



2024 - 2025

NURSING PROGRAM HANDBOOK

BACHELOR OF SCIENCE IN NURSING

Registered Nurse to BSN (RN to BSN)

Lower Columbia College *NURSING*

lowercolumbia.edu/nursing



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Welcome to the LCC RN to BSN Program!

Dear RN to BSN Learner:

The faculty, staff, and I are so pleased to welcome you as the inaugural class of our RN to BSN Program at LCC. The LCC Nursing Programs have a long history of excellence in preparing our pre-licensure graduates to be compassionate and competent entry-level nurses. We are excited to embark on this journey with you toward new opportunities in nursing leadership, quality improvement, scholarship, community and population care. We look forward to your continued personal and professional development as we make our way through the program together.

Nursing Programs at LCC have been continuously approved by the Washington State Board of Nursing (WABON) since 1954, when LCC first offered a practical nurse certificate program. Our associate degree RN program, which had its first graduates in 1971, obtained national accreditation through what is now the Accreditation Commission for Education in Nursing (ACEN) in 1976. We are currently working toward national accreditation of the RN to BSN through the [Commission on Collegiate Nursing Education](#) (CCNE).

Throughout the program, we hope you gain a deeper understanding of nursing theory and practice, enhanced clinical reasoning and decision-making skills, and increased confidence to take on leadership roles in healthcare and community settings. We also hope that you will expand your knowledge of healthcare policy, research, and global health issues, enabling you to make a positive impact on healthcare outcomes and the health of the populations you focus on in your nursing practice. Overall, we believe that your time in our program will equip you with the tools and resources necessary to succeed in the rapidly changing healthcare environment and to become a leader in promoting health and wellness for all individuals. We are excited to see the growth and development that you will experience throughout your time in our program.

Warm regards,



Merry E. Bond, MSN Ed, RN, CNE

Dean of Instructional Programs | Nursing Programs Director
Nursing, Allied Health, and Wellness Programs



LCC RN to BSN Program | 2024-2025

Lower Columbia College is institutionally accredited by the [Northwest Commission on Colleges and Universities](#)
8060 165th Ave. NE Suite 100, Redmond, WA 98052

The **RN to BSN Program** is initially approved to admit students by the [Washington State Board of Nursing \(WABON\)](#)
111 Israel Road SE, Tumwater, WA 98501
Phone: 360.263.470

The **RN to BSN Program at Lower Columbia College**, located in Longview, WA, has applied for **candidacy** for accreditation by the [Commission on Collegiate Nursing Education \(CCNE\)](#)
655 K Street NW, Suite 750, Washington DC 20001 | 202.887.6791

An initial site visit is requested during the 2024-2025 academic year.

LCC Non-Discrimination and Anti-Harassment Statements

Lower Columbia College does not discriminate on the basis of sex and prohibits sex discrimination in any education program or activity that it operates, as required by Title IX, including in admission and employment. Lower Columbia College provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, citizenship or immigration status, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, veteran or military status, or use of a trained guide dog or service animal as required by Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Sections 504 and 508 of the Rehabilitation Act of 1973, the Americans with Disabilities Act and ADA Amendment Act, the Age Discrimination Act of 1975, the Violence Against Women Reauthorization Act and Washington State's Law Against Discrimination, Chapter 49.60 RCW and their implementing regulations. All inquiries regarding compliance with Title IX, access, equal opportunity and/or grievance procedures should be directed to Vice President of Foundation, HR & Legal Affairs, 1600 Maple Street, PO Box 3010, Longview, WA 98632, title9@lowercolumbia.edu, Phone number, (360) 442-2120, Phone number/TTY (800) 833-6388.

Important Campus Contacts

Healthcare Programs Office: HSB 202 | 360.442.2860

Office Hours: Monday through Friday | 7:30 am – 11:30 am and 12:30 pm – 4:30 pm

Emergency:
911
Security (Radio):
360-442-2911

Emergency Mental Health
(call or text):
988

Campus Security: Student Center (STC) 106 | 360.442.2911 | security@lowercolumbia.edu

Pre-Program Education Planning: Admissions Center (ADC) | prenursing@lowercolumbia.edu

- Alejandra (Alé) Sanchez | 360.442.2355 | asanchez@lowercolumbia.edu
- Rebekah Villanti | 360.442.2357 | rvillanti@lowercolumbia.edu

Bookstore: Student Center (STC) 148 | 360.442.2249 | bookstore@lowercolumbia.edu

Counseling: Admissions Center (ADC) | 360.442.2330

- Leszek (Lesh) Cromwell | ADC 115 | 360.442.2342 | lcromwell@lowercolumbia.edu
- Emme McCarthy | ADC 114 | 360.442.2343 | emccarthy@lowercolumbia.edu

Disability and Access Services: Admissions Center (ADC) 143 | 360.442.2340 | Sara Albright, Program Coordinator | salbright@lowercolumbia.edu

Financial Aid: Admissions Center (ADC) | 360.442.2390 | financialaidoffice@lowercolumbia.edu

Washington has significant opportunities for financial aid!
Be sure to visit [How to Pay for College](#) on the LCC website

Resources for Student Basic Needs | Navigators:

- Stephen Boyer | 360.442.2335 | sboyer@lowercolumbia.edu
- Joy Yolangco | myolangco@lowercolumbia.edu



Scan for Resources Information

Registration: Admissions Center (ADC) | 360.442.2370 | registration@lowercolumbia.edu

Testing Center: Main Building (MAN) 128 | 360.442.2360 | testing@lowercolumbia.edu

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Purpose of Handbook

The purpose of the *RN to BSN Program Handbook* is to provide essential information for students enrolled in this program and to supplement the [Lower Columbia College Student Handbook](#). Included information addresses the RN to BSN curriculum, student rights and responsibilities, campus facilities and resources specific to RN to BSN students, and RN to BSN Program policies and procedures.

Verification

All students enrolled in the RN to BSN Program at LCC are responsible for being familiar with the most current handbook contents and are held accountable for all statements within. Prior to beginning the program, students must complete an online form verifying they will abide by the contents of the most current student handbook. The handbook is reviewed and updated at least annually by the dean of instructional programs / nursing programs director and the RN to BSN assistant program director. It may be revised more often as the need arises. Students will be notified of substantive changes that occur within an academic year.

About the Nursing Programs

Definitions

For purposes of cultivating shared understanding of the terms used in this handbook, the following terms are defined:

- 1. AN-DTA/MRP graduate:** a student who graduated with an associate in nursing - direct transfer agreement (major ready program), which is compliant with the [2014 statewide agreement](#) between Washington community and technical colleges and universities to meet the requirements of participating RN to BSN programs for transfer as a senior. The AN-DTA/MRP may have been earned at LCC or another Washington State community or technical college offering this degree.
- 2. Didactic:** course work that takes place in the classroom or online setting, preparing students to participate in the care of patients, families, groups, communities, and populations in the clinical or community setting.
- 3. Faculty liaison:** a member of the nursing programs faculty providing oversight, overall supervision, and evaluation of the student in the field experience. The faculty liaison coordinates required conferences with the student and preceptor per [WAC 246-840-533](#) and the **LCC Nursing Programs Policy and Procedures for Nursing Preceptors** ([Appendix A](#))
- 4. Field experience:** course work that takes place in the community setting where the student applies concepts learned in the didactic setting.
- 5. Hybrid:** refers to an instructional delivery method (modality) in which some class time and learning activities take place in-person and some take place asynchronously online.

6. **Non-AN-DTA/MRP graduate:** a student who graduated from LCC prior to implementation of the AN-DTA/MRP in 2017 or from another associate degree program not offering the AN-DTA/MRP. Additional upper level general education courses are generally needed to meet the BSN completion requirements.
7. **Preceptor:** a qualified licensed nurse who provides personal instruction, training, and supervision to any nursing student per the requirements of [WAC 246-840-533](#). This is the definition intended when the term “preceptor” is utilized within this handbook.
8. **Preceptorship:** refers to the relationship between preceptor and nursing student during the field experience.
9. **Student(s):** person(s) enrolled in LCC’s RN to BSN program.

General Information

The Lower Columbia College Nursing Program began as a practical nurse program, with its first graduates in 1954. The first associate degree Registered Nurse (RN) class graduated in 1971. The associate degree program has been continuously accredited through the [Accrediting Commission for Education in Nursing](#) (ACEN) since 1976.

The RN to BSN Program is the third baccalaureate program at LCC, launched this fall. National accreditation for this program is currently being sought through the [Commission for Collegiate Nursing Education](#) (CCNE), the accreditation arm of the [American Association of Colleges of Nursing](#) (AACN). The RN to BSN program is offered in a hybrid format with courses taking place primarily online and meeting in-person one evening per week throughout the program. The field experience takes place at an assigned agency with an assigned preceptor. See [RN to BSN Curriculum/Course Descriptions](#) below for further information.

All nursing programs at LCC are approved by the Washington State Board of Nursing (WABON). The college currently supports approximately 240 students across its associate and bachelor’s degree nursing tracks, with over 120 graduates annually contributing to the professional nursing workforce.

Mission and Philosophy

Lower Columbia College Mission:

The mission of Lower Columbia College is to ensure each learner’s personal and professional success, and influence lives in ways that are local, global, traditional, and innovative.

The mission and philosophy of the Lower Columbia College Nursing Programs is authored by the nursing faculty and is congruent with the mission of the college.

Nursing Programs Mission:

The Nursing Programs at LCC are committed to providing excellence in nursing education that encompasses critical thinking and competencies in the role of provider of care, manager of care, and member of the profession of nursing, with an emphasis on life-long learning.

Nursing Programs Philosophy:

- Each **individual** is viewed as a unique, complex, holistic, and dynamic entity with biological, psychological, social, cultural, and spiritual dimensions. Individuals have intrinsic value, unconditional worth, and self-determination. The dignity of each human being is to be protected and respected. A patient/client can be an individual, family, or group.
- **Health** is a dynamic state of adaptation to stressors in the internal and/or external environment in an attempt to achieve balance. Health is influenced by heredity, environment, lifestyle, and choices.
- **Nursing** is a discipline centered on the caring application of knowledge and skills to advocate for patients, prevent illness or disability, optimize or restore health, alleviate suffering, and facilitate wellness. Nursing integrates the concepts of person, health, environment, and nursing therapeutics. Nursing relies on knowledge that is practical, theoretical and evidence-based.
- **Learning** is a life-long process, which involves the assimilation of information to expand one's knowledge and influences attitudes, beliefs, and/or behaviors. Learning builds on previous experience.
- **Teaching** facilitates the learning process to promote student success. It is a cooperative endeavor between the instructor and the student.
- **Nursing education** builds upon information and concepts from several disciplines (language and literature, biological science, physical science, social science, and math) and incorporates the affective, cognitive, and psychomotor learning domains.
- The **nursing curriculum** progresses from simple to complex information, concepts, and skills. It is designed to provide the student with the knowledge and skills necessary for nursing practice, promote competence, and foster the growth of independent thought, purposeful judgment, and critical thinking.
- The **associate degree nurse** is a generalist whose nursing practice encompasses the roles of provider of care, manager of care, and member of the profession of nursing.
- The **bachelor-prepared nurse** is equipped for professional practice as a nurse leader, scholar, and change agent in diverse healthcare settings.

LCC Global Skills

Nursing students are also expected to develop the following [Global Skills](#) by the time they graduate:

- Communication
- Critical thinking
- Quantitative reasoning
- Teamwork.

Assignments submitted by students, as well as any recorded discussions or other relevant work may be assessed outside of this course for one or more [Global Skills](#). This assessment will not affect the student's course grades and is not shared with anyone outside the assessment team at LCC.

AACN Essentials

[*The Essentials: Core Competencies for Professional Nursing Education*](#), published by the American Association of Colleges of Nursing (AACN, 2021), defines quality standards in baccalaureate and graduate nursing education. Expected competencies and curriculum content for undergraduate nursing education fall into ten domains:

- I. Knowledge for nursing practice
- II. Person-centered care
- III. Population health
- IV. Scholarship for the nursing discipline
- V. Quality and safety
- VI. Interprofessional partnerships
- VII. Systems-based practice
- VIII. Informatics and healthcare technologies
- IX. Professionalism
- X. Personal, professional, and leadership development

End-of-Program Student Learning Outcomes & Related Competencies

Utilizing the domains of the AACN *Essentials* as a framework, the RN to BSN faculty developed the following end-of-program student learning outcomes (EPSLOs). The EPSLOs guide the faculty in delivering a curriculum that prepares graduates for professional nursing practice in today's complex healthcare environment. EPSLO data is reported annually on the nursing programs' [Student Achievement Data](#) webpage.

Upon completion of the bachelor's degree nursing program at Lower Columbia College, graduates will:

1. Apply a systems-based approach to quality improvement in order to ensure safe, quality, and equitable care.

- a. Advocating for equitable quality health care for individuals, families, groups, and populations through an understanding of health care delivery systems, public health policies, and societal issues.
- b. Applying quality improvement strategies to effectively and proactively coordinate resources in order to affect change in complex healthcare systems.
- c. Implement processes that utilize evidence-based practice principles to ensure safety and mitigate error or harm to patients and providers.

Essentials Domains: V (quality and safety) and VII (systems-based practice)

LCC Global Skills: Critical thinking and teamwork

2. Demonstrate leadership skills in promoting collaboration among members of the interdisciplinary healthcare team.

- a. Planning, providing, and evaluating person-centered care in a variety of settings.
- b. Participating in the development of policies and strategies to promote cost-effective, equitable, quality care for health and wellness.
- c. Demonstrating effective and collaborative communication with intra- and interdisciplinary health care teams.
- d. Facilitating readiness in others for organizational change.

Essentials Domain: VI (interprofessional partnerships)

LCC Global Skills: Critical thinking, communication, and teamwork

3. Apply analytic and clinical reasoning in professional nursing practice.

- a. Integrating research and scholarship in the application of the nursing process to care for individuals, families, groups, and populations.
- b. Synthesizing information gathered through assessment and scholarly inquiry to optimize care and promote health in settings across the healthcare continuum.
- c. Utilizing creative and scientific reasoning along with integrated knowledge from other disciplines to challenge assumptions and habitual approaches to practice.
- d. Applying epidemiology, clinical and outcomes research, and health information systems to identify evidence-based approaches to care.

Essentials Domains: I (knowledge for nursing practice) and IV (scholarship for the nursing discipline)

LCC Global Skills: Critical thinking, communication, and quantitative literacy

4. Promote equitable and inclusive health and wellness in diverse community and public health settings.

- a. Analyzing environmental and societal factors that impact the health of individuals, families, groups, and populations.
- b. Advocating for equitable health care access and quality in community and public health settings.
- c. Applying concepts of health promotion and disease prevention to culturally diverse individuals, families, groups, and populations as they are identified through community health assessment techniques.
- d. Implementing nursing care with the aim of creating, modifying, and enhancing environments to promote optimal health outcomes.
- e. Facilitating attitudes and behaviors that promote wellness within the cultural frameworks in which individuals, families, groups, and populations make decisions.

Essentials Domain: III (population health)

LCC Global Skills: Critical thinking, communication, and teamwork

5. Demonstrate accountability for personal and professional growth, leadership development, and professional values in nursing practice.

- a. Demonstrating caring behaviors, including empathy, listening, warmth, and respect for human dignity.
- b. Demonstrating professional behaviors, including accountability, integrity, social justice, ethical principles, and self-regulation.
- c. Demonstrating adherence to the scope of nursing practice specified in the Washington State Nurse Practice Act, the American Nurses Association (ANA) Standards of Nursing Practice, and the ANA Code of Ethics for Nurses.
- d. Demonstrating commitment to self-directed life-long learning.
- e. Developing self-care strategies to maintain a healthy work-life balance.
- f. Participating in professional nursing activities.

Essentials Domains: IX (professionalism) and X (personal, professional, and leadership development)

LCC Global Skills: Critical thinking and communication

6. Demonstrate scholarly inquiry as a member of the interdisciplinary team.

- a. Demonstrating an understanding of the basic elements of the research process.
- b. Applying theoretical frameworks, models, and evidence in clinical decision-making.
- c. Demonstrating evaluation and appropriate application of varying types of evidence.
- d. Utilizing evidence-based findings for reduction of risk and maintaining, restoring, or improving the health of individuals, families, groups, and populations.
- e. Recognizing the impacts of ethical and equity issues in research.

Essentials Domain: IV (scholarship for the nursing discipline)

LCC Global Skills: Critical thinking, communication, and teamwork

7. Implement holistic, person-centered care in the professional nurse role.

- a. Utilizing effective verbal, non-verbal, written, and technological communication with clients and members of the interdisciplinary health care team.
- b. Teaching and supporting clients and healthcare team members.
- c. Assisting clients to interpret the meaning and validity of health care information.
- d. Delivering contextually appropriate, patient-centered care that considers all influences on health and wellness.

Essentials Domain: II (person-centered care)

LCC Global Skills: Critical thinking and communication

8. Utilize healthcare informatics and other technologies to promote delivery of equitable, safe, quality, and cost-effective person- and population-centered care.

- a. Utilizing innovative patient care technologies, social platforms, and information management systems to promote positive healthcare outcomes.
- b. Managing information and technology to promote interdisciplinary and patient-provider communication.
- c. Leveraging informatics and technologies to collect data that influences practice changes as well as the advancement of nursing knowledge.

Essentials Domain: VIII (informatics and healthcare technologies)

LCC Global Skills: Critical thinking, communication, quantitative literacy, and teamwork

Program Outcomes (Goals)

Program outcomes (or goals) are benchmarks for program achievement. Some are established by external regulatory bodies. For instance, part of our program's accreditation requirements include publishing and maintaining our program completion rates, employment rates, and graduate and employer satisfaction with the program. Others have been established by the nursing faculty. Program goals apply to all program options and cohorts unless specified otherwise and are reported annually on the nursing program's [Student Achievement Data](#) webpage.

1. The RN to BSN program will promote timely program completion.

At least 70% of students who begin the RN to BSN program will complete the program within the following defined program lengths:

- *For RN to BSN students with an AN-DTA/MRP*
 - *3 quarters for the full-time track*

- 5 quarters for the part-time track
 - 9 quarters taking one course at a time
 - For non-AN-DTA/MRP RN to BSN students
 - 4 quarters for the full-time track
 - 6 quarters for the part-time track
 - 12 quarters, taking one course at a time
2. RN to BSN program graduates will be **employed as RNs** following program completion.

At least 70% of graduates will be employed in an RN role within 12 months of program completion.

3. Graduates will be satisfied with the program and their preparation to perform at a **bachelor-prepared RN level*** following completion of the program.

At least 80% of responding graduates agree or strongly agree, at both point-of-leaving and 6-12 months after graduation, that they are satisfied with the preparation for professional nursing practice they received in the RN to BSN program.

Relevant survey items will carry an average score of at least 3.0 on a 4-point Likert scale where 4.0 = strongly agree.

4. Employers will be satisfied with the program and graduates' preparation to perform at a **bachelor-prepared RN level*** following completion of the program.

At least 80% of responding employers agree or strongly agree, at 6-12 months after graduation, that they are satisfied with the preparation for professional nursing practice their employee received in the RN to BSN program.

Relevant survey items will carry an average score of at least 3.0 on a 4-point Likert scale where 4.0 = strongly agree.

- * **Note:** Preparation for nursing practice at the baccalaureate level is evidenced by the following elements in the nurse's professional practice:

- Application of a systems-based approach toward quality improvement.
- Demonstration of leadership skills in promoting collaboration among members of the interprofessional healthcare team.
- Application of analytic and clinical reasoning in professional nursing practice.
- Promotion of equitable and inclusive health and wellness in diverse care settings.
- Demonstration of accountability for personal and professional growth, leadership development, and professional values in nursing practice.
- Demonstration of scholarly inquiry in interprofessional practice.
- Implementation of holistic, person-centered care within the nursing scope of practice.

- *Utilization of healthcare informatics/technologies to promote the delivery of equitable, safe, quality, and cost-effective person/population-centered care.*

Program Description

This degree option is designed for licensed registered nurses (RNs) who have completed an associate degree from an accredited college or nursing program. Learning focuses on community and population health, leadership, team coordination and collaboration, quality assurance and improvement, care coordination and case management, and application of research and evidence-based practice. The curriculum is designed to include clinical reasoning skills, problem-solving, and critical thinking at the level of a bachelor-prepared RN. Graduates from the RN to BSN program are prepared to apply for advanced degree programs.

RN to BSN Curriculum/Course Descriptions

Full-time and part-time options are available. See the [RN to BSN Program web pages](#) for more information about schedule options.

Full-time Option for AN-DTA/MRP Graduates:

Fall Quarter: 15 credits

NURS 400: Quality, Safety, and Equity in Nursing Practice, 5 credits (hybrid). Explores the conceptual foundations of healthcare quality and safety. Examines cultural humility and culturally sensitive nursing care. Explores the ways that implicit bias, structural racism, and social and ecological determinants impact health and healthcare in vulnerable and disadvantaged populations. Analyzes personal cultural experiences and how those experiences shape identity and healthcare core values.

NURS 405: Research and Evidence-Based Nursing Practice, 5 credits (hybrid). Explores the nature of inquiry, basic research concepts, language and processes. Focuses on research contributions for developing knowledge, improving quality of care, reducing risk, and enhancing professional development and accountability. Accessing, critiquing, and utilizing quantitative, qualitative, and mixed methods to make informed clinical decisions are introduced. Explores ethical and legal rights of human subjects and equitable research practices.

NURS 410: Community and Public Health Nursing, 5 credits (hybrid). Investigates the principles, theories, and concepts of community and public health utilized to provide culturally sensitive and population-centered nursing care. Includes levels of disease prevention, principles of epidemiology, community assessment, environmental health, and disaster preparedness. Emphasizes equitable health promotion, risk reduction, and disease management across the lifespan within the context of individuals, families, aggregate populations, and community systems on a local to global scale.

Winter Quarter: 15 credits

NURS 415: Leadership for Organizational Change, 5 credits (hybrid). Investigates the changing role of the professional nurse as leader in complex and diverse healthcare settings. Applies leadership theories and methods, skills, and decision-making to implement high quality nursing care, healthcare team coordination, and oversight and accountability for care in a variety of settings. Emphasizes critical thinking, team building, interprofessional communication, priority setting, collaborative decision making, and advocacy in facilitating system change.

NURS 440: Current Trends in Healthcare Policy, 5 credits (hybrid). Investigates current trends in health care policy at the local, state and federal level as well as their impacts on the delivery of care and client outcomes. Examines legislative and regulatory processes pertaining to the nursing profession. Explores nursing role in legislative and policy-forming processes.

ECON 445: Health Care Economics, 5 credits (hybrid). Introduces macro and microeconomics in the context of US health care markets. Examines healthcare supply and demand, as well as cost versus benefit related to market and government approaches to healthcare issues. Considers the impact of the current US healthcare payer model on access, equity, quality, and affordability in comparison to other types of payer models.

Spring Quarter (15 credits):

NURS 420: Health Information Technology in Nursing, 5 credits (hybrid). Explores the structure and relationship between healthcare delivery systems, organizational compliance, and promoting interoperability in various nursing practice settings. Emphasizes use of information management and client care technologies used to deliver safe and effective care to diverse client populations in a variety of settings. Investigates effects of emerging technologies on equity and accessibility of healthcare services.

NURS 430: Nursing Community Care Field Experience, 1.5 credits lecture at 1:1 or 15-16.5 contact hours; 3.5 credits clinical at 3:1 ratio or 105-115 contact hours (hybrid). Facilitates transition from student role to scholar-BSN. Applies concepts of scholarly inquiry, health promotion, leadership, and change management in a community practicum experience culminating in a population-centered quality improvement or systems change project. **Note: 3:1 contact hours for field experience.**

NURS 435: Historical and Theoretical Influences on Current Nursing Practice, 5 credits (hybrid). Introduces milestones and major health theories that have historically influenced nursing practice. Examines foundational concepts and principles of selected theories to develop a personal philosophy of nursing. Explores theoretical and philosophical influences on current nursing practice.

Full-Time Option for Non- AN-DTA/MRP Graduates:

Fall Quarter (15 credits):

NURS 400: Quality, Safety, and Equity in Nursing Practice, 5 credits (hybrid). Explores the conceptual foundations of healthcare quality and safety. Examines cultural humility and culturally sensitive nursing care. Explores the ways that implicit bias, structural racism, and social and ecological determinants impact health and healthcare in vulnerable and disadvantaged populations. Analyzes personal cultural experiences and how those experiences shape identity and healthcare core values.

NURS 405: Research and Evidence-Based Nursing Practice, 5 credits (hybrid). Explores the nature of inquiry, basic research concepts, language and processes. Focuses on research contributions for developing knowledge, improving quality of care, reducing risk, and enhancing professional development and accountability. Accessing, critiquing, and utilizing quantitative, qualitative, and mixed methods to make informed clinical decisions are introduced. Explores ethical and legal rights of human subjects and equitable research practices.

NURS 410: Community and Public Health Nursing, 5 credits (hybrid). Investigates the principles, theories, and concepts of community and public health utilized to provide culturally sensitive and population-centered nursing care. Includes levels of disease prevention, principles of epidemiology, community assessment, environmental health, and disaster preparedness. Emphasizes equitable health promotion, risk reduction, and disease management across the lifespan within the context of individuals, families, aggregate populations, and community systems on a local to global scale.

Winter Quarter (15 credits):

NURS 415: Leadership for Organizational Change, 5 credits (hybrid). Investigates the changing role of the professional nurse as leader in complex and diverse healthcare settings. Applies leadership theories and methods, skills, and decision-making to implement high quality nursing care, healthcare team coordination, and oversight and accountability for care in a variety of settings. Emphasizes critical thinking, team building, interprofessional communication, priority setting, collaborative decision making, and advocacy in facilitating system change.

NURS 440: Current Trends in Healthcare Policy, 5 credits (hybrid). Investigates current trends in health care policy at the local, state and federal level as well as their impacts on the delivery of care and client outcomes. Examines legislative and regulatory processes pertaining to the nursing profession. Explores nursing role in legislative and policy-forming processes.

CMST 330: Professional and Organizational Communication, 5 credits. Explores communication topics in organizational context including public relations, dispute resolution, mentoring, global perspectives, and roles of e-communication.

Spring Quarter (15 credits):

NURS 420: Health Information Technology in Nursing, 5 credits (hybrid). Explores the structure and relationship between healthcare delivery systems, organizational compliance, and promoting interoperability in various nursing practice settings. Emphasizes use of information management

and client care technologies used to deliver safe and effective care to diverse client populations in a variety of settings. Investigates effects of emerging technologies on equity and accessibility of healthcare services.

NURS 430: Nursing Community Care Field Experience, 1.5 credits lecture at 1:1 or 15-16.5 contact hours; 3.5 credits clinical at 3:1 ratio or 105-115 contact hours (hybrid). Facilitates transition from student role to scholar-BSN. Applies concepts of scholarly inquiry, health promotion, leadership, and change management in a community practicum experience culminating in a population-centered quality improvement or systems change project. **Note: 3:1 contact hours for field experience.**

OLTM 440: Ethics and Leadership, 5 credits. Advances knowledge of diverse cultures, dynamics of privilege and oppression, and use of power between groups. Cultural competency and ethical actions in leadership are addressed.

Summer Quarter (15 credits):

NURS 435: Historical and Theoretical Influences on Current Nursing Practice, 5 credits (online). Introduces milestones and major health theories that have historically influenced nursing practice. Examines foundational concepts and principles of selected theories to develop a personal philosophy of nursing. Explores theoretical and philosophical influences on current nursing practice.

ECON 445: Health Care Economics, 5 credits (online). Introduces macro and microeconomics in the context of US health care markets. Examines healthcare supply and demand, as well as cost versus benefit related to market and government approaches to healthcare issues. Considers the impact of the current US healthcare payer model on access, equity, quality, and affordability in comparison to other types of payer models.

PSYC 320: Leadership and Organizational Psychology, 5 credits (online). Explores the actions of individuals, groups, and organizations through concepts related to motivation, leadership, decision-making, influence, politics, organizational structure, and environmental influences.

Nursing Program Policies

Classroom conduct and policies, as well as [Student Academic Rights and Responsibilities](#), are consistent with the [LCC Code of Student Conduct](#) which is found in the [LCC Student Handbook](#). Additionally, course policies are listed within individual course syllabi. Clinical/practicum courses have policies that reflect the additional requirements of clinical agencies. The following policies, procedures and expectations apply to all students enrolled in the RN to BSN program at Lower Columbia College.

Academic Integrity

Academic honesty is expected in all courses without exception. Any act of academic dishonesty is prohibited and subject to discipline. Please see [Academic Dishonesty](#) in the [LCC Student Handbook](#) for details about how academic dishonesty is addressed at LCC. Because of the high ethical and moral expectations of nurses in practice, the nursing program has zero tolerance for academic dishonesty. Sanctions may include a significantly lowered or failing grade on the assignment, a failing grade in the course, or dismissal from the program.

Acts of academic dishonesty include (but are not limited to) cheating, falsification, plagiarism, and fabrication. Per LCC policy, all instances of academic dishonesty will be reported to the Vice President of Student Success. No student shall be allowed to withdraw from a course or from the college to avoid the consequences of academic dishonesty. The instructor will notify the student of any suspected academic dishonesty and will then notify the dean and Vice President of Student Success of the incident.

Please see **LCC Nursing Programs Policies & Procedures for Professional Behavior and Clinical Practice Expectations** in [Appendix A](#) of this handbook.

Accountability

Students are expected to conduct themselves as mature, honest, ethical, and responsible persons. This includes being self-aware, self-directed, and accountable for one's own behaviors and choices. Students are expected to maintain client safety at all times. It is the student's responsibility to come to the clinical site prepared for safe patient care.

Please see **LCC Nursing Programs Policies & Procedures for Student Rights and Responsibilities, Professional Behavior, and Clinical Practice Expectations** in [Appendix A](#) of this handbook.

Advising

RN to BSN students are assigned a nursing faculty advisor once admitted to the program. This information is kept up to date each quarter in [EAB Navigate](#) (see your Care Team). The RN to BSN faculty advisor will check in with the cohort quarterly. Advisors are also available to meet with

students in person to assist with academic questions and planning. The RN to BSN faculty advisor will additionally provide registration and schedule information each quarter before priority registration opens.

APA Style

The LCC RN to BSN Program requires written assignments to be completed utilizing the format established by the American Psychological Association (APA Style), unless otherwise stated in the assignment description. The latest edition of the [Publication Manual of the American Psychological Association](#) ([links to the LCC Library e-copy](#)) will be used as the benchmark for acceptable formatting.

Several open resources may be used for assistance with formatting papers in APA Style:

- Lower Columbia College Library. (2023). [Library tutorials. Cite your sources: APA.](#)
- American Psychological Association. (2023). [APA Style®](#)
- Purdue University Online Writing Lab (OWL) maintains an extensive (free) [APA formatting and style guide](#)

Attendance

Attendance and punctuality are required for both classroom and field experiences. Students should plan to adjust work or other schedules to accommodate class and field experience schedules. Make-up assignments, including examinations, may not be available if a class session is missed. Alternative assignments may be required per instructor discretion. If a class session, meeting, or scheduled field experience day must be missed due to an unusual or extreme circumstance, the student must contact the instructor (and preceptor as applicable) by their preferred method of contact (e.g., phone, email, Canvas) **prior** to the start of class, activity, or field experience, if at all possible.

The Washington State Board of Nursing (WABON) has a minimum required number of 100 qualifying clinical hours that must be met during the RN to BSN field experience. **Not meeting the clinical hour requirement for this course can lead to an incomplete grade which will affect program completion.**

For hybrid or fully online courses, attendance expectations are found in the course syllabus. The general expectation is that the student will log in to the course at least three times weekly. Please see **LCC Nursing Programs Policies & Procedures for Student Rights and Responsibilities, Professional Behavior, and Clinical Practice Expectations** in [Appendix A](#) of this handbook.

Blood Borne Pathogens and Acknowledgement of Risks

Exposure to blood and other body fluids occur across a wide variety of occupations. Healthcare workers, emergency response and public safety personnel, and other workers can be exposed to blood through needle stick and other sharps-related injuries, mucous membrane, and skin

exposures. The bloodborne pathogens of primary concern are the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). Workers and employers should take advantage of available needle- and sharps-free equipment, work practices, engineering controls including safety-engineered sharps, and personal protective equipment to prevent exposure to blood and other body fluids ([National Institute for Occupational Safety and Health](#) [NIOSH] 2024).

Students are not employees of affiliating agencies and, as such, are not covered under Workers' Compensation laws. Students are required to carry personal health insurance to cover expenses for follow-up if untoward events such as needle sticks and blood splash occur. Students are responsible for expenses incurred with HIV and Hepatitis testing and follow-up and any other medical expenses the student may incur while enrolled in a nursing course.

Students in the clinical setting or campus laboratory must use protective equipment such as gloves, masks, eye protection, and/or gowns. The type of equipment used will depend upon the task and degree of exposure anticipated. Contaminated needles and sharps shall not be recapped.

If an exposure to blood or body fluid occurs through a puncture with a contaminated needle or sharp, or via contact with eyes, nose, mouth, or broken skin, immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available. **Report this immediately to your instructor. Appropriate protocols need to be started immediately and may include baseline labs.**

Please see **LCC Nursing Programs Policies & Procedures for Incident Reporting and Tracking and Clinical Practice Expectations** in [Appendix A](#) of this handbook. See also the [LCC Emergency Handbook](#).

Cell Phones and Other Personal Technology

Cell phones and other personal devices should be silenced during class unless being used for a class activity. In extenuating circumstances, cell phones may be set on vibrate. Laptops and tablets may be used for note-taking and other class activities but should not impact student engagement. Due to the often sensitive nature of class discussions, no photographing or recording of class content is permitted without permission of the instructor.

Most clinical facilities do not permit personal devices to be out on the client care unit. Under no circumstances are client documents or documentation screens to be captured, scanned, printed or copied for student use. Use of cameras or **any** recording device is not allowed during the field experience. Students must follow agency policies regarding cell phone and electronic devices.

Please see **LCC Nursing Programs Policies & Procedures for Course Exams; Clinical Practice Expectations; Professional Behavior, and Student Rights and Responsibilities** in [Appendix A](#) of this handbook.

Civility

To ensure a dynamic and respectful teaching, learning, and clinical practice environment that fosters a sense of community, it is expected that every student adheres to the following standards and maintains a high standard of civil, respectful, and professional conduct in all academic and clinical interactions. Civility is personal conduct that includes polite, reasonable and respectful behavior towards others. This includes honoring one's personal values while simultaneously listening to and respecting divergent points of view. Civility facilitates mutual respect, effective communication, and positive productive relationships. In the educational setting and the workplace, civility is demonstrated by actively listening to others, accountability for one's actions, showing respectful behavior toward others, and making other individuals feel valued. Incivility is rude, disruptive, or threatening behaviors that may result in distress for others. Discourteous behaviors that display disregard for others are considered uncivilized as well as unsafe. **Any form of harassment, disrespect or threatening behavior will not be tolerated and may result in discipline up to and including dismissal from the program and/or the college. Students are responsible for their conduct.**

Please see **LCC Nursing Programs Policies & Procedures for Professional Behavior** in [Appendix A](#) of this handbook. See also the [LCC Student Handbook - Code of Student Conduct](#).

Clinical Site Access and Authorization

The purpose of the required clinical and fieldwork documentation policy is to ensure compliance with healthcare and agency-specific requirements for student placement within agencies affiliated with LCC Nursing Programs. Clinical/fieldwork documentation requirements are to be reviewed and accurately completed on time by the due dates specified throughout the program. Per contracts between Lower Columbia College and affiliating agencies, all students and faculty participating in client care experiences must meet health and safety requirements. Each student will be required to create and maintain an account in ACEMAPP. This account will be used to complete clinical requirements and house documentation proving requirements have been met. Students who do not submit documentation requirements by specified due dates forfeit placement and may be withdrawn from the program.

Please see the **LCC Nursing Programs Policies & Procedures for Clinical Documentation Requirements and Clinical Practice Expectations** in [Appendix A](#) of this handbook.

Disqualifiers from Clinical Authorization: please refer to the [DSHS Secretary's List of Crimes and Negative Actions](#).

Clinical/Field Experience Policies and Requirements

The purposes of these policies are to assure student compliance with requirements of clinical agencies while enrolled in clinical/fieldwork courses, and to protect the patients/clients of these clinical agencies. Registering for a practicum/fieldwork course does not guarantee access to the clinical agency. Under no circumstances will a student be permitted in the clinical setting without authorization from the LCC Nursing Program.

If a student is unable to meet the requirements for ANY practicum site used by the program, the student will not be eligible to enroll in the practicum course or progress in the program. An “alternate assignment” for failure to meet or comply with clinical agency requirements is not available. Students must meet the essential abilities for clinical practice with or without reasonable accommodation. All questions regarding clinical placements and clinical requirements are to be directed to the LCC nursing program.

Under no circumstances are students to contact clinical agencies (or clinical agency personnel) directly regarding clinical or preceptor placements. Doing so may result in disciplinary action up to and including dismissal from the program.

Please see the **LCC Nursing Programs Policies & Procedures for Clinical Documentation Requirements, Clinical Practice Expectations, and Performance Evaluation** in [Appendix A](#) of this handbook.

Clinical/Field Experience Expectations and Evaluation

The [RN to BSN Field Experience Evaluation Tool](#) lists the student’s role, behaviors and expected level of competence in the clinical setting for NURS 430. This tool serves as the method of evaluation of the required student behaviors and is used in determining the course grade.

Please see the **LCC Nursing Programs Policies & Procedures for Clinical Practice Expectations and Performance Evaluation** in [Appendix A](#) of this handbook.

Communication in Healthcare Agencies

The student is required to communicate in a professional manner at all times. It is the student’s responsibility to communicate with appropriate personnel regarding clinical requirements, attendance, and scheduling in a timely manner. Please see course syllabus for specific information regarding attendance and communication with field experience preceptors.

Please see **LCC Nursing Programs Policies & Procedures for Professional Behavior, Clinical Documentation Requirements, and Clinical Practice Expectations** in [Appendix A](#) of this handbook.

Concerns, Complaints, or Grievances

Students are encouraged to discuss concerns with the fellow student(s) or faculty involved. If the issue has not been satisfactorily resolved working directly with the involved party, the student may follow the [chain of command](#) (also found in [Appendix A](#)). If the complaint is academic in nature, the student may initiate [Academic Grievance resolution procedures](#), as defined in the [LCC Student Handbook](#). For complaints related to harassment or discrimination, students are encouraged to [Make a Report](#) using the LCC website.

Please see the **LCC Nursing Program Policies & Procedures for Complaints, Concerns, & Academic Grievances** in [Appendix A](#) of this handbook. This policy provides guidelines related to promoting constructive dialogue.

Confidentiality & Privacy of Protected Information

Students in the RN to BSN program will have access to sensitive and private information within patient/client health records (including potentially their own records) during their field experience. Students are required to adhere to the individual agency's confidentiality policies. Agencies are required by law to meet accreditation and federal standards which govern patient/client information ([Health Insurance Portability & Accountability Act](#) [HIPAA]). Violation of confidentiality standards by a student or staff member may result in the agency being fined or sanctioned in other ways by state and federal regulatory agencies. **Violation of confidentiality and/or privacy policies may result in disciplinary action up to and including dismissal from LCC's nursing program.**

Confidentiality policy violations include, but are not limited to:

- Unauthorized access to client records (electronic format or other forms). This includes accessing one's own health records! If you use your student status to look at your own health record, this is "unauthorized access." Accessing client records from personal or other unauthorized devices is included as well.
- Verbal or written disclosure of client information outside of classroom or specific nursing program assignments.
- Failure to maintain client anonymity in teaching/learning situations.
- Photocopying, printing, or taking photos of client records or one's own health record.
- Removing client records from the facility.
- Unintended breaches of privacy and/or confidentiality using personal devices (such as taking photos in a clinical agency).

Nursing program faculty will review confidentiality policies and requirements for assignments. If the student has any questions or is confused at any time about confidentiality issues, the student is required to clarify the issue prior to taking any action regarding client information.

Please see **LCC Nursing Programs Policies & Procedures for Professional Behavior and Clinical Practice Expectations** in [Appendix A](#) of this handbook.

Disabilities and/or Temporary Medical Conditions

Reasonable accommodations may be available for students who have a documented disability or temporary medical condition. All accommodations must be approved through [Disability and Access Services](#). Students who believe that they may need accommodations are encouraged to contact the Disability and Access Services Office, located in the Admissions Building, Room 143, 360-442-2340, or email salbright@lowercolumbia.edu for an intake meeting with the director. If a student has a disability or temporary medical condition that interferes with course attendance or completion, the student may be eligible for a hardship withdrawal, per college policy.

Please see information about program withdrawal and re-entry related to disability or temporary medical condition below: [Re-Entry Policies for RN to BSN Program](#). Please also see **LCC Nursing Programs Policies & Procedures for Accessibility and Accommodations and Student Withdrawal, Dismissal & Re-Entry** in [Appendix A](#) of this handbook.

Dismissal from Class or Field Experience

Immediate dismissal from class or field experience may result depending on the severity of a behavior of concern, such as jeopardizing safety or causing harm. If a student is dismissed from a class or field experience, it will be considered a “fail” for that day. Dismissal from the program may occur in instances of severe violations of safety, professionalism, or program policies.

Please see **LCC Nursing Programs Policies & Procedures for Student Withdrawal, Dismissal & Re-Entry, Professional Behavior, and Clinical Practice Expectations** in [Appendix A](#) of this handbook.

Dress Code Policy

Please see the **LCC Nursing Programs Policies & Procedures for Professional Dress & Uniforms** in [Appendix A](#) of this handbook. This policy is inclusive of attire and hygiene guidance for clinical/practicum and lab settings.

Drug Screen Policy

The purpose of this policy is to comply with clinical agency requirements and protect the welfare of clients, students, and faculty. **A negative drug screen is required as part of the authorization to access a clinical site.** In the event that a routine drug screen is positive, whether actual or by default (failure to complete a drug screen as required is positive by default), the student will not be allowed to attend the field experience. The student will not be able to progress in or return to the program for one calendar year and must submit a re-entry request for consideration (see [Re-Entry Policies for the RN to BSN Program](#) below). In the case of a student who has not yet begun the program but has a positive drug screen, the student must meet with the program director, but no re-entry request is required. In this situation, after meeting with the dean/program director, the

student may request entry to the program in one calendar year. Re-applying to the program will not be required.

Please see the **LCC Nursing Programs Policies & Procedures for Clinical Documentation Requirements and Substance Abuse or Misuse** in [Appendix A](#) of this handbook.

Email

Email is a primary mode of nursing program and college communications. Students are accountable for program and college communications sent to their LCC email account.

To protect privacy and meet the security requirements of our clinical agencies, nursing program related electronic communications will be through students' designated LCC email address or Canvas (not a personal email address). It is also requested that email to nursing faculty/staff be sent from a designated LCC email address or Canvas.

Please see [Administrative Policy 490](#), which designates student email as official communication.

Employment (Paid or Unpaid)

For client and student safety, students are not permitted to work (paid or unpaid) the shift immediately prior to a scheduled field experience shift. For instance, a student may not work the night shift immediately prior to their day shift field experience. While the nursing faculty recognize that many students work while progressing through the program, work is not considered an excused absence from class or field experience. Students should contact their instructor and preceptor (if applicable) as soon as possible if unforeseen conditions such as mandatory overtime impact their ability to attend class or field experience. Please also refer to the [Attendance policy](#) included in this section of the handbook.

Essential Functional Abilities

Functional abilities relate to the behavioral components of student competence. They are abilities identified by the LCC Nursing Program as essential for safe patient/client care and are used as a guide in determining reasonable accommodations. To complete the program or to continue in the program, the student must be able to perform all essential functional abilities either with or without reasonable accommodation.

The nursing program endorses the Americans with Disabilities Act (ADA). In accordance with College policy, reasonable accommodations may be provided for a student with a disability. A student continuing in the program who identifies as having a disability and is requesting accommodation must consult [Disability and Access Services](#) (DAS) at LCC.

Please see **LCC Nursing Program Policies & Procedures for Accessibility and Accommodations** in [Appendix A](#) of this handbook.

Ethical Frameworks

Nursing students are expected to adhere to the values, moral standards, and ideals of the profession. Indeed, these tenets are a large part of what it means to be a nurse. The nursing program recognizes the [Code of Ethics for Nursing Students](#) published by the National Student Nurses' Association (NSNA, 2022), as well as the [Code of Ethics for Nurses with Interpretive Statements](#) published by the American Nurses' Association (ANA, 2015).

Please see **LCC Nursing Program Policies & Procedures for Professional Behaviors and Student Rights & Responsibilities** in [Appendix A](#) of this handbook.

Exams

Exams are utilized in some RN to BSN courses to assess student learning and mastery of concepts essential to professional nursing practice. The faculty and student both have an ethical duty to the integrity of the exam process. See individual course syllabi for additional information about course-specific exam policies.

Faith and Conscience Leave

Students who will be absent from course activities due to reasons of faith or conscience may seek reasonable accommodations so that grades are not impacted. Such requests must be made in writing to the [Office of Instruction](#) within the first two weeks of the course. For more information on [Faith & Conscience](#) and additional student policies and procedures, please refer to [LCC's Student Handbook](#).

Grading Policy

The following grading scale is used throughout the LCC Nursing Programs:

- | | |
|---------------------|---------------------|
| ■ A (94.0 - 100%) | ■ C (75.0 - 78.9%) |
| ■ A- (91.0 - 93.9%) | ■ C- (71.0 - 74.9%) |
| ■ B+ (88.0 - 90.9%) | ■ D+ (68.0 - 70.9%) |
| ■ B (85.0 - 87.9%) | ■ D (62.0 - 67.9%) |
| ■ B- (82.0 - 84.9%) | ■ F (<62.0%) |
| ■ C+ (79.0 - 81.9%) | |

The minimum course grade required for program progression/completion is 75.0% ("C"). Grade points for course grades are transcribed per the [LCC Grading Policy](#).

Course points are earned by completing course assignments as described in the course syllabus. The course grade as well as individual assignment and exam grades will be determined by dividing the total points earned by the total points possible. All points are weighted equally. Be sure to see each course syllabus for grading requirements and specific course information.

Cumulative course grades will be calculated using standard mathematical rounding rules to the nearest 10th decimal place. A cumulative score of 74.9% does not meet the passing standard.

- 74.91-74.94% rounds to 74.9% (C-).
- 74.95-74.99% rounds to 75.0% (C).

Incomplete

An incomplete grade may be assigned at the instructor's discretion according to LCC policy. A student may not complete the program while holding a grade of incomplete in any nursing course or required support course. If a student holds an incomplete grade in NURS 400, they may not progress forward in the program as completion of this course is required for program progression. If a student holds an incomplete grade in either NURS 410 or NURS 415, they will be unable to progress to the RN to BSN Field Experience (NURS 430). Both courses are prerequisites for NURS 430. An incomplete grade must be resolved within one year of being given or it will default to a failing grade for the course.

Gift Giving to Faculty/Staff

To prevent potential ethical violations, gift giving to instructors is strongly discouraged. By law, gifts of value of \$50 or more cannot be accepted. Your success is the best gift!

Health Conditions Affecting Essential Functional Abilities

Pregnancy

When a student informs any College employee, including confidential employees, of the student's pregnancy or related conditions, the College employee must follow [Administrative Policy Section 237: Pregnancy](#), which includes, but is not limited to,

- Promptly providing the student, verbally or in writing, the Title IX Coordinator's contact information, and
- Informing the student that the Title IX Coordinator can coordinate specific actions to prevent sex discrimination and ensure the student's equal access to the College's education program or activity.

If a student is pregnant, it is not required, but strongly recommended they disclose this to their field experience instructor and preceptor so that necessary adjustments can be made to protect the health and wellbeing of the student and baby. For example, assignments may be altered to prevent unnecessary exposure to pathogens or medications that may be harmful to a developing fetus. A student seeking pregnancy and/or childbirth related accommodations must consult [Disability and Access Services](#) (DAS) at LCC.

Student Hospitalization or Injury

The Nursing Program must follow clinical site policies and may restrict clinical participation if the health and safety of other students and/or the public is adversely impacted. If a student is

injured, hospitalized, seriously ill, or has undergone surgery during the program, or within six weeks of the program, the student may be required to submit a Medical Release Form (completed and signed by their healthcare provider) to the dean/nursing program director before they can return to clinical. Students should contact their instructor or the dean/nursing program director to obtain this form.

Please see **LCC Nursing Program Policies & Procedures for Accessibility and Accommodations** in [Appendix A](#) of this handbook.

Health Insurance

All nursing students are required to carry personal health care coverage. It is the student's responsibility to maintain health insurance while in the nursing program. Proof of health insurance must be provided before accessing a clinical site. The required health insurance should cover basic health costs for illness, injury and hospitalization as well as the costs for testing and/or treatment needed related to risks from working within the healthcare environment. The field of healthcare has inherent risks in working with patients with potentially communicable diseases. Should a student have a serious exposure, prevention protocols may cost thousands of dollars. Students are responsible for expenses incurred with any follow-up for a blood or body fluid exposure, such as HIV and hepatitis testing, as well as for any personal injury that occurs in the health care setting or while enrolled in a nursing course. **Students are not employees of affiliating agencies (clinical/practicum sites) and are not covered under workers' compensation laws or the clinical agencies' employee health services.** LCC does not provide health insurance for students.

Please see the **LCC Nursing Program Policies & Procedures for Clinical Documentation Requirements** in [Appendix A](#) of this handbook.

Incident Reporting

Timely reporting, tracking, and review of incidents and events involving patient, student, or faculty safety is crucial to ensuring safety in clinical and lab settings, as well as promoting program and college continuous quality improvement. All medication errors, omissions, or untoward events; incidents resulting in patient/client, staff, or student harm; incidents causing unreasonable risk for patient harm ("near miss"); and suspected or confirmed incidents of drug diversion are to be reported **immediately** upon occurrence or discovery. Per [WAC 246-840-513](#), nursing programs are required to report to the Washington State Board of Nursing (WABON) within 48 hours any event involving a faculty or staff member that the program has reason to believe resulted in patient harm, unreasonable risk of patient harm, or diversion of controlled substances or legend drugs.

Please see the **LCC Nursing Program Policy & Procedure for Incident Reporting & Tracking** in [Appendix A](#) of this handbook.

Infection Control and Uniforms

To reduce the spread of infection, uniforms (including lab coats) that have been worn in a client care area are not to be worn in public areas outside of the health care facility until laundered. Shoes, as part of the uniform, should be considered contaminated and only worn in the clinical setting.

Please see the **LCC Nursing Program Policy & Procedure for Professional Dress & Uniforms** in [Appendix A](#) of this handbook.

Injury and Body Fluid Exposure Protocol

Report all injuries and body fluid exposures to your instructor immediately and complete the required associated documentation described in the [Incident Reporting](#) section of this handbook. Blood and body fluid exposures include needle stick (non-sterile), puncture wound from an instrument used in patient care, body fluid splash into the eye, mouth, mucous membranes, non-intact skin or wounds. If the event occurs at a clinical agency, follow the clinical agency policy and procedures. Generally, this includes notifying the agency's Employee Health office or the house supervisor if after hours. The agency will contact the patient (if known) to request testing for HIV/HBP. Students are advised to follow-up with a health care provider for baseline labs and initiation of a post-exposure prophylaxis if indicated. Regardless of whether the event occurs on campus or in a clinical agency, a [Nursing Programs Incident or Near Miss Report](#) must be completed as soon as reasonably possible.

Please see the **LCC Nursing Program Policy & Procedure for Incident Reporting & Tracking** in [Appendix A](#) of this handbook.

Liability Insurance

The required liability insurance for all students in a healthcare program will be included as a program fee attached the field experience (NURS 430). Additionally, this fee will be collected upon re-entry into the RN to BSN program when applicable.

Please see the **LCC Nursing Program Policies & Procedures for Clinical Documentation Requirements** in [Appendix A](#) of this handbook.

Medication Administration

The safe and accurate administration of medications constitutes a fundamental aspect of clinical nursing practice and is paramount to the provision of comprehensive care. Lower Columbia College Nursing Programs embrace this principle, underpinned by a steadfast commitment to foundational elements of quality, safety, and value in healthcare delivery. These elements are woven throughout the curriculum and clinical practice to ensure the highest standards in safe and effective person-centered care. If a medication error occurs, it must be immediately reported to the nursing faculty and the facility protocol initiated.

Additionally, the nursing program director is to be informed by the nursing faculty of all medication errors on the same day as the occurrence, and an appropriate incident report is to be filed.

Please see the **LCC Nursing Program Policy & Procedure for Incident Reporting & Tracking and Medication Administration Policy** in [Appendix A](#) of this handbook.

Needles, Angiocatheters and Other “Sharps”

Students are expected to report incidents, injuries, or events occurring in the clinical setting to their instructor and preceptor as soon as reasonably possible, first attending to their own and the patient’s safety as necessary. If the instructor is not immediately reachable (for students in field experience without direct faculty oversight), students should report the incident, injury, or event to the nursing program director as soon as reasonably possible. Students may be asked to assist their supervising faculty with completion of a [Nursing Program Incident or Near Miss Report](#).

Please see the **LCC Nursing Program Policy & Procedure for Incident Reporting & Tracking** in [Appendix A](#) of this handbook.

Professionalism

According to [WAC 246-840-519](#), nurse education programs shall hold students accountable for professional behavior. Professionalism is a cornerstone of a successful academic program, just as it is a cornerstone of integrity and compassion in the delivery of healthcare and building collegial and conscientious interprofessional teams. It is a key component of the American Association of Colleges of Nursing’s [Essentials: Core Competencies for Professional Nursing Education](#). The Essentials Domains and Concepts of Competent Practice guide the curriculum of the RN to BSN program at LCC, as does the [Code of Ethics for Nurses](#) (American Nurses Association, 2015).

To ensure a dynamic and respectful teaching, learning, and clinical practice environment that fosters a sense of community, it is expected that every student adheres to these standards and maintains a high standard of civil, respectful, and professional conduct in all academic and clinical interactions. Professional behavior is required for progression in all nursing pathways.

Fundamental attributes of ethical and professional behavior include but are not limited to honesty, integrity, and civility, as well as a demonstrated desire to learn, respect for the academic process, concern for the welfare of patients and their families, commitment to patient confidentiality, respect for the rights of others, emotional maturity, and self-discipline. Since the development of ethical and professional behavior is an integral part of education in nursing, demonstrating such conduct during the professional educational program is an academic matter.

Expected professional behaviors include punctuality, respectful communication, honesty, accountability, and respectful treatment of others at all times in all settings. Professional

behavior also requires an awareness of how one's own behaviors are perceived by others, a commitment to honesty and accuracy in communication, openness, flexibility, and awareness of the thoughts, feelings and needs of others. **Depending on the nature and severity of any unprofessional conduct, ramifications may range from implementing a Student Success Plan to immediate removal from the program.**

Please see the **LCC Nursing Program Policy & Procedure for Professional Behavior** in [Appendix A](#) of this handbook.

Program Progression

A minimum grade of "C" (2.0) must be earned in all required nursing courses and non-nursing courses (example: ECON 445) for program completion. See the RN to BSN Program [Grading Policy](#) for information about program progression while holding an incomplete grade in a required nursing or support course. If the minimum required grade is not earned in a nursing course required for program progression, the student must complete this course with a passing grade prior to progressing to subsequent RN to BSN program courses:

- NURS 400 must be completed within the first quarter of enrollment in the program and students may not progress in the program without first successfully completing NURS 400 (Quality, Safety, and Equity in Nursing Practice).
- Students may not progress to the field experience (NURS 430) without first successfully completing Community and Public Health Nursing (NURS 410) and Nursing Leadership for Organizational Change (NURS 415).
- An RN to BSN student may move between full-time and part-time enrollment between quarters or following the college's withdrawal policies and procedures. This will not be considered a delay in progression requiring program re-entry.

If a student withdraws from a nursing or required non-nursing concurrent course for any non-hardship reason, or a student voluntarily delays progression in the program (student is in good academic standing), the student must request re-entry to the program. This is due to limited spaces in certain courses such as the field experience. Availability of required courses during desired quarters may affect rate of progression upon re-entry. Re-entry requests must be submitted within one calendar year of the last enrollment in a nursing course. Withdrawal from one or more courses related to hardship reasons such as medical, death in the family, military deployment, or other unforeseen emergent circumstance also require [program re-entry](#) and must follow college policy and procedures.

Please see full details in the **LCC Nursing Program Policy & Procedure for Student Withdrawal, Dismissal, & Re-Entry** in [Appendix A](#) of this handbook.

Program Re-Entry

Following a delay in progression for any reason, the student will receive a letter from the dean/nursing programs director outlining the process for program re-entry. Requests for re-entry must be submitted on the [approved form](#) and include all required information.

A student who wishes to pursue program re-entry following a delay of progression related to voluntary, academic, or hardship reasons (as described above) must complete a [request for program re-entry](#) **within one (1) calendar year of the last date of enrollment in a nursing course. A student is permitted one (1) re-entry per program following delay of progression related to substandard academic or clinical performance and one (1) re-entry per program following a voluntary delay of progression (stopping out).**

Program re-entries are based on available space, particularly in the field experience course (NURS 430; offered during spring quarter). Students who withdrew related to a hardship (as described above) will be given priority over re-entries due to voluntary delays in progression and re-entries related to substandard academic or clinical performance, but are still based on available space in the desired cohort.

Please see full details in the **LCC Nursing Program Policy & Procedure for Student Withdrawal, Dismissal, & Re-Entry** in [Appendix A](#) of this handbook.

Safety in Clinical Agencies

Students are assigned to clinical agencies in order to meet course objectives. If at any time a student feels unsafe in the setting, the student must remove themselves from the setting and report to the assigned preceptor and course faculty. The clinical instructor will follow-up on the incident and will take appropriate action.

Please see the **LCC Nursing Program Policies & Procedures for Clinical Practice Expectations and Performance Evaluation** in [Appendix A](#) of this handbook.

Social Media

To comply with HIPAA and protect patient/client confidentiality, students may not use personal electronic devices (cell phones, I-pad, or other devices), to transmit, copy, photograph or download any patient/client information at or from any location. No photographs are to be taken in the clinical setting. Posting **any** patient/client information on Facebook, Twitter, email, or other social media - even inadvertently - is prohibited. Violation of this policy may result in a failing grade for the clinical course and dismissal from the nursing program. Students must comply with clinical agency and federal policies on the use of social media as it relates to patients/clients as well. Nurses face risks when social media is used inappropriately. Results of this may include disciplinary action by the state board of nursing, loss of employment, as well as legal action.

From the [American Nurses Association](#):

6 tips for Nurses Using Social Media

Social networks and the internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. Nurses and nursing students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior

have the potential to enhance or undermine not only the individual nurse’s career, but also the nursing profession.

ANA’s Principles for Social Networking

1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient – nurse boundaries.
3. Nurses should understand that patients, colleagues, institutions, and employers may view postings.
4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses should bring content that could harm a patient’s privacy, rights, or welfare to the attention of appropriate authorities.
6. Nurses should participate in developing institutional policies governing online conduct.

6 Tips to Avoid Problems

1. Remember that standards of professionalism are the same online as in any other circumstance.
2. Do not share or post information or photos gained through the nurse-patient relationship.
3. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
4. Do not make disparaging remarks about patients, employers or co-workers, even if they are not identified.
5. Do not take photos or videos of patients on personal devices, including cell phones.
6. Promptly report a breach of confidentiality or privacy.

Please see the **LCC Nursing Program Policies & Procedures for Clinical Practice Expectations, Performance Evaluation, and Professional Behavior** in [Appendix A](#) of this handbook.

Student Conduct

Professional and civil conduct is expected in all college, clinical, and community settings where class and/or program related activities occur. Additionally, please see the [Clinical/Field Experience Course Requirements](#) in this handbook regarding expectations for student conduct in clinical/practicum. Immediate dismissal from class or clinical may occur depending on the severity of a behavior that violates conduct or professionalism guidelines, such as jeopardizing safety or causing harm. If a student is dismissed from class or clinical, it will be considered, at minimum, a “fail” for that day. Dismissal from the program may occur in instances of severe violations of safety, professionalism, or program policies.

Please refer to the [Student Code of Conduct](#) in the [LCC Student Handbook](#). Please see also the **LCC Nursing Program Policies & Procedures for Clinical Practice Expectations, Performance Evaluation, and Professional Behavior** in [Appendix A](#) of this handbook.

Student Success Plan

The purpose of a [Student Success Plan](#) is to address and document actual or potential substandard practices and/or behaviors that may negatively affect student success. A Success Plan may be initiated when, in the faculty's judgment, a student has demonstrated a behavior or occurrence of concern. The plan will be reviewed with the student with the intent of providing clear expectations, documenting the area of concern, and identifying strategies for success. Depending on the severity of the behavior, immediate dismissal from class or clinical may result whether or not a success plan has been initiated. For example, behaviors that jeopardize safety or cause harm to self or others may require immediate dismissal from the setting.

Refer to [Professionalism](#) and [Student Conduct](#) policy descriptions above, as well as the **LCC Nursing Program Policies & Procedures for Clinical Practice Expectations, Performance Evaluation, and Professional Behavior** in [Appendix A](#) of this handbook.

Substance Abuse or Misuse

The purpose of this policy is to protect the welfare of clients, students, instructors, Lower Columbia College and affiliating agencies. All students are expected to perform clinical/practicum activities efficiently and safely, without the influence of drugs (including marijuana) or alcohol. Students must notify the course instructor if they are taking any medication which may impact the student's ability to provide safe, competent care (essential functional abilities). This includes any medications that may cause sedation, slowed reflexes, or the other alterations in physical and mental abilities.

The following actions/conditions are prohibited:

- Unsafe or potentially unsafe clinical performance due to use of drugs and/or alcohol, including marijuana.
- Reporting for a clinical session with the odor of alcohol, marijuana, or illegal chemicals.
- Possessing any illegal narcotic, hallucinogen, stimulant, sedative or similar drug while on clinical time.
- Using any intoxicating or illegal substances while on clinical time, on the premises or away from the premises when required to return to the clinical facility.
- Removing any drug from the institution or patient supply for any reason.
- Falsifying specimen collection for required drug screen in clinical.

If the student's behavior in clinical is creating or potentially creating unsafe client care and the student appears to be under the influence of drugs or alcohol (based on a reasonable suspicion):

- The assigned preceptor will ensure the safety of clients by removing them from the care of the student. Findings should be reported to the field experience faculty as soon as reasonably possible.

- The student's safety will be ensured as well as their removal from the clinical environment. The faculty member will notify the dean/nursing programs director as soon as reasonably possible with the goals of timely intervention and protecting student confidentiality. It is notable that any incidence of known diversion of legend drugs must be reported to the WABON with 48 hours.
- The student will be required to participate in a Substance Abuse Assessment at a facility approved by the College. The expense of such assessment will be the responsibility the student. The student will agree that results of the assessment will be made known to the dean/nursing programs director. The student will be encouraged to enroll in the [Washington Health Professional Services](#) (WHPS) program. Enrollment will defray treatment and monitoring costs for the student and will be required for program re-entry (see below). If the student refuses Substance Abuse Assessment, they will be dismissed from the program on the grounds of implied admission to being under the influence of drugs or alcohol while in clinical and may pursue due process as described in the [Code of Student Conduct \(WAC 132M-126-025\)](#).
- If a student agrees to treatment, the student may not progress in the program until treatment has concluded. At that time, with monitoring through the WHPS program, the student may apply for re-entry to the program as per the [re-entry policies and procedures](#).
- Any student dismissed from the program related to substance use/misuse may request re-entry with evidence of having successfully completed an approved treatment program. The standard [re-entry policies and procedures](#) apply.

Additionally, please refer to [LCC administrative Policy 240: Alcohol & Drug Free Workplace](#) and information about the [Federal Drug-Free Schools and Communities Act](#) in the [LCC Student Handbook](#). Please also see the **LCC Nursing Program Policies & Procedures for Incident Reporting & Tracking and Student Withdrawal, Dismissal, & Re-Entry** in [Appendix A](#) of this handbook.

Violation of Behavioral Standards

Depending on the facts and circumstances surrounding each situation, potential outcomes for violation of behavioral standards (professional behaviors, clinical practice expectations) may include, but are not limited to, immediate dismissal from the clinical area and/or a failing grade in the course. Criteria for evaluation in the field are included in the [RN to BSN Field Experience Evaluation Tool](#).

Nursing program faculty have a responsibility to protect the public. By contractual agreement, clinical agencies reserve the right to terminate use of facilities by a particular student when necessary to maintain operations free from disruption and to ensure quality of client care. If a student is denied access to a clinical agency due to a safety or conduct violation, progression in the nursing program may be denied.

Please see the **LCC Nursing Program Policies & Procedures for Clinical Practice Expectations and Performance Evaluation** in [Appendix A](#) of this handbook.

Student Information and Resources

Combined Courses

Courses in the RN to BSN program may be combined with another section of the same course. Example: a nursing program course may have multiple sections but be combined on campus or Canvas.

Cultural Competence in Healthcare

The Washington State legislature requires all health care providers licensed by the Department of Health to receive multicultural health awareness education and training. Please review the [National CLAS Standards](#) (National Standards for Culturally and Linguistically Appropriate Services). These standards are intended to promote health equity, improve quality, and help eliminate health care disparities. This handout is in your Nursing Orientation packet and can also be found on the [US Health & Human Services](#) website.

Graduation and Commencement

To receive a degree from LCC, students must apply for graduation through the Registration Office. Graduation applications are available on the [LCC graduation webpage](#) and at the Registration Office. It is recommended that students apply for graduation two quarters before intended completion so that any deficiencies may be identified and corrected. The deadline to apply for graduation is posted each quarter on the website and is generally about six weeks before the end of the quarter. Requirements for the BSN degree can be found on the [Health Sciences & Wellness Pathway](#) webpage.

LCC Commencement is held in June each year. Students who have completed degree requirements during the past year may participate in the June commencement ceremony. Students eligible to graduate at the end of summer quarter may apply for spring graduation and participate in Commencement, completing requirements through the Summer Completion Option. Nursing Pinning ceremonies are held quarterly, sponsored jointly by LCC and the Student Nurse Organization, and are separate from LCC commencement activities.

Library Learning Resources

The LCC Library is located in the Alan Thompson Library building. The [LCC Library & Learning Commons website](#) includes online databases, open educational resources, eBooks, research assistance. The physical library space includes group study areas, white boards, SMARTBoards, computers, printers, books, movies, magazines, journals, newspapers and physical reserve items for classes. The Learning Commons, located in the Library, additionally offers free individual and group tutoring for most subject areas, both in person as well as online through [eTutoring](#).

Nursing Program Data Collection

As part of maintaining compliance for ongoing program approval and accreditation, the RN to BSN program must collect data from students. Data is primarily collected via surveys that are administered to students during, at the end of, and following completion of the program. Collaborative meetings (such as advisory committees and the student-faculty committee) are another way that the program seeks student input.

Course Effectiveness Evaluations

Course effectiveness data is collected every quarter a nursing course is taught. This information regarding student perspective on the course content, delivery, or structure is used for continuous program improvement. Students will be sent a Google Form link for course effectiveness evaluations near the end of each quarter. Course effectiveness evaluations are anonymous. Faculty are evaluated via a different form and process (see [Evaluating Faculty](#) below). Because course effectiveness survey results are reviewed by all program faculty and staff, any specific faculty/staff references will be redacted from the course effectiveness compiled data.

Evaluating Faculty

Students have the opportunity to evaluate faculty and instruction per the college evaluation schedule through the approved process. Not every faculty is evaluated every quarter, but course effectiveness evaluation is completed quarterly. The faculty evaluation process works most effectively when constructive feedback is provided. Please note that evaluation schedules are determined by the faculty collective bargaining agreement and cannot be adjusted. Faculty in their tenure track are often evaluated earlier in the quarter to accommodate their committee review process and college Board of Trustee meeting schedules.

Nursing Advisory Committee

The Nursing Advisory Committee meets a minimum of twice per year and is made up of local clinical partners, employers, representatives from organized labor, community members, and nurses. The purpose of this committee is to provide input to help maintain, update and/or improve the program. A student representative is encouraged to serve on this committee. If interested, please contact the SNO president or dean/nursing program director.

Student-Faculty Committee

The student-faculty committee meets quarterly to share information, address program-level concerns, and to seek student input regarding program decisions that impact students. Each nursing cohort elects a representative to attend the quarterly meetings to provide input on nursing program policies and procedures, planning, implementation, evaluation and quality improvement. Students may participate in the meetings via video conferencing if unable to attend in person.

Surveys

Survey data is used for program monitoring and improvement and is integral to the Systematic Evaluation Plan for nursing that is required by law and accreditation standards. Several surveys will be administered during and after the nursing program, including: Point of Leaving Survey at the conclusion of the program; Achievement Scale for Student Perception of Program Information and Student Services administered in the spring; Graduate survey sent approximately six months after program completion; Employer survey sent within one year of graduation. Completion of these surveys is vital to program improvement.

RN to BSN Community Group (Canvas)

An RN to BSN Community Group is maintained in Canvas for nursing students and faculty. This Canvas course is used to disseminate information of interest to RN to BSN students, provide a repository for various program information and resources, and provide a means of communication between members. Each student will be sent an invitation by email to join the RN to BSN Community Group. This invitation may be accepted or declined without consequence. If the invitation is accepted, the student will be added to the roster of the Canvas course. The roster is accessible by all members. Membership in this group is discontinued upon leaving the program. Graduates of the program will keep access for up to 12 weeks after graduation. A student may opt-out of this group at any time by notifying the eLearning director.

Student Nurse Organization (SNO)

All students in the nursing program, as well as pre-nursing students, may participate in the Student Nurse Organization. SNO is recognized and funded by the Associated Students of LCC (ASLCC). The organization aids in the preparation of student nurses for the assumption of professional responsibilities and promotes interaction among student nurses. A variety of meetings and activities are scheduled by SNO each quarter. Each nursing cohort selects a SNO representative. Students may participate in meetings via video conferencing if unable to attend in person.

Appendix A: Program Policies & Procedures



Lower Columbia College Nursing Programs

Policies & Procedures: *Accessibility & Accommodations*

Pathway(s) Covered: NA-C, Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy: The purpose of the policy is to guide students with disabilities to obtain the necessary support and approvals for their individual needs. Lower Columbia Colleges' Disability and Access Services (DAS) Department has staff to assist qualified students with disabilities by providing accommodations and equal access to academic programs and activities. With goals designed to:

- Create a respectful and confidential environment.
- Develop a plan for reasonable accommodation.
- Explain how to request accommodations.
- Implement accommodations in a timely manner.

Background Information: To complete the program or to continue in the program, the student must be able to perform all essential functional abilities either with or without reasonable accommodation. The nursing program follows the Americans with Disabilities Act (ADA) and Title IX Regulations. In accordance with College policy, reasonable accommodations may be provided for a student with a disability or temporary medical condition. In order to be admitted to and progress in the nursing program, the student must be able to meet essential functions with or without reasonable accommodation. A candidate or student continuing in the program who identifies as having a disability or temporary medical condition and is requesting accommodation must consult Disability and Access Services (DAS) at LCC.

Person/Persons Responsible for Adherence: Students, faculty, nursing program administration, Disability and Access Services personnel, Title IX Coordinator

Supporting LCC Documents or Processes:

- Disability and Access Services [Documentation Guidelines](#)
- Administrative policy [Section 237: Pregnancy](#)
- Administrative policy [Section 425: Non-Discrimination and Anti-Harassment](#)
- Administrative policy [Section 430: Reasonable Accommodation](#)
- Administrative policy [Section 480: Student Absence for Reasons of Faith or Conscience](#)

Policy/Procedure for Accessibility & Accommodations

Essential Functional Abilities:

Functional abilities relate to the behavioral components of student competence. They are abilities identified by the LCC Nursing Program as essential for safe patient/client care and are used as a guide in determining reasonable accommodations. To complete the program or to continue in the program, the student must be able to perform all essential functional abilities

Policy/Procedure for Accessibility & Accommodations

either with or without reasonable accommodation. The **Essential Functional Abilities for Nursing Students** are specified in [Table 2](#) below.

A candidate or student continuing in the program who identifies as having a disability and is requesting accommodation must consult [Disability and Access Services](#) (DAS) at LCC.

- When the candidate or student discloses a disability and requests accommodation, they will be asked to provide documentation of the disability for the purpose of determining reasonable accommodations. Students are not required to disclose their disability to faculty.
- Documentation requirements will be explained to the student at the appointment and can be found on the [DAS LCC webpage](#).
- The DAS director determines the acceptance or denial of academic accommodations.
- LCC will provide reasonable accommodations. However, LCC is not required to make modifications that would substantially alter the nature or requirements of the program or to provide auxiliary aids that present an undue burden to LCC.
- If a student is denied their request for accommodations, the student can appeal to the 504/ADA Coordinator, which will be explained in a letter to the student.
- For an appointment to discuss potential accommodations, email mmorgan@lowercolumbia.edu or call 360.442.2341. Students are responsible for renewing accommodations quarterly through the DAS Office.

Disabilities and/or Temporary Medical Conditions:

Reasonable accommodations are available for students who have a documented disability or temporary medical condition and must be approved through Disability Support Services.

Students who believe that they may need accommodations are encouraged to contact the Disability Support Services Office, located in the Admissions Building, Room 143, 360.442.2340 or email mmorgan@lowercolumbia.edu. If a student has a disability or temporary medical condition that interferes with course attendance or completion, the student may be eligible for a hardship withdrawal (formerly medical withdrawal), per college policy.

Per the re-entry policies of the nursing program: A student who is unable to complete a course due to medical reasons (hardship withdrawal), may request re-entry for up to one calendar year from the last nursing course completion. The student must submit documentation of resolution of the medical issue or have an approved reasonable accommodation before re-entry will be considered. Re-entry is on a space available basis; medical withdrawals will be given priority over re-entries due to voluntary delays in progression and academic program re-entries. If the student is not able to re-enter within one calendar year, the student may be required to restart the program to ensure current nursing knowledge and skills. Re-entering after a hardship (medical) withdrawal while in good standing academically in the program will not count toward the “one re-entry per program” policy.

Health Conditions Affecting Essential Functional Abilities

Pregnancy:

When a student informs any College employee, including confidential employees, of the student's pregnancy or related conditions, the College employee must follow [Administrative Policy Section 237: Pregnancy](#), which includes, but is not limited to,

- Promptly providing the student, verbally or in writing, the Title IX Coordinator's contact information, and
- Informing the student that the Title IX Coordinator can coordinate specific actions to prevent sex discrimination and ensure the student's equal access to the College's education program or activity.

If a student is pregnant, it is not required, but strongly recommended they disclose this to the clinical instructor so that necessary adjustments can be made to protect the health and wellbeing of the student and fetus. For example, clinical assignments may be altered to prevent unnecessary exposure to pathogens or medications that may be harmful to a developing fetus. Please contact Mary Kate Morgan, Director of Disability and Access Services (DAS), for pregnancy and/or childbirth related accommodations. 360-442-2341 or mmorgan@lcc.ctc.edu.

Student Hospitalization or Injury:

The Nursing Program must follow clinical site policies and may restrict clinical participation if the health and safety of other students and/or the public is adversely impacted. If a student is injured, hospitalized, seriously ill, or has undergone surgery during the program, or within six weeks of the program, the student may be required to submit a Medical Release Form (completed and signed by their healthcare provider) to the dean/nursing program director before they can return to clinical practice. Students should contact their instructor or the dean/nursing program director to obtain this form.

Faith and Conscience Leave:

Students who will be absent from course activities due to reasons of faith or conscience may seek reasonable accommodations so that grades are not impacted. Such requests must be made in writing to the Office of Instruction within the first two weeks of the course. For more information on Faith & Conscience and additional student policies and procedures, please refer to [LCC's Student Handbook](#).

Table 2: Essential Functional Abilities for Nursing Students

Category	Essential Function
Visual	1. Observe and discern subtle changes in physical conditions and the environment
	2. Visualize different color spectrums and color changes
	3. Read fine print
	4. Read data displayed on monitors/equipment

Category	Essential Function
	5. Detect non-verbal communication
Auditory	1. Distinguish muffled sounds heard through a stethoscope.
	2. Hear and discriminate high and low frequency sounds produced by the body and the environment.
	3. Effectively hear to communicate with others.
Tactile	1. Discern tremors, vibrations, pulses, textures, temperature, shape, sizes, location and other physical characteristics.
Olfactory	1. Detect body odors and odors in the environment.
Communication	1. Verbally and in writing engage in two-way communication in English.
	2. Use qualified interpreters when appropriate to communicate with non-English speaking clients.
	3. Interact effectively with others from a variety of social, emotional, cultural and intellectual backgrounds.
	4. Communicate in a timely manner.
Interpersonal Relationships	1. Work effectively in groups
	2. Work effectively independently.
	3. Interpret nonverbal communication.
	4. Express one's ideas and feelings in a clear manner.
	5. Demonstrate behaviors that are age appropriate in relationship to the client.
	6. Convey caring, respect, tact, compassion and empathy to client and others.
	7. Function effectively in situations of uncertainty and stress
Cognitive Thinking	1. Operate a computer to obtain, enter and transmit data.
	2. Effectively read, write, and comprehend the English language.
	3. Consistently and dependably engage in the process of critical thinking in order to formulate and implement safe and ethical nursing decisions in a variety of healthcare settings.
	4. Demonstrate satisfactory performance on written examinations, including mathematical calculations.
Motor Function	1. Handle small delicate equipment/objects without extraneous movement, contamination or destruction.
	2. Move, position, transfer and assist with lifting and ambulation without injury to clients, self or others.
	3. Maintain balance.
	4. Respond rapidly to emergency situations.
	5. Coordinate hand/eye movements

Category	Essential Function
	6. Lift and/or carry objects weighing up to 25 pounds without injury to client, self, or others.
	7. Stand, bend and walk, for prolonged periods of time while performing physical activities requiring energy without jeopardizing the safety of the client, self or others.
	8. Function with hands free for nursing care and transporting devices.
	9. Coordinate fine and gross motor hand movements to provide safe, effective nursing care.
	10. Handle multiple tasks concurrently

References:

- [Lower Columbia College Student Handbook](#)
- U.S. Department of Justice, Civil Rights Division. (2024). [ADA.gov](#).

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Lower Columbia College Nursing Programs

Policies & Procedures: Clinical Documentation Requirements

Pathway(s) Covered: Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy: The purpose of the required clinical and fieldwork documentation policy is to ensure compliance with healthcare and agency-specific requirements for student placement within agencies affiliated with LCC Nursing Programs.

Background Information: Clinical/fieldwork documentation requirements are to be reviewed and accurately completed on time by the due dates specified throughout the program. Per contracts between Lower Columbia College and affiliating agencies, all students and faculty participating in patient care experiences must meet health and safety requirements. Students who do not submit documentation requirements by specified due dates forfeit placement and may be withdrawn from the program.

Person/Persons Responsible for Adherence: Students, faculty, assistant nursing program directors, healthcare program coordinators, dean of instructional programs/nursing programs director

Supporting LCC Documents or Processes:

- Administrative Policy, [Section 245: Workplace Safety](#).

Policy/Procedure for Clinical Documentation Requirements

Criminal Background and Drug Screening:

Students in all nursing programs/options must pass a criminal background check and drug screen before beginning the nursing coursework.

- A negative urine drug screen must be obtained within 60 days of beginning the nursing program at an approved occupational healthcare provider.
- State and Federal criminal background checks through the approved program vendor must be passed prior to nursing coursework. A self-disclosure form must be completed as well as a release for the program to access information contained in the background check. Additional background checks may be required depending on clinical rotations (for instance, Department of Social & Health Services clearance or fingerprinting may be required in some settings where students will have access to particularly vulnerable populations).

Because LCC must comply with health care agency requirements, a positive finding in a background check or drug screen may exclude the student from enrolling or completing the nursing program. Some crimes disqualify a person from access to vulnerable populations or from nursing licensure. Clinical agencies retain the right to refuse placement to students with a history of certain offenses. For additional information, see the Department of Social & Health

Policy/Procedure for Clinical Documentation Requirements

Service Secretary's list [Disqualifying Crimes and Negative Actions](#). Prospective nursing students are encouraged to contact the dean of instructional programs/nursing programs director with related questions.

Additional Required Documentation:

Per communicated timelines provided at admission, students must provide the following documentation. Evidence is uploaded to the ACEMAPP clinical placement platform by the student or the clinical placement coordinator (applies to all programs/options unless otherwise noted):

- Social Security Card
- American Heart Association (AHA) certification in Basic Life Support (BLS) for Healthcare Providers.
- AHA certification in First Aid (*traditional entry AN-DTA/MRP only*).
- Evidence of current unencumbered Washington, Oregon, or approved multi state LPN license (*LPN-entry AN-DTA/MRP options only*).
- Evidence of current unencumbered Washington State (or approved multistate) RN license (*RN to BSN only*).
- Immunizations/proof of immunity:
 - Two (2) step tuberculin (TB) skin test, Quantiferon Gold blood test, or chest x-ray (with previous reaction to skin test)
 - Two (2) doses of MMR vaccine or titer showing individual immunity to all three components (measles, mumps, and rubella)
 - Two (2) doses of *Varicella* vaccine or titer showing immunity
 - Hepatitis B vaccination series and titer showing immunity
 - Tetanus, diphtheria, and pertussis (TDAP) adult vaccination within the past ten (10) years
 - Annual influenza vaccination
 - Vaccination against COVID-19. Please read the current CDC guidance to [Stay Up to Date with COVID-19 Vaccines](#). At this time, clinical agencies are recognizing full vaccination in the following ways:
 - Completing a 2-dose original monovalent series, such as the Pfizer, Moderna, or Novavax series, or the single-dose Johnson & Johnson Janssen vaccine. All monovalent options will be accepted if they were received in the past, but are no longer currently authorized for use by the FDA. On April 18, 2023, the FDA no longer authorized the monovalent Moderna and Pfizer-BioNTech COVID-19 series, and on May 17, 2023, the Janssen monovalent vaccine expired and is no longer available in the US.
 - If not previously vaccinated with one of the above, the current updated bivalent vaccine will be required (Pfizer or Moderna).
 - This requirement may vary between healthcare organizations. For instance, some agencies may require the updated bivalent vaccine in

Policy/Procedure for Clinical Documentation Requirements

addition to the original monovalent series.

Interested students must contact the Nursing & Allied Health Programs office for current information about medical or religious vaccine exemptions and clinical placement. While the program may approve an exemption for a qualifying medical or religious reason, affiliating agencies reserve the right to deny accommodations. This may affect student access to a preferred or required clinical experience and ultimately impact program progression or completion.

- Insurance for professional liability is included in the course fee for the clinical/field experience course.
- Students must authorize a release of record (see *Criminal Background and Drug Screening* above).
- Required agency educational modules through ACEMAPP. Additional agency-specific education may be required, depending on placement.
- Personal health insurance

Required Expenses:

Unless otherwise noted, expenses incurred are the responsibility of the student. Admission to the nursing program is contingent upon compliance with all clinical requirements prior to beginning cohort courses (those courses restricted to students who are admitted to the program). Students will be asked to attest to the intent of clinical compliance prior to being registered for cohort courses.

- Immunizations and/or titers
- Comprehensive criminal background check
- Urine drug screen within 60 days of beginning program
- Current American Heart Association (AHA) BLS for Healthcare Providers certification
- First aid certification (not required for LPN-entry options)
- Personal healthcare insurance coverage
- ACEMAPP (clinical placement management system) annual fee

References:

- [WAC 246-840-522](#): Additional student requirements for RN to BSN and graduate nursing education programs.

Revision History:

Author(s): Michaela Jackson

Editor(s)/Contributors: Merry Bond

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Lower Columbia College Nursing Programs

Policies & Procedures: Clinical Practice Expectations

Purpose of Policy: The purpose of this policy is to clarify the professional accountability expected of all LCC nursing students in the clinical setting.

Background Information: Accountability is an individual responsibility in all professions. Nurses and student nurses are expected to conduct themselves as mature, honest, ethical, and responsible persons. This includes being self-aware, self-directed, and accountable for one's own behavior and choices. Accountability requires a person to be responsible and answerable for one's decisions, actions, and behaviors. Nurses are accountable for the care provided to clients entrusted to their care. Nurses are accountable to their clients and colleagues.

Professional accountability begins with the student role. Each nursing student is legally accountable to the level of their preparation and/or licensure and does not function under the license of another nurse. Nursing students are legally and ethically responsible for any failure to act in a safe and prudent manner. Each student is accountable to their assigned client(s), supervising faculty, and the Lower Columbia College (LCC) Nursing Programs.

Person/Persons Responsible for Adherence: Students, faculty, dean of instructional programs/nursing program director

Supporting LCC Documents or Processes:

- Lower Columbia College [Code of Student Conduct](#)

Policy/Procedure for Clinical Practice Expectations

Clinical practice expectations:

Professional conduct of student nurses in the clinical setting is governed by [WAC 246-840-700](#) (Standards of nursing conduct or practice) and [RCW 18.79](#) (Washington State Nurse Practice Act). The LCC Nursing Programs are additionally guided by the American Nurses Association (ANA) [Code of Ethics for Nurses](#) and the National Student Nurses Association (NSNA) [Code of Ethics](#).

Clinical/Practicum evaluation:

To successfully complete each clinical/practicum or field experience course, students must meet all course components at a passing level.

- **Associate degree program options** (traditional RN, campus-based LPN-RN, LPN2RN eLearning): course components may include skills testing, dosage calculation testing, written assignments, and demonstrating clinical competencies in both the clinical and simulation settings. The latter is evaluated utilizing the [clinical/practicum evaluation tool](#), which is leveled to the required behaviors and competencies for each practicum course.

Policy/Procedure for Clinical Practice Expectations

- **RN to BSN program:** field experience (NURS 430) components include completion of required hours, meeting associated learning objectives per the [RN to BSN field experience evaluation tool](#), as well as development of a community-based intervention and evaluation plan for a population identified through the field experience.

Learners enrolled in an LCC Nursing Program are expected to:

- Demonstrate professional behaviors at all times (see related [Professional Behaviors policy](#)).
- Be responsible for reading and familiarizing themselves with printed college and nursing program policies and procedures. Always arrive prepared for scheduled clinical/field work assignments.
- Attend all required clinical/fieldwork orientations.
- Complete all clinical documentation requirements by specified due dates.
- Consider all client/family/population information as strictly confidential. Such information will only be discussed with faculty and appropriate clinical/fieldwork partners (see related [Student Rights and Responsibilities policy](#)). No audio or video recording using personal devices by students is permitted in health care settings.
- Recognize that client/clinical/fieldwork data is not appropriate information to share on social networking sites. This includes sharing photos or other recorded media on social media.
- Ensure that all client data is de-identified when utilizing client data for assignments or learning activities.
- Report to practicum/clinical faculty potential conflicts of interest or concerns regarding ability to deliver effective client care (e.g. assigned client is a friend, family member, neighbor).
- Communicate any agency, individual, or instructor related concerns using the Nursing Program [Chain of Command](#). Refrain from discussing concerns or criticism outside the school or with other students.
- Be accountable, ethical, and timely. Being less than completely honest or delaying a report of critical information in the clinical/fieldwork area jeopardizes client safety.
- Be responsible for their own learning and help promote an atmosphere which facilitates maximum learning for clients and fellow learners. A student will not obstruct the learning process of others by causing undue anxiety for any reason, including the monopolization of instructors' time.
- Complete the required clinical hours for each quarter. Any missed practicum or clinical rotation/day will require an equivalent make-up activity. Every effort should be made to attend all scheduled clinical days as it may not be possible to replicate the missed experience. Not meeting the clinical hour requirement for any clinical or practicum course can lead to an incomplete grade for the course and may prevent program progression.

Policy/Procedure for Clinical Practice Expectations

Promoting just culture:

Just culture is defined by development of non blaming systems for error reporting. Such systems promote trust among employees that addressing human errors will not be punitive. Cultivating a just culture can subsequently improve both safety and reliability of organizational processes and procedures (Paradiso & Sweeney, 2019). The LCC Nursing Programs promote a just culture and utilize multiple tools to support this approach, including but not limited to:

- The North Carolina Board of Nursing *Student Practice Event Evaluation Tool* ([SPEET](#); North Carolina Board of Nursing, rev. 2021).
- Verbal coaching, counseling
- Skills lab referrals
- Student success plans (written)
- Incident and near miss review (see related [Incident Reports and Tracking policy](#))

Depending on severity, precipitating factors, prior counseling, and/or established patterns of behavior, violation of patient safety and/or program clinical requirements may lead to disciplinary action up to and including dismissal from the nursing program.

References:

- American Nurses Association. (2015). [Code of ethics for nurses with interpretive statements](#).
- Lower Columbia College Nursing Program. (2024). *RN to BSN program handbook*: [Chain of command](#).
- Lower Columbia College Nursing Program. (2024). *RN to BSN program handbook*: [Incident reports and tracking policy](#).
- Lower Columbia College Nursing Program. (2024). *RN to BSN program handbook*: [Professional behaviors policy](#).
- Lower Columbia College Nursing Program. (2024). *RN to BSN program handbook*: [Student rights and responsibilities](#).
- National Student Nurses' Association. (2022). [NSNA code of ethics](#).
- North Carolina Board of Nursing. (rev. 2021). [Just culture: SPEET](#).
- Paradiso, L., & Sweeney, N. (2019). [Just culture: It's more than policy](#). *Nursing Management*, 50(6), 38-45.
- [RCW 18.79](#): Washington State nurse practice act
- [WAC 246-840-700](#): Standards of nursing conduct or practice

Revision History:

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Lower Columbia College Nursing Programs

Policies & Procedures: Complaints, Concerns, and Academic Grievances

Pathway(s) Covered: NA-C, Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy: The purpose of the policy is to provide guidelines related to promoting constructive dialogue and seek meaningful understanding of student complaints, concerns and academic grievances in either an informal and/or formal manner. The aim of this policy is to empower students enrolled in a nursing program at LCC to express their concerns and seek constructive resolution, ultimately enhancing the quality of education and maintaining the highest standards and professionalism within the nursing programs.

Background: Fostering a supportive and inclusive learning environment for students is important to all nursing programs faculty and staff. Recognizing that concerns, complaints, and grievances can arise during the course of an educational journey, a comprehensive concern, complaint, and grievance policy was developed to ensure that each student's voice is heard, and their issues are addressed in a fair and timely manner. This policy promotes transparency and accountability within the nursing programs and upholds the commitment to providing a safe and respectful educational experience for all nursing students.

Person/Persons Responsible for Adherence: Students, faculty, assistant program directors, dean of instructional programs/nursing program director, vice president of instruction, Title IX Officer(s).

Supporting LCC Documents or Processes:

- [LCC Student Handbook:](#)
 - [Student Academic Grievance Resolution Procedures](#)
 - [Non-Discrimination and Anti-Harassment Policy](#)
 - [Student Complaint Process](#)

Policies & Procedures for Complaints, Concerns & Grievances

Academic Grievances

A student who feels that an instructor assigned a grade arbitrarily, employed arbitrary standards in evaluating their progress, took an action affecting their academic process in an arbitrary manner, or made an erroneous decision adversely affecting their academic standing, may pursue LCC's [Student Academic Grievance Resolution Procedures](#) found in the [LCC Student Handbook](#).

Discrimination and Harassment Complaints

The LCC Nursing Program aligns with the college in providing equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, citizenship or immigration status, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed,

Policies & Procedures for Complaints, Concerns & Grievances

religion, discharged veteran or military status, or use of a trained guide dog or service animal as required by Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Sections 504 and 508 of the Rehabilitation Act of 1973, the Americans with Disabilities Act and ADA Amendment Act, the Age Discrimination Act of 1975, the Violence Against Women Reauthorization Act and Washington State's Law Against Discrimination, Chapter 49.60 RCW and their implementing regulations. All inquiries regarding compliance with Title IX, access, equal opportunity and/or grievance procedures should be directed to Vice President of Foundation, HR & Legal Affairs, 1600 Maple Street, PO Box 3010, Longview, WA 98632, title9@lowercolumbia.edu, Phone number, (360) 442-2120, Phone number/TTY [\(800\) 833-6388](tel:800-833-6388).

Students who observe or experience harassment, discrimination, bias, misconduct or threatening behavior are encouraged to report their observations/experiences using the [Make a Report Form](#).

Complaints involving sex discrimination will be processed under [Policy 235 Non-discrimination and Anti-Harassment](#) and [Procedure 235.4A Sex Discrimination Investigation](#).

Complaints and/or Concerns:

A complaint is viewed as unsatisfactory or unacceptable performance or action of another student, staff, or faculty member which the student believes to be unfair or inconsistent with the policies of the college or the nursing programs.

- **Discuss Complaint with Student/Staff/Faculty:**

Students are encouraged to discuss concerns with the student/staff/faculty involved. All parties should seek to have an honest dialogue and openly discuss their individual viewpoints, facts, perspectives, opinions, and experiences to seek deeper understanding. The goal is to have a more thorough awareness of the situation, event, or area of concern and arrive at a mutually agreed-upon resolution to the complaint in a constructive and respectful manner. If the complaint or concern involves (an)other student(s), and is not satisfactorily resolved during this step, the student should bring the matter to the appropriate faculty member according to the LCC Nursing Program's [chain of command](#) schematic.

- **Conference with Assistant Program Director:**

If not resolved, or depending on the nature of the complaint, the next step is to discuss the issue with the appropriate assistant program director. The assistant program director will schedule a meeting with the student and staff/faculty to review findings, address mediation, and seek a mutually agreed upon resolution of the complaint. This resolution may be a verbal decision at the time of the conference or deliberation may be necessary prior to making a decision. In either case, the decision will also be communicated in writing to all involved parties as soon as possible (depending on time-

Policies & Procedures for Complaints, Concerns & Grievances

sensitivity, but communication should be within one week). Should the issue involve the assistant program director, the concern will be directed to the dean of instruction/nursing program director.

- **Advancing Complaint to the Dean of Instructional Programs/Nursing Program Director:**

If the issue has not been satisfactorily resolved at the previous level, the student may follow the chain of command and discuss the concern with the dean of instructional programs/nursing program director. The decision from the dean/director is deemed final. An exception is if the complaint involves or is against the dean of instructional programs/nursing programs director, then the complaint would be forwarded to the vice president of instruction.

References:

- Lower Columbia College. [Mandatory Reporter Protocol \(Title IX\)](#)
- Lower Columbia College. [Non-Discrimination and Anti-Harassment Policy](#)
- Lower Columbia College. [Student Academic Grievance Resolution Procedures](#)
- Lower Columbia College. [Student Complaint Process](#)
- Lower Columbia College. [Student Handbook](#)

Revision History:

Author(s): Amy Boultinghouse		
Editor(s)/Contributor(s): Merry Bond, Michaela Jackson		
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Lower Columbia College Nursing Programs

Policies & Procedures: Incident Reports and Tracking

Pathway(s) Covered: NA-C, Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy: Timely reporting, tracking, and review of incidents and events involving patient, student, or faculty safety is crucial to ensuring safety in clinical and lab settings, as well as promoting program and college continuous quality improvement.

Background Information: Per [WAC 246-840-513](#), nursing programs are required to report to the Washington State Board of Nursing (WABON) within two (2) business days any event involving a faculty or staff member that the program has reason to believe resulted in patient harm, unreasonable risk of patient harm, or diversion of controlled substances or legend drugs. The program is additionally required to keep a log of events reported by a patient, family member, student, faculty, or healthcare provider that result in patient harm, unreasonable risk of patient harm, allegations of diversion, and medication errors.

Lower Columbia College policy additionally requires timely reporting of all accidents and injuries involving students, faculty, or staff.

Person/Persons Responsible for Adherence: Students, faculty, dean of instructional programs/nursing program director, LCC Environmental Health & Safety Director

Supporting LCC Documents or Processes:

- Administrative Policy, [Section 245: Workplace Safety](#).
- [Emergency Handbook](#): Make a Report, Blood-Borne Pathogens, Chemical Spills, Medical Emergency.

Policy/Procedure for Incident Reports and Tracking

Students:

- Students are expected to report incidents, injuries, or events occurring in the clinical or lab setting to their instructor or lab personnel as soon as reasonably possible, first attending to their own and the patient's safety as necessary.
- If the instructor is not immediately reachable (for students in preceptorship without direct faculty oversight), students should report the incident, injury, or event to the nursing program director as soon as reasonably possible.
- Students may be asked to assist their supervising faculty with completion of a [Nursing Program Incident or Near Miss Report](#), which includes
 - Incident date and time
 - Incident type
 - Name and contact information for student(s) involved
 - Location of incident

Policy/Procedure for Incident Reports and Tracking

- Associated course, hours of attendance for the day, clinical faculty, and preceptor (if applicable)
- Description of incident
- Patient status (if applicable)
- Facility reporting and response
- Analysis of contributing factors
- Additional information
- Faculty comments
- Signature of student(s) and supervising faculty (may be digital)
- The supervising nursing faculty or the nursing program director will facilitate completion of this report in collaboration with the involved student(s).
- Patient-identifying information should not be included in the report.
- A copy of this report will be placed in the student's file.
- For incidents and near-misses involving potential or actual injury of a student or faculty member, reports will also be reviewed by the Director of Environmental Health & Safety and the LCC Safety Committee.
- Agency reporting and documentation guidelines must also be followed.
- All incidents, injuries, and events will be reviewed by the nursing program with the intent of determining cause and contributing factors, preventing future occurrences, facilitating student learning, and promoting program improvement.
- The LCC Nursing Program supports and promotes a just culture in its pursuit of patient, student, and faculty safety, and continuous program improvement (ANA, 2010).

Faculty:

- For incidents, injuries, or events of concern occurring in the clinical or lab setting, clinical faculty are expected to notify the following personnel as soon as reasonably possible:
 - Course coordinator
 - Nursing program director
- As soon as reasonably possible, a [Nursing Program Incident or Near Miss Report](#) must be completed by the supervising faculty member in collaboration with the student who witnessed or experienced the incident, injury, or event.
 - The supervising faculty should ensure all sections of the report are completed, including contributing factors and faculty comments sections.
- If the incident or event involves actual or potential patient harm, a [Student Practice Evaluation Tool \(SPEET\)](#) worksheet should also be completed prior to any individual actions related to the event.
 - Faculty are expected to utilize this tool to guide decisions around response to the event in consultation with the nursing program administrator.
 - See the nursing policy and procedure for guidance regarding coaching, remediation, and disciplinary actions in the Nursing Program Handbook.
 - Submit the completed SPEET worksheet with the incident report or to the

Policy/Procedure for Incident Reports and Tracking

nursing program director (as applicable).

- Refer to the [LCC Emergency Handbook](#) for procedures to address exposure to blood-borne pathogens or chemical spills occurring on campus. Follow agency policies and procedures at clinical sites.
- Refer the injured or exposed student as needed to emergency or occupational health services.
- For incidents and near-misses involving potential or actual injury of a student or faculty member, reports will also be reviewed by the Director of Environmental Health & Safety and the LCC Safety Committee.

Dean of Instructional Programs/Nursing Program Director:

- For any incident or event the program has reason to believe resulted in patient harm, an unreasonable risk of patient harm, or diversion of legend drugs or controlled substances, the dean of instructional programs/nursing program director will complete a [WABON Incident Report](#) within two (2) business days.
- The nursing program administrator will securely store student and faculty incident reports and related documents per the [LCC Nursing & Allied Health Programs Records Management Policy](#).

Program:

- All incidents, injuries, and events of concern will be reviewed by the nursing faculty during the next available program business meeting using the [Nursing Program Incident Review](#) form:
 - Suspected causes and contributing factors
 - Corrective action taken
 - Remediation plan to facilitate student learning
 - Program improvement measures, if indicated
 - Additional comments may be added as needed

References:

- American Nursing Association. (2010). [Position statement: Just culture](#).
- North Carolina Board of Nursing (2020). [Just culture student practice event evaluation tool \(SPEET\)](#).
- [WAC 246-840-513](#): *Reporting and recordkeeping requirements for nursing education programs*.

Revision History:

Author(s): Merry Bond		
Editor(s), Contributor(s): Janel Skreen (Director of Environmental Health and Safety)		
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Lower Columbia College Nursing Programs

Policies & Procedures: Medication Administration By Nursing Students

Pathway(s) Covered: Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy: Safety and accuracy are of utmost importance in medication administration by student nurses. The following policy and procedure is in place to provide for safe and accurate medication administration.

Background Information: The safe and accurate administration of medications constitutes a fundamental aspect of clinical nursing practice and is paramount to the provision of comprehensive care. Lower Columbia College Nursing Programs embrace this principle, underpinned by a steadfast commitment to foundational elements of quality, safety, and value in healthcare delivery. These elements are woven throughout the curriculum and clinical practice to ensure the highest standards in safe and effective person-centered care.

Person/Persons Responsible for Adherence: Students, faculty, assistant AN-DTA/MRP program director, assistant RN to BSN program director, dean of instructional programs/nursing program director

Supporting LCC Documents or Processes:

- Administrative Policy, [Section 245: Workplace Safety](#).
- [Emergency Handbook](#): Make a Report, Blood-Borne Pathogens, Chemical Spills, Medical Emergency.

Policy/Procedure for Medication Administration

Students enrolled in clinical-based courses (practicum, field experience) in the LCC Nursing Program are required to practice within the scope of the clinical curriculum and under the supervision of an

- LCC nursing faculty
- Assigned preceptor
- Designated proctor

Student nurses will be given instruction on correct procedures for medication administration by various routes, medication delivery devices, medication safety, calculating dosages, and expectations regarding medication knowledge. Students will have opportunities to practice medication administration skills and related activities and must demonstrate competency before being allowed to administer medications in the clinical setting.

Medication administration will be supervised by LCC nursing faculty, an assigned preceptor, or a designated proctor. A preceptor or proctor must be a licensed nurse. The supervision required for medication administration may vary from intensive guidance to oversight based

Policy/Procedure for Medication Administration

on the faculty appraisal of a student's individual abilities and experience.

Medication Administration

In specific nursing skills and practicum courses, students will be provided instruction on medication administration (oral, topical, rectal, intradermal, subcutaneous, intramuscular, intravenous), given opportunities for practice, and must successfully complete a simulated experience/skills test before being allowed to administer medications in the clinical setting. Students will be provided instruction on calculating dosage, given opportunities for practice, and must prove competency to progress in the program and administer medications in practicum courses.

Student instruction on medication administration will include, but is not limited to:

1. Correct reading and interpretation of medication orders.
2. Safe medication administration protocols, including
 - a. ensuring the right patient,
 - b. the right medication,
 - c. at the right dose,
 - d. at the right time,
 - e. by the ordered route,
 - f. and documenting correctly.
3. Routes of medication administration, including the nursing judgment required to safely implement the routes of medication administration.
4. Crushing oral medications and the contraindications.
5. Safe use of Automated Drug Delivery Devices (ADDDs) and other medication dispensing systems.
6. Accurate dosage calculation.
7. Requirements for administering controlled substances.
8. Destroying/wasting medications.
9. Monitoring for and reporting drug diversion.
10. Reporting drug errors and/or near misses (see *Incident Reporting and Tracking Policy and Procedure*).

Evaluation of Medication Administration Competency:

1. Students will be evaluated during each practicum course to determine medication administration competency that includes operational knowledge of pharmacology, medication administration techniques, and safe dosage calculation.
2. Prior to clinical site access in each practicum course, students must pass a dosage calculation exam (skill verification).
 - a. Students may not administer medications in the clinical setting until they have passed the exam for the clinical course.
 - b. Students must achieve a 90% to successfully pass the exam.

Policy/Procedure for Medication Administration

- c. Students have a maximum of three attempts to successfully pass the exam.
- d. Students who do not successfully pass the dosage calculation within three attempts will not be permitted clinical site access and are not eligible to continue in the nursing program pathway. Students are eligible to request program re-entry per the [Nursing Programs Withdrawal, Dismissal & Re-entry Policy](#).

Requirements and Restrictions that Apply to All Nursing Students:

1. Communication and order transmission restrictions. Nursing students are **NOT** permitted to:
 - a. Take provider orders/prescriptions.
 - b. Transcribe provider orders/prescriptions.
 - c. Communicate medication orders/prescriptions to the pharmacy.
2. Each dose of medication will be administered per the Rights of Medication Administration (as described on page 1 - items 2, a-f).
3. Documentation of the administered dose will be performed using agency specific policies, procedures, and protocols.
4. A faculty member or supervising nurse (proctor or preceptor) must discuss parameters of the medication with the student before a student administers medication to include: purpose, mechanism of action, and nursing considerations.
5. Students are **NOT** permitted to:
 - a. Discontinue a patient-controlled analgesia (PCA) or patient-controlled epidural analgesia (PCEA) infusion.
 - b. Cosign/witness controlled medication shift count or dose wastage.
 - c. Administer, witness, or cosign for blood products. Students may participate in monitoring the client receiving blood products.
 - d. Confirm, release, or acknowledge medication orders/prescriptions in the electronic medication record (EMR).
 - e. Administer medications that are not confirmed, released, or acknowledged in the EMR.
 - f. Administer chemotherapy or experimental medications/treatments.
 - g. Administer conscious/procedural sedation or assume monitoring responsibility for clients undergoing conscious/procedural sedation.
 - h. Administer or adjust/titrate medications that require advanced training (e.g., medications that are restricted to critical care areas, emergency department), including but not limited to:
 - i. Sodium chloride with a higher than 0.9% concentration (normal saline)
 - ii. adenosine
 - iii. amiodarone
 - iv. atropine
 - v. dopamine
 - vi. epinephrine

Policy/Procedure for Medication Administration

- vii. lidocaine (except for topical ointments, transdermal patches)
 - viii. magnesium sulfate
 - ix. pitocin
 - x. procainamide
 - xi. sotalol
 - xii. thrombolytics (i.e., tissue plasminogen activator or TPA)
 - xiii. vasopressin
 - i. Administer medications via an epidural or spinal catheter.
 - j. Provide any agency policy required peer check (e.g., those requiring a second licensed nurse verification).
6. Administration of intravenous or injectable anticoagulants are calculated with an RN who checks and co-signs.
 7. Administration of all forms of insulin (subcutaneous, intravenous push, intravenous infusion) are calculated and prepared with direct RN supervision throughout.

ADDDs

Students will complete training on ADDDs prior to the use of such in the practicum setting. This training may be completed in the skills lab or in the clinical/practicum facility. Students will receive on-site orientation to agency-specific ADDDs by a licensed nurse (instructor, preceptor, or designee). The student will be supervised by the clinical faculty when using the ADDD. Once the student's competence has been established by the faculty, the student may be allowed to access the ADDD while supervised by a designated preceptor or proctor.

"Competence" is to include, but is not limited to:

1. Log in to ADDD
2. Identify correct client
3. Accurately select medications to be given
4. Secure ADDD when complete
5. Follow Rights of Medication Administration (as described on page 1 - items 2, a-f)
6. Demonstrate agency-specific inventory control measures (wasting medications)

Reporting and Documentation of Student Medication Errors, Near Misses, and Alleged Diversion:

All student medication errors, "near misses" that present an unreasonable risk of patient harm, and alleged drug diversion will be documented on the appropriate [LCC Nursing Programs Incident or Near Miss Report](#) form by the student and/or supervising clinical instructor. This completed form must be submitted to the dean of instruction/nursing programs director (dean/NPD) as soon as reasonably possible and within 24 hours of the incident. The dean/NPD will maintain a log of all incidents, and is responsible for reporting events the program has reason to believe resulted in patient harm, an unreasonable risk of patient harm, or diversion of legend drugs or controlled substances to the Washington State Board of Nursing (WABON) within two (2) business days, per [WAC 246-840-513](#). Additionally, clinical agency-required

Policy/Procedure for Medication Administration

incident reports will be completed by the student/faculty per the agency policy. See also the [Nursing Programs Policy & Procedure for Incident Reporting and Tracking](#).

Nursing Program Review of Medication Errors, Near Misses, Drug Diversion: Accountability, open reporting, error prevention and process improvement are facilitated by use of the principles of “Just Culture.” Careful review of mistakes, errors and “near misses” facilitates learning from such occurrences and identifies opportunities for process and system improvement.

Human error and reckless behavior exist on a continuum. With this in mind, incidents will be reviewed by the nursing programs with the intent of:

1. Determining the cause and contributing factors of the incident (root cause analysis)
2. Preventing future occurrences
3. Facilitating student learning
4. Program improvement

The nursing program utilizes the North Carolina Board of Nursing’s [Student Practice Evaluation Tool \(SPEET\)](#) in its review of student practice events resulting in actual or potential harm to the patient. The [Nursing Program Incident Review](#) form will be used for program review of incidents for root cause analysis and program improvement. Nursing program responses to medication administration errors or alleged drug diversion will vary based on the circumstances surrounding the incident and may range from remediation to disciplinary actions. Disciplinary actions may include dismissal from the program for a student who recklessly disregards patient safety or has an incident of confirmed drug diversion.

References:

- [Lower Columbia College Nursing Program Handbook](#) (2024).
- North Carolina Board of Nursing (2020). [Just culture student practice event evaluation tool \(SPEET\)](#).
- Olympic College Nursing Program. (2021). VL-BSN pathway phase II application.
- [WAC 246-840-513](#): Reporting and recordkeeping requirements for nursing education programs.
- [WAC 246-840-522](#): Additional student requirements for RN to BSN and graduate nursing education programs.

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Editor(s)/Contributor(s):

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Lower Columbia College Nursing Program

Policies & Procedures: Nursing Preceptors

Pathway(s) Covered: Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy: To provide parameters around the use of nursing preceptors to enhance clinical-based learning during the final quarter of all AN-DTA/MRP program options (NURS 248 and NURS 263), as well as the RN to BSN field experience course (NURS 430).

Background Information: Nursing preceptors are experienced nurses who mentor and monitor nursing students during practicum and field experiences. The preceptor's role includes providing guidance in the designated clinical setting and timely formative feedback congruent with the expected course outcomes. While the preceptor provides input regarding evaluation of student performance, the faculty liaison (overseeing faculty) ultimately determines the course grade using the appropriate evaluation tool. See also the [LCC Nursing Programs Clinical Performance Expectations](#) policy and procedure regarding evaluation of clinical performance.

Preceptors will be evaluated per the Nursing Program Systematic Plan of Evaluation (SPE), in compliance with [ACEN Criterion 2.9](#).

This policy and procedure is congruent with [WAC 246-840-533: Nursing preceptors, interdisciplinary preceptors, and proctors in clinical practice settings for nursing students located in Washington state](#).

Person/Persons Responsible for Adherence: Students, nursing program faculty, clinical preceptors, assistant program directors, dean of instructional programs/nursing programs director.

Supporting LCC Documents or Processes:

- None

Policy/Procedure for Nursing Preceptors

A nurse preceptor must have a current, unencumbered registered nurse license in the state where the preceptorship is taking place. The nurse preceptor must also be employed at the facility where the preceptorship is occurring. The preceptor:

- will have at least one year of clinical or practice experience as a registered nurse.
- is not a member of the student's immediate family.
- does not have any known financial, business, or professional relationship that is in conflict with proper execution of preceptor duties to impartially supervise and evaluate the student.
- will not act as a preceptor for more than two students at any one time.

A faculty liaison will be assigned for each precepted clinical or field experience course, at a

ratio not exceeding 15 students per faculty liaison. The faculty liaison will orient the preceptor to the course and student learning objectives prior to beginning the preceptorship. Orientation will also include the written role expectations of faculty, preceptor, and student. The faculty liaison is responsible for overall supervision and evaluation of the student and will confer with the preceptor and student at least once during the beginning, midpoint, and end of the preceptorship experience.

Potential preceptor placements are determined by the LCC clinical coordinator using the clinical placement grids and inquiring with various agencies. These are communicated to the faculty liaison who creates a preliminary student/preceptor placement plan. Preceptors are requested from the units/agencies based on the preliminary placement plan. Agencies select preceptors and notify the LCC clinical coordinator. The faculty liaison confirms or modifies the student placement plan as needed based on preceptor availability. Agency criteria for preceptor selection is reviewed every two years to ensure it complies with the WAC and LCC criteria.

Once preceptor assignments are received, qualifications will be monitored by the nursing program each quarter. Prior to working with the assigned student, each preceptor will be instructed to fill out a form including their attestation to all of the above qualifications. The corresponding data will be stored in a spreadsheet in a shared Google Drive with access limited to the dean/NPD, faculty liaisons for preceptorship, and the healthcare programs coordinator. The faculty liaison(s) will verify RN licensure via online provider credential search with the appropriate regulatory body and note this in the same spreadsheet for the current quarter. If a license expires within the current quarter, the faculty liaison will check again on or before the expiration date to verify continued licensure.

Preceptors are oriented to their role, mentored, and monitored by the faculty liaison. Clinical agencies may require and offer additional preceptor orientation on site. The nursing program's orientation process includes providing an orientation packet at the beginning of the preceptorship.

The preceptor orientation packet includes:

- Preceptor letter, including faculty liaison contact information, instructions, and access to the required acknowledgement form
- Student scope of practice policy
- Preceptor evaluation tool/rubric
- Preceptor orientation manual
 - Preceptor role & responsibilities
 - Student role & responsibilities
 - Faculty Liaison role & responsibilities
 - Student learning outcomes
 - Copy of the Practicum Evaluation Tool
 - Information to facilitate working with adult learners

The faculty liaison initiates contact with the preceptor at the beginning, midpoint, and end of the experience. The liaison is available for consultation as needed for the student and the preceptor. The faculty liaison will track each contact with the preceptor and/or student in the Contact Log located within the Practicum Evaluation Tool (stored by cohort in the shared Nursing Student Practicum Evaluations Google Drive). Meetings may take place in-person or virtually to maximize convenience for all parties. Regardless of modality, beginning, midpoint, and end of experience meetings must include all three parties: student, preceptor, and faculty liaison.

The preceptor’s role includes providing timely and regular feedback to the student. Concerns should be addressed early to give the student ample opportunity to meet learning objectives. At the conclusion of the experience, the preceptor completes the appropriate Preceptor Evaluation Tool/Rubric and reviews this with the student (this may be part of the “end of experience” meeting that includes the faculty liaison). The faculty liaison collects the completed evaluation tool and is responsible for the final evaluation of the student (using the appropriate practicum or field experience evaluation tool) and course grade.

At the conclusion of the experience, the student will evaluate the preceptor and experience using the specified form. The evaluations are reviewed by the faculty liaison, shared with site managers, and discussed at a subsequent nursing program meeting to determine the effectiveness of each preceptor. The faculty liaison will work with the clinical agency to share student preceptor feedback and discuss concerns.

References:

- Accreditation Commission for Education in Nursing. (2023). [2023 standards & criteria](#).
- [WAC 246-840-533](#) (rev. 2022). *Nursing preceptors, interdisciplinary preceptors, and proctors in clinical or practice settings for nursing students located in Washington state.*

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Lower Columbia College Nursing Program

Policies & Procedures: Performance Evaluation

Pathway(s) Covered: Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy: The purpose of this policy/procedure is to define LCC Nursing Programs student performance evaluation processes.

Background Information: Student practicum and fieldwork performance criteria and evaluation tools/rubrics are developed utilizing competencies drawn from the mission vision, and values of the LCC Nursing Programs; end-of-program student learning outcomes (EPSLOs); course learning outcomes (CLOs); and relevant professional, regulatory, and ethical frameworks:

- [The essentials: Core competencies for professional nursing education](#) (American Association of Colleges of Nursing [AACN], 2021)
- All AN-DTA/MRP options: [Quality and Safety in Education for Nursing \(QSEN\) Pre-licensure competencies](#) (QSEN Institute, 2007)
- Nursing education program requirements per the Washington State Board of Nursing (WABON) outlined in the following WACs:
 - All approved nursing education programs: [WAC 246-840-531](#)
 - Pre-licensure RN education programs: [WAC 246-840-541](#)
 - RN to BSN programs: [WAC 246-840-542](#).
- [Nursing: Scope and standards practice](#) (4th ed.; American Nurses Association [ANA], 2021)
- [Code of ethics for nurses with interpretive statements](#) (ANA, 2015)

The nursing programs are also committed to incorporating equitable teaching and learning practices, including transparent methods articulated by the Transparency in Learning and Teaching Project (TILT, 2023).

Person/Persons Responsible for Adherence: Students, faculty, assistant RN to BSN program director, dean of instructional programs/nursing program director

Supporting LCC Documents or Processes:

- LCC Student Handbook: [Student Academic Rights and Responsibilities](#)

Student Performance Evaluation Procedures

Faculty role in performance evaluation:

- Performance evaluation tools/rubrics are provided in materials available to students at the start of each practicum/field experience course:
 - [AN-DTA/MRP Practicum Evaluation Tools](#)
 - [RN to BSN Field Experience Evaluation Tool](#)
- The degree of student achievement in meeting the practice standards and learning

Student Performance Evaluation Procedures

outcomes necessary to provide quality, safe, and effective care is scored utilizing the performance evaluation tools/rubrics.

- Performance criteria include cognitive, affective, and psychomotor domains of learning.
- The student's performance will be measured by criterion referenced standards noted in the performance evaluation tools/rubrics. Critical performance behaviors and related skills have been defined for each level of all programs.
- The practicum/field experience faculty retains the role of evaluating student clinical performance. When the student is in a precepted experience, the faculty supervisor may seek input from the preceptor regarding the student's performance but retains ultimate responsibility for evaluating student performance in meeting clinical/fieldwork learning outcomes ([WAC 246-840-533](#)).
- The clinical/fieldwork faculty is responsible for gathering and judging performance data. The faculty seeks to observe and measure student performance during practicum/field experiences. In addition, the faculty uses heuristic tools such as care mapping/planning, preparation worksheets, student discussions, student journal reflections, and student nursing documentation to identify progress in making clinical judgments.

Student role in performance evaluation:

- The role of the student in evaluation is to promote an evaluative relationship with the practicum/field experience faculty.
- The student will seek opportunities to invite the practicum/field experience faculty to observe performance and to provide information regarding individual, family, and population care as appropriate for the student's scope and the learning objectives.
- The student will submit completed practicum/field experience assignments on time, including journal reflections and nursing documentation.
- The student will critically review the student's own performance and incorporate faculty feedback into future practicum/field experiences.
- Students must achieve clinical/fieldwork performance evaluation competency by meeting each course defined clinical/fieldwork **critical** behavior and attain the BSN program defined minimum clinical/fieldwork performance evaluation grade to progress in the program.

Performance evaluation conference (including mid-term meetings where appropriate for students in all AN-DTA/MRP options):

- A practicum/field experience performance evaluation conference will be scheduled between the student and practicum/field experience faculty at the completion of the practicum/field experience.
- The student will bring a completed self-evaluation to the conference that includes supportive evidence of self-ratings.
- The student may request a copy of the midpoint and/or final practicum/field

Student Performance Evaluation Procedures

experience performance evaluation. If requested, a copy will be provided by the course faculty.

Simulation Evaluation:

- Expectations of students in the simulation setting (either CSim or VSim) are described in the [Nursing Programs Simulation Handbook](#).
- Simulation experiences associated with practicum/field experience courses are a required component of the course.
- Simulation participation will be considered in the final clinical/fieldwork course performance evaluation.

References:

- American Association of Colleges of Nursing. (2021). *The essentials: Core competencies for professional nursing education*. <https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf>
- American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>
- American Nurses Association. (2021). *Scope of practice*. <https://www.nursingworld.org/practice-policy/scope-of-practice/>
- [Lower Columbia College Nursing Programs Simulation Handbook](#)
- Olympic College VL to BSN. (2021). *Phase II Application*.
- Quality and Safety Education for Nurses Institute. (2007). *QSEN competencies*. <https://www.qsen.org/competencies-pre-licensure-ksas>
- [WAC 246-840-531](#). *Clinical and practice experiences for students in approved nursing education programs*.
- [WAC 246-840-533](#). *Nursing preceptors, interdisciplinary preceptors, and proctors in clinical or practice settings for nursing students located in Washington state*.
- [WAC 246-840-541](#). *Curriculum for pre licensure registered nursing education programs*.
- [WAC 246-840-542](#). *Curriculum for registered nurse to bachelor's or master's in nursing education programs*.

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Lower Columbia College Nursing Programs

Policies & Procedures: Professional Behavior

Pathway(s) Covered: Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy: The purpose of the professional behavior policy is to provide standards for professional behaviors that are appropriate for the healthcare workplace and associated activities for professional nursing practice.

Background Information: According to [WAC 246-840-519](#), nurse education programs shall hold students accountable for professional behavior. Professionalism is a cornerstone of a successful academic program, just as it is a cornerstone of integrity and compassion in the delivery of healthcare and building collegial and conscientious interprofessional teams. It is a key component of the American Association of Colleges of Nursing's [Essentials: Core Competencies for Professional Nursing Education](#). The Essentials Domains and Concepts of Competent Practice guide the curriculum of the RN to BSN program at LCC, as does the [Code of Ethics for Nurses](#) (American Nurses Association, 2015).

To ensure a dynamic and respectful teaching, learning, and clinical practice environment that fosters a sense of community, it is expected that every student adheres to these standards and maintains a high standard of civil, respectful, and professional conduct in all academic and clinical interactions. Professional behavior is required for progression in all nursing pathways.

Person/Persons Responsible for Adherence: Students, faculty, assistant RN to BSN program director, dean of instructional programs/nursing programs director

Supporting LCC Documents or Processes:

- [Lower Columbia College Student Handbook](#)
 - [Academic Dishonesty](#)
 - [Code of Student Conduct](#)

Policy/Procedure for Professional Behavior

Fundamental attributes of ethical and professional behavior include but are not limited to honesty, integrity, and civility, as well as a demonstrated desire to learn, respect for the academic process, concern for the welfare of patients and their families, commitment to patient confidentiality, respect for the rights of others, emotional maturity, and self-discipline. Since the development of ethical and professional behavior is an integral part of education in nursing, demonstrating such conduct during the professional educational program is an academic matter.

Expected professional behaviors include punctuality, respectful communication, honesty, accountability, and respectful treatment of others at all times in all settings. Professional behavior also requires an awareness of how one's own behaviors are perceived by others, a

Policy/Procedure for Professional Behavior

commitment to honesty and accuracy in communication, openness, flexibility, and awareness of the thoughts, feelings and needs of others.

Academic Integrity:

Academic honesty is expected in all courses without exception. Any act of academic dishonesty is prohibited and subject to discipline. Please see Academic Dishonesty in the [LCC Student Handbook](#) for details about how academic dishonesty is addressed at LCC. Because of the high ethical and moral expectations of nurses in practice, the nursing program has zero tolerance for academic dishonesty. Sanctions may include a significantly lowered or failing grade on the assignment, a failing grade in the course, or dismissal from the program. Acts of academic dishonesty include (but are not limited to) cheating, falsification, plagiarism, and fabrication.

- Cheating includes any attempt to use, give, or obtain unauthorized assistance relating to the completion of an academic assignment. Examples of cheating include, but are not limited to, obtaining information about the contents of exams from internet resources or classmates, utilizing artificial intelligence (AI) to complete written assignments without authorization, or otherwise gaining unauthorized assistance.
- Plagiarism includes using as one's own, without proper attribution, the ideas, writings, or work of another person in completing an academic assignment. Plagiarism may include failing to properly attribute not only direct quotations, but also failing to cite paraphrased information, or resubmitting your own previously completed work as new work without permission.
- Fabrication includes falsifying data, information, or citations in completing an academic assignment and includes providing false or deceptive information to an instructor concerning the completion of an assignment. In nursing, falsification may also include documenting care that did not occur or assessment data that is not accurate (or was not actually collected).

Per LCC policy, all instances of academic dishonesty will be reported to the Vice President of Student Success. No student shall be allowed to withdraw from a course or from the college to avoid the consequences of academic dishonesty. The instructor will notify the student of any suspected academic dishonesty and will then notify the dean and Vice President of Student Success of the incident, per the LCC Academic Dishonesty policy.

Civility:

All LCC Nursing Programs seek to align with the civility and inclusivity called for by the National League for Nursing (NLN, 2018) in cultivating healthy learning and work environments. Civility is personal conduct that includes polite, reasonable and respectful behavior towards others. This includes honoring one's personal values while simultaneously listening to and respecting divergent points of view. Civility facilitates mutual respect, effective communication, and positive productive relationships. In the educational setting and the workplace, civility is demonstrated by actively listening to others, accountability for one's actions, showing

Policy/Procedure for Professional Behavior

respectful behavior toward others, and making other individuals feel valued.

Incivility is rude, disruptive, or threatening behaviors that may result in distress for others. Discourteous behaviors that display disregard for others are considered uncivilized as well as unsafe. Any form of harassment, disrespect or threatening behavior will not be tolerated and may result in discipline up to and including dismissal from a patient care, classroom, or lab setting. Students are responsible for their conduct. Any form of harassment, disrespect or threatening behavior will not be tolerated and may result in discipline up to and including dismissal from a patient care, classroom, or lab setting. Repeated or egregious violation of civility expectations or the LCC Code of Student Conduct may result in dismissal from the nursing program and/or the college.

Classroom (in-person and virtual) conduct:

All communication with faculty and other students should always be respectful. The following are expected behaviors that support the teaching/learning environment:

- Arrive on time for scheduled class times or appointments, whether in-person or online. Notify the faculty member in the event of tardiness or absence prior to the class or appointment.
- Students who are disruptive or disrespectful may be asked to leave the classroom.
- Behaviors considered disruptive, unruly, or that interfere with the ability of the professor to teach may include, but are not limited to, intimidating behavior, persistent arguing, refusal to comply with a direct request, yelling in class, gross, lewd, or offensive behavior or gestures.
- Online conduct reflects the same requirements as classroom conduct. Courtesy, politeness, and good manners must be used when students and faculty are involved in online educational discourse; the same as if the interaction were to take place in person. Behavior must be responsible and caring toward others. Certain issues are specific to online education. For instance, written or audio discussion and email are expected to have the same level of civility as an on-site classroom situation. Students must refrain from disruptive behavior with verbal or written side conversation or background noise when connected to a live online class. The written communication for online learning deserves the same amount of formality and respect as face-to face communication.

Communication:

All communication, via any modality, should be respectful and adhere to professional standards. Face-to-face and phone communication must be civil and use a professional level of courtesy, politeness, and good manners. Email is a rapid and efficient form of communication. Those receiving an email cannot always understand the sender's intended tone or the context of the communication. Care should be taken to avoid unintended misinterpretations. Emails should be responded to promptly; this can be accomplished by checking your official LCC account frequently. Students may expect that email communication will be addressed within 2 business days and the same should hold true for email communications requiring a response

Policy/Procedure for Professional Behavior

from the student. The content of email communication must be respectful and courteous and in a writing style appropriate for the business and/or educational environment.

Professional Integrity:

Professional nursing practice carries with it an expectation of integrity, which may also be defined as honesty, accountability, and doing the right thing. In order to promote and uphold behaviors that align with the integrity expected in nursing practice, students are expected to be aware of and adhere to the nursing *Code of Ethics* (ANA, 2015). Activities such as maintaining patient confidentiality and privacy, consistently demonstrating professional and ethical conduct, and recognizing when it is necessary to report the unethical conduct of others. Students should be aware of actions or situations that could potentially create conflicts of interest. Students are expected to familiarize themselves with the rules and regulations that govern their practice, and apply them in a fair and consistent manner, free from biases.

The Washington State Nurse Practice Acts are included in the RN to BSN Program Handbook and include Revised Code of Washington (RCW) [Chapter 18.79](#) and Washington Administrative Code (WAC) [Chapter 246-840](#).

Social Media and Technology:

To comply with HIPAA and protect confidentiality, students may not use personal electronic devices (cell phones, tablets, or other devices), to transmit, copy, photograph or download any patient/client information at or from any location. No photographs are to be taken in the clinical setting. Posting any patient/client information on Facebook, X (formerly known as Twitter), email, or other social media is prohibited. Violation of this policy may result in a failing grade and dismissal from the nursing program. Students must comply with clinical agency and federal policies on the use of social media as it relates to patients/clients as well. Nurses face risks when social media is used inappropriately. Results of this may include disciplinary action by the state board of nursing, loss of employment, as well as legal action (ANA, 2022; National Council of State Boards of Nursing, 2011).

Student Success Plan:

Depending on the nature and severity of any below standard or unprofessional conduct, ramifications may range from implementation of a Student Success Plan to immediate removal from the program. The purpose of a Student Success Plan is to address and document actual or potential substandard practices and/or behaviors that may negatively affect student success. A success plan may be initiated when, in the faculty's judgment, a student has demonstrated a behavior or occurrence of concern. The plan will be reviewed with the student with the intent of providing clear expectations, documenting the area of concern, and identifying strategies for success. Depending on the severity of the behavior, immediate dismissal from a class or clinical site may result whether or not a success plan has been initiated. For example, behaviors that jeopardize safety or cause harm to self or others may require immediate dismissal from the setting.

References:

- American Nurses Association. (2022). [Social media](#).
- American Nurses Association. (2015). [Code of ethics for nurses with interpretive statements](#).
- [Lower Columbia College Nursing Program Handbook](#)
- National Council of State Boards of Nursing. (2011, August). *White Paper: A nurse’s guide to the use of social media*. Chicago, IL: Author.
- [WAC 246-840-519](#). Student requirements in all approved nursing education programs.

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Lower Columbia College Nursing & Allied Health Programs

Policies & Procedures: Record Keeping and Systems

Pathway(s) Covered: NA-C, Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN, MEDA

Purpose of Policy: The purpose for student record keeping is to maintain both public and protected records in a way that is compliant with both Federal law (FERPA, HIPAA) and State requirements (RCWs and WACs guiding community college and healthcare education programs).

Background Information: According to [WAC 246-840-519](#), the nursing education program will maintain student recordkeeping and systems per an established policy that is shared with students. All program-related records for all nursing programs/options will be managed in compliance with Washington state and Federal guidelines. Records required by the state will be retained per the [Community and Technical Colleges Records Retention Schedule](#). For records requiring Federal compliance the Federal Records Management [General Records Schedule](#) is followed (Federal grants, financial aid records, etc.).

Nursing Assistant Program and student information will be maintained per [WAC 246-841A-455](#).

Course records for the Medical Assisting Program are additionally maintained per the standards of the Medical Assisting Education Review Board (MAERB) addressed in [Policy 220: Retention of Course Documents and Student Achievement Records](#).

Per clinical consortium and agency requirements, student and faculty records pertaining to authorization for clinical placement will be retained for seven years from date of completion of program or separation from service.

Records containing confidential information will be secured and not accessible to the public. Paper records containing private or confidential information will be destroyed by shredding.

Person/Persons Responsible for Adherence: Faculty, healthcare program coordinators, dean of instructional programs/nursing program director

Supporting LCC Documents or Processes:

- Administrative Policies: [Section 701: Acceptable Use of Information Systems and Services](#)
- Administrative Policy, [Section 705: E-mail Retention](#)

Policy/Procedure for Record Keeping and Systems

The following table includes excerpts from the [Community and Technical Colleges Records Retention Schedule](#) and reflects current policy.

Item/information	Retention Schedule & Disposition	Additional Information
Academic appeals and	Retain for 6 years after graduations/	Page 46

Policy/Procedure for Record Keeping and Systems

grievances	date of last attendance then destroy.	
Accreditation records	Retain for 6 years after end of accreditation or until superseded by new accreditation then contact archivist (outcomes) or destroy (depending on type of record).	Page 45
Admissions - <i>“The activities associated with the admission of applicants into courses/programs.”</i>	Retain for 6 years after graduation/date of last attendance, then destroy.	Page 14 <i>Includes applications, admission test scores, transcripts, and correspondence.</i>
Admission applications - <i>not accepted, not enrolled, or incomplete.</i>	Retain for 2 years after the beginning of academic quarter for which applied or date of last submission (whichever is later) then destroy.	Page 15
Advising students, including veterans (academic/career) - <i>records documenting advice and other services provided to students to assist them in identifying a major, monitoring progress, or assisting in career planning.</i>	Retain for 6 years after graduation or date of last attendance, then destroy.	Pages 26, 29
Advising alumni and general public - <i>records documenting advice and other services provided to alumni or other members of the public to assist them in career planning</i>	Retain for 2 years after most recent contact, then destroy.	Page 27
Coursework Grades/Scores/Comments	Retain for 2 years after the end of academic quarter then destroy. NA-C Exception: Documentation must be retained for 5 years to include record of student performance (test and quiz scores, assignment scores, skills lab and	Page 46

Policy/Procedure for Record Keeping and Systems

	clinical performance evaluations) and course outcome.	
Health services: Flu vaccination records <i>(given by LCC):</i>	Retain for 8 years then destroy.	Page 40
Papers, projects and assignments by students – not retrieved by students	Retain for 1 quarter after the end of academic quarter in which assignment was graded then destroy.	Page 49
Reference letters for students	Retain for 2 years after the date of reference then destroy.	Page 49
Student Evaluation of Instruction <i>(includes course effectiveness evaluations)</i>	Retain for 5 years after the end of academic year then destroy.	Page 49
Student internships <i>(includes clinicals, practicums, preceptorships)</i>	Retain for 6 years after graduation or date of last attendance then destroy Nursing and MEDA Exception: Clinical consortium requires to retain 7 years then destroy.	Page 50 <i>This includes clinical schedules/patient assignments.</i>

References:

- Medical Assisting Education Review Board. (2024, January). Policy 220: Retention of Course Documents and Student Achievement Records. [Policies and Procedures Manual for CAAHEP-Accredited Medical Assisting Programs](#).
- National Archives. (2023, November 29). [General records schedules \(GRS\)](#).
- [WAC 246-840-519](#): Student requirements in all approved nursing education programs.
- [WAC 246-841A-455](#): Administrative procedures for approved nursing assistant training programs.
- Washington Secretary of State. (2022, December). [Community and technical colleges records retention schedule](#).

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Lower Columbia College Nursing Programs

Policies & Procedures: Student Rights and Responsibilities

Pathway(s) Covered: Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy: The purpose of this policy is to establish a framework that promotes transparency, fairness, and accountability within the LCC Nursing Programs, ensuring that the rights and well-being of students are respected and protected, while also setting expectations for responsible behavior and ethical conduct.

Background Information: Foundational principles of the nursing profession are honesty, integrity, and high ethical standards. Nursing students have rights and responsibilities including academic, ethical, professional, and legal considerations.

Professional behavior is expected of all nursing students. Per [WAC 246-840-519](#), the nursing education program shall hold students accountable for professional behavior as identified in:

- RCW [18.79](#); RCW [18.130](#); and
- [246-840 WAC](#), including academic honesty and integrity.

Person/Persons Responsible for Adherence: Students, faculty, assistant program directors, dean of instructional programs/nursing program director

Supporting LCC Documents or Processes:

- [LCC Student Handbook: Student Academic Rights and Responsibilities](#)
- [Code of Student Conduct: WAC 132M-126](#)

Policy/Procedure for Student Rights and Responsibilities

LCC Student Academic Rights and Responsibilities

Students admitted to an LCC Nursing Program have the academic rights described in the [LCC Student Handbook](#). All LCC students are expected to know and comply with the responsibilities, procedures, and academic standards defined by the college faculty. Violation of student responsibilities or the [Code of Student Conduct](#) may result in student sanctions up to and including dismissal from the nursing program and/or the college.

Nursing Student Rights and Responsibilities

- Abide by the published course and program policies.
- Communicate in a professional, respectful, and honest manner.
 - Refrain from derogatory comments towards or about LCC students or employees on social media that adversely affect the college community or the pursuit of its objectives.
- Follow the established [chain of command](#) regarding course content and academic issues.
- Exhibit professional behaviors in the classroom, lab, and practicum and promote

Policy/Procedure for Student Rights and Responsibilities

professionalism in others. This includes, but is not limited to:

- Adhere to course attendance policies specified in syllabi.
- Arrive prepared for class, lab, and practicum.
- Be an active participant in the learning process.
- Avoid distracting others in class.
- Demonstrate responsibility and accountability for actions, behaviors, and communications.
- Be responsible for prior learning, including concepts learned in prerequisite courses and prior nursing program courses.
- Promote safety of self and others within current scope of practice, including the provision of safe patient care.
- Protect the privacy and confidential information of all parties (students, patients, healthcare staff members, etc.).
- Exhibit self-awareness, self-regulation, self-direction, and motivation necessary for successful program completion.
- Conduct oneself in a manner consistent with the American Nurses Association (ANA) [Scope and Standards of Practice](#), [ANA Code of Ethics](#), and the laws and regulations governing nursing care ([RCW 18.79](#); [18.130](#); [WAC 246-840](#)).
- Stay informed regarding nursing program announcements and changes by checking LCC email and designated program-related Canvas communication course at least three times weekly while enrolled.
- Students have the right to pursue grade appeal through established LCC Academic Grievance Resolution Procedures.
- Students have the right to bring forward complaints or concerns.

Failure to abide by the Nursing Student Responsibilities and professional behavior expectations may result in disciplinary action up to and including dismissal from the nursing program.

References:

- [WAC 246-840-519](#): *Student requirements in all approved nursing education programs.*
- American Nurses Association. [ANA Scope & Standards of Practice](#)
- American Nurses Association. [ANA Code of Ethics for Nurses with Interpretive Statements](#)

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Lower Columbia College Nursing Programs

Policies & Procedures: Professional Dress & Uniforms

Pathway(s) Covered: NA-C, Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Background Information: The student or professional nurse's appearance, personal hygiene and behavior contribute to the comfort, security, and well-being of the client. Any personal appearance, grooming, or clothing that creates a distraction is considered inappropriate. Hair color outside of the range of naturally occurring, offensive or extreme tattoos, inadequate hygiene, or body odor may upset or frighten the client and family, and convey a lack of respect for others.

Purpose of Policy: The purpose of the professional dress and uniform policy is to provide standards for attire, grooming, and personal hygiene that are appropriate for the healthcare workplace and associated activities for LCC nursing students.

Person/Persons Responsible for Adherence: Students, faculty, dean of instructional programs/nursing program director

Supporting LCC Documents or Processes: LCC does not maintain a policy regarding attire. Nursing students are required to conform to appearance and hygiene guidelines that promote a professional, appropriate, and clean presentation in the clinical setting.

Policy/Procedure for Professional Dress & Uniforms

NA-C and all AN-DTA/MRP options

In the **clinical/practicum setting**, including the campus simulation lab, the student must be in the specified uniform, with name badge, proper agency identifiers, and LCC student identification. Certain clinical sites may have specific dress codes, such as facility-provided scrubs in specialty areas. **Agency-specific dress/uniform policies may supersede this LCC Nursing Program policy. In such cases, students are expected to adhere to agency dress/uniform policies.**

A student reporting for lab, clinical or fieldwork with inappropriate attire or hygiene may be dismissed from the site by instructors or health agency personnel until the condition(s) is/are corrected. There may not be an opportunity for the student to make up the experience.

Hair

- Hair color must be in the range of natural hair colors. Pink, blue, green, purple or other hues that are not considered within the natural hair color spectrum are not allowed.
- If hair is beyond collar length, it must be pulled back and fastened neatly. Hair should be secured such that it is not able to fall into the face, workspaces, or equipment.

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- Facial hair, if present, is to be neat and clean. Please note that special equipment (such as beard masks or respirators) may be required to comply with precautions in the clinical setting.

Jewelry and visible piercings must not pose a safety risk:

- No dangling, hoop, or large earrings
- No open earlobe expanders, gauges (plugs must be worn in expanded earlobes)
- No bracelets or necklaces
- One finger ring is allowed that does not pose a safety or infection control risk
- Facial piercings are limited to small, discreet and close to the face. No hoops may be worn that pose a safety risk.

Tattoos which include obscene or profane imagery or language must be covered.

Grooming and hygiene

- Proper hygiene (bathing, deodorant, oral care) is required. Body odor is offensive.
- Personal fragrances (cologne, perfume) are not allowed.
- The student and uniform/clothing is to be free from odors such as smoke or perfume.
- Fingernails are to be clean and neatly trimmed. No artificial nails or long fingernails are permitted for direct patient care. Polish may be worn *if permitted by agency policy*, but must not be chipped or peeling.
- Cosmetics may be worn in moderation and appropriately for the healthcare setting (work environment).

Uniforms

The LCC student nurse uniform is required in the clinical/practicum setting (including simulation lab). The uniform is to be worn in its entirety unless otherwise specified. The uniform is to be clean, pressed, and well-maintained. Students may wear uniforms on campus only for clinical lab days, skills testing, or simulation. Uniforms are not to be worn in public settings. This is an infection control issue. The uniform consists of:

- Navy-blue scrub top and pants of any style or brand (white tops may continue to be worn during the program's transition to navy-blue tops).
- A white short lab coat or warm-up jacket made of scrub material (no longer than hip length) is optional.
- The *LCC Nursing* logo patch is to be secured to the right shoulder (deltoid area) of the uniform and lab coat (tape or staples are not acceptable means of securing shoulder patches).
- Closed toe, closed heel shoes with a solid upper of any color may be worn for clinical/practicum and related activities. Shoes made of any woven material (mesh, cotton, cloth, etc.) are generally not acceptable. Shoes must have slip-resistant soles and must be clean and in good repair. Shoes which are medical grade and have internal

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structure to protect the feet may be acceptable. Students should check with their faculty prior to wearing such shoes to the clinical site or simulation lab.

- The LCC name badge, student photo ID, and agency identification (if applicable) is to be pinned to the upper left side of the shirt or may be worn on a quick-release lanyard.
- A washable, medical-grade fanny pack type organizer in navy blue or black may be worn around the waist if desired.

When in the clinical/practicum agency to obtain necessary client data:

- LCC Nursing student name badge, LCC student photo ID, and agency identification (if applicable) must be worn as it would be for a clinical rotation.
- A clean and pressed short, white lab coat may be worn with appropriate professional (business/business casual) attire *OR* the LCC student nurse uniform may be worn (see uniform policy information above for guidance regarding use of the LCC student nurse uniform).
- Students changing into facility-issued scrubs for the assigned rotation (such as surgical service or obstetrics rotations) may dress in appropriate professional (business/business casual) attire to enter and exit the facility. Appropriate shoes and identification must be worn at all times in any clinical/practicum site.

Not acceptable in any clinical/practicum site at any time (including the simulation lab):

- Denim jeans, skirts, dresses or overalls.
- Sweatpants or sweatshirts, workout clothing, running attire or other shorts.
- Spandex/Lycra clothing; tights or leggings worn as pants.
- Tank tops or camisoles that expose the midriff or excessive cleavage.
- Visible undergarments.

Not acceptable in the skills lab at any time

- Open-toed shoes
- Tops or pants/shorts/skirts that expose excessive breast cleavage or the buttocks.

RN to BSN program

Scrub uniforms are not required for the RN to BSN field experience. However, students should always defer to agency dress code requirements when more stringent than this LCC policy.

- RN to BSN students must adhere to all grooming and hygiene expectations as described above.
- RN to BSN students must also wear their LCC nursing student ID badge, LCC student photo ID, and agency identification at all times while in the clinical site.
- Appropriate professional (business/business casual) attire should be worn in the role of RN to BSN student in the clinical setting.
- A short, white lab coat made of scrub material may be worn if desired and appropriate. The *LCC Nursing* logo patch should be sewn to the right shoulder/deltoid area.
- Closed toe shoes should be worn in the clinical setting at all times.

References:

- Olympic College Nursing Program. (2021). *Phase II VL-BSN Application*.
- Pacific Lutheran University. (2023). [*School of Nursing Student Handbook*](#).

Revision History:

Author(s): Merry Bond		
Editor(s)/Contributor(s): Amy Boultinghouse, Kali Brandt, Kailie Drumm, Connie Ramos		
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Lower Columbia College Nursing Programs

Policies & Procedures: Student Withdrawal, Dismissal & Re-Entry

Pathway(s) Covered: Traditional-entry RN, Campus-based LPN opt-in, LPN2RN eLearning, RN to BSN

Purpose of Policy: The purpose of the student withdrawal, dismissal, and re-entry policy and procedure is to explain processes for students who may need to withdraw from courses for personal or academic reasons, who are dismissed from the program for safety/critical elements, and to guide students in the appropriate steps to seek re-entry into a nursing program pathway.

Background Information: The ability to meet the needs of students is the key to retention and reflects the overall success of all nursing pathways at LCC. The nursing program must also uphold safety and conduct expectations that protect the public. Upon admission to a nursing program pathway, the student assumes responsibility for progressing in the program by meeting course and program requirements.

Developing guidelines for students' withdrawal from a program pathway, as well as a defined process for re-entry (including faculty review and approval) supports students in successfully achieving academic and professional goals and meeting program outcomes. It additionally helps ensure consistent application of policies and procedures around program withdrawal and reentry. Developing guidelines for dismissal from a program in the event of safety or conduct violations contributes to safety and quality for clients, students, faculty, and the LCC Nursing Programs.

Person/Persons Responsible for Adherence: Students, faculty, healthcare program coordinators, assistant program directors, dean of instructional programs/nursing program director.

Supporting LCC Documents or Processes:

- [LCC Academic Calendar](#)
- [LCC Policy 237 - Pregnancy](#)
- [LCC Policy 310 - Grading Policy](#)
- [LCC Student Handbook:](#)
 - [Adding and Withdrawing from Classes](#)
 - [Code of Student Conduct](#)
 - [Student Rights and Responsibilities](#)
 - [Student Academic Grievance Resolution Procedures](#)

Policy/Procedure for Student Withdrawal, Dismissal, and Re-Entry

Student withdrawal from nursing course(s) or a nursing program, delay of progression, or non-progression:

Students may defer progression in an LCC nursing program or withdraw from some or all of their nursing courses for a variety of reasons:

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- The student opts to withdraw from a nursing course due to substandard academic performance and is ineligible for progression to subsequent cohort courses.
- The student is unsuccessful in one or more nursing courses and is unable to progress to the subsequent cohort courses.
- The student is unable to complete their clinical practicum or skills course due to substandard performance or safety concerns that do not warrant program dismissal.
- Hardship-related withdrawal (medical, military deployment, or other unexpected circumstances beyond the student's control)
- The student chooses to withdraw from their courses or delay their progression for other personal reasons.

The following procedures will be followed, regardless of the reason for withdrawal (voluntary or hardship) from a nursing course or program:

- The primary theory and clinical course in each associate degree nursing cohort require concurrent enrollment:
 - **NURS 151/160/161** (*NURS 160/161 must be taken or withdrawn from together*).
 - **NURS 152/162**
 - **NURS 153/163**
 - **NURS 251/261**
 - **NURS 252/262**
 - **NURS 253/263**
- Nursing support and non-nursing support courses require concurrent enrollment with other cohort courses as well, but may be taken apart from the other cohort courses with dean/nursing program director approval (NURS 150, 250; HUM 150, 250, 251, 255; PSYC 150, 250, 255). **Please note that a student cannot continue in other cohort courses while withdrawing from one of these courses.**
- **LPN2RN eLearning courses** do not require concurrent enrollment. However, each course is only offered once per year and the course progression **must be taken in order: NURS 242, NURS 244, NURS 245, NURS 246, NURS 247, and NURS 248.**
- A student may not continue in a clinical/skills course without being enrolled in the concurrent theory course. However, if they are withdrawing from a clinical/skills course, it is possible that they may continue in the theory course. This option is only considered when the withdrawal is not related to a professionalism/conduct issue in the clinical setting. A student should consult with their faculty to determine whether this applies to their situation.
- An RN to BSN student must complete NURS 400 within their first quarter of enrollment in the program and may not progress in the program without first successfully completing NURS 400.
- AN RN to BSN student may not progress to their field experience (NURS 430) without first successfully completing NURS 410 (Community and Public Health Nursing) and NURS 415 (Nursing Leadership for Organizational Change).

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Voluntary Withdrawal or Delay of Progression:

- A student may choose to withdraw themselves from a course(s) at any time during the first 80% of the term for any reason. The student must withdraw themselves from the appropriate course(s) following the guidelines above, prior to the last day to drop a course (see [LCC Academic Calendar](#) for official college academic dates and deadlines).
- If a student withdraws within the first two weeks (or 20%) of the term, the course(s) will not show at all on their transcript. They may be eligible for a full or partial refund of tuition during this period per college policy. After 20% of the term, a 'W' grade will be visible for each course withdrawn from. This does not impact the student's GPA.
- See the [LCC Student Handbook](#) page - [Adding and Withdrawing from Classes](#) - for details about how to withdraw from a course.
- Please note that a nursing student is permitted **one (1) re-entry per program** following withdrawal related to substandard academic performance and one re-entry following a voluntary withdrawal or delay of progression. **Program re-entry is prioritized by reason for delay of progression, date of approval, then space available within the desired cohort.** See Nursing Program Re-Entry Procedures below for further details about seeking program re-entry.
- An RN to BSN student may move between full-time and part-time enrollment between quarters or following the college's withdrawal policies and procedures. This will not be considered a delay in progression requiring program re-entry. However, availability of required courses during desired quarters may affect rate of progression. Sequential or concurrent enrollment will also be required in the cases listed in the previous section.
- For a student wishing to delay progression or seek leave due to pregnancy or related conditions, [Administrative Policy Section 237: Pregnancy](#), applies. The student is encouraged to contact the Title IX Coordinator, who can coordinate specific actions to prevent sex discrimination and ensure the student's equal access to the College's education program or activity.

Hardship Withdrawal:

A hardship withdrawal (previously described as a medical withdrawal) must follow the LCC policy and procedures described in the [LCC Student Handbook](#) page: [Adding and Withdrawing from Classes](#). A hardship withdrawal may occur related to one of the following reasons:

- **Medical:** a significant injury or illness requiring recuperation which interferes with the student's ability to be successful in their course work.
- **Death:** a death in the student's immediate family which includes parent(s), sibling(s), spouse/partner, or dependent.
- **Military service:** orders to report for active duty training, or other mandatory service assignment for state or Federal armed services.
- **Hardship:** a significant and unanticipated personal emergency or circumstance beyond the control of the petitioner.

A student requesting a hardship withdrawal will be guided by program faculty or administration

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through the process occurring after the last day to withdraw from a course, including what documentation will be required. *The Nursing Programs also recognize withdrawals related to a hardship reason which occur prior to the last day to withdraw from classes for re-entry priority.* See Nursing Program Re-Entry Procedures below for further details about seeking program re-entry following a hardship-related withdrawal or delay of progression.

Incomplete Grade:

Per LCC policy, an incomplete grade may be issued at the faculty's discretion to a student whose work to date is meeting passing standards, but is not completed by the end of the quarter (see LCC [Grading Policy](#) - Policy 310). A student holding an incomplete grade in a cohort nursing course will not be permitted to progress to subsequent cohort courses until the incomplete grade is resolved. Progression to the subsequent cohort courses (if not occurring on schedule) will be subject to space available in the desired cohort.

Dismissal from Class or Clinical:

Immediate dismissal from a class or clinical setting may result depending on the severity of a conduct or safety violation. If a student is dismissed from class or clinical, it will be at minimum, considered a "fail" for that day/experience. Dismissal from a nursing program may occur in instances of egregious violations of safety, conduct, or program policies. See [LCC Code of Student Conduct](#) and the LCC Nursing Programs Policies for Required [Clinical Practice Expectations](#) and [Professional Behavior](#).

When a student is dismissed from a nursing program as a disciplinary sanction (academic integrity violation, other grievous student conduct issue, or severe safety violation in the clinical environment, for example), they will be ineligible to complete any further coursework within the nursing program. Depending on the nature of the dismissal, the student will receive a failing grade (at minimum) in the related course and will be administratively withdrawn from all other program courses.

Nursing program re-entry may not be an option if the dismissal is due to a critical safety concern (resulting in actual or potential harm) or disciplinary action, depending on the severity of the behavior. A student may not self-withdraw from a nursing course to avoid a disciplinary sanction (for instance, a failing grade resulting from an academic integrity or student conduct violation). A student who was dismissed from an LCC nursing program and/or denied program re-entry will not be considered in "good standing" for purposes of applying to other nursing programs.

Nursing Program Re-Entry:

Following a delay in progression for any reason, the student will be sent a letter by the dean of instructional programs/nursing program director including an explanation of the reason for non-progression, reference to the [Student Academic Rights and Responsibilities](#) and the [Student Academic Grievance Resolution Procedures](#), and instructions for seeking program re-

Policy/Procedure for Student Withdrawal, Dismissal, and Re-Entry

entry.

A student who wishes to pursue program re-entry following a delay of progression related to voluntary, academic, or hardship reasons (as described above) must complete a [request for program re-entry](#) **within one (1) calendar year of the last date of enrollment in a nursing course. A student is permitted one (1) re-entry per program following delay of progression related to substandard academic or clinical performance and one (1) re-entry per program following a voluntary delay of progression (stopping out).**

Re-Entry following hardship withdrawal. A student seeking re-entry following delayed progression due to a hardship reason must complete a re-entry request using the [approved re-entry form](#). If the program re-entry will occur within six (6) weeks of an illness, injury, procedure, or hospitalization, the student must also submit a Medical Release Form (completed and signed by their healthcare provider) prior to returning to clinical practicum. The returning student must be able to meet attendance and participation requirements, including meeting the nursing student essential abilities with or without reasonable accommodation. See the LCC Nursing Programs Policy for [Accessibility and Accommodations](#).

Students who withdrew related to a hardship (as described above) will be given priority over re-entries due to voluntary delays in progression and re-entries related to substandard academic or clinical performance, but are still based on available space in the desired cohort. Re-entering after a hardship withdrawal while in good standing academically in the program will not count toward the “one (1) re-entry per program” policy.

Military service members and reservists that are temporarily unable to attend class or have to suspend their studies due to service requirements (considered a hardship withdrawal) will be accommodated to the fullest extent possible. If course completion and program progression is affected by service requirements, a re-entry request on the [approved re-entry form](#) must be submitted with documentation of the service requirement. This will not be counted as the student’s single program re-entry and the **highest priority for re-entry** will be given.

Requests for re-entry following delay of progression or program completion related to a voluntary reason or substandard academic or clinical performance (including program dismissal) must be submitted on the [approved re-entry form](#) and include all required information. Re-entry requests are reviewed by the nursing faculty at scheduled nursing program meetings. The student will be informed of the decision by the dean/nursing program director following faculty review. Faculty approve or deny the re-entry request based on discussion and documentation of the **student’s performance** and the **student’s written statement**. Re-entry requests will not be considered before final exam week if the student is currently enrolled in a nursing course and must be submitted within one year from last enrollment in a nursing course.

Per the [Re-entry Request Form](#) and [Re-Entry Decision Rubric](#), the written statement is to

Policy/Procedure for Student Withdrawal, Dismissal, and Re-Entry

include the following:

- All required elements of the re-entry request per the instructions on the Re-Entry Request Form.
- A coherently written, typed statement without significant spelling or grammatical errors, which demonstrates effort and thought.
- The reason(s) for withdrawal, delay of progression, or substandard performance, articulating an accurate understanding of the issue(s) that prevented program progression. This analysis must include self-reflection as well as identification of any patterns of behavior contributing to non-progression.
- Evidence of accountability for the student's own role in the circumstances leading to withdrawal or delay of progression.
- Specific, measurable, achievable, realistic, and timely (SMART) strategies for success that are directly related to the behaviors which prevented program progression.

Significant faculty concerns regarding client safety, student conduct, or professionalism may override a rubric score and result in ineligibility for re-entry.

Re-entry to the Nursing Program is not guaranteed and, when granted, is on a space-available basis. ***A re-entry request will be considered a maximum of two (2) times.*** A student is no longer eligible for program entry after a request has been considered twice. A student who was dismissed from an LCC nursing program and/or denied program re-entry will not be considered in "good standing" for purposes of applying to other nursing programs.

Re-entry requests must be submitted within one (1) calendar year of last enrollment in a nursing course to be considered. If more than one year has elapsed, the student is not eligible for re-entry and is encouraged to meet with the Nursing Program Director to discuss options, including re-applying to the nursing program.

Depending on the length of time a student has been out of the program and the circumstances of the case, the student may be required to repeat prior courses or re-start the program to ensure current knowledge. If approved for program re-entry, the student must meet current eligibility requirements, and be selected for admission per the current application process and policies.

To help ensure current knowledge or clinical competency, a student who is readmitted to the nursing program is required to audit or retake for a grade required concurrent nursing course(s) even if this course has been previously completed successfully. If a student chooses to retake a required nursing course for a grade rather than for an audit, the student must achieve a minimum of "C" in a theory course or a "P" in a practicum course, despite having previously earned a passing grade in the course. When retaking a nursing course as an "audit", all designated requirements, as determined in writing by the instructor at the beginning of the course, must be met satisfactorily to progress in the program.

Revision History:

Author(s): Merry Bond		
Editor(s)/Contributor(s): Connie Ramos		
Approval: 06/14/2024	Last Review: 06/03/2024	Due for Review: 06/14/2027

Appendix B: Program Form



Lower Columbia College Nursing Programs

Student Acknowledgement of Nursing Program Handbook and Nursing Student Rights & Responsibilities

I have received and reviewed a copy of the *Lower Columbia College Nursing Program Handbook*, including a statement of *Nursing Student Rights and Responsibilities*. I understand the importance of these documents and have had an opportunity to have my questions answered. I agree to abide by the requirements, responsibilities, and policies as specified.

My initials for each of the following and my signature below indicate that:

I am aware that practicum or lab experiences in which I will be participating as a student may impose health risks, such as injury, blood and body fluid exposure, and/or other infectious disease exposure. I assume all risks involved in participating in practicum and lab experiences and agree to hold Lower Columbia College and its partnering clinical agencies harmless. I have been informed of my responsibility to maintain personal health insurance that covers incidents that may occur related to the practicum or lab experiences.

I have received and reviewed a copy of the *Nursing Program Handbook* and have had an opportunity to have my questions addressed.

I agree to comply with the policies and procedures outlined in the *Nursing Program Handbook* and course syllabi throughout my participation in the Nursing Program.

I have access to the [Lower Columbia Student Handbook](http://lowercolumbia.edu/publications/student-handbook/index.php), available online (<http://lowercolumbia.edu/publications/student-handbook/index.php>), and am aware of the Student Academic Rights and Responsibilities listed in this handbook.

I understand that as a nursing student, I am a member of a profession in which confidential information must be protected, patient rights upheld, and professional standards of behavior are expected. I agree to conduct myself accordingly.

I will demonstrate integrity and assume responsibility and accountability for my actions throughout my participation in the LCC Nursing Program.

Signature: _____ Date: _____

Printed name: _____

A copy of this form will be provided for your signature. Please sign and return the copy to your instructor. This required document will be placed in your student file.



Lower Columbia College Nursing Programs

Student Consent for Release of Information

I authorize the Lower Columbia College Nursing Program to enter personal information on my behalf into data management services (such as ACEMAPP) required by the clinical consortia to which LCC belongs.

Furthermore, I authorize the Lower Columbia College Nursing Program and the Clinical Consortia to which LCC belongs to release my information to any clinical institutions/entities where I will participate in a clinical rotation. This information is only to be used for purposes of documenting compliance with clinical site requirements for participating in such clinical placements.

I understand that all information contained in the Clinical Consortium's data management service (such as ACEMAPP) is in a secured database that is user ID/password protected and only authorized users are permitted to access this database.

I understand that I am not required to give this consent. I want LCC Nursing Program, and other entities named above, to share this information as instructed above and I give this consent of my own free will. This consent will remain active until my completion of the LCC Nursing Program, unless it is rescinded by me in writing, or I am no longer eligible for program completion.

Additionally, I understand that clinical agencies may require my social security number for clinical/practicum access. I authorize the Lower Columbia College Nursing Program to provide my social security number to clinical agencies as required for the express purpose of clinical/practicum access.

Lower Columbia College agrees to protect and transmit personal information, such as Social Security numbers, in accordance with accepted standards of practice outlined in the [LCC Nursing and Allied Health Programs Records Management Policy](#).

Printed name: _____

Social Security number: _____

Signature: _____

Date: _____

A copy of this form will be provided for your signature. Please sign and return the copy to your instructor. This required document will be placed in your student file.



Lower Columbia College Nursing Programs

Re-Entry Request Rubric

Student Name: _____ **Prior Re-Entry Request:** _____

Decisions regarding nursing program re-entry are made by the nursing faculty using the following criteria which are outlined in the Nursing Programs Re-Entry Policies (Program Handbook: [Appendix A](#)).

- 0 - No evidence criterion was addressed
- 1 - Not meeting minimum expectation
- 2 - Partially meeting expectation
- 3 - Meeting expectation

A score of less than 2 for any individual criterion or a total score of less than 9 will result in denial of the re-entry request. **Please note that significant client safety or student conduct concerns may override other decision criteria and related scoring.**

Decision Criteria	Score	Notes/Comments
All required elements of the re-entry request are present per the instructions on the Re-Entry Request Form. The letter is coherently written, typed without significant spelling or grammatical errors, and demonstrates effort and thought.		
The reason(s) for withdrawal, delay of progression, or substandard performance is/are addressed. The student articulates an accurate understanding of the issue(s) that prevented program progression. The student's analysis includes self-reflection as well as identification of any patterns of behavior contributing to non-progression.		
The student takes accountability for their part in the circumstances leading to the withdrawal or delay of progression.		
Success strategies are realistic, directly related to the behaviors which prevented program progression, and are both specific and measurable.		
TOTAL SCORE: All of the above demonstrate the student's potential to benefit from program re-entry at this time.		