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The Nightingale Pledge*

I solemnly pledge myself before God and in the presence of this assembly to faithfully practice my profession of nursing. I will do all in my power to make and maintain the highest standards and practices of my profession.

I will hold in confidence all personal matters committed to my keeping in the practice of my calling. I will assist the physician in his work and will devote myself to the welfare of my patients, my family and my community.

I will endeavor to fulfill my rights and privileges as a good citizen and take my share of responsibility in promoting health and welfare of the community.

I will constantly endeavor to increase my knowledge and skills and to use them wisely. I will zealously seek to nurse those who are ill wherever they may be and whenever they are in need.

I will be active in assisting others in safeguarding and promoting the health and happiness of mankind.

Author Unknown

* This is a variation of the original Nightingale Pledge that was first used by the Detroit Harper Hospital’s graduating class in the spring of 1893. The pledge is an adaptation of the Hippocratic Oath taken by physicians.
Florence Nightingale was an English nurse who was also a reformer of nursing and health care. Many modern nursing theories and techniques can be traced back to her. Because of her contributions to the profession of nursing, Florence Nightingale is considered to be an icon of modern nursing throughout the world.

Florence Nightingale was born in Florence, Italy on May 12, 1820. During her early years, Florence’s family divided their time between homes in England in the districts of Derbyshire and Hampshire. Education of women in the 19th century primarily occurred in the home and it was no different for Florence and her sister. They were taught by their father, himself educated at Cambridge University.

Florence Nightingale, an intelligent and attractive young woman, was admired in her family’s circle of friends and acquaintances. Like women of her era, Florence was expected to marry and raise a family. At only 17 years of age, however, Florence experienced an event that she later described as her “calling.” She related that she heard the voice of God calling her to do His work. At the time, Florence had no idea what that work would be.

As the years passed, Florence made visits to the homes of the sick in the local villages. These experiences led her to begin to investigate hospitals and nursing. During the 19th century, however, nursing was not considered to be a suitable profession for well-educated women. Florence’s parents refused to allow her to become a nurse. In 1850, during travels through Germany, she visited Pastor Theodor Fliedner’s hospital and school for deaconesses at Kaiserswerth. The next year, Florence returned to Kaiserswerth to complete three months of nursing training. In 1853, after completion of her training, Florence filled a vacancy in London as Superintendent of the Establishment for Gentlewomen during illness.

In 1854, war was declared on Russia—ushering in the Crimean War. The allies (Britain, France and Turkey) defeated the Russians at a battle of the Alma, but news reports criticized the British medical facilities for the wounded. Florence Nightingale was appointed by the Minister of War to oversee the introduction of female nurses into the military hospitals in Turkey. Until this time, women were never permitted to perform any role in war and military operations. Over the course of the Crimean War, Florence became known as the “Lady-in-Chief” and was widely respected by the soldiers. Florence also became known as the “Lady with the Lamp” because of her selfless duty during the Crimean War. Recognition of Florence Nightingale’s efforts spread back to England and she continued to be instrumental in the reform of nursing in British civil hospitals. As a tribute to her, the lamp icon became symbolic of nursing.

Florence Nightingale’s greatest achievement was to raise nursing to the level of a respectable profession. In 1860, she established the Nightingale Training School for nurses at St. Thomas’ Hospital in London and became its head. At the school, probationary nurses received a full year of training that consisted of some lectures, but was mainly practical work under the supervision of the ward sister (staff
nurse). Florence remained closely involved with the work of the students and scrutinized their diaries and reports. Upon completion of the training program, graduate nurses were sent to staff hospitals and establish training schools in Britain and abroad. The Nightingale Training School became a model upon which modern nursing programs were based.

Over the next several years, Florence continued to pay close attention to the School and the students. She often addressed them in open letters that offered and encouragement. Her most noted work, *Notes on Nursing*, was published in 1860 and laid down the basic principles of nursing: careful observation and sensitivity to the patients’ needs. The book has been translated into eleven languages and continues in print today.

Other contributions of Florence Nightingale included improvements in the area of asepsis and infection control. Florence believed that infection arose spontaneously in dirty and poorly ventilated places. Although this theory was a mistaken belief, it still led to improvements in hygiene and healthier living and working environments.

In her later years, Florence experienced frail health and was bedridden for many years. This did not stop her efforts, however. She continued to work to improve health standards and elevate the role of nursing in the health care arena. Florence was the recipient of many awards and honors for her work. Among these were the Royal Red Cross and the Order of Merit (she was the first woman to receive this award).

Florence Nightingale died at home on August 13, 1910 at the age of 90. Her farsighted work and reforms had a significant impact on the nature of modern health care that continues to this day. Her writings are a valuable resource for nurses around the world.

*Source: Florence Nightingale Museum Trust (2003); London*

http://www.florence-nightingale.co.uk
Part I
Introduction and Welcome
Welcome to the Nursing Program at Mott Community College

The Administration, Faculty and Staff of the Mott Community College Nursing Program welcome you to the next step of your journey into the field of nursing practice! For many of you, this will be the realization of your long-term goals and aspirations. This is an exciting time for the administration, faculty, staff and students of the Nursing Program as we continue to celebrate Nursing at Mott and move ahead to the future.

Nursing practice and the care of patients is exciting, challenging, rewarding and demanding. The field is constantly changing as our knowledge base and technology advance. You will find yourself a witness to evolution in process! As such, you will find that nursing education is a lifelong process that will continue even after graduation. The Mott Community College Program of Nursing is designed to prepare you to enter into nursing practice and to assume the varied roles that encompass the profession of nursing.

Because of the changing nature of nursing and health care, it is necessary for the Nursing program at Mott to keep pace. Each year, members of the Nursing faculty and administration review and revise various aspects of the program, to ensure that we provide an education that is relevant, challenging, and meets the needs of today’s patient and the clinical affiliates. In the Fall 2013, we embarked on a major program revision. The implementation of the new curriculum was finished in the Spring of 2015 and the first cohort of students completed the program in June of this year.

As Administration, Faculty and Staff, our primary goal is for each student to successfully complete the Nursing Program. We will work to provide you with the guidance, direction, encouragement and support you need in order to succeed in your endeavors. As a student, you will need to be an active participant throughout the entire process—providing a strong sense of commitment, motivation and self-direction to your program of learning.

This Handbook is designed to serve as a guide and reference for you throughout the program. We encourage you to use this reference, and to communicate with the Program Faculty, Coordinators and Dean to clarify any questions, concerns or problems you may encounter at any point along the way. Many misconceptions, misunderstandings and/or rumors are easily dispelled when you go to the proper source for information. Other resources available to you include your program curriculum and course syllabi. These documents provide more definitive information about the program of learning.

We look forward to working with you throughout the program and welcome you as the newest members of the discipline of nursing!

Nursing Program Faculty
September 2015
Practice of Nursing

Descriptions & Definitions of Nursing Practice

The practice of nursing is a highly specialized division within the overall health care system. The American Nurses Association\(^1\) (2010) states:

“Nursing is the protection, promotion and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities and populations.”

Furthermore, the Michigan Public Health Code defines the practice of nursing as the “systematic application of substantial specialized knowledge and skill, derived from the biological, physical and behavioral sciences, to the care, treatment, counsel and health teaching of individuals who are experiencing changes in the normal health processes or who require assistance in the maintenance of health and the prevention or management of illness, injury or disability.” (PA 368, 1978, amended; Part 172 Nursing; Section 333.17201; 1a).

In the State of Michigan, two levels of licensed nursing personnel are recognized: the licensed practical nurse (LPN) and the registered professional nurse (RN). While the program at Mott does not include the LPN option, students and graduates of the program will work with licensed practical nurses from other programs and it is important to recognize the role and scope of practice of the LPN in Michigan. As defined by Michigan Law:

“Practice of nursing as a ‘Licensed Practical Nurse’ or ‘LPN’ means the practice of nursing based on less comprehensive knowledge and skill than that required of a registered professional nurse and performed under the supervision of a registered professional nurse, physician or dentist.” (PA 368, 1978, amended; Part 172 Nursing; Section 333.17201; 1b).

The MCC Program of Nursing focuses on the role of the registered nurse. Upon graduation, the individual is eligible to take the NCLEX-RN licensure exam. After successful completion of this exam, the nurse may practice at the level of the Registered Nurse, which is defined in Michigan law:

“ ‘Registered Professional Nurse’ or ‘RN’ means an individual licensed under this article to engage in the practice of nursing which scope of practice includes teaching, direction and supervision of less skilled personnel in the performance of delegated nursing activities.” (PA 368, 1978, amended; Part 172 Nursing; Section 333.17201; 1c).

Conviction of a criminal offence (felony or misdemeanor) may make a student ineligible for clinical assignment, making program completion/graduation unattainable. In addition, conviction may make a graduate ineligible to take the licensure examinations (NCLEX-PN and NCLEX-RN).

Faculty Perspective

Faculty View of Nursing Practice

The overall perspective of the Mott Community College Program of Nursing Faculty is stated in the Program Philosophy and Conceptual Framework. The philosophy and conceptual framework reflect the beliefs and vision of the faculty as they relate to:

- The patients(s) served and his/her environment and state of health,
- The practice and roles of the nurse, and
- The process of nursing education and teaching/learning principles.

The Nursing Program at Mott Community College helps prepare the graduate nurses to apply substantial specialized knowledge and skill, derived from nursing and the natural and applied sciences, to provide safe care to patients with complex health needs in a variety of settings. In addition, the Program prepares the graduate to integrate the principles of wellness, illness and human development in meeting these needs.

The primary role of the Nursing Program faculty is to facilitate the interactive teaching/learning process, thus enabling the student to enter into the practice of nursing and to assume the roles of the nurse as a provider of care, manager of care, and member of the discipline of nursing.

Nursing Program Description

Students in the Associate Degree Nursing (ADN) program study the biological, physical, and behavioral sciences to prepare them for the nursing curriculum. The program prepares graduates to assist a diverse patient population within the community through health maintenance, as well as caring for them across the lifespan, through illness, injury, or disability. Utilizing a patient-centered approach, the program prepares graduates to care for their patients through evidence-based practice, critical thinking skills, innovation and creativity, and excellent communication skills. Upon graduation, the registered nurse will lead, manage, and coordinate care with other health care disciplines within our community. The program is based on the fundamental core values of caring, diversity, ethics, excellence, holism, integrity, and patient-centeredness. Graduates receive the Associate of Applied Sciences degree in Nursing (ADN) and are eligible to take the licensure exam for registered nurses (NCLEX-RN). The program is approved by the Michigan Department of Licensing and Regulatory Affairs/Board of Nursing (PO Box 30670, Lansing, MI 48909-8170; www.michigan.gov/lara). The program is also accredited by the Accreditation Commission for Education in Nursing, Inc.; formerly the NLNAC (3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326, 404-975-5000; www.acenursing.org).
Historical Background

History of Nursing Education

Flint and Genesee County, Michigan

Nursing education in Genesee County, Michigan has followed the path typical of many communities. Diploma programs provided the early educational path in nursing for residents of the county, and continued for almost a century. Diploma programs were followed by associate degree and baccalaureate degree programs for registered nurses, as well as practical nurse programs.

Hurley Hospital (now Hurley Medical Center) opened the first nurses training program in the Flint area with its diploma program in 1909. Hurley School of Nursing continued to award diplomas in nursing until its last class was graduated in 1995. As part of the nationwide trend toward four-year degree nursing programs, the school admitted its last class under the old program in January 1994. Hurley and the University of Michigan-Flint collaborated to create a four-year baccalaureate degree program. The first class of this current nursing program began instruction in Fall 1992 and graduated in Spring 1996.

In 1950, with the booming post-World War II economy and population in Flint, Michigan, a second diploma program was opened at St. Joseph Hospital, on the city’s East side. That program continued its operation until closing in 1971. With the closing of the diploma programs at Hurley and St. Joseph Hospitals, that phase of nursing education ended in the Flint area.

In 1956, Mott Community College (then, Flint Junior College) admitted its first class in the new associate degree in nursing program. The program at Mott continued as the only ADN program in the immediate area, until a program was opened at Baker College of Flint in 2003. Practical nursing education was introduced in the Flint area in the late 1950’s or early 1960’s. The Flint Practical Nursing program was transferred to Flint Junior College in the late 1960’s. The University of Michigan-Flint currently offers the county’s only master’s degree and doctorate programs in nursing.

Nursing Education at Mott Community College

The Associate degree in Nursing program at Mott Community College (then, Flint Junior College) was granted initial approval by the Michigan Board of Nursing on July 13, 1956. The first class of fourteen students was admitted in 1956 and graduated in 1958. Full approval by the Board of Nursing was granted on June 3, 1960. Initial accreditation was granted to the ADN program by the NLN Accreditation Program in October 1980. The Flint Practical Nursing program was transferred to Flint Junior College in the late 1960’s.

In 1992, the Michigan Board of Nursing approved a major curriculum revision that combined the Practical Nursing and Associate degree in Nursing programs into a single, career ladder program of nursing. Due to the dwindling job market for LPNs in Genesee County, however, it became necessary to phase-out the LPN track of the program with the recent program revisions (2013).
Curriculum revisions completed prior to the 2013-2014 academic year focused on the continued development of the registered nurse program of study. The program was redesigned to be a stand-alone program leading to an associate degree for graduates. Upon completion of the second year, the graduate is awarded an Associate degree in Applied Sciences – Nursing, and is recommended to the Board of Nursing for the NCLEX-RN. At the present time, 80 students are admitted twice-a-year to the first course in the clinical sequence of the program. The theory component of each course in the clinical sequence of the program is only offered at the main campus. Actual clinical experiences take place at a variety of acute care, long-term care, and community service agencies.

The ADN program has maintained continuing national accreditation since 1980, with the last accreditation self-study and site visit by the ACEN in February 2012. Initial full-approval of the program was granted by the Michigan Board of Nursing in 1960, and the last approval process occurred in Fall 2012.

Although the Mott Nursing program is only one of three programs in the area that prepare registered nurses, it has enjoyed a positive reputation as a program of well-prepared and valued graduates. Since 1958, over 4500 nurses have completed their basic nursing education at Mott Community College. It is estimated that approximately 85% of nurses practicing in the surrounding areas (Genesee, Lapeer, and Shiawassee counties) are nursing graduates from Mott. A two-year celebration of the history of the program culminated in May 2008, during National Nurses Week, with a reunion of 50 years of program graduates and faculty. This event showcased the history and accomplishments of the program, and ushered in the future of nursing education at Mott Community College.

After completion of their associate degree (ADN), Mott Nursing program graduates are encouraged to complete their education and to earn a baccalaureate degree in nursing (BSN) at an accredited program. Many well-respected BSN programs are located in the area surrounding the College, including the University of Michigan-Flint, Saginaw Valley State University, Oakland University, Ferris State University, and others. A Health Sciences advisor can assist with the transfer process to one of the programs.

**Associate Degree Nursing Programs**

Dr. Mildred Montag originally conceived the concept of a two-year community college-based program in Registered Nursing education at Columbia University in 1950. She believed that the educational concepts and principles of the practice of Registered Nursing could be learned in two years and belonged in a college setting. As a result of her work and study of five pilot ADN Programs, including one in Michigan, the Associate Degree Nurse was born. In 1956, six years after the inception of this new approach to nursing education, Flint Junior College opened its doors to the first class of ADN students.

**A Nursing Shortage**

Over the years, the profession of nursing has experienced many fluctuations in its workforce. Since the beginning of the new millennium, a severe and significant nursing shortage has been projected to last until sometime into the 2020’s. While that shortage has been delayed due to a worldwide economic downturn, it still is a major threat. The ‘good news’ associated with a nursing shortage is the projection for jobs for nursing graduates!
The causes of a nursing shortage are complex and far-reaching. The potential solutions are just as complex. Students and graduates of the MCC Nursing Program can expect to give testimony to many changes in the future of health care and nursing, as well as countless opportunities along the way. Graduates of our program are highly respected by employers from a vast array of health care service areas—both locally and outside the immediate vicinity!

**Program Approval and Accreditation**

The Nursing Program at Mott Community College is approved by the *Board of Nursing* of the Michigan Department of Licensing and Regulatory Affairs. In addition, the ADN program received initial accreditation from the Accreditation Commission for Education in Nursing, Inc. (formerly the *National League for Nursing Accrediting Commission*) in 1980 and has maintained continuous accreditation since that time. The latest program accreditation survey took place during the 2011-2012 academic year.

*Michigan Department of Licensing and Regulatory Affairs*

*Michigan Board of Nursing*
PO Box 30670
Lansing, MI 48909-8170
www.michigan.gov/lara

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

3343 Peachtree Road NE, Suite 850
Atlanta, GA 30326
(404) 975-5000
(404) 975-5020 (Fax)
www.nlnac.org
Symbols of Nursing at Mott Community College

There is much historical pride in nursing education at Mott Community College. The basic concepts and principles that were part of the original program are still adhered to and practiced today.

The MCC RN Cap

A nurse’s cap or nursing cap was once a part of the female nurse’s uniform, introduced early in the history of the profession. The cap’s original purpose was to keep the nurse’s hair neatly in place and present a modest appearance. In some Nursing programs, a capping ceremony presents new nursing students their caps before beginning their clinical (hospital) training. Male nurses do not wear caps.

The use of nurses' caps in the medical facilities of the United States (as well as many other nations) all but disappeared by the late 1980s with the near universal adoption of "scrub uniforms." Also, the rapid growth of the number of men in nursing also necessitated a unisex uniform. However, nurses' caps can still be found in many countries, where women still make up the overwhelming majority of nurses. It is also common for students of nursing to have their graduation portraits taken while wearing nurses' caps.

For whatever reason, nursing “caps” have a historically significant meaning in nursing. Each School of Nursing has its own unique nursing cap. The cap of the MCC ADN Program is significant in that it was designed by one of the early classes of students. The students had very high regard for a nurse in the local area who practiced what she believed and was a significant role model for the aspiring nurses. This nurse demonstrated nursing care that upheld the principle that each person is an individual. The students of those early years identified strongly with her, and with her permission, designed the cap that was modeled after hers. Today, the wearing of caps by nurses is largely an optional part of the nurse’s uniform, but if you look hard, you will find one!

The MCC RN Pin

Another symbol that represents the educational beginning of the graduate nurse is the pin of the program from which the nurse received his/her basic education. Like the nursing cap, the pin of a Nursing program is deeply rooted in history and tradition. A nursing pin is a type of badge, usually made of metal such as gold or silver, which is worn by nurses to identify the nursing school from which they graduated. Many pins included the Maltese cross as an integral part of the design. They are traditionally presented to the newly-graduated nurses by the faculty at a pinning ceremony as a symbolic welcome into the profession. Most pins have a symbolic meaning, often representing the history of the nursing program for that school of nursing.

Modern designs of nurses’ pins have evolved through time. The Maltese cross, in some nursing educational institutions, has not been incorporated in their pins. Instead, their own seal or logo, such as that of their nursing school, nursing organization or university affiliation is used. The pin is still worn as part of nurses' uniforms today, after graduation from the respective nursing school.
The Mott Community College [RN] pin is a simple black and gold design which features the Florence Nightingale lamp surrounded by the initials “MCCN,” which identifies the nurse as a graduate from Mott Community College. The design of the pin is displayed below.

Brief History of the College

The history of Mott Community College spans over 90 years of success and service to the community. In 1923, the Flint Board of Education established Flint Junior College, to make a college education available to Genesee County residents, at a minimal cost without forcing them to leave home. On September 23, 1923, the first class, in what would become Mott Community College, was held.

In 1950, Charles Stewart Mott gave $1 million to develop Flint Junior College into a four-year institution in collaboration with the University of Michigan, a move that created the College and Cultural Center (including the DeWaters Art Center, the Flint Institute of Arts, Longway Planetarium, Bower Theater, Sloan Museum, Whiting Auditorium, Flint Institute of Music, and the Flint Public Library main branch). In 1951, William Ballenger, Sr. set aside $200,000 for the construction of an athletic field house and left a trust of several million dollars that allowed the College to hire top quality instructors to elevate Flint Junior College to a true community college. CS Mott then donated 32 acres of farmland and additional money for an entire new campus, located at the present site of the main campus. In 1957, the University of Michigan-Flint (UM-Flint) was established on the MCC campus and remained until the mid-1970s when its new downtown campus was established.

In 1969, Genesee County voters converted Flint Junior College to a county-wide college, Genesee Community College. When CS Mott died in 1973, Genesee Community College was renamed Charles Stewart Mott Community College, and has retained that name to honor this major benefactor.

The 1980s saw MCC enter the computer age. Student registration was fully computerized and classes were offered by television (telecourses). By the mid-1990s, classes were offered via videotape, television, and the Internet. Satellite campuses opened in Lapeer and Fenton.
In 2006, the *Health Sciences Skills Lab Complex* underwent major renovation, doubling the instructional real estate in the main Division of Health Sciences area. The renovation of the Skills Lab Complex allowed for the introduction of high-technology in the Health Sciences programs. The most recent campus renovation is currently underway at the old Durham Natatorium. The $1.8 million renovation will convert the old pool area to a new fitness center (Durham Fitness Center). It is estimated that the area will be ready to host fitness (PEC) classes in the Winter 2016.

Despite the economic downturn in Flint, Genesee County, and Michigan, voters in the district have continued to approve financial support for the College on several occasions. Interest and enrollments in the Health Sciences programs have remained strong. All of the Health Science programs, including Nursing, have maintained an impressive and respected presence in the community. Of the total enrollments College-wide, the Division of Health Sciences continues to account for the largest percentage of students pursuing their education at Mott.

In 2012, the College, under the direction of the Board of Trustees, approved a revised Strategic Plan, beginning with a foundation built on a Board-initiated desire for a learning centered college. The plan is based on seven categories of overarching goals: student learning and success, technology initiatives, systems improvement, economic development, human resources development, institutional image and community relations, and budget/finance. The plan contains 27 overarching goals to carry the College through the 2013-2018 Strategic Plan.

In the past few years, Mott Community College has enjoyed several accolades and achievements, bringing it to national attention. In the Winter 2011, the Washington DC-based Association of Community College Trustees (ACCT) named Mott Community College President, Dick Shaink² as the best community college president/CEO in North America. The award was presented at the ACCT Annual Community College Leadership Congress in Toronto. In Spring 2013, the national Aspen Institute of Washington DC ranked Mott as being in the top 10% out of over 1200 community colleges in the nation.

Two months later, Mott Community College was again in the national spotlight when the College was named on the Community College Week’s Top 100 Associate Degree Producers, a list including both community colleges and four-year colleges and universities that issue associate degrees. MCC ranked 77th national among institutions in the “associate degrees, all categories”, as well as 67th in the category of associate degrees granted to men and women of African-American ancestry. In September 2011, Mott Community College was designated as one of the top ten community colleges in America. A decision regarding the top college in North America will be announced in December. (http://www.youtube.com/watch?v=SBDArrsYgNA) Yet another national recognition came when the US Department of Education unveiled its new College Affordability and Transparency website, depicting data related to college costs (http://collegecost.ed.gov/catc/Default.aspx). Mott was cited for having one of the lowest net costs in the country, with a net cost of $3257, compared to the national average of $6780.

"It seems to me that every person, always, is in a kind of informal partnership with his community. His own success is dependent to a large degree on that community, and the community, after all, is the sum total of the individuals who make it up. The institutions of a community, in turn, are the means by which those individuals express their faith, their ideals and their concern for fellow men."

— Charles Stewart Mott, 1875–1973

² Retired in 2014
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1923</td>
<td>Flint Junior College opened at Central High School site; governed by the Flint Board of Education; initial enrollment of 114 liberal arts students</td>
</tr>
<tr>
<td>1926</td>
<td>Initial accreditation of Flint Junior College by the North Central Association</td>
</tr>
<tr>
<td>1931-1955</td>
<td>Relocation of Flint Junior College at the Oak Grove Sanitarium</td>
</tr>
<tr>
<td>1955</td>
<td>College moved to present site on land donated by Charles Stewart Mott; initial request to establish nursing program at College denied by Board of Nursing</td>
</tr>
<tr>
<td>1956-1960</td>
<td>Associate degree in Nursing program granted initial approval by the Michigan Board of Nursing on July 13, 1956; first class of seven students admitted that fall and graduated in 1958</td>
</tr>
<tr>
<td></td>
<td>Full approval of the Associate degree in Nursing program granted by the Michigan Board of Nursing on June 3, 1960</td>
</tr>
<tr>
<td>Mid-1960's</td>
<td>Flint Practical Nursing Program transferred to Flint Junior College</td>
</tr>
<tr>
<td>1969</td>
<td>Expanded community college district approved by voters of Genesee Intermediate School District with an elected Board of Trustees and a new tax levy; College renamed Genesee Community College</td>
</tr>
<tr>
<td>1973</td>
<td>Board of Trustees approved change of name to Charles Stewart Mott Community College upon the death of CS Mott</td>
</tr>
<tr>
<td>1980</td>
<td>Initial accreditation of ADN program by NLN Accreditation Program in October 1980</td>
</tr>
<tr>
<td>1981</td>
<td>Distance Learning started at the College with the first telecourses</td>
</tr>
<tr>
<td>1992</td>
<td>Curriculum revision approved by Michigan Board of Nursing to combine PN and ADN programs into single, laddered PN/ADN program; 140 students admitted to PN/ADN program in Fall 1992</td>
</tr>
<tr>
<td>1992 &amp; 1993</td>
<td>Southern Lakes Branch Campus (Fenton) and Lapeer Satellite Center established</td>
</tr>
<tr>
<td>1994-95</td>
<td>Curriculum revised; structure and plan remained in place until 2006</td>
</tr>
<tr>
<td>1996</td>
<td>Continued accreditation of ADN program by the NLN Council of Associate Degree in Nursing Programs in June</td>
</tr>
<tr>
<td>2000</td>
<td>Higher Learning Commission of the North Central Association extended the College’s accreditation status for a ten year period, with a focused evaluation visit in 2003</td>
</tr>
<tr>
<td>2002</td>
<td>Revised general education requirements implemented; Northern Tier Extension Center opened in Clio</td>
</tr>
</tbody>
</table>

3 Charles Stewart Mott was a director of the General Motors Corporation, a primary employer during the early years of Flint and Genesee County. He was also the founder of the Mott Foundation and a three-time mayor of the City of Flint. Mott donated the land for the College’s current main campus from his estate. The Mott Foundation has provided financial support for most of the campus buildings. Mott’s philosophy of education helped shape education in Genesee County and across the nation.
<table>
<thead>
<tr>
<th>Year</th>
<th>Event(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>Self-Study Report submitted to Michigan Board of Nursing for continued approval of PN/ADN program; Self Study submitted to NLNAC for continued accreditation of ADN track of program; full approval received late in 2004</td>
</tr>
<tr>
<td>2005</td>
<td>Curriculum revision submitted to CPSC, Michigan Board of Nursing and NLNAC; approval for Fall 2006 implementation received</td>
</tr>
<tr>
<td></td>
<td>MCC joins the AQIP model as an institutional accreditation system as well as a strategic planning and continuous quality improvement process; regular analyses efforts in helping students learn and accomplishing other objectives.</td>
</tr>
<tr>
<td>2006</td>
<td>First class admitted under revised curriculum; Skills Lab renovations completed; simulation becomes a viable reality; 50th anniversary of admission of first ADN class</td>
</tr>
<tr>
<td>2008</td>
<td>First class graduated under revised curriculum; 50th anniversary of graduation of first ADN class</td>
</tr>
<tr>
<td>2010</td>
<td>Association of Community College Trustees names President M. Richard Shaink best community college president/CEO in North America (2010 Marie Y. Martin Chief Executive Award)</td>
</tr>
<tr>
<td>2011</td>
<td>In the Summer of 2011, MCC joined Achieving the Dream: Community Colleges Count, a national initiative that seeks to increase student success at community colleges. With support from the CS Mott Foundation, MCC joined 26 other community colleges from around the country in becoming members of Achieving the Dream – identifying strategies to improve student success, close achievement gaps and increase retention, persistence, and completion rates.</td>
</tr>
<tr>
<td></td>
<td>Mott Community College named one of top ten community colleges in US by The Aspen Institute; September 2011</td>
</tr>
<tr>
<td></td>
<td>Dedication of artifact from the Twin Towers; September 11, 2011</td>
</tr>
<tr>
<td></td>
<td>AQIP Quality Check-up Site Visit; November 2011</td>
</tr>
<tr>
<td></td>
<td>Delegation of educators and administrators from the People’s Republic of China visits College as part of review of higher education in the United States; November 2011</td>
</tr>
<tr>
<td>2012</td>
<td>Continuing program approval/accreditation process with Michigan Board of Nursing and NLNAC; reaccreditation site visit held; February, 2012</td>
</tr>
<tr>
<td>2013</td>
<td>Major curriculum and program revision completed; implemented as part of a phased-in process</td>
</tr>
<tr>
<td>2014</td>
<td>Final implementation of program revision</td>
</tr>
<tr>
<td></td>
<td>Retirement of President M. Richard Shaink, after nearly 15 years as the Mott CEO</td>
</tr>
<tr>
<td></td>
<td>Installation of Beverly Walker-Griffea, PhD as the new President of Mott Community College</td>
</tr>
<tr>
<td>2015</td>
<td>Graduation of the first cohort of students in the revised ADN program in June 2015</td>
</tr>
</tbody>
</table>
JC Nurse Course to Have 15-20 Girls
One of Most Demanding in Curriculum

By Raymond J. Gover

A class of 15 to 20 girls will pioneer the new nursing curriculum to be offered in September at Flint Junior College.

JC's two-year nursing program will be directed by Miss Dolores Keyser, who holds the Ballenger Chair in Nursing.

Miss Keyser promises a stiff, intensive course of study for nursing candidates.

Theory and clinical work will be augmented by liberal-arts courses to prepare the candidate for State Board of Nursing Registration examinations at the end of two years of training.

Dean Clyde E. Blocker said the nursing curriculum undoubtedly will be one of the finest and most demanding courses offered at the college.

The intensity of the curriculum can be measured by comparison with nursing schools operated by hospitals. Hospital training for nurses spans three years, the college program, two years.

FIRST STEP—Ray Solberg, 214 E. Flint Park Blvd., one of the first candidates to be accepted for the new Flint Junior College nursing program, gets an advance lesson in nursing art—how to make up a hospital bed with the "patient" in it. Miss Dolores Keyser, director of the program and holder of the Ballenger Chair in Nursing, instructs Miss Solberg. The two-year curriculum will get under way in September with a class of 15 to 20 students. (Journal Photo)
Part II
Nursing Program Overview
Nursing Program Mission, Philosophy, Conceptual Framework

College Mission

The mission of Mott Community College is to provide high quality, accessible, and affordable educational opportunities and services that cultivate student success and individual development and improve the overall quality of life in a multicultural community.

Approved by the Board of Trustees, December 2012
http://www.mcc.edu/2_about/about_stratplan.shtml

Cultural Values Statement

Mott Community College faculty, staff, and students are dedicated to creating a positive learning environment through appropriate appearance, responsible behavior, and respectful communication.

Adopted September 1, 2013
http://www.mcc.edu/about/board_minutes/bdmin082613.pdf

Program Mission

In order to promote student success and to enable program graduates to deliver safe and effective patient-centered care to a diverse population, the mission of the ADN Nursing program is to provide a high-quality, evidence-based education that is grounded in nursing theory, the sciences, and the humanities. In addition, the program is committed to promoting lifelong learning and continuing education by developing partnerships and affiliations with area universities.

Program Philosophy

The philosophy of the ADN Nursing program is developed by the Nursing faculty and is derived from the NLN Outcomes and Competencies (NLN, 2010) for graduates of nursing programs. The NLN Outcomes and Competencies identify a basic set of core values that serve as the root or the foundation of nursing practice at all levels of the profession. These core values include caring, diversity, ethics, excellence, holism, integrity, and patient-centeredness. The curriculum of the ADN Nursing program at Mott Community College is based upon the philosophical beliefs of the nursing faculty, which guide its design and implementation.

The faculty presents the following statements of belief.

Core Values

Caring. The characteristic of caring is an attribute that is fundamental to the nursing profession, regardless of the role assumed by the individual nurse. Nurses care for individuals, groups, and communities and they work to create a caring environment, that promotes the well-being of all. The patient is the absolute central focus of all care and education activities. Furthermore, the nurse cares
for him/herself, other nurses, and the profession. It is the responsibility of the individual nurse to model an attitude of caring in all aspects of the nurse’s profession. Caring is not learned exclusively from a book; rather, it is learned by watching and doing. Students will model the caring behaviors of their faculty and other nurses with whom they interact.

**Diversity.** Nursing care takes place in a rich cultural climate, one that embodies the belief that each patient is entitled to nursing care, and that each person’s worth and dignity is to be respected and valued. Effective nursing care demonstrates sensitivity to the patient’s diverse needs.

**Ethics.** The nurse is responsible to engage in an ethical practice that is grounded in integrity, honesty, and patient advocacy. “Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession, but also to embrace them as part of what it means to be a nurse” (ANA, 2001, page 9). Ethical practice requires the nurse to distinguish between right and wrong. Closely related to professional ethics are the concepts of integrity, responsibility, accountability for one’s actions, and respect for the profession.

**Excellence.** The nurse utilizes the nursing process as the basis for evidence-based clinical reasoning that promotes positive health outcomes for patients. The nurse is called to examine evidence and incorporate evidence-based practices into patient care activities. The nurse is also responsible to engage in reflective practice that will deepen the nurse’s knowledge base and develop insight into opportunities to improve the quality of care provided to patients, families, and communities. Excellence is not a goal that can be achieved, but is an aspiration toward which the nurse must continually strive.

**Holism.** The patient is viewed as a complex, dynamic system consisting of distinct, but inter-related components (biological, psychological, sociological, spiritual), which are in a constant state of interaction with the environment. The environment consists of all conditions, circumstances, and influences surrounding and affecting the development and behavior of the individual. These include physical characteristics, life experiences, social norms, cultural and economic influences, spiritual beliefs and practices, and moral and ethical constructs. The patient’s interaction with his changing environment occurs along a continuum extending from conception to death, and ranging from wellness to illness. The nurse considers every aspect of the human condition when planning, implementing, and managing care for the patient.

**Integrity.** Patients entrust their care and well-being to the nurse, and that trust is not given lightly. Even the most independent patient is vulnerable when in an unfamiliar setting such as the health care environment. The nurse recognizes that his/her first obligation is to advocate for the patient’s welfare, and all other needs and duties are secondary. Integrity means accepting accountability for one’s actions, while being fully-committed to the betterment of patient care.

**Patient-Centeredness.** The patient is in ever-changing state along the wellness-to-illness continuum. Optimal health is the highest level which can be achieved on the continuum that allows the individual to function as a whole, at his/her maximum potential. Patients experience deviations from an optimal level of health because of actual or perceived threats to the self. Perception of one’s position along the wellness-to-illness continuum is crucial to the patient’s health-seeking behavior and response to nursing care and intervention. It is the belief of the faculty that the patient is the central focus of all nursing care activities, including preventative care and patient education. Patient-centeredness means

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recognizing that the patient (along with his family) is an autonomous being, with needs and desires that deserve respect.

**The Nursing Process**

The problem-solving method of the *nursing process* provides a framework for nursing practice by nurses at all levels. The nursing process ensures a systematic, evidence-based approach to the provision of safe and effective patient-centered care. Clinical reasoning and sound nursing judgment are enhanced through its use.

**Practice of the ADN**

Faculty members are committed to the role of the ADN graduate in his/her scope of practice as established by the National League for Nursing and the Michigan Board of Nursing. An associate degree is a point of entry into professional nursing practice. The associate degree nurse provides care to patients with defined nursing diagnoses and complex health care needs in a variety of health care settings. The associate degree nurse is individually accountable for his/her own practice and provides guidance and supervision of the nursing care delivered by the licensed practical nurse and other unlicensed assistive personnel. The associate degree nurse works in collaboration with other nurses and interdisciplinary health team members.

**Nursing Education**

Effective nursing education is grounded in the sciences, humanities, social sciences, and allied health. In addition, nursing education requires a solid foundation in the practice of nursing. An organized program of study in a college setting provides an optimal environment for the education of the nurse. The faculty has the responsibility for the design, implementation, evaluation, and overall quality of the nursing curriculum. Nursing education prepares the student to use the problem-solving approach of the Nursing Process to make decisions in nursing practice. Nursing education is responsive to changes in society, the health care system, and the discipline of nursing. Associate degree nursing education provides the learner with the basics for mobility in nursing and progression to higher levels of nursing education.

The curriculum reflects faculty’s belief that learning progresses from simple to complex and from concrete to abstract in understanding concepts and their application in nursing. Learning and evaluation are mutual responsibilities of faculty and students.

**Teaching – Learning Process**

The teaching-learning process is an interactive process based upon tenets that each learner has individual and diverse needs, interests, potentials, and goals. The faculty seeks to reduce barriers to learning by creating an atmosphere conducive to learning. Principles of adult learning and a variety of strategies are utilized during the educational process to enhance the teaching-learning process. Learners develop a sense of responsibility for their own learning as well as awareness of the need for continued learning. Through this process, individuals acquire knowledge, skills, and attitudes essential for clinical reasoning.
Program Conceptual Framework

The conceptual framework of the ADN Nursing Program is a merging of the program philosophy with the core values, integrating concepts, and program outcomes defined in the *NLN Outcomes and Competencies*. The *NLN Education Competencies Model* (NLN, 2010) represents this merger, as it applies to nursing education at Mott Community College.

The NLN Educational Competencies Model is used with permission from the National League for Nursing (2013).

The following is a brief narration of the program conceptual framework.

Core Values

The seven core values (caring, diversity, ethics, excellence, holism, integrity, and patient-centeredness) form the foundation of nursing practice at all levels of the profession. These are the basis for the Mott Community College Nursing Philosophy statement. The core values are located at the base of the *NLN Education Competencies Model*.

Integrating Concepts

Emerging from the seven core values (caring, diversity, ethics, excellence, holism, integrity, patient-centeredness) are the six integrating concepts, which include context and environment, knowledge and science, personal and professional development, quality and safety, relationship-centered care, and teamwork. These concepts illustrate the progressive and multidimensional development of students as they successfully progress through the program. The integrating concepts provide the bands, linking the foundation (core values) to the overarching program outcomes.

**Context and Environment.** Context is the setting in which something happens, or the circumstances that lie behind a situation or event. In relation to organizations, context and environment refer to the

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conditions or social system within which the organization’s members act to achieve specific goals. Context and environment is a product of the organization’s human resources, and also the policies, procedures, rewards, leadership, supervision, and other attributes that influence interpersonal interactions. In health care, context and environment encompass organizational structure, leadership styles, patient characteristics, safety climate, ethical climate, teamwork, continuous quality improvement, and effectiveness. For the associate degree nurse, the context and environment consist of a well-defined structure.

**Knowledge and Science.** Knowledge and science refer to the foundations that serve as a basis for nursing practice, which, in turn, deepen, extend, and help generate new knowledge and new theories that continue to build the science and further the practice. Those foundations include (a) understanding and integrating knowledge from a variety of disciplines outside nursing that provide insight into the function of human beings; (b) understanding and integrating knowledge from nursing science to design and implement plans of patient-centered care for individuals, families, and communities; (c) understanding how knowledge and science develop; (d) understanding how all members of a discipline have responsibility for contributing to the development of that discipline’s evolving science; and (e) understanding the nature of evidence-based practice. The nurse uses the nursing process as a basis for evidence-based clinical judgment that promotes positive health outcomes for patients, within a family and community context.

**Personal and Professional Development.** Personal and professional development is a lifelong process of learning, refining, and integrating values and behaviors that (a) are consistent with the profession’s history, goals, and codes of ethics; (b) serve to distinguish the practice of nurses from that of other health care providers; and (c) give nurses the courage needed to continually improve the care of patients, families, and communities and to ensure the profession’s ongoing viability. Nurses must demonstrate many personal and professional abilities and attributes that are essential for them to be most effective in their roles and as members of the profession. Nursing education is part of a life-long process of behavioral change toward maximum development of the learner’s potential.

**Quality and Safety.** Quality and safety is the degree to which health care services (a) are provided in a way consistent with current professional knowledge; (b) minimize the risk of harm to individuals, populations, and providers; (c) increase the likelihood of desired health outcomes; and (d) are operationalized from an individual, unit, and systems perspective. The components of quality care are defined by the Institute of Medicine (2003) as safe, effective, patient-centered, timely, efficient, and equitable.

**Relationship-Centered Care.** The relationships of health care practitioners with their patients, their patients’ families and communities, and other health care providers are central to providing effective care. Relationship-centered care positions (a) caring; (b) therapeutic relationships with patients, families, and communities; and (c) professional relationships with members of the health care team as the core of nursing practice. It integrates and reflects respect for dignity and uniqueness of others, valuing diversity, integrity, humility, mutual trust, self-determination, empathy, civility, the capacity for grace, and empowerment.

**Teamwork.** Teamwork means to function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. As an integral part of the health care system, the nurse participates in collaborative relationships with patients, families, and other health team members in order to promote, maintain and/or restore health or to support dignified death.
Overarching Educational Program Outcomes

The pinnacle of the model is formed by four overarching educational program outcomes. Program outcomes are defined as “…the expected culmination of all learning experiences occurring during the program, including the mastery of essential core nursing practice competencies, built upon the seven core values and six integrating concepts. Course outcomes are the expected culmination of all learning experiences for a particular course within the nursing program…” (NLN, 2010, page 32). The program outcomes fall into four broad areas: human flourishing, nursing judgment, professional identity, and spirit of inquiry.

Human Flourishing. Associate degree nurses advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.

Nursing Judgment. Associate degree nurses make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and promote the health of patients within a family and community context.

Professional Identity. Associate degree nurses implement one’s role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.

Spirit of Inquiry. Associate degree nurses examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities.

Adopted by Nursing Faculty
December 3, 2012

References


Nursing Program Curriculum

Program Curriculum

The program of learning of the MCC Nursing Program consists of a combination of general education courses, nursing courses, and support courses. The program focuses on the education of the student into the profession of registered nursing. Students completing the program earn an Associate of Applied Science degree in Nursing. At this point the graduate is eligible for the NCLEX-RN—the licensure exam for registered nurses.

In this section of the Student Handbook, the overall program educational outcomes and competencies are outlined for each level of the program. The required program courses, including general education, nursing and support courses are listed in this section of the Handbook. Students may enter the program in the Fall or Winter semester of the year and examples of program progression, based on semester admitted, are also included in this section. Further information related to specific courses is found in the College Catalog. In addition, information related to nursing and support courses is found in this Handbook and in individual syllabi for each course.

Overarching Educational Program Outcomes

Human Flourishing
Graduates of the Nursing Program will advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.

Nursing Judgment
Graduates of the Nursing Program will make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care, and promote the health of patients within a family and community context.

Professional Identity
Graduates of the Nursing Program will implement the role of the nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.

6 All MCC students pursuing an associate degree in applied sciences—nursing must fulfill a number of specific general education requirements. The current program of study for the Nursing program reflects the general education requirements that were revised and implemented in Fall 2009. These requirements are outlined in the Curricular Guide for the Nursing Program. However, students who enrolled at the College before Fall 2009 may elect to meet the requirements in effect prior to that time. These students should consult with a Nursing Program Coordinator or Health Sciences Advisor to ensure that all general education requirements can be met in a timely manner.

**Spirit of Inquiry**
Graduates of the Nursing Program will examine the evidence that underlies clinical practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities.

**Program Student Learning Objectives**

*Upon Nursing Program completion, it is expected that graduates will be able to:*

**Context & Environment.** Use the nursing process to organize aspects of care for the patient, at varying levels of wellness and illness (including health promotion and disease prevention strategies).

*Human Flourishing, Nursing Judgment, Spirit of Inquiry*

**Knowledge & Science.** Interpret and apply the concepts and principles of nursing, and the natural and applied sciences to provide safe care to the patient, in a variety of settings.

*Nursing Judgment, Spirit of Inquiry*

**Personal/Professional Development.** Demonstrate, through practice, the role of the nurse in caring for the patient,

- Practice within legal and ethical parameters,
- Demonstrate accountability for own practice and those responsibilities delegated to others,
- Display self-direction in identifying own learning needs and pursue education to meet them.

*Professional Identity, Spirit of Inquiry*

**Quality & Safety.** Communicate effectively with other individuals (team members, other care providers, patients, families, etc.) to organize and provide comprehensive aspects of patient care, reflecting evidence-based practice, national patient safety initiatives (QSEN), and current best practices.

*Human Flourishing, Nursing Judgment, Spirit of Inquiry*

**Relationship-Centered Care.** Develop relationships that place the patient at the center of care, by demonstrating

- Caring and effective communication,
- Therapeutic relationships with patients, families, and communities,
- Professional relationships with members of the health care team.

*Human Flourishing, Nursing Judgment, Professional Identity, Spirit of Inquiry*

**Teamwork.** Function effectively within the patient care team and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient-centered care.

*Human Flourishing, Nursing Judgment, Professional Identity, Spirit of Inquiry*
## Nursing Program Courses

<table>
<thead>
<tr>
<th>COURSE #</th>
<th>GENERAL EDUCATION AND SUPPORT COURSES</th>
<th>CREDITS</th>
<th>CONTACT HOURS</th>
<th>ADD’L INFO</th>
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<tr>
<td>ENGL 101 or 103</td>
<td>English Composition I</td>
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<td>3</td>
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<tr>
<td>BIOL 151</td>
<td>Human Anatomy &amp; Physiology I</td>
<td>4</td>
<td>6</td>
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<tr>
<td>BIOL 152</td>
<td>Human Anatomy &amp; Physiology II</td>
<td>4</td>
<td>6</td>
<td>+ t</td>
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<tr>
<td>BIOL 101 or BIOL 156</td>
<td>Microbiology</td>
<td>2 (or 4)</td>
<td>4 (or 6)</td>
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<tr>
<td>PSYC 281</td>
<td>General Psychology</td>
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<td>AHLT 112</td>
<td>Nutrition for Health</td>
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<td>2</td>
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<tr>
<td>AHLT 135</td>
<td>Dosages and Solution Calculations</td>
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<tr>
<td>NRSNG 100</td>
<td>Pharmacology &amp; Therapeutics</td>
<td>2</td>
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<tr>
<td>NRSNG 105</td>
<td>Basic Health Assessment &amp; Physical Exam</td>
<td>3</td>
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</table>

Support Courses Total 27-29 33-35

### Nursing Clinical Courses

| NRSNG 110          | Foundations of Patient Care                   | 8       | 4             |            |
|                    | Lab-Foundations                               | 0       | 2             |            |
|                    | Lab-Medication Administration                 | 0       | 2             |            |
|                    | Clinical                                      | 0       | 8             |            |
| NRSNG 120          | Basic Care of the Adult Patient (A)           | 5.75    | 3             |            |
|                    | Lab                                           | 0       | 1.5           |            |
|                    | Clinical                                      | 0       | 8             |            |
| NRSNG 121          | Basic Care of the Adult Patient (B)           | 5.75    | 3             |            |
|                    | Lab                                           | 0       | 1.5           |            |
|                    | Clinical                                      | 0       | 8             |            |
| NRSNG 130          | Care of the Child-Bearing Family              | 3.5     | 1.5           |            |
|                    | Clinical                                      | 0       | 8             |            |
| NRSNG 210          | Care of the Pediatric Patient                 | 3       | 1.5           |            |
|                    | Clinical                                      | 0       | 6             |            |
| NRSNG 220          | Care of the Mental & Behavioral Health Patient| 4       | 2             |            |
|                    | Clinical                                      | 0       | 8             |            |
| NRSNG 230          | Intermediate Care of the Adult Patient        | 5       | 3             |            |
|                    | Clinical                                      | 0       | 8             |            |
| NRSNG 240          | Advanced Care of the Adult Patient            | 4.5     | 3             |            |
|                    | Lab                                           | 0       | 1             |            |
|                    | Clinical                                      | 0       | 4             |            |
| NRSNG 250          | Advanced Patient Care Management & Leadership | 4       | 2             |            |
|                    | Clinical                                      | 0       | 8             |            |

Nursing Courses Total 43.5 97

Total 70.5-72.5 130-132

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8 Students following the “old” general education guidelines should contact a Nursing Coordinator or Health Sciences Advisor regarding variations from the course requirements.
### Key to Symbols

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>Eligibility requirement—courses required before program application</td>
</tr>
<tr>
<td>++</td>
<td>Pre-requisite to Nrs 120 &amp; 121</td>
</tr>
<tr>
<td>+++</td>
<td>Pre-requisite to Nrs 130</td>
</tr>
<tr>
<td>++++</td>
<td>Pre-requisite to Nrs 220; must be completed before entering the second year</td>
</tr>
<tr>
<td>y</td>
<td>Course may be completed no more than one year before starting the first clinical sequence (Nrs 110)</td>
</tr>
<tr>
<td>t</td>
<td>Science courses must have been taken no longer than five years before entry into the first clinical course of the program; Biol 151 and 152 must have been completed within five years before student placement on the Eligibility List; all science courses must be completed with a 3.0 or higher grade</td>
</tr>
<tr>
<td>@</td>
<td>Course must be completed by ADN students before graduation, but may be completed at any time before or during the program</td>
</tr>
</tbody>
</table>
### Recommended Program Pathway

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Credits</th>
<th>Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility &amp; Pre-Admission (1 ½ semesters)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Term 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BiOL 151</td>
<td>Human Anatomy &amp; Physiology I</td>
<td>4.00</td>
<td>6.00</td>
</tr>
<tr>
<td>EnGL 101 or 103</td>
<td>English Composition I</td>
<td>3.00</td>
<td>3.00</td>
</tr>
<tr>
<td>AhLT 112</td>
<td>Nutrition for Health</td>
<td>2.00</td>
<td>2.00</td>
</tr>
<tr>
<td>NrSG 100</td>
<td>Pharmacology &amp; Therapeutics</td>
<td>2.00</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Term 2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BiOL 152</td>
<td>Human Anatomy &amp; Physiology II</td>
<td>4.00</td>
<td>6.00</td>
</tr>
<tr>
<td>AhLT 135</td>
<td>Dosage &amp; Solution Calculations</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Math 120</td>
<td>Intermediate Algebra (if required after placement testing)</td>
<td>4.00</td>
<td>4.00</td>
</tr>
<tr>
<td><strong>Pre-Requisite Credits</strong></td>
<td></td>
<td>16.00</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>20.00</td>
<td></td>
</tr>
<tr>
<td><strong>Level I (1 semester)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NrSG 110</td>
<td>Foundations of Patient Care</td>
<td>8.00</td>
<td>16.00</td>
</tr>
<tr>
<td>NrSG 105</td>
<td>Basic Health Assessment &amp; Physical Exam</td>
<td>3.00</td>
<td>3.00</td>
</tr>
<tr>
<td><strong>Level II (1 ½ semesters)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NrSG 120</td>
<td>Basic Care of the Adult Patient (A)</td>
<td>5.75</td>
<td>12.50</td>
</tr>
<tr>
<td>NrSG 121</td>
<td>Basic Care of the Adult Patient (B)</td>
<td>5.75</td>
<td>12.50</td>
</tr>
<tr>
<td>NrSG 130</td>
<td>Care of the Child-Bearing Family</td>
<td>3.50</td>
<td>9.50</td>
</tr>
<tr>
<td>BiOL 101 or 156</td>
<td>Microbiology</td>
<td>2.00</td>
<td>4.00</td>
</tr>
<tr>
<td>(or 4.00)</td>
<td>(or 6.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psyc 281</td>
<td>General Psychology</td>
<td>3.00</td>
<td>3.00</td>
</tr>
<tr>
<td><strong>Level III (1 ½ semesters)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NrSG 210</td>
<td>Care of the Pediatric Patient</td>
<td>3.00</td>
<td>7.50</td>
</tr>
<tr>
<td>NrSG 220</td>
<td>Care of the Mental Behavioral Health Patient</td>
<td>4.00</td>
<td>10.00</td>
</tr>
<tr>
<td>NrSG 230</td>
<td>Intermediate Care of the Adult Patient</td>
<td>5.00</td>
<td>11.00</td>
</tr>
<tr>
<td><strong>Level IV (1 semester)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NrSG 230</td>
<td>Advanced Care of the Adult Patient</td>
<td>4.50</td>
<td>8.00</td>
</tr>
<tr>
<td>NrSG 240</td>
<td>Advanced Patient Care Management</td>
<td>4.00</td>
<td>10.00</td>
</tr>
<tr>
<td>-----------</td>
<td>Humanities Course (EnGL 102 or 104, or Comm 200)</td>
<td>3.00</td>
<td>3.00</td>
</tr>
<tr>
<td><strong>In-Program Credits</strong></td>
<td>54.50</td>
<td>110.00</td>
<td></td>
</tr>
<tr>
<td>(to 56.50)</td>
<td>(to 112.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Credits</strong></td>
<td>70.50</td>
<td>130.00</td>
<td></td>
</tr>
<tr>
<td>(to 72.50)</td>
<td>(to 132.00)</td>
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</tr>
</tbody>
</table>
Nursing Clinical Course Overviews

Each nursing clinical course consists of two or three components, depending on the course level. Each course consists of a nursing theory component and a related clinical practice component. Selected courses also include a skills laboratory component. Each course must be taken as a complete entity and final course grades are derived from all components of the course: the student must successfully complete each component in order to achieve a “passing” grade for the course.

**LEVEL I**, the first semester of the clinical portion of the program, prepares the student to provide basic nursing care to adult patients in a long-term care facility and in a hospital setting.

In *NRS 110 (Foundations of Patient Care)*, is the first course in the clinical sequence of the Nursing Program. It is composed of four inter-related components: theory, skills lab, medication administration lab, and clinical. The course will introduce the student to the essential elements of the practice of nursing and patient care. It provides the basic foundation on which all areas of nursing and patient care are built. The nursing process will be introduced and applied to patients having basic health problems that put them at risk for major health issues. The clinical component of this course will take place in long-term care and acute care settings.

**LEVEL II** is the second builds further skill in patient care as the student begins to study common health problems of the adult and to care for the child-bearing family, including the mother, the infant, and the rest of the family structure.

*NRS 120 and NRS 121 (Basic Care of the Adult Patient, A & B)* introduce the student to the study of common medical-surgical conditions encountered in the adult patient. Emphasis is placed on the understanding of pathophysiological concepts and the care of patients with common health problems. The focus will be the application of the nursing process in the therapeutic management of the adult patient at varying levels of wellness and illness. The clinical component of this course will take place in acute care settings.

**LEVEL III** expands on the knowledge and skill levels of the student in patient care of both adult and pediatric patients. Students will examine more complicated patient health problems, including mental and behavioral health issues.

*NRS 210 (Care of the Pediatric Patient)* provides a general overview of fundamental pediatric concepts, with a focus on providing safe and age-appropriate nursing care to children and their families. Content will include growth and development of children, from infancy through adolescence, health promotion and illness prevention strategies, and provision of care to children with common acute and chronic health problems. The clinical component of this course will take place at in-patient and out-patient pediatric settings.

**In NRS 220 (Care of the Mental and Behavioral Health Patient),** the student explores the wellness-illness continuum as it relates to mental and behavioral health. Emphasis will be placed on care of the
patient with mental and behavioral health alterations, therapeutic approaches to care, and use of the
nursing process in restoring mental and behavioral health. The clinical component of the course will
take place in acute and community mental and behavioral health facilities.

**NRSG 230 (Intermediate Care of the Adult Patient)** presents the study of increasingly complicated
medical-surgical conditions encountered in the adult patient. Emphasis is placed on the understanding
of pathophysiological concepts and the care of patients with complicated health problems, and the
application of the nursing process in meeting patient needs. The clinical component of this course will
take place in an acute care setting.

**Level IV** prepares the student to provide nursing care to patients with increasingly complex health
conditions. The student will be able to formulate plans of care, using the concepts of wellness and
illness, and perform advanced skills needed in care delivery. The student will be able to manage the care
of patients, integrating concepts of increasingly complex health needs into care management decisions
in a variety of clinical settings.

**NRSG 240 (Advanced Care of the Adult Patient)** addresses more complex medical-surgical conditions of
the adult patient. Emphasis is placed on the understanding the dynamics of advanced care concepts,
including critical care, and the application of the nursing process in meeting patient needs. The clinical
component of this course will take place in an acute care setting, including critical care units.

In **NRSG 250 (Advanced Patient Care Management)** students focus on the overall management of
patient care in a variety of settings. In addition, concepts related to community health will be covered.
The course integrates previously learned concepts and principles utilizing the nursing process, as well as
coordination of patient care at all levels of intervention. Leadership skills and nursing management of
patient care are emphasized. The clinical component of this course will take place in the acute care and
community settings.

*Students completing Level IV of the program receive an Associate in Applied Science degree and are
eligible to take the NCLEX-RN examination.*

**Allied Health, Nursing Support, & General Education Courses**

**AHLT 112—Nutrition for Health**
(2 credits/2 contact hours). This is a study of nutrition, a combination of processes by which the body
receives and utilizes nutrients. Food and water constitute one of the body’s physiological needs. This
course also will identify how nutrition assists in maintaining the wellness state throughout the life cycle.

*(Nursing program required course; pre-requisite to NRSG 110)*

**AHLT 135—Dosage and Solution Calculations**
(1 credit/1 contact hour): Reflects the shift in importance that the “real world” places on critical
thinking and problem-solving. It will introduce the beginning health science student to the procedures
and steps needed to calculate drug dosages in basic clinical applications. This course focuses primarily
on the calculation of dosages by the oral and parenteral routes. Step-by-step procedures for calculation
of actual medication dosage problems will be used. Prerequisites: Math Placement Test
recommendation of MATH 130 or higher, or completion of MATH 120.

*(Nursing program required course; pre-requisite to NRSG 110)*
NRSG 100—Pharmacology and Therapeutics
(2 credits/2 contact hours). A theory course designed to build on previously learned basic principles and concepts in order to prepare the Nursing student for medication administration. Prototypes, major classes and most widely-used members of each class are covered. Therapeutic applications of medications and application of the nursing process are emphasized. Nursing program required course.

(Nursing program required course; pre-requisite to NRSG 110)

NRSG 105—Basic Health Assessment and Physical Examination
(3 credits/3 contact hours). This course will introduce the student to various health assessment techniques and skills used in routine patient examinations. The focus will be to develop clinical decision-making skills in regard to which assessment technique to use in a given situation. The student will be prepared to perform a complete head-to-toe assessment and document their findings appropriately.

(Nursing program required course; pre-requisite to NRSG 120 & 121)

Optional Elective Courses

From time-to-time, students may decide to add courses to their educational pathway. The following courses are identified as ones that are directly relevant to educational success, professional development, and/or personal enhancement. Before registering for any class that is not listed as a requirement on the program plan, the student should consult with Financial Aid, if appropriate.

CASD 121—Study and Learning Skills
(1 credit/1 contact hour): Designed to help students develop successful study skills. This Course includes time management, note-taking styles, organizing textbook readings, memory techniques, test-taking strategies and developing a positive attitude toward learning.

CASD 122—Survival Skills for College Students
(2 credits/2 contact hours): Assists students in learning skills and behaviors enabling them to build a foundation for success in college.

CASD 123—Stress Management
(2 credits/2 contact hours): In this course, cognitive behavioral concepts will be applied to the management of stress within a small group interactive setting. Participants manage their stress more effectively.

HEAL 125—Cardiopulmonary Resuscitation
(1 credit/1 contact hour): Provides knowledge of CPR and psychomotor skills practice. Prudent living habits, risk factors and signals, and survival actions are included. This course fulfills the American Heart Association and American Red Cross requirements for CPR certification.

AHLT 102—Medical Terminology
(1 credit/1 contact hour): This course is a study of medical terminology using combined Greek and Latin prefixes, suffixes, word roots and combining forms to build words.

AHLT 113—Multicultural Health Care
(1 credit/1 contact hour). The cultural traditions and perspectives of the patient influence his/her health-seeking behaviors. This course will explore key cultural components identified as a framework
for health care delivery in a culturally diverse society: communication, social organization, environmental control, biological variations and health care beliefs. This framework will be utilized as a template in the health care assessment of particular cultural groups, including those of African, Hispanic, Asian, Mid-Eastern and other ethnic heritages. *(Nursing program required course; pre- or co-requisite to NRSG 102 and 103)*

**Continuing Education after Mott**

*The Registered Nurse who is a graduate of the Mott Community College Nursing Program has the option to continue up the educational ladder by entering a two-year BSN completion (Bachelor of Science degree in Nursing) program. An articulation agreement between MCC and University of Michigan-Flint provides an easy transition for those who wish to further their formal nursing education in the Flint community. The Nursing program at Mott also has articulation agreements with other BSN programs that are available within commuting distance of Flint and Genesee County, including Saginaw Valley State University, Ferris State University, Oakland University, Eastern Michigan University and several others.*
Part III
Nursing Program Policies & Procedures
Nursing Program Policies & Procedures

General Policies & Procedures

Affirmative Action/Equal Opportunity Statement

Mott Community College will not discriminate in any of its admission, educational programs/activities or employment policies or practices on the basis of race, sex, age, color, national origin, religion, height, weight, sexual orientation, marital status, disability or veteran’s status. The College is committed to compliance with several laws and regulations. These include Executive Order 11246 (as amended 11375), Title VI of the Civil Rights Act of 1964, Title VII Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Equal Pay Act, Sections 503 and 504 of the Higher Education Amendments of 1965, Age Discrimination in employment Act, the Vietnam (VA Veterans) Readjustment Act of 1974, and all other Federal and Michigan Civil Right Laws. [See MCC Catalog for more detail.] In accordance with the College policy, the Nursing program will not discriminate against any student in the policies, procedures, and practices of the program, including program admission, progression, grading, disciplinary action, and all other policies.

Nursing Academic Integrity

Guiding principles of the Nursing Program at Mott Community College are based on the American Nurses Association Code of Ethics for Nurses. The ANA holds that “ethics is an integral part of the foundation of nursing” (ANA, 2001). In addition, the National Student Nurses Association has developed a similar Code of Professional Conduct (http://www.nsna.org/Publications/ProfessionalConduct.aspx) to direct its members. Students enrolled in the Nursing Program are expected to conduct themselves in a manner that upholds the values of the profession, and of the College. As aspiring members of the profession of nursing, students are accountable for professional standards in the practice of nursing.

Closely related to professional ethics are the concepts of integrity, responsibility, accountability for one’s actions, and respect for the profession. Patients entrust their care and well-being to the nurse, and that trust is not given lightly. Even the most independent patient is vulnerable when in an unfamiliar setting such as the health care environment. The nurse recognizes that his/her first obligation is to the patient’s welfare, and all other needs and duties are secondary. Students in the Nursing profession are regarded as respected junior members of the profession, and are held to the same standards as the practicing nurse. The policy on Nursing Academic Integrity is one overarching standard for the student nurse at Mott Community College.

The Nursing Program policy related to Nursing Academic Integrity is congruent with the Mott Community College Student Code of Conduct and statement on Academic Integrity⁹. The Nursing Academic Integrity policy applies to all students enrolled in the Nursing Program and includes all programs, classes, activities, and events affiliated with the program. All components of a course

(theory, lab, and clinical) fall under the auspices of the policy. Any student who violates the MCC Student Code of Conduct, or the Nursing Program policy on Nursing Academic Integrity, is subject to disciplinary action consistent with the violation (see Appendix).

All students enrolled in the Nursing program at Mott Community College are expected to exhibit behaviors appropriate to the profession of nursing. Furthermore, each student will “demonstrate the highest standards of academic honesty: produce work that is wholly one’s own, whether it is in the form of taking a test, writing an essay or report, conducting an experiment, or completing an assignment” (MCC Policy on Academic Integrity). Students must assume personal responsibility for the tenets of this policy. Violations of the Nursing Academic Integrity policy and the MCC Student Code of Conduct will be investigations. If it is determined there has been a breach of policy, sanctions will be imposed and may result in dismissal from the program and/or the College.

Educational Civility

“All Mott Community College regulations shall be construed so as not to abridge any student’s constitutional rights which include, but are not limited to, the rights of free expression of thought or opinion, free association, peaceable assembly, for the petition of authorities” (MCC Student Handbook).

Rights also bear responsibility. Students entering the health profession are expected to conduct themselves as professionals in all aspects of their behavior. This expectation applies in the classroom as well as the clinical setting. Any student who breaches accepted professional behavior, the College Code of Conduct and the Division of Health Sciences Civility Policy is subject to disciplinary action and may place his/her professional career at jeopardy.

The faculty of the Division of Health Sciences subscribes to a commitment to educational civility by both students and faculty. A formal contract outlines the responsibilities of students and faculty to ensure a civil and peaceful teaching-learning environment. Students are expected to adhere to its terms in all learning environs: classroom, lab, and clinical, as well as in lounges, parking lots, cafeterias, and any other area where they may be associated as representing the College and the Nursing program. A copy of the statement and contract is included in the Appendix.

In addition to the “acts of prohibited conduct” outlined in the MCC Student Handbook, the following behaviors may also result in disciplinary action:

Breach of Patient Confidentiality or Patient Rights. All patient rights, including the right to privacy and confidentiality must be respected. It is the policy and practice of the Nursing Programs at Mott Community College to respect, protect and ensure each patient’s right to confidentiality regarding all information related to the patient’s treatment and care at any clinical facility. All students in the

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10 Clinical facility refers to any assigned clinical practice site, such as hospitals, long-term or extended care facilities, in-patient or out-patient treatment centers, home health care agencies, schools, clinics, professional offices, etc.
Nursing Programs are responsible to adhere to this policy. See the following section and the appendix for further information related to patient privacy and confidentiality.

**Academic Dishonesty.** Cheating, plagiarism or other forms of academic dishonesty including the acquisition, without permission, of tests, papers or other academic materials is a direct violation of the student code of conduct. This includes students who aid and abet, as well as those who attempt such behavior. *(See section related to Nursing Academic Integrity)*

**Clinical Dishonesty.** Dishonesty in the clinical setting represents unethical behavior on the part of the professional. Examples of this type of dishonesty includes the falsification of patient records or the fabrication of patient experiences or nursing actions as well as the failure to report the omission of, or errors in treatments or medications.

**Disruptive Behavior.** Intentionally or recklessly interfering with normal College-sponsored (or clinical site) activities, or inciting others to commit disruptive behaviors violates the rights of others in the learning or therapeutic environment. As cited in the Student Code of Conduct *(MCC Student Handbook)*, the consumption or possession of alcohol, any controlled substance or illegal drug on the College premises or at College-sponsored activities is prohibited. If there is evidence that a student is under the influence of alcohol or another mind-altering drug while in the clinical area, the student will be removed from the clinical area immediately. The student’s return to the clinical area is contingent upon meeting with the Nursing Program Coordinator and the Coordinator’s subsequent authorization for the student to return.

Other types of rude or disruptive behavior is prohibited in any academic area, including classrooms and labs, clinical settings or premises, including lounges, break rooms, corridors, parking areas, etc. Rude behavior directed at other students, College faculty or staff and/or the staff of the clinical agencies may result in the student’s removal from the site.

*The student is held responsible for the Student Rights and Responsibilities and the Code of Conduct Policies of the College (see College Catalog) and the Health Sciences Division Civility policy.*

**Communications**

**Patient Privacy and Confidentiality.** The Health Insurance Portability and Accountability Act of 1996, (HIPAA), became effective on April 14, 2003. This law has major implications for health care workers regarding the protection of patient health information and outlines the repercussions for noncompliance with the privacy rules. *All students in the Nursing program at Mott Community College are held to the same standards that govern employees of clinical facilities.*

Upon starting the program, all students will be provided with a copy of the information (see the Appendix) and must complete a required post-test. In addition, each student must sign a Privacy and Confidentiality Statement indicating that he/she received a copy of the guidelines and is responsible for compliance with the privacy rules and regulations. In addition, students must comply with all privacy and confidentiality policies and procedures of each clinical agency utilized for the clinical learning experience. Separate confidentiality agreements may be required by the clinical agency.
There are potential consequences and repercussions for noncompliance with the law and the Nursing Program policy related to patient privacy and confidentiality. Violations of this policy are considered a violation of the Safety Policy. Students determined to be in violation of this policy are subject to removal from the program, without the option for reentry. In addition, there may be civil and criminal penalties for the misuse of patient personal health information.

**Student Right to Confidentiality.** All students have a right to confidentiality of information related to them. All faculty and staff members will take appropriate steps to ensure that this right to privacy and confidentiality of information is protected. Information regarding a student will not be discussed with another party, including other students, the student’s spouse, parents or family members or other parties, without the express consent of the student. This applies to information regarding the student’s grades, status in a course or the program, registration information, etc.

In addition, the College and the program will take all reasonable efforts to safeguard student identity. Wherever possible, Mott student ID numbers will be used instead of the student’s social security number. The Board of Nursing still requires a social security number to process a graduate’s application for nursing licensure. In addition, clinical agencies may require part of the number in conjunction with clinical placement. Students will be advised when disclosure of the social security number (or part of the number) is necessary.

**Communication with Faculty Members.** Faculty members wish to be as helpful to the students as possible. Students are encouraged to call the faculty member when there is a question or an issue to discuss with the instructor. Communication cannot be separated from education. Rather, one hinges upon the other. In order to ensure that each student is afforded the privacy and time that he/she needs, it is important for all students to adhere to the following guidelines:

- **Make an Appointment.** Appointments with individual instructors are encouraged and are beneficial to both parties. An appointment helps to ensure that the instructor will be available when the student needs to confer with him/her.

- **Meet During Office Hours.** Many faculty members have office hours during which they are available to see students. Notices of office hours are posted near the main entrance door to the Division of Health Sciences office (CM-2313).

- **Contact the Instructor Directly.** Telephone messages for instructors may be left with the secretaries in the Division office or on the instructor’s private voice-mail. Campus telephone numbers should be requested from individual instructors or from the secretarial staff. Office staff may not give out faculty home or cell phone numbers. Instructors may also be contacted via campus email.

- **Leaving Messages or Assignments.** Any written assignments, notes or messages to be given to faculty must have both the student’s and the faculty member’s name on the material. The material or message may be given to the secretary who will date it and put it in the appropriate instructor’s mailbox. The student should request a receipt from the secretarial personnel, confirming the delivery of the appropriate item to the instructor’s mailbox.
**Nursing Program Coordinators.** Two fulltime faculty serve in the capacity of Nursing Program Coordinators. The Program Coordinators are available to see students as needed throughout the Fall, Winter and Spring semesters. Additionally, coordinators may be available, on a limited basis, during the Summer term. Although walk-in consultation may be available, an appointment is preferred and can be made through the secretarial personnel. A telephone, email or written message may be left for a Coordinator.

**Dean of Health Sciences.** The Dean of the Division of Health Sciences is also available to meet with students at their request. The Dean sees students by appointment (made directly with the Dean). Phone messages, emails, or written communication may be left for the Dean.

**Complaint Procedure**

One of the most important considerations the Nursing Program faculty make is to view each student as an individual. Instructors are individuals too, and should be afforded the same consideration. Each individual is unique, with different personalities and methodologies.

If students have comments, concerns or problems, they should first seek to resolve them by meeting with the instructor. This has the greatest impact on resolving most misunderstandings. The Dean may be able to assist in resolving the concern. Finally, if the student feels the issue has not been satisfactorily resolved, he may follow the formal Student Academic Complaint process. The process is detailed for the student in the *College Catalog* and the *MCC Handbook*.

Occasionally, a student may voice a complaint against another student. In this situation, the student should try to resolve the issue with the other individual. If resolution is unsuccessful, the student may follow up with a complaint through the Registrar’s office. If the behavior of either or both parties disrupts or threatens the learning environment and/or safety of individuals in the vicinity, a Public Safety officer will be contacted.

**Criminal Background Investigation**

In 2006, changes to the Michigan Public Health Code necessitated the implementation of criminal background investigations (CBI) of all students in the Nursing program during the course of their clinical assignments. Background checks are performed to verify that the individual, at the time of application and clinical assignment, has no felony or misdemeanor convictions as defined by the law. Students entering into and continuing the Nursing program must submit to a CBI at their own expense. The investigation will be conducted by a designated vendor. The investigation will include submission of the student’s fingerprints and identification data to the Michigan State Police and the Federal Bureau of Investigation for processing. The investigation must include any aliases the student may have used.

Written statement of the results of the investigation will be available to the student and the Allied Health Coordinator and Dean. Printed results of the screening will be maintained in a confidential file, that is separate from the academic record. Students who pass the CBI will be allowed to admit into the program, provided all other eligibility criteria have been met and maintained. Any repeat testing as required by the clinical agency will be completed at the student’s expense. Students are responsible to report any criminal convictions or changes in the status of their criminal background immediately to the Program Coordinator.
Students who fail the criminal background investigation will have the opportunity to discuss the impact of the results of their screening in a meeting with the Allied Health Coordinator and the Dean of Health Sciences. Students who fail screening will not be admitted to the program and/or be allowed to complete required clinical assignment unless and until proof is provided that the information contained in the screening report is inaccurate or incorrect (the student is responsible to provide acceptable documentation of any inaccuracies). In some cases, clinical sites may require additional testing prior to or during the clinical rotation. In addition, the Michigan Department of Licensing and Regulatory Affairs/Board of Nursing requires a new criminal background investigation for all applicants for a health care license.

Refer to the Health Sciences website (http://www.mcc.edu/3_academics/divisions/hs_index.shtml) for further information and guidelines.

Emergency Procedures

Emergency Number. Telephone extension (810) 762-5666 has been established as an Emergency Number for the College. It is used only to report emergencies, immediate threats to life or health and threats of immediate serious damage to property. Extension (810) 762-0222 should be used for all other Campus Safety business. Emergencies on campus, which affect public safety are announced over the loud speaker system in each building.

Emergency Situations. In the event of an emergency situation, follow the following guidelines.

Fire Threat. In the event a fire is observed, the witness should immediately pull the nearest fire alarm and notify Campus Safety at (810) 762-5666. Inexperienced persons should not attempt to fight the fire. Fire Emergency posters are posted in every classroom and office. Exit routes and alternate exit routes are listed. Every student must familiarize him/herself with these exit routes. Fire alarms are announced by the use of fire horns in each building affected. When the horns sound, every person in the building must move outside. In inclement weather, it is permissible to move into another nearby building. No one may return to the building until uniformed Security Guards announce the “all clear.”

Severe Weather. A severe weather alarm will be given when warranted. Each classroom and office is equipped with posters that list the designated shelter area for that room. Weather alerts that require movement to a secure area are announced over the loud speaker system. Directions to the secure area are announced, as well. Each person must proceed directly to the shelter area and remain inside the building, away from windows. Classes will not be cancelled—they will be suspended during the alert. Classes will not be suspended for a severe thunderstorm.

Other Emergencies. Any other type of emergency, including mechanical, electrical, other building emergencies, campus incidents, personal injury or threats, theft, destruction of property, traffic accidents and unlawful acts, are reported by notifying Campus Safety at (810) 762-5666. The report needs to include the exact circumstances and location of the emergency. Non-emergent situations are reported directly to Campus Safety, using the main number: (810) 762-0222. The Safety Officer taking the call will inform the proper authorities and begin an investigation.
**First Aid.** Incidents resulting in illness or injury to an individual should be reported to Campus Safety, using the emergency number: (810) 762-5666. The caller must identify him/herself and give the nature of the injury or illness, exact location and request assistance. The Safety Officer will notify an emergency vehicle, if necessary.

**Emergency System Checks and Drills.** Fire, weather, and other emergency drills are held on campus at regular intervals. The purpose of the drills is to test the College’s emergency preparedness policies and procedure to ensure the safety of students, faculty, and staff. Any individual on site at the time of a drill is required to comply with the procedure and adhere to the directions of members of the Emergency Response Team (ERT), as well as Public Safety officers. The ERT members can be identified by their yellow emergency vests or jackets. Emergency drills are held on each of the Mott campuses and in each of the buildings.

**Emergency Closing Of the College.** When possible, the decision to close the College will be made 2½ hours prior to the start of classes (morning closing by 5:30 a.m.; noon closing by 9:30 a.m.; evening closing by 3:30 p.m.) *All nursing classes, including clinicals, are canceled when the college is officially closed.* Up-to-date closing information is available from the following sources:

- **Emergency Notification System:** In the event of any on-campus emergency, a voice or SMS (text message) will be sent. All MCC students are encouraged to sign up for this notification (see the website at [http://www.mcc.edu/16_pubsafety/ps_sch_closing.shtml](http://www.mcc.edu/16_pubsafety/ps_sch_closing.shtml)).
- **Student Email Notification:** Students will be notified through their MCC Webmail address of specific class cancellation, site-specific cancellation, specific closings, or College-wide closings.
- Recorded messages announcing school closing may be accessed at (810)232-8989.
- Area radio and television stations will be alerted whenever a decision is made to close the school. See the MCC Newsstand for links to local television outlets.

Decisions regarding Saturday and Sunday clinical cancellations due bad weather will be made by the Program Coordinator and the clinical instructor.

**Emergency Messages.** If a student in a Nursing course must be reached in an emergency during normal business hours (between 8:00am and 5:00pm) Monday through Friday, the telephone call will be handled through the Division of Health Sciences office at (810)762-0317. At all other times, emergency calls will be handled through the campus switchboard (810)762-0200. *It is recommended that students leave their class schedule, including classroom locations, with their family.*

**Faculty Illness and Emergency: Cancellation of Classes.** In the event of the absence of a faculty member, a substitute instructor will be provided whenever possible. If a substitute cannot be found to cover a class, students will be notified, provided there is sufficient time to do so. *Students need to make certain a current telephone number and address is on file in both the College (Registrar) and the Division of Health Sciences (Nursing Coordinators) offices.*
**Attendance Policy**

“Students are expected to attend class, since they are held responsible for the requirements of the course. Absence from class does not excuse the student from the course requirements” (Mott College Catalog).

**General Attendance Policies.** The following are some general policies related to attendance in classes and clinical.

- The instructor’s specific policies regarding attendance will be provided to the student at the first class session.
- Attendance will be recorded at each class session (including theory, lab and clinical sessions). Absences will be reported to the Registrar’s Office, in accordance with College policies.
- A student who is disruptive in a class may be removed from the classroom, but may not be excluded from future attendance except through the use of the student disciplinary process.
- The instructor holds the right to allow or to disallow make up for any assignments quizzes or tests that were missed due to student absence.
- Attendance in the lab at the scheduled demonstration and return demonstration times is mandatory. Quizzes may be given during this time.

**Clinical Attendance Policies.** Students who have not attended required lecture and laboratory sessions may be excluded from the clinical setting when their lack of preparation may pose a safety hazard for patients, themselves or others. Clinical absence has an impact on the student’s ability to meet the objectives of the course and to achieve a satisfactory clinical grade.

Each student is required to attend all clinical experiences for which he/she is registered. A student may not miss more than a total of two (2) clinical days in any one clinical course. In addition, the student may not be absent for more than a total of three (3) clinical days during either year of the Program. Absences in excess of two (2) days in any one course will result in a 0.0 (failure) grade for the course.

All clinical absences must be reported to the clinical instructor (or to the clinical agency, depending on the individual instructor’s policy) and to the Absence Hotline (810-232-3338) prior to the start of the scheduled shift. Failure to report the absence will be deemed an unexcused absence and will be reflected in the student’s clinical evaluation (in terms of reliability and adherence to established policy).

The first absence of the year does not require an additional (make-up) day. Any subsequent absences must be made-up. A fee will be charged for each make-up day. Clinical make-up days are scheduled by the Nursing Coordinator and may occur at the end of the semester in which the absence occurred or at the end of subsequent semesters. Clinical make-up days may be scheduled when classes are not in session and must be completed before a student graduates.

**Grading Policy**

**Grade Determination.** A theory grade of at least “2.0” is required in all nursing courses in order to progress in the nursing sequence and to graduate. Clinical and college laboratory components must be satisfactorily completed in order to pass clinical nursing courses. The student must maintain a cumulative college grade point average of 2.0 as computed by the registrar, in order to progress in the nursing program sequence.
The grading scale for the Nursing Program is by percentage as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0</td>
<td>90-100%</td>
</tr>
<tr>
<td>3.5</td>
<td>87-89%</td>
</tr>
<tr>
<td>3.0</td>
<td>85-86%</td>
</tr>
<tr>
<td>2.5</td>
<td>82-84%</td>
</tr>
<tr>
<td>*** 2.0</td>
<td>80-81% ***</td>
</tr>
<tr>
<td>1.5</td>
<td>77-79%</td>
</tr>
<tr>
<td>1.0</td>
<td>75-76%</td>
</tr>
<tr>
<td>0.0</td>
<td>&lt;75%</td>
</tr>
</tbody>
</table>

The course grade will be determined by quizzes, tests, exams, case studies and in some courses, written papers. Each instructor will provide, in writing, the criteria for grading in the course. This will be done on the first class day. Students are held accountable for the completion of all course work by deadlines set by the instructor. Reviews of quizzes/test/exams are conducted at the discretion of the instructor.

**Rounding Final Grades.** Final grades will be rounded up or down, in accordance with general rounding standards. For instance, a score of 84.59% would round up to 85%. More specifically, the tenths place will determine the final whole number percentage. Similarly, a final percentage of 84.45% remains 84%. Rounding will only take place on the final calculations of the course grade. Rounding will not be applied to individual course assignments, quizzes, exams, etc.

**Relationship of Theory, Lab, & Clinical Components.** The classroom, the clinical, and where applicable, the laboratory portion(s) together make up a single course. The student will receive a “satisfactory” or “unsatisfactory” rating in the laboratory and clinical evaluation. The student must attain a satisfactory evaluation in both the laboratory and clinical portion of the course in order to receive a theory grade in accordance with the grading scale above. If the student receives an unsatisfactory grade in the laboratory or the clinical portion(s) of the course, a failing (0.0) grade in that particular nursing course will be given, regardless of the grade earned in theory.

**Critical skills** are those that commonly reoccur in nursing activities and which are felt to be basic to good patient care. The student must demonstrate proficiency in these skills throughout the program. Specific skills will have been demonstrated to a lab instructor before applying them in the clinical area. If a student continues to have difficulty with a skill in the clinical area, he/she will be sent back to the lab to practice until the desired level of competency is attained. After the additional practice in the lab, a student may be required to participate in a critical skills challenge. The student’s instructor and one other instructor will evaluate the student on the critical skill.

**Incomplete Coursework**

A grade of "I" is used to note that the student, for good reason, has not completed course requirements. A final grade is delayed based on a written agreement between the student and the instructor. The agreement specifies what the student must do to complete course requirements and includes what grade will be given if the requirements are not completed within a specified time limit, not to exceed one calendar year. An incomplete grade will only be granted if the student is near completion of the
course and is passing the course at the time of the request. Arrangements for receiving an “I” grade must be made prior to final grades being given. (See General Academic Information, *Mott College Catalog*)

**Withdrawing from a Course**

A grade of “W” indicates official withdrawal from a course in which a student has enrolled. A student must initiate the process to withdraw by submitting a worksheet to the Registrar’s Office. Only the student may initiate a withdrawal from a course. This must be done according to the schedule outlined in the *College Catalog* and the *Schedule of Classes*. The instructor does not have the option of issuing a “W” grade for a student, under any circumstances. In the event a student does not withdraw from the course by the published College deadline, the instructor’s only option is to assign a grade for the course.

Each withdrawal from a program course will be evaluated to determine if the student had a passing course average (that is, an 80% average) at the time of the withdrawal. In the event the student’s average is below an 80%, the withdrawal will be considered a “non-passing” withdrawal and the student is subject to the program readmission policies (see the *Readmission* section of this *Handbook*) as if the student completed and failed the course.

**Financial Aid**

Students in the Nursing Program may be eligible to receive financial aid for tuition and fees. Financial aid may be in the form of grants, scholarships or loans. Rules and restrictions that apply are defined by the federal or state government or by the organization that funds the particular plan. A partial listing of scholarships for nursing students is contained in the *Appendix*.

Any student, who is receiving any type of financial aid and is considering dropping any or all classes, must officially withdraw from the classes through the Registrar’s Office. Failure to withdraw through the Registrar’s Office may jeopardize financial aid eligibility. Questions about how a withdrawal might affect financial aid eligibility should be directed to the Financial Aid Office, located in the lower level of the Prahl College Center.

**Student Identification**

A College Student identification card may be obtained at the Registrar’s Office, Prahl College Center, Lower Level. The college ID card enables the student to utilize the Nursing Learning Lab, College Library, computer labs, etc. In addition, students must be properly identified as MCC students while in the
clinical area. A College-approved ID badge is available in the Mott College Store. See Dress Code section for more information regarding appropriate identification in the clinical area.

Textbooks

A list of required textbooks may be obtained from the Division Office or from the College Bookstore. Recommended reference books are also listed. Publishers update editions of textbooks on a regular basis, so the required books may change from semester to semester. In addition, faculty members review books to ensure the most up-to-date information for classes. For these reasons, students should purchase books for the current semester only and should check with current faculty before buying books for subsequent semesters.

Health Sciences Skills Lab Complex and Learning Center

General Information. The Health Sciences Skills Lab Complex and Learning Center underwent extensive renovation and expansion in preparation for the 2006-2007 academic year. Other renovations to the simulation suite were completed during the Spring of 2013. These improvements were made to ensure that this learning center is comprised of state-of-the-art technology and is a learning environment that enhances teaching and student learning. One of the highlights of the area is a patient care suite for the sophisticated high-fidelity simulation mannequin, SimMan™ and a birthing center for the OB mannequin, as well as pediatric and infant mannequins.

The Division Learning Center. The Division Learning Center is part of the Skills Lab Complex and is located in the Curtice-Mott Complex, in the wing north of the Division office. This is a quiet learning area where media are available in several formats, including DVD and computer-assisted instruction. Media are available on a wide variety of nursing and health care subjects, such as nursing theory, anatomy and physiology, nutrition, pharmacology, math for meds, and many other topics.

In most courses, instructors will assign specific media for review. The purpose of these assignments is to supplement learning from lectures, clinical experiences, textbooks, and other assignments. At other times the student might wish to expand or clarify his/her learning. In either case, the student should set aside specific time each week to review materials in the Lab. The staff will be happy to assist the student in locating appropriate media and setting up necessary equipment. Media are available to students on a first-come first-served basis. Only faculty members may reserve media. Limited nursing journals (magazines) and reference books are available for use in the Division. They may not be checked out. Journals are also available for reference in the MCC Library, the Public Library, and Hospital Libraries. Instructors may leave printed materials on reserve for students to sign out or to review in the Lab and College Library.

Skills Laboratory. The Skills Laboratory is really the “MCC Hospital”—an area for the demonstration and practice of specific nursing skills and procedures. The area is a simulated patient care setting with nursing bedside units, mannequins, equipment, and supplies needed for nursing procedures. Class sessions from the lab component of specific courses are conducted in this area. In addition, students may use the lab practice suites to work on and review skills prior scheduled learning experiences and procedure testing. The more a student practices a skill, the more proficient he/she becomes!
Additional Information. The Skills Lab and Learning Center are open throughout the week during the Fall and Winter semesters and during the Spring term. The center is under the direction of the Health Sciences Support specialist.

The Health Sciences Support Specialist. The Health Sciences Support Specialist is available to assist students with many of their learning needs and their use of the Skills Lab and Learning Center. The Support Specialist is a Registered Nurse and may be reached at the Lab/Learning Center or by calling (810) 762-0290.

Hours. The Health Sciences Skills Laboratory and Learning Center is open from 8:00 a.m. to 5:00 p.m. Monday through Friday during the Fall and Winter semesters, as well as the Spring term. Limited hours may be available during the Summer term.

General Policies. The following are policies specific to the Skills Lab and Learning Center:
- Student identification is required to obtain media from the Learning Center,
- Equipment breakage and/or loss is the responsibility of the student,
- Food and beverages are not allowed in any of the rooms or areas of the Skills Lab and Learning Center,
- Loud noises and other disturbances are prohibited.

Selection of Nursing Courses

The Faculty and Coordinators have worked to improve and streamline the registration process for nursing courses. The primary objective is to ensure that each student is scheduled for courses that, 1) include the correct combination of lecture, laboratory and clinical sections, and 2) are selected by students in a fair and peaceful manner, without absence from classes or clinical experiences. To facilitate the process, the following guidelines have been implemented:

First Semester Clinical Course. Students admitted to the first clinical course are selected through a competitive admissions process (see the program guide for complete details).

All Other Clinical Nursing Courses. The procedure outlined below will be followed in the selection of all nursing courses, other than the first semester:
- Special meetings for course selection will be scheduled, or students will be asked to submit preferred section requests by a deadline date.
- Course section assignments will be made in an order that rotates, based on the first letter of the student’s last name. The name listed on the college computer system will be the name used. This process will ensure that each student has the opportunity to be in the first group to select sections (as well as in the last group to select).
- Random numbers will be assigned to each student within a group and students selections will proceed in order of their random numbers.
- All health information and BLS certification must be up-to-date in order for the student to be assigned to a course section for the next semester. If a deficiency is noted, the student must present a copy of a current CPR card and/or validation that all delinquent health records have been turned in to the Division office, prior to course selection. A space in the next semester will not be reserved until all information is complete and up-to-date.
The signature of a Nursing Coordinator is required to register for all nursing courses and certain support courses.

No student may change his or her schedule without obtaining a new Class Schedule Worksheet from a Nursing Coordinator.

If a student does not submit his/her schedule preference on a Student Course Section Request by the meeting or deadline date, available clinical spaces may be filled by students who are readmitting to the program.

All schedules, including clinical sites and schedules are subject to change.

Tools for Academic Success

The primary road to success in the Nursing program is up to the student. However, numerous activities have been put into place to assist students during their academic journey. These initiatives are directed at coaching, mentoring, testing and remediation throughout the entire program. The Evolve/Elsevier tools for student success and the Tutoring/Mentoring program are major tools to aid in successful academic achievement.

Evolve Learning System. The Evolve Learning System provides a comprehensive, internet-based tutorial, testing and study-strategy program that has been incorporated throughout the entire clinical portion of the curriculum, beginning in the first semester. The core products included in the Evolve Learning System are case studies, testing, tutoring, and NCLEX review courses to provide practice testing, as well as content tutorials.

Assignments in the Evolve Learning System are geared toward the specific clinical course and directed by the faculty member for the course. Some of the assignments will be required as skill-building tutorials and testing to prepare for other course exams and clinical preparation. In many courses, a designated percentage of the course grade may be dependent on completion of Evolve Learning System assignments. Other products are also available to support study activities, such as dosage calculations, pharmacology, and others.

During the last semester of the program, a live NCLEX-RN review course is added to the student’s menu of Evolve Learning System options.

Tutoring/Mentoring Program. In 2006, the Nursing program initiated a multi-faceted tutoring and mentoring program for all in-program students. The program continues this year, and may be extended beyond that time.

The primary features of the program include professional nurse tutors as clinical assistants. The “CAs” have been assigned to selected clinical courses. These experienced RNs work directly with the faculty and students to provide additional assistance in the clinical area. As a result of the entire tutoring/mentoring program, students are given an additional tool to enhance their success.
**Student Nurses Association.** The Mott Nursing program has an active chapter of the National Student Nurses Association and the Michigan Student Nurses Association. This is a student-run club, with assistance from the faculty club advisor. The primary goal of the Mott SNA is to provide support to students at all levels of the program. Some of the regular activities include monthly meetings, community service and campus-wide health events, educational opportunities, including participation in state and national conferences. Follow the Mott SNA on Facebook.

The ultimate goal is to provide students with an effective tool that will enhance other study strategies.

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**Program Completion**

**Program Exit Exam.** Students in the last semester of the Program will be required to take a program exit exam. This is a commercially prepared test\(^\text{11}\) that allows the student to engage in a self-assessment as he/she prepares for the NCLEX examination. The test is paid for at the time of registration for the semester. The test will be administered during final semester of the program. Results are immediately available to the student and are used to develop an individualized NCLEX study plan. Faculty will assist students in the development and implementation of the study plan. Students are required to achieve a benchmark score (900 or above), which is evaluated as being “above passing level” by the testing company.

- **Students scoring 900 or above:** Certification (to the Michigan Board of Nursing) will be granted immediately upon program completion for students scoring 900 or above on the **HESI E\(^2\)**
- **Students scoring below 900:** Students who fail to reach the 900 benchmark score on the first version of the **HESI E\(^2\)** will be required to complete an NCLEX-RN review course at the end of the program. Students whose score ranged 850-900 on the first version of the **HESI E\(^2\)** will be considered to have met the score requirements and certification of program completion will be sent to the Board of Nursing as soon as the NCLEX Review Course is completed. Students scoring below 850 will be required to retest on the **HESI E\(^2\)** after completion of the Review Course. At the completion of the second version of the test, a score of 850 or above will be considered an acceptable score and certification of program completion will be submitted to the Board of Nursing.

- **Students scoring below 850:** Students scoring below 850 on the second version of the exam will be required to completion an additional 30 (documented) hours of tutorials and remediation. After completion of the required remediation, a third version of the exam will be administered and certification of program completion will then be submitted to the Board of Nursing.

**NCLEX-RN Review Course.** A ‘live’ NCLEX-RN Review Course is scheduled shortly after the completion of the second year of the program. Generally, the course is offered in early January (for Fall graduates) and late June (for Spring graduates). Students who do not meet the minimum requirements on the **HESI E\(^2\)** must complete the course (or a similar one approved by the Nursing Coordinator). All MCC graduates are eligible and encouraged to take the review course offered through the program.

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\(^{11}\) At the present time, the **HESI Exit Exam (HESI E\(^2\))** is being used for this purpose. This exam is distributed by Evolve Learning System.
**Degree Audit and Graduation.** Commencement exercises for students who complete degree or certificate requirements in during semester or term are held once each year, after the close of the Winter semester. To receive a degree or certificate, a *degree audit* must be completed and the candidate must and file an *application for graduation*. A Nursing Coordinator will assist the student with this process. The application for graduation, along with a copy of the degree audit, is due to the Registrar’s Office by early March. Applications and degree audits for students completing the program in December will be submitted in November or early December of the final semester. Students completing the program at the end of the Spring term will need to complete the application/degree audit process by the March deadline. Students finishing the program in Spring may still participate in the annual graduation ceremonies (in accordance with the *College Catalog*).

**Nursing Pins and Pinning Ceremony.** About one semester before graduation, forms for ordering pins will be distributed. The Mott Nursing pin is unique for this college. They are ordered directly from a jeweler specializing in the design of professional pins. The price range is $35.00-125.00, depending on the quality of gold content selected. In the event that a pin is lost or a graduate wishes to purchase a pin at a later date, the current coordinator will send a signed form to validate the request.

Graduating students, faculty advisors, and the Special Projects Technician plan a pinning ceremony for soon after graduation from the program. The pinning ceremony is a celebration of the hard work and achievement of the graduate. The ceremony is planned and funded directly by the graduating students.

**Licensing Examination.** Upon the completion of the last semester of the nursing program (NRSG 240 and NRSG 250), the graduate is eligible to write the NCLEX-RN examination. Upon successful completion of this computerized test, the State Board of Nursing will issue a license to practice as a *registered nurse*.

Information booklets, as well as license and test applications are distributed to students during the last semester of the program. Notarized certificates of program completion are sent from the Nursing Program Director to the Michigan Board of Nursing. At the request of the student, a certificate of completion will be sent to the Board of Nursing of another state. Students are responsible to complete their own license and testing applications. *All fees related to professional licensure are the responsibility of the applicant.* At the present time, the cost of the licensure exam and the issuance of a license is approximately $260.00, plus the cost of the criminal background investigation. The Michigan Department of Licensing and Regulatory Affairs requires criminal background checks prior to licensure for health care professionals. Even though the graduate may have submitted to criminal background investigations in the past, a new one is required as part of the licensing process. Conviction of a criminal offense may render a candidate ineligible for licensure! Eligibility is determined by the Michigan Board of Nursing/Department of Licensing & Regulatory Affairs (LARA).

**Program Readmission Policy**

Students may be readmitted into the Nursing program in accordance with the policies established and accepted by the Nursing Program Faculty. The readmission policy applies to any students with a final grade of less than a 2.0 grade in any clinical nursing course, or at the time of withdrawal from a clinical nursing course. *Only one readmission into the program may be granted.* Students who fail a course due to a safety violation are not eligible for readmission. Copies of the readmission policy and application for readmission are available in the Division office and on the program website.
**Criteria for Readmission.** All applicants for readmission will be screened to determine eligibility for readmission into the Mott Community College Nursing Program. The following criteria must be met:

1. *Only one readmission into the Nursing Program is allowed.*
2. *A student failed in the clinical component of a course, due to a safety violation, is not eligible for readmission.*
3. The applicant must have an overall GPA of at least 2.0.
4. All students requesting readmission must have a written and completed remediation plan that addresses the reason(s) for non-progression in the course. It is the student’s responsibility to initiate the readmission process.
5. *Application for readmission and actual readmission to the course must be completed within two years of the first enrollment in the course.*
6. Students failing a clinical nursing course may not retake the same course immediately. The student must wait at least a half a semester before being considered for academic readmission. Students will not be permitted to take any further clinical nursing courses until they have successfully completed the failed course.
7. Student applications for readmission are evaluated by course instructors and processed by the Nursing Coordinator. Each student’s situation is considered individually, based on faculty input and student comments.
8. Readmission is not guaranteed. Even with approval to readmit, readmission is based on space availability. The initial application for readmission is date stamped upon receipt. This date is used to determine the order for readmission into clinical courses.
9. The *Readmission Application form* includes instructions to assist the student in initiating the process and completing the form. These forms are available in the Division office.

**Stop-Out Policy.** Upon occasion, it may be necessary for students to “stop-out” of the program for a limited period of time. A stop-out is a student who voluntarily delays program completion after successfully completing a clinical nursing course. To be eligible for a stop-out, the student must have successfully completed the previous clinical course of the program (students, who have not completed the previously enrolled clinical course—that is, withdrew or given an incomplete grade—are not eligible for a stop-out and must apply for readmission). At the time of return to the program, the following criteria must be met:

1. Be considered a student in “good standing”\(^{12}\).
2. Must have successfully completed all courses in which the student was enrolled or attempted.
3. Return to the program within two years.
4. Meet all program and course pre- and co-requisites in place at the time of the return.
5. Fit into the curriculum that is in place at the time of the return (this may necessitate taking additional classes that have been added to the curriculum, or otherwise changed since the time the student was last enrolled).
6. Return to the program following a stop-out must be evaluated by a program coordinator to determine eligibility. Enrollment in a clinical course is based on space availability in the following sequence:
   - Continuing students will be given first available spaces.
   - Stop-out and readmitted students will be awarded spaces that remain on a first-come, first-serve basis.

\(^{12}\) A student in good standing is one who successfully completed the previously enrolled clinical course, and who did not fail, withdraw from, or receive an incomplete grade in the last course to which he was enrolled, and maintained a minimum cumulative GPA of 2.0 or higher.
Clinical Policies & Procedures

Physical Examination and Health Records

Contracts between Mott Community College and the affiliating clinical agencies require that students entering the clinical area be in good health and free of communicable diseases. A physical examination must be completed by a health care provider and reviewed by the Allied Health Coordinator prior to the start of the clinical experience. In addition, documentation of an annual TB skin test must be on file prior to the first clinical assignment day of the semester. The initial TB skin test (on admission into the program) must be a 2-step test completed within the last six months prior to the start of the clinical experience. The traditional single-step TB test is required annually thereafter. TB skin testing is available through Health Services.

It is the student’s responsibility to submit a complete documentation of a recent physical exam (no older than 6 months) taken at his/her own expense. The form is available in the Division of Health Sciences office and must be turned in along with other required health information at Health Sciences Division office in CM 2313 on or before August 1st for the Fall semester or December 1st for the Winter Semester. If either the physical exam or the TB skin test is incomplete, the student will be dropped from the clinical rotation.

Any change in a student’s health status must be reported to a Program Coordinator immediately. If the student has required any type of hospitalization or out-patient treatment or surgery while in a clinical rotation, the student’s health care provider must provide written release for the student to return to the clinical area, without any physical restrictions or limitations. Restrictions and physical limitations cannot be accommodated in the clinical area. Examples of limitations include lifting (weight load) restrictions, limited assignments, restricted work hours, etc. The written release from the health care provider must be submitted before the student can return to the clinical area.

In addition to illness, any student who is or becomes pregnant while in a clinical rotation must provide the written release from the attending health care provider allowing the student to participate in clinical activities and assignments without physical limitations or restrictions.

Agencies used for clinical experiences are health care providers, but they do not provide free medical care to students. This also applies in the case of illness or injury that occurs in the clinical area. Students are responsible for the cost of their own health care. Individual student health insurance is not covered through any student tuition or fees.

CPR and Emergency Cardiac Care Certification

All health care professionals bear a responsibility to be prepared to render emergency resuscitative care to patients, in any setting. As such, contracts between Mott Community College and the affiliated clinical agencies state that students entering the facility must have satisfactorily completed basic life support (BLS) certification through an approved provider. Acceptable certification is available through basic and recertification courses from Mott College, the American Red Cross or the American Heart Association. The certification must be geared toward the professional health care provider and include

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13 Individuals who have had a positive TB Skin Test in the past must present documentation of a negative chest x-ray and complete an annual questionnaire. Note: the chest x-ray does not replace the requirement for skin testing for students who do not have a documented positive skin test.
one-person, two-person, adult, child, and infant and use of the automatic external defibrillator (AED). The entire course must be a ‘live’ course. Online or partly online BLS courses are not accepted.

A copy of both sides of a current card must be on file in the Division of Health Sciences office before the student will be allowed to enter the clinical setting. Students are responsible for taking an initial course and for maintaining appropriate certification. Students entering the program for the first time must submit documentation by the established deadline date (see the Registration section for dates). Similarly, continuing students must provide documentation of recertification.

Students who fail to provide documentation of current BLS Certification, TB Skin Testing and Physical Exam will be withheld from clinical sessions.

Clinical Site Orientation

Each clinical setting is unique and has policies, procedures and practices that are specific to that agency, as well as to individual areas within the agency. To ensure that each student is ready to function within the agency, the clinical instructor will orient students to the specific agency on the first clinical day of each course. Orientation includes, but is not limited to emergency and safety policies, parking, clinical documentation procedures, policies and requirements specific to the particular facility, nursing unit, course, instructor, etc. Additional orientation sessions, or other preparatory training, may be required by the clinical agency and arrangements will be made for student attendance at these sessions.

Because of the detail and significance of the information presented during orientation, attendance on the first day of each clinical rotation is crucial. The instructor and/or the facility may deny the student to continue in the clinical rotation if the student fails to receive this initial orientation.

In certain situations, keys and/or agency-specific ID badges may be issued to students. If this is the case, the appropriate item will be distributed during the initial clinical orientation, and will be collected at the end of the semester (if a student withdraws from a clinical section prior to the end of the semester, the appropriate items must be returned at the time of the withdrawal). A deposit may be required by the agency for keys and/or badges, and also for vehicle parking.

Training on Electronic Health Records Systems. Each of the hospitals utilized for clinical placements have electronic health records (EHR) systems that require varying levels of training. This training is scheduled prior to the clinical rotation, many times during periods the College is not in session (i.e. over breaks during the Summer or between the Fall and Winter semesters). Attendance at the required training is mandatory. Students will be advised of individual computer training needs and the appropriate training schedule. In some cases the training occurs at the clinical site. Students must adhere to appropriate dress when attending sessions at the clinical site. Dress includes business casual attire (no jeans, cutoffs, tight shirts, sweatshirts, etc.). Civility rules apply at this training.

Failure to attend the scheduled EHR training session will prohibit the student from entering the clinical rotation and thereby delay program completion and graduation.
Instructor Guidance in the Clinical Area

A faculty member must be present at the clinical site at any time contact is made with the patient or any type of patient care is given. Students may not have any type of interaction with the patient when the instructor is not on site. In the event the instructor does not arrive at the clinical agency at the specified arrival time, students may not provide care to patients and must wait in a non-patient care area (nurses’ lounge, waiting room, cafeteria, or other designated site) until the instructor arrives. If the instructor does not arrive, or contact students, within fifteen (15) minutes of the scheduled shift start time, students should attempt to reach the instructor by designated means. If unable to reach the instructor, and the instructor does not report to the clinical area within sixty (60) minutes of the scheduled start time, students should contact the Division office or other provided contact for further direction. In no event will students provide care to patients in the absence of the instructor, except as designated below.

Written Clinical Assignments

Clinical Focus. A clinical focus is a tool used to prepare for the clinical experience and must be completed for each patient prior to the clinical experience. The clinical focus assignment may need to be completed the night prior to the scheduled clinical shift. During some rotations, preparation is completed just prior to the start of the shift. The purpose of this assignment is to assist the student prepare to give safe, complete nursing care to assigned patients. Completion of the clinical focus will also assist the student to integrate classroom instruction with clinical practice. Students who are not prepared to render care to the patient may be dismissed from the clinical experience.

Concept Maps. Concept mapping (or mind mapping) offers students a useful tool to assist in concept mastery and critical analysis of vast amounts of information. Instructors may assign concept mapping as an alternative means to prepare for the clinical experience.

Be Prepared!

Complete a clinical focus or concept map for all assigned patients. Failure to be prepared may result in removal from the clinical experience for the day—an unexcused absence that must be made-up!

Patient Health Assessments and Nursing Care Plans. Clinical assignments each semester will require the completion of patient health assessments and nursing care plans. The nursing care plan is developed, based on problems on identified during the completion of an assessment of the patient’s health history. A Nursing Care Plan Guide is included in the Appendix. This guide is used as a checklist.

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14 The only exception is when students are assigned to selected rotations, such as the surgical area, critical care areas, community or outpatient settings, or other sites assigned by the instructor and under the supervision of a staff RN from the clinical site. These assignments are part of the clinical experience and are at the direction of the clinical instructor.
for preparation of the care plan. It outlines the information needed for the plan and ensures that the steps of the nursing process are followed. Nursing Care Plan forms are available for purchase in the Mott College Store. All clinical forms may be accessed on the Health Sciences Website at www.mcc.edu/3_academics/nursing_forms.shtml.

Medication Administration Policy

Medication errors have become an increasing problem in the health care arena, including hospital and long-term care settings. It is estimated that medication errors (also known as “adverse drug events”) increase hospital costs by an average of almost $3000 per day and prolong the length of stay for patients by about two days. Complications of medication errors range from mild discomfort to death. Medication errors are the 8th leading cause of death in the US.

(Source: Spalding, Katrina; “Medication Errors Become Problematic;” http://findarticles.com/p/articles/mi_qa3928/is_200607/ai_n17178598/?tag=rbxcra.2.a.33)

Because of the potential for patient injury, all students must be closely supervised while administering all medications to patients in the clinical area. This policy applies to students at all levels of the program. In most cases, the clinical instructor (or clinical assistant) is the individual who directly supervises medications administered by the student. In some cases, an RN from the clinical agency may supervise the student. Specific aspects of the MCC Medication Administration policy include:

- The clinical instructor will evaluate students in all aspects of clinical performance, including medication administration. It is up to the instructor to determine if a clinical assistant or staff RN may supervise medication administration with a particular student. The student must not administer medications with any other individual without the authorization of the clinical instructor.
- All medications prepared by the student must be kept in the original packaging until the medication is verified by the instructor (or clinical assistant or staff RN) against the order written on the medication administration record or other document used in the clinical agency. This must be done prior to administration of the medications.
- The instructor (or clinical assistant or staff RN) will accompany the student to the patient’s bedside and watch the student as the student completes the procedure. The student cannot begin the process of medication administration until the instructor (or clinical assistant or staff RN) is present at the patient’s bedside and can provide direct, visual observation of the procedure.
- The instructor will determine when the student may administer IV medications. Once assigned to this task, the students may administer IV medications, but only under the direct, visual observation of the clinical instructor (or clinical assistant or staff RN).
Clinical Evaluation

Student performance in the clinical area is evaluated after the completion of each course by the appropriate clinical faculty member(s). The evaluation categories are leveled according to the semester content and the clinical expectations. Students must achieve an 80% overall average on the evaluation, as well as a 100% satisfactory evaluation in all critical component items.

Dress Code for Students in the Clinical Area

The faculty has carefully designed the dress code for students in the Nursing Program at Mott. Factors that have contributed to the dress policy include a standard for professionalism and the requirements of the various clinical sites. Research has shown that impressions that last a lifetime are made within the first minutes of an interaction with any person.

Basic Uniform

General Attire (All Students). The uniform must meet the following guidelines:

- Pants – black scrub pant with straight legs (no ankle cuffs, no cargo pants)
- Top – white uniform top; must cover the student’s derriere (widest part of the rear end)
- White warm-up jacket may be worn over uniform (sweaters may not be worn); lab coats must follow specific guidelines listed below
- White or black, plain (solid, no insignia, color, or design) t-shirt may be worn under the white top
- White or black stockings (or hose) are to be worn
- All white or black leather nursing shoes with enclosed heel and toe
- Underwear must be white, or appropriate flesh tone (colors such as red, green, blue, navy, etc. are not permitted)

General Attire for Women. Additional guidelines apply to women:

- White dress uniform (mid-knee length) is optional
- White hose must be worn with dress uniform; stockings and/or anklets may not be worn with a dress uniform.

The instructor has the right to dismiss a student from the clinical area for violation of the dress code. This is an unexcused absence.
Uniform Accessories & Other Guidelines

**Nursing Patch.** The Nursing Program patch must be sewn on the left upper sleeve of each uniform and lab coat worn in the clinical area. Patches may be purchased at the Mott College Store.

**Name Badge.** A name badge stating the student’s first and last names, or first initial and last name, as well as the initials MCCSN (identifying the student as a “MCC Student Nurse”) must be worn at all times in the clinical area. The name badge should be placed on the left upper chest portion of the uniform. Badges may be purchased at the Mott College Store. Additional badges may be required by the clinical agency. *All students must wear the appropriate name badge.*

**Lab Coats.** Lab coats, if worn, must be white, full, 3/4 or jacket length, and only worn in the clinical or simulation areas. Lab coats should be worn over professional street clothes only—not over uniforms.

**Pockets.** Pockets on uniforms should contain only the necessary items: two black ball-point pens, bandage scissors, penlight, 6 inch metric ruler, and small pad of paper.

**Jewelry.** Jewelry worn in the clinical area must be conservative. Acceptable items of jewelry include a watch with a second hand, engagement and/or wedding rings, small post earrings *(no wires or hoop earrings).* *Multiple earrings and other visible body piercing are not allowed (including nose, tongue or other similar facial piercing). Neck chains may not be worn.*

**Personal Belongings and Valuables.** Students should bring only those items necessary for the care of patients to the clinical area. Space at the clinical site is limited and cannot accommodate back packs or book bags, purses, and similar items. In addition, valuables cannot be secured and should not be brought to the clinical site.

**Hygiene.** Offensive body odor will not be tolerated in the clinical areas. Perfumes, colognes, or scented hairsprays are not allowed. Uniforms must not smell of cigarette smoke. Hair must be clean and worn neatly (secured off the face and off the shoulders, if below collar length). No ribbons, bows, or decorative barrettes allowed. Beards and mustaches must be neatly trimmed. Good oral hygiene is mandatory. Gum must not be chewed in the clinical areas.

**Fingernails.** Fingernails are to be clean and short. Nail polish may not be worn. For infection control purposes, nail polish (including shellac and gels), artificial nails, nail wraps and nail tips are not allowed.

**Tattoos.** Tattoos must be covered. Visible tattoos are not permitted.

**Miscellaneous.** Other guidelines related to proper clinical attire include:

- Student uniforms and lab coats are worn only in the clinical areas, not on campus (exception: uniforms are required on days assigned for simulation experiences). Patient care areas are more likely to harbor harmful organisms and student should not risk being carriers.
- A lab coat or jacket must be worn when not in uniform, during visits to clinical areas. No lab coat is to be worn over a uniform.
• Non-uniform attire (during visits to clinical area or for specific clinical experiences) must be professional business dress (not sporty or casual); business attire must be covered by a lab coat.
• Blue jeans, sweats, cut-offs, shorts, leggings, stretch pants, and/or T-shirts may not be worn under a lab coat in the clinical areas.
• Uniforms made of T-shirt material are not acceptable.
• Shoes must be solid white or black leather without color trim or piping on the shoes or laces. Shoes must include enclosed toes and heels. Clogs are not permitted.
• Alternate uniforms may be worn at different agencies. Students will be informed by the instructor during orientation to the agency.
• White uniforms, which become yellowed or grayed through routine, wear and washing, should be replaced. Frequent washing in non-chlorine bleach is recommended.
• Undershirts must not bear any advertisement or other symbols.
• From time-to-time, uniforms may be donated for student use. Inquiries should be directed to a Nursing Program Coordinator.

<table>
<thead>
<tr>
<th>Approximate Clinical Uniform Costs</th>
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<tbody>
<tr>
<td>The following is a suggested list and estimated cost for the clinical uniform:</td>
</tr>
<tr>
<td>1-2 Uniforms ($64.00 each)</td>
</tr>
<tr>
<td>1 Pr. White Nursing Shoes</td>
</tr>
<tr>
<td>1 Lab Coat</td>
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<tr>
<td>1 Watch with Second Hand</td>
</tr>
<tr>
<td>1 Stethoscope</td>
</tr>
<tr>
<td>1 Bandage Scissors</td>
</tr>
<tr>
<td>2-3 Nursing Patches ($3 each)</td>
</tr>
<tr>
<td>1 Name Badge</td>
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<tr>
<td>Hose &amp; Socks</td>
</tr>
</tbody>
</table>

**Approximate Cost** $300.00

**Student Liability Protection**

Students are not required to carry individual liability insurance—limited coverage is provided under the College’s liability insurance program. *Coverage is provided only with appropriate registration in clinical courses.* Students who fail to register for courses are not covered for liability. In order provide adequate protection against liability claims, however, students may elect to carry an additional individual liability policy. Information is available in the Division office.
Safe Clinical Performance

Students practicing in the clinical area render nursing care to patients who are vulnerable and, at times, unable to look out for themselves. It is the responsibility of each faculty member and student to ensure that the safety and security of the patient is maintained. Students who have not adequately prepared for each clinical experience in advance may jeopardize the safety of the patient. Because of the serious nature of patient safety, the Nursing Program faculty has developed a Statement on Safe Clinical Practice. Safety in the clinical area is a critical element of each semester and any student who receives an unsatisfactory final evaluation the clinical area due to a safety violation is ineligible to readmit to the Nursing Program. A copy of the Statement on Safe Clinical Practice is contained in the Appendix.

Miscellaneous Information

Appropriate Attire on Campus. Considerable attention has been given to the clinical dress code for students. However, presenting a professional appearance goes beyond the clinical area. Here are some guidelines for students in the classroom and other places where students are representing the Mott Nursing program.

Conservative attire in the classroom and lab areas
- Neat, clean, and well-groomed attire is appropriate to the on-campus environment
- Short-shorts, tight, low-cut shirts, other casual attire is inappropriate
- Excessively tight shirts or pants are inappropriate
- Low-slung, baggy pants are inappropriate
- Exposed undergarments are inappropriate
- Students will be given specific information regarding attire for simulation

Business attire in the clinical area for non-clinical reasons
- Business casual attire or full student uniform, including student ID badge is appropriate when picking up clinical assignments or attending computer classes (ID badge is required, not optional)
- Neat, clean, and well-groomed attire is appropriate
- Jeans, shorts, tight shirts, other sporty casual attire is not appropriate
- Low-slung, baggy pants are inappropriate
- Exposed undergarments are inappropriate

Smoking. In today’s world, the hazards of smoking (and second-hand smoke) are well known, so they will not be repeated here. But, as students begin the Nursing program, they need to consider options to quit smoking, or assist family members to quit. Like each of the clinical facilities, the Mott campus is a smoke-free environment. The use of e-Cigarettes at the clinical site is also prohibited. In addition, many employers require nicotine testing (as well as other drug testing) prior to employment. An applicant for employment may be declined a position if he/she tests positive for nicotine. Here are some smoking cessation programs and resources available to the public, both online and in person.

Michigan Smoker’s Quit Kit (http://nwhealth.org/pubs/MDCHQuitKit.pdf) – The Smoker’s Quit Kit is a resource published through the Michigan Department of Community Health. The purpose of the Smoker’s Quit Kit is to help prepare the individual to quit successfully.
American Lung Association of Michigan (www.ALAM.org) – Visit the ALAM for more information, including Freedom from Smoking, an online smoking cessation program.

American Cancer Society Hotline (800-227-2345)

American Heart Association (www.americanheart.org; 800-242-8721)

800-Quit-Now (800-084-8669) – National program sponsored by Smoking Cessation Leadership Center, an office of the Robert Wood Johnson Foundation

800-480-Quit (800-480-7848) – Sponsored by the State of Michigan and free to all Michigan residents.

Michigan Tobacco Quit Line (888-762-8675)

Stop Smoking Support Group – Genesys-Hurley Cancer Institute (888-66-START; 800-667-8278)

Freedom from Smoking Community Cessation Program – Hurley Medical Center (www.hurleymc.com)

Smoking Cessation Support Group – McLaren Flint Region (www.mclaren.org)

Great Start/Quit Line for Expectant Mothers (800-358-9295)

Quit Net (www.quitnet.com) – Provides information and support chat rooms

Nicotine Anonymous (www.nicotine-anonymous.org)
Part IV
Organization & Administration
Lessons From The Geese

Geese flying in a V-formation have always been a welcome sign of spring as well as a sign that heralds the coming of winter. Not only is this a marvelous sight, but there are some remarkable lessons that we can learn from the flight of the geese, because all that they do has significance.

1. As each goose flaps its wings, it creates an uplift for others behind it. There is a 71 percent more range in a V-formation than in flying alone.

   **Lesson:** People who share a common direction and sense of purpose can get there more quickly.

2. Whenever a goose flies out of formation, it feels drag and tries to get back into position.

   **Lesson:** It’s harder to do something alone than together.

3. When the lead goose gets tired, it rotates back into formation and another goose flies at the head.

   **Lesson:** Shared leadership and interdependence gives us each a chance to lead as well as an opportunity to rest.

4. The geese flying in the rear of the formation honk to encourage those up front to keep their speed.

   **Lesson:** Encouragement is motivating. We need to make sure our “honking” is encouraging – and not discouraging.

5. When a goose gets sick or wounded and falls, two geese fall out and stay with it until it revives or dies. Then they can catch up or join another flock.

   **Lesson:** We may all need help from time to time. We should stand by our colleagues in difficult times.

   Angeles Arrien
Administration, Faculty & Staff

Division Leadership & Coordination

Dean; Division of Health Sciences

Rebecca Myszenski, PT, DPT
Telephone - (810) 232-6592
Email: rebecca.myszenski@mcc.edu

The Dean reports to the Academic Vice-President in a staff relationship and is responsible for: assisting in the preparation of the fiscal affairs and related administration, evaluating full and part-time faculty, participating in College-wide activities at the direction of the Academic Vice-President, and supervision of division clerical staff.

Nursing Program Coordinators

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Deborah Ocedek, RN, MSN
Coordinator
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The Coordinators are full-time faculty members designated to serve as a leader for the program. He/she coordinates instructional activities under the general supervision of the Dean.

Advisor; Health Sciences

Telephone: (810)762-0331

Advisors provide pre-program and transfer advising to students. Specific questions related to program eligibility requirements and transfer to other colleges and universities should be directed to a Health Sciences Advisor.
## Faculty & Staff

### Full-Time Nursing Faculty

<table>
<thead>
<tr>
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- Lisa Tedrow, RN, MSN
- Beth Thompson, RN, MSN
- Sharee Tolbert, RN, MSN
- Patricia Ward, RN, MSN
- Sharon West, RN, MSN
## Division Office Staff

<table>
<thead>
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<th>Name &amp; Title</th>
<th>Office Location</th>
<th>Office Phone</th>
<th>eMail Address</th>
</tr>
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<tbody>
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Part V
Appendix
Appendix A: Patient Privacy and Confidentiality

Overview of HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) became effective on April 14, 2003. The first-ever federal privacy standards to protect patients’ medical records and other health information were established through HIPAA. These new standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed.¹⁵

The regulations imposed by HIPAA protect medical records and other individually identifiable health information, whether it is on paper, in computers or communicated orally. Under HIPAA, protected health information (PHI) is any information that may specifically identify an individual, as well as identify the (past, present or future) physical or mental health or condition of the individual, the provision of health care to the individual and/or the payment for the provision of health care to an individual. According to HIPAA regulations, elements of personal health information that might identify an individual include:

- Name
- Address
- Employer
- Names of relatives
- Date of birth
- Telephone, fax numbers or email addresses
- Social Security Number
- Medical Record Number
- Voiceprint, fingerprint, photograph
- Any other characteristic, such as occupation, which may identify the individual—essentially anything that can be used to identify a patient

In accordance with the regulations, patients also have rights concerning personal health information:

- **Right To Notice Of Privacy Practices**: Patients must be given a copy of the health care provider or clinical agency’s Notice of Privacy Practices. The notice may also be posted around the clinical agency in a variety of locations, such as patient service areas and on the agency website. The Notice of Privacy Practice advises patients regarding how the health care provider may use personal medical information and patient rights under the new privacy regulation. Patients may also restrict the use or disclosure of information.
- **Right To Access PHI**: Patients may inspect and receive a copy of the protected health information that is kept by the health care provider or clinical agency, subject to certain limitations. Generally a request to access PHI must be made in writing.
- **Right To Request Amendment To PHI**: Patients may request an amendment to PHI. Again, requests must be made in writing and may be denied under certain circumstances.
- **Right To Request Alternative Means Of Communicating PHI**: Patients may ask the health care provider or clinical agency to communicate their PHI by alternative means (such as by fax) or to an alternative location (such as a business address).

• **Right To Request Restrictions On PHI:** The patient might request restrictions on how the healthcare provider or clinical agency uses or discloses PHI.

• **Right To An Accounting:** Patients who request it must be given an accounting of certain disclosures of their PHI made by the healthcare provider or business associates. An accounting is not required for disclosures made for treatment, payment or healthcare operations and disclosure authorized by the patient.

• **Right To Complain About Privacy Practices:** Patients may make complaints about the healthcare provider or clinical agency’s privacy practices to the agency and to the Secretary of the US Department of Health and Human Services.

The HIPAA privacy rule sets limits on how a healthcare provider or clinical agency may use individually identifiable health information. To promote the best quality care for patients, the rule does not restrict the ability of doctors, nurses and other health providers to share information needed to treat and care for patients. However, the privacy rule does require a healthcare provider or clinical agency to make reasonable efforts to limit the use and disclosure of PHI. In some situations, information may not be necessary for purposes directly related to the care of the patient. Efforts must be made to use or share only the minimum amount of protected information needed for a particular purpose. Determining the minimum amount of information necessary is a balancing act that can be aided by asking, “Do I need this information to do my job?” Any information not needed in order to do one’s job, or to provide care to the patient is restricted and confidential information that cannot be shared or disclosed.

**Ways to Protect Patient Privacy**

Remember, ensuring patient privacy does not have to be a difficult task—it only requires some reasonable steps and the use of common sense to maintain confidentiality:

• Close patient room doors when discussing treatments and administering procedures.

• Close curtains and speak softly in semi-private rooms when discussing treatments and administering procedures.

• Avoid discussions about patients in elevators, the cafeteria, nurse’s stations or any other public area.

• Do not leave messages regarding patient conditions, procedures, test results, etc. on answering machines or to any unknown/unauthorized individuals.

• Do not release any patient-related information to any unauthorized person or agency.

• Do not print (or copy via a fax machine or any other device) any portion of the patient’s medical record unless specifically directed to do so by the clinical instructor and necessary for the care of the patient at the clinical facility. This includes, but is not limited to the history/physical, lab work, medication administration record or any other document.

• Do not leave PHI unattended, in an area where others can access it.

• Return patient paper information to the appropriate place when no longer needed for immediate use. Discard used or unneeded paper information in a designated area, such as a shredding wastebasket.

• Close out or log off computers when you are finished.

• Make sure the computer screen is clear of patient information when unattended. Close out the patient’s file when not in use.

• Do not enter any patient identification information on clinical assignments, including assessments, care plans or clinical focus assignments.
• Maintain confidentiality of all patient medical records and any other related patient information (including the name of the patient, his/her presence at the facility, treatment plan and/or results of treatment or care).
• Treat all patient health care information as private and confidential.
• Report any known breaches of the privacy rules to the clinical instructor and/or to an agency supervisor.

Implications of Noncompliance with Privacy Rules

The rules imposed under HIPAA have major implications for health care providers, including students in health care programs. Students are held to the same standards that govern employees of the health care provider or clinical agency. There are potential consequences and repercussions for noncompliance with the law and the Nursing Program policy related to patient privacy and confidentiality. Violation of the Nursing Program confidentiality policy is considered a patient safety violation and may result in a clinical failure. Students who fail in the clinical area due to a safety violation are not eligible for readmission to the program. In addition, Congress provided civil and criminal penalties for the misuse of personal health information. For civil violations, the Office of Civil Rights (OCR) may impose monetary penalties ranging from $100-25,000. Criminal penalties apply for certain actions such as knowingly obtaining protected health information in violation of the law. Criminal penalties can range up to $50,000-250,000 and/or 1-10 year prison sentences.

In general, it is important to remember that each of us wants to have control over our personal lives and to limit those who have access to our personal information. Patients have the same needs! Remember—privacy and confidentiality is a right—not a privilege!
Appendix B: Contract for Educational Civility

Faculty Commitment

We as faculty

• Strive to act in a civil manner at all times toward students, including not embarrassing or demeaning students.
• Believe that civil instructor behavior includes being on time for class, being prepared, and setting realistic goals.
• Will communicate expected behavior to students.
• Are sensitive to the fact that increased levels of stress brought on by a rigorous curriculum may manifest itself in rude behavior by students.
  Faculty will not tolerate rude behavior but will target the problem especially if a pattern emerges and react in order not to compound it.
• Will strive to maintain office hours and give students undivided attention during those office hours.
• Realize that incivility in the classroom takes an emotional, educational, and economic toll on learners and instructors alike.
• Will uphold civil behavior in the learning environment and deal with uncivil behavior to the full extent that MCC policy allows.

Approved by Mott Community College Health Sciences Faculty April, 2007

Ci·vil·i·ty: Courtesy, politeness, a polite action or expression


Student Commitment

As a student

• I realize that uncivil behavior as described in the Mott Community College Student Code of Conduct is disruptive to the learning process.
• I realize that Higher Education is difficult and challenging and that learning is a social activity. Much emphasis in this division is placed on team work, active participation and sharing of ideas.
• I realize that attendance in class is highly encouraged. I have read the syllabus for each course and realize that if I am prepared for class and participate I will experience greater success.
• I will be prompt and regular in attending classes. If I am late I will adhere to the instructor policy regarding the time that I will be allowed to enter the classroom.
• I will turn my cell phone or other device off when I enter the classroom in order to allow myself, other students and the instructor to concentrate on the learning environment.
• I will be well prepared for classes, submit required assignments and take exams when scheduled.
• I will communicate any problems I experience with curriculum or the learning environment to my instructor in a timely manner. If not remedied, I will proceed with regard to an instructor or fellow student as outlined by college policy.
• I will meet course and behavior standards as defined by the instructor.
• I will make and keep appointments when necessary.
• I realize that incivility in the classroom takes an emotional, educational, and economic toll on learners and instructors alike.
• I will respect my fellow classmates, Mott Community College faculty and staff, and the personnel and policy of any clinical facility where I am a guest by avoiding unprofessional, rude, or offensive behavior.
• I realize that conversing with another student during lecture is disruptive to the classroom environment and to learning and will refrain from doing so.
• I will demonstrate ethical, civil and professional behavior in all aspects of my courses and realize that this behavior will be evaluated on college as well as clinical site property.
• I realize that the instructor must maintain control of the classroom at all times and that unprofessional behavior as defined by my instructor will not be ignored.
• I realize that course communications may occur by e-mail and/or blackboard and that I will be expected to keep current on announcements and assignments.
• I realize that in addition to the learning of theoretical concepts, development of professional behaviors is a key component in this program. Academic integrity and professional conduct are expected of all students.

_____________________________  ______________________
Student Signature               Date

_____________________________
Student Name (Print)
Appendix C: Nursing Academic Integrity

Guiding principles of the PN/ADN Nursing Program at Mott Community College are based on the American Nurses Association Code of Ethics for Nurses. The ANA holds that “ethics is an integral part of the foundation of nursing” (ANA, 2001). In addition, the National Student Nurses Association has developed a similar Code of Professional Conduct (http://www.nsna.org/Publications/ProfessionalConduct.aspx) to direct its members. Students enrolled in the Nursing Program are expected to conduct themselves in a manner that upholds the values of the profession, and of the College. As aspiring members of the profession of nursing, students are accountable for professional standards in the practice of nursing.

“Ethics is an integral part of the foundation of nursing. Nursing has a distinguished history of concern for the welfare of the sick, injured, vulnerable and for social justice. This concern is embodied in the provision of care to individuals and the community. Nursing encompasses the prevention of illness, the alleviation of suffering, and the protection, promotion, and restoration of health in the care of individuals, families, groups, and communities...Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession, but also to embrace them as part of what it means to be a nurse.”


Closely related to professional ethics are the concepts of integrity, responsibility, accountability for one’s actions, and respect for the profession. Patients entrust their care and well-being to the nurse, and that trust is not given lightly. Even the most independent patient is vulnerable when in an unfamiliar setting such as the health care environment. The nurse recognizes that his/her first obligation is to the patient’s welfare, and all other needs and duties are secondary. Students in the Nursing profession are regarded as respected junior members of the profession, and are held to the same standards as the practicing nurse. The policy on Nursing Academic Integrity is one overarching standard for the student nurse at Mott Community College.

The Nursing Program policy related to Nursing Academic Integrity is congruent with the Mott Community College Student Code of Conduct and statement on Academic Integrity. The Nursing Academic Integrity policy applies to all students enrolled in the PN/ADN Nursing Program and includes all programs, classes, activities, and events affiliated with the program. All components of a course (theory, lab, and clinical) fall under the auspices of the policy. Any student who violates the MCC Student Code of Conduct, or the Nursing Program policy on Nursing Academic Integrity, is subject to disciplinary action consistent with the violation.

Policy Statement

All students enrolled in the Nursing program at Mott Community College are expected to exhibit behaviors appropriate to the profession of nursing. Furthermore, each student will “demonstrate the highest standards of academic honesty; produce work that is wholly one’s own, whether it is in the form of taking a test, writing an essay or report, conducting an experiment, or completing an assignment” (MCC Policy on Academic Integrity). Students must assume personal responsibility for the tenets of this policy.

Student Responsibilities

Adherence to the policy related to Academic Integrity is an expectation of all students enrolled in the program. The Nursing student will strive to act in a professional, ethical, and responsible manner in accordance with the Code of Ethics for Nurses, the policies and procedures of the College, and the Nursing program policies related to ethics and academic integrity. The student is responsible to:

1. Read the College Student Code of Conduct and the Nursing Academic Integrity policies and be accountable for the contents.
2. Be responsible for his/her own learning and clinical practice; honor other students’ rights to learn.
3. Provide safe, competent care, seeking assistance from a nursing professional (i.e. faculty member, clinical assistant, or agency staff nurse) when personal knowledge or skill is not adequate.
4. Act in a manner that contributes to the development and maintenance of the integrity of the College and the Nursing program.
5. Refrain from the unauthorized use or possession of school or clinical setting’s equipment, patient belongings, or any items intended for patient use.
6. Refrain from the unauthorized use of educational materials, tests, test banks, instructor resources, or other materials.

Investigation of Policy Violations

Any person may bring a complaint against a student under the Student Code of Conduct policy and procedure of the College. The following constitutes the process for investigation and action on policy violations:

Preliminary Investigation (Nursing Program process): The faculty member, program coordinator, and/or dean will begin an investigation of the complaint/allegation of violation of the Nursing program policy.

Formal Investigation: The allegation will be referred to the Registrar’s Office for further investigation and action. The Registrar, or designee, within 20 working days of the complaint, will gather relevant evidence to determine whether there is a reasonable basis for believing that the Student Code of Conduct has been violated. In the event the Registrar or designee determines that evidence shows there is a reasonable basis for believing a violation did occur, a pre-hearing conference will be scheduled.

Charge Procedure: If it is determined that there is reasonable basis for believing that a violation of the College Student Code of Conduct or Nursing Academic Integrity policy has occurred, formal charges will be brought. The College’s procedure will be followed, including conduction of a pre-hearing conference and a formal hearing of the allegations.

Hearing Procedure: A formal hearing may be scheduled by the Registrar, if the complaint is not settled at an earlier step in the process. Members of a Judicial Board will render recommendations based on events of the hearing.
Sanctions: Disciplinary action will be taken, based on the outcome of the investigation, pre-hearing conference, or hearing activities. The primary purpose for the imposition of discipline is to protect and preserve the campus community. Reasonable efforts will be made to foster the personal and social development of students who are held accountable for violations of the College’s or the Nursing Academic Integrity policies. No recommendation for the imposition of sanctions may be based solely on the accused student’s failure to answer charges or failure to appear at the hearing. Sanctions may be imposed singly, or in combination, when it has been determined that the student has violated the Academic Integrity policies.

Appeal Process: The student cited in a complaint of violation of the Student Code of Conduct (including Nursing Academic Integrity policy) may appeal the decision of the Hearing Officer or Judicial Board to the Dean of Student Services. All timelines outlined in the Student Code of Conduct will be followed throughout the process.

Violations of Academic Integrity

The following behaviors are examples of violations of the Nursing Academic Integrity policy. Other behaviors, not listed here, may also constitute violations of the policy.

- Cheating
- Forgery, fabrication or falsification of information or data
- Facilitating academic dishonesty
- Plagiarism
- Denying others access to information or materials
- Improper use of electronic devices for or during examinations or other assessment session (i.e. cell phone, PDA, calculators, etc.)
- Misrepresentation of academic records or credentials
- Violation of computer use policies
- Violation of patient privacy and confidentiality rules
- Unauthorized collaboration on assignments
- Unauthorized use of course materials, including instructor notes, test banks, written assignments, other documents
- Falsification of patient records or fabrication of nursing care for a patient
- Failure to report omission or error in patient care, including treatments or medication administration
- Improper use of the internet
- Obstruction of the investigation of a possible violation of this policy

Possible Sanctions for Policy Violation

Possible sanctions for violations of disciplinary regulations consist of:

- Warning
- Censure

See the attached listing for definitions and examples of these behaviors.
- Disciplinary Probation
- Restitution
- Interim Suspension or Suspension
- Disciplinary Dismissal
- Other Sanctions
- Exclusion from College facilities or activities

Adopted:
Nursing Program
December 3, 2012
Definitions – Violations of Policy

Cheating: (1) Use of any unauthorized assistance in taking quizzes, tests, or examinations; (2) dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments; (3) acquisition, without permission, of tests or other academic material belonging to a member of the college faculty or staff; (4) using or attempts to use unauthorized notes, study aids, technology, information from another person; (5) unauthorized altering of a graded work after it has been returned; (6) allowing another person to do all or part of one’s work and to submit the work under one’s own name; (7) consultation of unauthorized persons or materials while being excused (i.e. while on bathroom break) from an examination room; (8) copying answers from another student or allowing another student to copy answers; (9) obtaining examination or answers to an exam prior to its administration; (10) unauthorized discussion of an exam’s content; (11) studying from an old exam without the instructor’s authorization; (12) acting as a substitute for another or utilizing another as a substitute during an academic evaluation of any type.

Plagiarism: Representation of the words, ideas, or works of another person as one’s own in an academic assignment; downloading an essay from the Internet, copying and pasting parts of online resources as one’s own work; copying phrases, sentences, or whole documents from published resources; failure to cite sources, use quotation marks, or other forms of acknowledgement; use of another student’s work while representing it as one’s own; unauthorized submission of a paper as original work in one course when the paper has received credit in another course.

Forgery or fabrication of information or data: Falsification or invention of any information, data, research materials, or citation in an academic exercise without authorization from the instructor; dishonesty in reporting results, ranging from sheer fabrication of data, improper adjustment of results, and gross negligence in collecting and analyzing data; citation of nonexistent sources or creation of false information in an assignment; failure to cite sources of information.

Facilitating academic dishonesty: Students intentionally facilitate academic dishonesty by, (1) willingly, or negligently allowing own work to be used, copied, or submitted for credit by another student; (2) assisting, or attempt to assist, another person in any act of academic dishonesty; (3) allowing another student to copy from one’s examination paper; (4) providing copies (paper or electronic) of course materials whose circulation was prohibited (or not expressly permitted) by the instructor; (5) taking an exam or completing an assignment for another, or permitting one to do so.

Denying others access to information or materials: Denying access to information or materials includes any acts that sabotage another student’s opportunity to use class resources or materials; willfully damaging the academic efforts of another student; stealing another student’s academic materials; stealing, removing, altering, or defacing class materials or resources.

Improper use of electronic devices for or during examinations or other assessment session: Improper use of electronic devices includes the use of cell phones, PDAs, iPods, computers, tablets, calculators, or any other electronic devices as classroom aids, without specific permission of the instructor; intentional or willful participation in sharing of licensed software, music, or video files; illegal sharing or copying of electronic media; use of electronic devices to communicate within or outside an examination room; improper use of cell phone for calls, text messaging, instant messaging, beaming, email, etc. during class or exams; storage of test questions and answers, class notes, and other references in electronic devices for use during examination; transmittal of patient data or photographs.
**Misrepresentation of academic records or credentials:** Alteration or misrepresentation of academic record and transcript; request for special consideration from faculty or staff based on false information or deception; forgery of College documents, such as transcripts and letters of reference; falsely identifying self as a faculty or staff member, or as professional at a clinical agency; forging signatures of authorization.

**Violation of computer use policies:** Violation of College, Division, or clinical agency policies related to computer use, disclosure rules.

**Violation of patient privacy and confidentiality rules:** Failure to comply with College, Division, and clinical agency policies related to patient privacy and HIPAA; failure to protect and keep confidential patient personal health information; discussing confidential information in inappropriate areas; referencing patient care activities on social networking sites and devices.

**Unauthorized collaboration on assignments and unfair competition:** Collaboration on homework assignment, papers, reports, other graded assignments, unless explicitly assigned or approved by the instructor; willfully damaging the academic efforts of other students; stealing or damaging another student’s academic materials, resources, and assignments.

**Unauthorized use of course materials, including instructor notes, test banks, written assignments, other documents:** Removal of instructor or course materials from the classroom, lab, clinical site, or faculty office without permission; improper acquisition and/or use of course materials, examinations, test banks, without instructor permission.

**Falsification of patient records or fabrication of nursing care for a patient:** Fabrication of written materials and verbal reports; failure to report omissions or errors in patient care, including treatments or medication administration; falsifying completion of patient care and outcomes.

**Improper use of the internet:** Plagiarism from a published or unpublished Internet source; improper or incomplete documentation of an Internet source; use of paper-writing services or paper databases on the Internet; posting patient information or photographs on the Internet.

**Obstruction of the investigation of a possible violation of this policy:** Making dishonest or misleading statements; other falsification of information; altering, destroying, or deleting relevant documents; any other act that hinders investigation of academic dishonesty.

**Definitions – Sanctions**

**Warning:** Notice given orally or in writing that continuation or repetition of conduct may be the cause for more severe action. A specific period of time may be stated.

**Censure:** Written reprimand for violation of specific regulations, including the possibility of receiving a more severe sanction in the event of a violation of any College or program regulation or policy within a stated period of time. Copies of the reprimand may be sent to the appropriate College offices and filed in the student’s conduct file. Copies of the reprimand will be placed in the student’s academic file in the Division office.
**Disciplinary Probation:** Disciplinary probation means that a further violation may result in suspension or expulsion from the program and/or the College. Notification of disciplinary status will be sent to the appropriate College offices and filed in the student’s conduct file. Notification of disciplinary status will be filed in the student’s academic file in the Division office.

**Course Failure:** The student may be assigned a failing grade in the course. The decision regarding readmission will be based on program readmission policies. Readmission may be denied.

**Restitution:** The student is required to make payment to the College or other persons, groups, or organizations for monetary damages incurred as a result of a violation of the *Student Code of Conduct*. When appropriate, restitution may take the form of appropriate community service or other compensation.

**Interim Suspension:** If the misconduct warrants an immediate suspension from class for the remainder of the class period, the instructor may do so without a prior hearing. If necessary, Public Safety officers shall remove the student from the classroom upon the oral request of the instructor. The instructor shall provide a written notice to the Registrar or appointed designee as soon as possible. If suspension from additional class sessions seems warranted, the instructor may request that the Registrar or designee suspend the student on an interim basis.

**Suspension:** Separation of the student from the program College for a specified, extended period of time may be warranted. If the suspension is a program suspension, the student shall not participate in any program-sponsored activities, on or off-campus. In the event of a College suspension, the student shall not participate in any College-sponsored activity on or off-campus and may be barred from the College premises. Notification shall appear on the student’s transcript and will be sent to the appropriate College offices. A program suspension may be permanent. A College suspension may be made for any period up to one year.

**Disciplinary Dismissal:** Permanent separation of the student from the program and/or the College. Notification will appear on the student’s transcript and in the student’s conduct file and academic file in the Division office.

**Other Sanctions:** Other sanctions may be imposed instead of, or in addition to those specified above. For example, students may be required to attend seminars or enroll in specific behavior-related classes, educational or rehabilitative programs; or be assigned work, community service, or projects.

**Exclusion from College facilities or activities:** A student may be prohibited from attending a class, undertaking College employment, entering a building, participating in an extracurricular activity sponsored by the College, representing the College in an official capacity, running for or holding office in any student group or organization, being present in specific areas of the campus, or using other services provided by the College. Such exclusion may be for a definite or indefinite period of time.

**References**


Student Acknowledgement & Acceptance of Responsibility

As a student enrolled in the PN/ADN Nursing program, I acknowledge my responsibility to adhere to all policies of the College, and the Nursing program. This includes responsibility to uphold the academic integrity of the program and the profession I am about to enter. As such, I acknowledge my responsibility to:

1. Maintain strong ethical principles of professionalism and integrity.
2. To submit only my own, original work for all assignments, including tests, exams, papers, care plans, other assignments.
3. To refrain from unauthorized assistance with academic activities.
4. To refrain from aiding and abetting any violations of the Academic Integrity policies.
5. To report any evidence of policy violation to my faculty member.

In addition, I acknowledge that I have received a copy of the MCC Student Code of Conduct policy and the Nursing Academic Integrity policy. I further acknowledge that I understand the contents of these polices, as well as my responsibility for compliance with them.

____________________________________  ______________________________________
Signature  Printed Name

______________________________
Date
Appendix D: Math Rounding Rules

In order to ensure consistency in grading and to avoid confusion among students, the faculty established the following guidelines for rounding math calculations on quizzes, exams, and in the lab and clinical area. If there are any questions about how to round an answer, the student should clarify it with the instructor.

“Work every step of a math problem to the thousandths place and leave it there. Round your final answers as directed by the instructor or the directions. If the final answer is less than one (1) – if there is a zero (0) to the left of the decimal point – the final answer should be left at the hundredths place.”

--Nursing Faculty (2013)
Appendix E: Nursing Program Scholarships

**ADN Alumni Scholarship:** Awarded to associate degree nursing students (ADN) in the second, third and fourth semesters. Interested students should contact the Health Sciences Office, 810-762-0317

**HealthPlus of Michigan—Dr. Gary Roat Scholarship:** Applicant must have a minimum GPA of 2.5; reside in the HealthPlus of Michigan service area. Genesee and Lapeer counties are included on a list available in the Office of Financial Aid. Applicants also need to pursue one of the following programs: nursing, respiratory therapy, dental assisting, dental hygiene, health unit coordinator, histological technician, occupational therapy assistant, physical therapist assistant or radiography.

**Michigan Nursing Scholarship:** The Michigan Nursing Scholarship was established by the state to encourage students into nursing education programs and into the nursing profession. The primary criterion for award consideration is enrollment in a licensed practical nurse, associate degree in nursing and Bachelor of Science nursing program at a participating institution. Recipients must sign a statement as to their intent to pursue nursing as a career and to work in the nursing field (i.e. a direct patient care setting) in the state of Michigan following program completion. US citizenship or permanent US residence is required. Permanent resident status is documented by the recipient’s ISN I-151 or I-551 card. Refugees are not eligible.

**Ruby Hudson Memorial Scholarship:** For a minority nursing student who has been admitted to the second clinical sequence of the ADN program. Interested students should contact the Health Sciences Office at 810-762-0317.

**Ruth Kaplan Braun Scholarship:** Must be admitted to the second clinical sequence of the associate degree nursing program (ADN); minimum 3.5 GPA in required program courses; must have a satisfactory clinical grade. Interested students should contact the Health Sciences Office at 810-762-0317.

**State of Michigan Scholarship:** Scholarship funded from portion of state nursing licensure fees. Candidates must be admitted to the clinical sequence of the nursing program. As a recipient of the scholarship, candidates must agree to practice as a nurse in the State of Michigan after graduation, notify the Division Office in the event of withdrawal from the program before graduation. Utilize funds to cover expenses related to tuition, fees and books and not be in receipt of a full scholarship from another source. The scholarship will revert to a student loan if qualifying conditions are not met.

Other scholarships may be available. Inquire at the Office of Financial Aid in the Prahl Conference Center.
Appendix F: Statement on Safe Clinical Practice

The collective professional judgment of the nursing faculty is that each student must maintain the integrity of the health needs of the patient throughout all clinical experiences. Therefore, any time a student’s lack of cognitive, behavioral or motor skills, or any unsafe practice, places a patient or other stakeholder (staff member, visitor, etc.) at risk; it can be grounds for academic dismissal. Academic dismissal may occur at any time throughout the clinical experience.

If the faculty has noted that a lack of cognitive, behavioral, or motor skills of a student has compromised, or potentially compromises, the well-being of a patient or stakeholder, the process below will be followed:

1. The faculty will conduct an informal conference with the student and outline the unsafe practice, utilizing the Safety Violation Report and Resolution Plan form (see attached). This form will include a plan for remediation/resolution, expected dates for completion, and consequences of failure to complete the resolution plan within the designated time frame.
2. Faculty will meet with the student within the designated time frame to assess whether or not the student has met the requirements in the resolution plan.
3. If the unsafe practices continue or the resolution plan has not been completed, the student may be academically dismissed.
4. The Safety Violation Report and Resolution Plan will be signed by the faculty and the student.
5. The student may defend his/her actions in writing on the Safety Violation Report and Resolution Plan.
6. The original Safety Violation Report and Resolution Plan will be placed in the student’s academic folder.
7. The student will receive a copy of the completed Safety Violation Report and Resolution Plan.
8. The Dean of Health Sciences and/or the program coordinators will be notified.

A student who receives an unsatisfactory (U), or withdraws, for any safety violation will not be allowed re-entry into Mott Community College’s Nursing program.
SAFETY VIOLATION REPORT AND RESOLUTION PLAN
Division of Health Sciences

Name_______________________________ Date/Time ______________________
Instructor ___________________________ Course ___________________________
Facility ______________________________ Unit _____________________________

VIOLATION OF WHICH OF THE FOLLOWING:

☐ Medication    ☐ Procedural    ☐ Communication    ☐ Behavioral

Description of Problem/Concern (add additional pages as necessary)
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

☐ Student/Instructor Conference Date: _________________

Instructor Recommendation (include resolution plan and date of completion)
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Student Response (include plan to prevent future errors)
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

☐ Referral to Dean: Date _________________

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Student Signature: ________________________________ Date: ______________________

Instructor Signature: ________________________________ Date: ______________________
COUNSELLING FORM
Division of Health Sciences

Student Name_____________________________________ Date/Time___________________________
Instructor ________________________________________ Course ________________________________
Facility ________________________________________ Unit _________________________________

Description of Problem/Concern (add additional pages as necessary)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Instructors Signature _____________________________ Date_______________________________

Student response
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Student Signature__________________________________________ Date _____________________

Referred to Dean: Yes ________ No ________ Date ________________________________

Disposition by Dean:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Dean’s Signature__________________________________________ Date _____________________

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Appendix G: Standard Precautions

Use Standard Precautions, or the equivalent, for the care of all patients.

Handwashing

1. Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items (BBSEC), even if gloves are worn. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments.
2. Use a plain (nonmicrobial) soap for handwashing except for specific circumstances (i.e. control of outbreaks or hyperendemic infections) as defined by the Agency's infection control program.

Gloves

Wear gloves (clean, nonsterile) when touching BBSEC and before touching mucous membranes and nonintact skin. Remove gloves promptly after use, before touching noncontaminated items and environmental surfaces, and before going to another patient. Wash hands immediately.

Mask, Eye Protection, Face Shield

Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose and mouth during procedures and patient-care activities that may generate splashes or sprays of BBSEC.

Gown

Wear a gown (a clean, nonsterile gown is adequate) to protect skin and prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of BBSEC or cause soiling of clothing. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments.

Patient-Care Equipment

Handle used patient-care equipment soiled with BBSEC in a manner that prevents skin and mucous membrane exposures, contamination of clothing, transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been appropriately cleaned and reprocessed. Single use items should be properly discarded.

Linens

Handle, transport and process used linen soiled with BBSEC in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments.
Occupational Health and Bloodborne Pathogens

1. Prevent injuries when using needles, scalpels and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles.

2. Never recap used needles or otherwise manipulate them using both hands. Never use any other technique that involves directing the point of a needle toward any part of the body; rather, use either a one-handed "scoop" technique or a mechanical device designed for holding the needle sheath.

3. Do not remove used needles from disposable syringes by hand, and do not bend, break or otherwise manipulate used needles by hand.

4. Place disposable syringes and needles, scalpel blades and other sharp items in appropriate puncture-resistant containers located as practical to the area in which they were used. Place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area.

5. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.

Patient Placement

Place a patient who contaminates the environment, or who does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control, in a private room. If a private room is not available, consult with infection control professionals regarding patient placement or other alternatives.

**Appendix H: Commonly Used Conversions & Equivalencies/Prohibited Abbreviations**

### Common Conversions and Equivalencies

#### Metric

<table>
<thead>
<tr>
<th>Volume</th>
<th>Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 liter</td>
<td>1000 milliliters</td>
</tr>
<tr>
<td>1 milliliter</td>
<td>1 cubic centimeter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weight</th>
<th>Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 gram</td>
<td>1000 milligrams</td>
</tr>
<tr>
<td>1 milligram</td>
<td>1000 micrograms</td>
</tr>
<tr>
<td>60-65 milligrams</td>
<td>1 grain</td>
</tr>
</tbody>
</table>

#### Apothecary

<table>
<thead>
<tr>
<th>Volume</th>
<th>Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 fluid ounce</td>
<td>8 drams</td>
</tr>
<tr>
<td>1 fluid ounce</td>
<td>30 milliliters</td>
</tr>
<tr>
<td>4 milliliters</td>
<td>1 dram</td>
</tr>
</tbody>
</table>

#### Household

<table>
<thead>
<tr>
<th>Volume</th>
<th>Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 gallon</td>
<td>4 quarts</td>
</tr>
<tr>
<td>1 quart</td>
<td>2 pints</td>
</tr>
<tr>
<td>1 pint</td>
<td>16 ounces</td>
</tr>
<tr>
<td>1 ounce</td>
<td>6 teaspoons</td>
</tr>
<tr>
<td>1 glass</td>
<td>8 ounces</td>
</tr>
<tr>
<td>1 measuring cup</td>
<td>8 ounces</td>
</tr>
<tr>
<td>1 teaspoon</td>
<td>5 milliliters</td>
</tr>
<tr>
<td>1 tablespoon</td>
<td>3 teaspoons</td>
</tr>
<tr>
<td>15 minims</td>
<td>1 milliliter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weight</th>
<th>Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2 pounds</td>
<td>1 kilogram</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length</th>
<th>Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 inch</td>
<td>2.5 centimeters</td>
</tr>
</tbody>
</table>

### Prohibited Abbreviations (Official “Do Not Use” List)

<table>
<thead>
<tr>
<th>Do Not Use</th>
<th>Potential Problem</th>
<th>Use Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>U (unit)</td>
<td>Mistaken for 0 (zero), the number 4 or “cc”</td>
<td>Write “unit”</td>
</tr>
<tr>
<td>IU (International Unit)</td>
<td>Mistaken for IV (intravenous) or the number 10</td>
<td>Write International Unit</td>
</tr>
<tr>
<td>Q.D., QD, q.d., qd (daily)</td>
<td>Mistaken for each other Period after the Q mistaken for “I” and the O mistaken for “I”</td>
<td>Write “daily” Write “every other day”</td>
</tr>
<tr>
<td>Q.O.D., QOD, q.o.d., qod (every other day)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trailing zero (X.0 mg)*</td>
<td>Decimal point is missed (overlooked)</td>
<td>Write X mg</td>
</tr>
<tr>
<td>Lack of leading zero (.X mg)</td>
<td></td>
<td>Write 0.X mg</td>
</tr>
<tr>
<td>MS</td>
<td>Can mean morphine sulfate or magnesium sulfate Confuse for one another</td>
<td>Write “morphine sulfate” Write “magnesium sulfate”</td>
</tr>
</tbody>
</table>

*Exception: A “trailing zero” may be used only where required to demonstrate the level of precision being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

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Appendix I: Nursing Program Acknowledgement Form

Part I: Skills Lab Procedures

I understand that throughout the Nursing Program active participation in practicing procedures on my classmates, under supervised instruction, will required before I do these procedures on patients. These procedures include but are not limited to injections, starting IV therapy, finger sticks and drawing blood. The procedures have been explained to me, and I understand that I may choose not to participate in the above invasive procedures, but I will have to achieve the same level of psychomotor skills competency as other students in the program. I recognized my roles will be both “doer” and “recipient” of another classmate’s practice.

Student Initials _______

Part II: Liability Acknowledgement

As an aspirant to a career in Nursing, I recognize that entry into this program imposes certain ethical and professional responsibilities related to the protection of patients, classmates, the college, affiliating clinical agencies, and myself. Therefore:

1. I will not knowingly expose patients or other people by attending classes or clinical sessions if I have a communicable disease.
2. I will not subject patients or other people to hazard by performing health care procedures while I have diminished ability due to acute episodes of illness or acute or chronic disability.
3. I will not attempt to carry out health care procedures without attaining the necessary skills, knowledge, and supervision.
4. I will obtain appropriate health care when I suffer from acute illness and will maintain appropriate medical supervision for my chronic medical conditions or disability.
5. Should I suffer injury or illness during my classroom or clinical sessions, I will assume full responsibility (including cost) for any necessary emergency care or transportation. I will expect only that the College will provide immediate first aid and will summon emergency medical or transportation assistance, if necessary.
6. I release the College or clinical agency from responsibility should I suffer from illness or injury except, if the illness or injury is clearly identified as the direct result of gross negligence on the part of the College or clinical agency.
7. I will protect myself, the College, and affiliating clinical agencies and personnel from damages resulting from litigation by paying the premium for the professional liability insurance offered through the College, by notifying college instructors and the dean of the division and the Mott Community College Health Services in writing of my chronic health conditions which may result in acute episodes, and by obtaining appropriate supervision before providing care to patients.
8. I also recognize the need for appropriate and adequate supervised clinical experience to assure a safe level of practice. I am aware that it will be necessary for me to withdraw from the program when my absence exceeds the maximum indicated in the Student Handbook or syllabus for each course.
9. I recognize my responsibility to meet program requirements for progression and graduation. I also recognize that if I am a transfer student, it is my responsibility to check on the acceptability of transferred courses.

Student Initials _______
Part III: Hepatitis B Vaccine Declination

Students are encouraged to have the Hepatitis vaccine and some hospitals may require it. If the student declines the vaccination, he/she must sign the form below. Many hospitals require verification that either the vaccination or the form below is completed. Each student must either have the vaccination series or sign the Declination.

☐ I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series.

☐ I have already completed the vaccination series on ________________. (Documentation of completion is required)

☐ I am in the process of completing the vaccination series and will submit documentation when the series is completed.

Student Initials ______

Part IV: Latex Allergy Hazard

Natural rubber latex is a plant substance that is used extensively in the manufacture of medical gloves, other medical devices and numerous consumer products. Over the past several decades, there has been a dramatic increase in the use of latex gloves as a barrier against blood borne infections. As a result, there has been a significant outbreak in latex allergies. Natural rubber latex allergy can be a serious medical problem for patients and a disabling occupational disease among health care workers. Allergic reactions to latex can range from skin disease to asthma and anaphylaxis. Reactions may increase in severity over time and continued exposure to latex. Reactions can result in chronic illness, disability, career loss, hardship and death. There is no treatment for latex allergy, except complete avoidance of latex.

In the Nursing program—and later in practice, exposure to latex is widespread and almost impossible to avoid. Non-latex gloves (or those without powder), and other products, can be utilized, but it is difficult to ensure complete avoidance of exposure or contact with latex products. If a student is allergic (or becomes sensitized over time), it is suggested that another career choice be considered. It is strongly suggested that students with latex allergy or sensitivity, consult a physician for evaluation.

I acknowledge and recognize the hazards associated with latex exposure and agree that the College and the Division of Health Sciences are not responsible for any problems that result from my exposure and potential reaction to latex products.

Student Initials ______
**Part V: Patient Privacy and Confidentiality Statement**

As a student in the Nursing Program, I recognize and accept my responsibility in ensuring patient privacy and confidentiality. By signing this document, I acknowledge that:

1. I have completed the Nursing Program tutorial on HIPAA and Patient Confidentiality.
2. I have read the Nursing Program policy related to patient privacy and confidentiality and acknowledge that I am responsible to adhere to all aspects of the policy.
3. I will abide by the clinical facility’s specific rules on privacy and disclosure of healthcare information.
4. I will treat all patient healthcare information as private and confidential.
5. I will report any known breaches of the privacy rules to my clinical instructor.
6. Failure to comply will result in my dismissal from the program and I will be ineligible for readmission.

*Student Initials _______

**Part VI: Acceptance of Responsibility for Nursing Program Policies**

I acknowledge that it is my responsibility to read the entire contents of the *Student Handbook*. I am responsible to adhere to all policies and procedures of the Nursing Program as outlined in the handbook and/or as distributed to me at any time during the program.

Student Signature: ___________________________________________ Date: ________________