state or federal government or agency;
- (17) Failure to successfully complete the intervention or alternative program for substance use disorder;
- (18) Knowingly making or causing to be made a false statement or misrepresentation of a material fact, with intent to defraud, for payment pursuant to the provisions of chapter 208 or chapter 630, or for payment from Title XVIII or Title XIX of the federal Medicare program;
- (19) Failure or refusal to properly guard against contagious, infectious, or communicable diseases or the spread thereof; maintaining an unsanitary office or performing professional services under unsanitary conditions; or failure to report the existence of an unsanitary condition in the office of a physician or in any health care facility to the board, in writing, within thirty days after the discovery thereof;
- (20) A pattern of personal use or consumption of any controlled substance or any substance which requires a prescription unless it is prescribed, dispensed, or administered by a provider who is authorized by law to do so or a pattern of abuse of any prescription medication;
- (21) Habitual intoxication or dependence on alcohol, evidence of which may include more than one alcohol-related enforcement contact as defined by section 302.525;
- (22) Failure to comply with a treatment program or an aftercare program entered into as part of a board order, settlement agreement, or licensee's professional health program;
- (23) Failure to submit to a drug or alcohol screening when requested by an employer or by the board. Failure to submit to a drug or alcohol screening shall create the presumption that the test would have been positive for a drug for which the individual did not have a prescription in a drug screening or positive for alcohol in an alcohol screening;
- (24) Adjudged by a court in need of a guardian or conservator, or both, obtaining a guardian or conservator, or both, and who has not been restored to capacity;
- (25) Diversion or attempting to divert any medication, controlled substance, or medical supplies;

(26) Failure to answer, failure to disclose, or failure to fully provide all information requested on any application or renewal for a license. This includes disclosing all pleas of guilt or findings of guilt in a case where the imposition of sentence was suspended, whether or not the case is now confidential;

(27) Physical or mental illness, including but not limited to deterioration through the aging process or loss of motor skill, or disability that impairs the licensee's ability to practice the profession with reasonable judgment, skill, or safety. This does not include temporary illness which is expected to resolve within a short period of time;

(28) Any conduct that constitutes a serious danger to the health, safety, or welfare of a patient or the public.

3. After the filing of such complaint, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate, or permit.

4. For any hearing before the full board, the board shall cause the notice of the hearing to be served upon such licensee in person or by certified mail to the licensee at the licensee's last known address. If service cannot be accomplished in person or by certified mail, notice by publication as described in subsection 3 of section 506.160 shall be allowed; any representative of the board is authorized to act as a court or judge would in that section; any employee of the board is authorized to act as a clerk would in that section.

5. An individual whose license has been revoked shall wait one year from the date of revocation to apply for relicensure. Relicensure shall be at the discretion of the board after compliance with all the requirements of sections 335.011 to 335.096 relative to the licensing of an applicant for the first time.

6. The board may notify the proper licensing authority of any other state concerning the final disciplinary action determined by the board on a license in which the person whose license was suspended or revoked was also licensed of the suspension or revocation.

7. Any person, organization, association or corporation who reports or provides information to the board of nursing pursuant to the provisions of sections 335.011 to 335.259** and who does so in good faith shall not be subject to an action for civil damages as a result thereof.

8. The board may apply to the administrative hearing commission for an emergency suspension or restriction of a license for the following causes:

(1) Engaging in sexual conduct as defined in section 566.010, with a patient who is not the licensee's spouse, regardless of whether the patient consented;

(2) Engaging in sexual misconduct with a minor or person the licensee believes to be a minor. "Sexual misconduct" means any conduct of a sexual nature which would be illegal under state or federal law;

(3) Possession of a controlled substance in violation of chapter 195 or any state or federal law, rule, or regulation, excluding record-keeping violations;

(4) Use of a controlled substance without a valid prescription;

(5) The licensee is adjudicated incapacitated or disabled by a court of competent jurisdiction;

(6) Habitual intoxication or dependence upon alcohol or controlled substances or failure to comply with a treatment or aftercare program entered into pursuant to a board order, settlement agreement, or as part of the licensee's professional health program;

(7) A report from a board-approved facility or a professional health program stating the licensee is not fit to practice.

For purposes of this section, a licensee is deemed to have waived all objections to the admissibility of testimony from the provider of the examination and admissibility of the examination reports. The licensee shall sign all necessary releases for the board to obtain and use the examination during a hearing; or

(8) Any conduct for which the board may discipline that constitutes a serious danger to the health, safety, or welfare of a patient or the public.

(9) The board shall submit existing affidavits and existing certified court records together with a complaint alleging the facts in support of the board's request for an emergency suspension or restriction to the administrative hearing commission and shall supply the administrative hearing commission with the last home or business addresses on file with the board for the licensee. Within one business day of the filing of the complaint, the administrative hearing commission shall return a service packet to the board. The service packet shall include the board's complaint and any affidavits or records the board intends to rely on that have been filed with the administrative hearing commission. The service packet may contain other information in the discretion of the administrative hearing commission. Within twenty-four hours of receiving the packet, the board shall either personally serve the licensee or leave a copy of the service packet at all of the licensee's current addresses on file with the board. Prior to the hearing, the licensee may file affidavits and certified court records for consideration by the administrative hearing commission.

(10) Within five days of the board's filing of the complaint, the administrative hearing commission shall review the

information submitted by the board and the licensee and shall determine based on that information if probable cause exists pursuant to subsection 8 of this section and shall issue its findings of fact and conclusions of law. If the administrative hearing commission finds that there is probable cause, the administrative hearing commission shall enter the order requested by the board. The order shall be effective upon personal service or by leaving a copy at all of the licensee's current addresses on file with the board.

(11) (1) The administrative hearing commission shall hold a hearing within forty-five days of the board's filing of the complaint to determine if cause for discipline exists. The administrative hearing commission may grant a request for a continuance, but shall in any event hold the hearing within one hundred twenty days of the board's initial filing. The board shall be granted leave to amend its complaint if it is more than thirty days prior to the hearing. If less than thirty days, the board may be granted leave to amend if public safety requires.

(2) If no cause for discipline exists, the administrative hearing commission shall issue findings of fact, conclusions of law, and an order terminating the emergency suspension or restriction.

(3) If cause for discipline exists, the administrative hearing commission shall issue findings of fact and conclusions of law and order the emergency suspension or restriction to remain in full force and effect pending a disciplinary hearing before the board. The board shall hold a hearing following the certification of the record by the administrative hearing commission and may impose any discipline otherwise authorized by state law.

12. Any action under this section shall be in addition to and not in lieu of any discipline otherwise in the board's power to impose and may be brought concurrently with other actions.

13. If the administrative hearing commission does not find probable cause and does not grant the emergency suspension or restriction, the board shall remove all reference to such emergency suspension or restriction from its public records. Records relating to the suspension or restriction shall be maintained in the board's files. The board or licensee may use such records in the course of any litigation to which they are both parties. Additionally, such records may be released upon a specific, written request of the licensee.

14. If the administrative hearing commission grants temporary authority to the board to restrict or suspend the nurse's license, such temporary authority of the board shall become final authority if there is no request by the nurse for a full hearing within thirty days of the preliminary hearing. The administrative hearing commission shall, if requested by the nurse named in the complaint, set a date to hold a full hearing under the provisions of chapter 621 regarding the activities alleged in the initial complaint filed by the board.

15. If the administrative hearing commission refuses to grant temporary authority to the board or restrict or suspend the nurse's license under subsection 8 of this section, such dismissal shall not bar the board from initiating a subsequent disciplinary action on the same grounds.

16. (1) The board may initiate a hearing before the board for discipline of any licensee's license or certificate upon receipt of one of the following:

(a) Certified court records of a finding of guilt or plea of guilty or nolo contendere in a criminal prosecution under the laws of any state or of the United States for any offense involving the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense involving fraud, dishonesty, or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(b) Evidence of final disciplinary action against the licensee's license, certification, or registration issued by any other state, by any other agency or entity of this state or any other state, or the United States or its territories, or any other country;

(c) Evidence of certified court records finding the licensee has been judged incapacitated or disabled under Missouri law or under the laws of any other state or of the United States or its territories.

(2) The board shall provide the licensee not less than ten days' notice of any hearing held pursuant to chapter 536.

(3) Upon a finding that cause exists to discipline a licensee's license, the board may impose any discipline otherwise available.

(L. 1975 S.B. 108§12, A.L. 1981S.B. 16, A.L. 1995S.B. 452, A.L. 1999H.B. 343, A.L. 2007H.B. 780 merged with S.B. 308, A.L. 2013H.B. 315, A.L. 2018H.B. 17)

STATEMENT OF SAFE PRACTICE

It is the goal and intent of clinical partners to do all that is reasonable to provide a safe and healthy environment. Active cooperation and commitment at all levels are necessary ingredients in attaining and maintaining this goal.

Safety Philosophy

Safety should always be considered a priority because priorities are shifted around as the institution demands. Rather, safety should be considered a value associated with every one of the activities in a work routine. Regardless of work priorities or employer demands on a particular day, safe practices should occur. Safety should become an aspect of each routine that is never questioned, never compromised.

Excerpt from the Clinical Orientation Manual: Collaborative Project of Collegiate Nurse Educators of Greater Kansas City & Kansas City Area Nurse Executives, Copyright 2023.

The student is accountable to the client, client's family, Department of Nursing, MCC-Penn Valley, MCC Code of Student Conduct, the clinical agency, the State Nurse Practice Act, Code of Ethics, Code of Academic and Clinical Professional Conduct and professional standards of practice.

Society holds nursing students to the same standards of practice as any reasonably prudent professional nurse. Students are granted the privilege of practicing professional nursing under the supervision of a licensed faculty member who is licensed in the state of Missouri.

Students are expected to uphold the duty of care and not expose clients to unnecessary risks. A safe practitioner knows limitations and functions within his or her scope of practice.

Unsafe nursing practice is any act of omission or commission that could lead to harm or jeopardize the safety or well-being of the client. Any practice that does not conform to what a reasonable and prudent nurse in the same situation would do is considered unsafe.

National Patient Safety Goals

Most clinical agencies are under the jurisdiction for safe practice as set forth by their accrediting body, The Joint Commission (TJC), previously known as the Joint Commission of the Accreditation of Hospital Organizations (JCAHO). JCAHO has identified national patient safety goals. It is the student's responsibility to understand how these recommendations are being implemented in clinical settings, as they relate to his or her role as a student. Please see Joint Commission site (<https://www.jointcommission.org/>) for the most up to date list of goals.

STATEMENT OF NON-DISCRIMINATION

Metropolitan Community College is committed to a policy of non-discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity, age, birth, ancestry, national origin or disability in admissions, educational programs, services or activities and employment, as specified by federal laws Title VI; Title VII; Title IX, section 504; the Americans with Disabilities Act; and state laws and regulations.

Inquiries concerning compliance may be addressed to MCC's Title IX Coordinators:

MCC District
 Director of Employee Relations and Training
 3217 Broadway,
 Kansas City, MO 64111-2429 Telephone: 816.604.1023

MCC-Longview
 Dean of Student Development
 500 SW Longview Road,
 Lee's Summit, MO 64081-2015
 Telephone: 816.604.2326

MCC-Blue River
 Dean of Student Development, 20301
 E. 78 Highway,
 Independence, MO 64057-2053
 Telephone: 816.604.6620

MCC-Maple Woods
 Dean of Student Development
 2601 NE Barry Road,
 Kansas City, MO 64156-1299
 Telephone: 816.604.3175

MCC-Penn Valley
 Dean of Student Development, 3201 Southwest
 Trafficway,
 Kansas City, MO 64111-2764
 Telephone: 816.604.4114

For confidential reporting contact:
 Director of Student Disability Services
 3200 Broadway
 Kansas City, MO 64111-2429 Telephone: 816.604.1418

Inquiries may also be addressed to:
 Office for Civil Rights-Kansas City Office
 U.S. Department of Education
 One Petticoat Lane
 1010 Walnut Street, 3rd floor, Suite 320
 Kansas City, MO 64106
 Telephone: 816-268-0550

MCC Policies

Non-Discrimination 7.30020 BP

Student Discrimination and Harassment 7.30030 BP Student Discrimination and Harassment 7.30030

DP

AMERICANS WITH DISABILITIES ACT INFORMATION

Metropolitan Community College (MCC) is committed to ensuring equal access to all qualified students with disabilities in accordance with the Americans with Disabilities Act (ADA). If you have a disability which may impact your ability to access or participate in any aspect of class, please contact the MCC Administrative Center Director of Student Disability Services. The Disability Support Service (DSS) Coordinator will work with you to determine what disability documentation/information is needed in order to provide accommodations.

Each MCC campus has a Disability Support Services (DSS) office that collaborates with faculty, staff, students, and the community to promote equal access to all educational programs, classes, activities, and services provided within the community college system. Each MCC campus DSS office also provides services for students with documented disabilities. Arrangements can be made for aids and adjustments to help ensure equitable access to MCC's programs and services.

The campus DSS office also has information about the existence and location of services, activities and facilities accessible to and usable by persons with disabilities.

Students or college visitors who have a disability as defined by the Americans with Disabilities Act are eligible for services.

Accommodations are determined on an individualized basis and may take some time to put in place, so early notification to DSS is helpful. To qualify for services, students must identify themselves to the DSS office. Early application is highly preferred and should be completed prior to the start of each semester so that accommodations can be arranged in a timely manner. More information is available at <https://mcckc.edu/disability>. If you need accommodations due to any approved disability, contact the access professional at one of the MCC campuses:

MCC-Blue River: (816) 604-6568

MCC-Longview: (816) 604-2254

MCC-Maple Woods: (816) 604-3192

MCC-Penn Valley: (816) 604-4089

MCC Policy: Americans with Disabilities Act 3.25060 BP

ESSENTIAL HEALTH REQUIREMENTS

Metropolitan Community College Associate of Applied Science Nursing Degree education requires assimilation of knowledge, the ability to make appropriate judgement in healthcare settings, and acquisition of substantial specialized skills and development. The practice of a nurse emphasizes collaboration among a diverse multidisciplinary healthcare team, the client, and the client's family.

The curriculum requires students to engage in diverse, complex, and specific experiences essential to the acquisition and practice of essential nursing skills and function. Unique combinations of cognitive, affective, psychomotor, physical, and social abilities are required to satisfactorily perform these functions. In addition to being essential to the successful completion of the requirements of the Associate of Applied Science Nursing Degree, these functions are necessary to ensure the health and safety of clients, peers, faculty, staff, and other healthcare providers.

The essential abilities necessary to acquire or demonstrate competence in a discipline as complex as nursing and needed for successful completion of the program include, but are not limited to, the following guidelines:

1. **Motor Skills:** students should have sufficient motor function so that they are able to execute movements required to successfully function in the classroom as well as provide general care and treatment to clients in all health care settings. Students should be able to reach items overhead, stand for 8-12 hours, stoop, crouch, kneel, and lift 25-50 pounds (for example: students are expected to maintain safety while assisting in lifting, moving, and/or transferring clients. While requesting assistance when lifting or positioning clients is expected, the exertion can be up to 50 pounds). The student must also be able to perform basic life support, including CPR, and function in an emergency situation.
2. **Sensory/Observation:** students must be able to acquire information through demonstration and experiences in the basic nursing sciences. The student must be able to observe a client accurately, at a distance and close at hand, and observe and appreciate non-verbal communications when performing nursing assessment, intervention, or medication administration. The student must be capable of perceiving the signs of disease and infection as manifested through physical examination. Such information is derived from images of the body surfaces, palpable changes in various organs and tissues, and auditory information (client voice, heart tones, bowel, and lung sounds).
3. **Visual Acuity:** students must be able to read, to determine changes in the client's condition, to discriminate between measurements on equipment such as syringes or gauges, and to accurately use client care supplies and equipment.
4. **Communication:** students must be able to hear as well as be able to verbally effectively and sensitively communicate with other students, faculty, staff, clients, family, and other members of the healthcare team. The student must express his or her idea and feelings clearly and demonstrate a willingness and ability to give and receive feedback. A student must be able to convey or exchange information at a level allowing development of a health history, identify problems presented explain alternate e solutions, and give directions during treatment and post-treatment. The student must be able to communicate effectively in oral and written format. The student must be able to process and communicate information on the client's status with accuracy, in a timely manner, to members of the health care team. The appropriate communication may also rely on the student's ability to make a correct judgement in seeking supervision and consultation in a timely manner.
5. **Cognitive:** students must be able to measure, calculate, reason, analyze, integrate, and synthesize in the context of nursing study. The student must be able to read and comprehend extensive written material. The student must also be able to evaluate and apply information and engage in critical thinking in the classroom and in the clinical setting.
6. **Behavioral/Emotional:** students must possess the emotional health required for the full utilization of

his or her intellectual abilities, the exercise of good judgement, the prompt completion of all responsibility's attendant to the diagnosis and care of clients and families. In addition, the student must be able to maintain mature, sensitive, and effective relationships with clients, peers, faculty, staff, and other professionals under all circumstances including highly stressful situations. The student must have the emotional stability to function effectively under stress and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways. The student must be able to experience empathy for the situations and circumstances of other and effectively communicate that empathy. The student must know that his or her values, attitudes, beliefs, emotions, and experiences affect his or her perceptions and relationships with others. The student must be able and willing to examine and change his or her behavior when it interferes with productive individuation or team relationships. The student must possess skills and experience necessary for effective and harmonious relationships in diverse academic and working circumstances.

SAFETY REGULATION

MCC Penn Valley Associate of Applied Science Nursing program follows the Standard Precaution policies of the institutions where laboratory and clinical experiences occur. Standard Precautions, as outlined by the Centers for Disease Control and Prevention (CDC), were developed to protect healthcare workers from blood-borne pathogens. All clients must be considered as having the potential to transmit infectious disease. Students must take measures to protect themselves, their coworkers, and the community at large from possible exposure to blood-borne pathogens.

We strongly recommend that you receive the Hepatitis B vaccine, which would be at your own expense.

MCC Nursing students will abide by the following expectations:

1. No procedures will be performed during a clinical rotation without the presence, permission, or knowledge of the instructor.
2. The driver in a carpool is responsible for carrying adequate liability insurance to protect him/herself in the event of a car accident. The college is not liable for accidents or injuries when using personal vehicles.
3. All students will acquaint themselves with the operation of and location of fire extinguishers and exits in the school building and on clinical rotations. Orientation to the clinical facilities is provided.
4. Students will practice appropriate body mechanics.
5. Understand that being a student in the nursing education program requires the practice of selected technical procedural skills and there is an element of risk involved.
6. Adhere to all safety requirements of the school and clinical facilities. This includes utilizing personal protective equipment (PPE) as necessary when caring for clients.
7. In the event that emergency mouth-to-mouth resuscitation is warranted, mouthpieces, resuscitation bags or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
8. Any student who has exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.
9. Protecting an individual's, clients', clinical facility's, or peers' privacy through strictly adhering to the rules of confidentiality is fundamental to nursing practice.

Personal protective equipment is available in health care facilities where students are assigned for clinical experiences. It is the student's responsibility to know the location of the equipment.

Should a needle stick or other possible exposure to blood-borne pathogens occur:

- Wash the area well with soap and water for 1-2 minutes.
- For mucous membrane exposure, rinse the area thoroughly with water or NS for 2 minutes.
- If a skin cut, puncture or lesion is exposed to blood or other potentially infectious material, immediately wash the area with soap and water until excess blood is visibly removed.
- Report the incident immediately to the instructor.
- The instructor will then follow the post-exposure plan as set by the institution where the incident occurs. The incident will be evaluated to determine if it is a true exposure. If the incident is found to be a true exposure, the source client must be evaluated for known or suspected HIV infection preferably within on-half hour of the exposure report.
- The instructor will notify the Program Coordinator within 24 hours. The Program Coordinator will follow college policy for such incidences.

MEDICAL EMERGENCIES AT MCC-PENN VALLEY/HSI

1. Notification

NON-EMERGENCIES –

If the injury/illness is non-emergent, non-life threatening, but requires prompt medical attention:

- a. Contact the MCC Police Dispatch at 816-604-1111 and the MCC police will provide assistance.
- b. MCC Police will arrange for the ill/injured party to be transported to the nearest emergency medical facility for treatment, if required, and at the student/visitor's discretion.

EMERGENCIES-

If this is a medical emergency requiring immediate attention, call 911.

MCC police department must be notified. Please call Police Dispatch at 816-604- 1200.

2. Be prepared to provide the following information:

- a. Exact location of injured person
- b. Type of injury or illness

Medical Emergencies at Clinical Site

In the event of a medical emergency at the clinical site, immediately notify the clinical instructor, course instructor, Program Coordinator, and the Clinical Coordinator. The instructor will follow that health care facilities emergency situation policy and/or have the student taken to the emergency room. Documentation of the incident for both the college and the clinical facility will be completed.

Illness and Injury

The student is responsible for any expenses incurred due to a medical emergency involving illness or injury, including transportation to a medical facility. Students are required to either have their own health insurance or a signed waiver stating that they are responsible for any medical costs as a result of any illness or injury incurred.

GUIDELINES FOR PROTECTING THE HEALTHCARE WORKER

We feel it is of utmost importance to your safety and the safety of your client(s) that you are aware of the following precautions to exercise when dealing with blood and body fluids. As outlined by the Centers for Disease Control, standard precautions should be used in the care of ALL patients, especially including those in emergency care settings in which the risk of blood exposure is increased.

We strongly recommend that you receive the Hepatitis B vaccine, which would be at your own expense.

1. Use Personal Protective Equipment (PPE) per facility protocol.
2. To minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
3. Health care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

4. Pregnant health care workers are not known to be at greater risk of contracting HIV infection than health care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

5. Implementation of universal blood and body fluid precautions for ALL patients eliminates the need for use of the isolation category of “Blood and Body Fluid Precautions” previously recommended by CDC for patients known or suspected to be infected with blood borne pathogens.

6. Isolation precautions (examples of but not limited to: enteric, airborne, contact, droplet, etc.) should be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected. Follow site-specific recommendations for isolation precautions, if applicable.

7. Students may be required to be N95 fit tested at specific clinical sites. This will be conducted per the guideline at the specific site, if applicable.

Post-Exposure Procedure (PEP)

Either of the following exposures could put a student at risk of HIV infection if the exposure involves blood, tissue, or other body fluids containing visible blood:

- Percutaneous injury (e.g., a needlestick or cut with a sharp object)
- Contact with mucous membrane or non-intact skin (e.g., exposed skin that is chapped, abraded, or affected by dermatitis)

After occupational HIV exposure, a short-term course of ARV drugs (e.g., one month) may be used to reduce the likelihood of infection. This is referred to as post-exposure prophylaxis (PEP), and is a key part of a comprehensive universal precaution’s strategy during clinical placements.

In healthcare settings, the occupational risk of becoming HIV-infected due to a needlestick is low (less than 1%). Most cases involve injuries from needles or sharps that have been used on a patient who is HIV-infected. The risk of HIV transmission from exposure to infected fluids or tissues is believed to be lower than from exposure to infected blood.

Guidelines for providing PEP

Healthcare workers shall report occupational exposure to HIV immediately after it occurs. Early rapid testing of the source patient (the patient involved in the incident) can help determine the need for PEP and may avert the unnecessary use of ARV drugs, which may have adverse side effects. Currently, there is no single approved PEP regimen; however, dual or triple drug therapy is recommended and believed to be more effective than a single agent.

- In all cases of exposure, start PEP within 2 hours of the exposure, whether or not patient’s HIV status is known.
- PEP is usually discontinued if there is confirmation that the patient’s HIV test is negative.
- If the patient is HIV-infected (with a positive test result), continue PEP.
- The treating physician will determine the treatment period (2-4 weeks), according to national or facility protocol, and make the drug selection for PEP based on the following factors:
 - Type of injury and transmission device
 - Source patient’s HIV viral load and treatment history
 - ART drugs available

- When possible, consultation with a HIV specialist, particularly when exposure to drug resistant HIV may have occurred, is recommended.
- If the student's initial HIV test is positive, counsel the person on the test result and refer to a HIV/AIDS program for care and treatment.

Source: Adapted from CDC. 2001. Updated US public health service guidelines for the management of occupational exposure to HBV, HCV and HIV and recommendations for post exposure prophylaxis. MMWR Morb Mortal Wkly Rep 50(No. RR-11): 1-42. Retrieved 30 July 2004, from <http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf> and World Health Organization. Post-exposure prophylaxis Retrieved 30 July 2004, from <http://www.who.int/hiv/topics/prophylaxis/en/index.html>

Some healthcare workers taking PEP experience adverse symptoms including nausea, malaise, headache, and anorexia. Pregnant students or women of childbearing age who may become pregnant may receive PEP, but must avoid efavirenz (Sustiva), which has harmful effects on the fetus.

Managing exposure to HIV

Immediate steps:

- Any student exposed to blood or body fluids must take the following steps:
- Wash the wound and skin sites exposed to blood and body fluids with soap and water. Wash for at least 5 minutes using ample soap.
- For injuries that break the skin and where bleeding occurs, allow bleeding for a few seconds before washing with soap and water.
- Topical use of antiseptics is optional.
- Do not apply caustic agents, such as bleach, onto the wound or inject antiseptics or disinfectants into the wound.
- Flush mucous membranes, such as eyes, exposed to blood and body fluids with water.
- Immediately inform the clinical instructor, of the exposure type and the action taken.

Once informed, the clinical instructor will:

- Assess the exposure to determine the risk of transmission.
- Inform the unit charge nurse and collaboratively they will direct you on next steps.
- Inform the patient and student about the exposure and request permission for HIV testing.
- If there is risk of transmission, follow the written protocol of hospital/facility for rapid testing.
- If there is not a written protocol, immediately arrange for the patient and student to visit their personal physician or US Healthworks located at 1650 Broadway, KCMO 64108, (816) 842-2020 during business hours.
- If they do not have a personal physician, do not want to go the US Healthworks, the exposure occurs after hours, or the exposure occurs on the weekend, send them to the nearest emergency room after gaining permission of the patient and student.
- Provide immediate support and information on post-exposure prophylaxis (PEP) to the student.
- Contact the respective Program Coordinator to inform of the situation and steps taken.
- Record the exposure on the appropriate form/s and forward the information to the individual or department assigned to manage such exposures at the site and send a copy to the respective Program Coordinator.
- Maintain the confidentiality of all related records.

Please note that the student is responsible for all costs related to post-exposure procedures. The clinical facility may provide the treatment at no cost to the student but this is site-specific and at the discretion of the clinical site.

ACADEMIC AND CLINICAL PROFESSIONAL CONDUCT

Student Guidelines

- Read and follow the policies stated in this program handbook/course syllabus. The student is responsible for the knowledge of, the practice of, and accountability of the above-mentioned policies.
- Smoking is not permitted in any MCC building, on college grounds, or in facilities where MCC instruction occurs. Students who violate the no-smoking policy will be subject to the Code of Student Conduct. For assistance with smoking cessation, contact The Missouri Tobacco Quit Line, 1-800784-8669 or www.tobaccofreenurses.org.
- Maintain a professional image and reputation as an MCC Nursing student by supporting the mission, vision, and core values of the Nursing Program. Review Handbook and MCC policies. Violation of this may be subject to disciplinary action and possible dismissal from the program.
- Maintain personal boundaries in all settings related to MCC, which includes self-disclosure that interferes with the learning environment of others in the educational setting.
- Treat others with respect, regarding the feelings, wishes, and rights of others, accepting people as they are (being polite and kind) in all areas of the clinical, campus, and academic setting. Any student who talks excessively (at the discretion of the instructor), conducts phone conversation via texting or phone calls, demonstrates disruptive behavior, or sleeps in class will be required to leave the classroom, skills laboratory, or clinical setting and subject to disciplinary action in accordance to MCC Student Code of Conduct policy.
- Promote an environment in all learning spaces that facilitates learning. Avoid side conversations while faculty, guest lecturers, or class members are speaking. This behavior infringes on your fellow classmates learning. A student may be asked to leave class and subject to disciplinary action in accordance to MCC Student Code of Conduct policy if this is not followed.
- Profanity is unprofessional language and is not tolerated.
- Abide by the Social Media policy (see below).
- Incivility will not be tolerated in any learning environment within the MCC Nursing Program. Incivility is defined as: insulting comments, gossiping, social isolation, excessively interrupting another, name calling, demeaning gestures, criticizing others including but not limited to peers, staff, instructor, faculty, clinical site, and hospital personnel.
- Insubordination will not be tolerated in any learning environment within the MCC Nursing Program. Insubordination is defined as: defiance of authority; disrespect or harassment that is directed toward a superior, including but not limited to staff, instructor, faculty, clinical site, and hospital personnel. This behavior will result in disciplinary action, which can include dismissal from the program.
- Arrive to all MCC nursing school activities (class, clinical, skills lab, virtual hospital) at least 5 minutes before the scheduled time. If you are going to miss, please inform your instructor ahead of time. An initial phone call or text is appropriate but MUST be followed up by an MCC issued email within 24 hours.
- If the student is late to a clinical activity (simulation/virtual hospital, skills lab, or clinical) and does not notify the instructor prior to being late, this will be treated as a “NO CALL/NO SHOW” and the student will follow the procedure for being absent. The email or message prior to the student being late does NOT excuse the tardiness; this is a required step of notification.
- Come prepared. Complete readings and other learning activities. Have all necessary equipment such as writing utensils, notebooks, textbooks, handouts, electronic devices, chargers, medical equipment. This ensures success in both the classroom and clinical environment while also ensuring safe client care.
- Breaks (at least 10 minutes) during class are given approximately every hour. The instructor designates when the break occurs and when class resumes.
- Eating in the classrooms is prohibited. Designated commons areas are available for consumption.
- Student may have non-alcoholic beverages to drink during class time as long as the beverage

has a lid.

- Children are not permitted in the classroom, lab, or any clinical site or activity while the student is involved in learning activities.
- Students are not allowed to accept visitors to the clinical site during the assigned clinical times.
- Cellular phone and Smart device use (including but not limited to phone calls, texting, facetime, video chats, social media) in all educational setting, including, but not limited to the classroom clinical setting, skills labs, and computer labs are not allowed unless the instructor authorizes use during a learning activity. The phone is to be left in the student's bag or backpack and accessed only during instructor-led group breaks. The phone must be placed in "silent" mode in all education settings as defined above.
- Instructors are available during posted office hours. Please make an appointment to address course concerns with the respective course instructor (not other faculty) as a means to protect your privacy and seek the individualized attention deserved.
- MCC employees can be reached by office phone, email, or cell phone (if listed on the course syllabus). Please allow 24 hours for voicemails and emails to be addressed on weekdays. Messages received on weekends may not be addressed until Monday. If a message is sent in a format other than email, it must be followed up on, by the student, via email within a 24-hour time frame. This is the responsibility of the student. If the student fails to follow up with an email within the time frame specified (24 hours), the information shared will not be up-held for future purpose.
- Inappropriate use of equipment is unacceptable behavior and subject to discipline.
- Personal items left in the classroom, clinical setting, virtual hospital, skills lab, or other area not locked by the individual student are not the responsibility of MCC; subsequently, are not protected from theft.
- If the guidelines of the clinical facility are more stringent than those of the program, the student is expected to adhere to those of the clinical facility and to the citywide clinical orientation manual. This can be found in the clinical student shared folder.

Confidentiality and HIPAA

Students will have access to client protected health information during clinical experiences and are legally and ethically obligated to treat this information in the strictest of confidence. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is designed to protect an individual's right to privacy in relation to his/her health care status. Any information you receive that is of a personal nature and has no direct bearing on the client's treatment or well-being should be considered confidential. Unless the information you have received may cause harm to the person or others it should be withheld and considered private.

As a student preparing for a career in health care, you will have access and use client records to gather information that will assist you in planning and implementing care during clinical and virtual hospital experiences. It is the responsibility of the student to safeguard client privacy. This includes:

- Do not put any identifiable data on assignments, reports, or discussion that you use for professional education
- Do not make copies or duplicate client records
- Do not communicate client information in any format unless the information is pertinent to the client care needs and is within HIPAA privacy guidelines of the clinical facility
- Never use the name of a client, family member, healthcare provider, individual's title, or healthcare entity
- Do not use any type of identifier with connection to the client or facility. Do not use titles of hospital staff/administration.
- Do not communicate clinical or facility information via social media or other forms of information-sharing.

- Information put inside student packets/folders, stapled or individual papers is the responsibility of the student. If this client information falls out of a student pocket or off a desk, it is the responsibility of the student. The student must make every reasonable attempt to protect client's HIPAA-protected information in a clinical setting.

The above-mentioned list is not all-inclusive. If you are in doubt as to whether or not it is appropriate to utilize a reference or title, ask your instructor or the Program Coordinator.

This is a federal law and violations carry severe consequences for the individual professional and the health care entity. Any student who violates this law will incur discipline or be dismissed from the program of study with no possibility of program re-entry. It is important to note that this means NO violations are allowed, which means if it occurs, even once, the consequence is final.

Social Media Usage

Social media includes, but is not limited to, text, images, audio, and video communicated by the following:

- Blogs
- Podcasts
- Social networks such as Facebook, YouTube, WhatsApp, TikTok, Snapchat, Pinterest, Reddit, Twitter, to name a few.
- Professional networks such as LinkedIn
- Photo sharing sites such as Instagram Flickr
- Group me, Google chat, or any social/group method of information-sharing

The use of social media is prohibited in any classroom or clinical related activities (hospital/community clinical site, Virtual Hospital, skills lab) including clinical downtime and breaks, unless otherwise specified by the instructor for a given activity. As a nursing student you have an ethical and legal obligation to maintain client privacy and confidentiality at all times. Distribution of sensitive and confidential information is protected under HIPAA and FERPA whether discussed through traditional communication channels or through social media, including but not limited to the above listed bulleted points in the "Social Media Usage" section of this handbook.

Do not post or share information, whether confidential or proprietary information about MCC, clinical facilities, patients/clients, or others with whom you have contact within the role of an MCC nursing student.

Patient/client and MCC Nursing coursework privacy must be maintained in all communications. Do not disclose information that may be used to identify patients/clients, their health condition(s), or impact the school's reputation in the community.

MCC Penn Valley Nursing Department administration reserves the right to conduct periodic searches on the internet for breaches in its privacy policies.

Each student is legally responsible for individual posting and may be subject to liability, disciplinary action (including dismissal) if individual postings are found defamatory, harassing, or in violation of any other applicable law or MCC Nursing program handbook policy. Students may also be liable if individual postings include confidential, copyrighted information, or are in violation of MCC Student Code of Conduct Policy.

ACADEMIC DISHONESTY

As MC Nursing students you are encouraged to assist each other and exchange information in order to master concepts and skills covered in course work throughout the program. However, collaboration on any graded assignment or exam to the extent that it is not an individual student's total, personal effort will be considered as a violation of MCC Code of Student Conduct as printed in the MCC Student Handbook. Further information can be found at <https://mcckc.edu/student-handbook/conduct.aspx>

In the event that an academic exercise is designed to receive a grade, the following activities constitute academic cheating violations unless expressly authorized by the instructor in advance:

Plagiarizing any and all information or idea and submitting as your own work.

Cheating in any form involving academic work, including but not limited to:

- Copying another's work and turning it in as your own
- Looking at another student's examination
- Utilizing an electronic device in an attempt to obtain answers or other information related to exam or quiz answers
- Using printed/written or electronic materials to obtain information prior to, during, or after an exam or quiz
- Providing information to another student who has not yet completed an assigned exam, any course preparatory work, lab assignment, VH Simulation experience, or course experience in any format, including sharing exam or quiz information via any form of written, verbal, or electronic communication
- Accepting or providing unauthorized assistance on assignments, papers, skills exams, written exams, VH Simulation experiences
- Falsifying any information that the student provides to the college including forging signatures or tampering with official documents. MCC reserves the right to verify validation of shared documents.

Additionally, group work is considered the same as individual work and can result in the same grade for the entire group. When completing a group project ensure that your work meets your satisfaction before it is turned in as completed. When a project is handed in or presented in class, etc., essentially all students in that group have "signed off" on the project as satisfied with the entire project. Thus, if there is a problem with the academic honesty policy and it's a group project, all students in that group may receive the same course of action.

Academic dishonesty violations will result in a course failure. As with any course failure, the student has the right to appeal.

Yuja or lecture/class recording is not mandatory, per MCC policy. The instructor has the academic freedom to determine whether or not the day/class/lecture activities will be recorded. All program content is considered the intellectual property the presenter. In order to audio record or load classroom material on any site or method of information-sharing outside of MCC students will seek permission from the instructor. It is the assumption that any recorded material will be for individual use only. If an instructor specifies that recording will not be allowed or offered, the student may **not** record on their own devices of any kind. Violation of this policy will include consequences consistent with academic dishonesty.

It is illegal to print, share, or reproduce, in any way, the information on computer software program screens. It is against copyright laws. Therefore, please be informed that no printing, sharing, or reproduction of any of the software screens and programs may occur in any computer lab or home device utilizing the MCC website and its affiliates. Consequences of copyright infringement could be loss of site license, program litigation, or individual student litigation.

Artificial Intelligence (AI)

Artificial Intelligence (AI) may be used as a tool, not a replacement, of student learning and contribution. Academic honest in relation to AI use is expected. Failure to utilize AI in an academically honest manner will be subject to academic dishonesty policy, which may include discipline up to and including program dismissal. MCC required adherence to accurate attribution of sources and the transparent acknowledgement of the contribution of others to ideas, discoveries, interpretations, and conclusions. As such, all material included in assignment submission must be properly attributed to sources (using quotations and citations as appropriate). Failure to attribute material to its original source constitutes plagiarism.

Students should be aware that generative AI tools often generate incorrect statements, generate fake sources, and/or do not attribute material to proper sources. Students must acknowledge all instances in which generative AI tools were used in an assignment (sch as in ideation, research, analysis, editing, debugging, etc.). All submitted work by a student must be original work, unless otherwise stated by the instructor regarding the individual assignment. Students are responsible for the entirety of their final submission; any inaccuracies or other deficiencies cannot be excuse on the basis of originating from an AI too.

STUDENT DRESS CODE

The following guidelines are consistent with standards of professionalism. To assure a professional appearance is maintained, students will be instructed in additional dress policies relevant to specific settings. The following guidelines must be adhered to during any clinical related activity (skills lab activities, Virtual Hospital activities, and hospital/clinic/community clinicals):

Category	Requirement
HYGIENE	<p>Good hygiene such as bathing, use of deodorant, and brushing teeth is expected.</p> <p>Perfumes, colognes, essential oils, and scented toiletries should be avoided, as some individuals may have adverse reactions to the scents.</p> <p>Make-up should be conservative and in good taste.</p> <p>False eyelashes are NOT allowed.</p>
UNIFORM	<p>The student uniform is an embroidered Royal blue scrub top and black uniform scrub pants. Students can choose to wear a black skirt. The specific style numbers are given during orientation.</p> <p>Jogger style scrub pants are allowed.</p> <p>Plain, solid color white, gray, or black short sleeved or long-sleeved t-shirts may be worn under the scrub top.</p> <p>Solid black traditional scrub jacket is allowed.</p> <p>The student uniform is to be clean, wrinkle free, and in good repair with appropriate fit.</p> <p>Uniforms with school insignia must not be worn outside of the educational setting.</p>
NAME BADGE	<p>Students are required to wear their MCC issued photo ID badge.</p> <p>The badge is to be worn above the waist on the right front of the uniform.</p> <p>The badge is not to be worn outside school or any clinical sponsored activities.</p> <p>Lost name badges must be replaced immediately at the expense of the student.</p>
UNDERGARMENTS	Undergarments are required to be worn but not visible with the student uniform.
HOSE	<p>White or black clean sock must be worn.</p> <p>Female students will wear neutral colored hose with the dress uniform.</p>
SHOES	<p>All white or all black leather (including soles) nurse's shoes of choice will be worn. No swish, stripes or patterns of any kind allowed.</p> <p>Shoes must be clean and polished and have clean shoe strings.</p> <p>Shoes must be in good repair.</p> <p>Closed toes and heel are required. No crocs are allowed.</p> <p>No mesh tennis shoes or boots are allowed.</p>
HAIR	<p>Hair should be neat and clean without extreme colors (acceptable colors are only those that natural exist).</p> <p>Hair should be controlled so that it does not fall over the eyes, and in the immediate work area or on clients. (ex. long ponytails must be secured, kept off the face, and from swinging into the work area when providing care. Bangs that extend beyond the eyebrows and long dangling side curls are not acceptable).</p> <p>Headbands can be worn but must be solid in colors of white, gray, or black.</p> <p>No visible chest hair.</p> <p>Facial hair should be short, clean, and well-groomed and must in no way interfere with the technical and professional requirements of a nursing student's work assignment. Some settings, such as the operating room, may require covering over a beard.</p> <p>All facial hair must be removed prior to N95 fit-testing, if applicable.</p> <p>Head covering worn for religious reasons or for protection must be appropriate and secured to prevent any cross-contamination.</p>
NAILS	Nails must be kept clean, well-groomed, and no longer than ¼ inch from tip of

	<p>finger to tip of nail.</p> <p>Artificial nails include bonding tips, wrappings, acrylic, and gel finishes are not allowed. In other words, any fingernails with which you were not born are considered artificial, and may not be worn by health care personnel who provide direct patient care.</p> <p>Nail polish may NOT be worn.</p>
JEWELRY	<p>Only a plain wedding band (simple with no raised stones) or silicone band may be worn while in uniform.</p> <p>Only one set of simple post earrings is allowed.</p> <p>Flesh or clear spacers must be worn in other piercings or gauges.</p> <p>If wearing a post piercing in the ear for alleviating migraines (Daith piercing), the sum total of ear piercings may NOT exceed three. A doctor's note for wearing a Daith Piercing may be requested.</p> <p>No facial piercings or gauges allowed.</p> <p>A watch with a second hand, is to be worn with the student uniform. Ornamental and Smart watches are NOT allowed.</p> <p>Soldered jewelry is NOT allowed in the clinical environment.</p>
OTHER DRESS	<p>No head coverings can be worn in the clinical facility unless part of religious/cultural practice.</p> <p>No hooded sweatshirts or hooded jackets are allowed in the clinical setting.</p> <p>Tattoos and body art must be covered while in the clinical setting.</p>

Clinical Equipment

The following equipment is needed and considered part of the uniform during any clinical related activity:

Watch with second hand

- Stethoscope
- Blood pressure cuff
- Pen light
- Bandage Scissors
- Non-erasable black ink pens for documentation and care plans

General Guidelines

All students are expected to abide by the above-mentioned dress code during any clinical related activities. Uniforms are to be worn to the clinical activity and to/from home only. Short shorts, midriff tops, mini-skirts, tattered jeans, worn tight-fitting sweat suits, and other inappropriate articles of clothing are not acceptable for school wear. Tattoos and body art must be covered.

Behavior

- Alcoholic beverages are not permissible 24 hours prior to or during clinical and school related hours. Alcohol on the breath is cause to be sent home and be considered an unexcused absence. If behaviors indicated the misuse of a substance, the student will be dismissed.
- Gum chewing is not permitted during any and all school-related activities.
- No smoking, vaping, or use of tobacco products are allowed at clinical sites for MCC Nursing students and faculty. If you smell strongly of smoke or vapor, you may be asked to leave the facility and be given a failure for that clinical day. A clinical day for which a failure is issued is not eligible for make-up.
- Offensive odors including strong perfumes, colognes, essential oils, perspiration, or body odors are not acceptable. Students may be asked to excuse themselves for a brief break to eliminate the offensive odor immediately. Inadequate elimination of the odor may result in clinical dismissal and therefore an unexcused absence.

- Insubordination or disrespectful behavior results in a failed clinical day. A clinical day for which a failure is issued is not eligible for make-up.

As an MCC nursing student, evaluation of clinical dress is considered part of the clinical evaluation. Students wearing uniforms, make-up, hair accessories, or jewelry deemed inappropriate may be asked to remove or alter the items being worn at faculty or facility discretion. If the dress guideline infraction is unable to be resolved immediately, a student not in compliance with dress guidelines will be sent home at the instructor's discretion. This will be considered an unexcused clinical absence and therefore a probation form will be issued with a make-up assignment, if applicable. Probation process will apply, whether this is the student's first or second probation.

GRADING

1. The grading policy of the Nursing Program meets the expectations of the State Board of Nursing and is specific to the Nursing Program.

A = 93-100
B = 86-92
C = 80-85
D = 70-79
F = 69 or below

2. Grades will be computed using a point system as outlined in the course syllabus.
3. For theory courses, students must achieve a “C” average (80%). Failure to achieve an 80% average will result in a failing (“D” or “F”) grade and the student will have to repeat the course, if eligible.
4. For courses with both a theory and clinical component, students must achieve a “C” average (80%) in the theory portion and complete the clinical portion of the course with a satisfactory evaluation. Failure to achieve an 80% average or a final clinical evaluation of satisfactory will result in a failing (“D” or “F”) grade.
5. Clinical practicum is graded either “satisfactory” or “unsatisfactory.” The student **MUST** attain a satisfactory rating on all elements of the final clinical evaluation tool. A satisfactory clinical performance shall be determined through a mid-term and final evaluation process based on attendance, active participation in direct patient/client care, safe practice, professionalism, pre and/or post-conference participation, clinical counseling notes, and overall evaluation indicating the degree to which the student has met the written clinical objectives of the course. If an unsatisfactory grade is received, the student will receive a failing grade for the course and will have to repeat the course (with clinical), if eligible.
6. When a student is unsuccessful (“D” or “F”) in a course, that course must be repeated prior to progression to other courses. Re-enrollment for a course being repeated will be on a space available basis the following semester. The student must complete the repeated course before being allowed to move to the next level of courses within the curriculum. The student will also not be allowed to combine any different levels of nursing courses, whether a prerequisite is required or not.
7. No more than two (2) nursing courses in the total nursing program may be repeated, whether it be from withdrawal or failure.
8. A second failure of a nursing course (including a repeated course) will result in dismissal from the Nursing Program and the student will not be eligible for re-admission.
9. All grades are calculated and averaged. **Grades will NOT be rounded.** Only the whole number will be used. **NO extra credit will be offered.** (Example: If the final grade is at a 79.9%, the grade will stand as a letter grade of “D” and the course warrants repeat).
10. Late work will not be accepted unless clearly identified. This includes make-up assignments. Make-up assignments for missed clinical time will be due at the same time as the rest of the class. All late/make-up work will require prior arrangements made by the clinical instructor.

TESTING

Testing is a vital component of the formative evaluation process. Exams will be given in each course on a scheduled basis. Course exams may be given in the computer lab, the classroom, MCC PV testing center, through the testing platform on Canvas or online per ATI.

Evaluation of student learning is provided in the form of course exams and a comprehensive final exam in each course. The number of exams in each course is determined by the course faculty. Each exam is fifty (50) point with five (5) of those 50 points consisting of dosage calculation. The comprehensive final is one hundred (100) points with five (5) of those 100 points consisting of dosage calculation.

The following rules and guidelines are in place in an effort to ensure that students have efficient, equitable, and positive experiences on exam days:

1. Students may not enter the testing lab 10 minutes after the exam begins. There will be a five (5) points penalty for late entry (1-9 minutes). Example – if a test is scheduled for 8:30am, student may not enter after 8:40am. Students who enter between 8:31am and 8:40am will be allowed to test with an automatic five (5) point penalty. Any student greater than ten (10) minutes late to the exam will be considered absent for the exam and will need to reschedule a make-up exam in the testing center. All make-up exam policies and notification policies apply, including a deduction of five (5) points.
2. Upon arriving to the testing area, all personal belongs including cell phones, smart watches, ear bud/pods, tablets/laptops, jump drives, timers, cameras, jackets, hoodies, coats, hats, drinks, and book bags must be placed in the back of the room and may not be worn or used while taking an exam.
3. Cellphones, smart watches, or any other electronic device are strictly prohibited and must be turned off, not on a vibrate setting. If a student is discovered with a cell phone on your person or at your testing station, he/she will receive a zero for that exam/quiz and will be removed from the testing area. (The college district guidelines for cheating will apply).
4. The student is not allowed to communicate with anyone during the exam. If you have a question or a problem notify the instructor by raising your hand. The instructor will not answer questions concerning the content of the exam.
5. Students are only allowed a writing utensil, a simple 4-function calculator and a blank piece of paper to complete dosage calculation questions in their testing space. A simple 4-function calculator and a piece of scratch paper will be provided by the nursing instructor.
6. The student will be required to submit their scratch paper upon exam completion. The students name must be written legibly on the top of the scratch paper.
7. Students are expected to take quizzes and tests as scheduled. Students are responsible for contacting the instructor (via MCC email) thirty (30) minutes prior to missing a scheduled test. Failure to do so will result in a zero (0) for the test. In case of a severe emergency (hospitalization, automobile accident, or related issue) proper documentation must be presented to the respective Program Coordinator for review and approval, prior to taking the make-up exam.
8. Make up exams are expected to be completed within one (1) week of the scheduled exam. Make-

up exams may be constructed in any format, such as written essay, or oral and may differ from the originally scheduled exam. Failure to reschedule the exam within one (1) week of the scheduled exam/return to class will result in a zero (0) on the exam.

9. Students failing to make up a test as scheduled will receive a zero (0) for the test.
10. The first occurrence of a missed exam will result in a five (5) point deduction from the test score. For any subsequent exam absences, the student will not be allowed to take the exam and will be given zero (0) points for the exam.
11. Make-up exams must be taken in the Penn Valley testing center. No other MCC testing center will be approved.
12. Students late for or who miss scheduled course quizzes or missed in-class assignments associated with or without points will not be allowed to take or make-up the quiz or assignment.
13. Leaving the testing center during an exam is not permitted.
14. If you have documented disabilities, you may be entitled to testing accommodations. Students must contact MCC Disabilities Support Services (DSS) and provide documentation prior to a scheduled examination. For more information visit <https://mcckc.edu/disability-services/index.aspx>
 - After accommodations are established by DSS, you will be provided a letter outlining the accommodations. It is the student's responsibility to email the respective faculty member(s) for each nursing course you wish to initiate your accommodations. The email should include the name of the course and approved accommodations you are requesting to initiate.
 - See "Testing Accommodations" in this Handbook for further information.
15. The student must achieve an overall course average of a "C" (80% or higher) and a final clinical evaluation of satisfactory for successful completion of each course. If the course average is 79.9%, the course grade will be a "D". There will be **NO** rounding of grades.
16. Students who want to review the quiz or test must make an appointment with the faculty during office hours to meet before the next quiz or test. No previous exams will be reviewed once the next unit exam is given. Test review must be completed in person. No Zoom or other virtual on-line platform will be allowed.

TESTING ACCOMODATIONS

Metropolitan Community College (MCC) is committed to ensuring equal access to all qualified students with disabilities in accordance with the Americans with Disabilities Act (ADA). If you have a disability which may impact your ability to access or participate in any aspect of the theory portion of class, please contact the campus Disability Support Services (DSS) Coordinator, Celia Hancock, at 816-604-4089 or celia.hancock@mckc.edu.

The DSS Coordinator will work with you to determine what disability documentation/information is needed in order to provide accommodations. Accommodations are determined on an individualized basis and may take some time to put in place, so early notification to DSS is helpful. More information is available at mckc.edu/disability.

Disabilities Support Services (DSS) collaborates with students and their instructors to offer exam accommodations that ensure equal access. Depending on students' specific needs, exam accommodations can include any of the following:

- Allowing 50% or 100% more time to complete exams
- Testing in a distraction-reduced space
- Taking exams in alternate formats (e.g., digital formats or large print versions)
- Using a reader or scribe to complete exams
- Using assistive technology to complete exams

It is the responsibility of the student to notify their respective instructors, at the beginning of each semester, with the appropriate documentation outlining their accommodations, once completed by the DSS Coordinator and submitted to the student.

Students with accommodations are required to complete course exams in the Penn Valley Testing Center. No other MCC Testing Center will be allowed. Test scheduling is the responsibility of the student, not the instructor. The Testing Center will need the instructor to provide a copy of the exam (if applicable) in advance to give to the student, along with a copy of the Testing Center Support Request form. Students with test accommodations must take the same exam as the rest of the class. For students who have accommodations, every effort is made to schedule course exams on the same day and same time in which the class is conducted. If this is not feasible, the student must complete the exam within 48 hours of the date of the class exam. If the testing center hours do not allow for the student to complete their exam within their required accommodation, exceptions will be granted.

STUDENT ASSESSMENT - ATI

ATI Policy Assessment Technologies Institute (ATI) offers an assessment driven review program designed to enhance the student learning and NCLEX-RN success.

For RNUR 115, 126, 131, 134, 138, 141, and 238, twenty (20) points of the overall course grades will be assigned. Two practice assessments will be made available prior to each proctored exam. Points are rewarded as described in the table below.

FOR RNUR 244, twenty-five (25) points of the overall course grades will be assigned. Two practice assessment will be made available prior to the Comprehensive Predictor Proctored Assessment. Points are rewarded as described in the table below.

Remediation is critical. Consistent remediation throughout the program will improve the student's "pulse" status. Remediation consists of two parts: the **hand-written** remediation templates **and** the post-practice test quiz. ATI generates the post-practice test quiz automatically. If there is no quiz that generates or the quiz is least than 10 questions, faculty may choose an alternative remediation method for this portion of the remediation.

Hand-written remediation templates are required and must be completed and submitted within one week (7 days) prior to the scheduled proctored exam and at the beginning of class period in which the remediation is due. If the student does not turn the remediation in on time, this will be considered incomplete and follow the point chart listed below.

Students must have remediation completed **prior** to sitting for the proctored exam. If the student fails to do so, the student may not sit for the proctored exam at the same date/time as the class and will have a deduction of five (5) points from the overall ATI points earned.

If the student has not taken the two (2) required practice assessments and one (1) required proctored assessment by the date of the final, the student may not sit for the final exam and will be subject to a missed exam, per the MCC Nursing Student Handbook policy.

For RNUR 115, 126, 131, 134, 138, 141, 230, 234, and 238 courses:

ATI Practice Assessments	
5 points each	
Practice Assessment A	Practice Assessment B
<ul style="list-style-type: none"> ➤ 5 points: 70% or greater by the second attempt on Practice Assessment A and full remediation (quiz and hand-written templates). ➤ 2.5 points: either 70% or greater by the second attempt on Practice Assessment A not achieved or incomplete remediation. ➤ 0 points: 70% or greater is not achieved by the second attempt on Practice Assessment A and incomplete remediation. 	<ul style="list-style-type: none"> ➤ 5 points: 70% or greater by the second attempt on Practice Assessment A and full remediation (quiz and hand-written templates). ➤ 2.5 points: either 70% or greater by the second attempt on Practice Assessment A not achieved or incomplete remediation. ➤ 0 points: 70% or greater is not achieved by the second attempt on Practice Assessment A and incomplete remediation.
<p>*Handwritten remediation templates are required. All boxes on the templates must be filled out and templates must be submitted in-person.*</p> <p>Remediation includes 2 parts: the handwritten remediation templates and the post-practice test quiz. If no quiz or less than 10 quiz questions are not generated, faculty may choose an alternative remediation method for this portion of the remediation.</p> <p>All practice exams including practice/proctored and remediation must be complete for the student to be allowed to sit for the final exam.</p>	

Standardized Proctored Assessment	
10 points	
➤	10 points: Level 2 or greater
➤	5 points: Level 1
➤	0 points: Below Level 1

For RNUR 244 course:

Comprehensive Predictor Grading Rubric	
5 points each	
Practice Assessment A	Practice Assessment B
➤ 5 points: 70% or greater by the second attempt on Practice Assessment A and full remediation (quiz and hand-written templates). ➤ 2.5 points: either 70% or greater by the second attempt on Practice Assessment A not achieved or incomplete remediation. ➤ 0 points: 70% or greater is not achieved by the second attempt on Practice Assessment A and incomplete remediation.	➤ 5 points: 70% or greater by the second attempt on Practice Assessment A and full remediation (quiz and hand-written templates). ➤ 2.5 points: either 70% or greater by the second attempt on Practice Assessment A not achieved or incomplete remediation. ➤ 0 points: 70% or greater is not achieved by the second attempt on Practice Assessment A and incomplete remediation.
<p style="text-align: center;">*Handwritten remediation templates are required. All boxes must be filled out and templates must be submitted in-person.*</p> <p style="text-align: center;">Remediation includes 2 parts: the handwritten remediation templates and the post-practice test quiz. If no quiz or less than 10 quiz questions are not generated, faculty may choose an alternative remediation method for this portion of the remediation.</p> <p style="text-align: center;">All practice exams including practice/proctored and remediation must be complete for the student to be allowed to sit for the final exam.</p>	

Comprehensive Predictor Proctored Assessment	
15 points	
➤	15 points: 90% or above Predictability and satisfactory remediation completed by due date.
➤	10 points: 85% to 89.9% Predictability and satisfactory remediation completed by due date.
➤	5 points: Below 85% Predictability and satisfactory remediation completed by due date.
Remediation must be satisfactory and complete to sit for the Course Final Exam.	

It is the expectation that RNUR 244 students also participate in the **3-day live review. It is at this time, students will be instructed to edit their profile and change the email from their MCCKC email to a personal email. This gives them access to ATI without interruption due to institutional policy.**

EVALUATION/PROGRESSION

1. Students in every course are evaluated both summative and formatively. Summative evaluations include written evaluations that are completed at mid-term and at the end of the course clinical rotation. evaluations are provided in the form of course exams and a comprehensive final in each course. The number of exams in each course is determined by the course faculty. Each exam must be a total of 50 points, with five (5) questions being dosage calculation. The comprehensive final must be a total of 100 points, with five (5) questions being dosage calculation.
2. The student must achieve an overall course average of a "C" (80% or higher), and a final clinical evaluation of satisfactory for successful completion of each course. If the course average is 79.9%, the course grade will be a "D". There will be **NO** rounding of grades.
3. To progress to the next semester, the student must complete all required courses of the curriculum, both nursing and general education, in the current semester with a minimum grade of "C."
4. The program may offer courses over the summer semester. If students sign up for courses over the summer and the course(s) is cancelled, students will be responsible for taking the course the next semester it is offered. The program will not allow any cancelled courses to be combined with the next level courses.

PROBATION

It is the student's expectation to maintain a cumulative course grade of 80%. If the student's grade falls below the 80% cumulative (without rounding) or the student does not meet the clinical expectation in one or more of the categories listed below, the student is placed on course or clinical probation. Clinical categories include behavior/professionalism, tardiness/absence per policy, unsafe client care, critical thinking, or other category as listed in the clinical grading component of the course.

In order to continue with the prescribed order of courses in the nursing program, the student must complete the course with a "C" (80%) average or higher **and** pass as satisfactory in all clinical categories listed. Satisfactory completion of the course and/or clinical results in removal of the probation consequence of that course; however, the probation form will remain in the student file.

1. Students are expected to follow the MCC and Nursing Program's academic rules for student behavior, rules of the clinical orientation manual (accessible on clinical student), and clinical professional conduct. Non-course related disciplinary action may be initiated for lack of compliance with any of those stated standards. Grounds for non-course related disciplinary action shall include, but not be limited to the following:
 - a. Disruptive or disrespectful behavior
 - b. Illicit activities
 - c. Dishonest behavior
 - d. Insubordination
 - e. Conduct potentially harmful to the safety of clients, client family members, clinical facility staff, college faculty or staff, or other students
 - f. Unsatisfactory clinical performance as determined by the instructor
 - g. Attendance related and/or
 - h. Violation of the MCC Code of Student Conduct, Nursing Program, and/or the clinical orientation manual
2. A clinical or course probation form will be given to the student for any disciplinary action and will define the problem areas to increase student awareness of the problem (s). This also allows the student the opportunity to improve performance in the areas which there is a deficit.
3. Once placed on probation, the student will receive a written or email notice addressing the infraction and be given an improvement plan indicating the deficiency(ies) needing to be improved.
4. Once placed on probation, the student remains on probation for the duration of the course.
5. If a second disciplinary action is merited in the same course or clinical rotation, the student will receive a failure of that portion of the course. A failure of the clinical portion of the course immediately constitutes failure of the theory portion. The student will then no longer be eligible to sit in the course unless an active appeal is in progress.
6. If the student chooses to appeal the failure, the process for submitting an appeal must be followed and the student may remain in class until the appeal decision is finalized.

7. If a student is removed from a clinical facility due to disruptive or unsafe behavior, the student is subject to clinical failure. The student will not be allowed to obtain an alternative clinical site.

8. Unsafe practice that has the potential for harm to the client or others will result in dismissal from clinical. If dismissal occurs, the situation will be reviewed and a decision will be made regarding the students continued progression in the course and/or program.

9. A student reporting to class or clinical whose behavior indicates potential impairment from alcohol/or drugs will be immediately removed from the clinical/course activities and their return pending review.

ACADEMIC GREIVANCE PROCESS

Students have a right to grieve their final nursing classroom or clinical grade. The following process should be followed, as identified in the MCC District Procedure Code of Student Conduct, Item V:

1. If objective evidence for academic dishonesty or demonstration of course learning outcomes is not met at the 80% benchmark, the instructor will notify the student, via email, of the alleged academic concerns, the proposed penalty and that failure to respond to the email notification will make the instructor's decision final.
2. If a grade of "D" or "F" is assigned for the course, the instructor will notify the respective Nursing Program Coordinator responsible for instructional services and the Division Chair, in writing, within two (2) business days after the scheduled meeting with the student.
3. If in the opinion of the instructor, the alleged academic dishonesty or course learning outcomes supports disciplinary options, other than a grade of "D" or "F", the instructor will report the incident to the ADN Program Coordinator within five (5) business days after the meeting with the student. The ADN Program Coordinator will ensure that the HSI Division Chair is notified of the instructor's concerns. Any resulting disciplinary proceedings will comply with section VII, titled "discipline" of the MCC District Procedure Code of Student Conduct. The documentation of the alleged violation, provided by the instructor or other complainant will be retained by the appropriate dean.
4. Within seven (7) business days by written communication which can include electronic communication, the HSI Division Chair will notify the student of the final grade assigned and the right of appeal.
5. The student may appeal the assignment of a "D" or "F" grade for the course by a written request to the HSI dean within five (5) business days following receipt of the HSI Division Chair notification. The student will continue to participate in a course until the appeal is resolved.
6. Upon receiving this request, the HSI dean will initiate an appeal using the hearing procedure beginning with section VII of the MCC District Procedure Code of Student Conduct. In this case the hearing committee will consist of the HSI dean who will be the nonvoting member and chair and three (3) faculty appointed by the college faculty association president. The committee members must have no personal interest in the case and may consider more than one case during each term.

ATTENDANCE

All communication for attendance, class, simulation, clinical, or instruction must be conducted on your MCC email and NOT from Canvas. If a student emails or notifies an instructor from Canvas, a personal email or any other communication mean, it will not be considered!!!!

Classroom Absence & Tardy

It is an MCC Nursing Department expectation that for program success, students must attend all class session of the courses in which they are enrolled and must arrive in a punctual manner. Absence from a class places a student in jeopardy of poor or inadequate performance and ultimately compromise student success. In the event that a student finds it necessary to be absent, the student must notify the instructor at least one hour prior to the start of the course activity. The student is responsible for obtaining lecture notes and submitting assigned work on time, per the course calendar. Any assignments due will not be credited (meaning the student receives a zero) when submitted late. Late is defines as any assignment turned in after the start of the class or otherwise specified on the course schedule. Any class activity or participation points given in class are subject to being forfeited if a student is not present for class. Quiz points are forfeited if the student is not present in class or arrives late.

1. A **first absence** from classroom lecture will result in the student receiving a verbal warning, and the absence will be noted in the roster.
2. A **second absence** from classroom lecture will result in the student receiving a written probation.
3. A **third absence** from classroom lecture will result in a failure of the course.

All make-up assignments must be completed at the scheduled "make-up" time. Scheduled make-up assignments times will be determined by the instructor, if applicable. If the student does not take the make-up assignment at the time the instructor has arranged, no points will be given, resulting in a 0 (zero) for the assignment.

The instructor has the right to give an alternate competency assessment as a make-up.

Clinical Attendance

The clinical experience is an essential learning component of the nursing education program. MCC Nursing Department works very hard to provide optimal clinical opportunities for nursing students. The program works in collaboration with other area nursing programs and clinical facilities to provide a comprehensive and robust opportunity for the clinical learning experience. Students may be asked to travel as far as 60 miles one way for clinical. Once clinical assignments are made, they will not be changed. Students must have their own transportation to successfully complete the program required clinical education. Attendance at all clinical activities, including simulation and orientation to the clinical institution/area, is mandatory. Failure to meet clinical attendance requirements will result in a failing course grade. Specific information regarding the clinical experiences within the program will be outlined within the specific course syllabus with additional information on Canvas.

Absence due to a documented prolonged illness or hospitalization with physician documentation must be reported to the respective program coordinator for review on an individual basis.

Students should also be aware that funding by various agencies may be contingent upon attendance and

that students on financial aid may have their eligibility for financial aid impacted by poor attendance.

If clinical sites do not permit nursing students attendance related to COVID-19, site accreditation visits, or other hospital emergencies, clinical experiences may be modified to alternative formats including online virtual clinical simulations, case studies, or other experiences as appropriate. Students are responsible for being available during clinical time in these circumstances.

Clinical Tardies

Punctual attendance is required for all scheduled clinical experiences. It is the professional understanding that the student is on time and prepared for their clinical assignment. Students are expected to arrive to their assigned clinical experience on time and in complete uniform. In the event a student will be tardy for the clinical experience, the student must notify the instructor at least 15 minutes prior to the scheduled start time for the clinical activity. A clinical tardy is defined as arriving late to the clinical experience. Notification of the tardy via a text or phone call to the instructor/clinical instructor **must** be followed up by an email stating the reason for the tardy. Texting, e-mailing, and/or sending word by a classmate/friend are not acceptable methods of communicating a tardy.

If the student fails to notify the instructor prior to being tardy to clinical, this will be considered a “no-call, no-show,” a clinical absence, and the policy for clinical absence will be followed. Tardy is defined as late (1-14 minutes) to the meeting spot arranged. If the student arrives 15 or more minutes late and does not notify the instructor prior to arriving late, the student may not enter and the policy for clinical absence will be followed in this instance, the student will receive a probation and a make-up assignment. The make-up assignment shall be due to the same time the rest of the clinical group turns in their assignment. NO late work will be accepted.

1. A **first tardy** (1 -14 minutes) with prior notification to the instructor before the scheduled start of the clinical activity (at least 15 minutes prior) during the same clinical course will result in the student being given a verbal warning and the tardy noted on the clinical evaluation form and will impact the professionalism performance score.
2. A **second tardy** (1-14 minutes late) with prior notification to the instructor before the scheduled start of the clinical activity (at least 15 minutes prior) during the same clinical course will result in the student receiving a probation for attendance.
3. A **third tardy** (1-14 minutes late) with prior notification to the instructor before the scheduled start of the clinical activity during the same clinical activity (at least 15 minutes prior) will result in a failure of the clinical rotation based on unprofessional practice. This constitutes a course failure.

If the student fails to notify the instructor prior to the tardy and/or arrives more than fifteen (15) minutes after the designated start time for the clinical experience, the student will be sent home and will be counted as a clinical absence for the day. The clinical absence policy will be followed.

Clinical Absence

If a clinical absence is necessary, students must notify the assigned faculty/adjunct at least fifteen (15) minutes prior to the start of the clinical activity. Leaving a voicemail on the faculty/adjunct’s phone is acceptable and **must be followed up** by an email to the faculty MCC email/adjunct preferred email address. Failure to notify the faculty/adjunct on an impending clinical absence at least fifteen (15) minutes prior to the scheduled time of clinical will result in probation. A make-up assignment will be given and will be due as directed, per instructor. NO late work will be accepted.

Each clinical day counts as an individual absence. Students must attend the entire clinical session in order for the day to be counted as completed. If a student leaves early, it will be a clinical absence.

Clinical Experience Preparation

Unsatisfactory/incomplete clinical paperwork, preparation, or ability to safely care for patients/clients could result in the student being dismissed for the day and will be counted as a clinical absence. "Clinical" is defined as clinical, skills lab, simulation, and any clinical activities categorized under clinical hours.

Students may be required to complete an alternative assignment assigned by the instructor.

If the clinical instructor is absent, the instructor will contact the students in with a minimum of two (2) hours prior to the assigned clinical start time via the student MCC email. The clinical day will be replaced with an alternative activity, as assigned.

Simulation absence:

Simulation is a fully immersive experience, it is important that students are on time and present for all portions of a scheduled simulation activity. Failure to be on time (later than 1 minute) will prevent the student from being allowed to participate in the simulation. This will result in a clinical absence for the student and issuance of a clinical probation. The missed time will be made up by either rescheduling of the student's time in simulation or a make-up assignment based on the discretion of the instructor.

"No Call, No Show"

MCC Penn Valley Nursing Department expects professional behavior. As part of this professional behavior, attendance and proper notification of absence is expected. Failure to adhere to the attendance policy can negatively affect the learning outcomes and success of the student, including course grade point deductions as well as potential dismissal from the program.

If the student fails to notify the instructor prior to the tardy and/or arrives more than fifteen (15) minutes late, the tardy will be considered a "no call, no show" and recorded as an absence. The student will be placed on clinical probation. A second offense of "no call, no show" will result in automatic failure of the course. "No-call, no-show" will follow the absence policies outlined in this handbook.

Bereavement

Bereavement is not considered an "excuse" absence. These absences are to follow the clinical and course absence policies as listed in the handbook.

INCLEMENT WEATHER

During inclement weather conditions or other campus closures, students are to be guided by the following:

1. In the event of a campus-wide announcement that school is closed, there will be NO classes or clinical experiences.
2. If the student arrives at the clinical site, after the campus-wide announcement, the instructors will be notified of the closure and will dismiss the students.
3. If the campus issues a late start, clinical will be cancelled at the collaborative discretion of the Program Coordinator and Clinical Coordinator and an alternative assignment will be given.
4. In the event that MCC issues a late start day, a late start constitutes two (2) hours. If a late start occurs, students may be required to attend a clinical activity at the Penn Valley HSI Campus.
5. For Saturday and Sunday clinical and clinical activities, decisions regarding cancellation will be at the collaborative discretion of the Program Coordinator and Clinical Coordinator and an alternative assignment will be given.
6. Cancellation of partial or full clinical day(s) may require students to complete a make-up assignment, pending instructor discretion.

WITHDRAWAL

Withdrawal from any nursing course or the program will require consultation with the program coordinator approval. The reason for the withdraw may be due to personal reasons, failing to adhere to the attendance policy, and/or failing a course. The student has one (1) semester to re-enroll in the program once they withdraw.

One (1) withdrawal is allowed within the total nursing curriculum. MCC's policy is that the student will receive a "W" designation if the withdrawal occurs before MCC's "last day to withdraw without assessment" or an "F" grade if the student withdraws after that deadline.

If a student does not plan to enroll in nursing courses as scheduled in their curriculum plan, the student must notify the Program Coordinator as soon as possible indicating, in writing, the reason for interrupting their enrollment and their intent for continuation in the nursing program. The letter should also include a request for re-enrollment for the following semester if they wish to be considered for reinstatement. Students who fail to notify the Program Coordinator in writing will be required to reapply for admission. Re-entry is not guaranteed.

If a student withdraws from the program and does not re-enroll the next semester, the student must reapply for admission to the program. Re-entry is not guaranteed.

If a student withdraws for health reasons, additional written documentation may be required. Students in this category should seek guidance from the respective Program Coordinator.

A second withdrawal from a nursing course will result in dismissal from the Nursing Program and make the student ineligible for re-entry into the program

RE-ENROLLMENT

If a student plans to return/re-enroll (including medical withdrawals), a formal written request stating their intent for re-enrollment into the program must be completed by the third business day after the district official day to withdraw without assessment. Re-enrollment will be on a space-available basis. If space is not available for longer than one (1) semester, the student may forfeit their place in the program or reapply to the program and start at the freshman semester.

For a student who has taken a leave from the program, the following must be satisfied prior to the start of the semester in which the student is returning:

- Complete a background check and drug screening
- Maintain all CNE requirements during the withdrawal period
 - Pass a laboratory skill test specific to the point of re-entry. Students need to contact the respective course faculty to schedule the re-entry skills test. It is the responsibility of the student to schedule and pass the skills test and to ensure all re-entry requirements are met prior to the first day of the semester. Failure to do so may result in the student **not** being re-admitted to the nursing program. It is the responsibility of the student to both initiate and schedule this. The students must be satisfactory in all prior semesters, pending the semester of re-entry

PROGRAM DISMISSAL

In addition to grounds specified in the Code of Student Conduct, grounds for dismissal shall also include, but not be limited to:

- a. Student inability to sufficiently master the competencies of the course;
- b. Conduct detrimental to the best interest of the patient/client, the program, the college, and the clinical facilities;
- c. Student behavior that is disruptive to patient/client care and/or diminishes the quality of care
- d. Unsafe nursing practice;
- e. Student inability to meet the 80% benchmark in any second nursing course or a second failure in the same course;
- f. Student inability to meet the 80% benchmark in two (2) nursing courses in a given semester;
- g. Cheating and/or academic dishonesty;
- h. Failure of both RNUR 126 and RNUR 131 from the ADN program will disqualify admission into the PN program;
- i. Community clinical partners in the Kansas City Metropolitan area (MOKAN) require a drug screening and background check. The student will submit to such screening and assume the cost through clinical student or outside agency, if required. If the results of the testing/screening/background check prohibit the student from entering an agency, it will result in the inability of the student to complete the clinical requirement of the program. The student's dismissal from the Nursing Program will follow.
- j. Eligibility to enter the PN program after being unsuccessful in the ADN program will be based on application and acceptance to the program.

The recommendation for dismissal from the nursing program based on overall academic performance, conduct, unsafe nursing practice, or failure to meet the essential abilities will be reviewed by the Nursing Program Coordinator, Division Chair, and/or Dean of Health Sciences Institute, in this written order. Written notification will be sent to the student by the Program Coordinator. Should the student disagree with the decision made, the student may follow the MCC Code of Conduct.

NURSING SKILLS LABORATORY

Experiences are planned to provide for demonstration, practice, and evaluation of specific skills necessary to function in the hospital setting. Selected skills will be evaluated in the Nursing Skills Lab on a 1:1 basis after the student has had an opportunity to practice.

If the student is unsuccessful in demonstrating competency, the student will be referred by faculty to the Skills Lab. The Skill Lab Specialist will reach out to the student to schedule a time for remediation. The respective course faculty will be included in the email communication.

If a student is needing/wanting additional practice for any clinical skill, students will sign up for individual practice sessions. "Open Laboratory" hours will be posted in all Canvas courses and on both doors of the Skills Lab for practice sessions.

All nursing students are expected to follow the guidelines set forth by this policy. All nursing students will:

- Conduct themselves professionally. Disruptive and inappropriate behaviors will not be tolerated.
- If a student is in the skills lab, MCC clinical attire is to be worn.
- Demonstrate appropriate use of equipment. The equipment is to facilitate student learning.
 - At no time is the equipment to be used for anything other than content/assignment specific tasks.
 - Understanding of personal protective equipment (PPE) for the assigned/practicing activity. Proper glove donning and removal is critical.
- Maintain the integrity of skills laboratory and equipment.
 - Skills laboratory equipment does not leave the skills laboratory.
 - Food and drink are not permitted in the skills laboratory, with the exception of water in an enclosed (including lid) container. There is a commons area at each site for use by students.
 - Skills laboratory will be kept clean and neat.
 - Skills laboratory will present as if it were a health care facility.
 - Everyone in the lab should be aware of the location of all safety equipment (first aid kit, fire extinguishers, eyewash station, etc.).
 - All broken equipment must be reported.
 - Broken glass should never go back into storage or in the trash but should be disposed of in a sharp's container.
 - Sharps (needles, disposable razors, needles, etc.) must be disposed of in a sharp's container.
- Occupy the skills laboratory only when assigned/scheduled AND supervised by faculty/adjunct/skills laboratory supervisor.
 - Skills and clinical simulation laboratory experiences will be scheduled and posted at the beginning of each semester.
 - Open skills laboratory times will be posted and/or individual appointments made with the skills laboratory supervisor/instructor.
- Respect others by turning off all electronic devices while in the skills laboratory.
- Nursing skills lab is considered clinical time and all clinical rules/policies apply.
- Maintain a safe environment.
 - Follow standard precautions
 - Being a nursing student requires the practice of selected technical procedural skills; therefore, there is an element of risk.
 - No children are allowed in the skills laboratory.
- Meet all assigned requirements prior to participation in the skills/simulation laboratory experience.

- Underprepared students or students with incomplete assignments will be dismissed from the experience and placed on clinical probation. This will constitute a clinical absence and clinical absence policies will follow.
- It is the student's responsibility to reschedule the missed assignment with the skills laboratory supervisor/instructor.
- Maintain confidentiality with simulation and skills laboratory experiences.

VIRTUAL HOSPITAL/SIMULATION

1. As a component of clinical experience, most clinical nursing courses have simulation experiences in the Virtual Hospital at HSI.
2. Each course with simulation assigned schedules its own scenarios, as appropriate to the course.
3. Participation in the Virtual Hospital is required, and the expectations for performance in the Virtual Hospital are the same as for all other clinical experiences, including but not limited to maintaining compliance with immunizations and other CNE requirements.
4. Failure to meet expectations for the Virtual Hospital results in the same consequences as required for any other clinical experience. Feedback from the Virtual Hospital faculty may be included in the clinical evaluation for the course.
5. Requirements and expectations for student participation in the Virtual Hospital:
 - a. Virtual Hospital experiences may have required assignments to be completed prior to the learning activity. This is considered preparation for clinical and is necessary in order for the simulation to be a valuable learning experience.
 - b. Students arriving unprepared for the Virtual Hospital experience or with assignments incomplete will be sent home, placed on probation, and given a make-up assignment.
 - c. All students will be required to sign a Virtual Hospital confidentiality statement prior to participating in simulation scenarios.
 - d. A breach of confidentiality as defined in the statement will result in the student being placed on clinical probation; a second breach of the defined confidentiality will result in clinical failure.
 - e. All students participating in Virtual Hospital activities will follow the Student Dress Code as defined in the Nursing Program Student Handbook.
 - f. Arriving for the activities in the Virtual Hospital without appropriate attire or without necessary patient care equipment will result in the student being sent home, being placed on probation, and subject to make-up activities as designated by the instructor.
 - g. A “no-call, no-show” absence to a Virtual Hospital experience will result in the student being placed on probation and given a make-up assignment, as designated by the faculty. (See Attendance)
 - h. Simulation is a fully immersive experience, it is important that students are on time and present for all portions of a scheduled simulation activity. Failure to be on time will prevent the student from being allowed to participate in the simulation. This will result in a clinical absence for the student and issuance of a clinical probation. The missed time will be made up by either rescheduling of the student’s time in simulation or a make-up assignment based on the discretion of the instructor. (See Attendance)
 - i. The clinical tardy policy does not apply to simulation. In simulation, one (1) or more minute(s) is a clinical absence and the clinical absence policy will be followed.
 - j. Eating, drinking (except closed topped water) and/or smoking is not permitted in the Virtual Hospital.
 - k. Cell phones in the Virtual Hospital are allowed for Duo Security use only and must be placed on silent. Cell phone use is not allowed during any designated clinical time. Cells phones and pagers are not to be accessed with the exception of Duo Security. Failure to comply will result in the student being placed on clinical probation.

- l. The Virtual Hospital is a clinical setting. Professional behavior is expected from the students participating in the Virtual Hospital. Failure to practice professional behavior during the simulation experience will result in the student being placed on a clinical probation.
- m. The student is expected to provide patient care during the simulation as if they are a licensed professional caring for the patient.
- n. Standard precautions are used just as they would be in the health care facility.
- o. The Virtual Hospital has restricted access. Learners must be accompanied by faculty or staff. Children and unauthorized personnel are not permitted.
- p. Hazardous waste: All sharps used within the Virtual Hospital are to be disposed of in the approved receptacle (sharps containers).
- q. Latex allergy: Learners, faculty, and staff need to be aware that some equipment may contain latex. Those with known allergy/sensitivity need to contact their faculty member who will notify the Virtual Hospital Coordinator.
- r. The Virtual Hospital records simulation experiences for the use of Faculty and students involved in that scenario. The recording can be used to provide feedback (debriefing), assess achievement, and help evaluate course curriculum. Recordings shall not be used for promotional or public display unless specifically requested and written permission is given by all participants.

DRUG FREE WORKPLACE, CAMPUS, AND COMMUNITY

MCC is committed to maintaining high standards in all programs, including its Allied Health and Nursing Education and Practice programs. The Code of Student Conduct imposes disciplinary sanctions for the manufacture, sale, use, possession, distribution, or transportation of alcoholic beverages, controlled substances, and illegal drugs on MCC premises or at any MCC sponsored activity. Tobacco usage is prohibited in all campus buildings and clinical sites.

Although marijuana use is permitted at the state level (Missouri), MCC and all clinical/partnering sites do NOT allow the usage or possession of any and all substances including, but not limited to, marijuana and alcohol.

Safe practice requires efficient, reliable, and unimpaired student performance at all times, including participation in classroom and clinical settings. Students are required to perform all education related activities in appropriate mental and physical condition. Being under the influence of illegal drugs or alcohol is not only in violation of MCC's Code of Student Conduct, but it also poses serious safety and health risks to the user and to all persons who come in contact with them.

In addition to potential sanctioned clinical sites impose their own requirements for drug and alcohol testing. Therefore, all of the clinical contracts between MCC and all clinical partners at which MCC places its students for clinical rotation mandate that MCC nursing students complete and pass a drug screen prior to being admitted into the facility for clinical rotations. Various clinical sites require random drug and/or alcohol screening, with or without cause, for nursing students during the course of the clinical placement.

The refusal of a student to submit to a clinical site's initial drug screen or to random testing will result in the student's removal from the clinical site, clinical probation, and potential program dismissal. A positive test may result in the student's immediate removal from the current clinical site, future clinical sites, and dismissal from the program. Additionally, a positive test may preclude taking state licensure examinations.

The cost for a drug screen may be covered by the clinical facility. If not, the student is responsible for the cost.

Reason for Cause Process

1. Should a student's behavior cause reason to suspect the use of any drugs/alcohol such behavior will be documented. It is the legal and ethical responsibility of the facility personnel to report the behavior to MCC faculty/staff and then for the faculty/staff to confront and report any students suspected of substance use and or abuse. Behaviors indicating the use and/or abuse are irritability, mood swings, memory loss, deterioration of personal appearance, deterioration of work performance, difficulty meeting schedules and deadlines, frequent tardiness, excessive lethargy, frequent absenteeism without adequate explanation, repeated absenteeism following days off, deterioration of prepared assignments, the smell of alcohol on breath, disruptive or suspicious (at the instructor discretion) behavior.

2. A student who is perceived to be under the influence of alcohol and/or drugs during class or clinical time will be confronted and sent home. Following a meeting with the Instructor, Program Coordinator, and/or Dean of Student Affairs, appropriate action will be taken which may include but is not necessarily limited to:

- a. Immediate blood/urine screening at a college appointed test site, at the student's expense.
- b. Suspension
- c. Initiation of a Student Success Plan

- d. Substance abuse evaluation
- e. Dismissal from the program/college

Immediate dismissal will result if ANY student functions as a nursing student while under the influence of ANY illegal substance.

3. Each student is encouraged to disclose to their instructor any occasion when prescribed medication is taken which might affect the student's judgment, level of activity, or mood.
4. The Program Coordinator and/or clinical site reserves the right to conduct random drug screens at the student's expense.
5. Nursing students refer to the Nurse Practice Act Section 335.066, RSMo.

PROGRAM COMPLIANCE

All CNE requirements must be completed prior to the start of the nursing program and maintained/updated throughout the duration of the program. Students who fail to complete CNE compliance will be placed on clinical probation. If a student remains out of compliance prior to the first clinical activity, they will receive a second clinical probation and thus a clinical failure for the course.

All Nursing students are required to provide **up-to-date** official documentation of the following. Students must maintain complete and current health information on file with Clinical Student. Clinical Student must approve this documentation for it to be accepted. Additionally, students are required to maintain paper copies of their documents in a folder and keep on their person.

- Chickenpox (varicella) – positive IgG titer or two (2) immunizations
- TB screening on admission and annual TB testing, per the clinical orientation manual
- Series of three (3) Hepatitis B vaccinations and positive antibody titer or signed waiver
- Tetanus-Diphtheria acellular– Pertussis; cannot be over ten (10) years old
- Measles, Mumps, Rubella – positive IgG titer/s or two (2) immunizations
- Copy of health insurance card or waiver
- Color blindness screening
- Covid-19 vaccination (Clinical sites that are required in the nursing program do not allow or accept exemptions).

Students who fail to complete/maintain compliance will not be permitted to attend clinical(s) (including participation in Virtual Hospital and other clinical related activities such as health fairs, flu clinics, etc.) and will be placed on clinical probation for noncompliance. If a student remains out of compliance prior to the first clinical day, the student will receive a clinical failure. If a student has a flagged background check and/or a flagged drug screen, MCC Penn Valley Clinical Compliance Officer and the Program Coordinator will determine a plan of action. This may result in revocation or medicate dismissal from the nursing program.

Since most organizations have an organizational compliance plan and are required to adhere to all federal, state, and local laws and regulations, students are responsible for maintaining compliance via Clinical Student throughout the duration of the program.

Hospital Competency Exam

The student will be required to complete the KCANE Hospital Competency Exam each calendar year in August with a minimum score of 90%, posted on Clinical Student. This is to be completed prior to the start of the semester.

Basic Life Support (BLS) Certification

Students must obtain Basic Life Support Certification in a course for Health Care Providers from the American Heart Association (AHA), to include adult (one- and two-person), infant (one-person), **and** child (one- and two-person) with AED.

Students must remain BLS certified throughout the duration of the nursing program. Evidence of current certification for professional/health care providers must be provided at the beginning of each clinical lab course and must be valid. If the student's graduation date changes, the student is responsible for obtaining and uploading to Clinical Student the BLS certification as listed above to be dated through the new graduation date.

CLASS ORGANIZATIONS

Each nursing class is responsible for the election of National Student Nurse Association (NSNA) and curriculum representatives. Representatives and students help plan a variety of activities. These include (but are not limited to) fund-raising projects, community service projects, and Pinning Ceremony. The student organization is the school's branch of the NSNA, hereafter called the Penn Valley Student Nurse Association (PVSNA) for the ADN program only.

Organizational Structure

- Two (2) NSNA representatives per class level-for the ADN program only.
- Class representative elections will occur in RNUR 126 Fundamentals of Nursing and take place within the first month of the start of the semester.
- Class representatives will serve as the liaison to their respective cohort throughout the duration of the program.
- In the event that a representative is no longer able to actively participate, has to repeat a course, or is dismissed from the program, that student will rescind their participation as class representative and a new majority-vote election shall take place.

LICENSURE APPLICATION, GRAUDATION & PINNING

Successful completion of the nursing program does not guarantee the graduate will be allowed to take the licensing exam.

The State Board of Nursing has the legal duty of determining that each applicant who will practice as a professional nurse has good moral character as required under §335.066 RSMo 2019.

While a conviction or criminal record is not conclusive of the standard of good moral character, it is a factor that must be considered by the State Board of Nursing when applying for the licensure exam following completion of the educational curriculum. Any candidate for licensure who has ever been charged or convicted of a misdemeanor or a felony will be required to submit documentation of the court proceedings for that charge or conviction to the State Board of Nursing in which licensure is sought.

The reasons that may result in a denial, or revocation, of a professional nursing license can be found in The Nursing Practice Act §335.066 RSMo 2019.

If the student has had a criminal conviction in the past, please contact the respective Program Coordinator for assistance with your application. A conviction may delay or prevent the issuance of a license. The Missouri State Board of Nursing will make the decision whether or not to allow an individual to take the licensure examination. (Questions may be directed to the Missouri State Board of Nursing, 3605 Missouri Boulevard, Jefferson City, Missouri 65102.) Website: <http://pr.mo.gov/nursing.asp>

Instructions for completing the Missouri State Board of Nursing's "Application for License as a Registered Professional Nurse by Examination" will be given during the last semester of the respective program. These completed applications are mailed to Jefferson City, Missouri in February for May or July graduates and in September for December graduates by the Nursing Department office.

All graduation and pinning information will be given at the senior level.

Dress code for the Pinning Ceremony will be as follows:

- a. Clean, presentable white uniform (white scrub pants, white scrub top, or white scrub dress acceptable with white hose and white shoes).
- b. White or black shoes
- c. Hair clean and neat
- d. Earring and one (1) necklace are acceptable for the ceremony

Note: *No alcohol or drugs/controlled substances are allowed on college remises or at any college sponsored activities.*

ACCREDITATION

MCC-Penn Valley's ADN Nursing Program is fully accredited by the ACCREDITATION COMMISSION FOR EDUCATION IN NURSING, which may be contacted at:

Accreditation Commission for Education in Nursing/ACEN
3390 Peachtree Road NE, Suite 1400
Atlanta, Georgia 30326-1427
Telephone: 404.975.5000
Fax: 404.975.5020
Website: www.acen.org

MCC-Penn Valley Associate of Applied Science Nursing Degree is also fully accredited by the MISSOURI STATE BOARD OF NURSING, which may be contacted at:

Missouri State Board of Nursing
3605 Missouri Boulevard
Jefferson City, MO 65109
Telephone: 573.751.0681
Fax: 573.751.0075
TTY: 800.735.2966
Website: nursing@pr.mo.gov

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