

Nursing Student HANDBOOK



NURSING PROGRAM 2007-2008

**HARFORD COMMUNITY COLLEGE
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NURSING STUDENT HANDBOOK

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HARFORD COMMUNITY COLLEGE
HCC Nursing Program

Mission

The nursing department is committed to providing a holistic and innovative learning environment responsive to diverse student needs and evolving trends in healthcare. The nursing faculty provides educational and clinical opportunities for students to practice in a variety of settings which serve individuals, families and communities from diverse backgrounds. Learning is directed to the personal and professional development of the student as well as the graduate's role in community and society. The faculty embraces learning as a lifelong process of acquisition of knowledge, skills and abilities to critically analyze and solve problems utilizing current resources and technology.

Philosophy

Nursing, as an art and a science, is based on a client-centered process that is holistic and adaptive. Nursing is concerned with health promotion, health maintenance and health restoration. The nurse establishes and maintains a caring relationship that facilitates health and learning.

Nursing education at Harford Community College is based on the concepts of:

- Nursing process;
- Critical thinking;
- Caring;
- Commitment to life-long learning;
- Effective communication;
- Evidence based practice; and
- Interdisciplinary collaboration.

Nursing process provides the foundation for decision-making to assist the individual, family or community in health promotion, illness prevention and management of health needs throughout the lifespan in an empathetic and caring manner. Central to the application of the nursing process is emphasis on the client's individuality, with consideration for cultural, societal and environmental influences.

Core professional skills of our graduates include effective communication, accessing and evaluating information from various sources, critical thinking, evidence-based practice, and maintaining clinical competency.

Learning experiences related to legal, ethical and professional issues relevant to nursing practice provide a foundation for the graduate to contribute effectively as a member of an interdisciplinary team in a dynamic health care environment.

Learning is a lifelong process of the acquisition of knowledge, skills, and abilities to critically analyze and solve problems. The student brings to the learning experience a variety of capabilities and life experiences that influence the ability to assimilate and utilize knowledge and skills.

Students and faculty form learning partnerships based on mutual respect and share the responsibility for identifying, meeting and evaluating learning needs and experiences.

PROGRAM OUTCOMES

ASSOCIATE OF SCIENCES DEGREE NURSING PROGRAM

Upon completion of the Associate of Sciences Degree Nursing Program at Harford Community College, the graduate is expected to:

- Exhibit effective communication and collaboration with clients, families, and other members of the health care team. (**communication, interpersonal skills.**)
- Apply the nursing process, recognizing cultural, societal, and environmental influences, to assist individuals throughout the lifespan, their families and the community at large, to promote health, prevent illness, and manage health care needs. (**communication, critical thinking, science and technology, computational skills, interpersonal skills, culture and society.**)
- Utilize scientific, technological, and information resources to assure evidence-based practice in the delivery of nursing care. (**critical thinking, science and technology, information literacy, culture and society**)
- Demonstrate self-directed learning by assuming responsibility for continued nursing development through establishing goals and creating a plan for personal and professional growth. (**personal and self-management skills**)
- Adhere to standards of professional practice, be accountable for personal actions and behaviors, and practice nursing within legal, ethical, and regulatory frameworks. (**personal and self management**)

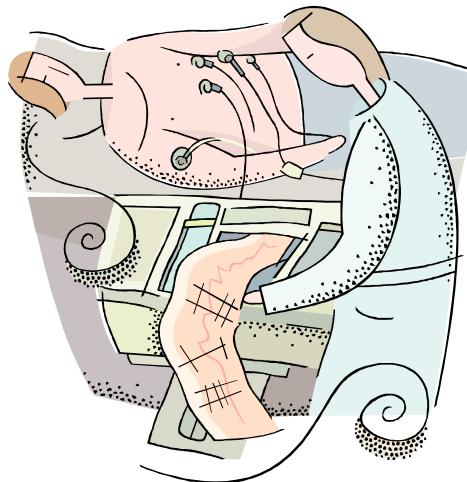


PROGRAM OUTCOMES

PRACTICAL NURSING CERTIFICATE PROGRAM

Upon completion of the Practical Nursing Certificate Program at Harford Community College the graduate is expected to:

- Function in a team relationship to assess clients of any age to determine needs and to contribute to a database with reference to growth and development, physical and emotional comfort and safety, interpersonal relationships and physiological interactions, with consideration for ethnic and cultural variations.
- Plan nursing care in a team relationship to assist the client to meet his/her needs by adapting to or eliminating stresses.
- Implement a nursing care plan in collaboration with other health care providers.
- Assist in the evaluation of the effectiveness of nursing care.
- Assume responsibility for continued nursing development and personal growth.
- Apply ethical principles to the practice of practical nursing.



Section

1

HARFORD COMMUNITY COLLEGE

Nursing Student Handbook

Nursing Program

NURSING PROGRAM

GENERAL OVERVIEW

Harford Community College offers a nursing program which allows students to enroll in an Associate of Sciences Degree Nursing Program (RN) with the option of completing the Practical Nursing Certificate Program (PN). Students complete the nursing courses in four consecutive semesters without a summer session. Students wishing to participate in the PN Certificate Program will complete course work specific to practical nursing during the ten-week summer session following the completion of their first two semesters in the program. Students have the option of matriculating immediately into the third semester of the Associate of Sciences Degree Nursing Program, or students may exit the Nursing Program and re-enter into the third semester within five years from the date of PN program completion.

Admission to the National Licensure Examination for Registered and Practical Nursing is determined by the Maryland Board of Nursing. By law, the Maryland Board of Nursing may deny licensure for a variety of reasons which may include conviction of a felony or crime involving moral turpitude, if the nature of the offense bears directly on the fitness of the person to practice nursing.

ACCREDITATION

The Associate of Sciences Degree Nursing Program and the Practical Nursing Certificate Program are approved by the Maryland Board of Nursing. The Associate of Science Degree Nursing Program is accredited by the National League for Nursing Accreditation Commission, 350 Hudson Street, New York City, NY 10014, 800-669-9656.

NONDISCRIMINATION STATEMENT

Harford Community College, as an institution of higher learning, believes in equal opportunity in education and in employment and actively encourages the enrollment of all interested persons, regardless of race, color, religion, sex, sexual orientation, national origin, age (for students age 16+), disability or any other characteristic protected by law or policies and practices of HCC. The College's commitment to equal opportunity also extends to include participation in academic, social, cultural and athletic activities and events. The College is totally committed to a policy of non-discrimination in employment, job assignment, promotion and provision of employee benefits.

While every student, employee and visitor retains the right to file an external complaint when he or she believes unfair practices occurred, Harford Community College provides an internal procedure for addressing such grievances.

Students who have been subjected to discriminatory action as part of the educational process may discuss it with (1) the appropriate division dean, if desired; (2) the Vice President for Student Development and Institutional Effectiveness at 410-836-4233, or (3) the Vice President for Community and College Relations at 410-836-4409 or 410-879-8920, ext. 409.

ORGANIZATION OF THE ASSOCIATE DEGREE IN NURSING CURRICULUM

NURS 101: Fundamentals of Nursing

Students use the nursing process to provide fundamental nursing care to clients throughout the life span to adapt to or eliminate stresses which interfere with meeting basic needs. Correlated clinical experiences provide practice of skills and beginning nursing care.

NURS 105: Medical-Surgical Nursing I

Students use the nursing process to identify physiological and psychological stresses interfering with the well-being of clients throughout the life span. The emphasis is on assisting clients to adapt to or eliminate stresses related to pathophysiological responses of well-defined health problems.

NURS 107: Mental Health Nursing

Students use the nursing process to apply mental health concepts across the life span. This course emphasizes interpersonal relationships, lifestyle issues, communication, and coping with stress as well as specific psychiatric diagnoses and the nursing care of clients with mental health issues.

NURS 112: Contemporary Issues in Nursing

Students are introduced to the professional roles and responsibilities of the registered nurse. Educational and professional development for registered nursing, legal and ethical issues related to nursing practice, and contemporary political-socioeconomic influences affecting nursing practice and healthcare are addressed. These concepts provide the foundation for registered nursing practice.

NURS 208: Maternal-Child Nursing

Students use the nursing process to identify physiological and psychological stressors that interfere with the well-being of childbearing women, newborn infants, and children. This course emphasizes providing nursing care to assist the client in adapting to or eliminating stresses that interfere with maternal and child health.

NURS 210: Medical-Surgical Nursing II

Students use the nursing process to provide nursing care for clients throughout the life span who are experiencing complex physiological and psychological stressors interfering with well-being.

NURS 211: Medical-Surgical Nursing III

Students use the nursing process to provide nursing care for clients throughout the life span who are experiencing multiple and complex physiological and psychological stressors interfering with well-being.

NURS 212: Leadership in Nursing

In this course, students prepare to function competently and effectively in the role of a professional nurse, manager, client educator, and advocate. The concepts of leadership, management, delegation, and evidence-based practice are presented with corresponding clinical applications in Medical-Surgical Nursing III.

PRACTICAL NURSING CERTIFICATE

PN 118: Maternal-Child Health for Practical Nursing

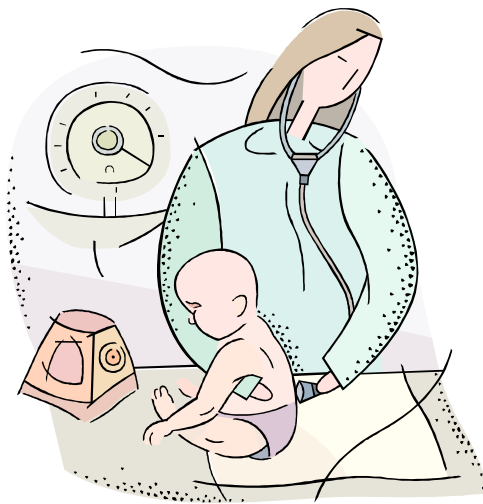
Students use the nursing process, within the scope of practical nursing, to identify physiological and psychological stresses interfering with the well-being of the childbearing woman, the newborn infant, and children. The emphasis of this course is on providing basic nursing care to assist the client to adapt to or eliminate stresses which interfere with maternal and child health.

PN 121: Medical-Surgical Nursing for Practical Nursing

Within the scope of practical nursing, students use the nursing process in a structured setting to provide nursing care for clients throughout the life span who are experiencing acute or chronic physiological stressors to help promote physiological and psychological well-being.

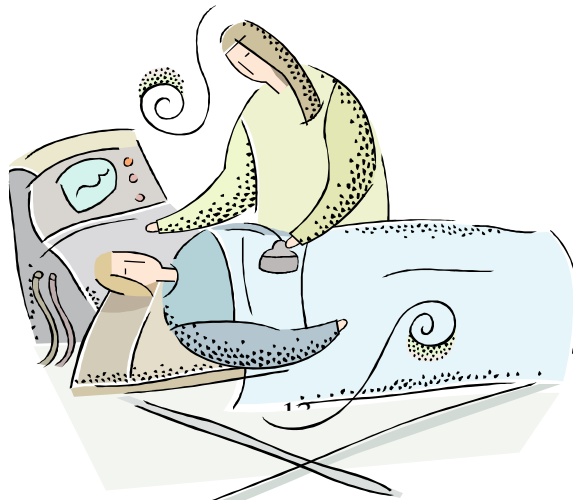
PN 122: Practical Nursing Issues

This course provides students with information about issues and trends that influence their careers in practical nursing. Content includes the development of nursing, legal and ethical issues affecting nursing, and career opportunities and challenges.



PROGRESSION POLICY

- The nature of the nursing curriculum, where one concept builds upon another, requires an orderly, sequential progression which follows the curriculum plan. Any break in this sequence of progression due to withdrawal, failure of a required course, failure to maintain a minimum GPA of 2.0 or any need for a leave of absence from the Program will require a written request for re-enrollment to the Dean of Nursing and Allied Health Professions.
- Every nursing student is permitted one course withdrawal or course failure, with the exception of Fundamentals of Nursing students. A student who withdraws failing or fails Fundamentals of Nursing must reapply to the Program as a new student. A student who fails a course other than Fundamentals of Nursing or withdraws failing may be readmitted to that course with the condition of a written contract signed by the student prior to the start of the semester. A student who does not abide by the contract may be dismissed from the Nursing Program.
- When a student's course grade is such that it is not possible for the student to pass a course with a clinical component, that student may no longer attend clinical.
- A final grade of C or better and a satisfactory clinical evaluation must be achieved in all nursing courses. A student will receive a grade of F in any nursing course for unsafe/unsatisfactory clinical practice or if the clinical competencies for progression are not met, as determined by evaluation and documentation by the clinical nursing faculty. In this case, re-enrollment is determined by the nursing faculty.
- Any student failing any 2 nursing courses will be dismissed from the Nursing Program. A student who has failed Fundamentals of Nursing and reapplies and is accepted will have one course failure on record.
- Students are expected to meet with Academic Advising to plan their course of study. **Registration for Medical-Surgical Nursing III (NURS 211) requires concurrent registration of any remaining courses necessary for graduation.**
- CPR Certification is required and must be maintained throughout enrollment in the nursing program. It must include both practical and theory components. Acceptable courses are **CPR for Health Care Providers** by the American Heart Association or **CPR for the Professional Rescuer** by the American Red Cross.
- Annual PPD status and immunization and health records must be maintained and up to date throughout enrollment in the Nursing Program.
- An NCLEX review course and an exit exam are required to earn Nursing Program completion status.



RECOMMENDED COURSE SEQUENCE
ASSOCIATE OF SCIENCES DEGREE
NURSING PROGRAM
Catalog Course Sequence

Prerequisite Semester	Sem. Hrs.
ENG 101 English Composition * <u>GE</u>	3
BIO 103 Anatomy & Physiology I * <u>GL</u>	4
PSY 101 General Psychology <u>GB</u>	3
<i>Any two courses from the list of admissions/graduation requirements (following are recommended):</i>	
SOC 101 Intro to Sociology <u>GB</u>	3
Mathematics elective <u>GM</u>	3
Semester Total	16
First Semester	Sem. Hrs.
NURS 101 Fundamentals of Nursing *	7
BIO 104 Anatomy & Physiology II * <u>GL</u>	4
PSY 102 Human Development Across the Life Span* <u>GB</u>	3
Semester Total	14
Second Semester	Sem. Hrs.
NURS 105 Medical-Surgical Nursing I *	4.5
NURS 107 Mental Health Nursing *	4
NURS 112 Contemporary Issues in Nursing*	1
BIO 205 Microbiology * <u>GL</u>	4
Phys. Ed. Fitness Elective	1
Semester Total	14.5
Third Semester	Sem. Hrs.
NURS 208 Maternal-Child Nursing *	5
NURS 210 Medical-Surgical Nursing II *	4.5
Arts/Humanities Elective <u>GH</u>	3
Semester Total	12.5
Fourth Semester	Sem. Hrs.
NURS 211 Medical-Surgical Nursing III *	9
NURS 212 Leadership in Nursing *	1
Arts/Humanities elective <u>GH</u>	3
Semester Total	13
Total Number of Credits	70

*A grade of C or better must be earned in these courses.

Note: The following codes identify courses that satisfy the General Education core requirements.

GB Behavioral/Social Science

GE English Composition

GH Arts/Humanities

GI Interdisciplinary and Emerging Issues

GL Biological/Physical Laboratory Science

GM Mathematics

GS Biological/Physical Science

CURRICULUM PLANNING/PROGRAM REQUIREMENTS
ASSOCIATE OF SCIENCES DEGREE

Required Courses	Required Credits	HCC Credits	Transfer Credits	CLEP Credits	Other	Remaining Requirement
ENG 101	3.0					
BIO 103	4.0					
BIO 104	4.0					
PSY 101	3.0					
PSY 102	3.0					
BIO 205	4.0					
SOC 101	3.0					
MATH ELECTIVE	3.0					
HUMANITIES SURVEY ELECTIVE	3.0					
HUMANITIES ARTS ELECTIVE	3.0					
PHYS ED FITNESS	1.0					
NURS 101	7.0					
NURS 105	4.5					
NURS 107	4.0					
NURS 112	1.0					
NURS 208	5.0					
NURS 210	4.5					
NURS 211	9.0					
NURS 212	1.0					
TOTAL	70					

GPA _____

TOTAL _____

RECOMMENDED COURSE SEQUENCE
PRACTICAL NURSING
CERTIFICATE PROGRAM

CERTIFICATE REQUIREMENTS

• Prerequisite Semester Sem. Hrs.

ENG	101	English Composition *	3
BIO	103	Anatomy & Physiology I *	4
PSY	101	General Psychology	3
<i>Any two courses from the list of admission requirements:</i>			
SOC	101	Introduction to Sociology	3
		Mathematics elective	3
		Semester Total	16

• First Semester Sem. Hrs.

NURS	101	Fundamentals of Nursing *	7
BIO	104	Anatomy & Physiology II *	4
PSY	102	Human Development Across the Life Span *	3
		Semester Total	14

• Second Semester Sem. Hrs.

NURS	105	Medical-Surgical Nursing *	4.5
NURS	107	Mental Health Nursing *	4
NURS	112	Contemporary Issues in Nursing*	1
		Semester Total	9.5

* Students planning to return to the RN program immediately after PN summer session must complete BIO 205 in the second semester.

• Summer Semester Sem. Hrs.

PN	118	Maternal-Child Health for Practical Nursing*	4
PN	121	Medical-Surgical Nursing for Practical Nursing*	5
PN	122	Practical Nursing Issues *	0.5
		Summer Session Total	9.5

Total Number of Credits 49

*A grade of C or better must be earned in these courses.

CURRICULUM PLANNING/PROGRAM REQUIREMENTS
PRACTICAL NURSING CERTIFICATE PROGRAM

Required Courses	Required Credits	HCC Credits	Transfer Credits	CLEP Credits	Other	Remaining Requirement
ENG 101	3.0					
BIO 103	4.0					
BIO 104	4.0					
PSY 101	3.0					
PSY 102	3.0					
SOC 101	3.0					
MATH ELECTIVE	3.0					
NURS 101	7.0					
NURS 105	4.5					
NURS 107	4.0					
NURS 112	1.0					
PRACTICAL NURSING 118	4.0					
PRACTICAL NURSING 121	5.0					
PRACTICAL NURSING 122	0.5					
TOTAL	49					

GPA _____

TOTAL _____

NURSING FACULTY INFORMATION

<u>Name</u>	<u>Telephone #</u>	<u>Room #</u>	<u>Email</u>
Marilyn Brown	410-836-4433	M16	mbrown@harford.edu
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Nursing Office Assistant:

Tiffany Zirhut 410-836-4246 M05 tzirhut@harford.edu

Note: When communicating with the faculty via email, use "HCC Nursing" on the subject line.



Section

2

HARFORD COMMUNITY COLLEGE

Nursing Student Handbook

Academic Policies

ACADEMIC POLICIES

ATTENDANCE: Students are expected to attend all classes to optimize learning opportunities that will enhance application of theory to clinical practice. In the case of absence due to emergency (illness, death in the family, accident, religious holiday, or participation in official College functions), it is the student's responsibility to contact the faculty at the earliest possible opportunity about the absence and missed course work. Further, it is the responsibility of the student to withdraw officially from any class which he/she ceases to attend. Failure to withdraw could result in a grade of F.

Students are not allowed to bring children to class, the clinical area, or the Nursing Skills Lab and Simulation Center.

COURSE WITHDRAWAL DATES: Each semester, withdrawal dates are listed in the current Harford Community College Schedule of Credit Classes.

GRADING POLICIES: A final average of C or better must be achieved in all nursing courses and selected general education courses in order to progress. Grades will be posted by faculty utilizing an assigned ID number. Students should notify the faculty if they do not want a grade posted.

When a student's course grade is such that it is not possible for the student to pass a course with a clinical component, that student may no longer attend clinical.

GRADING SCALE:	90% - 100%	=	A
	82% - 89%	=	B
	75% - 81%	=	C *
	70% - 74%	=	D
	Below 70%	=	F

* In all nursing courses the student **MUST** achieve at least a 75% exam average.

ACADEMIC HONESTY: Nursing students are expected to pursue course and clinical work with integrity and honesty. The nursing faculty is committed to this personal and professional ideal.

Academic dishonesty is defined by Harford Community College in the *Student Handbook* as:

1. **Cheating**, which means knowingly using or attempting to use unauthorized materials, information or study aids as defined by the faculty
2. **Fabrication**, which means intentional and unauthorized falsification or invention of any information or citation in an academic exercise
3. **Facilitating academic dishonesty**, which means knowingly helping or attempting to help another to commit an act of academic dishonesty; or
4. **Plagiarism**, which means knowingly representing the words or ideas of another as one's own in any written academic exercise.

Academic honesty among all members of the educational community is a shared responsibility. The College specifies sanctions in the Harford Community College

Student Handbook when violations of academic honesty occur. Appropriate disciplinary action will be taken up to and including dismissal from the Nursing Program.

EXAM POLICY: All nursing exams (paper and electronic) are the property of the Nursing Program. Exams may not be copied, circulated or removed from the designated area during test taking or test review. A student who violates this exam policy will have disciplinary action taken up to and including dismissal from the nursing program.

GRIEVANCE PROCEDURE: If a student is dissatisfied with an academic/clinical issue, the student should attempt to resolve the issue with the faculty. If resolution cannot be achieved, the student should present the issue to the Course Coordinator. In cases where a student alleges that a final course grade was unjustified, the student first attempts to resolve the conflict with the instructor by initiating the appeal process in writing no later than 60 days after the conclusion of the semester or term in which the grade was awarded. With the appeal, the student must submit in writing his/her rationale supported by appropriate documentation. If the conflict cannot be resolved, the complaint shall be presented by the student to the division leader in which the course is offered and if necessary, the division leader may request documentation about the complaint. The decision of the division leader is final.

TAPE RECORDING OF LECTURES: Students may record lectures with the consent of the faculty. Taped lectures are to be used for personal study only. Information contained in the tape-recorded lecture is protected under federal copyright laws and may not be published or quoted without the express consent of the lecturer and without giving proper identity and credit to the lecturer. All tapes must be erased or turned in to the faculty at the end of the semester.

HANDOUTS: Nursing faculty will not copy and distribute PowerPoint handouts in class. It is the responsibility of each student to print a copy of the handout prior to scheduled class and bring it to class. Copies will not be available in the classroom.

PAGERS/CELL PHONES: The use of cellular telephones and pagers in the classroom, Nursing Skills Lab and Simulation Center, and clinical setting is disruptive to the learning environment. The student is to consult with the faculty regarding their use.

EMAIL ACCOUNTS: Students are expected to activate an HCC email account and regularly access it. Nursing Program communication will take place via the HCC email account.

GUIDELINES FOR WRITTEN ASSIGNMENTS: The Nursing Program has adopted the guidelines recommended by the American Psychological Association (APA) to be used for all formal writing assignments. Copies of the Publication Manual of the American Psychological Association are available in the library.

Information regarding APA guidelines can be obtained by accessing the Harford Community College Library (www.harford.edu/library). Click on Tutorials and then click on Style Guide Handouts. Hard copies of these Style Guide Handouts are also available at the reference desk and in the appendix of this handbook.

The American Psychological Association also maintains a web site (www.apa.org).

CLASSROOM ETIQUETTE & STUDENT BEHAVIOR GUIDELINES

A college classroom is a learning environment. You are expected to behave in a mature manner and treat professors and other students with respect. At times, you may perceive faculty as employees hired to serve you. **This is an inappropriate mindset.** Professors are here to provide you with what you need, not what you want. Since the behavior of each person in class affects the learning outcomes of others, it is important to follow certain procedures that will ensure a conducive learning environment. The following guidelines have been written for this purpose.

1. **Take Responsibility for Your Education** – You may believe that because you pay tuition you deserve to receive credit for class. However, you only pay a fraction of the cost of your education while taxpayers pay the rest. Professors create a learning atmosphere, and how much you learn is dependent on your willingness to listen, ask appropriate questions, turn assignments in on time, and do the work necessary to pass the course. Grades are earned, not given. You must be responsible for your own learning process.
2. **Attendance** – If you attend every class, listen to the professor, and take good notes you will be more likely to pass with a higher grade. If you have an emergency or are unable to attend class, you should contact the professor ahead of time to inform him/her of the absence. If you miss a class, it is your responsibility to get notes from a colleague and meet with the professor outside of class time to determine how you may make up any missed work.
3. **Lateness**– All classes begin promptly. You are expected to be on time, in your seat, and ready to start participating at the beginning of the class period. If you walk into class late you distract other students from learning.

If you come into class after an assignment has been returned, you should not ask for the assignment but wait until class is over to speak with the professor. It is unfair to make students who were on time wait while the professor searches for a paper. Also, if you must be late to class, you should slide in quietly and take the first available seat so as not to distract fellow classmates.

In deciding whether or not to attend class, you should not ask the professor if he/she is covering anything important that day. All lessons are carefully planned, and each class is important.

4. **Leaving Early** – You are expected to attend the entire class session. Important announcements are often made at the end of class. If you must leave early, you should try to sit as close to the door as possible, slip out quietly, and minimize distractions.
5. **Be Prepared** – If you are missing supplies, you take up valuable class time and are distracting to others who are trying to learn. If you have not completed your assignments you will be more likely to ask questions that could have been answered by doing your work, thereby wasting the time of students who have been diligent about doing their assignments.
6. **Practice Common Courtesy** – You should turn off all **cellular phones** and **beepers** during class. You should not make or receive calls during a lecture. **Individual conversations** are not acceptable. Classmates and your professor deserve respect. Good students **do not**: 1) read the newspaper in class, 2) do homework for other classes in class, 3) sleep in class, 4) put their feet on the desk, 5) start packing up their belongings before the end of class, 6) act rudely, hostile, or obstinate and/or 7) bring children to class. If you must eat, you should not be distracting; you should not rustle papers and/or leave trash in

class. You should also be respectful of the professor and other students. One doesn't always have to agree with everything that is said in class, but one does need to be courteous.

7. **Ask Appropriate Questions** – You should make sure questions and comments are relevant to the discussion at hand. You should pay attention to whether or not you are dominating the class time. If you ask too many questions or have too many comments, you deprive the professor and other students from participating in class.
8. **Academic Dishonesty, Lying, Stealing, Disruptive Behavior** – All of these are inappropriate behavior and will not be tolerated at Harford Community College. The college has a code of conduct. Failure to adhere to the standard of conduct will result in sanctions, which can include suspension or expulsion from the college. You should refer to page 50 in the Harford Community College Student Handbook for more information.
9. **Foul Language** – Foul language is not tolerated in a college classroom. What is considered foul language is at the discretion of the professor. If you use foul language you will be asked to stop and could be asked to leave the classroom.
10. **Seek Assistance** - If you are struggling with coursework you should seek assistance and not wait until the last week of class to be concerned about your performance. If you are not doing well you should ask your professor for guidance. In addition, Harford Community College has many resources available. An advisor in The Student Center will be able to assist with study strategies and resources that will lead to success.
11. **Syllabus** – You are responsible for reading your syllabus; it is a contract between you and the professor. It is not the professor's job to go over every little detail outlined on the syllabus. You must take the time to review each syllabus. Moreover, the rules of the syllabus, content of exams, the guidelines for classroom behavior, and the calculation of the grade earned are not negotiable.

Section

3

HARFORD COMMUNITY COLLEGE

Nursing Student Handbook

Clinical Policies

CLINICAL POLICIES

Each semester of the nursing program includes a clinical component. Students apply their knowledge and skills in the care of clients under the guidance of faculty. Clinical policies are designed to socialize students into the role and responsibilities of the professional nurse and to promote safe client care. Appearance and grooming requirements are designed to facilitate student identity, client safety and comfort, and infection control. Students are expected to maintain good personal hygiene. **Students are expected to abide by HCC dress code and any additional requirements of clinical facility.**

CLINICAL ATTIRE:

Uniform

- female – designated white uniform dress or white pants with designated polo shirt
- male – white pants with designated polo shirt
- white lab jacket or coat is required for community rotations
- white shirts may be worn under the uniform top, but sweaters are not to be worn at the client's bedside
- HCC college ID and name pin identifying the student nurse should be worn on the left upper chest of the uniform or above logo of polo shirt, if worn
- watch with a second hand
- uniforms are to be maintained in good repair

Shoes

- blood impermeable nursing shoes or all-white athletic shoes may be worn
- white hose or socks
- closed toed clogs are acceptable in long-term care but may not be allowed in acute care facilities

GROOMING:

Make-up

- should be used in moderation
- toiletries with strong odors, such as perfume, aftershave and hair spray should not be worn

Hair

- long hair is to be secured back and away from the face

Jewelry

- plain wedding band and small non-dangling earrings for pierced ears
- items worn on a chain around the neck should be concealed
- body piercing must be covered
- no tongue piercings

Tattoos

- tattoos must be covered

Nails

- nails are to be kept short, less than ¼ inch from fingertip. Artificial nails are not allowed
- clear or natural nail polish may be used

CLINICAL ACCOUNTABILITY:

- be in the clinical area in complete uniform with the necessary equipment at the time specified by the faculty
- provide client care to assigned client(s) only during scheduled clinical hours
- provide care to assigned client(s) without discrimination
- obtain a report from a staff nurse or the faculty prior to giving care
- clinical assignments are to be completed before leaving the facility
- give a report to the staff nurse on the condition and care of the assigned client before leaving the clinical laboratory for any reason
- do not leave the clinical facility until dismissed by the clinical faculty
- eating, drinking, and gum chewing are not permitted in client care areas
- know the safety, fire, and emergency regulations of the clinical agency, including student responsibilities, obtaining emergency equipment, and notification of appropriate individuals (faculty and agency staff will provide specific details during clinical orientation)

MEDICATIONS:

- check with the faculty before administering any medications
- all medication orders are to be verified on the doctor's order sheet before they are given
- necessary preparation prior to medication administration is expected

CLINICAL COMPETENCY:

- when performing a nursing procedure for the first time in the clinical area, notify the faculty prior to attempting the procedure
- Signing off clinical competency "Additional Skills" (see appendix) will be a collaborative effort between student and clinical faculty. Each clinical faculty will explain the sign off process during clinical orientation.
- Satisfactory clinical performance is measured by:
 1. Clinical Competencies for Progression from Nursing 101 through Nursing 211. (see appendix)
 2. Course Clinical Evaluation Tool (see course – specific clinical manual)
- Clinical remediation procedure includes:
 1. Student Remediation Referral
 2. Performance Improvement Plan
- A copy of the Referral and/or Performance Improvement Contract will be placed in the student folder in the Nursing Office.

More detailed information is available in nursing course/clinical manuals or from the faculty.

ATTENDANCE:

- attend all clinical experiences
- if unable to attend for any reason, the nursing faculty and the agency must be notified prior to the beginning of the scheduled clinical day
- any clinical absence must be made up prior to receiving credit for the course as per arrangement with the faculty

ILLNESS/ABSENCES:

- illness during a clinical experience should be reported to the faculty
 - prior to returning to the clinical setting after an absence, it may be necessary to submit written documentation from a health care provider indicating clearance to continue the clinical experience
 - if, in the judgment of the nursing faculty, a student is not able to either physically or mentally provide safe care, he/she will be asked to leave the clinical/nursing lab
- Examples of reasons may include but are not limited to:
- a. Physical illness (obvious symptoms of infection, flu, fever, vomiting and/or diarrhea, etc.)
 - b. Inappropriate verbal/nonverbal communication with clients, staff, faculty, peers
 - c. Demonstration of thought disturbances such as irrational thinking, delusions, hallucinations, inability to follow simple directions
 - d. Refusal to perform an activity expected of a student
 - e. Breach of confidentiality/privacy or other nonprofessional behavior
 - f. Alcohol or substance abuse (alcohol on breath, staggering gait, observation of use, etc.)
- the student may return to the clinical/nursing laboratory only when, in the judgment of the nursing faculty, he/she will not jeopardize the safety of a client

INJURY DURING CLINICAL:

- if, at any time, a student has or develops an allergy to any substance encountered in the clinical area, the faculty should be notified
- if an injury occurs during a clinical experience, the faculty must be notified immediately
- any cost incurred for health care related to the incident is the responsibility of the nursing student

**PAGERS/
CELL PHONES:**

- use of cellular telephones and pagers in the clinical setting can be disruptive to the learning environment; consult with the faculty if these devices must be accessible during clinical.

**CLINICAL REQUIREMENTS
RELATED TO HEALTH
MAINTENANCE AND CPR
CERTIFICATION:**

- ▮ submit documentation of health status, required tests and immunizations, and CPR for Health Care Provider certification upon admission to the program
- ▮ documents should be submitted to the nursing department secretary by the specified date; without required documentation, the student is not allowed to participate in the nursing program.
- ▮ notify the Dean of Nursing and Allied Health Professions for any change in health status that may impact clinical performance
- ▮ CPR Certification is required and must be maintained throughout enrollment in the nursing program. It must include both practical and theory components. Acceptable courses are **CPR for Health Care Providers** by the American Heart Association or **CPR for the Professional Rescuer** by the American Red Cross.

**CRIMINAL BACKGROUND
CHECKS:**

- ▮ criminal background checks are required by some affiliating clinical agencies
- ▮ clinical agency refusal to accept a student based on the results of a background check may impact the student's ability to complete the nursing program

**CONFIDENTIALITY AND
SECURITY OF
INFORMATION:**

- ▮ federal regulations require healthcare providers to maintain confidentiality of information
- ▮ detailed information pertaining to the practices of the clinical facilities will be provided at the clinical orientation.
- ▮ information is to be used strictly in connection with, and for the sole purpose of, performing assigned clinical tasks
- ▮ information is not to be disclosed or communicated to any person except in connection with the performance of a clinical assignment
- ▮ reasonable care should be taken to ensure that unauthorized users cannot view or access information, including information printed or displayed on video monitors. Users shall log off computer devices when their tasks are completed, and printed reports shall be secured by removing client's name and vital information and appropriately shredded or destroyed
- ▮ any unauthorized use, misuse, duplication, disclosure, or dissemination of information should be immediately reported to the Clinical Nursing Faculty member
- ▮ violations of information security policy will result in appropriate disciplinary action up to and including immediate course failure

**COMPUTER
PASSWORDS:**

- ▶ all computer passwords are the property of the affiliating clinical agency
- ▶ passwords are not to be shared or given to anyone under any circumstances
- ▶ if a student forgets his/her password, the clinical nursing faculty member should be notified immediately
- ▶ any observation of unauthorized use or misuse of computer passwords should be reported immediately to the clinical nursing faculty member
- ▶ password violation will result in appropriate disciplinary action up to and including immediate course failure

Section

4

HARFORD COMMUNITY COLLEGE

Nursing Student Handbook

Support Services

SUPPORT SERVICES

RETENTION/REMEDICATION

SPECIALIST:

The nursing retention-remediation specialist (NRRS) provides subject-specific mentoring and tutoring to nursing students both individually and in group sessions. Students may receive help with academic skills, such as study habits, reading, test taking, time management, dosage calculation and written projects, and/or one-to-one assistance in the clinical setting if they are not meeting clinical performance standards. The NRRS also provides instruction, resources, and support for NCLEX testing.

DISABILITY SUPPORT SERVICES (DSS):

Students with disabilities should contact DSS before classes begin to arrange for accommodations. A minimum of two weeks notice may be needed to provide some accommodations. Current documentation of the disability must be provided. Students are also encouraged to communicate with nursing faculty regarding their learning needs. For information, call 410-836-4402 or visit the Student Center.

TUTORING SUPPORT SERVICES:

Tutoring is available for all students enrolled at Harford Community College (HCC). Services consist of the following:

COMMUNICATIONS SKILLS CENTER

The Communications Skills Center provides assistance in all the English and communication courses as well as other course assignments involving a significant component of communication, presentation, reading, research, or writing. For more information, call 410-836-4429 or visit Fallston Hall, Room 101.

MATH CENTER

Free walk-in tutoring is provided for all levels of mathematics including dosage calculation. For more information, call 410-836-4427 or visit Fallston Hall, Room 104.

SUPPLEMENTAL INSTRUCTION (SI)

SI is a series of free weekly review sessions for students taking historically difficult course such as Anatomy and Physiology and Microbiology. For more information, call 410-836-4224 or visit the Student Center.

INDIVIDUAL AND GROUP TUTORING

Nursing faculty may make referrals for individual and group tutoring for students demonstrating academic need. For more information, call 410-836-4224 or visit the Student Center.

FINANCIAL AID:

There are many forms of financial aid available at HCC: grants, scholarships, loans, and federal work-study. More detailed information on available financial aid can be found in the HCC College Catalog, HCC Student Handbook, Scholarship and Grant Program publication and HCC website (www.harford.edu). Students are encouraged to contact the Financial Aid Office located in the Student Center for additional information and assistance at 410-836-4257.

- TEST CENTER:** The Test Center provides a testing environment for students. For more information, call 410-836-4352 or visit Fallston Hall, Room 105. It is a nursing program policy that only those students with a documented need/disability or in case of absence due to emergency (illness, death in the family, accident), religious holiday, or participation in official college functions will be allowed to take examinations in the Test Center.
- MINORITY ACHIEVEMENT PROGRAM (MAP):** MAP is a mentoring program designed for first time, full time, enrolled minority students. For more information, call 410-836-4224 or visit the Student Center.
- ACADEMIC ADVISING AND TRANSFER SERVICES:** Students are assisted with planning education programs, selecting courses, and preparing for transfer or employment. For more information, call 410-836-4301 or visit the Student Center.
- CAREER SERVICES:** Students are assisted with all aspects of career planning through individual or group sessions. For more information, call 410-836-4301 or visit the Student Center. For information regarding College Central Network, HCC's free on-line job posting and mentoring network website visit www.collegecentral.com/harford.
- NOTE:** For more detailed information regarding other Student Support Services, and Policies, Procedures, and Regulations, refer to the HCC College Catalog, HCC Student Handbook, Schedule of Credit Classes and HCC web site (www.harford.edu).

Section

5

HARFORD COMMUNITY COLLEGE

Nursing Student Handbook

Student Participation in College Life

STUDENT PARTICIPATION IN STUDENT LIFE

STUDENT NURSES' ASSOCIATION:

The Harford Community College Student Nurses' Association (HCCSNS), a chapter of the National Student Nurses' Association, provides mentoring and fellowship to pre-nursing and nursing students. The purposes of HCCSNA are to aid in the professional development of nursing students, to provide educational programs of interest and concern to nursing students, and to influence nursing education and nursing practice through legislative activities. The organization also functions to promote collaborative relationships with other nursing and health organizations and to encourage student participation in community health activities. Dues are \$30 the first year and \$40 the second year (first time applicants receive a \$10 discount).

Meeting information and programs are posted on the HCCSNA bulletin board in the Student Lounge (M-26) in Maryland Hall. Contact Theresa Libershal in Maryland Hall Room 18, phone 410-836-4437, or Denise Deel in Maryland Hall Room 19, phone 410-836-4313, for further information.

COLLEGE LIFE AND WELLNESS:

Students are provided with leadership skills and a connection to HCC through wellness, social, athletics, recreational, cultural, and educational programs and activities. Students are encouraged to participate in these activities. For more detailed information, refer to HCC College Catalog, HCC Student Handbook, or HCC web site (www.harford.edu). Information may also be obtained by calling 410-836-4140 or visiting the Student Center.

STUDENT REPRESENTATION TO NURSING FACULTY MEETINGS:

Every semester a representative to Nursing Program Faculty Meetings is selected by the students from each clinical nursing course. An alternate representative may also be selected. It is the responsibility of the student representative to elicit comments and concerns related to the nursing program from fellow students, to bring forward those comments and concerns, and to provide feedback to the students following the faculty meeting. Comments and concerns should relate to issues affecting the nursing program in general and not to specific courses. Specific course concerns are to be directed to the Course Coordinator.

NOTE:

For more detailed information regarding Organizations and Activities, refer to the HCC College Catalog, HCC Student Handbook, Schedule of Credit Classes, and HCC web site (www.harford.edu).

HARFORD COMMUNITY COLLEGE

Nursing Student Handbook

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

1. ***What are the telephone numbers of clinical sites?***

Citizen's Care and Rehabilitation Center	410-939-5500
Upper Chesapeake Medical Center	443-643-1000
Harford Memorial Hospital	443-843-5000
Lorien Bel Air	410-803-1400
St. Joseph Medical Center	410-337-1700
Perry Point VAMC	410-642-4211

2. ***How is my clinical placement decided?***

Clinical placement is determined by faculty. Both day and evening rotations are necessary in some courses due to availability of faculty and clinical sites. Clinical placement is made at the discretion of the nursing faculty. In some cases, placement may be changed by faculty to promote optimal learning.

3. ***Where do I eat when I'm at the clinical facility?***

Meals may be purchased in the cafeteria at most clinical facilities, although lunches may be brought from home. Lunch is one-half hour.

4. ***Do I need liability insurance?***

No. Nursing students are covered by a HCC liability insurance policy for experiences during the course of clinical education.

5. ***What do I do in case of inclement weather?***

In the event of inclement weather, an announcement will be made on local radio stations and on the HCC Emergency Information phone line at 410-836-4322. You can also visit www.schoolsout.com on the net for information.

6. ***What are the approximate costs of the nursing program (aside from tuition & fees)?***

SEMESTER 1

Uniforms	\$200 (includes 2 tops, 2 pants, 1 jacket, socks, shoes, 1 pin)
Equipment	\$60 (stethoscope)
	\$60 (nurse kit) (purchased at bookstore)
Textbooks	\$550 (will be used throughout the program)
SNA annual dues	\$30 (includes membership to the National Student Nurses' Association)
	TOTAL \$900

Admission healthcare related expenses (may or may not be covered by student's health plan):

Hepatitis B Vaccine for Non-Immune Students:	\$225 (3 injections @ \$75 each)
PPD (annual skin test for TB):	Physician charge
Assessment of Immune Titers (Varicella, Rubella)	Physician charge
CPR certification (biannual certification)	Sponsoring organization charge

SEMESTER 2

Effective Fall 2007 and thereafter: All second semester students are required to initiate a background check with PreCheck, Inc., at a cost of \$48.50. Details will be provided in class, by mail or email.

Background check	\$48.50
Medical-Surgical Nursing I: Textbooks & Course Manuals	<i>approximately</i> \$250 (will be more with study guides)
Mental Health Nursing: Textbook and Course Manual (with study guide)	<i>approximately</i> \$125
Contemporary Issues in Nursing Textbooks	<i>approximately</i> \$50

SEMESTER 3

Effective Fall 2007 and thereafter: All third semester students are required to initiate a background check with PreCheck, Inc. if not previously done. Details will be provided in class, by mail or email.

Background check	\$48.50
Medical-Surgical Nursing II: Course Manuals (will use textbooks from semester 2)	<i>approximately</i> \$50 (will be more with study guides)
Maternal-Child Health Nursing: Textbooks & Course Manuals (with study guide)	<i>approximately</i> \$115 (pediatric textbook purchased in semester 2)

SEMESTER 4 (RELATED TO GRADUATION/ADDITIONAL EXPENSES)

Medical-Surgical Nursing III uses same textbooks, purchase of manuals only

Course Manual	<i>approximately</i> \$20
Graduation Fee	\$25
NCLEX Application	\$200
Board of Nursing Application	\$100
Passport photos (needed to submit with NCLEX application)	\$12
Criminal background check	\$62
Nursing School Pin	\$26 - \$124
Florence Nightingale Lamp	\$14
NCLEX Review Course	<u>\$300</u> (costs vary)
TOTAL	\$800 <i>approximately</i>

7. ***What are the graduation application deadlines?***

Students must file an application for graduation in the Office of Registration and Records no later than December 1 for May graduation, May 1 for August graduation, and August 1 for December graduation. Practical Nursing students must file for August graduation no later than May 1.

8. ***How can I receive Nursing Assistant Certification?***

Students completing Fundamentals of Nursing with a satisfactory clinical performance and a cumulative grade average of 70% and above meet the Nursing Assistant educational requirements mandated by the Maryland Board of Nursing and are eligible to apply for certification.

For information regarding Nursing Assistant or Geriatric Nursing Assistant Certification go to the Maryland Board of Nursing web site at www.mbon.org or call 410-585-1990 or 1-877-847-0626. The completed assistant application and a passport-type photo should be brought to the Nursing department secretary for a faculty signature and confirmation letter.

9. ***What expenses will I have if I decide to do the PN option?***

(PN option is only available for students who have completed the first two semesters of Associate Degree Nursing.)

Tuition and Fees	\$870
Book Cost	\$80 - \$100 <i>approximately</i>
Certificate Graduation Fee	\$25 <i>(Apply by May 1 for August graduation)</i>
NCLEX Application	\$200
Board of Nursing Application	\$100
Criminal background check	<u>\$62</u>
TOTAL	\$1350 <i>approximately</i>

10. ***Is NCLEX review course and exit exam required in order to take the NCLEX-RN?***

Yes, nursing program requirements are not complete until NCLEX review course and exit exam have been taken.

HARFORD COMMUNITY COLLEGE

Nursing Student Handbook

Clinical Experience Forms and Policies

CLINICAL EVALUATION

The process of clinical evaluation is directly related to the value faculty place on the critical behaviors outlined below, satisfactory clinical performance as measured on the course evaluation tool, and successful completion of clinical competencies.

Faculty will provide ongoing feedback to the student regarding clinical performance, utilizing the course-specific clinical evaluation tool. The course evaluation tool specifies the actions that may be taken if a student receives a less than “Satisfactory” rating. Students needing clinical remediation may have a referral to the Nursing Retention and Remediation Specialist and/or a Performance Improvement Plan initiated.

At the conclusion of the clinical rotation, including required clinical make up time, a final evaluation of clinical performance will be completed by the clinical faculty member and discussed with the student. If a student is dissatisfied with a clinical and/or academic issue, the student should attempt to resolve the issue utilizing the process outlined in the grievance procedure section of the Nursing Student Handbook.

CRITICAL BEHAVIORS

A nursing student engaged in all learning activities will display respectful and ethical behavior that upholds the standards expressed in the National Student Nurses’ Association, Inc. Code of Academic and Clinical Conduct (p.72 of Nursing Student Handbook), as well as the standards of the Nursing Department and the College. In addition to the Clinical Competencies for Progression and the Course Clinical Evaluation Tools, there are, critical performance behaviors upon which the faculty require.

Critical performance behaviors all nursing students are expected to demonstrate are expressed in National Student Nurses’ Association, Inc. Code of Academic and Clinical Conduct (p.72 of Nursing Student Handbook) and include maintenance of client physical/emotional safety, adherence to ethical behavior, and client confidentiality. The nursing student shall assume responsibility and accountability for following all policies, rules and regulations.

As determined by the Dean of Nursing and Allied Health Professions and College policies, violations of these critical behaviors, academic dishonesty, or other violations of the College Student Code of Conduct as a single incident or as part of a pattern of behavior may be grounds for course failure and/or dismissal from the nursing program.

CLINICAL EVALUATION PROCESS

- A. Satisfactory clinical performance is measured by:
 - 1. Clinical Competencies for Progression from Nursing 101 through Nursing 211.
 - 2. Course Clinical Evaluation Tools (see course – specific clinical manual)

- B. Clinical remediation procedure includes:
 - 1. Student Remediation Referral
 - 2. Performance Improvement Plan

A copy of Student Remediation Referral and/or Performance Improvement Contract will be placed in the student folder in Nursing Office.

More detailed information is available in nursing course/clinical manuals or from the faculty.

NAME: _____

DATE OF ENTRY: _____

HARFORD COMMUNITY COLLEGE
Associate Degree Nursing Program

DATE OF COMPLETION: _____

CLINICAL COMPETENCIES

SKILLS REQUIRED FOR PROGRESSION	NURSING LAB PERFORMANCE		NURSING LAB EVALUATION		CLINICAL EVALUATION	
	INIT	DATE	INIT	DATE	INIT	DATE
PROGRESSION FROM NURSING 101:						
Administration of Non-Parenteral Meds						
Administration of Parenteral Meds						
VITAL SIGNS						
Temperature						
Pulse						
Respirations						
Blood Pressure						
Pain Assessment						
HEIGHT/WEIGHT						
PERSONAL CARE						
Feeding						
Bedmaking						
Complete Bath						
Partial Bath						
Mouth Care						
ELIMINATION						
Bedpan/Urinal						
Enema						
INFECTION CONTROL						
Handwashing						
Standard Precautions						
MOBILITY						
Transfer Techniques						
Body Alignment/Positioning						
Passive ROM						
Hoyer Lift						
Assist w/ambulation						
ENTERAL						
NG Tube Insertion						
Tube Feeding						
I & O						
CATHETERIZATION						
Insertion						
Care						
RESTRAINTS						
Level 1 - Physical Assessment						
RESPIRATORY CARE						
Nasopharyngeal Suctioning						
Oxygen Devices						
Pulse Oximeter						
Post Mortem Care						
Specimen Collection						
Sterile Dressing Change						

NURSING LAB EVALUATION

CLINICAL EVALUATION

	NURSING LAB EVALUATION		CLINICAL EVALUATION	
	INIT	DATE	INIT	DATE
PROGRESSION FROM NURSING 105:				
Meditech Training				
Completion of IV Skills Module				
Administration of Intravenous Meds: IVPB with calculation & regulation of rate of flow				
Administration of Parenteral Meds: I.M. or Sub-q with appropriate site, needle and syringe selection				
Glucometer Testing				
Level II Physical Assessment				

	NURSING LAB EVALUATION		CLINICAL EVALUATION	
	INIT	DATE	INIT	DATE
PROGRESSION FROM NURSING 107:				
Establishes and maintains therapeutic communication				
Effectively assesses and monitors milieu and patient safety				

	NURSING LAB EVALUATION		CLINICAL EVALUATION	
	INIT	DATE	INIT	DATE
PROGRESSION FROM NURSING 208:				
Labor/Delivery/Recovery:				
Assessment of uterine contractions				
Assessment of fetal heart rate and variability				
Initial care of the newborn				
Maternal assessment 4th stage labor assessment				
Postpartum:				
8-Point postpartum assessment				
Client teaching regarding maternal self-care				
Newborn:				
Assessment of the newborn				
Maternal teaching regarding newborn care				
Pediatrics:				
Pediatric physical assessment				
Pediatric developmental assessment				
Vital signs, including pain assessment				
Medication administration				

	NURSING LAB EVALUATION		CLINICAL EVALUATION	
	INIT	DATE	INIT	DATE
PROGRESSION FROM NURSING 210:				
Administration of medications via a peripherally inserted central Catheter (PICC Line)				
Administration of IV push medications				
Level III physical assessment				

	NURSING LAB EVALUATION		CLINICAL EVALUATION	
	INIT	DATE	INIT	DATE
PROGRESSION FROM NURSING 211:				
Care and maintenance of a central access device				
Pre-clinical evaluations				
Level IV Physical assessment				

Initials	Signature/Title

Initials	Signature/ Title

NAME: _____ DATE OF ENTRY: _____

HARFORD COMMUNITY COLLEGE
Associate Degree Nursing Program

DATE OF COMPLETION: _____

CLINICAL COMPETENCIES

ADDITIONAL SKILLS:	INIT	DATE	INIT	DATE	INIT	DATE
ANTI EMBOLISM DEVICES						
Foot Pump						
Jobst						
SCD						
TED						
CENTRAL ACCESS DEVICES						
Dressing Change						
Flush						
Total Parenteral Nutrition						
CLIENT CARE						
Admission						
Discharge						
Doppler Pulse Check						
Telemetry						
Traction						
Other:						
ELIMINATION						
Enema						
Ostomy						
ENTERAL FEEDING						
Gastrostomy/PEG						
Nasogastric (Continuous Pump/Bolus)						
INTRAVENOUS THERAPY						
Calculate and Regulate						
Change Tubing						
Convert IV to Medication Lock						
Discontinue Medication Lock						
Flush Medication Lock						
Hang New IV Bag						
IVPB						
Monitor Blood Transfusion						
Syringe Pump						
Other:						
ISOLATION						
Contact (gloves/gown)						
Other:						
MEDICATION ADMINISTRATION						
Inhalant						
IM Injection						
IV Push						
Medication Drip:						
Meds via NGT/GT						
Mix Two (2) Meds for Injection						
Monitor PCA						
Nasal						
Ophthalmic						
Otic						
SC Injection						
Suppository						
Topical						
Other:						

NASOGASTRIC TUBE						
Insertion						
Irrigation						
Removal						
PERIOPERATIVE CARE						
Preoperative						
Postoperative						
RESPIRATORY CARE						
Incentive Spirometer						
Non-sterile Suction: Oropharyngeal						
Oxygen Delivery Devices						
Pulse Oximetry						
Sterile Suction: Nasopharyngeal/ Endo-tracheal Tracheal						
Tracheostomy Care						
Other:						
SPECIMEN COLLECTION						
Blood Glucose						
Sputum						
Stool						
Urine						
Other:						
URINARY CATHETER						
Insertion (Indwelling / Straight)						
Irrigation						
Removal						
WOUND CARE						
Clean Dressing Change						
Culture Wound						
Drainage Devices						
Irrigation of Wound						
Sterile Dressing Change						
OTHER SKILLS						

Initials	Signature/Title	Initials	Signature/ Title

**STUDENT RESPONSIBILITY IN THE USE OF
CLINICAL COMPETENCIES**

Signing off clinical competency “Additional Skills” (See Appendix) will be a collaborative effort between student and clinical faculty. Each clinical faculty will explain the sign off process during clinical orientation.

**HARFORD COMMUNITY COLLEGE
REMEDATION REFERRAL FORM:**

Student's Name: _____ Course: _____

Faculty: _____ Date: _____

SELECT TOPIC: indicate specific remediation related to topics below

-
- | Med Calculations
-
- | IV & IV Medications
-
- | Medication Safety
-
- | Medication Administration
-
- | Sterile Procedure
-
- | Clean Procedure
-
- | Physical Assessment
-
- | Priority of Care
-
- | Pediatric Care Issue
-
- | Geriatric Care Issue
-
- | Adult Care Issue
-
- | Documentation
-
- | Therapeutic Communication
-
- | Test Taking Skills-Problems
-
- | Critical Thinking & Crisis Management
-
- | Team Relations
-
- | Other Skills
-
- | Oral Communication
-
- | Written Communication
-

Describe reason for referral:

Expected date of completion: _____

Follow-Up Report:

~Time spent with NRRS: _____

_____ Completed _____ Incomplete
_____ Satisfactory _____ Unsatisfactory
_____ Conference with faculty recommended

COMMENTS:

NRRS Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

*When printed from **DocuShare** you need to complete (1) copy electronic or (1) 3 copy form 10/06 / revised 4/16/07

PERFORMANCE IMPROVEMENT PLAN

STUDENT: _____

DATE: _____

PROBLEM:

REQUIRED PERFORMANCE:

SUGGESTED ACTIVITIES:

DATE TO BE COMPLETED: _____

SIGNATURES:

Student

Date

Faculty Member

Date

PERFORMANCE:

Date _____

Performance _____

PROBLEM RESOLVED: Yes/No

Student

Date

Faculty Member

Date

Section

8

HARFORD COMMUNITY COLLEGE

Nursing Student Handbook

Infection Exposure Control Plan

INFECTION CONTROL POLICY
MARYLAND OCCUPATIONAL SAFETY AND
HEALTH ADMINISTRATION (MOSHA)

- I. This policy is consistent with Centers for Disease Control Recommendations for Blood and Body Fluid Precautions and is consistent with the policies of the clinical affiliates for nursing education at Harford Community College.
- A. General Principles
1. Consider all clients' blood and body fluids as infectious material.
 2. Equipment, instruments, and utensils which come in contact with client excretions, secretions and body fluids are considered contaminated.
 3. Infectious waste includes but is not limited to the following:
 - a. all dressings
 - b. used soiled chux/diapers
 - c. intravenous tubing/catheters
 - d. used urinary catheters and drainage bags
 - e. all used needles/sharps
 - f. trash, gloves, gowns, masks, etc. from isolation room
 - g. sanitary napkins
 - h. used suction containers and tubing
 - i. chest tubes and other drains and tubes
 - j. specimens
- B. Protective Attire
- The purpose of protective equipment is to keep blood and other potentially infectious material from contacting skin, eyes, and mucous membranes.
1. Gloves
 - a. Wear gloves when it can be reasonable anticipated that there will be hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces. Situations requiring glove usage may include, but is not limited to:
 1. collecting specimens
 2. cleaning up fecal/urinary incontinence or handling linen and soiled garments
 3. bathing a client
 4. mouth care and eye care
 5. removing soiled bed linens
 6. discontinuing/converting intravenous therapies
 7. administering parenteral injections
 8. emptying Foleys, bedpans, urinals, emesis basins, NG drainage and wound drainage, sitz baths
 9. changing dressings, perineal pads, diapers
 10. cleaning IV poles, bedside commodes, and spills of blood or body fluids
 11. handling tissues or clothing contaminated with body fluids
 - b. Change contaminated gloves before touching mucous membranes or non-intact skin.
 - c. Change gloves between tasks and procedures on the same patient if hands will

- move from a contaminated body site to a clean body site.
 - d. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient. Dispose of gloves in proper receptacle lined with red trash bag. Remove gloves by pulling them inside out so contaminated sides is not exposed.
 - e. Wash hands promptly to avoid transfer of micro-organisms to another patient.
Wearing gloves does NOT replace the need for hand washing!!
 - 2. Mask, Eye Protection, Face Shield
 - a. Wear mask, eye protection, or a face shield to protect mucous membranes during procedures that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions
 - b. Wear surgical mask or particulate respirator to prevent exposure to microorganisms spread by airborne precautions.
 - c. Dispose of protective device in proper receptacle lined with red trash bag.
 - 3. Gowns
 - a. Wear a gown to protect skin and to prevent soiling of clothing during procedures that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
 - b. Wear a gown during care of patients infected with epidemiologically important organisms, such as MRSA or VRE.
 - c. Select a gown that is appropriate for activity and amount of fluid likely to be encountered. Assure back edges of gown overlap to cover clothing.
 - d. Remove soiled gown as promptly as possible. Dispose of in proper receptacle lined with red trash bag. Pull off sleeves and turn gown down to the inside so that contaminated side is not exposed with patients.
 - e. Wash hands

C. Hand Washing

Perform hand washing promptly and thoroughly before direct contact with, and between, patient contacts, and after contact with blood, body fluids, secretions, excretions, and contaminated equipment or articles. An alcohol-based hand sanitizer may be used if hands are not visibly soiled with blood or body fluids. If hands are visibly soiled or if patient is in isolation for C. difficile, soap and water must be used.

1. Wash hands
 - a. when coming on duty
 - b. before direct contact with patients
 - c. before medication preparation
 - d. before performing invasive procedures, such as foley catheter insertion
 - e. before and after touching wounds or dressing
 - f. when moving from a contaminated body site to a clean body site
 - g. after patient contact
 - h. after touching objects likely to be contaminated with pathologic organisms, such as urine measuring devices
 - i. after removing gloves
2. Wash hands with soap and water, creating as much friction as possible, for 15-20 seconds.
3. When using an alcohol-based product, apply to palm of one hand and rub both hands together, covering entire surface of hands and fingers. Allow to air dry.
4. Hospital provided lotion is to be used for skin care; personal lotions are not to be used.

D. Handling of Patient Equipment and Linen

1. Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing.
2. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately.
3. Ensure that single use items are discarded promptly.
4. Place contaminated disposable items in a red bag. Reusable items are to be placed in a clear plastic bag with a biohazard label.

E. Exposure to Blood Born Pathogens

1. Use care to prevent injuries when using needles or other sharps, or when handling instruments after a procedure.
2. Never recap used needles or use any other technique that involves directing the point of a needle toward any part of the body. Use a one-handed “scoop” technique or a mechanical device designed for holding the needle sheath if recapping is required after drawing up medication.
3. Do not remove needles from disposable syringes by hand. Do not bend, break, or otherwise manipulate used needles by hand.
4. There will be no hand-to-hand transfer of sharps. Sharps are placed in a neutral field, and then picked up for use.
5. Place disposable syringes and needles, scalpels, and other sharp items in appropriate puncture resistant containers.
6. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods when CPR is required.
7. If an exposure occurs:
 - a. notify faculty immediately
 - b. wash hands or any other exposed skin with soap and water, or flush mucous membranes for 15 minutes
 - c. follow up testing and care if referred to the student’s private physician
 - d. an incident report is filed with campus security

INFECTION CONTROL FACULTY RESPONSIBILITIES

1. Teach students that all clients' blood and body fluids are to be considered potentially infectious for HIV, HBV and other bloodborne pathogens.
2. Provide a general explanation of the epidemiology, modes of transmission, and symptoms of bloodborne pathogens. Exposure incidents can lead to infection from hepatitis B virus (HBV) or human immunodeficiency virus (HIV). Early symptoms of HBV: fever, runny nose, flu-like symptoms, skin rash, loss of appetite, fatigue, headache, nausea, vomiting and diarrhea. Early symptoms of HIV include fever, sore throat, lethargy, swollen glands.
3. Describe protective barriers such as gloves, gowns, goggles and masks/face shields including use, location, removal, handling, decontamination, and disposal of personal protective equipment.
4. Emphasize that it is mandatory that Standard Precautions be followed as outlined in the Infection Control Policy.
5. Provide information on appropriate actions to take if an exposure incident occurs including the method of reporting the incident and the medical follow-up.
 - a. Document the circumstances of the incident and route of exposure, according to clinical affiliate policy.
 - b. Faculty member must make arrangements for student to access employee health services.
 - c. The source individual's blood is tested for HIV and HBV as soon as feasible, after consent is obtained.
 - d. The results of the source individual's blood test are made available to the exposed person.
 - e. The exposed person's blood is collected as soon as practical and tested after consent is obtained.
 - f. Post-exposure follow-up may be indicated, as is consistent with clinical affiliate policy and procedure.
 - g. Document incident according to Harford Community College policy.
6. Provide an opportunity for interactive questions and answers. Faculty must work closely with inexperienced students and choose assignments for which a student is prepared in terms of both knowledge and skill level.
7. Refusal to care for a client with AIDS is contrary to the ethics of the nursing profession. Career counseling should be initiated in a situation in which a student continues to refuse to care for clients with AIDS even after a review of the moral obligation and factual understanding.

HARFORD COMMUNITY COLLEGE

Nursing Student Handbook

Professional Conduct

AMERICAN NURSES' ASSOCIATION STANDARDS OF CLINICAL PRACTICE

Standards of Care

Describes a competent level of nursing care as demonstrated by the nursing process that encompasses all significant actions taken by the nurse in providing care, and forms the foundation of clinical decision making.

1. **Assessment:** the nurse collects client health data.
2. **Diagnosis:** the nurse analyzes the assessment data in determining diagnoses.
3. **Outcome Identification:** the nurse identifies expected outcomes individualized to the client.
4. **Planning:** the nurse develops a plan of care that prescribes interventions to attain expected outcomes.
5. **Implementation:** the nurse implements the interventions identified in the plan of care.
6. **Evaluation:** the nurse evaluated the client's progress toward attainment of outcomes.

Standards of Professional Performance

Describes roles expected of all professional nurses appropriate to their education, position, and practice setting.

1. **Quality of Care:** the nurse systematically evaluated the quality and effectiveness of nursing practice.
2. **Performance Appraisal:** the nurse evaluated his/her own nursing practice in relation to professional practice standards and relevant statutes and regulations.
3. **Education:** the nurse acquires and maintains current knowledge in nursing practice.
4. **Collegiality:** the nurse contributes to the professional development of peers, colleagues, and others.
5. **Ethics:** the nurse's decisions and actions on behalf of clients are determined in an ethical manner.
6. **Collaboration:** the nurse collaborates with the client, significant others, and healthcare providers in providing client care.
7. **Research:** the nurse uses research findings in practice.
8. **Resource utilization:** the nurse considers factors related to safety, effectiveness, and cost in planning and delivering client care.

From Standards of Clinical Nursing Practice, 2nd ed. by American Nurses' Association, 1998, Washington, DC: American Nurses Publishing.

**AMERICAN NURSES' ASSOCIATION
CODE OF ETHICS FOR NURSES
NINE MAJOR PROVISIONS**

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

From ANA Code of Ethics for Nurses (June 2001).

The Code of Ethics for Nurses with Interpretive Statements provides a framework for nurses to use in ethical analysis and decision-making. Available online at www.nursingworld.org.

National Student Nurses' Association, Inc.
Code of Professional Conduct

As a member of the National Student Nurses' Association, I pledge myself to:

- Maintain the highest standard of personal and professional conduct.
- Actively promote and encourage the highest level of ethics within nursing education, the profession of nursing, and the student nurses' association.
- Uphold all Bylaws and regulations relating to the student nurses' association at the chapter, state and national levels, reserving the right to criticize rules and laws constructively, but respecting the rules and laws as long as they prevail.
- Strive for excellence in all aspects of decision making and management at all levels of the student nurses' association.
- Use only legal and ethical principles in all association decisions and activities.
- Ensure the proper use of all association funds.
- Serve all members of the student nurses' association impartially, provide no special privilege to any individual member, and accept no personal compensation from another member or non-member.
- Maintain the confidentiality of privileged information entrusted or known to me by virtue of an elected or appointed position in the association.
- Refuse to engage in, or condone, discrimination on the basis of race, gender, age, citizenship, religion, national origin, sexual orientation, or disability.
- Refrain from any form of cheating or dishonesty, and take action to report dishonorable practices to proper authorities using established channels.
- Always communicate internal and external association statements in a truthful and accurate manner by ensuring that there is integrity in the data and information used by the student nurses' association.
- Cooperate in every reasonable and proper way with association volunteers and staff, and work with them in the advocacy of student rights and responsibilities and the advancement of the profession of nursing.
- Use every opportunity to improve faculty understanding of the role of the student nurses association.
- Use every opportunity to raise awareness of the student nurses' association's mission, purpose, and goals at the school chapter level.
- Promote and encourage entering nursing students to join and become active in NSNA.
- Promote and encourage graduating seniors to continue their involvement by joining professional nurses' associations upon licensure as Registered Nurses.

Adopted by the 1999 House of Delegates
Pittsburgh, PA at the 47th Annual NSNA Convention

References: American Society of Association Executives and the National Society for Fund Raising Executives.

National Student Nurses' Association, Inc.
Code of Academic and Clinical Conduct

PREAMBLE

Students of nursing have a responsibility to society in learning the academic theory and clinical skills needed to provide nursing care. The clinical setting presents unique challenges and responsibilities while caring for human beings in a variety of health care environments.

The Code of Academic and Clinical Conduct is based on an understanding that to practice nursing as a student is an agreement to uphold the trust with which society has placed in us. The statements of the Code provide guidance for the nursing student in the personal development of an ethical foundation and need not be limited strictly to the academic or clinical environment but can assist in the holistic development of the person.

A CODE FOR NURSING STUDENTS

As students are involved in the clinical and academic environments we believe that ethical principles are a necessary guide to professional development. Therefore within these environments we;

1. Advocate for the rights of all clients.
2. Maintain client confidentiality.
3. Take appropriate action to ensure the safety of clients, self, and others.
4. Provide care for the client in a timely, compassionate and professional manner.
5. Communicate client care in a truthful, timely and accurate manner.
6. Actively promote the highest level of moral and ethical principles and accept responsibility for our actions.
7. Promote excellence in nursing by encouraging lifelong learning and professional development.
8. Treat others with respect and promote an environment that respects human rights, values and choice of cultural and spiritual beliefs.
9. Collaborate in every reasonable manner with the academic faculty and clinical staff to ensure the highest quality of client care
10. Use every opportunity to improve faculty and clinical staff understanding of the learning needs of nursing students.
11. Encourage faculty, clinical staff, and peers to mentor nursing students.
12. Refrain from performing any technique or procedure for which the student has not been adequately trained.
13. Refrain from any deliberate action or omission of care in the academic or clinical setting that creates unnecessary risk of injury to the client, self, or others.
14. Assist the staff nurse or preceptor in ensuring that there is full disclosure and that proper authorizations are obtained from clients regarding any form of treatment or research.
15. Abstain from the use of alcoholic beverages or any substances in the academic and clinical setting that impair judgment.
16. Strive to achieve and maintain an optimal level of personal health.
17. Support access to treatment and rehabilitation for students who are experiencing impairments related to substance abuse and mental or physical health issues.
18. Uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.

Adopted by the NSNA House of Delegates, Nashville, TN, on April 6, 2001.

Section

10

HARFORD COMMUNITY COLLEGE

Nursing Student Handbook

Nurse Practice Act

NURSE PRACTICE ACT

**ANNOTATED CODE OF MARYLAND
HEALTH OCCUPATIONS ARTICLE, TITLE 8**

**CODE OF MARYLAND REGULATIONS
TITLE 10, SUBTITLE 27**

Board of Nursing
4140 Patterson Avenue
Baltimore, Maryland 21215-2254
January 2006

TITLE 10
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 27 BOARD OF NURSING
Chapter 09 Standards of Practice for Registered Nurses
Authority: Health Occupations Article, § 8-205 and 8-316,
Annotated Code of Maryland

.01 Definitions.

- A. In this chapter, the following terms have the meanings indicated.
- B. Terms Defined.
- (1) "Accountability" means being answerable for the actions of self and others.
 - (2) "Aggregate" means the sum total of nursing care the client received.
 - (3) "Assessment" means a systematic, dynamic process by which the nurse, through interaction with the client, family, significant others, and other health care providers, collects and analyzes data.
 - (4) "Assign" means the transfer of responsibility from one nurse to another with each nurse having the legal authority to perform the function as permitted by the licensee's scope of practice.
 - (5) "Client" means an individual, family, group, or community under the licensee's direct or indirect care.
 - (6) "Continuity of care" means an interdisciplinary process that:
 - (a) Includes the client, family, and significant other in the development and communication of a coordinated plan of care; and
 - (b) Based on changing needs and available resources, facilitates the client's:
 - (i) Care within a setting, and
 - (ii) Transition between settings.
 - (7) "Criteria" means relevant, measurable indicators of the standards of registered nurse practice.
 - (8) "Delegate" means the registered nurse:
 - (a) Invests authority to act on behalf of the registered nurse to an unlicensed person;
 - (b) Authorizes the unlicensed person to augment and supplement the care the registered nurse provides; and
 - (c) Retains the accountability and responsibility for the delegated act.
 - (9) "Evaluation" means the review and analysis of the extent to which the assessment, nursing diagnosis, planning, and implementation is effective in resolving the client's health problems or progress toward the attainment of expected outcomes.
 - (10) Health Care Providers.
 - (a) "Health care provider" means an individual with special expertise who provides health care services or assistance to clients.
 - (b) "Health care provider" includes:
 - (i) Nurses;
 - (ii) Physicians;
 - (iii) Psychologists;
 - (iv) Social workers;
 - (v) Nutritionists/dietitians; and
 - (vi) Various therapists.
 - (11) "Health care team" means a group of individuals, which includes health care providers and unlicensed personnel, working in collaboration with the client, family, and significant others to achieve identified outcomes.

- (12) Health Status Data.
 - (a) "Health status data" means information obtained through nursing assessment of the client.
 - (b) "Health status data" includes but is not limited to:
 - (i) Growth and development;
 - (ii) Biophysical status;
 - (iii) Emotional status;
 - (iv) Cultural, religious, and socioeconomic background;
 - (v) Activities of daily living and instrumental activities of daily living;
 - (vi) Patterns of coping;
 - (vii) Interaction patterns;
 - (viii) Client perception of and degree of satisfaction with health status;
 - (ix) Client health goals;
 - (x) Physical, social, emotional, and ecological environments; and
 - (xi) Access to and availability of human and material resources.
- (13) "Implementation" means the process of performing, delegating, assigning, supervising, and coordinating interventions.
- (14) "Instrumental activities of daily living" means home management skills such as shopping for food and personal items, preparing meals, or handling money.
- (15) "Nursing diagnosis" means a description of the actual or potential, overt or covert health problems which registered nurses are licensed to treat.
- (16) "Outcomes" means measurable, expected, client-focused goals which translate into observable behaviors.
- (17) "Plan of care" means designing methods to solve identified problems and to attain outcomes by means of establishing priorities, setting goals, and defining interventions.
- (18) "Process" means the delivery of care and the fulfillment of the practice standards.
- (19) "Quality of care" means the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
- (20) "Recipients of nursing care" means individuals, families, groups, communities, or populations.
- (21) "RN" means a registered nurse as defined in Health Occupations Article, §8-301, Annotated Code of Maryland.
- (22) "Responsibility" means the obligation and duty to perform.
- (23) "Scientific principles" means a fundamental belief or reason for action derived from an organized system of study.
- (24) "Standards of care" means a minimum level of competent nursing practice demonstrated through assessment, analysis, formulation of nursing diagnosis, outcome identification, planning, implementation, and evaluation.
- (25) Standards of Registered Nurse Practice.
 - (a) "Standards of registered nurse practice" means the minimum criteria the registered nurse shall adhere to in the practice of registered nursing.
 - (b) "Standards of registered nurse practice" includes both standards of care and standards of professional performance.
- (26) Standards of Professional Performance.
 - (a) "Standards of professional performance" means a competent level of behavior in the professional role.
 - (b) "Standards of professional performance" includes activities related to:
 - (i) Quality of care;
 - (ii) Performance appraisal;

- (iii) Education;
 - (iv) Collegiality;
 - (v) Ethics;
 - (vi) Collaboration;
 - (vii) Research;
 - (viii) Resource utilization;
 - (ix) Assignment;
 - (x) Delegation and supervision; and
 - (xi) Refusal.
- (27) "Structure" means:
- (a) The environment in which care is provided; and
 - (b) Resources available to provide care including but not limited to finances, staffing, supplies, equipment, and medical records.
- (28) "Technology assessment" means a review of drugs, devices, procedures, and systems in relationship to their safety, effectiveness, and economic and social impact.

.02 Standards of Care.

A. Assessment.

- (1) The RN shall collect client health data.
- (2) Measurement Criteria.
 - (a) Data collection shall involve the client, family, significant others, other members of the health care team, and the health record, when appropriate.
 - (b) Data may include the following dimensions:
 - (i) Physical;
 - (ii) Psychological;
 - (iii) Sociocultural;
 - (iv) Spiritual;
 - (v) Cognitive;
 - (vi) Functional abilities;
 - (vii) Developmental;
 - (viii) Economic;
 - (ix) Technology; and
 - (x) Life-style.
- (3) Priority of data collection is determined by the client's immediate condition or needs, health status, and setting.
- (4) Pertinent data shall be collected using appropriate assessment techniques.
- (5) Data collection shall include a technology assessment.
- (6) The data collection process shall be comprehensive, systematic, and ongoing.
- (7) Relevant health status data, including changes, shall be documented in an authorized record which is accessible and in a retrievable form.

B. Analysis and Nursing Diagnosis.

- (1) The RN shall analyze the assessment data in determining nursing diagnoses.
- (2) Measurement Criteria.
 - (a) The RN shall analyze the data, consider the options, including technology, and make a determination as to whether the selected options are appropriate for the needs of the client.
 - (b) Nursing diagnoses shall be:
 - (i) Derived in a complete, systematic, and ongoing manner from the assessment data;
 - (ii) Validated with the client, family, significant others, and other members of the health care team, when possible; and

- (iii) Documented in a manner that facilitates the determination of expected outcomes and plan of care.
 - (c) Nursing diagnoses shall identify the nature and extent of the client's health status, capabilities, and limitations.
- C. Outcome Identification.
 - (1) The RN shall identify expected outcomes individualized to the client.
 - (2) Measurement Criteria.
 - (a) Outcomes shall be:
 - (i) Derived in a comprehensive, systematic, and ongoing manner from the diagnoses;
 - (ii) Directed toward management of the client's health problems;
 - (iii) Formulated with the client, family, significant other, or other members of the health care team, when possible and appropriate;
 - (iv) Culturally appropriate and realistic in relation to the client's present and potential capabilities;
 - (v) Attainable in relation to the resources available to the client;
 - (vi) Documented as measurable goals with time estimates for attainment as appropriate; and
 - (vii) Documented in an authorized record which is accessible and in a retrievable form.
 - (b) Outcomes provide direction for continuity of care.
- D. Planning.
 - (1) The RN shall develop a plan of care that prescribes interventions to attain expected outcomes.
 - (2) Measurement Criteria.
 - (a) The plan shall be:
 - (i) Individualized in a comprehensive, systematic and ongoing manner;
 - (ii) Developed utilizing available data;
 - (iii) Prioritized to meet the client's condition or needs;
 - (iv) Developed, coordinated, and communicated with the client, family, significant other, and other members of the health care team as appropriate;
 - (v) Congruent with the client's therapeutic regime; and
 - (vi) Documented.
 - (b) The plan shall:
 - (i) Reflect current nursing practice;
 - (ii) Provide for continuity of care; and
 - (iii) Include identification, coordination, and utilization of available resources.
- E. Implementation.
 - (1) The RN shall implement the interventions identified in the plan of care.
 - (2) Measurement Criteria.
 - (a) Interventions shall be:
 - (i) Implemented recognizing the rights of the client, the family, and significant others;
 - (ii) Consistent with the established plan of care;
 - (iii) Implemented in a competent, safe, and appropriate manner consistent with knowledge of scientific principles; and
 - (iv) Documented.
 - (b) Interventions may include, but are not limited to:
 - (i) Patient teaching;
 - (ii) Counseling;
 - (iii) Implementing clinical practice guidelines, protocols, and pathways; and
 - (iv) Independent nursing functions.

- (c) Selected interventions may be assigned and delegated to other personnel participating in delivering care.
- (d) When assignment or delegation occurs, supervision is provided.
- (e) A safe and therapeutic environment is provided for the delivery of nursing care.
- (f) Relevant information which may be needed to carry out the nursing plan is provided to the client, family, significant others, and other members of the health care team without violating the client's confidentiality.

F. Evaluation.

- (1) The RN shall evaluate the client's progress toward attainment of outcomes.
- (2) Measurement Criteria.
 - (a) Evaluation shall be systematic, ongoing, and criterion-based.
 - (b) The client, family, significant other, and other members of the health care team shall be involved in the evaluation process, when appropriate.
 - (c) Ongoing assessment data shall be used to evaluate the process of care and to revise the nursing diagnosis, outcomes, and the plan of care.
 - (d) Revisions of diagnoses, outcomes, and the plan of care shall be documented.
 - (e) The effectiveness of interventions shall be evaluated in relation to outcomes.
 - (f) The responses to interventions shall be documented and communicated to the client and other members of the health care team.
 - (g) The RN charged with the documentation of the client's discharge shall make the final nursing evaluation.

.03 Standards of Professional Performance.

A. Quality of Care.

- (1) The RN systematically shall evaluate the quality and effectiveness of nursing practice in the aggregate.
- (2) Measurement Criteria. The RN shall:
 - (a) Participate in activities to evaluate quality of care including, but not limited to, monitoring the structure, process, and outcome of nursing practice, with consideration for access and cost;
 - (b) Use quality monitoring data to identify opportunities for improving care; and
 - (c) Participate in activities related to implementing changes designed to improve care.

B. Performance Appraisal.

- (1) The RN shall be accountable for evaluating the RN's own nursing practice on a regular basis in relation to professional practice standards and relevant statutes and regulations.
- (2) Measurement Criteria.
 - (a) The RN shall:
 - (i) Participate in peer review as appropriate; and
 - (ii) Seek guidance, support, education, and supervision as necessary.
 - (b) The RN shall demonstrate knowledge of and shall comply with:
 - (i) Relevant professional practice standards;
 - (ii) Statutes and regulations governing nursing; and
 - (iii) The policies and procedures of the practice setting.

C. Education.

- (1) The RN shall acquire and maintain current knowledge and competency in nursing practice.
- (2) Measurement Criteria. The RN shall:
 - (a) Participate in educational opportunities and experiences to maintain professional competence; and
 - (b) Obtain knowledge and skills appropriate to the practice setting.

- D. Collegiality.
 - (1) The RN shall contribute to the professional development of peers, colleagues, and others.
 - (2) Measurement Criteria.
 - (a) The RN shall share knowledge and skills with peers, colleagues, and others.
 - (b) The RN shall contribute to a supportive and healthy work environment.
- E. Ethics.
 - (1) The RN's decisions and actions shall reflect ethical principles.
 - (2) Measurement Criteria. The RN shall:
 - (a) Comply with the Code of Ethics in COMAR 10.27.19;
 - (b) Maintain client confidentiality within legal and regulatory standards;
 - (c) Act as a client advocate and assist clients to advocate for themselves;
 - (d) Deliver care in a nonjudgmental and nondiscriminatory manner that is sensitive to client diversity;
 - (e) Deliver care in a manner that preserves client autonomy, dignity, and rights; and
 - (f) Seek available resources to help formulate ethical decisions.
- F. Collaboration.
 - (1) The RN shall collaborate with the client, family, significant others, and other health care providers in providing care.
 - (2) Measurement Criteria. The RN shall:
 - (a) Collaborate with the client, family, significant others, and other health care providers in the formulation of overall goals, the plan of care, and decisions related to care and the delivery of services; and
 - (b) Consult with health care providers for client care.
- G. Research.
 - (1) The RN shall participate in research activities appropriate to the licensee's position, education, and practice environment.
 - (2) Measurement Criteria. The RN shall:
 - (a) Support the client's rights related to research;
 - (b) Participate in data collection;
 - (c) Participate in identification of clinical problems suitable for nursing research; and
 - (d) Utilize established facility-approved research protocols.
- H. Resource Utilization.
 - (1) The RN shall consider factors related to safety, effectiveness, and cost in planning and delivering client care.
 - (2) Measurement Criteria. The RN:
 - (a) Shall assist the client, family, and significant others in identifying services and options available to address health-related needs;
 - (b) Shall evaluate factors related to safety, effectiveness, and cost when performing, assigning, delegating, and supervising nursing care, and teaching the client, family, and significant others; and
 - (c) As a case manager, may identify and facilitate options and services for meeting individual health needs by enhancing quality, cost-effective clinical outcomes while decreasing fragmentation and duplication of care.
- I. Assignment, Delegation, and Supervision.
 - (1) The RN may assign nursing acts or delegate nursing tasks to individuals who are competent to perform those acts or tasks, when the assignment or delegation does not jeopardize the client's welfare.
 - (2) Measurement Criteria.
 - (a) When delegating a nursing task to an unlicensed person, the RN shall assess the client and determine that the delegation is consistent with COMAR 10.27.11.

- (b) When delegating a nursing task to an unlicensed person, the registered nurse shall:
 - (i) Instruct;
 - (ii) Direct;
 - (iii) Regularly evaluate the performance of nursing tasks by the unlicensed person;
 - (iv) Rectify a situation in which the unlicensed person under the licensee's supervision is performing nursing tasks incorrectly; and
 - (v) Prohibit the continued performance of an unlicensed person who is performing the delegated nursing task or tasks incompetently.
- (c) When the RN is assigning a nursing act to another licensed nurse, the RN shall:
 - (i) Verify that the nursing act is within the licensed nurse's legal scope of practice;
 - (ii) Verify that the licensed nurse has the knowledge, skills and clinical competency to perform the assigned act;
 - (iii) Verify that the assigned act is consistent with the facility's policies and procedures;
 - (iv) Regularly evaluate the licensed nurse who is performing the assigned nursing act;
 - (v) Rectify a situation in which the licensed nurse assigned to perform the nursing act has performed the nursing act incorrectly; and
 - (vi) Prohibit the continued performance of the assigned nursing act by a licensed nurse who is performing the assigned nursing act or acts incompetently.

J. Refusal.

- (1) The RN has the right and the responsibility to refuse to perform, assign, or delegate nursing acts.
- (2) Measurement Criteria.
 - (a) The RN has the right and responsibility to refuse to perform a nursing act which is beyond the parameters of the nurse's education, capabilities, and clinical competency.
 - (b) The RN shall obtain appropriate education, training, and supervision as required to perform nursing functions which are beyond the parameters of the nurse's education and clinical competence.
 - (c) The RN has the right to refuse to accept responsibility and accountability for supervising, monitoring, instructing, or evaluating an unlicensed person performing a nursing task that has not been delegated by that nurse.

Administrative History

Effective date: February 20, 1989 (16:3 Md. R. 343)
 Regulation .03 amended effective October 25, 1993 (20:21 Md. R. 1654)

Regulations .01—.03 repealed and new Regulations .01—.03
 adopted effective April 3, 2000 (27:6 Md. R. 642)

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 27 BOARD OF NURSING

Chapter 10 Standards of Practice for Licensed Practical Nurses

Authority: Health Occupations Article, § 8-205(a)(2) and 8-316,
Annotated Code of Maryland

.01 Definitions.

- A. The following terms have the meanings indicated.
- B. Terms Defined.
 - (1) "Assessment" means the act of gathering and identifying data about the client that assists the nurses, the client, and the client's family to identify the client's problems and needs.
 - (2) "Board" means the Board of Nursing.
 - (3) "Client" means an individual who is under the licensee's direct or indirect care.
 - (4) "Evaluation" means the review and analysis of the extent to which the assessment, planning, and implementation were effective in resolving the client's health problems.
 - (5) "Goal" means a result to be behaviorally achieved by a client which is either long- or short-term and which can be measured.
 - (6) "Implementation" means the carrying out of the nursing plan of care.
 - (7) "Licensed practical nurse" means an individual licensed by the Board of Nursing to practice licensed practical nursing.
 - (8) "Plan of care" means the setting of goals, judging of priorities, and designing of methods to solve identified client problems.
 - (9) "Record" means a written document reflecting information regarding the nursing process; for example, assessment, planning, implementation, and evaluation.
 - (10) "Standards of licensed practical nurse practice" means the minimum criteria to which the licensed nurse shall adhere in the practice of licensed practical nursing.
 - (11) "Team relationship" means the practicing of licensed practical nursing only with at least one licensed health professional who is not a licensed practical nurse.

.02 Nursing Process.

- A. In a team relationship the licensed practical nurse contributes to the nursing process. The nursing process shall include but is not limited to the following elements of client care.
- B. Assessment.
 - (1) Data for the assessment of the client shall be collected through direct observations and interviews.
 - (2) The data shall:
 - (a) Relate to the client's common recurrent health problems;
 - (b) Identify symptoms and behavior changes of the client;
 - (c) Be recorded in a manner consistent with the client's presenting problem or problems and setting; and
 - (d) Be collected from client, family, significant others, and health care records.
 - (3) The assessment shall be communicated on records. The records shall reflect:
 - (a) Changes in the health status; and
 - (b) A continuous collection of data by the updating and revising of the nursing assessment.

- C. Planning.
 - (1) The plan of nursing care shall include health goals which are:
 - (a) Congruent with those goals developed by other members of the health team; and
 - (b) Formulated with input from the client, family, and significant others, when appropriate.
 - (2) The plan of care shall include:
 - (a) A prioritization of the problems;
 - (b) Individualized interventions for the client's common recurrent health problem or problems;
 - (c) Health education for the client, family, and significant others; and
 - (d) A provision for continuity of nursing care.
 - (3) The plan of nursing care shall be communicated on records to:
 - (a) Other members of the health care team; and
 - (b) The client when possible and appropriate.
- D. Implementation of the nursing plan of care shall include, but is not limited to:
 - (1) Utilization of identified nursing approaches which include the following:
 - (a) Reflecting knowledge of scientific principles,
 - (b) Recognizing the rights of the client, the family and significant others, and
 - (c) Providing a safe and therapeutic environment;
 - (2) The competent performance of the acts required to carry out the nursing plan;
 - (3) Collection of data and reporting of problems that arise in the carrying out of the nursing plan;
 - (4) Assisting in revising the nursing plan and providing viable alternatives if possible.
- E. Evaluation.
 - (1) An evaluation is derived from the client's response to the implemented plan of care.
 - (2) The client, family and significant others shall be consulted in evaluating the client's progress in achieving the health goals within the framework of the client's right to confidentiality.
 - (3) The licensed practical nurse shall assist other members of the health team in revision of the client's plan of care.
 - (4) The evaluation shall be communicated on records.
 - (5) The evaluation shall be communicated to other members of the health care team.

.03 Professional Competence.

- A. Professional competence in the practice of licensed practical nursing shall include, but is not limited to:
 - (1) Knowledge of and compliance with:
 - (a) The statutes and regulations governing:
 - (i) Nursing in this State,
 - (ii) Nondiscrimination,
 - (iii) Patient's bill of rights,
 - (iv) Confidentiality of client's records and communications regarding the client,
 - (v) Any specialized situation in which the licensed practical nurse practices;
 - (b) Policies and procedures of the nurses' practice setting;
 - (c) Changing procedures and standards in the nursing field;
 - (d) The capabilities and experience of any unlicensed persons working under the licensee's supervision;
 - (e) Recognized codes of professional ethics;
 - (2) Delegation and supervision of nursing acts including:
 - (a) Delegation of nursing acts only to an unlicensed individual who is prepared or qualified to perform such an action;
 - (b) Responsibility for:

- (i) Instructing,
 - (ii) Directing,
 - (iii) Regularly evaluating the nursing acts of unlicensed individuals under the licensee's supervision,
 - (iv) Rectifying a situation in which an unlicensed individual under the licensee's supervision is performing nursing acts incorrectly; and
 - (v) Prohibiting the continued performance of an unlicensed individual who is performing the delegated nursing task or tasks incompetently;
- (3) The maintenance of continual competence in the licensee's practice by obtaining further education or supervision as required;
 - (4) The refusal to perform an act of nursing which is beyond the parameters of the licensee's education, capabilities, and experience;
 - (5) The obtaining of additional education, training, and supervision, as required when performing additional nursing acts.
- B. A nurse has the right to refuse to accept responsibility and accountability for supervising, monitoring, instructing, or evaluating an unlicensed individual performing a nursing task that has not been delegated by that nurse.

Administrative History

Effective date: February 20, 1989 (16:3 Md. R. 343)

Regulation .03 amended effective October 25, 1993 (20:21 Md. R. 1655)

TITLE 10
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 27 BOARD OF NURSING

Chapter 11 Delegation of Nursing Functions

Authority: Health Occupations Article, §§8-102 and 8-205,
Annotated Code of Maryland

.01 Exclusion from Regulations.

This chapter is not applicable to and does not restrict or limit:

- A. Other health care practitioners who are authorized delegatory powers under their respective acts;
- B. The gratuitous provision of care by self, family, or friends;
- C. Provision of care by a child care provider employed in the child's home by the child's parent or by a child care provider licensed by the Child Care Administration under COMAR 07.04.01 (Family Day Care) or COMAR 07.04.02 (Child Care Center Licensing) except for those providers enrolling a majority of children with health or medical conditions or both;
- D. The cognitively capable adult from employing an unlicensed caregiver in the adult's home to assist the adult in treatments of a routine nature and in self-administration of medication;
- E. An individual who performs nursing assistant tasks while a nursing student enrolled in an accredited nursing education program and practicing under the direct supervision of:
 - (1) Qualified faculty or preceptors; or
 - (2) A nurse while working as a nursing assistant;
- F. An individual who performs nursing assistant tasks as a student while:
 - (1) Enrolled in a Board-approved nursing assistant training program;
 - (2) Practicing under the direct supervision of qualified faculty or preceptors; or
 - (3) Practicing under the direct supervision of a nurse while working as a nursing assistant; or
- G. A nurse from delegating a nursing task to an unlicensed individual if acceptance of delegated nursing tasks does not become a routine part of the unlicensed individual's job duties.

.02 Definitions.

- A. In this chapter, the following terms have the meanings indicated.
- B. Terms Defined.
 - (1) "Accountability" means being answerable for actions of self or others.
 - (2) "Board" means the Board of Nursing.
 - (3) "Certified medicine aide (CMA)" means an individual who meets the requirements as stated in COMAR 10.39.01 and 10.39.03.
 - (4) "Certified nursing assistant (CNA)" means an individual certified by the Board as a nursing assistant.
 - (5) "Client" means the recipient of nursing care.
 - (6) "Delegation" means the act of authorizing an unlicensed individual or a certified nursing assistant to perform acts of registered nursing or licensed practical nursing.
 - (7) "Evaluation" means the review and analysis of the extent to which the assessment, nursing diagnosis, planning, and implementation phases of the nursing process were effective in resolving the client's identified problems.
 - (8) "Geriatric nursing assistant (GNA)" means a CNA who has successfully completed the requirements for a GNA set forth in 42 CFR §§483.151—483.156 and COMAR 10.39.01.
 - (9) "Home health aide (HHA)" means a CNA who has successfully completed the requirements for certification as a HHA set forth in 42 CFR §484.36 and COMAR 10.39.01.

- (10) "Licensed practical nurse" means an individual licensed to practice licensed practical nursing as defined in Health Occupations Article, §8-301, Annotated Code of Maryland.
- (11) "Medication assistant" means an individual who completes a 16-hour course in medication administration approved by the Board and who is registered with the Board.
- (12) Model of Nursing Practice.
 - (a) "Model of nursing practice" means the policies, procedures, and practice guidelines:
 - (i) Established by the facility, which are consistent with this chapter regarding delegation of nursing functions and regulations governing the facility; and
 - (ii) That provide direction to nursing staff on the delivery of care to the client population which the facility serves.
 - (b) "Model of nursing practice" may not supersede a delegating nurse's prudent judgment regarding:
 - (i) Delegation of a nursing function to a certified nursing assistant or unlicensed individual; or
 - (ii) A particular delegated nursing function to that individual or individuals.
- (13) "Nurse" means an individual licensed by the Board as a registered nurse or licensed practical nurse.
- (14) "Pressure ulcer" means a decubitus ulcer stage I through IV, the care for which includes cleaning, applying topical medication, and dressing without packing.
- (15) "Readily available" means, in:
 - (a) A structured setting:
 - (i) The delegating nurse is physically present on the unit; and
 - (ii) The nurse may transfer responsibility for the nursing supervision and delegation to another nurse who then becomes the nurse delegating the nursing functions; and
 - (b) Other settings, the delegating nurse is on the premises or else is available by telephone.
- (16) "Registered nurse" means an individual licensed to practice registered nursing as defined in Health Occupations Article, §8-301, Annotated Code of Maryland.
- (17) "Responsibility" means the charge to do something.
- (18) "Routine care" means those activities necessary on a daily basis for the client to gain or maintain a level of functioning.
- (19) "Structured setting" means a hospital, nursing home, long-term care facility, ambulatory care setting, surgicenter, or any other acute or chronic care facility.
- (20) "Supervised group living settings" means assisted living facilities, group homes for juveniles, group homes for emotionally disturbed children, alternative living units for the developmentally disabled, or any other facility or setting providing supervised living arrangements for groups of unrelated individuals.
- (21) "Supervision" means the process of critical watching, directing, and evaluating another's performance.
- (22) "Unlicensed individual" means an individual who is not licensed or certified to provide nursing care under Health Occupations Article, Title 8, Annotated Code of Maryland.
- (23) Wound.
 - (a) "Wound" means venous stasis ulcer or ulcers, a dehissed wound, or any other break in the integrity of the full thickness of skin that involves the subcutaneous tissue or fascia.
 - (b) "Wound" may include tunneling or a sinus tract.
 - (c) "Wound" does not include an uncomplicated healing surgical wound.

.03 Criteria for Delegation.

- A. The nurse may delegate the responsibility to perform a nursing task to an unlicensed individual or a certified nursing assistant. The delegating nurse retains the accountability for the nursing task.
- B. A nursing task delegated by the nurse shall be:
 - (1) Within the area of responsibility of the nurse delegating the act;
 - (2) Such that, in the judgment of the nurse, it can be properly and safely performed by the unlicensed individual or certified nursing assistant without jeopardizing the client welfare; and
 - (3) A task that a reasonable and prudent nurse would find is within the scope of sound nursing judgment.
- C. A nursing task delegated by the nurse may not require the unlicensed individual or certified nursing assistant to exercise nursing judgment or intervention except in an emergency situation.
- D. When delegating a nursing task to an unlicensed individual or certified nursing assistant, the nurse shall:
 - (1) Make an assessment of the patient's nursing care needs before delegating the task;
 - (2) Either instruct the unlicensed individual or certified nursing assistant in the delegated task or verify the unlicensed individual's or certified nursing assistant's competency to perform the nursing task;
 - (3) Supervise the performance of the delegated nursing task in accordance with Regulation .04 of this chapter;
 - (4) Be accountable and responsible for the delegated task;
 - (5) Evaluate the performance of the delegated nursing task; and
 - (6) Be responsible for assuring accurate documentation of outcomes on the nursing record.
- E. The nurse shall be the primary decision maker when delegating a nursing task to an unlicensed individual or certified nursing assistant. Nursing judgment shall be exercised within the context of the employing facility's model of nursing practice which includes a mechanism for:
 - (1) Identifying those individuals to whom nursing tasks may be delegated;
 - (2) Reevaluation of the competency of those to whom nursing tasks may be delegated;
 - (3) Recognizing that the final decision regarding delegation is within the scope of the nurse's professional judgment;
 - (4) Determining the competency of the nurse to delegate; and
 - (5) Determining to whom nursing tasks may be delegated, which includes input by nurses employed in the facility.
- F. The registered nurse shall assume the role of case manager in delegating nursing tasks, administration of medications, only in accordance with Regulation .05G of this chapter in situations where the nurse has thoroughly assessed and documented that:
 - (1) The client's health care needs are chronic, stable, uncomplicated, routine, and predictable;
 - (2) The environment is conducive to the delegation of nursing tasks; and
 - (3) The client is unable to perform his or her own care.

.04 Supervision.

- A. The nurse shall determine the required degree of supervision after an evaluation of appropriate factors including, but not limited to the:
 - (1) Stability of the condition of the client;
 - (2) Training of the individual to whom the nursing task is being delegated;
 - (3) Nature of the nursing task being delegated;
 - (4) Orientation of the unlicensed individual or certified nursing assistant to the specific patient environment;

- (5) Ability of the unlicensed individual or certified nursing assistant to perform the delegated nursing task in a safe and competent manner; and
- (6) Reevaluation of the client's health status.
- B. The delegating nurse shall be readily available when delegating a nursing task to a unlicensed individual or certified nursing assistant.
- C. For the client whose health status meets the criteria as stated in Regulation .03F of this chapter the registered nurse managing the case shall make a supervisory visit to the client's residence at a minimum of every 45 days to:
 - (1) Evaluate the client's health status;
 - (2) Evaluate the nursing acts to be delegated;
 - (3) Determine whether health goals are being met;
 - (4) Evaluate the continued competence of the CNA or unlicensed individual to perform the delegated nursing task; and
 - (5) Evaluate the environment in which the delegated task is performed.
- D. For the client whom the registered nurse has determined that the client does not meet the criteria as stated in Regulation .03F of this chapter, the registered nurse shall:
 - (1) Make a supervisory visit to the client's residence at least every 2 weeks to evaluate the criteria described in §C of this regulation; and
 - (2) Determine whether the:
 - (a) Nursing tasks may be safely delegated in that setting and given the client's clinical status; and
 - (b) Nursing assistant or unlicensed individual is competent to perform the nursing tasks to be delegated.

.05 Nursing Functions.

- A. The following nursing functions require nursing knowledge, judgment, and skill and may not be delegated:
 - (1) The nursing assessment, including but not limited to, the admission, shift, transfer, or discharge assessment;
 - (2) Development of the nursing diagnosis;
 - (3) The establishment of the nursing care goal;
 - (4) Development of the nursing care plan;
 - (5) Evaluation of the client's progress, or lack of progress, toward goal achievement; and
 - (6) Any nursing task which requires nursing knowledge, judgment, and skill.
- B. The nurse may delegate treatments of a routine nature if:
 - (1) The licensed nursing staff of the specific unit of care has identified the function as being routinely performed;
 - (2) The specific treatments are performed at a high frequency necessary to retain competency;
 - (3) The treatment has an inherently low risk to the client; as determined by weighing the following factors:
 - (a) Type of equipment utilized to perform the function;
 - (b) Nurse staffing ratio that allows for close supervision;
 - (c) Basic educational preparation of the unlicensed individual or certified nursing assistant performing the delegated function; and
 - (d) Knowledge and skill set of the nurse delegating and supervising the delegated function;
 - (4) There is a quality assurance mechanism in place to assure the function is performed safely and client outcomes meet accepted professional nursing standards, including but not limited to:
 - (a) An ongoing formalized documented performance appraisal mechanism designed to assure that unlicensed individual or certified nursing assistant's revalidation of continued competency is a component of the quality assurance mechanism; and

- (b) Client outcomes meeting accepted professional standards, as reflected by:
 - (i) Infection rates;
 - (ii) Rates of adverse events;
 - (iii) Error rates; and
 - (iv) Patient satisfaction surveys.
- C. The nurse may delegate the obtaining of specific information to an unlicensed individual or certified nursing assistant.
- D. When implementing the plan of care, the nurse may delegate a nursing task to an unlicensed individual or certified nursing assistant after the nurse has completed a client assessment and when the delegation of that task does not jeopardize the client's welfare.
- E. The nurse may delegate the responsibility to perform a nursing task to an unlicensed individual if the:
 - (1) Acceptance of the delegated nursing task does not become a routine part of the unlicensed individual's job duties; or
 - (2) Unlicensed individual merely provides assistance with activities of daily living unless the client's needs are such that adverse health consequences are predictable.
- F. Administration of medication is a nursing function. As such, the nurse retains full responsibility for medication administration.
- G. The following activities related to medication administration may not be delegated except as provided in §§H and I of this regulation:
 - (1) Calculation of any medication dose;
 - (2) Administration of medications by injection route;
 - (3) Administration of medications by way of a tube inserted in a cavity of the body; and
 - (4) Administration of medication by intravenous route.
- H. Delegation of Medication Administration.
 - (1) The administration of medication as listed in §H(3) of this regulation may be delegated to certified medicine aides and medication assistants only in compliance with §H(2) of this regulation and when clients meet the requirements of Regulation .03F or .04D of this chapter in the following situations:
 - (a) Supervised group living settings;
 - (b) Supervised or sheltered work settings;
 - (c) Independent living settings;
 - (d) Schools;
 - (e) Correctional institutions;
 - (f) Hospice;
 - (g) Adult medical day care centers; and
 - (h) Child care centers established for children with health or medical conditions or both.
 - (2) A nurse may delegate to a medication assistant or certified medicine aide under this section when:
 - (a) The nurse has provided instruction and direction; and
 - (b) The medication assistant or certified medicine aide is on site in the unit of care on a continuing basis to:
 - (i) Monitor the therapeutic effects of the medication;
 - (ii) Observe, record, and report untoward effects of the medication;
 - (iii) Perform monitoring procedures required for each medication;
 - (iv) Observe for changes in the individual client's behavior and clinical status;
 - (v) Record and report the changes observed to the delegating nurse; and
 - (vi) Withhold administration of the medication.

- (3) A nurse may delegate administration of the following medications to a medication assistant or a certified medicine aide according to the Regulations .03F, .04C, and .05H(1) of this chapter:
 - (a) Medication by metered dose inhalant, nebulizer, and oxygen by nasal cannula or mask;
 - (b) Medication by gastrostomy tube or rectal tube if the nurse has calculated the dosage;
 - (c) Oral medication, including:
 - (i) Measuring as prescribed an amount of liquid medication where the nurse has calculated the dose; and
 - (ii) Administering a fraction of a tablet if the nurse has cut the tablet;
 - (d) Medication by subcutaneous injection if the nurse has calculated the dose;
 - (e) Medication administered by topical route excluding stage III and IV pressure ulcers and wound care;
 - (f) Medication administered by suppository route;
 - (g) Medication drops administered by routes involving eye, ear, and nose; and
 - (h) Where the registered nurse makes an onsite home visit at least every 7 days to assess the client status and the performance of the medication assistant or certified medicine aide, medication administered by topical route to stage three or four pressure ulcers or wounds.

.06 Client Health Teaching and Health Counseling.

- A. The registered nurse shall be accountable and responsible for the development and initiation of the health teaching plan and for health counseling of the client.
- B. The nurse shall be accountable and responsible for facilitating and promoting:
 - (1) Client education; and
 - (2) Participation of the client and significant others in implementation of health goals.
- C. Unlicensed individuals and certified nursing assistants given instruction and direction by the nurse may supplement the health teaching by providing standardized information to the client.
- D. The unlicensed individual and certified nursing assistant are responsible and accountable for reporting information to the nurse regarding the client's:
 - (1) Request for information; and
 - (2) Response to teaching provided by the nurse.

Administrative History

Effective date: October 2, 1989 (16:19 Md. R. 2105)

Regulations .01—.06 amended as an emergency provision effective February 5, 1992 (19:4 Md. R. 468); emergency status expired August 7, 1992

Regulations .01—.06 amended permanently effective August 8, 1992 (19:11 Md. R. 1015)
 Regulations .02—.06 amended effective July 4, 1994 (21:13 Md. R. 1158)

Regulations .01—.06 repealed and new Regulations .01—.06 adopted effective May 10, 2004 (31:9 Md. R. 712)

Regulation .02B amended effective February 28, 2005 (32:4 Md. R. 411)

Regulation .05 amended effective February 28, 2005 (32:4 Md. R. 411)

Section

11

HARFORD COMMUNITY COLLEGE

Nursing Student Handbook

Appendix

APA FORMAT GUIDELINES

for HCC Nursing Students

Format summarized from the 5th Edition of the Publication Manual of the American Psychological Association (2002) by Deborah Payne, RN, BSN, Adjunct Clinical Faculty, HCC Department of Nursing

ITEM	INFO/EXAMPLE	APA 5 TH ED PAGE NUMBER FOR FURTHER CLARIFICATION
ABBREVIATIONS	<p>- you may abbreviate lengthy disease names and commonly used medical terms by writing them out fully the first time and putting the abbrev in parentheses immediately after it; then you may use the abbrev in subsequent discussion</p> <p>EX: chronic obstructive pulmonary disease (COPD)</p> <p style="padding-left: 40px;">computed tomography (CT) scan</p> <p style="padding-left: 40px;">electrocardiogram (ECG)</p> <p>- do not use "nursing lingo" abbreviations, such as O2 sat, subq, IV, etc.; write these out fully</p>	pp. 103-105
CITATIONS IN TEXT	<p>cite author (s) and year as shown in examples, either in the body of the sentence or at the end of the sentence; do not give page numbers unless it is a direct quotation</p> <p>(see attached example #1)</p>	pp. 207-214, 307-308
FONT	12 pt Times News Roman	p. 285
GENERAL INFO	<p>font 12 pt Times News Roman</p> <p>1" margins all around</p> <p>double space</p> <p>page numbers upper rt corner</p> <p>do not justify right margin</p> <p>do not use hyphens to divide words</p> <p>must have title page</p>	
HEADINGS	<p>- we will probably never use more than three levels of headings in our HCC papers</p> <p>- level 1 headings: Centered Uppercase and Lowercase Headings</p> <p>- level 2 headings: <i>Flush Left, Italicized, Uppercase and Lowercase</i> (start text on the next line)</p> <p>- level 3 headings: <i>Indented, italicized, lowercase paragraph heading ending with a period.</i> (leave two spaces, then start typing text on the same line)</p> <p>(see attached example, #3, for more specifics)</p>	pp. 113, 290, 308-309
HYPHENATION	do not use hyphenation to divide words at the end of a line	p. 287
JUSTIFICATION	all text flush at left margin, do not justify right margin (leave ragged)	p. 287
MARGINS	1" all around (allows no more than 27 lines of text per page, not	pp. 286-287

	counting manuscript header and page number)	
PAGE NUMBERING	number all pages (including title page) in UPPER RIGHT CORNER with just the number; no period, no dashes, no parentheses	p. 288
PARAGRAPH INDENTATION	indent first line of every paragraph using the tab key, set at 5-7 spaces, or 0.5"	p. 289
PUBLISHER LOCATION in the reference list	the following locations can be listed without a state abbreviation or country because they are well known for publishing: Baltimore, Boston, Chicago, Los Angeles, New York, Philadelphia, San Francisco; Amsterdam, Jerusalem, London, Milan, Moscow, Paris, Rome, Stockholm, Tokyo, Vienna; US cities other than these require state abbrev after them; foreign cities other than these require the country name after them	p. 217
QUOTATIONS IN TEXT	FEWER THAN 40 WORDS: quotations fewer than 40 words should be incorporated into the text and enclosed by double double quotation marks (" ") with proper citation following (see example #2) 40 OR MORE WORDS: quotations of 40 or more words should be displayed in a block of typewritten lines with no quotation marks, w/all lines indented 5-7 spaces or 0.5" from left margin, with proper citation following (see attached example #2) quotations require the page number to be included after the author and year; if it is an electronic source with no page numbers, give the paragraph number using the "¶" symbol (see example #2)	pp. 117-118, 292, 120
REFERENCES	- start references on a new page; type "References" centered at the top of the page; double space all entries; use hanging indent format, where the first line of each reference is flush left, and subsequent lines indented 5-7 spaces or 0.5" - arrange entries in alphabetical order by the last name of the first author - use full last name, and INITIALS ONLY of first and middle names - all references cited in the text must appear in the reference list; all entries in the reference list must be cited in the text (see attached examples, #5)	p. 299 p. 219 p. 215
SPACING	double space	p. 286
TEXT, first page	type the title of the paper centered at the top of the page, double space, then begin typing the text	p. 298
TITLE PAGE	- identify the title page with a manuscript page header and the page number 1 in the upper right corner of the page (page header should be the first	p. 296, 306

<p>(TITLE PAGE, continued)</p>	<p>2-3 words of the title, such as "Nursing Care Study," situated just to the left of the page number)</p> <p>- the RUNNING HEAD FOR PUBLICATION should appear flush left at the top of the title page; the running head is an abbreviated title, and should appear in all upper case letters, not exceeding 50 characters</p> <p>- centered between the right and left margins, positioned in the upper half of the page, enter the paper title, then double space (DS), author's name, DS, college affiliation , DS, course number, DS, and date submitted (see attached example – last page)</p>	
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HCC NURSING STUDENT APA FORMAT GUIDE LINE

EXAMPLES

1. CITATIONS IN TEXT:

APA pp. 207-214, 307-312

-- WORK BY ONE AUTHOR

In a recent study of reaction times (Walker, 2000) found that...

Walker (2000) compared reaction times...

... in comparison of reaction times (Walker, 2000).

-- WORK BY MORE THAN ONE AUTHOR

-- two authors: always cite both names every time the reference is cited in the text

-- write out the word "and" if it is used in text; if it is in parentheses or tables, use

"&"

...as Nightlinger and Littlewood (1993) demonstrated....

...as has been shown (Joreskog & Sorbom, 1989).

-- three, four or five authors: cite all authors the first time the reference occurs:

Wasserstein, Zappulla, Rosen, Gerstman and Rock (1994) found...

...ascertained by such studies (Wasserstein, Zappulla, Rosen, Gerstman & Rock, 1994).

-- in subsequent citations, include only the last name of the first author followed by et al.

Wasserstein et al. (1994) found...

...as further studies have shown (Wasserstein et al., 1994).

-- if cited again in the same paragraph, omit year:

Wasserstein et al. found...

...as proven by further studies (Wasserstein et al.)

-- six or more authors: cite only the last name of the first author followed by et al.

and the year for the first and subsequent citations:

Kosslyn et al. (1996) have found support for this theory...

...having performed the study (Kosslyn et al., 1996).

-- group author: first text citation:

1999).
...as found more recently (National Institute of Mental Health [NIMH],

subsequent text citations:

....are being conducted (NIMH, 1999).

-- WORK WITH NO AUTHOR: cite in the text the first few words of the reference list entry (usually the title) and the year; use double quotation marks around the title of an article or chapter, and italicize the title of a periodical, book, brochure or report:

...on free care ("Study Finds," 1982).

...the book *College Bound Seniors* (1979).

-- CITING TWO OR MORE WORKS WITHIN THE SAME PARENTHESES:

-- place in same order as they appear in the reference list:

Past research (Edeline & Weinberger, 1991, 1993)...

Past research (Gogel, 1984, 1990)...

...such analytical skill (Doktor & Bloom, 1977; Ornstein & Galin, 1976).

2. QUOTATIONS IN TEXT:

APA pp. 118, 120

[page numbers are included when a quotation is used]

-- examples of quotations in text less than 40 words:

She stated, "The 'placebo effect'...disappeared when behaviors were studied in this manner" (Miele, 1993, p. 276), but she did not clarify which behaviors were studied.

Miele (1993) found that "the 'placebo effect,' which had been verified in previous studies, disappeared when [only the first group's] behaviors were studied in this manner" (p. 276).

[note that the quotation marks go before the page number and the end of sentence punctuation mark after the page number]

-- example of quotation in text of 40 or more words:

Miele (1993) found the following:

The "placebo effect" which had been verified in the previous studies, disappeared when behaviors were studied in this manner. Furthermore, the behaviors *were never exhibited again* [italics added], even when real [sic] drugs were administered. Earlier studies (e.g., Abdullah, 1984; Fox, 1979) were clearly premature in attributing the results to a placebo effect. (p. 276)

[note that the end of sentence punctuation mark goes before the page number of the citation]

-- examples of quotation from an electronic source when no page numbers are available:

As Myers (2000, ¶ 5) aptly phrased it, "positive emotions are both an end – better to live fulfilled, with joy [and other positive emotions] – and a means to a more caring and healthy society."

"The current system of managed care and the current approach to defining empirically supported treatments are shortsighted" (Beutler, 2000, Conclusion section, ¶ 1).

[note that the quotation marks go before the reference, and the end of sentence punctuation mark goes after the reference]

3. HEADINGS 113-115, 308-309

APA pp.

[APA provides five levels of headings; four levels and guidelines for their use are shown here]

Centered Uppercase and Lowercase Heading [Level 1]

Centered, Italicized, Uppercase and Lowercase Heading [Level 2]

Flush Left, Italicized, Uppercase and Lowercase Side Heading [Level 3]

Indented, italicized, lowercase paragraph heading ending with a period and being flush left if the heading extends to the next line. [Level 4]

If using one level of heading, use Level 1 heading:

External Validation

If using two levels of headings, use Level 1 and Level 3 headings:

Method

Procedure

If using three levels of heading, use Level 1, Level 3 and Level 4:

Method

Apparatus and Procedure

Pretraining period.

If using four levels of heading, use Levels 1 through 4:

Experiment

Method

Stimulus Materials

Auditory stimuli.

4. TITLE PAGE

APA p. 296, 306

-- see last page of this handout for example

5. REFERENCE LIST EXAMPLES

DOUBLE SPACE YOUR REFERENCES!

BOOK – ONE AUTHOR:

APA pp. 223, 228

Author, A. A. (year). *Title of work*. Location: Publisher.

Saxe, G. B. (1991). *Cultural and cognitive development: Studies in mathematical understanding*. Hillsdale, NJ: Erlbaum.

[NOTE that the book title is italicized; only the first word of the title and subtitle begins with a capital letter; all others are lower case.]

BOOK – MORE THAN ONE AUTHOR:

APA pp. 248, 314, 248

Beck, C. A. J., & Sales, B. D. (2001). *Family mediation: Facts, myths, and future prospects*. Washington, DC: American Psychological Association.

Witkin, H., Dyk, R. B., Faterson, H. F., Goodenough, D. R., & Karp, M. R. (1962). *Psychological differentiation: Studies of field dependency*. New York: Wiley.

[NOTE that the book title is italicized; only the first word of the title and subtitle begins with a capital letter; all others are lower case. An ampersand (&) is used before the final name. If a book has more than six authors, list the first six and abbreviate remaining authors as *et al.* (not italicized and w/a period after "al."). See periodical example w/more than six authors, below.]

BOOK – NO AUTHOR OR EDITOR:

APA p. 249

Merriam-Webster's collegiate dictionary (10th ed.). (1993). Springfield, MA: Merriam-Webster.

[NOTE that the title (which is italicized, and has only the first word and proper nouns capitalized), is placed in the author position. The "e" in "ed." is lower case. When citing this source in the text, use a few words of the title, or the whole title if it is short, in place of an author name in the citation: (Merriam-Webster's Collegiate Dictionary, 1993).]

BOOK – EDITED:

APA p. 249, 224

Gibbs, J. T., & Huang, L. N. (Eds.). (1991). *Children of color: Psychological interventions with minority youth*. San Francisco: Jossey-Bass.

Robinson, D. N. (Ed.). (1992). *Social discourse and moral judgment*. San Diego, CA: Academic Press.

[NOTE that the book title is italicized; only the first word of the title and subtitle begins with a capital letter; all others are lower case. The "E" in Ed is capitalized.]

BOOK – PART OF A BOOK, SUCH AS A BOOK CHAPTER: APA pp. 223, 229, 226

Author, A. A., & Author, B. B. (1994). Title of chapter. In A. Editor, B. Editor, & C. Editor (Eds.), *Title of book* (pp. xxx-xxx). Location: Publisher.

Baker, F. M., & Lightfoot, O. B. (1993). Psychiatric care of ethnic elders. In A. C. Gaw (Ed.), *Culture, ethnicity, and mental illness* (pp. 517-552). Washington, DC: American Psychiatric Press.

O'Neil, J. M., & Egan, J. (1992). Men's and women's gender role journeys: Metaphor for healing, transition, and transformation. In B. R. Wainrib (Ed.), *Gender issues across the life cycle* (pp. 107-123). New York: Springer.

[NOTE that the book chapter's first word of the title and subtitle are the only words capitalized; the others are lower case; the chapter title is not italicized; the book title is italicized. Include the pages numbers of the whole chapter.]

BOOK – REFERENCE TO AN ARTICLE OR CHAPTER IN AN EDITED BOOK: APA p. 252

Massaro, D. (1992). Broadening the domain of the fuzzy logical model of perception. In H. L. Pick Jr., P. van den Broek, & D. C. Knill (Eds.), *Cognition: Conceptual and methodological issues* (pp. 51-84). Washington, DC: American Psychological Association.

[NOTE that the book chapter's first word of the title and subtitle are the only words capitalized; the others are lower case; the chapter title is not italicized; the book title is italicized. Include the pages numbers of the whole article or chapter. The "E" in "Eds." is capitalized.]

PERIODICAL: APA pp. 223, 225, 224, 240

(periodicals are items published on a regular basis, such as journals, magazines, scholarly newsletters, etc.)

Author, A. A., Author, B. B., & Author, C. C. (year). Title of article. *Title of Periodical*, xx, xxx-xxx.

Fowers, B. J., & Olson, D. H. (1993). Enrich Marital Satisfaction Scale: A brief research and clinical tool. *Journal of Family Psychology*, 7, 176-185.

Kernis, M. H., Cornell, D. P., Sun, C.-R., Berry, A., & Harlow, T. (1993). There's more to self-esteem than whether it is high or low: The importance of stability of self-esteem. *Journal of Personality and Social Psychology*, 65, 1190-1204.

[NOTE that only the first word of the article's title and subtitle are capitalized; all other words are lower case unless they are proper nouns; NOTE that the article title is not italicized, but the name of the journal and the volume number are italicized; the page numbers are not italicized. Write out the whole journal name.]

(Periodicals, continued)

Klimoski, R., & Palmer, S. (1993). The ADA and the hiring process in organizations. *Consulting Psychology Journal: Practice and Research*, 45(2), 10-36.

[NOTE that when the volume number is followed by an issue number, the **journal name and volume number** are italicized; the issue number, which follows without a space, is **not italicized**.]

Wolchik, S. A., West, S. G., Sandler, I. N., Tein, J., Coatsworth, D., Lengua, L., et al. (2000). An experimental evaluation of theory-based mother and mother-child programs for children of divorce. *Journal of Consulting and Clinical Psychology*, 68, 843-856.

[NOTE that "et al" is only used when more than six authors are involved; if there are six or fewer authors, list all names.]

ELECTRONIC SOURCES – RETRIEVAL FROM AGGREGATED DATABASE:

APA pp. 279, 231

Borman, W. C., Hanson, M. A., Oppler, S. H., Pulakos, E. D., & White, L. A. (1993). Role of early supervisory experience in supervisor performance. *Journal of Applied Psychology*, 78, 443-449. Retrieved October 23, 2000, from PsycARTICLES database.

Eid, M., & Langeheine, R. (1999). The measurement of consistency and occasion specificity with latent class models: A new model and its application to the measurement of affect. *Psychological Methods*, 4, 100-116. Retrieved November 19, 2000, from the PsycARTICLES database.

[NOTE that the article title is not italicized; the journal name and volume number **are italicized**; the page numbers are **not**; capitalize only the first word of the title and subtitle; all the other words are lower case. NOTE that the date of retrieval must be spelled out; not 9/19/00 or Nov. 19, 2000.]

ELECTRONIC SOURCES – INTERNET ARTICLES BASED ON A PRINT SOURCE:

APA pp. 271-272

VandenBos, G., Knapp, S., & Doe, J. (2001). Role of reference elements in the selection of resources by psychology undergraduates [Electronic version]. *Journal of Bibliographic Research*, 5, 117-123. Retrieved October 13, 2001, from <http://jbr.org/articles.html>

[NOTE that a period is not placed at the end of the URL.]

ELECTRONIC SOURCES – INTERNET-ONLY JOURNAL:

APA p. 272

Fredrickson, B. L. (2000, March 7). Cultivating positive emotions to optimize health and well-being. *Prevention & Treatment*, 3, Article 0001a. Retrieved November 20, 2000, from <http://journals.apa.org/prevention/volume3/pre0030001a.html>

[NOTE that a period is not placed at the end of the URL.]

ELECTRONIC SOURCES – NO AUTHOR:**APA pp. 231, 274**

Electronic reference formats recommended by the American Psychological Association. (2000, October 12). Retrieved October 23, 2000, from <http://www.apa.org/journals/webref.html>

GVU's 8th WWW user survey. (n.d.). Retrieved August 8, 2000, from http://www.cc.gatech.edu/gvu/user_surveys/survey-1997-10/

[NOTE that when the author of a document is not identified, the reference begins with the title of the document, which is italicized. NOTE that a period is not placed at the end of the URL.]

ELECTRONIC SOURCES - MULTIPAGE DOCUMENT CREATED BY PRIVATE ORGANIZATION, NO DATE**APA p. 273**

Greater New Milford (Ct) Area Healthy Community 2000, Task Force on Teen and Adolescent Issues. (n.d.). *Who has time for a family meal? You do!* Retrieved October 5, 2000, from <http://www.familymealtime.org>

[NOTE that "n.d." is used when a publication date is not available. No period is placed at the end of the URL.]

ELECTRONIC SOURCES - REPORT FROM A PRIVATE ORGANIZATION, AVAILABLE ON ORGANIZATION WEB SITE**APA p. 275**

Canarie, Inc. (1997, September 27). *Towards a Canadian health IWAY: Vision, opportunities and future steps.* Retrieved November 8, 2000, from <http://www.canarie.ca/press/publications/pdf/health/healthvision.doc>

[NOTE that no period is placed at the end of the URL.]

ELECTRONIC SOURCES – CHAPTER OR SECTION IN AN INTERNET DOCUMENT**APA p. 273**

Benton Foundation. (1998, July 7). Barriers to closing the gap. In *Losing ground bit by bit: Low-income communities in the information age* (chap. 2). Retrieved August 18, 2001, from <http://www.benton.org/Library/Low-Income/two.html>

[NOTE that the chapter name is not italicized; the title of the document is italicized; only the first word of the title and subtitle are capitalized; NOTE that the chapter notation (chap. 2) is not capitalized and not italicized; NOTE that no period is placed after the URL.]

Running head: NURSING CARE STUDY: CROHN'S DISEASE

Nursing Care Study:

Crohn's Disease

Nancy Nurse

Harford Community College

Nursing 105

October 1, 2005

STUDENT SIGNATURE FORM

I have received a copy of the **2007-2008 NURSING STUDENT HANDBOOK**. I have read these policies, and I understand my obligations as stated in this document. I further realize that failure to adhere to these policies will result in disciplinary action which may include dismissal from the nursing program.

Signature _____

Date _____

Print name _____

NOTE: A COPY OF THIS FORM WILL BE PROVIDED FOR STUDENT TO SIGN AND WILL BE FILED IN STUDENT FOLDER.



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I also understand that once my image is posted on Harford Community College's website, the image can be downloaded by any computer user on or off campus.

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