



NURSING STUDENT HANDBOOK

2014-2015 (B)

(Reviewed/revised 10/23/2014)

This student handbook contains both general guidelines, procedures and policies information specifically tailored for Lone Star College System (LSCS) nursing students seeking admission to, admitted to and/or enrolled in the specific programs offered at the Lone Star College System. The LSCS Nursing Student handbook also contains supplements in the Appendices, specific guidelines and procedures for the particular LSCS College and nursing program that you are attending. These supplements are to be used in conjunction with the LSCS Nursing Student Handbook, the LSCS Catalog and the syllabus for each course. Every effort is made to keep the information current; however, policy and procedural changes may be made at any time. It is the responsibility of the student to keep current through theory and clinical instructors and online sources.

AMERICANS WITH DISABILITIES (ADA) STATEMENT

It is the policy of LSCS Colleges to comply with requirements of the Americans with Disabilities Act (ADA) as amended to provide reasonable accommodations unless such action shall pose an undue burden or would result in a fundamental alteration of programs of the system. Individuals requesting ADA assistance under the letter or spirit of ADA should contact the ADA Coordinator at the LSCS campus where they are enrolled in the nursing program.

ACADEMIC ACCOUNTABILITY

Although participation and sharing of experience is an integral part of the Nursing Program, responsibility for learning rests with the individual student. All assignments are to be considered as individual assignments unless otherwise designated by the instructor. At these times, academic integrity guidelines hold the individual student accountable for working independently without assistance from other students. The individual student will not solicit, accept, or give help on exams. At all times the student will honor his/her responsibility not to take credit for work that is not his/her own. See Statement of Academic Integrity in LSCS Catalog/Online, and the LSCS Nursing Student Handbook.

EQUAL OPPORTUNITY STATEMENT

The Lone Star College System is committed to the principle of equal opportunity in education and employment. The System does not discriminate against individuals on the basis of race, color, gender, religion, disability, age, veteran status, nationality, sexual orientation, or ethnicity in the administration of its educational policies, admissions policies, employment policies, scholarship and loan programs, and other System or College administered programs and activities.

Inquiries concerning the System's policies, compliance with applicable laws, statutes, and regulations (such as Title VI, Title IX, and Section 504), and complaints may be directed to the Office of Human Resources, 832.813.6646. The Vice Chancellor for Human Resources is designated as the System's Equal Opportunity Officer and Title IX Coordinator. Inquiries about the laws and about compliance may also be directed to the Assistant Secretary for Civil Rights, U.S. Department of Education.

INFORMATION ON ELIGIBILITY FOR NURSING LICENSURE

Students enrolled in an associate degree or a vocational nursing program preparing for licensure must be aware of conditions that may disqualify them from licensure, and of their rights to petition the Texas Board of Nursing for a Declaratory Order of Eligibility. Completion of the associate degree or vocational nursing program does not automatically qualify the graduates for the respective licensure examination by the Texas Board of Nursing. Please refer to eligibility requirements within this handbook for further information.

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LONE STAR COLLEGE SYSTEM NURSING PROGRAMS

The nursing faculty of Lone Star College System (LSCS) is committed to the stated vision, mission, and value statements of the institution and to the concept of quality education to meet community needs through the preparation of individuals to function at a variety of levels of nursing practice.

MISSION STATEMENT OF NURSING

The mission of the nursing programs of LSCS is to provide a quality education to prepare competent, caring, ethical nurses to function as members of the health care team in the dynamic health care environment. We believe the community college provides an ideal, accessible setting for nursing education where students of all educational and cultural backgrounds may achieve their goals.

The uniqueness of each individual college program, faculty and students is acknowledged and respected. The individual campuses implement the philosophy to meet the diverse needs of the communities they serve.

PHILOSOPHY OF NURSING EDUCATION

The nursing faculty is committed to quality programs that provide distinctive levels of preparation with clearly differentiated essential competencies. The graduates of all levels are prepared to provide and coordinate health care of individuals and their families throughout the lifespan across the health continuum. The nursing program strives to build on each student's prior experience.

Nursing education synthesizes knowledge from the arts, biological, physical, behavioral and social sciences; incorporates critical reasoning, psychomotor and psychosocial skills; and empowers students to develop the knowledge and skills to become safe practitioners- Progressively complex learning tasks build upon previous knowledge and experience and further serve as a motivational force for continued, lifelong learning. Learning becomes more effective when the learner is an active participant.

Nursing education must be proactive in the ever-changing health care environment and provide opportunities for students to prepare for evolving nursing roles. Educational experiences are planned in diverse health care settings. Nursing faculty encourages students to strive for excellence and quality by utilizing a variety of current educational theories, nursing theories and evidence based strategies.

The nursing role is characterized by the utilization of a systematic, problem-solving process; a caring relationship; and commitment to continuing education and professionalism in practice.

Nurses collaborate with the patient, family, significant others, and members of the interdisciplinary health care team to empower the patient and/or family to make informed decisions, prevent illness and restore and maintain their optimal level of function. Each graduate of the associate degree or vocational nursing program assumes increasing levels of accountability and responsibility in practice, demonstrating competencies in the roles of provider of patient-centered care, and patient safety advocate member of the profession and member of the health care team. (pursuant to Texas Board of Nursing Delineated Essential Competencies (DEC). Link to TxBON website: http://www.bon.texas.gov/pdfs/differentiated_essential_competencies-2010.pdf

Other concepts incorporated throughout the nursing curriculum include the following as related to the value statements and basic intellectual competencies in core curriculum.

- ***The Teaching/Learning Process For The Adult Learner***

Important concepts of teaching and learning are taught to assist students in their own learning and to develop effective teaching techniques for their patients.

- ***The Decision Making Process/Clinical Judgment***

Critical reasoning is essential to the decision making process in nursing, incorporating information from a specific knowledge base, experience, competencies, attitudes, and standards in order to promote safe practices. Decisions are also based on knowledge from evidence based practice and advancing technology.

- ***The Communication Process***

Nursing requires effective use of communication skills to function in interviewing, teaching-learning, and counseling situations with patients and families as well as in collaborating with other health care team members.

- ***The Process of Health Promotion***

The promotion of health is an integral component of nursing practice. This includes disease prevention, health maintenance, rehabilitation, and restoration of optimal health and comfort.

- ***The Process of Developing a Patient-Centered, Caring Relationship***

To provide patient-centered care the nurse must first recognize a person's worth, dignity, and frame of reference, within the diversity of experience, lifestyle, and culture. A therapeutic relationship between nurses, patients, and their families begins with the nurse using reflection, self-analysis and self-directed learning. The nurse-patient relationship progresses to the giving of self while providing competent nursing care to patients and their families. A caring relationship develops as the nurse becomes empathetic and responds to the needs of the individual, family, and group. Interaction with patients in a humanistic, empathetic manner is the art of caring in nursing.

Additional core concepts in the integrated curriculum are used to provide structure and content outlines for each nursing course. These are also intertwined with the DEC.

- Role of the Nurse
- Biopsychosocial
- Oxygenation
- Circulation
- Neuromuscular, Skeletal, and Sensation
- Maternal/Newborn and Reproduction
- Protection and Regulatory Mechanisms
- Nutrition, Digestion Excretion and Elimination

Revised and Approved: 12/2011

Reviewed: 10/2014

ASSOCIATE DEGREE NURSING PROGRAM LEARNING OUTCOMES (PLO)

At the completion of the Associate Degree Nursing program at LSCS, the graduate will be able to:

Member of the Profession

1. Demonstrate accountability and responsibility for the delivery of care within the ethical and legal scope of practice, professional standards and best practice.
2. Manage information using technology to support decision making to improve patient care.
3. Demonstrate responsibility for continued competence in nursing practice and develop insight through reflection, self-analysis and self-directed learning.

Provider of Patient Centered Care

4. Provide safe, compassionate, comprehensive, individualized patient-centered nursing care, based on the nursing process and evidence-based practice, to culturally diverse patients and families across the life span and wellness-illness continuum.
5. Develop, implement and evaluate teaching plans to address health promotion, maintenance and restoration.

Patient Safety Advocate

6. Advocate for the provision of safe quality health care for patients and their families.

Member of the Health Care Team

7. Coordinate human information and material resources in providing care for patients and their families.

Approved by LSCS Curriculum Committee: 10/14/2014

VOCATIONAL NURSING PROGRAM LEARNING OUTCOMES (PLO)

At the completion of the Vocational Nursing program at LSCS, the graduate will be able to:

Member of the Profession

1. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice.
2. Apply a working knowledge of patient's rights, protecting the rights and dignity of the patient and respecting the rights of others to have their own value system.

Provider of Patient Centered Care

3. Utilize the nursing process, evidenced based practice and a commitment to caring for culturally diverse patients across the life span and wellness-illness continuum.
4. Use clinical reasoning and a problem-solving approach as the basis for decision making in practice, based on application of scientific principles and clinical data.
5. Provide patient centered nursing care for patients in structured health care settings who are experiencing common, well-defined health problems with predictable outcomes.
6. Demonstrate responsibility and accountability for the quality of the care provided to patients and their families.
7. Utilize effective communication and collaborate with patients, families, and interdisciplinary health care team members.

Patient Safety Advocate

8. Adhere to the Texas Nursing Practice Act and Texas State Board of Nursing Rules that emphasize safety.
9. Accept and make assignments that take into consideration patient safety and organizational policy.

Member of the Health Care Team

10. Collaborate in the development and implementation of teaching plans for the patient and their families with common health problems and well defined health learning needs.
11. Assist in the coordination of human, information, and material resources in providing patient centered care.

Reviewed and Approved: 4/10/2014

STUDENT ACCOUNTABILITY FOR MEETING PROGRAM REQUIREMENTS

It is the responsibility of the student to be certain that prerequisite and co-requisite courses are completed as prescribed in the degree plan/certificate plan. Advisors, counselor, nursing faculty and the program director are available throughout the semester and during every registration period to advise students on required course work. It is the responsibility of the student to review the individual degree plan/advising profile with an advisor or counselor **EACH SEMESTER**.

Failure to review the degree plan/advising profile on a regular basis could jeopardize progression to the next nursing course or delay the granting of the AAS degree or VN certificate. The student cannot sit for the state licensing exam or receive a permit for work until all required courses and program requirements for the degree/certificate are completed and grades are officially processed by the College System.

A three hour elective in the area of fine arts or the humanities is required to complete the associate degree plan. The student should validate the choice of an elective with an advisor or counselor before enrolling in the course. *Refer to the current college catalog for Degree Plan for the year admitted or readmitted to the program (also Refer to Progression Requirements)

NURSING PROGRAM REQUIREMENTS

Drug screening may be required at some clinical sites during the student's enrollment at a LSCS nursing program. The cost of all drug screens, physical examination, lab titers and immunizations is the responsibility of the student.

Any change in criminal status of a student currently registered **MUST BE REPORTED TO THE PROGRAM DIRECTOR AND TEXAS BOARD OF NURSING IMMEDIATELY**. Failure to do so is grounds for dismissal from the nursing program. The Board of Nursing notifies the school of infractions needing to submit a Declaratory Order. Students with any questions in background must file a Declaratory Order with the Texas Board of Nursing. The clinical affiliate institutions also have varying criteria for eligibility to engage in clinical activities at their institution. Student backgrounds or other issues could lead to a student being denied access to a clinical affiliate institution because of adverse behaviors revealed on a criminal background check, Board of Nursing wrap-back, or drug screen.

ELIGIBILITY FOR CLINICAL and LICENSURE by TEXAS BOARD OF NURSING

Nursing applicants must answer the following questions in order to be eligible for clinical practice in conjunction with education programs and for eventual licensure in the state of Texas. There are three distinct types of questions: criminal offense questions, chemical dependency questions, and mental illness questions. Affirmative answers require submission of a petition for a Declaratory Order (D.O.) for Eligibility. The Texas BON review of an applicant's D.O. can take three (3) to six (6) month to complete.

For any **Criminal Offense**^{1,2} including those pending appeal, have you **ever**:

1. Been convicted of a misdemeanor?
2. Been convicted of a felony?
3. Pled nolo contendere, no contest, or guilty?
4. Received deferred adjudication?

5. Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
6. Been sentenced to serve jail or prison time? Court-ordered confinement?
7. Been granted pre-trial diversion?
8. Been arrested or have any pending criminal charges?
9. Been **cited** or charged with any violation of the law?
10. Been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?
(*You may only exclude Class C misdemeanor traffic violations.*)

Also for any **Criminal Offense** ^{1,2}:

1. Are you currently the target or subject of a grand jury or governmental agency investigation?
2. Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

For any **Chemical Dependency** ³:

1. Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

For any **Mental Illness** ³:

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

Completion of associate degree or vocational nursing programs does not automatically qualify the graduates for licensure examination by Texas Board of Nursing. The Texas BON will evaluate each student for eligibility by making sure the student has successfully completed the nursing program and by checking the student's criminal background and requiring responses to questions regarding fitness related to chemical dependency and mental illness. The Texas Board of Nursing requires all nursing students and alternates submit to these background checks.

Review the following websites to be informed of the Texas BON rules of eligibility for licensure. Please contact the Director of Nursing Programs with any questions or need for clarification on eligibility issues.

The detailed eligibility information is found in:

1. Texas Occupations Code § 301.252, § 301.257, and § 301.452-469. (relating to license application, declaratory for license eligibility, and disciplinary action)
2. Texas Administrative Code § 213.27 to § 213.30 (relating to good professional character, licensure of persons with criminal conviction, criteria and procedures regarding intemperate use and lack of fitness in eligibility, and disciplinary matters, and declaratory order of eligibility for licensure)

Use the links below to educate yourself about the rules and regulations that govern eligibility for licensure and your right to petition the TxBON. (**Links current as of 2/2014**)

Texas BON Rules and Regulations (Texas Administrative Code):

[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=3&ti=22&pt=11](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=3&ti=22&pt=11)

Texas Board of Nursing website: <http://www.bne.state.tx.us/exam-eligibility.htm>

¹NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, will at a minimum, subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

²NOTE: Orders of Non-Disclosure: Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to other sections of the Gov't Code chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character.

³NOTE: *Pursuant to the Occupations Code §301.207, information regarding a person's diagnosis or treatment for a physical condition, mental condition, or chemical dependency is confidential to the same extent that information collected as part of an investigation is confidential under the Occupations Code §301.466.

ASSOCIATE DEGREE ATTENDANCE

Classroom/Seminar: Students are strongly encouraged to attend class in order to have a solid knowledge base for practice. See specific course syllabi for attendance for ADN and the Appendix C for VN policy.

Nursing Skills Laboratory: Laboratory attendance is mandatory for all students. If a student is absent from lab, the lab activity must be made up within a specified timeframe in order to be able to perform the skill in the clinical setting (See specific course syllabi). Paperwork requirements will be the student's responsibility and will be done on the student's own time. Students cannot have more than one make up lab per semester.

Clinical Setting: Clinical attendance is mandatory for all students. The nursing faculty believes that experiences in the clinical setting cannot be adequately duplicated if a student is absent excessively. For students in the integrated programs (including transition) absence of more than 10% of the clinical course contact hours is considered excessive (example, 10% of 96 contact hour clinical course is 9.6 contact hours rounded to the nearest whole number). Students with excessive absences will not be able to meet course requirements or objectives successfully. For Cy-Fair students, see specific course syllabi and college addendum for Block Program.

Students are required to notify their clinical instructor on that clinical day if they are going to be late or absent. If a student does not contact the instructor prior to the start of clinical day, this is considered to be "no call; no show", and the student will receive a zero for the day.

VOCATIONAL NURSING PROGRAM ATTENDANCE

Clinical absences: The nursing faculty believes that experiences in the clinical setting cannot be adequately duplicated if a student is absent excessively. Absence of more than 10% of the clinical course contact hours is considered excessive (example, 10% of 96 contact hour clinical course is 9.6 contact hours rounded to the nearest whole number). Clinical objectives must be met for all courses, regardless of absences.

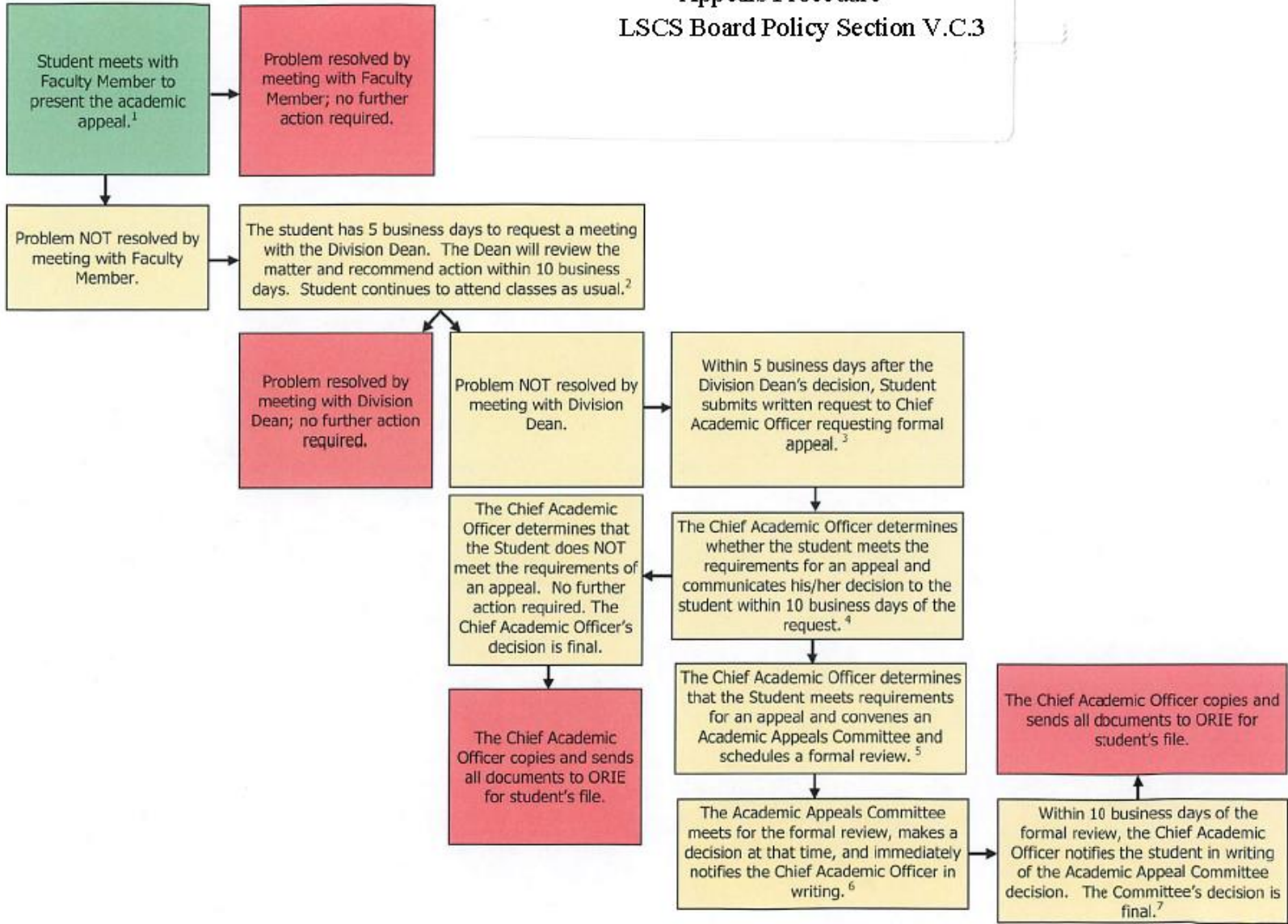
- * Being late for clinical by over fifteen (15) minutes will be recorded as one absence. This may require reassignment and will be reflected in the student's evaluation. Repeated lateness of under 15 minutes will result in an absence on the third occurrence.
- * Students are required to notify their clinical instructor on that clinical day if they are going to be late or absent. If a student does not contact the instructor prior to the start of clinical day, this is considered to be "no call; no show", and the student will receive a zero for the day.
- * Students will complete instructor generated make-up work for all of the missed hours regardless if the student has reached the maximum 10% or not. Failure to complete make-up work will result in a zero for the clinical day missed.
- * Students will be given a counseling form when they have reached the maximum number of allowed absences.
- * A student will be administratively withdrawn from the nursing program upon exceeding the maximum allowed absences for the semester.

Campus laboratory absences: All campus laboratory experiences must be made up if absent from lab. The student will have one week to make up the skill which was missed. If the nursing skill has not been made up within one week, the student will forfeit one of the three opportunities for checking off that skill.

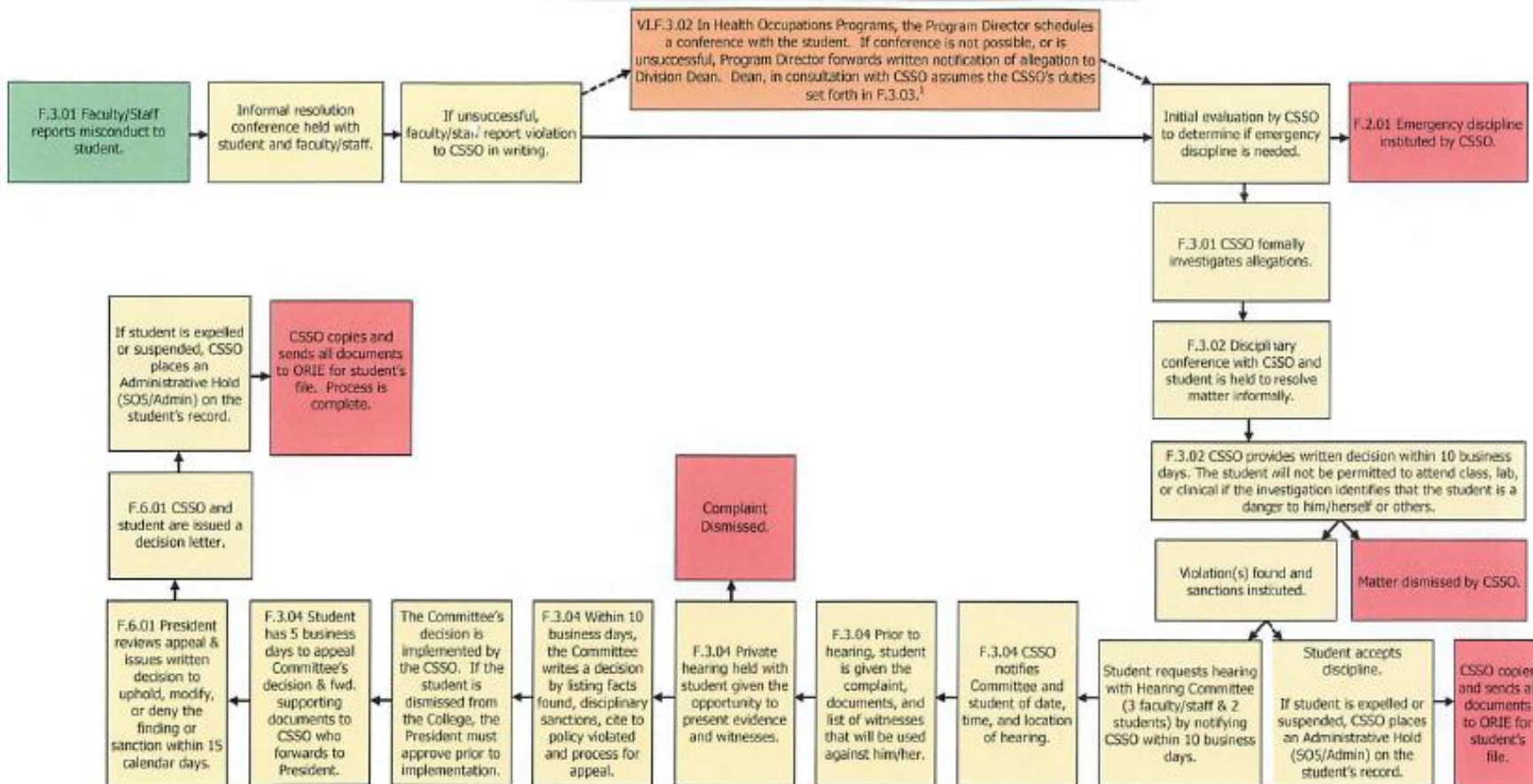
Classroom absences: Attendance in the classroom is critical for success in the program. Roll will be taken in the classroom for each nursing course. Students will be required to make up all content on their own time.

- * A maximum of three cumulative classroom days absent will be allowed in the lecture portion of each level.
- * In addition, if a student arrives more than fifteen minutes late for the beginning of class or the return from lunch, this will be considered a tardy.
- * Three times being late will be considered one absence.
- * If more than 50% of a given class period is missed, either morning or afternoon, the student will earn a half day's absence.
- * A student will/may be administratively withdrawn from the nursing program upon exceeding the maximum number of absences for the semester.

LSCS Student Academic Appeals Procedure
LSCS Board Policy Section V.C.3



LSCS Student Discipline and Appeals Procedure LSCS Board Policy Section VI.F



CLINICAL ASSIGNMENTS

Due to Texas Board of Nursing mandates for student/teacher ratios, nursing students will not always be able to receive the clinical assignment of their primary choice. In addition there is no guarantee that a student will remain assigned to the same clinical section in which he/she originally enrolled. The nursing department will make changes deemed necessary to provide an optimal learning experience. If a clinical group is closed, students may be moved to another section. Students may be assigned to an evening or weekend shift as needed

REFUSAL TO PROVIDE CARE

Students in LSCS nursing programs are expected to provide care to assigned patients. If refusal to care for a patient occurs, faculty will provide a review of the Nursing Code of Ethics from the American Nurses' Association and counsel the student. A student who indicates persistent refusal to care for particular types of patients will receive further counseling regarding the appropriateness of her/his career choice. Additional disciplinary measures may be applied.

TIME COMMITMENT TO NURSING STUDIES

In order to meet the course objectives, grasp the content, and improve performance leading to successful outcomes, students will find it necessary to plan time to study, test, practice in the nursing skills lab and work on assignments – individual and/or group. It is recommended that students plan to extend their personal time commitment beyond the published /stated course hours as needed.

CONFIDENTIALITY STATEMENT

As a student in the LSCS nursing program, you will have access to confidential information during your clinical experiences. Confidential information includes patient information, employee information, financial information, other information relating to your duty as a student and information proprietary to other companies or persons. You may have access to some or all of this confidential information through the computer systems of the clinical facilities or through your student activities.

Confidential information is protected by strict policies of the clinical facilities and by federal and state laws particularly the Health Insurance Portability and Accountability Act, known as HIPAA. The intent of these laws and policies is to assure that confidential information, that is, Patient's Protected Health Information or Individually Identifiable Information provided to students orally or contained in patient medical records or maintained on the facility's electronic information system will remain confidential.

Students are required to comply with the applicable policies and laws governing confidential information. Any violation of these laws will subject the student to discipline, which might include, but is not limited to, dismissal as a student and to legal liability (including fines and imprisonment).

In addition to this statement, each clinical facility will require nursing students to sign an additional statement at the beginning of the clinical rotation.

Violation of confidentiality may include, but are not limited to photocopying patient documents or information, taking photographs, removing/possessing patient documents outside the clinical facility, or posting of patient information or likenesses on any internet or social networking site.

CODE OF CONDUCT

One of the goals of the Nursing program is to assist the student in becoming a safe practitioner of professional nursing. The primary mission of the Texas Board of Nursing is to protect and promote the welfare of the people of Texas by assuring that professional nurses are competent and safe practitioners.

The Nursing Programs' goal is fulfilled by holding the student accountable for safe mature behaviors and by establishing a code of ethics and conduct along with professional standards of behavior which will help the student in meeting the Texas Board's expectation. The following code of conduct has been established to make the student aware of guidelines regarding the department's expectations, which are in keeping with the general rules pertaining to disciplinary process and procedure found in the College Catalog and Nursing Student Handbook.

Infraction of the code of conduct whether it occurs in the classroom or any of the LSCS- sponsored activities including the clinical sites will result in disciplinary action. Discipline can range from written disciplinary action to removal from the program depending on the seriousness of the incident. Students should follow the chain of command: Instructor, Program Director, Dean, and Vice President. Reasons for disciplinary action may include but are **NOT LIMITED TO:**

1. Use of alcohol or drugs before or during class or a clinical work shift.

Examples are not all inclusive:

- a. Alcohol on a student's person or detected on her/his breath.
- b. Slurred speech, glassy red eyes.
- c. Difficulty in maintaining his/her balance.
- d. Belligerent, combative, irrational behavior.
- e. Illogical or inappropriate decision-making that could endanger patients or others.
- f. Possessing articles usually associated with drug use (Refer to the Drug and Alcohol Abuse Policy)

2. Impairment by alcohol or other mind altering drugs which could expose patients, the public, students, and faculty unnecessarily to risk of harm.

Examples:

- a. Demonstration of hallucination, delusion or combative behavior.
- b. Physically or verbally attacking or threatening to attack patients, family, or other students or faculty.
- c. Misleading and deceptive comments including slanderous remarks or actions.

3. Unprofessional or dishonorable conduct which may deceive, defraud, or injure patients, the public, school personnel, other students, and faculty. See LSCS Catalog – Student Conduct
Examples may include but are not limited to:

- a. The possession and/or showing of any kind of knife, firearm, or other instrument that could be used as a weapon or that could frighten others.
- b. Informing the charge nurse or faculty member that a treatment, medicine or procedure has been done when in fact it has been omitted.
- c. Possessing medications including narcotics which need to be credited to the patient or returned to the narcotic locker or the pharmacy.
- d. Omitting the administration of medications, treatments or other necessary activities which could endanger the patient's life.
- e. Failing to follow instructional or behavioral directives.
- f. Falsifying of records.
- g. Stealing.
- h. Using public media/social networks to post, discuss, or depict class peers, LSCS faculty/staff, and clinical facility/staff without specifically expressed permission.

4. Failure to care adequately for patients or to conform to minimum safe standards of acceptable practice under the supervision of the faculty or the designee of the facility.

Examples may include but are not limited to:

- a. Failure to follow the plan of care including medications, treatments, and other treatment activities.
- b. Failure to administer medications in a responsible manner.
- c. Failure to follow the physician's prescribed orders which have been held to be prudent by other nursing personnel.

- d. Failure to follow the instructional directives of the faculty member or clinical staff member.
 - e. Failure to wait for instructor supervision when directed to do so by faculty or student policy.
 - f. Disclosing confidential information or knowledge concerning the patient except where required by law.
 - g. Performing any act which is beyond the scope of her/his approved level of practice.
- 5. Aiding another student in deceiving or attempting to deceive the faculty in obtaining an exam, care plan grade, or grade on any required paper or presentation.**
Examples may include but are not limited to:
- a. Cheating on an exam or allowing another student to copy answers.
 - b. Plagiarizing data for any reason.
 - c. Submitting late papers and then informing the instructor that the paper was previously submitted.
 - d. Using codes, gestures, or any other types of conduct designed to share or obtain answers from another student.
 - e. Using any form of communication for the purpose of cheating.
 - f. Utilizing advanced technology for sharing of information via text messaging, internet, etc.
 - g. Accessing on-line testing material before or after designated time frame.
 - h. Collusion with other students on a graded work- this includes work for distance learning classes and other “take-home” assignments.
 - i. Utilizing any faculty resources (including test banks or other exam-related materials) without prior approval of faculty may be subject to disciplinary action, including dismissal from the program.
- 6. Damaging or destroying school or hospital property or equipment or removing property or equipment from campus or a clinical site.**
Examples may include but not limited to:
- a. Removing limbs, eyes or other body parts from the teaching mannequins or torsos.
 - b. Destroying computers, printers, Computer-Assisted Instruction programs, library magazine/journal articles.
 - c. Taking Computer-Assisted Instruction programs without permission.
 - d. Downloading computer viruses, obscene and/or pornographic material to LSCS computers.
 - e. Removing equipment from the lab without permission.
- 7. Using profane language or gestures.**
Examples may include but not limited to:
- a. Using profane or obscene language or obscenities, or words and phrases that are derogatory or demeaning. Using language or engaging in conduct that could be construed as sexual harassment under LSCS policy on sexual harassment.
 - b. Demonstrating obscene gesture.
 - c. Making derogatory statements regarding a specific cultural or ethnic group.
- 8. Being disruptive, habitually late, or absent from class, nursing skills lab, or clinical.**
Examples may include but not limited to:
- a. Arguing with an instructor over an assignment, examination, or other academic/ clinical issue. The college recognizes the value of class discussion and debate. However, the College will not tolerate students who are knowingly confrontational or who knowingly attempt to embarrass or intimidate, making gestures, slamming down books, or talking loudly when someone else has the attention of the group.
 - b. Monopolizing class time to share personal family problems, or medical experience.

- c. Habitually arriving to class late and disrupting instruction that is in progress.
- d. Missing more than allowed hours of clinical /lab time or excessive class absence.
- e. Failing to call the instructor when an absence from clinical/lab occurs.
- f. Having beepers, cell phones, computers, or informational devices which are not on silent mode during clinical, lab or class time. Electronic devices, including earphones or telephones in ears, should not be used in the clinical area.
- g. Cameras or picture taking with phone cameras are strictly prohibited without nursing department approval.
- h. No animals, with the exception of service animals, are allowed in the nursing labs, classrooms or clinical sites.

9. Physically or verbally assaulting others, demonstrating poor coping mechanisms or becoming confrontational during the instructional process.

Examples can include:

- a. Grabbing, hitting or assaulting a student, patient, faculty or other persons affiliated with the college or clinical site.
- b. Using bullying, menacing, aggressive verbal or physical behavior.
- c. Shouting obscene or abusive words.
- d. Being argumentative and menacing.
- e. Threatening others with physical or personal injury.

10. Refusing to adhere to the specified dress code and code of conduct.

Examples may include but are not limited to:

- a. Dressing in a garment that is not the designated uniform.
- b. Refusing to follow the guidelines published in handbook or clinical site policy.
- c. Smoking (including E-cigarettes), chewing gum, consuming drugs or alcohol while in uniform.
- d. Coming to clinical without proper grooming or coming in a dirty or wrinkled uniform.

11. Demonstrating behaviors that could be categorized as harassment.

Examples may include but are not limited to:

- a. Following or stalking a faculty member around campus or to the faculty member's home or other places. Except in an emergency or under conditions previously approved by the faculty member, the proper method for school discussions is for the student to visit the instructor during office hours or to make an appointment.
- b. Calling faculty/administrators at home without specific permission.
- c. Making any type of repeated communication to a faculty member's office, home, or cell phone. Making obscene or inappropriate contact with a faculty at either his/her office or home.
- d. Harassing another student or faculty member in violation of the colleges' policy on sexual harassment
- e. Any unprofessional, demanding, aggressive, bullying, or threatening behavior towards peers, faculty/LSCS staff, or clinical facility staff will not be tolerated and may be grounds for dismissal.

CHILDREN IN THE CLASSROOM

The nursing faculty does not allow children to be brought into the nursing classrooms while class is in session. Children will not be allowed in the clinical or campus lab, for safety reasons. Children are not allowed to remain unsupervised in the halls. Faculty recommends that students work on developing a list of alternative childcare options that might be used when a personal emergency arises. Some LSCS campuses have child care centers available to students. See specific college departmental guidelines.

PROOF OF HEALTH INSURANCE

Clinical agencies may require proof of individual health insurance coverage. A group plan is available at reasonable cost through Student Services.

PROFESSIONAL LIABILITY INSURANCE

All nursing students are required to carry professional liability insurance. Fees collected at the time of registration cover the cost of the college student blanket policy with a major insurance carrier. This policy provides coverage ONLY at school sanctioned clinical activities.

PROGRESSION REQUIREMENTS

To remain in good standing and progress within the nursing curriculum, a student must attain a "C" or better in each course in the nursing degree plan and maintain an overall grade point average of 2.0 in the college. A student must pass all concurrent nursing courses and co-requisite academic courses in a single semester in order to progress to the next semester. A student who fails or withdraws from one or more concurrent courses must repeat all concurrent nursing courses in the readmitted semester.

Standardized exams are given throughout the curriculum. Remediation may be required to assist the student to be successful.

A **standardized exam** will be given in the last semester of all nursing programs to determine readiness for the licensure examination. The grade from this exam will be a component of the final grade of the capstone course.

DEADLINES FOR READMISSION

Please contact the specific nursing programs for the deadline dates for the readmission letter to be submitted to the nursing program's director where readmission is being requested. Guidelines are found in the College Catalogue.

STUDENT CLASS REPRESENTATIVES

Each cohort will have an opportunity to elect class representatives. The elected representatives will act as liaisons between the faculty team and the students. They are invited to attend department nursing faculty meetings (curriculum, policy & procedure and clinical site debriefings) where they are given the opportunity to provide input and to also communicate student concerns.

STUDENT PROGRAM EVALUATION

Assessment of curriculum, faculty, and clinical sites is essential to the success of the nursing program. Throughout the program and after graduation, students are asked to:

- * Evaluate course sections and faculty at the end of each semester
- * Evaluate clinical sites regarding overall learning environment
- * Complete a program evaluation survey before graduation
- * Complete a graduate survey 6 months after graduation

Suggestions and comments from students allow evaluation of the program and assure a teaching and learning environment conducive to student academic achievement and life-long learning. Feedback received from the surveys is valuable to the nursing program for quality and continuing accreditation.

GRADING AND EVALUATION

The scale for determining a letter grade in the nursing programs is:

A	90 – 100
B	80 – 89
C	75 – 79
D	60 – 74
F	Below 60

Grades will be carried to the tenth place throughout a course without rounding and then will be rounded to a whole number only at the end of a course to determine the final grade. Only when the decimal is 0.5 or more, will the final grade be rounded up to the next whole number.

MAKE-UP EXAMINATION GUIDELINES

See nursing course syllabi for specific make-up exam guidelines.

CRITICAL INCIDENT / CONFERENCE

A **Critical Incident** is an issue related to clinical or course performance/behavior. Examples include, but not limited to, medication errors, unprofessional conduct, excessive absences or tardiness, or other actions or events which jeopardize the student's ability to pass the course.

A **Conference** will be completed in a timely manner after recognition of an issue. The instructor will discuss the issue(s) and explain any remediation or disciplinary action. The student will discuss the information with the instructor and may respond to the report in writing.

The forms used to document the Critical Incident/Conference will vary per nursing program.

EXAMINATION REVIEW

The nursing faculty believes that the purpose of examinations is to:

- * evaluate student knowledge of content, a minimal level being required for safe practice
- * evaluate decision-making
- * prepare students for the NCLEX-RN or NCLEX-PN exam
- * serve as a learning tool
- * evaluate critical thinking

Students may request individual conference times with faculty members to review exams and receive feedback and referrals. Conferences should be scheduled within two weeks of the exam. All conferences should be completed prior to the final exam.

ACADEMIC SUPPORT AND STUDENT SERVICES

Several modalities are available to assist students with academic challenges. The college campus student learning centers provide math, reading, writing, and biology support as well as assistance with test taking strategies. Please refer to the www.lonestar.edu/studentservices for further initiatives. For information about LSCS's Graduate Guarantee, please see the LSCS' college catalog.

DRUG & ALCOHOL ABUSE GUIDELINES FOR: EMERGENCY SERVICES, HEALTH OCCUPATIONS AND CHILD CARE PROGRAMS

DRUG & ALCOHOL ABUSE GUIDELINES FOR: EMERGENCY SERVICES, HEALTH OCCUPATIONS, AND CHILD CARE PROGRAMS

The Lone Star College System (“LSCS”) believes that it has a responsibility to maintain a safe and efficient academic environment for students, and to assist in ensuring those served by students through clinical experiences are provided safe and effective care or services. The use of controlled substances, lawful or otherwise, which interferes with the judgment, ability or execution of skills while in the classroom or clinical experience setting, poses an unacceptable risk for students, faculty, patients, colleagues, LSCS and affiliated agencies. Therefore, the unlawful use, manufacture, possession, distribution or dispensing of alcohol or illegal drugs, the misuse of legally prescribed or over the counter drugs, or being under the influence of such substances while in the classroom, on LSCS property, grounds, parking lots or on any third party clinical sites, or while engaged in any portion of the educational experience poses an unacceptable risk for students, faculty, patients, colleagues, LSCS, and the affiliated agency and is strictly prohibited.

Drug and Alcohol Testing

Students should be aware that LSCS and agencies with which LSCS contracts for clinical experiences may require successful completion of drug/alcohol testing prior to commencement of the clinical experience. The costs of all testing shall be incurred by the student.

LSCS Policy §VI.D.2.06 states, “Students and faculty in the health occupation and emergency services or child care programs may be required to undergo drug testing if there is a reasonable cause to believe they may be impaired by chemical or alcohol or as required by affiliated clinical facilities.”

Reasonable Cause Testing

Students in an LSCS classroom, on LSCS property, or engaged in a clinical experience may be requested to undergo a blood or urine screening test for drugs and alcohol if reasonable cause or suspicion exists to believe the student is using or is under the influence of drugs or alcohol during the course of the program such as to interfere with the academic environment or affect the safety of the student or others. Reasonable cause requires some specific basis which indicates the student is using or is under the influence of drugs or alcohol prior to requiring drug testing.

Reasonable cause may include, but is not limited to:

- observable phenomena, such as direct observation of drug/alcohol use or the physical symptoms or manifestations of being under the influence of such; or
- abnormal conduct or erratic behavior which could be caused by drug/alcohol use.

The student will be presented with the basis for reasonable cause and requested to undergo a urine and/or blood drug test within 24 hours.

The Program Director may require a specific test panel and/or vendor for testing. The student will have to give consent for such testing, and provide authorization for the results to be made available to the Program Director. The vendor performing the drug test must send the results directly to the Program Director. A result received directly from the student will not be accepted and may be considered a failed test.

In situations in which an instructor has basis to believe that reasonable cause exists or that the student may endanger the safety of patients, employees or self, the instructor will immediately remove the student from the clinical situation before taking further action. If it is determined that the student cannot safely continue with assigned tasks, the student must leave the facility immediately upon the instructor's request and will not be allowed to return to the clinical or classroom setting that day regardless of whether reasonable cause is corroborated or if the student is tested or not. Students dismissed from a program for reasons above are not to drive and must contact another person to take them home. Such students may not return to the clinical or classroom setting until results from the drug test are provided and the student is permitted to return.

The instructor will provide the Program Director detailed documentation of the basis for reasonable cause and the subsequent steps. Documentation should include date, time, behavior, observations and persons involved.

A student who refuses to undergo testing or release of information will be considered to have failed the drug test and may be subject to dismissal from the program.

Negative Screening Test

If the results of the test indicate a negative test for alcohol or drugs, the student shall meet with the Program Director to discuss the circumstances surrounding the impaired clinical/classroom behavior. Based on the information presented during this meeting, the Program Director or designee will make a decision regarding student's return to the clinical/classroom setting. If returned to the clinical/classroom setting, the student must make-up any absences incurred.

Positive Screening Test

Each student will be asked to disclose prescription and over-the-counter medications he/she is taking to the testing facility at the time of testing. If the results of the drug screening test are positive and the student provides documentation of a prescription for the substance, the Program Director and/or designee will consider the case in collaboration with the student and his/her health care provider. Such students will be permitted to begin/continue clinical experiences unless specifically prohibited by the clinical agency.

If the test is positive for alcohol, illegal substances, or medications not prescribed for that individual, the student will be referred to the Chief Student Services Officer for investigation and dismissal from the program. Prior to being dismissed, the student will be given a copy of the drug test.

Additional Policy for Health Professions

Faculty will comply with Sec.301.404 of the Nursing Practice Act which states "A nursing educational program that has reasonable cause to suspect that the ability of a nursing student to perform the services of the nursing profession would be, or would reasonably be expected to be, impaired by chemical dependency shall file with the Board a written, signed report that includes the identity of the student and any additional information the Board requires."

APPROVED AS TO FORM BY:

Amy Harper 6-27-2013

AMY HARPER
OFFICE OF THE GENERAL COUNSEL
LONE STAR COLLEGE SYSTEM

STUDENT HEALTH PROCEDURES

(Source: Texas Dept. of State Health Services and LSCS Risk Management)

Introduction: Lone Star College System recognizes its responsibility to protect the rights and privileges of students, employees, patients, and the general public against the contact and spread of infectious diseases. LSCS is also sensitive to the needs and rights of any of its employees or students who have contracted diseases that might be infectious. In recognition of Human Immune deficiency Virus (HIV), Tuberculosis (TB), and Hepatitis B Virus (HBV) as serious public health threats, LSCS has adopted the following procedures.

The faculty of the Health Occupations Programs also believes that with proper education, skills, and immunizations, students in health careers can be reasonably protected from risks of infection while performing clinical activities.

The following procedures relate to:

1. admission of students who have infectious diseases
2. student immunization
3. tuberculosis policies and procedures
4. prevention of exposure to blood and body fluids
5. exposure to blood or body fluids
6. pregnancy/temporary disability/mobility assisted devices
7. impaired students in clinical practice, and
8. invasive campus laboratory activities for EMS students

Admission of Students with HIV & Other Infectious Diseases

Purpose:

Preventing discrimination against students with HIV or other infectious diseases.

No prospective student will be refused admission based solely on a positive diagnosis of an infectious disease. Further, LSCS will not require preadmission screening for infectious diseases as a condition of admission. Once admitted, students with infectious diseases, including HIV positive will not be denied access to usual and normal student activities.

Procedure:

Students will not be required to give information regarding having infectious diseases including HIV or HBV prior to admission into the health occupations programs.

Student Immunizations

Purpose:

To meet the requirements of the Texas Department of State Health Services, and to protect the student and others from the spread of infectious diseases.

Upon admission to the Health Occupations Program, students will be required to have current immunizations as required by the Texas Department of State Health Services. In addition, the hepatitis vaccine series is required to be completed before starting the program.

Procedure:

Students enrolled in health career courses that have or will have direct patient contact must show proof of immunizations using the standard college form, or they may submit copies of the original immunization record or official lab results of titers showing immunity. Students who show serological documentation that they are immune to the Hepatitis B virus, measles, mumps, rubella, and varicella are not required to be immunized upon the submission of appropriate medical documentation. These records may be submitted to the division secretary, the clinical instructor, and/or the clinical facility, as requested. Students will be responsible for keeping their own records and maintaining currency of immunization status.

Students who are not current on immunizations may not be allowed to attend clinical, depending on the discretion of the clinical instructor and/or clinical facility. Without valid documentation, students will receive an absence for each day excluded from clinical due to immunization status.

Tuberculosis Guidelines

Purpose:

1. To document status regarding tuberculosis exposure, both prior to attending clinical activities and following exposure to tuberculosis.
2. How to prevent spread of tuberculosis.

Tuberculin Testing

Guidelines:

All students, excluding those with a history of Bacillus of Calmette and Guerin (BCG) vaccination, must receive a PPD tuberculin skin test (a tine test is NOT acceptable) and proof of results prior to their first day of clinical, unless a previously positive reaction can be documented, or completion of adequate preventive therapy or adequate therapy for active disease can be documented. Results of a Gold Test are also acceptable proof. A PPD skin test for tuberculosis is required upon admission to the Health Occupations Program and yearly thereafter.

Initial and follow-up tuberculin skin tests should be obtained and interpreted according to current CDC guidelines for healthcare workers.

Students with a documented history of a positive tuberculin test or adequate treatment for disease or preventive therapy for infection should obtain a chest x-ray and review the symptoms of TB. They should be exempt from future screening unless they develop symptoms suggestive of tuberculosis. A clinical facility may require official documentation of an initial clear chest x-ray within 12 months of attending clinical. Each year, prior to start of clinical, submit the Respiratory Screen form in the Appendix to clinical instructor and Nursing Office.

PPD negative students must have PPDs done according to CDC guidelines. Currently, students must have yearly PPDs; however, CDC guidelines may change. Students whose TB status is not current, as evidenced by documentation, will not be allowed in the clinical agency for the clinical experience of the class.

Procedures:

Students are responsible for providing validation of negative TB status. It is the student's responsibility to provide documentation of negative status to the clinical instructor or facility as well as turn it in to the designated division staff assistant. For clarification, some clinical sites require separate immunization paperwork which is in addition to paperwork submitted to the school. Students who are unable to attend clinical due to incomplete immunizations will receive a clinical absence and no alternative clinical will be provided for make-up.

Evaluation of Students After Potential Exposure to Tuberculosis

Purpose:

Students should be evaluated if they have been exposed to a potentially infectious tuberculosis patient for whom infection control procedures have not been taken.

Persons with previously known positive skin test reactions who have been exposed to an infectious patient do not require a repeat skin test or a chest radiograph unless they have symptoms suggestive of tuberculosis.

Procedure:

Unless a negative skin test has been documented within the preceding 3 months, each exposed individual (except those already known to be positive reactors) should receive a PPD tuberculin skin test as soon as possible after exposure and should be managed in the same way as their contacts. If the initial skin test is negative, the test should be repeated 12 weeks after the exposure ended. Exposed persons with skin test reactions of 5mm or with symptoms suggestive of tuberculosis should

receive chest radiographs and will be required to submit an annual symptom survey. All diagnostic and treatment related expenses are the sole responsibility of the student.

Evaluation & Management of Students with Positive Skin Tests or Symptoms That May Be Due to Tuberculosis

Students who have positive tuberculin skin tests or skin test conversions but do not have clinical tuberculosis should be evaluated for preventive therapy according to published guidelines. Those with positive skin tests should be evaluated for risk of HIV infection. If HIV infection is considered a possibility, counseling and HIV antibody testing should be strongly encouraged.

All persons with a history of tuberculosis or positive tuberculin tests are at risk for contracting tuberculosis in the future, and must be evaluated further.

Procedure:

These persons should be reminded periodically that they should promptly report any pulmonary symptoms. If symptoms of tuberculosis should develop, the person should be evaluated immediately.

Students who test positive or convert to positive must obtain a letter from their physician stating it is safe for them to return to class and the hospital setting.

Routine & Follow Up Chest Radiographs

Routine chest films are not required for asymptomatic, tuberculin negative individuals. After the initial chest radiograph is taken, those with positive skin test reactions do not need repeat chest radiographs unless symptoms develop that may be due to tuberculosis. Some clinical sites may have additional specific requirements that would need to be met for attendance there.

Procedure:

Students with a positive skin test reaction will be required to submit evidence of a clear chest film prior to being admitted into the clinical area. A repeat chest film will be required if symptoms develop.

Restrictions for Students With Current Pulmonary or Laryngeal Tuberculosis

Students with current pulmonary or laryngeal tuberculosis pose a risk to patients and other students and staff while they are infectious; therefore, restrictions for these persons are necessary.

Procedure:

Students with current pulmonary or laryngeal tuberculosis should be excluded from the classroom until adequate treatment is instituted, cough is resolved, and sputum is free of bacilli on three consecutive smears. Individuals who discontinue treatment before the recommended course of therapy has been completed should not be allowed to attend class until treatment is resumed, an adequate response to therapy is documented, and they have negative sputum spears on three consecutive days.

Restrictions of Otherwise Healthy Students Receiving Treatment for Tuberculosis

Students who are otherwise healthy and receiving preventive treatment for tuberculosis infection should be allowed to continue usual class activities.

Procedure:

Individuals who cannot take or do not accept or complete a full course of preventive therapy should have their attendance in the classroom/clinical setting evaluated. Restrictions may not be necessary for otherwise healthy persons who do not accept or complete preventive therapy. These persons should be counseled about the risk of contracting disease and should be instructed to seek evaluation

promptly if symptoms develop that may be due to tuberculosis, especially if they have contact with high risk patients (i.e., patients at high risk for severe consequences if they become infected).

Consultations

Consultation on tuberculosis surveillance, screening, and other methods to reduce tuberculosis transmission should be available from state health department tuberculosis control programs and infection control employee health affiliates of clinical facilities.

Procedure:

Faculty and students will consult the policies and procedures at the clinical facilities where they have clinical activities. Policies and procedures will be followed for both the facility and the college whichever is more restrictive.

PREVENTION OF EXPOSURE TO BLOOD OR BODY FLUIDS

Purpose:

To minimize risk of exposure to blood borne pathogens.

Students must follow standard precautions when coming into contact with blood or body fluids.

Procedure:

1. Prior to practice in the clinical area, student must be given instructions by the clinical instructor in the following areas:
 - a. the most current information on modes of acquiring and transmitting infectious diseases.
 - b. thorough instructions in standard precautions.
 - c. supervised practice in a skills lab.
2. Prior to practice in the clinical area, the student must demonstrate competency in standard precautions. Also, students will be required to sign a communicable disease statement and waiver of liability form.

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

The LSCS faculty subscribes to the Core Performance Standards recommended by the Southern Council on Collegiate Education for Nursing. Nursing students who qualify under the Americans with Disabilities Act as amended are expected to review these core performance standards. If a student believes he or she cannot meet one or more of the standards without accommodations, it is the responsibility of the student to inform nursing faculty of the need for a reasonable accommodation at the BEGINNING of the nursing program or if status changes. Every effort will be made to provide the appropriate assistance and guidance to students who identify potential difficulties meeting these standards. The standards with examples and signature acceptance page are provided in the Forms for Signature section.

STUDENTS WITH TEMPORARY DISABILITY:

Any students who request an accommodation in order to permit them to participate in some or all of the health professions programs because of a disability that is not temporary must contact the Student Disabilities office and initiate a request for accommodation.

Pregnancy and Use of Mobility Assistive Devices

Purpose:

To establish guidance on a student's continued performance of published clinical objectives during pregnancy or during any other period when a student is temporarily disabled. Students who are temporarily disabled shall be entitled to the same rights given other students until such time as their performance is documented to be impeded.

Procedure:

A student is not required to disclose the fact of pregnancy. For safety for the student and her fetus, it is recommended that the student inform the clinical instructor.

A student shall be allowed to continue to perform all program objectives during pregnancy until the student or her doctor communicate that it is no longer safe to do so, or when the student's performance is documented to be substandard, as described below.

Other Temporary Disabilities

A temporarily disabled student shall be allowed to continue to perform the published clinical objectives until the student's performance is documented to be substandard. Some conditions may preclude the student's ability to perform in the clinical setting. (For example mobility assistive devices such as casts/crutches/canes.)

A student who has expressed or has been documented as having difficulty performing the published clinical objectives because of a temporary disability shall be requested to consult with their physician to determine whether the student may safely continue to perform the published clinical objectives.

After consultation with their physician, the student shall present to the division a signed statement from the physician indicating whether the student can perform all of the tasks required. If the student's physician does not give the student an unrestricted release, the faculty member will review the restrictions with the student and determine if the student is able to still meet the clinical objectives of the program. If the necessary accommodations will compromise patient or student safety, the student shall be required to withdraw from the program, but shall be entitled to readmission. Reimbursement for fees and tuition will be in accordance with general policy for reimbursements.

STATEMENT OF ACADEMIC INTEGRITY

The Lone Star College System upholds the core values of learning: honesty, respect, fairness, and accountability. The system promotes the importance of personal and academic honesty. The system embraces the belief that all learners – students, faculty, staff and administrators – will act with integrity and honesty and must produce their own work and give appropriate credit to the work of others. Fabrication of sources, cheating, or unauthorized collaboration is not permitted on any work submitted within the system.

The consequences for academic dishonesty are determined by the professor, or the professor and academic dean, or the professor and chief student services officer and can include but are not limited to:

1. Having additional class requirements imposed,
2. Receiving a grade of zero or "F" for an exam or assignment,
3. Receiving a grade of "F" for the course,
4. Being withdrawn from the course or program,
5. Being expelled from the college system.

Professors should clearly explain how the student's actions violated the academic integrity policy, how a grade was calculated, and the actions taken. All disciplinary decisions and actions will be made in accordance with LSCS Board Policy, including the right to a hearing and appeal, if applicable.

STUDENT GUIDELINES FOR CLINICAL AREA

In order to provide for optimal patient safety as well as consistency in student learning, the nursing faculty has developed guidelines for the clinical experience for students. The guidelines have been

developed in conjunction with hospital personnel and current agency policies. Should a situation arise where an agency's policy is more restrictive than these guidelines, the agency policy will be followed.

1. Students will report on the status of assigned patients to the designated licensed nurse prior to leaving the unit. In the acute care setting he/she will also document the patient's status and the name and title of the person to whom the report was given in the patient record used by the facility.
2. The student must notify the instructor to be "in attendance" for any initial sterile procedure or other initial skill in the clinical setting. For subsequent times on sterile skills, the student must have specific instructor approval to be independent or be with a designated nurse.
3. Students may not serve as witnesses for any legal documents such as wills, consent forms, or narcotic waste forms. Students may not co-sign on medications requiring signatures of two licensed personnel such as insulin. For insulin, obtain two licensed signatures in addition to student's un-licensed signature.
4. Students who are fatigued or impaired are considered unsafe and should NOT be in the clinical facility providing patient care. Students should NOT have worked the 7pm – 7am ("night shift") prior to coming to clinical rotation.
5. LSCS forbids the use of or appearance of being under the influence of narcotics (opium and derivatives), hallucinogens (LSD, marijuana, and others), and alcoholic beverages while attending clinical or class. See LSCS Catalog under Student Conduct.
6. Students may initiate CPR. It will be relinquished to clinical facility staff as appropriate or directed.
7. Many clinical facilities have implemented zero tolerance for smoking (including electronic or E-cigarettes). Students are NOT allowed to smoke in uniform or smell of smoke on entering the clinical facility or on facility premises (garage, parking lot, etc.). Students and faculty must be aware of clinical facility's policy and adhere to guidelines.

Any behavior in the clinical area which exposes a patient, family member, peer, LSCS faculty or clinical facility staff member to physical or emotional harm may cause a student to be dropped from the nursing program.

CLINICAL DRESS GUIDELINES

To maintain a professional appearance, as well as maintain infection control, the following guidelines have been established.

- Official nursing uniforms are designated by each nursing program.
- Only white, unprinted T-shirts may be worn under uniform scrub tops.
- Undergarments are not to be visible.
- Uniforms and shoes neat and clean and in good repair. Uniforms must be loose fitting. Pant hems must be above sole of shoe level.
- Pantyhose must be worn with skirts.
- White shoes are required. All white leather athletic shoes are also acceptable. No clogs.
- Socks/hose must be worn with shoes.
- A patch identifying the nursing program is required and firmly attached in a neat manner (no pins or staples) on the left shoulder of the scrub top and white lab jacket. Only white jackets are allowed and must be clean and neat.

- Hair secured up and off the collar to prevent falling into patient wounds and sterile fields.
- Fingernails short (career length), neat and clean. Long unkempt nails can tear skin and introduce pathogens.
- Neutral or clear nail polish is acceptable. Remember pathogens can harbor in cracks of chipped nails.
- Head coverings should reflect a professional appearance, be non-distracting and in a solid color such as white or blue to coordinate with the uniform. Students requesting a different color head dressing must provide documentation for the need. Refer to specific campus syllabus.
- No artificial nails.
- Plain wedding bands may be worn. Rings can harbor microorganisms and can tear skin. No rings with gemstones to be worn.
- Earrings should be small (studs), not dangling. Pediatric and confused patients can tear off earrings. Hoop earrings can be caught by stethoscope and tear the ear lobe. **No rings or jewelry will be worn in other conspicuous areas of the body (i.e., nose, lip, tongue, eyebrow, etc.). Tongue piercings must be transparent and not interfere with clear speech.**
- Cosmetics should be applied conservatively to present a professional appearance.
- Eating, drinking, or chewing gum in patient care areas is **not** acceptable. Chewing gum is unprofessional.
- Avoid perfumes or after-shave lotions or smoke smell.
- Hair color should be a natural color, not necessarily student's own natural hair color. Pink, green, blue, or other unnatural colors are not acceptable in the clinical setting.
- Tattoos that are visible outside uniform must be covered while in clinical, either with makeup, an adhesive bandage, or a scrub jacket, depending on location of tattoo.
- Facial hair must be well-groomed, clean, and not interfere with the fit of any personal protective equipment (PPE) and cannot interfere with the provision of patient care.
- Identification badges with student photos must be worn by students while in the clinical facility according to their policy.

Look professional at all times!!!

GUIDELINES FOR THE EMPLOYMENT OF NURSING STUDENTS

The nursing faculty supports the mandatory Nursing Practice Act of the State of Texas requiring that persons be licensed to perform specific nursing tasks. Therefore the faculty's position regarding employment of unlicensed undergraduate nursing students is as follows:

- Students who accept positions in which they receive compensation for patient care or who do volunteer work do so as unlicensed individuals and may not wear the LSC Nursing program uniform, name pin or other insignia of their student status.
- Students are advised to familiarize themselves with the State of Texas Nursing Practice Act so that they will recognize the full scope and responsibility of nursing practice. Students must realize that they may be held legally liable for their actions, and therefore, should not accept responsibilities nor perform nursing actions beyond their knowledge and skills, nor within the responsibilities of the licensed vocational/ professional nurse.
- The performance of students when working for compensation is the legal responsibility of the individual student and the employing agency.
- Students are responsible for preparation for classroom and clinical experiences and for maintaining the required grade point average in the nursing program. The demands of part-time employment upon the student's time and energies should be carefully considered.
- Night shift employment and employment beyond twenty hours per week is discouraged.

The Rules and Regulations Relating to Professional Nurse Education, Licensure, and Practice state: Rules 224 and 225 relating to delegation of unlicensed personnel by registered professional nurses apply to such nursing students. The definition of unlicensed personnel in Rule 224.4(4) and in

Rule 225.4(12) includes nursing students enrolled in a professional nursing education program who are providing care for monetary compensation which is not a part of their formal educational program. Basically, the registered nurse may delegate certain nursing tasks which the RN determines can be properly and safely performed by the unlicensed personnel under the supervision of the RN. In such a capacity, nursing students may not perform any tasks requiring independent nursing judgment such as care plans, assessments, etc. Please refer to further details about delegation in the Delegation Resource Packet. http://www.bne.state.tx.us/nursingeducation/faq_students.html

ADN PROGRAM MEDICATION ADMINISTRATION

1. Students may administer medicines after the specific route has been covered in Nursing Lab.
2. Student will only administer any medication with the clinical instructor present unless specifically directed by the instructor.
3. Facility specific medication administration policies must be followed at all times.
4. All ADN clinical courses will have a math exam requirement relating to dose calculation. The student is required to attain a 90% on the exam to successfully complete the clinical course and will have a maximum of 3 opportunities to pass. Students who fail to achieve the 90% passing score on the 3rd exam will not meet the course objectives and will fail the course.
5. Before giving any medications, the patient's labs, VS, and allergies will be checked. In acute settings, sub-acute, home, and alternate clinical settings, students are required to follow facility policy when identifying patients for medication administration.
6. Medications can be given with a nurse; the instructor will "designate" a particular nurse on-a case by case basis. In all cases, the nursing instructor reserves the right to require additional restrictions based on the learning level of the individual student and/or specific patient situation.
7. In situations where a physician's order is questioned (i.e., automatic stop date, legibility, etc.) and cannot be verified with the physician or by agency policy, the student may not carry out the order.
8. Students may not accept verbal or phone orders.
9. Students may not administer medication to a patient in a psychiatric hospital. This directive includes the psychiatric units that are located in acute care settings.
10. In the acute care setting, students needing to give a medication to a patient in an area other than his/her assigned hospital room, i.e., x-ray, etc., must have the nursing instructor **present when giving the medication**.
11. Students may **NOT** administer:
 - a. IV anti-neoplastic agents
 - b. Intrathecal medications
 - c. non-accessed Porta-cath medications
12. Students may perform IVP & IVPB medication administration, and blood draws via PICC Lines & Central Lines after they have had the instruction in skills lab and **ONLY** in the presence of their nursing instructors.

13. Students are **NOT** to administer blood components that must be typed and/or cross-matched, i.e., RBCs, whole blood, platelets, fresh frozen plasma, cryoprecipitate, and plasma products used for coagulation factor deficiencies. Students may assist in monitoring patient responses to such therapies.
14. STUDENT MUST VERIFY THE ORIGINAL PHYSICIAN'S ORDER before administering any and all meds.
15. IVP medication must be administered with the nursing instructor only.
16. The following must be given under the direct supervision of the nursing instructor.

Lanoxin	IVPB medications	Theophylline
TPN solutions	Anticoagulants	Amiodarone
Narcotics	Vancomycin	Aminoglycosides
Albumin	Dilantin	Potassium

Or any drug with a narrow range of toxicity or meds requiring peaks and troughs
17. In addition to the requirements in #15 above, the following medications are to be **verified each time by the nursing instructor (per phone or in person) and additionally by the nurse assigned** to the patient. The student will show the MAR and actual medication to two licensed individuals prior to administration. The nursing instructor may designate a separate nurse plus the nurse assigned to the patient.

Insulin	IV of NaCl solution above 0.9%
RhoGam	Any med requiring calculation of dosage
IV with K+	Anticoagulants
Pediatric meds	Mixed meds

18. A student may never act as a second nurse.

Revised 4/ 2012; Reviewed 10/2014

AUTOMATED DISPENSING SYSTEMS

The student nurse, professional or vocational, may be granted **limited** access to the automated medication system of the clinical facility where applicable. **Limited** access shall be defined as access to medications, parenteral fluids, and supplies that are not considered to be controlled substances, i.e. narcotics.

The licensed clinical nursing faculty supervising the students in the clinical facility may be granted full and complete access to the automated medication system for the purpose of facilitating student objectives. The timely administration of medication and treatments to patients will eliminate or reduce the disruption to the nursing staff on units where students are assigned. All access by students and faculty shall terminate at the end of the student's clinical experience.

VOCATIONAL NURSING PROGRAM MEDICATION GUIDELINES

1. Facility specific medication administration policies must be followed at all times
2. Students are to identify patients for medication administration by following facility policy and cross checking patient name and identification with name band.
3. In sub-acute, home, and alternate clinical settings, students are required to follow facility policy when identifying patients for medication administration.
4. The ability of students to administer medications in the clinical setting depends on the course in which they are enrolled. Students in Level II may administer oral, topical, rectal, injectable, and feeding tube medications with their instructor. In addition, students in Level III may administer intravenous piggyback medications with their instructor.
5. In situations where a physician's order is questioned (i.e., automatic stop date, legibility, etc.) and cannot be verified with the physician or by agency policy, the student may not carry out the order.
6. Students may not accept verbal or phone orders from physicians.
7. In the acute care setting, students needing to give a medication to a patient in an area other than his/her assigned hospital room, i.e., x-ray, etc., must have the nursing instructor present when giving the medication. Students with preceptors must have the preceptor present in this situation.
8. Students may NOT administer:
 - IV anti-neoplastic agents
 - Intrathecal medications
 - Porta-cath meds into ports
9. Students are NOT to administer blood components that must be typed and/or cross-matched, i.e., RBCs, whole blood, platelets, fresh frozen plasma, cryoprecipitate, and plasma products used for coagulation factor deficiencies. Students may assist in monitoring patient responses to such therapies.
10. If medications are given with a nurse, the instructor may designate a particular nurse on a "case by case" basis. In all cases, the nursing instructor reserves the right to require additional restrictions based on the learning level of the individual student and/or specific patient situation.
11. **THE STUDENT SHOULD VERIFY THE ORIGINAL PHYSICIAN'S ORDER** before administering any and all medications.
12. If the **original orders** cannot be located, the instructor/student will not administer the medication.

13. The following must be given under the direct supervision of the nursing instructor.

Lanoxin	IVPB medications	Theophylline
TPN solutions	Anticoagulants	Amiodarone
Narcotics	Vancomycin	Aminoglycosides
Albumin	Dilantin	Potassium
Pediatric Medications		

Or any drug with a narrow range of toxicity or meds requiring peaks and troughs

14. In addition to the requirements in #13 above, the following medications are to be **verified each time by the nursing instructor (per phone or in person) and additionally by the nurse assigned** to the patient. The student will show the MAR and actual medication to two licensed individuals prior to administration. The nursing instructor may designate a separate nurse plus the nurse assigned to the patient.

Insulin	IV of NaCl solution above 0.9%
RhoGam	Any med requiring calculation of dosage
IV with K+	Anticoagulants
Pediatric meds	Mixed meds

VOCATIONAL NURSING IV/ VENIPUNCTURE GUIDELINES

Purpose: IV insertion for Level 3 Vocational Nursing Student in the clinical setting, if available. The student will insert a catheter safely using proper technique into a peripheral vein for a patient in the hospital requiring IV infusion therapy.

1. Students will complete a performance skill check off for IV Venipuncture in the lab after adequate practice. They are allowed 3 attempts to pass the skill, as with any other skill.
2. Students will not perform IV Venipuncture in the clinical setting before they have passed the skill in the lab.
3. Students will perform this skill in clinical under the direct supervision of the nursing instructor or "instructor designated" nurse.
4. Students in the acute care setting are to identify patients for IV Venipuncture by following facility policy and cross checking patient name and identification number with patient name band.
5. Students will maintain sterile technique during the procedure and follow hospital protocols. The student will stop after 2 attempts and allow another nurse to attempt venous access.
6. The student will follow all IV Therapy guidelines per skill procedure demonstrating safety and infection control standards.

Appendix A

Differentiated Essential Competencies of Graduates of Texas Nursing Programs

http://www.bon.texas.gov/pdfs/publication_pdfs/delc-2010.pdf

Purpose:

The DECs were designed to provide guidance to nursing education programs for curriculum development and revision and for effective preparation of graduates who will provide safe, competent, compassionate care. The DECs outline knowledge, clinical behaviors, and judgments necessary to meet the essential competencies, but it is acknowledged that not all competencies can be evaluated upon graduation. It is intended that the graduate will have received the educational preparation to demonstrate each competency, but it will not be reasonable to evaluate some advanced competencies (italicized and identified by an asterisk) until the nurse has transitioned into nursing practice.

Definition of Competency:

The American Nurses Association (2008) defined a competency as an expected level or performance that integrates knowledge, skills, abilities, and judgment.

Outline of the DECs:

Twenty-five core competencies are categorized under four main nursing roles:

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

Each core competency is further developed into specific knowledge areas and clinical judgments and behaviors based upon the knowledge areas. Redundancy is intentional so that sections of the document or educational levels can be separated yet remain complete as stand-alone documents. Competencies for each level of educational preparation are presented in a table format. The competencies are differentiated and progressive across the levels, and the scope of practice and expectations may be compared across the table.

Implications of the DECs:

Nursing Education:

- Guideline and tool for curriculum development and revision
- Tool for benchmarking and evaluation of the program
- Statewide standard to ensure graduates will enter practice as safe and competent nurses

Employers:

- Guide for development of employee orientation and internship programs
- Guide for job descriptions and career ladders
- Information for determining entry level competencies
- Information for reviewing and revising policies and procedures for nursing care

TEXAS BON --VOCATIONAL NURSING EDUCATION

The curriculum for vocational nursing (VN) education is delivered in a clinically intensive certificate program of approximately one year in length. The Texas Board of Nursing (TxBON or Board) education rules for VN programs require a minimum of 558 theory and 840 clinical hours, although most programs include more than the total 1,398 hours. VN education is provided in community colleges, hospital settings, career schools, and the military.

The TxBON approved curriculum includes requirements for instruction in the five basic areas of nursing care: (1) adults; (2) mothers and newborns; (3) children; (4) elderly; and (5) individuals with mental health problems. The initial clinical instruction takes place in the skills and simulation

laboratories, progressing to faculty supervised, hands-on clinical experiences in health care agencies. Clinical experience in a unit or facility specifically designed for psychiatric care is optional.

Required support courses should provide instruction in biological, physical, social, behavioral, and nursing sciences, including body structure and function, microbiology, pharmacology, nutrition, signs of emotional health, human growth and development; vocational adjustments; and nursing skills. Content may be integrated within the core nursing curriculum or may be taken as stand-alone courses. With advances in education and practice, programs may include content in the use of technology and informatics through learning experiences in the clinical practice arena, simulated practice, and skills laboratories.

All levels of pre-licensure nursing education prepare graduates to demonstrate the *Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors (DECs)*. The competencies for each educational level are based upon the preparation in the program of study. Licensure to practice is issued by the TxBON to individuals who pass the National Council Licensure Examination for Practical Nurses (NCLEX-PN7). Qualified graduates of VN programs, who have completed all aspects of the application for examination, typically receive a temporary permit to practice under direct supervision for a 75-day period while awaiting testing and licensure.

The entry level graduate of a VN program provides nursing care within a directed scope of practice under appropriate supervision. The vocational nurse uses a systematic problem-solving process in the care of multiple patients with predictable health care needs to provide individualized, goal-directed nursing care. The vocational nurse contributes to the plan of care by collaborating with interdisciplinary team members and with the patient's family. The new graduate can readily integrate technical skills and use of computers and equipment into practice.

Educational opportunities exist for Licensed Vocational Nurses (LVNs) to articulate into professional nursing programs. Vocational nursing represents the beginning level of the nursing practice continuum in the roles of Member of the Profession, Provider of Patient-Centered Care, Patient Safety Advocate, and Member of the Health Care Team. The entry level competencies of the VN graduate are listed below:

ESSENTIAL COMPETENCIES OF GRADUATES OF TEXAS VOCATIONAL NURSING EDUCATIONAL PROGRAMS

I. Member of the Profession:

- A. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.
- B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.
- C. Contribute to activities that promote the development and practice of vocational nursing.
- D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II. Provider of Patient-Centered Care:

- A. Use clinical reasoning and established evidence-based policies as the basis for decision making in nursing practice.
- B. Assist in determining the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based on interpretation of health-related data.
- C. Report data to assist in the identification of problems and formulation of goals/ outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary health care team.

- D. Provide safe, compassionate, basic nursing care to assigned patients with predictable health care needs through a supervised, directed scope of practice.
- E. Implement aspects of the plan of care within legal, ethical, and regulatory parameters and in consideration of patient factors.
- F. Identify and report alterations in patient responses to therapeutic interventions in comparison to expected outcomes.
- G. Implement teaching plans for patients and their families with common health problems and well-defined health learning needs.
- H. Assist in the coordination of human, information, and material resources in providing care for assigned patients and their families.

III. Patient Safety Advocate:

- A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
- B. Implement measures to promote quality and a safe environment for patients, self, and others.
- C. Assist in the formulation of goals and outcomes to reduce patient risks.
- D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
- E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
- F. Accept and make assignments that take into consideration patient safety and organizational policy.

IV. Member of the Health Care Team:

- A. Communicate and collaborate with patients, their families, and the interdisciplinary health care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients.
- B. Participate as an advocate in activities that focus on improving the health care of patients and their families.
- C. Participate in the identification of patient needs for referral to resources that facilitate continuity of care, and ensure confidentiality.
- D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients and their families.
- E. Communicate patient data using technology to support decision making to improve patient care.
- F. Assign nursing care to LVNs or unlicensed personnel based upon an analysis of patient or unit need.
- G. Supervise nursing care provided by others for whom the nurse is responsible.

TEXAS BON--ASSOCIATE DEGREE NURSING EDUCATION

Nursing courses in Diploma and ADN programs provide opportunities to demonstrate competence in the application of nursing knowledge and clinical judgments and behaviors in health care settings. The entry level graduate from a Diploma or ADN program integrates knowledge from general education and sciences for the delivery of safe and compassionate care for patients and their families. Nursing content includes the importance of establishing partnerships with patients and their families in the promotion, prevention, rehabilitation, maintenance, and restoration of health of individuals of all ages. Nursing care supervision, basic nursing management, and legal/ethical content are imbedded in the curriculum.

All levels of pre-licensure nursing education prepare graduates to demonstrate the *Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors (DECs)*. The competencies for each education level are based upon the preparation in the program of study.

The Texas BON licenses individuals who pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN7). Qualified graduates of Diploma and ADN programs typically receive a temporary permit to practice under direct supervision of a registered professional nurse for a 75-day period while awaiting testing and licensure.

The primary role of the entry level graduate of a Diploma or ADN program is to provide direct nursing care to or coordinate care for a limited number of patients in various health care settings. Such patients may have complex multiple needs with predictable or unpredictable outcomes.

With additional experience and continuing education, the Diploma or ADN graduate can increase the numbers of assigned patients, provide independent direct care, supervise health care of patients and their families, and receive certification in various specialty areas. Through articulation, graduates may continue their education to prepare for expanded roles.

The entry level competencies of the Diploma and ADN graduate build upon the entry level competencies of the Vocational Nursing (VN) graduate and are listed below:

ESSENTIAL COMPETENCIES OF GRADUATES OF TEXAS DIPLOMA AND ASSOCIATE DEGREE NURSING EDUCATION PROGRAMS

I. Member of the Profession:

- A. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the employing health care institution or practice setting.
- B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.
- C. Participate in activities that promote the development and practice of professional nursing.
- D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II. Provider of Patient-Centered Care:

- A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision making in nursing practice.
- B. Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based upon interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.
- C. Analyze assessment data to identify problems, formulate goals/ outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.
- D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.
- E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.
- F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.
- G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.
- H. Coordinate human, information, and materiel resources in providing care for patients and their families.

III. Patient Safety Advocate:

- A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
- B. Implement measures to promote quality and a safe environment for patients, self, and others.
- C. Formulate goals and outcomes using evidence-based data to reduce patient risks.
- D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
- E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.

F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

IV. Member of the Health Care Team:

A. Coordinate, collaborate, and communicate with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.

B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families.

C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.

D. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients and their families.

E. Communicate and manage information using technology to support decision making to improve patient care.

F. Assign and/ or delegate nursing care to other members of the health care team based upon an analysis of patient or unit need.

G. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.

9/17/10