Texarkana College

Health Sciences Division
Student Handbook
2026-2027

TO THE STUDENT:

The faculty of the Health Science Division congratulate you on meeting the requirements for admission to a program in the Division. We welcome you and sincerely hope you will progress through the program successfully and will meet the requirements for graduation.

This handbook contains policies and procedures that are unique to the Health Sciences Division and emphasizes selected college policies and procedures which may be of special significance to Health Science students. It is intended to supplement the Texarkana College Catalog and Student Handbook.

We expect that you will become familiar with all college and division policies and that you will follow them explicitly. You must sign a statement indicating your agreement to follow all division policies. Your signed statement will be retained in your file in the division office.

The purpose of this handbook is to help you become aware of your rights and your responsibilities as a member of the Health Science Division student body. All statements herein reflect policies in existence at the time this handbook went to press. These policies require continuous review and the faculty reserves the right to make revisions or additions as needed. You will be informed of all changes in a timely manner via class announcement, posting on student portal of college website and/or written handbook addendum.

We hope you enjoy your studies at Texarkana College. A time of dedicated study lies ahead of you, and we feel that graduation will be the reward for your efforts. We encourage you to come to us if you need assistance.

-- Faculty, Health Sciences Division

From the Dean of Health Sciences

Hello Students,

Welcome to the Division of Health Science at Texarkana College! You are beginning a journey which I hope will be challenging, exciting, and fulfilling and will prepare you for a rewarding career in health care.

The faculty and I share your excitement in beginning the program. You are our reason for being here, and we want to help you to succeed. Learning is a rigorous, continuous process, so we hope that you are prepared to make school a priority in your life for the duration of the program.

Education in the health professions is demanding, but there are many avenues for assistance. Should you find yourself in need of special services such as help with study skills or financial assistance, please see your faculty as soon as a need is identified. They may be able to refer you to a source of help to allow you to continue in the program. Please be assured that we want to help you if we can find a way.

As with any organization of people, our Division is not perfect. We are continually working to make improvements. You will be asked to help us by evaluating the program periodically while you are enrolled and also in a follow-up survey after you leave the program. Please take the time to give us your suggestions for improvements. Many changes in the programs have been instituted as a result of students' suggestions.

Again, welcome aboard! We are glad you have chosen to join us. Sincerely,

Courtney Shoalmire, MNSc, MSN, RN
Dean of Health Sciences

Preface

The purpose of the Health Sciences Student Handbook is to provide information to the student who is enrolled in a program in the Health Science Division at Texarkana College. The handbook contains facts about the program of study, emphasizes college wide policies that are of special importance to Health Science students, and defines policies and procedures that are specific to Health Science majors. Students are required to be knowledgeable about information contained in all three publications.

The Health Sciences Student Handbook is not intended to be or regarded as a contract between the College and any student or other person. The faculty have the right to amend this Handbook, policies, procedures, regulations, fees, conditions, and courses as circumstances may require without prior notice. Students will be informed of the changes by either class announcement, on-line posting, or by printed addendum as soon as feasible after the change is made.

Certified and/or licensed health care providers are charged with and held accountable for important responsibilities to self, clients, and the public by virtue of their licensure and professional codes of ethics. The contents of this Handbook provide the basis for the integrity of the Health Science Division, thereby preparing the student for the professional role.

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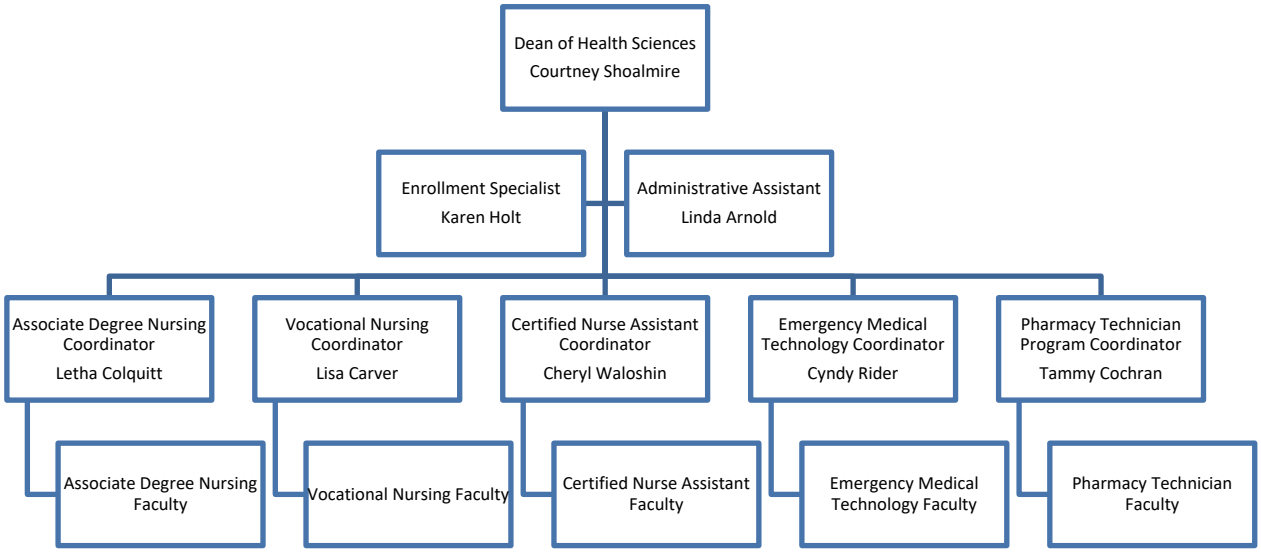
Section 1.0 General Information for all students

1.1 Organizational Chart

Health Science Division Organizational Chart



1.2 Professional Conduct

Any student enrolled in a Health Science program will be preparing to enter a profession with a stated code of ethics. Students may be asked to withdraw or be subject to other disciplinary action when academic, clinical, or personal performance is determined to be inconsistent with the responsibility or accountability for guarding client safety. As a professional program, it is the responsibility of the faculty to determine if action is indicated.

Because of the paramount importance of patient care and the ethics of the profession, a violation of one or more of the examples of infractions listed below is considered sufficient cause for the suspension of a student from any Health Science program.

Since these are for the purpose of guarding patient safety and are not disciplinary in nature, appeals from a suspension lie in a hearing before the Dean of the Health Science Division and the Designated College Administrator. These two individuals will hear the student appeal and decide if a suspension is merited and if all of the student's rights as a student at Texarkana College have been observed. If the Dean of Health Science and the Designated College Administrator agree that lesser action is in order, the student may be reinstated into the appropriate program on a probationary basis or in some cases, reinstated in good standing.

Examples of Infractions:

a. Habitual lying.
b. Persistent judgmental errors in performance of care.
c. Medical/emotional problems requiring heavy tranquilizers.
d. Personality problems which disrupt teaching with detrimental effects upon students, agency personnel, and faculty.
e. Use of patient's medication for self or family.
f. Misappropriation of medications, supplies, equipment or personal items of patients or clinical agencies.
g. Use of hallucinogenic drugs or alcohol before or during class or clinical learning activities.
h. Willful neglect in care of patients.
i. Failure to fulfill attendance requirements.
j. Failure to respect policies of health agencies used for clinical learning.
k. Breach of patient confidentiality.
l. Failure to be accountable for one's actions.
m. Personal behavior while in a clinical setting or when representing Texarkana College, which does not reflect professional standards of conduct.

1.3 Substance Abuse Policy

The Texarkana College Health Science Division Faculty believe that our major objective as educators is to prepare our students for the commercial workplace as well as to safeguard the public. The faculty require that Health Science Division students provide safe, effective and supportive client care. To fulfill this purpose, students must be free of chemical impairment during participation in any part of the Health Science Division program including classroom, laboratory, and clinical settings. Safety and comfort of the client will not be compromised under any circumstance specifically related to behaviors from the use of mind-altering substances. Therefore, the practice of a student who is chemically impaired or whose substance use interferes with delivery of safe health care must be controlled.

For the purposes of this policy, and in accordance with the Texas Peer Assistance Program for Nurses (TPAPN), an impaired student is defined as one whose performance endangers either his/her own learning process or client health and safety, and would, if demonstrated by a licensed healthcare professional, be considered a violation of the Nurse Practice Act or other applicable licensure laws.

The impaired student is further defined as a person who, while in the academic or clinical setting, is under the influence of, or has abused, either separately or in combination: Alcohol, over-the-counter medications, illegal drugs, prescribed medications, inhalants, or synthetic designer drugs.

Abuse of the substances includes episodic misuse or chronic use that has produced psychological and or physical symptoms.

It is against Texarkana College policy and professional standards for students to steal, purchase, manufacture, possess, consume, or sell drugs, alcohol, or controlled substances, or to be under their influence while on campus or at extended sites (i.e., agencies used for clinical laboratory learning).

It is illegal to consume medications prescribed for others. All students enrolled in the Health Science Division are expected to abide by this policy.

The intent of the Substance Abuse Policy is not just to identify those students chemically impaired, but it is also an attempt to assist the student in the return to a competent and safe level of practice as opposed to punitive action against the student. Emphasis is upon deterrence, education, and reintegration.

All aspects of the policy are to be conducted in good faith with compassion, dignity, and confidentiality.

Rev.7/15

NOTIFICATION OF TESTING PRACTICES

The Substance Abuse Policy will be available to all Health Sciences Division applicants in the Enrollment Specialists' Office with initial inquiry. Notice of testing requirements will be included in the Texarkana College Catalog. The Substance Abuse Policy will be published in the Texarkana College Health Sciences Division Student Handbook. Furthermore, the policy will be reviewed with students during program orientations.

Upon admission, students will be expected to certify in writing, that they are not engaging in any substance abuse behaviors. Furthermore, their signature[1] will acknowledge that, in "for cause" situations, they will be asked to submit to drug testing when their performance, conduct, or other actions indicate possible substance abuse/impairment.

TESTING PROCEDURES

Program Administrator: The Texarkana College Health Science Division Dean will appoint a qualified Program Administrator who shall be responsible for the overall administration and implementation of this policy and plan.

When Testing May Occur: The Health Science Division student will be required to submit to drug testing under the following circumstances:

- Pre-admission testing as part of the physical.
- For Cause:
    1. For reasonable cause/suspicion that substance abuse exists.
    2. May be part of a post-accident follow up.
    3. In the event of a substance abuse problem which is self-reported or reported by a credible source.
- As part of a substance abuse recovery program.

Testing Facility: The Texarkana College Health Science Division will identify a SAMHSA[2] approved laboratory to perform testing utilizing the agency's policies. The College will use a Certified Medical Review Officer (MRO) who will review and interpret test results and assure (by actual telephone interview with each donor whose test is "lab positive") that no test result is reported as "positive" unless there is truly evidence of unauthorized use of the substance involved. The collection techniques will adhere to strict guidelines in accordance with US Department of Transportation Regulation 49 CFR Part 40 following chain-of-custody protocol. The chain of custody and collection protocol will include a copy (with legible phone numbers and a section for the MRO's report) to be forwarded to the MRO's work site.

[1] Consent will be kept in the Health Science Division student file and will remain in effect during the entire period of enrollment.

[2] Substance Abuse and Mental Health Services Administration.

Testing for Appropriate Substances: Testing may include, but is not limited to, alcohol, and currently: amphetamines, barbiturates, cocaine, PCP, opiates, marijuana, benzodiazepine, methadone, and propoxyphene. The Program Administrator shall have the authority to change the panel of tests without notice[3] to include other illegal substances as suggested by local or national reports or circumstances.

Positive Results: Test results will be considered positive if substance levels meet or exceed the established threshold values for both immuno assay screening and gc/ms confirmation studies and the MRO's verification interview verifies truly unauthorized use of the substance. Repeat drug screens are not done. In order to ensure accurate results, requests for any change in the testing facility's procedure will be done only with written approval from the Health Sciences Division Dean or designee.

CONFIDENTIALITY

All drug testing information, interviews, reports, statements, and test results specifically relating to individuals is confidential and will be treated as such by anyone authorized to review such information. Drug test results will be received from the MRO by the Dean or designee. Records will be maintained in a safe, locked cabinet and/or password protected electronic database.

PRE-ADMISSION DRUG TESTING

The Health Science Division Applicant will be required to successfully complete a physical examination, including drug testing as part of the admission process to the Health Science Division. The cost of the physical examination with drug testing will be paid for by the student applicant.

The student applicant will be required to submit to the drug test within the time frame set forth by the Admissions Committee. **Failure to appear for pre-admission testing will be considered refusal and will result in withdrawal of the student application for admission.**

Positive Results for Student Applicants: See "Substance Abuse Recovery Student/Applicant".

FOR CAUSE: ENROLLED STUDENTS

Testing will be required when a faculty member reasonably suspects that a student is under the influence of a substance. In this case, the cost of testing will be assumed by Texarkana College. Drug testing based on a belief that a student is using or has used drugs in violation of the Substance Abuse Policy will be drawn from those facts in light of experience and may be based upon, among other things:

- Observable phenomena, such as direct observation of drug use and or the physical symptoms or manifestations of being under the influence of a drug.
- Conduct or erratic behavior that includes but is not limited to slurred speech, staggered gait, flushed face, dilated/pinpoint pupils, wide mood swings, and deterioration of work performance to include absenteeism and tardiness.
- A report of drug use provided by reliable and credible sources and which has been independently corroborated.
- Evidence that an individual has tampered with a drug test during his/herenrollment.
- Information that the student has caused or contributed to an accident that resulted in injury requiring treatment by a licensed health care professional.

[3] The Program Administrator will seek consultation with the Dean (or a designated faculty advisor) and the MRO before changing the drug panel.

- Evidence that the student is involved in the use, possession, sale, solicitation, or transfer of drugs.
- Conviction by a court, testing positive in a drug free workplace program, or being found guilty of a drug, alcohol, or controlled substance offense in another legitimate jurisdiction.

FOR CAUSE: PROCEDURE

Faculty will follow these procedures for reasonable suspicion/cause testing.

1. Have another faculty or staff RN immediately confirm the suspicious behavior.
2. Immediately terminate direct client care or classroom participation by the student.
3. Discuss the behavioral observations and or incident with the student.
4. Document the behaviors observed.
5. Report the incident to the Dean (or his/her designee) who, along with the faculty member, will review the incident or pattern of incidents that exposes or is likely to expose, a client or another person to risk of harm.
6. Advise the student of the need for immediate drug testing and explain the procedure as directed by the Dean. (A copy of the "Consent to Drug Testing and Authorization for Release of Test Results" can be obtained from the Health Science Division student file.)
7. The outcome of the process is dependent upon the final drug test results. A final decision regarding disciplinary action may include any of the following: a warning, a learning agreement for behavioral change, referral for medical evaluation, or immediate suspension from the Health Science Division. For a student currently enrolled in a Health Science Program, there is a zero-tolerance policy regarding a positive test result for illegal or improperly-obtained substances. In these instances, a positive test result will result in immediate suspension of the student from the Health Science program.
8. Confidentiality will be maintained.
9. Students are encouraged to take the responsibility for self-reporting and self-referral.
10. In the event that any of the actions are contested by the student, the faculty member and Dean will make a report to the Professional Conduct and Peer Review Committee[4].

[4] The Committee will be composed of three faculty members in the Health Science Division who are not involved in the teaching situation with the student.

SUBSTANCE ABUSE RECOVERY STUDENT/APPLICANT

The Faculty believe that persons identified as having substance abuse problems can benefit from therapeutic counseling regarding substance withdrawal and rehabilitation from a reliable source. No recovering student shall be denied learning opportunities purely on the basis of a history of substance abuse. A student applicant with a positive pre-admission test result or with a prior history of substance abuse will be required to do the following before entering:

A. Demonstrate at least one (1) year of abstinence immediately prior to application.
B. Provide letters of reference from all employers within the last two (2) years.
C. Provide a report of participation and current status from an acceptable treatment or support source(s).
D. Sign an agreement to participate in monitoring by random drug screening consistent with the policy of Texarkana College Health Science Division and the clinical agency where assigned for client care. Testing will be paid for by the student.
E. FOR ASSOCIATE DEGREE NURSING AND VOCATIONAL NURSING CANDIDATES: Obtain information regarding a Declaratory Order from the Texas Board of Nursing: http://www.bon.tx.gov/

TEXARKANA COLLEGE HEALTH SCIENCE DIVISION SUBSTANCE ABUSE POLICY

OBSERVABLE AND SUSPICIOUS BEHAVIORS[5]

Name: _____

Date: _____

Absenteeism

- _ Frequent Monday or Friday absences
- _ Multiple unauthorized absences from class or the clinical unit
- _ Excessive tardiness
- _ Improbable excuses for absence
- _ Leaving school or the clinical agency early
- _ Prolonged breaks
- _ Frequent trips to the bathroom
- _ Illness on the job or in the classroom

Unexpected Events - Especially resulting in an injury or damages

- _ Falling asleep in class or in a setting where a student would be expected to maintain alertness
- _ Frequent or unexplainable accidents on campus or in the clinical area
- _ Frequent or unexplainable accidents away from the campus of the clinical area
- _ Any fall, fainting or loss of equilibrium or consciousness which occurs in a context which suggests impairment.

Confusion and difficulty concentrating

- _ Difficulty remembering details or directions
- _ Jobs/projects/assignments take excessive time
- _ Increasing difficulty with complex assignments
- _ General difficulty with recall

Lowered efficiency

- _ Mistakes of judgment
- _ Wasting materials
- _ Blaming or making excuses for poor performance
- _ Deterioration of ability to make sound decisions
- _ Sporadic work patterns or academic performance

Poor Relationships with peers

- _ Avoidance of others
- _ Hostile/irritable attitude
- _ Reacts rather than respond to others
- _ Overreacts to criticism or corrections
- _ Unreasonable resentments
- _ Unpredictable, rapid mood swings
- _ Borrowing money from peers
- _ Alcoholic or suspicious breath odors: frequent odor of mints, mouthwash

Physical Signs

- _ Temperature
- _ Pulse
- _ Respirations
- _ Blood Pressure
- _ Diaphoresis

[5] This represents examples and is not exhaustive.

TEXARKANA COLLEGE HEALTH SCIENCES DIVISION
SUBSTANCE ABUSE POLICY

*CONSENT TO "FOR CAUSE" DRUG TESTING AND AUTHORIZATION FOR RELEASE OF TEST RESULTS**

I,_____, hereby state that I understand the objectives of the Substance Abuse Policy and the need for continued verification that I am not impaired by any mind-altering substance. I give my consent to participate in "For Cause" drug screening consistent with the policy of Texarkana College Health Sciences Division and the clinical agency where assigned for client care. I understand that the testing may include any or all of the following: breath, urine, blood, or hair follicle samples. I understand that the test results will be released to the Program Administrator, the Dean of Health Sciences, and such other College officials as may be required to know the results in order to properly administer the program.

Print Name: _____

SSN: _____

Signature: _____

Date: _____

*Refusal to consent to the above referenced testing or to cooperate fully with the appropriate health professionals may result in immediate suspension from the Health Science Division and/or a report to the Professional Conduct and Peer Review Committee.

1.4 Policy for Criminal History

TEXARKANA COLLEGE HEALTH SCIENCES DIVISION
POLICY FOR CRIMINAL HISTORY AND REGISTRY CLEARANCES

In order for clinical affiliates to comply with Joint Commission accreditation standards pertaining to due diligence and competency assessment of all individuals whose assignments bring them in contact with patients or employees, employee prescreening requirements such as criminal background checks and drug screens are extended to clinical students. ***All students and faculty must have a criminal background check before starting clinical experiences.***

1. Prior to enrollment in the Health Science Program a criminal background check must be performed through the Texas Board of Nursing. Once a roster of prospective students has been reviewed and entered in the system by the Board of Nursing, the student will receive a form that is required in order to set up their appointment for fingerprint scanning. At the time of the fingerprint appointment, the student will pay for the fingerprint scanning service and the DPS/FBI background check. When the background check process has been completed by the BON, the student will receive a "blue postcard." The blue card is proof of clearance by the BON and must be presented to the college in order to complete the application process for admission to the Nursing Programs. The process is mandatory for admission and no exceptions will be made.

2. Students who have a positive criminal history will be required to go through the declaratory order process with the Texas Board of Nursing. If the nature of the issue can be resolved within the delegated authority of the Operations Department, there will be no charge and the student will be sent an "operations outcome letter" stating that they will be allowed to take the NCLEX upon graduation. If the nature of the criminal issue is beyond the delegated authority of the Operations Department and must be transferred to the Enforcement Department for review, the student will be billed a $150 review fee. Clearance from the Texas Board of Nursing must be completed and received by the deadline established by the Dean in order for the student to begin the program. Students not receiving clearance by the established deadline will not be allowed to enroll in the program.

3. If, during the course of the student's enrollment in Nursing Programs, they are deemed ineligible for clinical rotations due to criminal history record or revoked status in the Nurse Aide Registry or unemployable status in the Employee Misconduct Registry, he/she will be dismissed from the program and dropped from the program courses. Any legal offenses occurring during enrollment in any Health Sciences program must be disclosed to the Health Sciences Dean within 10 (ten) days of the occurrence.

4. The background check will be honored by all Texarkana College clinical affiliates for the duration of the student's enrollment at the college if the student has not had a breakin enrollment in a Health Sciences program. A break in enrollment is defined as nonattendance of one full semester (fall or spring) or more.

1.5 Conduct in the Classroom

The student is to conduct him/herself at all times in a manner appropriate to that of a developing professional person. To that end, the following are expectations of the Health Science Division:

1. No eating, drinking, or gum chewing in the classroom.
2. Feet are to be placed on the floor and not on the back of chairs, etc.
3. All students are encouraged to participate in classroom discussion pertinent to subject being discussed. Other discussions are to be limited to break times.
4. In order to be successful, it is necessary that each student remain awake and actively involved in the material being presented. Therefore, there will be no sleeping in class. No sunglasses are to be worn in class unless prior approval has been obtained from the faculty.
5. It is common courtesy to treat fellow students, faculty, and agency staff with respect. Practice your communication and interpersonal skills at all times. Learn to disagree without rudeness.
6. Pagers, telephones, scanners, and 2-way radios are permitted only with prior approval of the instructor.

Should a student not comply with the above expectations, one warning will be given. A repeat offense will result in the student being asked to leave that classroom. Appropriate counseling and disciplinary action will follow.

The gaining of knowledge and the practice of honesty go hand-in-hand and are especially consistent with the practice of the health professions. The importance of knowledge properly gained is emphasized by these rules against cheating and plagiarism. The *Texarkana College Student Handbook* defines "scholastic dishonesty" as (including but not limited to) cheating on academic work, plagiarism, and collusion. Cheating on academic work includes:

- copying from another students' test paper
- using materials that are not authorized by the test administrator during a test
- collaborating without faculty permission with another student during a test or in academic preparation
- Using, buying, stealing, transporting, or soliciting the contents of an un-administered test.

Plagiarism is defined as presentation for credit as one's own idea or product derived from an existing source. Collusion is defined as the collaboration with another person in preparing written work for credit. Complete honesty is required of the student in the presentation of any and all phases of course work as his own. This applies to quizzes of whatever length, as well as final examinations, daily written reports, and nursing care plans.

Disciplinary proceedings will be initiated against a student who engages in any form of academic dishonesty. The student will earn a zero for the assignment and a report may be submitted to the Professional Conduct Committee or to the Dean of Students and Dean of Health Science. If the student is suspected of cheating on an exam, the exam will be taken up, the student will leave the room, and a zero (0) will be recorded for that exam grade.

1.6 Professional Conduct Review

The Health Sciences Division has a policy to systematically assess, investigate, and make judgments about potential or actual violations against standards of practice. Citizens, students and faculty can make unsolicited reports because of their knowledge of a student whose behaviors may be in violation with the Texarkana College Student Handbook, the Health Sciences Division policy statements and/or agency guidelines. Such behaviors are, but not limited to, unprofessional conduct (stealing, cheating on exams, breach of confidentiality), failure to adequately care for a patient, failure to conform to minimum standards of professional practice or impaired status.

Behaviors that place others at risk should be reported directly to a faculty member. All other reports can be documented on the "Confidential Report" form found in this handbook. Additional forms may be obtained from the Division Secretary or Health Sciences Division faculty.

A three-member Professional Conduct and Peer Review Committee (PC&PR) will explore any reportable incident, conduct, or pattern of suspicious behaviors. This Committee will provide an organized effort to respond to a report of behavior that violates the quality and appropriateness of professional practice of its students. The Committee may include the Dean of Students.

CONFIDENTIALITY MUST BE FOLLOWED

REPORTING PROCEDURE

A. THE INITIAL REPORT
    1. 1. Anyone may make a report to the Committee. The person should complete the Report to Texarkana College Health Sciences Division PC&PR Committee.
    2. The form must be signed with a legible signature, placed in a sealed envelope, addressed to the PC&PR Chair, and delivered to the Health Sciences Division Secretary.

B. INVESTIGATION
    1. If it is suspected that the student's conduct is related to substance abuse, the Substance Abuse Policy will apply.
    2. PC&PR Committee will meet within three (3) business days of receiving the report. The report will be reviewed and the committee will begin gathering information, evidence, statements, etc.
    3. After the initial meeting, the committee has three (3) business days to notify the student in writing of the incident report to the committee. The letter can be sent to the student via the student's Texarkana College email address, certified U.S. mail, or hand delivery.
    4. The student shall have five (5) business days from receipt of notification to submit a written statement concerning the incident for the Committee to review and consider. The student will deliver the statement to the Division Secretary in a sealed envelope which will be given to the Committee chair.
    5. Upon receipt of the student's written statement, the Committee will meet within three (3) business days.

6. The Committee shall have ten (10) business days from receipt of the student's statement to submit a final report and recommendations to the Dean of Health Sciences.
7. The Dean of Health Sciences shall have five (5) business days to notify the student in writing of the final decision and disciplinary action. The letter can be sent to the student via the student's Texarkana College email address, certified U.S. mail, or hand delivery.
8. The Dean of Health Sciences will submit a report to the Dean of Students if substantial disciplinary action is recommended.
9. If a grievance is desired, the student's request for grievance must be made in writing within ten (10) business days from notification of the final decision. The grievance process is outlined in the Texarkana College Student Handbook.
10. Due to the seriousness of maintaining professional conduct and potential liability issues for Texarkana College, a student will not be allowed to attend clinical if the matter in question involves failure to adequately care for a patient, failure to conform to minimum standards of professional practice, impaired status, or failure to follow agency guidelines while involved in the PR&PC and grievance processes. The student will not be counted absent from clinical during this time. Classroom and simulation attendance is allowed.

Texarkana College and the Health Sciences Division are not prevented from taking disciplinary action prior to the Professional Conduct & Peer Review process.

Student concerns or complaints will follow the procedure and guidelines in the policy *I. Student Complaints* found in the Texarkana College Catalog & Student Handbook for complaint/grievance resolution.

CONFIDENTIAL REPORT TO:
HEALTH SCIENCE DIVISION PROFESSIONAL CONDUCT AND PEER REVIEW COMMITTEE

Please provide the following information about the student being reported:

1. Name:_____Program:_____

2. Incident Being Reported. Describe briefly. Do not use a patient's name. If more space is needed, use additional sheets.

   Date:_____Time:_____

   Facility:_____Unit/Location:_____

   Brief Description of Incident:

   _____

   _____

   _____

   _____

   _____

   _____

3. Witnesses: Identify other persons who have information about the incident/conduct.

   _____

4. Have you reported the incident to the Dean of Health Science?

   No_____Yes_____ Date: _____

5. Person Making the Report. Provide the following about yourself.

   Name:_____Class:_____

   I swear that the information provided is true to the best of my knowledge.

   Signature_____Date_____

   (UNSIGNED REPORTS WILL NOT BE ACCEPTED)

FOR COMMITTEE USE ONLY

Date Received:_____Time:_____Case # Assigned_____

1.7 Caring for Infectious Patients in the Clinical Setting

Clinical learning takes place under supervision where the learner has the opportunity to provide care to patients and their families in a variety of healthcare settings. Health Sciences students care for a wide range of patients as part of the learning process for the program in which they are enrolled. Learning is guided by trained clinical faculty and agency preceptors in accordance with policies of the clinical agency, college, and accrediting bodies.

The goal of Texarkana College is to prepare individuals for entering the workforce in diverse healthcare environments. The exposure to communicable diseases, infectious organisms, and disease-causing pathogens is a possibility in any clinical learning environment. The use of personal protective equipment is paramount in keeping students and patients safe in clinical learning environments. As a student enrolled in Health Sciences programs, you must understand and accept responsibility for your own safety and that of patients you care for in the clinical setting.

The COVID pandemic has reinforced the importance of clinical learning and keeping students, faculty, and patients safe during the learning process. To facilitate clinical learning and prepare you for your healthcare career, it is possible that you may encounter COVID patients in the clinical setting.

In order to meet the student learning outcomes (objectives) in clinical courses, students must provide safe and effective care for patients in healthcare agencies. Some patients encountered may be infectious, an innate risk in the healthcare field. As students in a healthcare program and future members of the healthcare profession, you must provide care for all patients you are assigned, regardless of their diagnosis.

Signing this document indicates your understanding of the risk of potential exposure and contraction of communicable diseases, infectious organisms, and disease-causing pathogens in clinical settings and the need for wearing personal protective equipment (PPE) as advised by the Centers for Disease Control (CDC) and clinical facilities.

_____
Student printed name

_____ _____
Student signature Date

8/21

1.8 Inclement Weather Policy

If the college closes, the instructor will notify the clinical agency that students will not be there. If it is apparent that the college MAY CLOSE, but the announcement has not been made, the student will notify the assigned clinical agency that they may be late or absent due to weather. If the announcement is made that the college will conduct classes, the student must notify the assigned unit if she/he will be coming in late or will be absent. If going to the clinical lab will put the student at risk, the student will notify the nursing instructor and inform the instructor of the situation. In order to make equitable decisions, the faculty may request documentation concerning localized weather conditions/risks. When the college closes, all classes and clinical will be dismissed.

1.9 Schedule Flexibility

Periodically, it may be necessary to enroll in late afternoon and/or early evening classes. Additionally, to meet the learning needs, students may be required to attend clinical at different hours and locations than those scheduled. Students are responsible for their own transportation between the college and the hospital or other health agencies, including field trips. Students are expected to arrange time to study in the computer lab located in the Health Sciences Building. The amount of study time whether at home or on campus will depend on personal needs.

It is the responsibility of the student, NOT the faculty, to keep family and/or friends aware of their schedule. Faculty are not permitted to give this information to anyone who calls. IN CASE OF EMERGENCY, family members may leave a message with the Health Science Division secretary or faculty (903) 823-3401 and a call-back number. That message will be relayed to the clinical agency where the student is scheduled that day.

After 5 p.m. emergency messages should be called to Security, (903) 823-3330, who will forward the message to the student.

Alternate Operations during Campus Closure

In the event of an emergency or announced campus closure due to a natural disaster or pandemic, Texarkana College may need to move to altered operations and course delivery methods.

During this time, Texarkana College may opt to continue delivery of instruction through methods that include but are not limited to: online learning management system (Jenzabar or Moodle), online conferencing through TEAMS, email messaging, and/or an alternate schedule.

It is the responsibility of the student to monitor Texarkana College's website (www.texarkanacollege.edu) for instructions about continuing courses remotely, instructor email notifications on the method of delivery and course-specific communication, and Texarkana College email notifications for important general information.

COVID-19 Online/Virtual Environment Instructional Commitment

The ongoing Covid-19 situation will require that some course materials and instruction are provided through an online and/or virtual format. Even if all or a portion of a class was originally scheduled to meet face to face, social distancing guidelines associated with Covid-19 will limit the number of students who are able to attend face to face classes in person simultaneously.

Further, circumstances associated with Covid-19 could cause the college to be forced to shift completely to an online and/or virtual delivery at any time during the semester.

While TC faculty members are committed to providing students the option of face-to-face instruction if possible, students should be prepared to continue their classes in an online and/or virtual environment if necessary.

Texarkana College is committed to maintaining engaging, high-quality instruction regardless of the delivery format.

1.10 Grading Scales

The ADN and VN programs use different grading scales.

Associate Degree Program

The following passing exam average and grading scale will continue for the fall 2026 semester for the Basic ADN 0527 Cohort and the 1226T ADN Transition Cohort.

Effective Spring 2027, the "Updated" passing exam average and grading scales will be implemented for all cohorts enrolled in the ADN Basic and ADN Transition cohorts.

A minimum course average of 75 must be obtained in all courses to progress in the ADN program. There will be NO rounding of exam averages, course averages, or other course work in the Health Sciences ADN Program.

In addition, the student must have a passing exam average (unit exams and final) of 75.0 or greater in order to successfully complete a theory course.

Exam Average is calculated as:
- 75% = Unit Exams
- 25% = Final

Once this is accomplished, the other grade categories will be averaged into the overall course grade.
- 80% = Exam Average
- 10% = ATI Practice and Proctored Assessments with remediation
- 10% = Homework

The overall course grade must also be a 75.0 or greater to pass the course and progress in the program. Scores are recorded as the score earned and will not be rounded. Example: 74.99 will be recorded as 74.99 and will be a "D."

90-100 = A
81-89.99 = B
75-80.99 = C
65-74.99 = D
0-64.99 = F

Performance in clinical courses in the ADN Program will be assigned a numerical and letter grade. Specific information regarding clinical grading is printed in each clinical packet.

36.0-40.0 = A
32.4-35.9 = B
30.0-32.3 = C
26.0-29.9 = D
below 25.9 = F

Updated passing exam score and grading scales: The passing exam average and grading scales listed below are effective for all incoming Basic ADN students beginning with the Basic ADN Cohort 0528 in Fall 2026 and all cohorts enrolled in the ADN Basic and ADN Transition cohorts beginning Spring 2027.

A minimum course average of **78.0%** must be obtained in all courses to progress in the ADN Program. **There will be no rounding of exam averages, course averages, or other course work** in the Health Sciences ADN Program.

Exam Average Calculation

- 75% = Unit Exams
- 25% = Final Exam

Once this is accomplished, the remaining course components will be averaged into the overall course grade:

- 80% = Exam Average
- 10% = ATI Practice and Proctored Assessments with Remediation
- 10% = Homework

The overall course grade must also be 78.0% or greater to pass the course and progress in the program. Scores are recorded as earned and will not be rounded. For example, a grade of 77.99% will be recorded as 77.99% and is considered a D.

Theory Course Grading Scale

- 90.00–100.00 = A
- 83.00–89.99 = B
- 78.00–82.99 = C
- 65.00–77.99 = D
- 0.00–64.99 = F

Performance in clinical courses in the ADN Program will be assigned a numerical and letter grade. Specific information regarding clinical grading is provided in each clinical course packet.

Clinical Course Grading Scale

- 36.0–40.0 (90–100%) = A
- 33.2–35.99 (83–89.99%) = B
- 31.2–33.19 (78–82.99%) = C
- 26.0–31.19 (65–77.99%) = D
- 25.99 or below (Below 65%) = F

Vocational Nursing Program

A minimum course average of 75 must be obtained in all courses to progress in the Vocational Nursing program.

89.5-100 = A
80.5-89.49 = B
74.5-80.49 = C
64.5-74.49 = D
Below 64.5 = F

Clinical performance for the Vocational Nursing program will be graded according to the criteria as designated in the Clinical Evaluation Booklet in the clinical packet and the syllabus.

VNSG 1461, VNSG 2363 and VNSG 2462 will be assigned a numerical and letter grade. The grading scale used for the Vocational Nursing clinical experiences is as follows:

31.3-35 = A
28.2-31.2 = B
26.1-28.1 = C
22.6-26.0 = D
Below 22.6 = F

Texarkana College Nursing Rounding Rules, *Revised 05/2020*

1. Documenting with calculations
   a. All answers must be labeled correctly for what unit you are solving.

2. Do not round any numbers until the end of the problem, unless you are converting weight. If you are converting weight, please see number 5 (there are two options).

3. Basic rounding with decimals
   a. No trailing zeros and no naked decimals
      i Correct: 4 *Correct: 0.12*
      ii Incorrect: 4.0 *Incorrect: .12*
   b. Rounding to the nearest tenth:
      i If the last digit is = or >5, round up *Example: 1.57 = 1.6*
      ii If the last digit is <5, the number stays the same *Example: 1.54 = 1.5*

4. Rounding any number (unless otherwise instructed)
   a. If greater than 1, round to the tenth
      Example: 1.234 = 1.2
   b. If less than 1, round to the hundredth
      Example: 0.567 = 0.57

5. Converting weight:
   a. If you use Dimensional Analysis to solve calculations, use the weight given in the problem and use a conversion. There will be no rounding here since it is built in to the problem

      Example: $\frac{76\text{lbs} \times 1\ kg}{2.2\ lbs} \times \frac{\quad}{\quad} = ?$

   b. If you do not use Dimensional Analysis, convert pounds to kilograms and round to the thousandths **prior** to beginning the calculation

      Example: 76 lbs ÷ 2.2 = 34.545454 = 34.545)

6. IV Calculations:
   a. IV infusions are calculated in either gtts/min or mL/hour
      i gtts/min has to be rounded to the whole number
      Example: 21.4 = 21 gtts/min
      Example: 21.5 = 22 gtts/min
      ii mL/hr has to be rounded to the tenth
      Example: 75.65 = 75.7 mL/hr
7. Capsules and Tablets
   a. Capsules: must be rounded to a whole number
      Example: 1.6 = 2 capsules
      Example: 1.3 = 1 capsule
   b. Tablets: Assume tablets are **not** scored unless otherwise indicated. If indicated as scored, round to the nearest half tablet.

Clinical grading policy statement

The philosophy of the Associate Degree Nursing Program at Texarkana College includes preparing graduates for the role of member of the profession, provider of patient-centered care, patient safety advocate, and member of the healthcare team. Upon graduation, the associate degree nurse is prepared for a beginning staff position under supervision in various healthcare settings.

To ensure the readiness of each graduate to perform entry-level nursing care and skills, the clinical grade will reflect that the student is performing safe, competent, hands-on clinical care (actual patients) with a passing grade each semester. Simulation, and other assigned clinical activities will only be included in the clinical average after the student has reached a passing grade for all clinical site, hands-on clinical days for the semester.

The following Clinical Grading Policy will continue for the fall 2026 semester for the Basic ADN 0527 Cohort and the 1226T ADN Transition Cohort.

Effective Spring 2027, the "Updated" Clinical Grading Policy will be implemented for all cohorts enrolled in the ADN Basic and ADN Transition cohorts.

All hands-on clinical days will be averaged (points earned divided by the number of assigned days) and should equal or exceed 30.0 points (according to the "no rounding" policy for grading in the Health Sciences ADN program). Once a passing average has been earned for hands-on clinical, simulation and other assigned clinical activity grades will be averaged into the overall clinical course grade (RNSG 1160, RNSG 1360, RNSG 1460, RNSG 2360 and RNSG 2463). All graded days will be averaged in at equal weight once the hands-on clinical grade is passing.

Updated Clinical Grading Policy: The Clinical Grading Policy listed below is effective for all incoming Basic ADN students beginning with the Basic ADN Cohort 0528 in Fall 2026 and all cohorts enrolled in the ADN Basic and ADN Transition cohorts beginning Spring 2027.

All hands-on clinical days will be averaged (points earned divided by the number of assigned days) and should equal or exceed 31.2 points (according to the "no rounding" policy for grading in the Health Sciences ADN program). Once a passing average has been earned for hands-on clinical, simulation and other assigned clinical activity grades will be averaged into the overall clinical course grade (RNSG 1160, RNSG 1360, RNSG 1460, RNSG 2360 and RNSG 2463). All graded days will be averaged in at equal weight once the hands-on clinical grade is passing.

1.11 Notice of Liability Insurance requirement

All students must carry liability insurance for clinical courses. This fee is assessed at the time of registration.

1.12 Re-Entry

A student who withdraws from the program, for whatever reason, will be required to fulfill all admission requirements before the request to re-enter will be considered. Vocational nursing applicants must re-apply within 12 months. Associate Degree Nursing students must re-enter within 2 years to retain credit for nursing courses. A student who fails a course in the major or who withdraws while failing will be permitted one additional opportunity to enroll in the program. Testing may be required as part of the re-entry process. Recommendations such as pre-entrance preparatory study, auditing courses, and assessment of reading skills, etc. may be part of the re-entry process. Specific program re-entry information can be found in the "Program Information" sections (ADN 5.0/VN 6.0) of the handbook.

The Admissions Committee will determine the status for admission only upon successful completion of any recommendation and meeting testing requirements. Re-entry into the Basic or Transition cohort will be dependent on performance during prior enrollment, re-entry points tool ranking, Admission committee review and space availability in the cohort/program. The student is expected to re-enter the

course which was failed and pass the course which was failed as well as co-requisite courses for that semester. If unsuccessful in a transition course, a student is not eligible for readmission into the Transition program. The student is eligible for application to the ADN Basic Program. Refer to the Repeated Course Policy in the TC Catalog. The student accepted for re-entry will be under the current policy and procedures of the Health Science program at the time of re-admission. Students who have exited the program before completion and are interested in returning are recommended to seek employment in a health agency during the interim period.

1.13 Faculty Office Hours

Students needing to meet with the instructor are encouraged to make an appointment. Office hours are posted on the door of each instructor's office. A prearranged appointment time will avoid delays and return trips. It is important to keep appointments and to be prompt.

1.14 Confidentiality and the Health Insurance Portability and Accountability Act (HIPAA)

Students will maintain strict patient confidentiality at all times. Patients' conditions will NOT be discussed with family, bystanders, media, or other non-medical personnel. In accordance with HIPAA – Health Insurance Portability and Accountability Act - computer generated and/or written information containing patient name, identification or other identifying factors will not be removed from the clinical facility. In addition, the action or actions of any medical and/or paramedical personnel will not be discussed. The gaining of knowledge, acquisition of skills, professional development, and honesty go hand-in-hand. The student is responsible for maintaining the highest possible standards personally, academically, clinically, and professionally.

Texarkana College Health Sciences Division
Universal Confidentiality Statement

As a student or faculty member in the Health Sciences Division at Texarkana College, you are bound by the clinical Affiliation Agreement in place between the College and facilities used for clinical learning experiences. Per the guidelines outlined in the affiliation agreements and the Health Sciences Student Handbook/Health Sciences Faculty Handbook, and the Health Insurance Portability and Accountability Act (HIPAA), the maintenance of confidentiality regarding client information is of paramount importance. Information pertaining to clients, employees or individuals in the clinical setting from any source i.e.: paper records, oral communication, audio recording, electronic display, and/or data files is considered confidential information. Access to confidential client information is allowed for students/faculty on a need-to-know basis only with the intended purpose of client care in the clinical learning process.

It is the policy of Texarkana College that students/faculty maintain strict client confidentiality at all times. Violation of the confidentiality policy include, but are not limited to:

- Accessing confidential information that does not pertain to assigned clients;
- Misuse, disclosure, or alteration of client information;
- Disclosing to another person a personal password that you have been issued for electronic charting that gives access to client information;
- Using a personal password of another individual to gain access to the client record;
- Leaving a client record open (electronic or paper) unattended with client information accessible to an unauthorized person;
- Removing a computer-generated report sheet with client data (such as name, physician, diagnoses, hospital data) from the clinical facility;
- Writing any client specific information (such as name, address, hospital identification number) on paperwork taken out of the clinical facility;
- Discussing client information with visitors, students, staff, and/or family outside the clinical facility or off of the clinical unit in an unsecured area;

Violations of HIPAA are punishable by up to $50,000 fine for an individual and/or may carry up to a one-year jail sentence. The student must understand the importance of keeping client information confidential and agree to comply with the terms of the above policy/statement. This agreement will be binding for the duration of enrollment in the Health Science Program.

In accordance with the U.S. Department of Education, student grades will not be posted, provided over the phone or email, or given to “friends or family”. A student may review their file at any time when faculty are on campus or by appointment.

Student Printed Name and Date _____ Student Signature _____

Revised 8/15

Texarkana College Health Sciences
HIPAA Violation Disciplinary Guidelines for Students

Level of Violation	**Example	Minimum Disciplinary / Corrective Action
Level I	• Failing to log off of a computer with client information left displayed. • Inadvertent or accidental breaches of confidentiality that may not result in the disclosure of client information. • Discussing client information in a non- secure area (lobby, cafeteria, and elevator). • Displaying client name on clinical paperwork leaving the clinical area.	• Re-education and counseling to ensure compliance with policy • Reflection of error on the CEB grading
Level II	• Accessing client information or asking another to access client information that does not pertain to completion of the student's clinical assignment. • Removal of facility generated materials with client information from the clinical setting. • Failure to follow existing policies/procedures governing patient confidentiality ie: not adhering to "no information status"; password policy for client information over the phone; • Repeated violation of the previous level.	• Re-education and counseling to ensure compliance with policy • Reflection in CEB grading • Letter of Warning to be placed in the student file. • Possible referral to the Professional Conduct Committee and/or disciplinary action
Level III	• Repeated violation of Level I and II • Sharing personal ID/passwords given to the student or staff that give access to client information	• Counseling of student • Reflection in CEB grading • Referral to the Professional Conduct Committee • Referral to Health Science Dean • Investigation/disciplinary action that may result in dismissal from the program.
Level IV	• Obtaining client information for personal gain or use • Tampering with or unauthorized destruction of client information. • Repeated violations of Level III	• Referral to Health Science Dean • Notification of the Clinical Agency by the Dean • Referral to Dean of Students • Disciplinary action which may result in dismissal from the program.

**Examples are not intended to be all-inclusive of every situation that may occur. They are simply guidelines of possible incidents. Ultimately, decisions relating to disciplinary or corrective action rest with the Professional Conduct Committee and the Dean of Health Science.

Levels I-III are considered to be without malicious intent.

Level IV denotes malicious intent and may be subject to civil or criminal liability.

For any offense, a preliminary investigation will precede assignment of "level of violation".

Revised 7/15

1.15 Uniform Dress Code

I. Uniforms

a. All students are responsible for purchasing the approved Texarkana College Uniform:

Cherokee® Scrubs: Royal Blue

Women's V-Neck Top: WW620
Women's Midrise Pull-On Cargo Pant: WW110
Men's/Unisex V-Neck Top: WW690
Men's Drawstring Cargo Pant: WW140

Med Couture: Royal

Women's Top: PCH-MC2468-ROYL-M
Women's Top with pleat (larger sizes available): PCH-MC2411-ROYL-M
Women's Zipper pant: PCH-MC2702-ROYL-M
Women's Optional lab jacket: PCH-MC2660-ROYL
Men's Top: PCH-MC2486-ROYL-M
Men's Pant: PCH-MC2772-ROYL-M

Sketchers: New Royal Blue

Women's Reliance Top – New Royal Blue: BCO-SK0102-08-M
Women's Breeze Pant – New Royal Blue: BCO-SK202-08-M
Women's Optional lab jacket: BCO-SK401-08-M
Men's Structure Top – New Royal Blue: BCO-SK0112-08-M
Men's Structure Pant – New Royal Blue: BCO-SK0215-08-M

Uniforms may be purchased from the campus bookstore or local uniform vendors. A list of vendors is available in the Health Science office. No substitute in style or color will be approved.

b. While in uniform students may wear a plain white short or long-sleeved crew neck T-shirt, under scrub tops. No thermal weave or lacy type garment allowed.
c. Dresses may be special ordered through the Campus Bookstore or local vendors.
d. Information for ordering approved Maternity clothing is available in the Health Science office. Students need to allow 6 weeks for this order.

II. Badge and Patch

a. Fees for 2 photo ID name badges will be included with the student's nursing fees. The badge should be worn on the outer garment at all times, in both clinical and campus locations.
b. Patch
    i. The nursing program patch is to be neatly sewn with matching thread on left sleeve (centered) of the uniform top/lab coat.
        1. ADN uniform patch – gold trim
        2. VN uniform patch – sky blue trim
    ii. Patches must be purchased at the Texarkana College Bookstore.

III. Lab Coats

a. A white or royal blue lab coat/jacket is to be worn over street clothes when the student

is in the clinical agency on school business other than direct patient care.

b. Professional attire is mandatory. Unacceptable clothing while in street clothes with lab jacket or coat includes: jeans of any color, shorts, capri or crop pants, exercise attire, short dresses, open-toed shoes or sandals. The entire abdomen must be covered. Neckline should be conservative, with no chest hair or cleavage visible.

c. Lab coats are optional when the student wears the royal blue uniform.

d. Hoodies/fleece jackets may be worn into the clinical facility for warmth, but are not to be worn during direct patient care.

IV. Shoes / Hosiery

a. Shoes for clinical should be non-slip, either athletic or professional medical/nursing shoes. The heels must be covered; solid/leather shoes (as opposed to mesh/fabric material) are recommended for infection control purposes, but are not mandatory.

b. Acceptable clinical shoe color/trim color include the following:

White shoe w/white trim, white shoe w/grey trim, white shoe w/black trim
Grey shoe w/grey trim, grey shoe w/white trim, grey shoe w/black trim
Black shoe w/black trim, black shoe w/grey trim, black shoe w/white trim

c. Plain white hose with dress style uniform.

d. Plain white or black socks that cover the entire ankle area.

e. When athletic shoes are worn with dress, plain white socks not visible above the shoes, in addition to white hose, are acceptable.

f. Shoes: Polished and clean. Laces should be clean.

V. Personal Appearance

a. Clothing: Clean and pressed. Dresses should cover the knee.

b. Hair: Hair must be clean, conservative in appearance, pulled away from the face in a ponytail, braid or bun to ensure that hair remains behind the shoulders throughout patient contact. Hair ornaments are not allowed including “scrunchies” made of fabric or decorative hair clips. Bobby pins and barrettes that match student hair color may be used. No extreme hairstyles or colors allowed. Hair extensions or hairpieces must be conservative in style and be behind the shoulders and away from the face.

c. Fingernails: Short and clean. No nail polish except clear in color. No nail ornaments. No artificial nails.

d. Cosmetics: Makeup should be conservative. No perfumes or aftershave lotions.

e. Tattoos: All attempts should be made to cover tattoos while in the clinical setting.

f. No hats or head coverings (unless approved by faculty) other than Surgical/scrub caps in TC or navy blue or black are allowed in the clinical setting. Headbands should be a solid color in black/blue/white or grey.

VI. Jewelry

The following items are allowed to be worn in clinical:

a. Plain watch with a second hand.

b. One plain band may be worn on one finger.

c. One small stud or button style earring no larger than a pencil eraser per earlobe.
Acceptable colors include: gold, silver, pearl, diamond.
Only one earring per ear is allowed on the earlobe only.
No gauges are allowed while the student is in uniform.

d. Religious or Medic-Alert medals may be worn on a chain long enough to be concealed

under the uniform.

e. No jewelry is allowed in piercings on the face or tongue while in uniform, including while the student is on campus.
f. Only program approved pins may be worn.

VII. Personal Habits

a. Good personal hygiene is mandatory. Unclean, unkempt appearance, unpleasant body or breath odor, including smoke odor is not acceptable.
b. The uniform and lab coat is not for street attire. The patch and badge may be worn only when in the student role.
c. Eating and drinking should be confined to appropriate areas.
No chewing gum while in uniform or in the clinical area.
d. Smoking and use of other tobacco products is discouraged and must be confined to designated areas during allotted break times.
e. Polite and professional language is mandatory. No profanity or vulgar slang is permitted.
f. Students with visible passion marks may be excused from the clinical setting if the marks cannot be covered in an inconspicuous manner. A clinical absence and/or unsatisfactory for professional appearance may be given.

VIII. Personal Belongings

a. Students may bring clinical items in the approved royal blue backpack with the Texarkana College logo (available for purchase in the TC Bookstore). Students may add a name tag to identify their bag, but no additional patches are allowed.

1.16 Smoke-Free Campus

On April 24, 2012 the Board of Trustees approved the proposal to make Texarkana College a Smoke Free Campus. The use of e-cigarettes is prohibited on Texarkana College campus. Based on The U.S. Court of Appeals for the D.C. Circuit's decision in the case listed below, the FDA has the authority to regulate e-cigarettes as a tobacco product. Since the FDA considers them as tobacco products, our interpretation is that they are prohibited in the same manner as the regular cigarette is prohibited according to our Tobacco Free Campus Policy which states, "The use of tobacco products will be prohibited within college buildings, walkways, in college fleet vehicles, and on college owned property, not otherwise leased to another organization. This policy applies to all faculty, staff, students, contractors, vendors, and visitors at all college locations."

1.17 Role of Students in Clinical Settings

Much of the education for students in the Health Science Division is provided by means of clinical affiliations with area health care agencies. Maintaining a positive working relationship with these agencies is the responsibility of students as well as faculty. The following stipulations must direct the student's behavior in the clinical settings:

A. Students are assigned to clinical for the purpose of obtaining clinical "hands- on" experience. The policies of the agency must be respected and followed conscientiously.
B. Students are not agency employees while in clinical in the student role. Therefore, the student does not receive employee benefits, i.e., compensation, insurance, free health care, and workman's compensation.
C. Students may not take friends, family members, children, or other unauthorized persons with them or permit them to visit in the clinical setting. To do so may place the student, faculty, agency or college in legal jeopardy or lead to suspicion of breach of clients' confidentiality which is a violation of ethics.
D. Students may not make unauthorized visits to clinical agencies.
Authorized visits are those done for the purpose of clinical preparation prior to a clinical day or for fulfilling a clinical assignment. No client care is to be given during clinical preparation visits. Should visits other than these be needed (i.e. to collect additional data from a client's record), the student must obtain a note from the clinical instructor authorizing the visit, and dress as if doing clinical preparation.
E. When assigned to community agencies with a preceptor or designate supervisor, students must not ride in the preceptor's private vehicle. Students must provide their own transportation and follow the preceptor/ supervisor to the alternate site such as the client'sresidents.
F. Students must conduct themselves, while in a clinical agency or whenever representing the Health Science Division, in a manner which reflects accepted professional standards of conduct. Behavior must demonstrate adherence to the policies of the clinical agency where assigned as well as the policies of Texarkana College.
G. Students must have medical clearance from their health care provider to perform the "essential functions" as described in the Texarkana College Catalog. If a change in health status occurs during enrollment (such as pregnancy, mental illness, surgery, or injury), the faculty must receive a new medical clearance before students may continue in clinical activities.
H. Students may not use personal cell phones, or other devices while performing patient care in the clinical setting. All phones/devices should be kept in the student's personal bag or backpack inthe nursing conference room or left in the student's car

during clinical. Students may check their device only during lunch time or break time. Use of devices during unapproved times will result in the student receiving a written counseling from the faculty member and a deduction of grade points in the student's CEB for professionalism. Three incidents of counseling re: Professionalism will result in a referral of the student to the Professional Conduct Committee.

I. If a qualified faculty member is not available to substitute for a group assigned to clinical, the group may be sent home and be required to do a scheduled make-up day prior to the end of the semester.

1.18 Student Participation in Program Evaluation and Research

The Health Science Division periodically involves students in providing evaluative information about the program, the faculty, and the courses. The information is collected to assist faculty to maintain and enhance the educational quality of the programs, not to determine academic standing of a student. To assist faculty with program evaluation, students can expect that:

1.) data will be obtained from student records for use in educational research,
2.) observers will be present in the classroom or clinical setting for the purposes of collecting research data, or evaluating/observing performance of the instructor, and
3.) data will be collected from students through course/instructor evaluation surveys.

1.19 Policy on Actual or Implied Threat of Violence

Any threat or act of violence, be it verbal, physical, or implied, will be taken seriously and is considered sufficient grounds for immediate removal from the learning environment and referral to the professional conduct committee and to the Dean of Students. Such threats or acts of violence may result in immediate suspension from both the Health Science Division and from Texarkana College.

1.20 Policies for Students attending Continuing Education Programs

To enhance their learning opportunities and to promote their professional development, students may be permitted or required to attend programs sponsored by Continuing Education or other organizations. Students are reminded that they represent the Health Science Division when in attendance at such programs. Non-professional behavior will result in the student's dismissal from the seminar, a possible absence, and referral to the Professional Conduct Committee.

1.21 Policy Regarding Student Records

Official transcripts are maintained in the Admissions office. Working files for nursing students during enrollment are kept in the Health Science office. Included in the working files are counseling forms which may be completed by faculty regarding specific sessions held with the student. Copies of counseling forms are not given to the student, with the exception of learning contracts, which outline specific objectives for the student to achieve.

To avoid a potential violation of the Health Insurance Portability and Accountability Act (HIPAA), students may not copy or be given copies of their Clinical Evaluation Booklets or records; however, students are entitled to view their current records and may do so by requesting a conference with their clinical instructor. Students may review their accumulated Health Science records by requesting an appointment with the Dean.

In accordance with the U.S. Department of Education, student grades will not be posted, provided over the phone or email, or given to “friends or family”.

1.22 Children in the Classroom, Skills Lab, and Clinical Site

Children are not allowed to be present in the classroom, skills lab, or at the clinical site. The reasons for this policy are:

1. The College policy prohibits children in classes, unless they are classes designed specifically for children.
2. Children, no matter how well behaved, are a distraction to students and faculty.
3. Lecture and lab content is often inappropriate for children.
4. The lab contains equipment that could injure children.
5. Children in clinical are in violation of the clinical affiliation agreement between the college and the agency.
6. The presence of children presents a liability risk to the College and the clinical agency.

Students with dependent children must arrange dependable childcare during theory, lab, and clinical hours. It is wise to have a back-up plan for emergencies.

1.23 Cell Phone & Device Policy

1. Students may not use personal devices while performing patient care in the clinical setting. Phones/devices should be kept in the student's personal bag or backpack in the nursing conference room or left in the student's car during clinical. Students may check their phone/device only during lunch time or break time. Use of phones/devices during unapproved times will result in the student receiving a written counseling from the faculty member and a deduction of grade points in the student's CEB for professionalism. Three incidents of counseling re: Professionalism will result in a referral of the student to the Professional Conduct Committee.
2. When in the classroom or lab setting phones/devices should be turned off or on "silent" and are to be used for instructor guided activities only.

1.24 Student Computer Use Policy

Texarkana College and the Health Sciences division provides computers for student use and offers a variety of computer network capabilities such as internet access, electronic mail and a selection of applications. Students and faculty also have access to a secure portal to view course related materials. All buildings on campus are equipped with wireless network access.

All students in nursing are required to access the internet in order to connect and obtain online course materials and resources. The access may be via personal computer or via college computers in the library or computer laboratory in the Health Sciences Building. College or Division computers are only to be used for accessing course-related websites. Use of computers for games, unauthorized social networking, shopping, or accessing illegal websites will result in disciplinary action.

All users are expected to respect the rights of other computer users, all software licenses, contractual agreements and use of any electronically transmitted information within the 'fair use' guidelines or with the permission of the author. The Texarkana College Health Sciences division reserves the right to limit, restrict or extend computing privileges and access to its information resources.

Guidelines for Student Use of Computer Lab

1. No food or drinks are permitted in the lab.
2. No disruptive cell phone use is allowed.
3. Each student must handle all equipment and supplies – electronic or otherwise – with care to prevent damage or breakage. Should accidental damage occur, the student is responsible for reporting to the faculty/staff immediately.
4. No electronic equipment, software, or media may be brought into the computer lab from an outside source.
5. Students are users of the computers, and any attempt to re-program, alter, or make repairs to computer equipment will result in disciplinary action.
6. Students will not tamper with the server.
7. Wireless printer stations are located throughout the campus for student use.
8. Labs will intermittently be closed to students when testing is occurring. Lab closures will be posted in advance.
9. Department copiers are designated for faculty use only.

Recommended Websites for Students

1. Arkansas State Board of Nursing – www.healthy.arkansas.gov/programs-services/topics/arkansas-board-of-nursing
2. Texas Board of Nursing – www.bon.tx.gov
3. National Council State Board of Nursing – www.ncsbn.org

1.25 Classroom and Computer Lab Testing

Students in the Health Science Division undergo standardized testing within their respective courses. The following rules will be strictly adhered to during testing.

1. NO personal items will be allowed the testing environment, these include but are not limited to:
    a. Bags, purses, backpacks, wallets
    b. Heavy coats, hats, scarfs, gloves
    c. Food, drinks
    d. Lip balm
2. The student cannot access any educational, test preparation or study materials during testing
3. Cell phones, mobile & smart phones, tablets, smart watches, Mp3 players, fitness bands, jump drives, electronic ear buds, google glass, cameras or any other type of electronic devices are prohibited in the testing area
4. You may not take the exam for anyone else
5. You may not tamper with the computer or use it for any function other than taking the test
6. You may not engage in disruptive behavior at any time during testing
7. You may not disclose or discuss the test with anyone. Disclosing any information about testing questions or content, which include posting on the internet or social media, will result in disciplinary action
8. You may not reconstruct exam items using your memory of your exam
9. Any student who violates testing policies or engages in disruptive or irregular conduct will be dismissed from the lab or classroom. No additional testing will be allowed.

Based on recommendations from the National Council State Board of Nursing (NCSBN, 2023)

1.26 Policy for Nursing Simulation and Skills Lab

Introduction

The overall goal of the health sciences simulation and skills labs at Texarkana College is to assure that future graduates develop the knowledge skills and attitudes needed in order to practice quality and safety in the delivery of patient-centered care. Simulation scenarios provide alternative clinical learning experiences in an atmosphere that facilitates realism and authenticity within a safe and controlled learning environment. This alternative clinical learning experience assists in preparing students for nursing practice within the complex and ever-changing healthcare environment.

Prior to each scenario, students are given specific expectations for pre-scenario preparation. Upon entering the labs, students are provided with case studies that have been specifically designed to enhance clinical reasoning, skills acquisition, and evidenced based practice. Teamwork and collaboration among students are expected while working through each scenario. Many of the scenarios are videotaped for review by students and faculty. At the end of each exercise, a debriefing process occurs. Faculty will guide the debriefing process by providing students with active and constructive feedback in an attempt to improve quality practice. Additionally, students are expected to participate in self-analysis of their performance through self-reflection and peer evaluation.

The following guidelines are designed to maintain safety and promote student learning while taking part in the health science labs. All faculty and students working in the health science labs are expected to adhere to these guidelines.

General Information

The Health Sciences labs are located throughout the William Patterson Health Sciences building located on the Texarkana College campus. The lab's inventory includes an assortment of low to high fidelity simulation equipment allowing students opportunities for mastering simple to complex nursing skills. Two of the health sciences labs mimic hospital rooms and are equipped with high and moderate fidelity simulators, a variety of task trainers, as well as accessory equipment to support scenario-based learning. The labs also house two medication dispensing carts that are utilized in teaching both nursing and pharmacy tech students.

The faculty develops the lab schedule each semester with the lab coordinator maintaining a master schedule. Faculty and clinical instructors supervise student clinical lab experiences. Students needing extra practice may sign up for “open lab” days as recommended by their instructor. However, the “open lab” days are not intended to be used as a replacement for any missed clinical rotation.

Simulation

According to the Texas State Board of Nursing (2017), simulation is defined as:

> activities that mimic the reality of the clinical environment and are designed to demonstrate procedures, decision-making, and critical thinking. A simulation may be very detailed and closely imitate reality, or it can be a grouping of components that are combined to provide some semblance of reality. Components of simulated clinical experiences include providing a scenario where the nursing student can engage in the realistic patient situation guided by qualified faculty and followed by debriefing and evaluation of student performance. Simulation provides a teaching strategy to prepare students for safe, competent hands-on practice. (Nurse Practice Act, Rule 215, 2017)

Simulation: Scenario-Based Learning

Simulation opportunities are generally designed utilizing the teaching strategy of scenario-based learning requiring active participation by all students. Scenario-based learning incorporates interactive real-life scenarios to support problem-based or case-based learning. Students are provided a case study based on disease processes and/or complex problems, which they are required to solve. In the process, students must apply subject knowledge, critical thinking, and problem-solving skills as they work collaboratively in addressing the problems. The learning in these experiences is non-linear, providing numerous feedback opportunities to students based on the actions they took at each stage during the

process. Scenario-based learning allows faculty to assess students' both formative and summative learning.

Because these learning opportunities simulate real-life clinical experiences, students and faculty are expected to conduct themselves, in the same manner, they would if working within the actual healthcare environment. Respect and dignity toward the simulators, peers, and faculty must be demonstrated. Scenarios are presented to a designated group of students who represent the nursing and health care team and may also symbolize family members. No discussion of the situation or the actions of fellow students will be allowed outside of the lab. All students and faculty will adhere to the simulation and skills lab rules. Those who ignore this directive are subject to counseling and/or clinical leveling by the faculty.

Debriefing

One of the most important parts of learning through simulation occurs during the debriefing segment of the experience. According to the International Nursing Association for Clinical Simulation and Learning (INACSL, 2016), learning involves the integration of experience and reflection. This process involves the conscious consideration of the meaning and implication of an action, including assimilation of knowledge, skills, and attitudes with pre-existing knowledge. The purpose of debriefing is to assist students in identifying gaps in knowledge, skill, as well as the utilization of critical thinking skills to determine areas in which improvements need to occur. (Fey & Jenkins, 2015)

Debriefing requires active participation by students as they reflect upon the scenario learning experience and is guided by faculty. Debriefing sessions are confidential, allowing only those students involved in the simulation scenario to participate. The sessions will be conducted in an environment that is conducive to learning, supports confidentiality, allows for open communication, self-analysis, peer collaboration, and constructive feedback.

General Lab Guidelines

Lab Conduct/Behavior

1. All users of the health sciences labs will act in a manner that does not disturb the academic activities occurring outside the lab.
2. No lab user will infringe upon the privacy, rights, privileges, health or safety of other lab users.
3. No eating or drinking will be allowed in any of the Health Sciences labs.
4. Computer access is restricted for learning assignments only and is not authorized for personal usage.
5. Participants will not use equipment for any other purpose than specified. Anyone who fails to comply with this guideline will be asked to leave the lab and will be subject to counseling and/or referral to the Professional Conduct Committee.
6. Any equipment malfunction or abuse will be reported to the lab coordinator immediately.
7. Adherence to dress code policies is expected. All health sciences students will wear their clinical uniform on both simulation and practical skills days.
8. All beds should be lowered to the ground with the bed rails down after each use. Linens should be properly placed back on the manikins after each use as if caring for a real patient.
9. Participants will not remove the simulators (manikins) from the beds unless specifically instructed to do so.
10. All electronics including cell phones, PDA's, cameras, camera phones, and video recorders are prohibited during simulations and skill learning experiences except those that are part of the laboratory environment.

Confidentiality

In order to preserve the realism of the scenarios used in the Health Sciences labs and to provide an equitable learning experience for each student, all individuals using the labs will be required to sign a confidentiality agreement. This agreement protects the privacy of each student and discourages inappropriate discussion of a student's performance during simulation experiences. Students agree to report any violations of confidentiality to faculty. All electronics are prohibited during the lab experience except for those designated as part of the laboratory equipment.

All simulation scenarios have the possibility of being recorded. Any viewing or publication of lab learning experiences outside the classroom, such as posting to social media, is unacceptable and unethical. Posting or publication of any part of the lab learning experience will result in disciplinary action.

Dress Code

Students participating in health science lab experiences will adhere to the clinical dress code of their respective discipline. Students performing mandatory clinical skills in the labs are expected to come prepared with proper clinical attire, stethoscope, and watch with a second hand.

Communication

Students will utilize professional communication skills with peers and faculty while participating in laboratory experiences. Simulators (manikins) will be treated as actual patients; thus, therapeutic communication techniques will be practiced during scenario experiences.

Equipment Use

1. All students and faculty wanting to use the lab will have a proper orientation to the equipment.
2. Any student wishing to use the lab will sign in on the attendance roster placed on the door of the lab.
3. When working with the patient simulators, the students must wash their hands and wear gloves.
4. Supplies and equipment must not be taken out of the lab unless approved by the instructor.
5. Equipment should be disposed of appropriately (i.e. sharps container).
6. Computer and video equipment are for classroom purposes only.

Inventory and Supplies

1. Supplies needed for simulation will be provided.
2. Personal clinical supplies such as a stethoscope, penlight, and equipment from skills kits are the responsibility of the student and will not be provided.
3. When supplies are running low, the lab coordinator should be notified.
4. All equipment should be returned to the same cabinet in which it was found. All linen, unless soiled, should be refolded and placed back in the storage cabinet.
5. Many supplies are reusable and should be restocked when not being used.
6. Needles and sharps are never to be reused and should be disposed of in appropriate sharps containers.

Cleanup

The cleanup of the health sciences lab is the responsibility of the faculty and students who utilize them. The labs should be left in the manner in which they were found. Beds should be remade

and left in the lowest position with the bed rails down. Simulators and manikins are to be left in the beds. Curtains should be placed back against the walls, and bedside tables are to be placed at the foot of the bed. Any equipment should be washed or cleaned as necessary and returned to its proper storage cabinet. When leaving the lab, please turn off lights and lock the door.

The simulators and task trainers are to be cleaned with mild soap and water, rinsed and aired dried after use. All injection pads should be squeezed of any fluid and left to dry. Any spray used for lubrication of the simulators or task trainers needs to be used sparingly.

Safety Guidelines

Infection Control

All students who are participating in simulation scenarios need to be mindful of standard precautions and transmission specific preventive measures (contact, droplet, airborne). Any piece of equipment that comes into contact with simulated body fluids is considered contaminated and needs to be handled appropriately. Gloves will be worn with all simulator interactions, and non-sterile gloves should be disposed of in a non-biohazard trash can. If a sharps container is full, please contact the lab coordinator so that it may be replaced.

Latex Warning

Student and faculty need to be aware that some of the equipment in the health sciences labs contain latex. Those individuals with a known allergy or sensitivity to latex need to notify their supervising faculty and/or the lab coordinator. Every effort will be made to replace or substitute equipment with latex free products. All users who suffer from latex allergies should take precautions while using or handling latex equipment by wearing non-latex gloves.

Clean Needle Sticks

In accordance with recommendations from the Center for Disease Control and Prevention (CDC), all sharps are to be handled safely and disposed of properly. In the event of a clean needle stick, the lab faculty should be notified immediately, so that first aid can be provided. The lab coordinator should also be informed. An incident report form will be filled out and reported to the Infection Control Committee.

Security and Emergencies

All faculty members are to ensure that the labs are secure and safe when using the rooms. It is the responsibility of the teachers and students to be aware of the location of the emergency exits in the Health Science Building. In the event of a fire, all persons are expected to evacuate the building by using the stairs. In the case of an emergency, contact the Texarkana College Police Department at (903) 823-3330.

1.27 Employment During Enrollment

Due to the demands of meeting the objectives in Health Science programs, students who are employed are advised to work no more than 12-16 hours per week (the equivalent of one 12- hour shift or two 8-hour shifts per week). To do so leads to inability to stay awake and alert, protracted fatigue, unsafe clinical performance, and possible failure and dismissal from the program. Employment schedules cannot be accommodated when placing students in class or clinical rotations. When working as an employee apart from student activities, students must remember that they are not working as students of Texarkana College, and they are not covered by college liability insurance. They must not wear any patch, badge, or uniform that identifies them as a Texarkana College student while they are employed.

1.28 Participation in Classroom and Laboratory Activities

Students enrolled in courses in the Health Science Division are reminded that faculty in the Division utilize a variety of teaching methods, including simulated clinical activities, to assist students to meet learning objectives. The role of students is to seriously participate fully in all learning activities, work with peers to fulfill the expectations of group activities and assist faculty to care for and prevent damage to the equipment that is used in simulation activities.

1.29 Handheld Computing Device Policy

SCOPE

This policy relates to all "Handheld Computing Devices (HCD)" including, but not limited to tablets, digital organizers, personal digital assistants, smartphones, smart watches, fitness devices, wireless email devices (Blackberry, Treo, etc.), blue tooth devices, electronic ear buds, google glass, laptop computers and any other portable device used to access information in the clinical and classroom resources.

GENERAL GUIDELINES

The use of HCDs provides increasing levels of power, portability, and convenience to their users. Many nursing faculty create active learning opportunities to work with HCDs in the classroom to help promote their use as problem-solving tools in clinical application (Altman and Brady, 2005). A major benefit of using such devices in the clinical setting is portability of information. HCDs allow students access to important nursing concepts at the point-of-care, thereby enhancing evidence-based decision making.

Safety benefits have been studied as well, and there seems to be a link between Personal Assistive Devices (PDA) and a reduction in errors (Goldsworthy et al., 2006). The intent of the Health Sciences Division policy is that the use of HCD's be effectively managed not banned, in college related activities. The Faculty of the Health Sciences Division agrees that it is important not only to educate learners on the benefits of HCD's, but to guide learners in the development of professional responsibility and ethical decision making as they use such devices in and out of the classroom.

HANDHELD COMPUTING DEVICE

1. Approved HCDs may be used in the clinical areas, lab activities and classroom exercises only as directed by faculty.

2. Use of portable electronic devices in clinical is regulated by the clinical agencies, local,

state, and federal regulations and laws. All students are fully responsible for following all regulations of the Health Insurance Portability and Accountability Act (HIPAA) including guidelines regarding the use of HCDs. Violation of HIPAA guidelines is cause for referral to the Professional Conduct and Peer Review committee for investigation and if warranted disciplinary action.

3. Absolutely no recording of any type (voice, digital, pictures etc.) may occur in clinical settings.

4. Statement regarding professional liability: Regardless of the publisher or developer, errors can exist. Nursing applications for HCD's will never substitute for professional nursing knowledge, experience, and judgment of the practicing nurse or student nurse.

5. Students are entirely responsible for ensuring that they adhere to all regulations at all times whether at school, at clinical, on break, or anywhere else. This includes proper management of confidential client information.

6. Professional Conduct: With the exception of specified course required activities, sending or receiving text or other messages on the HCD during class, clinical or lab is not permitted. Engaging in personal business while in class or clinical is strictly prohibited. Student HCD's are subject to faculty review at any time. Students are expected to use professional behavior if faculty concern warrants the removal of the device. Use of unauthorized applications/devices will result in dismissal from the classroom or clinical agency and will be recorded as an absence and counseling by faculty will take place afterward.

7. NO electronic device may be brought into the college or agency testing environment at any time. Please see the testing policy for more detail.

8. Failure to comply with this policy can result in referral to the Professional Conduct and Peer Review committee in accordance with current Health Sciences Division and Texarkana College policies.

Altmann, T., & Brady, D. (2005). PDA's bring information competence to the point-of- care. *International Journal of Nursing Education Scholarship, 2*(1).

Goldsworthy, S., Lawrence, N., & Goodman, W. (2006). The use of personal digital assistants at the point of care in an undergraduate nursing program. *CIN: Computers, Informatics, Nursing, 24*(3), 138-143.

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1.30 TEXARKANA COLLEGE HEALTH SCIENCES DIVISION PHOTOGRAPHY/MEDIA RELEASE

I grant to **Texarkana College**, the right to use photographic media of me in connection with any project or event during my enrollment in college. I authorize Texarkana College, its assigns and transferees to copyright use and publish the same in print and/or electronically.

I agree that **Texarkana College** may use such photographic media of me with or without my name and for any lawful purpose, including for example such purposes as classroom assignments, publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature: _____

Printed name: _____

Address: _____

Date: _____

5.18.2011KA

1.31 Social Networking Policy

Nurses learn early in their career the importance of maintaining appropriate professional boundaries. Inappropriate or inadvertent use of social media can create professional boundary violations. Remaining vigilant and on guard can help the student and nurse be proactive in Patient Safety.

Nursing students and nurses follow the standard of nursing practice and "respect the client's right to privacy by protecting confidential information unless required or allowed by law." HIPAA guidelines and the existing Health Science HIPAA policy are applicable at all times, including postings/comments on any social networking site.

Students enrolled in the Health Sciences Programs at Texarkana College will not post any confidential information, proprietary information or photographs, audio or visual recordings related to any clinical agency or its patients to any social networking sites. Social networking sites include, but are not limited to, blogs, microblogs, Bebo, Facebook, Friendster, Instagram, LinkedIn, MySpace, Snapchat, Twitter, Yammer or You Tube.

Posting of any information that violates HIPAA guidelines/policy or this policy will result in referral of the student(s) to the Health Science Professional Conduct Committee and may result in dismissal from the program.

Social networking sites are not an appropriate platform for addressing student concerns regarding Texarkana College or the Health Sciences Division/Programs. It is strongly recommended that students address these issues directly with a faculty member as well as consult their Health Sciences Student Handbook and/or Texarkana College Student Handbook for the correct reporting procedure.

Comments posted on social networking sites are accessible by students/faculty/staff /members of the community/administration and board members. Inappropriate posting of comments/information can have widespread repercussions for the College, Division and the individual.

National Council of State Boards of Nursing, (2018). *Professional boundaries: A nurse's guide to the importance of appropriate professional boundaries.*
https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf

Texas Board of Nursing Position Statements, (2018): *Professional Boundaries including Use of Social Media by Nurses*
https://www.bon.texas.gov/practice_bon_position_statements_content.asp#15.29

1.32 Simulation Philosophy

Texarkana College, including its Health Sciences Division, is dedicated to serving the educational needs of diverse individuals through relevant programs and services that are high quality, affordable and accessible. The Health Sciences Division includes a diverse population of well-qualified, competent, committed, and caring faculty who engage in the supporting and attaining student success. In support of Texarkana College's Mission, the Health Sciences Division curriculum includes Simulated Lab experiences designed for adult learners which develop progressively higher levels of cognitive, affective, and psychomotor competencies needed to provide safe entry level practice. Utilizing a guided Simulation Lab provides the faculty the opportunity to mentor students' development of critical thinking skills, clarity of oral and written expression, and the application of the nursing process in a safe supportive and positive learning environment. The Simulation Lab is designed to help achieve courselearning outcomes.

Benefits of Simulation

9. Enriches and enhances course content.
10. Creates a safe practice environment for students.
11. Creates practice environments not readily available for students.
12. Develops and encourages the use of effective communication between team members and the application of critical thinking skills.
13. Allows students to implement the nursing process to reinforce course content within the context of a practice scenario/simulation exercises.
14. Promotes learning through a collaborative process.
15. Encourages reflective thinking by students during the debriefing process.

Reference Sources:

Texarkana College Catalog. (n.d.). Retrieved from http://www.texarkanacollege.edu

Wolf, Dion, Lamoureaux, & et all. (n.d.). Using simulated clinical scenarios to evaluate student performance. *Nurse Educator, 36*(3), 128-134.

1.33 Simulation Grading Policy

Students will be assigned to the simulation lab as part of their clinical learning experiences. Simulation based learning is designed to enhance the student's learning environment and will reflect program and course objectives.

Simulation experiences in the labs will be graded by faculty developed rubrics. The students must successfully meet defined objectives, procedures and tasks to receive satisfactory grades. Student who do not compete required work will be graded according to the rubric.

Students are expected to conduct themselves in a professional manner throughout the simulation experience as defined in the Health Sciences Student Handbook code of conduct. Students who act unprofessionally during the simulation experience will be counselled accordingly. Faculty can refer students to the Professional Conduct and Peer Review Committee review and investigation of unprofessional behaviors.

Absences from simulation activities will be included as clinical absences. It is the students' responsibility to be aware of the number of absences allowed per clinical course.

1.34 Use of ATI Resources for Student Success

During enrollment in the Health Sciences Division programs, the student will be responsible for completing ATI assessments and modules as assigned by faculty.

What is ATI?

- Assessment Technologies Institute® (ATI) offers an assessment driven review program designed to enhance student NCLEX-RN success.
- The comprehensive program offers multiple assessment and remediation activities. These include assessment indicator for academic success, critical thinking, and learning styles, online tutorials, online practice testing, and proctored testing over the major content areas in nursing. These ATI tools, in combination with the nursing program content, assist students to prepare more efficiently, as well as increase confidence and familiarity with nursing content.
- Data from student testing and remediation can be used for the program's quality improvement and outcome evaluation.
- ATI information and orientation resources can be accessed from your student home page. **It is highly recommended that you spend time navigating through these orientation materials.**

Some of the assessment and remediation tools used in ATI are:

- **Modular Study:** ATI provides online review modules that include written and video materials in all content areas. Students are encouraged to use these modules to supplement course work and instructors may assign these during the course and/or as part of active learning/remediation following assessments.
- **Tutorials:** ATI offers unique Tutorials that teach nursing students how to think like a nurse; how to take a nursing assessment and how to make sound clinical decisions. **Nurse Logic** is an excellent way to learn the basics of how nurses think and make decisions. **Learning System** offers practice tests in specific nursing content areas that allow students to apply the valuable learning tools from Nurse Logic. Features are embedded in the Tutorials that help students gain an understanding of the content, such as a Hint Button, a Talking Glossary, and a Critical Thinking Guide.
- **Assessments:** Standardized Assessments will help the student to identify what they know as well as areas requiring active learning/remediation. There are practice assessments available to the student and standardized proctored assessments that may be scheduled during courses.
- **Active Learning/Remediation:** Active Learning/Remediation is a process of reviewing content in an area that was not learned or not fully understood as demonstrated on an assessment. It is intended to help the student review important information to be successful in courses and on the NCLEX. The student's individual performance profile will contain a listing of the topics to review. The student can remediate, using the Focused Review which contains links to ATI books, media clips and active learning templates.

The instructor has online access to detailed information about the timing and duration of time spent in the assessment, focused reviews and tutorials. Students can provide documentation that required ATI work was completed using the "My Transcript" feature under "My Results" of the ATI Student Home Page or by submitting written Remediation Templates as required.

1.35 Computer Requirement Policy

Students are required to have a computer with Internet access for classes. The computer must be an actual computer – smart phones, iPads, Androids, Chromebooks, etc., are not acceptable substitutes because they lack software compatibility necessary to complete all assignments and tests. Financial costs for the necessary equipment and internet access are the responsibility of the student.

Students needing to purchase a computer may do so through the Texarkana College Bookstore. Systems purchased through the bookstore meet or exceed all requirements, are competitively priced, and may be purchased using financial aid funds. If the system is purchased through another source, it is the student's responsibility to ensure the system meets all requirements.

Computer systems requirements:

- Webcam, microphone, and speakers or headphones
- Windows 10 or a recent version of Mac OS (minimum Sierra). Windows 10 S mode is not supported
- Hardware capable of running Microsoft Teams (free download) and supports multi-media playback
- Support for Chrome or Microsoft Edge – Note: Firefox, Safari, or other browsers may not work on all TC applications
- Able to run Microsoft Office which will be provided free to TC students
- Adobe Reader or another PDF viewer
- Antivirus software such as Windows Defender or another 3rd party anti-virus solution
- The Respondus Lockdown browser is used for taking tests; therefore, the system must be capable of running this software. Most newer systems that meet other specifications should work.

Students should regularly backup content to prevent loss of coursework due to hardware failure. Backup copies of documents and other coursework may be placed on OneDrive cloud storage. OneDrive is included free of charge for all TC students.

A list of Internet service providers can be found on the TC website at:
https://www.texarkanacollege.edu/coronavirus/.

Section 2 Health Information

2.1 Precautions and Guidelines for Isolation Precautions

In 1994, the Center for Disease Control (CDC) drafted new guidelines that combined blood and body fluid precautions and body substance isolation into a set of precautions now called “Standard Precautions”. Since medical history and examination cannot reliably identify all patients infected with HIV or other blood-borne pathogens, Standard Precautions should be used in the care of all patients, especially those in emergency care settings in which the risk of blood exposure is increased and the infection status of the patient is usually unknown.

1. Wear gloves when there is direct contact with blood, body fluids, secretions, excretions, and contaminated items. This includes a neonate before first bath. Wash as soon as possible when unanticipated contact with these body substances occurs.
2. Protect clothing with gowns or plastic aprons if there is a possibility of being splashed or direct contact with contaminated material.
3. Wear masks, goggles, or face shield to avoid being splashed; including during suctioning, irrigations, and deliveries.
4. Wash hands thoroughly after removing gloves and before and after all patient contact.
5. Do not break or recap needles, discard them intact into puncture-resistant containers, located near where they were used.
6. Place all contaminated articles and trash in leak-proof bags. Check hospital policy regarding double-bagging.
7. Clean spills quickly with a 1:10 solution of bleach if spill occurs in an HIV/AIDS patient’s room.
8. Place patients at risk for contaminating the environment in a private room or with another patient with the same infectious organism.

These standard precautions apply to blood, all body fluids, secretions, and excretions, whether or not they contain visible blood; non-intact skin; and mucous membranes. These precautions are designed to reduce the risk of transmission of both recognized and unrecognized sources of infection in hospitals (Adapted from Siegel, Rhinehart, Jackson, Chiarello,. et al (2019). Retrieved from internet www.cdc.gov.).

2.2 Hepatitis B policy

The Texas Department of State Health Services implemented rules regarding vaccinations effective April 2004. The rules are Texas Administrative Code, Title 25, Part I, Chapter 97, Subchapter B, Rule 97.62, 97.64, and 97.65.

These rules mandate that all health professions students shall receive a complete series of hepatitis B vaccine prior to the start of direct patient care or show serologic confirmation of immunity to hepatitis B virus. Exclusions from compliance are allowable on an individual basis for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States.

All students in the Health Sciences programs are affected by these rules.

The complete hepatitis B series requires three injections over a six-month period. Therefore, students of both nursing programs **must** have had all injections prior to entering the program. [Note: Some clinics will administer the series over a 4-month period. Students who receive the accelerated series should contact their health care provider regarding the need for an additional injection after one year.]

A person claiming exclusion must obtain the affidavit form by submitting a written request. The written request must be submitted to the Department of State Health Services, Bureau of Immunization and Pharmacy Support, 1100 West 49th Street, Austin, Texas 78756.

2.3 Policy Regarding HIV/AIDS

Health Science faculty and students at Texarkana College will likely be involved in the care of patients who are HIV positive, or who have AIDS and/or other blood-borne diseases. The student will care for these patients, conforming to professional standards of competency, compassion and the nursing code of ethics. In providing this care, measures must be taken to prevent the spread of the organism to self and others.

Faculty and students will follow the guidelines recommended by the Centers for Disease Control and Prevention as stated in the Standard Precautions, Section 2.1. These guidelines will be updated as new information becomes available.

In addition to these protective measures, the students and faculty are to be aware of the following division policies regarding classroom/theory content, susceptibility to infection, course of action when exposed, confidentiality, and legality issues.

Classroom/Theory Content

Classroom/theory content will include cause, treatment, and mode of transmission and prevention of HIV related diseases. Techniques related to standard precautions will be discussed in the classroom and practiced in a skills laboratory prior to performing these skills in a patient care situation. These objectives must be met prior to any patient care situation or performance of related simulated skill. Standard precautions will be used for all patients.

Student's Susceptibility to Infection

Students will refrain from all direct patient contact if the student has open or weeping lesions. It is the student's responsibility to inform the faculty of any health condition that might increase his/her susceptibility to infection. The instructor will choose patient care assignments for that student accordingly.

Although pregnant students are not at greater risk for acquiring HIV related infections, the fetus may be at greater risk. Pregnant students should strictly comply with established guidelines for prevention of the transmission of infection. Pregnant students will not be assigned known HIV/AIDS patients.

Should a student be exposed to blood or body fluids through needle sticks or contact with open skin lesions, an accident (variance) report is to be completed for the clinical agency and for the Health Sciences Division. Current CDC guidelines will be followed for follow- up screening. The cost of the follow-up care will be the responsibility of the student.

Confidentiality

The confidentiality of information regarding any patient is to be respected by the student. Because of an increased potential for loss of employment, insurance benefits, and personal Relationships if the confidentiality of a known or suspected HIV positive patient is violated, extraordinary care must be taken in the handling of information about these patients.

The student is not to share information with anyone about such patients with the exception of the clinical instructor and those directly involved in the care of the patient. Information about this client's diagnosis is not to be shared in pre or post conference or other situations when other students, etc., are in attendance. Written work (care plans, clinical prep forms, clinical evaluation forms, etc.) should not contain a written statement of the patient's diagnosis or results of lab work related to AIDS. The plan of care for this patient is to be written and as complete as for any other patient, with the above stated exceptions.

2.4 Medical / Surgical / Psychological Conditions

Upon meeting admission requirements, students with an acute or chronic, medical, surgical or psychological condition may choose to continue in Health Science courses. The student understands that absenteeism or inability to perform activities related to learning objectives can result in being unable to complete a program. If the student experiences a serious illness, injury, surgery, hospitalization or emergency room visit, a Return to School Statement must be obtained from the attending health care provider releasing the student to perform **all duties without limitation.**

NOTE: To continue in clinical courses, Health Sciences students cannot have limitations. There is no provision for limited or light duty.

Texarkana College Health Sciences Division
Return to School Statement

Student Name:_____ Program: ADN _____

Date:_____ VN _____

Please indicate the situation for which the student is / was receiving treatment:

_____ Pregnancy (estimated due date) _____

_____ Delivery (specify type) _____

_____ Surgery (specify type) _____

_____ Fracture (specify) _____

_____ Infection (specify) _____

_____ Other medical condition (specify) _____

_____ Psychological condition (specify) _____

Does the student have any limitations relating to this condition?_____Yes _____No

If yes, please explain: _____

_____

The student may attend classes. _____Yes _____No

The student may provide direct patient care at clinical without any limitations.* ___Yes____No

Signature_____MD NP PA

Print name _____

Address _____

**To continue in clinical courses, Health Science students must be able to meet clinical objectives. They must adhere to infection control guidelines and be physically able to provide client care and have no limitations. There is no provision for limited or light duty. The Division Dean retains the authority to make a final decision regarding the student's ability to meet clinical objectives.*

Rev. 7/2015

2.5 Pregnancy

The faculty are concerned about the health and welfare of the pregnant student and her unborn child and will not knowingly place the student in a situation that may jeopardize the health of either; however, the student must assume accountability for her own safety by informing the faculty of the pregnancy, keeping appointments with a health care provider, and obtaining on-going consent for class and clinical activities.

Students who enter a program in the Health Sciences Division during pregnancy, or who become pregnant while enrolled, must obtain consent from their health care provider for entering and continuing class and clinical activities with no limitations. The pregnant student must submit a signed Return to School Statement at least once per month or after each prenatal and postpartum check-up.

It is the student's responsibility to obtain the Return to School Statement prior to attending class/clinical. This information is to be given to the course instructor. The college is not responsible for exacerbations of illness, injuries, or infectious contact. For students to go to clinical, they must have **no physical limitations** indicated on the physical examination form and/or the Return to School statement.

Pregnant students may need to take a leave of absence from the nursing program. Pregnant students who are in good academic standing at the time they withdraw will be allowed to return to the program without having to apply for readmission (refer to Texarkana Board Policy FAA-Legal). The student must return within the timeframe specified for the specific program (see section 1.12 of the Health Sciences Student Handbook).

2.6 Students with Disabilities

The policy of Texarkana College is to accommodate students with disabilities, pursuant to federal and state law. Any student with a documented disability (e.g.; physical, learning, psychiatric, visual, hearing, etc.) who needs to arrange reasonable accommodations must contact the course instructor and the Counselor for Special Populations in the college counseling office prior to attending first class session.

ADA Requirements for Nursing Students (ADN and VN)

Title II of the ADA prohibits discrimination against a "qualified individual with a disability." This term is defined as an individual with a disability who can perform the "essential functions" of a position, with or without reasonable accommodation.

In order for a student with a disability to be admitted to any nursing program at Texarkana College, the student must:

1. Meet the prerequisite admission standards as defined in the college catalog.
2. Perform the essential functions for participation in the nursing program with or without reasonable accommodation.

Generally, the term essential functions includes those fundamental duties that the individual who holds the position must be able to perform, either unaided or with the assistance of a reasonable accommodation.

A reasonable accommodation is "any change in the student environment or in the way things are customarily done that enables an individual with a disability to enjoy equal opportunities." In order to be considered for appropriate accommodations, the student must make a request with the Director of Disabilities Services, located in the Palmer Memorial Library, at least two weeks before most accommodations are needed (Texarkana College & Student Handbook , Section C. "Students with

Disabilities") Since the ADA expressly prohibits inquiries regarding disabilities, the responsibility of disclosure is borne by the individual having the disability. The reasonableness of an accommodation is determined on a case by case basis. The accommodation offered does not have to be the "best available" but needs to be sufficient to meet the needs of the individual being accommodated.

The nursing faculty has determined that to successfully complete the classroom and clinical components of the nursing program, the student must be able to perform defined essential functions. These essential functions include but are not limited to the following:

Attendance:

Regular classroom and clinical attendance as defined by the Health Sciences Student policies.

Essential Mental Abilities:

Maintain reality orientation accompanied by short and long-term memory.

1. Adapt to school and clinical environment.
2. Follow rules and instructions.
3. Assimilate and apply knowledge acquired through lectures, discussions, demonstrations, and readings.
4. Comprehend and apply basic mathematical skills.
5. Demonstrate safe nursing practice within the defined clinical time period.
6. Demonstrate critical thinking skills by the comprehension and application of abstract concepts.
7. Demonstrates a quick response to a critical and stressful event while maintaining accuracy in technical skills, verbal responses, and documentation.

Essential Communication Skills:

A. Speak clearly in order to communicate with clients, families, health care team members, peers, and faculty.
B. Interact appropriately and communicate effectively with individuals, families, and groups from a variety of social, cultural, and intellectual backgrounds.
C. Communicate and organize thoughts in order to prepare written documents.
D. Prepare written documents that are correct in style, grammar, and mechanics.

Essential Physical Abilities:

1. Stand and walk for six to eight hours/day.
2. Walk for prolonged periods from one area to another over an eight hour period.
3. Bend, squat, and kneel.
4. Assist in lifting or moving patients of all age groups and weights.
5. Perform CPR, i.e., move above patient to compress chest and manually ventilate client.
6. Work with arms fully extended overhead.
7. Use hands for grasping, pushing, pulling, and fine manipulation.
8. Demonstrate eye/hand coordination for manipulation of equipment, i.e., syringes, procedures, etc.

Essential Sensory Abilities:

1. Possess tactile ability to differentiate changes in sensation.
2. Possess tactile ability sufficient for physical assessment.
3. Possess auditory acuity to note slight changes in the patient's condition, i.e., lung sounds, etc.
4. Possess auditory acuity to hear client calls for assistance without facing the client.
5. Possess auditory acuity to interpret various equipment signals and use the telephone.
6. Possess visual acuity to read and distinguish colors, to read handwritten orders, and other handwritten and printed data.
7. Possess visual acuity to clearly view monitors and scales in order to correctly interpret data.
8. Possess olfactory ability sufficient to detect differences in odor.

2.7 Emergency Evaluation of Students in the Clinical Setting

Wadley Regional Medical Center

Texarkana College is not responsible for any costs related to the medical care of students. Clinical facilities, i.e. Wadley Regional Medical Center (WRMC), to which students are assigned for clinical learning are not responsible for any costs related to the medical care of students. The student is responsible to pay for any medical care that the student requires and receives while in a facility used for learning, and the student can expect to be billed.

In the event a student experiences an accident or sudden illness while on the premises of WRMC, the facility will provide an "emergency evaluation", that is, the student will be seen and decisions made regarding what is needed. Charges associated with the evaluation, i.e. diagnostic work, medications, and the like are not included and are the responsibility of the student.

At WRMC, in the event of an accident, faculty or the preceptor may send the student to the Employee Health Nurse (or the shift supervisor if after hours) who will make the determination if the ER doctor is required. The student will not be sent to the Emergency Room unless in the judgment of the faculty or preceptor, it is a true emergency that justifies bypassing this procedure and warrants the anticipated charge to the student.

If the student develops a sudden illness or reaction that faculty or preceptor thinks needs attention, faculty will refer the student to their own personal physician, to the Employee Health Nurse, and/or subsequently the ER doctor. In either case, for non-accident, non-facility related medical care, the student is to understand that any costs under those circumstances belong to the student. The student may self-select to go to the ER or to personal healthcare provider for personal medical care at any time with the understanding that the student will be billed for the visit and all other associated charges.

CHRISTUS St. Michael Health Care Center

Texarkana College is not responsible for any costs related to the medical care of students. Clinical facilities, i.e. CHRISTUS St. Michael Health System (CSMHS), to which students are assigned for clinical learning are not responsible for any costs related to the medical care of students. The student is responsible for payment for any medical care that the student requires and receives while in a facility used for learning and the student can expect to be billed.

In the event a student experiences an accident or sudden illness while on the premises of CSMHS, the facility will provide an "emergency evaluation", i.e. the student will be seen and decisions made regarding what is needed. Charges associated with the evaluation, i.e. diagnostic work, medications, and the like are not included and are the responsibility of the student. In the event of an accident, faculty or preceptor may send the student to the Emergency Room, where the triage nurse will make the determination of what is required. If the student develops a sudden illness or reaction that faculty or preceptor think needs attention, faculty will refer the student to their own personal physician or to the triage nurse in the ER. In either case, for non-accident, non-facility related medical care, the student is to understand that any costs under those circumstances belong to the student. The student may self-select to go to the ER for personal medical care at any time with the understanding that the student will be billed for the ER visit and all other associated charges.

Other Clinical Sites

Neither Texarkana College nor the affiliating clinical agency to which students are assigned for clinical learning are responsible for any costs related to the medical care of students. The student is responsible for payment for any medical care that the student requires and receives while in the facility used for learning.

In the event a student experiences an accident or sudden illness while on the premises of the clinical site, the facility and/or clinical faculty will provide an emergency evaluation of the student and determine if transfer to an emergency care facility or clinic is warranted. The student will incur the cost associated with the emergency facility or personal physician.

2.8 Policy for TB Skin Test for Second-Year Health Science Students

Students entering a second year of enrollment in a Health Science program are required to complete a *Tuberculosis Screening Questionnaire* or show absence of active tuberculosis by the beginning of the second year of enrollment. Students will not be allowed to attend clinical without "negative" screening questionnaire on file.

2.9 Policy regarding Meningococcal Vaccine

Students are expected to comply with the college policy regarding meningococcal requirements.

Section 3 Activities and Organizations

3.1 National Student Nurses Association (NSNA)

The NSNA is a pre-professional association for nursing students. Participation in the student organization prepares students for involvement in professional associations upon graduation. Joining NSNA provides the opportunity to become involved at the local chapter level, the Texarkana College Nursing Student Association, as well as the Texas Nursing Student Association (TNSA). Each member has an opportunity to meet and exchange ideas with other nursing students and increase awareness of issues confronting nursing today. Membership information will be given out at the beginning of the semester.

3.2 NSNA Mission

The mission of the NSNA is to:

- organize, represent and mentor students preparing for initial licensure as registered nurses or enrolled in baccalaureate completion programs;
- promote development of the skills that students will need as responsible and accountable members of the nursing profession;
- advocate for higher quality health care.

3.3 Alpha Delta Nu

The mission of Alpha Delta Nu Nursing Honor Society is to:

- recognize the academic excellence of students in the study of Associate Degree Nursing;
- encourage the pursuit of advance degrees in the profession of nursing;
- encourage continuing education as a life-long professional responsibility.

Section 4 Financial Aid

4.1 Scholarships and Grants

The Health Science Division may have scholarships from local donations, state funding, and federal funding. Any award given may affect the amount the student may receive from other sources (ex. TPEG, FSEOG, AFDC); therefore, the student should consult the Financial Aid Office before application. Applicants for state (Texas only) funding must be Texas Residents. State funds are usually cash distributions in 2-4 payments. Failure to progress in the program will terminate any unused funds awarded (local and state).

Selection of awardees is usually based on financial need and academic standing. Attendance may be considered in the selection. Students should follow these steps to be a candidate:

A. Be accepted as a student in the Associate Degree Nursing, Vocational Nursing, or Emergency Medical Technology program.
B. Complete the FAFSA application. Assistance in completing the application is available in the Financial Aid Office.
C. Apply for scholarships/grants as announcements are made and funds become available. Applying for scholarships and grants usually require that a FAFSA application be on file, even if the student does not qualify for federal funds.

Section 5 Associate Degree Nursing

5.1 Approval and Accreditation

The Associate Degree Nursing program is approved by the Texas Board of Nursing for the State of Texas and accredited by the Accreditation Commission for Education in Nursing (ACEN), Inc. Contact information for each agency is:

Accreditation Commission for Education in Nursing
3390 Peachtree Road NE, Suite 1400
Atlanta, Georgia 30326
USA (404) 975-5000
www.acenursing.org

Texas Board of Nursing
1801 Congress Ave., Suite 10-200
Austin, TX 78701
(512) 305-7400
www.bon.tx.gov

5.2 Curriculum Organizing Framework

The organizing framework for the Associate Degree Nursing Program at Texarkana College is as follows:

The curriculum is developed, implemented, and evaluated by the nursing faculty. The total curriculum requires courses from the natural and behavioral science, and communication, as well as nursing courses. The nursing content of the curriculum focuses on the following concepts:

1. Humans are holistic beings with biological, psychological, sociological, and communication needs.
2. Human needs are affected by the stages of life from conception to death.
3. Humans seek optimum health by responding to and affecting an internal and external environment that is uniquely their own. Health is viewed as a continuum from optimum health to maladaptive loss of function (illness or death).
4. The inherent dignity of the individual gives one the right to actively participate with the health team in decisions which affect one's state of health.

The curriculum demonstrates the adoption of the QSEN competencies and the Texas BON Differentiated Essential Competencies for the Associate Degree nurse. The relationship of the philosophy and objectives of the nursing curriculum is demonstrated by the design, structure, and arrangement of the courses. The initial courses, RNSG 1327, 1251, 1160, 1413 and 1360 introduce key concepts which are developed in subsequent courses. The remainder of the curriculum is presented in a modified physiological systems approach with selected concepts integrated throughout the program.

Concurrent clinical experiences are designed to enable the student to develop competencies as a member of the profession, provider of patient-centered care, patient safety advocate and member of the healthcare team in a variety of health care settings. Clinical experience for each of the semesters is planned so that the clinical focus increases in complexity throughout the program.

The underlying curriculum strands, which unite the concepts of holistic humans, life cycle needs, health status, and health decisions are:

1. Quality and safety.
2. Scope of practice.
3. The nursing process.
4. Clinical skills.
5. Communication.
6. Nutritional & pharmacological principles.
7. Evidence-based practice.
8. Cost effective healthcare.
9. Cultural competence.
10. Clinical reasoning/decision-making.
11. Physical & emotional health promotion/maintenance.

The problem-solving methodology for the delivery of nursing care is the nursing process. It is a dynamic ongoing process, which is used by the nurse to: (1) assess data relevant to the individual's health status, (2) identify the problem or potential problem (nursing diagnosis),

(3) state expected behavioral outcomes, (4) plan and implement nursing measures to facilitate the individual's expected outcome(s), (5) evaluate the individual's response (s) in terms of the expected outcomes, and (6) revise the plan, if necessary.

The learning process involves both a facilitator and a learner, with the learner being an active participant in the process. Active participation is accomplished through: small group teaching to facilitate integration of theory and clinical content; study and practice prior to/during/after learning activities; and opportunity to serve on program committees. Presentation of the concepts in the teaching/learning process progresses from simple to complex. Students come to the learning situation with certain knowledge of the norm as a result of life experiences and prerequisite or co-requisite general education courses. Students are expected to apply knowledge in subsequent courses.

Learning experiences take the form of lectures, seminars, demonstration/return demonstration, clinical laboratory learning, audiovisual presentations, computer assignments, journaling, simulation and individualized practice in the computer lab. Clinical learning takes place in a supervised setting where the learner has the opportunity to utilize the nursing process in a variety of healthcare settings.

Texarkana College provides an educational program in associate degree nursing for adult learners, many of whom come with employment and family responsibilities. They are educated to meet nursing needs of individuals with common, uncommon, complex, and rehabilitative needs with predictable and unpredictable outcomes. Clinical facilities where the learner provides care for clients in all phases of the

life cycle may include: acute and long term hospitals, public health and community agencies, clinics, retirement centers, nursing homes, mental health, home health and hospice settings.

CONCLUSION

Associate degree nurses are products of a terminal nursing program, meaning that upon graduation, they are prepared for employment in beginning staff nursing positions in various healthcare settings. Beginning practice focuses on well-defined, acute or chronic health problems. Graduates will require an orientation opportunity and experienced supervision by the employing agency. They will demonstrate achievement of program objectives consistent with the mission, vision and goals of Texarkana College and the Associate Degree Nursing Program and are eligible to apply for licensure as registered nurses.

5.3 Philosophy

The faculty believes that associate degree nursing education should be an integral part of a community college. Therefore, we accept the democratic philosophy and institutional goals of Texarkana College as it fulfills its mission to meet the diverse educational needs of the community. In keeping with the goals of the college, the associate degree nursing program prepares a graduate for immediate employment, provides courses that may be acceptable for transfer to other colleges should graduates seek a higher degree and provides programs for development and/or expansion of skills.

We believe that humans are holistic beings who are unique and complex with biological, psychological, sociological and communication needs that vary throughout life. The faculty believes that health, defined as the process of well-being, is the right of every individual. Health services should be available to each through the cooperative efforts of a wide range of professions and disciplines, commonly called the interdisciplinary health team. The inherent dignity of the individual gives one the right to actively participate with the health team in decisions which affect one's state of health.

Nursing works independently and collaboratively with other health disciplines to provide individualistic and cost-effective care with patients of all ages. The faculty believes that nursing includes the promotion of health, prevention of illness, and the care of the ill, disabled, and dying people. Advocacy, promotion of a safe environment, and education are also key nursing roles. (Adapted from the International Council of Nurses, 2010). Furthermore, the faculty believes that nursing should constantly encourage patient independence.

The knowledge base and practice of the nursing profession includes promotion of health, management and monitoring of health, and management of common, uncommon, complex and rehabilitative problems with predictable and unpredictable outcomes. The knowledge base and practice of the associate degree nurse is directed toward use of the nursing process to provide or coordinate direct nursing care for a limited number of patients with common, complex, or rehabilitative needs in acute and long-term health care settings. Such clients are identified as individuals or family/significant others.

Acute and long-term healthcare settings, for which the graduate is prepared to enter, include geographical or situational environments where the policies, procedures, and protocols are established to support critical thinking decisions, and there is available consultation. The associate degree nurse functions in accordance with the differentiated essential competencies of graduates of Texas nursing programs in the role of member of the profession, provider of patient-centered care, patient safety

advocate and member of the healthcare team. Upon graduation, the Associate Degree nurse is prepared for a beginning staff position under supervision in various healthcare settings. The faculty believes that

individuals learn in a variety of ways and come into the learning situation in different stages of development; therefore, learning is believed to be:

1. Comprised of cognitive, affective and psychomotor components.
2. An additive process, progressing from simple to complex.
3. Demonstrated by a change in behavior.
4. Enhanced by a multi-sensory approach.
5. Individualistic, according to life experiences and personal characteristics.

As the effort and energy put into learning is under personal control, learning is ultimately the responsibility of the student. The faculty shares the responsibility to the extent that they are accountable for curricular planning and for the creation of the learning environment.

Throughout the learning process, the faculty will encourage development of a nursing conscience based upon professional, moral, ethical, and legal standards.

The faculty further believes that as needs of society change, so do learning needs of the professionals who serve it. Continuing education after graduation is an inherent part of one's professional obligation. In coordination with existing college continuing education services and with community groups, the nursing faculty responds to learning needs by identifying, planning, and otherwise insuring implementation of continuing education opportunities for health care personnel.

5.4 Program Student Learning Outcomes (PSLO) and General Education Core Competencies

The following program objectives are the outcomes, which shape the curriculum and are the criteria for measurement of its success. This reflects the Differentiated Essential Competencies of graduates of Texas nursing programs as a member of the profession, provider of patient-centered care, patient safety advocate and member of the healthcare team. The graduate will:

1. Apply clinical judgment using the nursing process to deliver and manage safe, high-quality, patient-centered care across diverse populations.
2. Integrate evidence-based practice and quality improvement principles to advocate for and implement safe, effective, and equitable nursing care.
3. Implement principles of delegation, management, and leadership to coordinate nursing care across healthcare settings.
4. Demonstrate therapeutic communication skills that foster trust, civility, and emotional safety when engaging with patients, families, and members of the interdisciplinary healthcare team.
5. Demonstrate clinical reasoning to implement evidence-based, ethical, and legal nursing interventions that promote holistic health across diverse populations.
6. Utilize patient care technologies and informatics systems to enhance safety and support clinical decision-making.

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5.5 Legal Limitations for Licensure

The Texas Board of Nursing may refuse to admit a candidate to the licensing examination and refuse to issue a license to any applicant who has been convicted of a felony or misdemeanor involving moral turpitude or who has been hospitalized or treated for mental illness and/or chemical dependency.

Both the Nursing Practice Act and The Rules and Regulations relating to Nursing Education, Licensure and Practice contain information regarding eligibility for licensure. Both documents may be viewed and downloaded from Texas Board of Nursing website: www.bon.tx.gov/

Specific references relating to Good Professional Character, Licensure of Persons with Criminal Convictions, Criteria and Procedure Regarding Intemperate Use and Lack of Fitness in Eligibility and Disciplinary Matters, and Declaratory Order of Eligibility for Licensure include Nursing Practice Act: Sec. 301.257 and Sec. 301.452-301.469 BON Rules: 213.28-213.30

Students are expected to access the information on the BON website and familiarize themselves with the complete legal requirements. A summary follows:

Good Professional Character (From Rule 213.27)

Good professional character is the integrated pattern of personal, academic and occupational behaviors which, in the judgment of the Board, indicates that an individual is able to consistently conform his or her conduct to the requirements of the Nurse Practice Act, the Board's rules and regulations, and generally accepted standards of nursing practice including, but not limited to, behaviors indicating honesty, accountability, trustworthiness, reliability and integrity.

Licensure of Persons with Criminal Convictions (From Rule 213.28)

The Board may refuse to approve any individual to take the licensure examination that has been convicted of a felony, a misdemeanor involving moral turpitude, or engaged in conduct resulting in the revocation of probation.

The practice of nursing involves clients, their families, significant others and the public in diverse settings. The registered nurse practices in an autonomous role with individuals who are physically, emotionally, and financially vulnerable. The nurse has access to personal information about all aspects of a person's life, resources, and relationships. Therefore, criminal behavior whether violent or non-violent, directed against persons, property or public order and decency is considered by the Board as highly relevant to an individual's fitness to practice nursing.

Criteria and Procedure Regarding Intemperate Use and Lack of Fitness in Eligibility and Disciplinary Matters (From Rule 213.29)

A person desiring to obtain or retain a license shall provide evidence of current sobriety and fitness.

Declaratory Order of Eligibility for Licensure (From Rule 213.30)

An individual enrolled or planning to enroll in a nursing program who has reason to believe that he or she may be ineligible for licensure, may petition the Board for a declaratory order as to his or her eligibility. The individual must submit a petition on forms downloaded from the BON website and a fee, which is not refundable.

Process for Petition for Declaratory Order

The Texas Board of Nursing has identified certain circumstances that may render a potential candidate ineligible for licensure as a nurse in the State of Texas. The Board provides individuals the opportunity to petition for a Declaratory Order as to their eligibility in accordance with Article 301.257 of the Nursing Practice Act.

If you are required to answer "YES" to any of the following questions, please access the BON web site www.bon.tx.gov/ to download the Declaratory Order form. Print the entire document and instructions. Processing your Petition may take six (6) months or more after you provide all required documentation and depending on your circumstance. Once the Board has received all necessary information, including the information required by subsection (c) of this section, an investigation of the petition and the petitioner's eligibility shall be conducted.

For any criminal offense, including those pending appeal, have you:

1. Been convicted of a misdemeanor?
2. Been convicted of a felony?
3. Pled nolo contendere, no contest, or guilty?
4. Received deferred adjudication?
5. Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
6. Been sentenced to serve jail or prison time? Court-ordered confinement?
7. Been granted pre-trial diversion?
8. Been arrested or any pending criminal charges?
9. Been cited or charged with any violation of the law?
10. Been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations.)

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application.

Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, will at a minimum subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

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

1. Are you currently the target or subject of a grand jury or governmental agency investigation?
2. Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?
3. Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?"*
4. Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorders, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?"

*You may indicate "NO" if you have completed and/or are in compliance with TPAPN for substance abuse or mental illness.

NOTE: If you are unsure of how to answer the above questions or have ever signed legal documents relating to any of the above, contact the Texas Board of Nursing for guidance.

5.6 Absentee Policy

THEORY/ON-CAMPUS LAB ATTENDANCE POLICY

Class and on-campus lab attendance is essential. Attendance is based on the policies stated in the Texarkana College Student Handbook (Absentee Policy). Refer to the individual course syllabi for the course attendance requirements. Students are expected to regularly attend all classes for which they are registered. Responsibility for work missed because of illness, school business, or other circumstances is placed on the student. The student is responsible to see the instructor to make arrangements to make up missed work.

TARDY POLICY FOR CLASS AND CLINICAL

Three (3) tardies will equal one (1) absence. Tardy is defined as being up to 15 minutes late or leaving up to 15 minutes early. Being more than 15 minutes late or leaving more than 15 minutes early will constitute an absence.

CLINICAL ATTENDANCE POLICY

Because of the importance of the clinical component, the student is expected to be present for all scheduled clinical days. However, if due to emergencies or extenuating circumstances, tardies and/or absences do occur, the following policy will apply:

1. No grade (number or letter) will be given for (2) clinical absences in the semester. The student's clinical grade will be averaged by two less clinical days.

1A. Associate Degree and Transition Program Students:

Exceeding one (1) clinical absence (RNSG 1160), two (2) clinical absences (RNSG 1360, 1460, 2360), or three (3) clinical absences (RNSG 2463) during a semester, will result in the student not progressing in the program. Exceeding the allowed absences in clinical will result in the student being dropped from the course with a grade of "W" if dropped by Texarkana College's designated drop date or a grade of "D" or "F" if after the last day to drop. (Students with a clinical average of A, B, C. or D at the time of drop will receive a "D" for the course; students with an "F" clinical average at the time of drop will receive an "F"). The students are ultimately responsible for adhering to the attendance policy and keeping track of their absences.

2. Clinical Absence Procedure: The student must notify the assigned unit at least one hour before the assigned time of duty. The student should secure the name of the person to whom the report is given. Students may also inform their clinical instructor prior to the clinical absence. Failure to adhere to this policy will result in deduction of points on the next graded clinical day.

3. If a qualified faculty member is not available to substitute for a group assigned to clinical, the group may be sent home and be required to do a scheduled make-up day prior to the end of the semester.

If a student has been placed on Level III Evaluation and Progression with one-on-one observation and is absent on the designated day of evaluation, the evaluation date will be rescheduled at the discretion of the teaching team and Division Dean, if time remain in the semester and the student has not exceeded allowable absences. If no time remains in the semester, the student may not progress in the program.

BEREAVEMENT POLICY FOR NURSING STUDENTS

1. Purpose:

The purpose of this policy is to provide guidance and support to nursing students who have experienced the loss of an immediate family member. For this policy, immediate family members are defined as the student's spouse, grandparents, parents, siblings, children, and grandchildren.

2. Bereavement Leave:

A nursing student will be allowed up to five consecutive business days of bereavement leave related to the loss of an immediate family member. Consecutive business days are defined as five business days in a row regardless of the student's class schedule. This leave is intended to provide adequate time for the student to cope with the loss, attend funeral arrangements, and any other necessary family responsibilities. It is the responsibility of the student to inform their faculty about the bereavement absence as soon as possible. This must be communicated through email. Bereavement leave may only be used once a semester to ensure that required course content and learning objectives are met. Clinical make-up days may be required to meet minimum the requirements of the Texas Board of Nursing which states that at least 50% of clinical hours are hands-on in the clinical setting.

3. Documentation:

The student is required to complete the Bereavement Leave Request Form and provide appropriate documentation of the bereavement, such as a death certificate or obituary notice, to support their request for bereavement leave and make-up exams. If the student is unable to provide immediate documentation, the student should inform their faculty and provide documentation as soon as reasonably possible and within two weeks of the bereavement.

4. Make-Up Exam:

In the event of a bereavement absence on an exam day, the student will follow the current make-up exam policy. The student must notify their faculty regarding their intention to take a make-up exam. The nature and format of the make-up exam will be determined by the faculty ensuring it covers the same content and standards as the original exam.

5. Support and Guidance:

The nursing school will provide bereaved students with information regarding counseling services or grief support groups available on-campus or through other community resources. Faculty, staff, and advisors are encouraged to be sensitive and understanding towards bereaved students, offering support and flexibility when needed. The nursing school administration will consider the unique circumstances of each bereaved student, providing reasonable academic accommodations, if necessary, in consultation with the faculty.

6. Confidentiality:

The nursing school will maintain strict confidentiality regarding the bereavement circumstances shared by the student, ensuring that personal information is protected and only shared on a "need to know" basis. All documentation provided by the student will be treated confidentially and stored securely in accordance with applicable privacy laws and regulations.

Bereavement Leave Request Form

Student Name: _____ Program: _____

Date of Request: _____

Loss of Immediate Family Member:

Name of deceased family member: _____

Relationship to student: _____

Date of passing: _____

Number of requested absences: _____

Date(s) of requested absences: _____

Date student will return from bereavement leave: _____

Is a make-up exam required: _____

*Attach a copy of the obituary, funeral program, death certificate, or any other relevant documentation supporting your bereavement leave request.

Student's Signature: _____ Date: _____

Approval:

I hereby confirm that the above-named student has requested bereavement leave and has provided the necessary supporting documentation. I approve the student's request for _____ absences related to the loss of an immediate family member. The make-up exam will need to be completed in the testing center no later than _____. Failure to make-up the exam by the given date will result in a zero for the exam grade.

Faculty/Dean Name: _____

Signature: _____ Date: _____

5.7 COVID-19 Attendance Policy

Not in effect at this time.

5.8 Re-Entry Procedure

Candidates for readmission to the nursing program, in advance of return, are expected to manage those circumstances that prevented previous success. As such, the applicants for readmission must, by the midterm date of the semester prior to the one the student wishes to enter:

1. Complete all the requirements for basic admission.
2. Complete the guidance interview form for re-entry to the Health Sciences Division.
3. Have a conference with the Health Sciences Division Dean or designee regarding goals and plans.

The student accepted for re-entry will be expected to follow current policy and procedures of the Health Sciences program at the time of re-admission. Any student dismissed from the program as a result of clinical failure related to safety or ethical issues, is not eligible for re-entry into the Associate Degree Nursing Program.

Students who are unsuccessful in the ADN Basic program will be able to apply for the ADN Transition program after successful completion of a Vocational Nursing program and one-year of employment as a Vocational Nurse. If unsuccessful in a transition course, a student is not eligible for readmission into the Transition program. The student is eligible for application to the ADN Basic Program.

Third admission (2nd re-entry) petitions for the ADN program will be accepted only in cases of extenuating circumstances, which include situations such as extended hospitalization or severe illness, death of a spouse or child, total loss of their home from natural disaster, etc. Failing a course or having excessive absences and being dropped are not typically considered extenuating circumstances.

The student must submit a "Letter of Petition" to the ADN Admissions Committee for approval prior to being allowed to test for a 2nd re-entry. The student is subject to all other requirements of the re-entry process to include testing, applicant ranking and space availability.

Students applying for re-entry to the Associate Degree Program will be required to complete testing and remediation requirements to be considered for re-entry into the program.

Students applying for re-entry to 1st semester may have individualized success plans required for re-admission. The individualized plan may include, but is not limited to, mandatory exam reviews with faculty, regardless of the exam grade earned, to identify strategies to improve the student's understanding of course concepts required for successful completion of the semester.

Students applying for 2nd semester re-entry will be required to take a Fundamentals of Nursing final exam and score a minimum of 75% to be considered for re-entry. Students achieving the passing score on the exam may also have an individualized success plan, instituted with the course faculty, to reinforce course concepts and improve their understanding of course material required for successful completion of the semester.

Students applying for re-entry to 3rd semester will be required to take the ATI Fundamentals exam. Students scoring the minimum requirement of Proficiency Level 1 will complete remediation as outlined in the ATI Mastery Policy. Students scoring a Proficiency Level 2 or above are not required to complete remediation. Remediation must be submitted by the due date to be considered for re-entry.

Students applying for re-entry to the 4th semester will be required to take the ATI Medical Surgical exam (given in the 3rd semester of the program). Students scoring the minimum requirement of Proficiency Level 1 will complete remediation as outlined in the ATI Mastery Policy. Students scoring a Proficiency Level 2 or above are not required to complete remediation. Remediation must be submitted by the due date to be considered for re-entry.

Re-entry into the Basic or Transition cohort will be dependent on performance during prior enrollment, re-entry points tool ranking, Admission committee review and space availability in the cohort/program.

5.9 Progression in a Tandem or Concurrent Course

Students must register and enroll for all nursing courses required for the semester. A student who is unsuccessful in a concurrent course may not progress in other concurrent nursing courses.

If a nursing course is dropped, on or before the "Drop Date", the concurrent nursing course(s) must also be dropped unless they have already been successfully completed. This may adversely affect the student's GPA and financial aid.

The decision to withdraw from either course must be made prior to taking the final exam and before the drop date. If the student fails clinical after the drop date either by attendance or grade, he/she will not be allowed to take the final exam in the concurrent theory course. If the student fails theory, but has successfully passed clinical, he/she will receive the passing clinical score on his/her transcript but must retake both courses concurrently if accepted for re-entry. (Adopted 5/19/04)

When a student withdraws from one course of the vocational/associate degree program, they must withdraw from all concurrent courses they are registered for. If the withdrawal occurs before the college drop date, the student will receive a "W." If the withdrawal happens after the college drop date, a failing grade will be recorded (D if the current average is a D or higher; F if the current average is below 65). The grade earned will be recorded for any completed courses.

5.10 Curriculum Agreement

All students entering the Associate Degree Nursing Program will complete a curriculum agreement form, which lists the courses and sequence for the curriculum they will study. The student must follow the degree plan in the proper sequence unless permission is granted by the Division Dean to alter the sequence. Note: Required general education courses may be taken in advance of the semester they are required, if the student so chooses.

5.10.1 Standardized Exams--Basic (1st-3rd semesters) Transition (1st -2nd semesters)

Standardized exams:

- Provide an evaluation of students' knowledge and ability at different points in the program.
- Identify students' strengths and areas where improvement is needed so that remediation can be accomplished.
- Provide experience in taking standardized exams on the computer, much like the NCLEX exam.
- Provide faculty with data that helps guide course/curriculum improvements.

All Basic, first year Associate Degree Nursing Students will take multiple standardized exams during the first year of the ADN program. The benchmark scores, remediation requirements, and grading are explained in the syllabi. The cost of the exams is included in course fees and is nonrefundable.

All Transition Associate Degree Nursing Students will take a standardized exam at the end of the summer semester. The benchmark score and remediation requirements are explained in the course syllabus. The cost of the exam will be paid at the beginning of the summer semester and is nonrefundable.

Students must complete required remediation. Remediation must be handwritten and submitted by the due date set for the semester. Points for ATI testing and remediation will be calculated using the ATI Mastery Policy (located in the course syllabi)

Student ID: _____

Printed Name: _____

Signature: _____

Date: _____

ATI Content Mastery Policy for Standardized Exams

ATI Content Mastery consists of practice and proctored assessments with remediation that total 10% of the course grade. The grading rubric for the ATI Assessment portion of the course is as follows:

STEP 1: Practice Assessment with Required Remediation	Points Earned
A. Complete Practice Assessment • A student will earn a total of 2 points upon completion of the Practice Assessment(s) by the assigned deadline. • A student who does not complete the Practice Assessment(s) by the assigned deadline will receive 0 points.	_____ points (2 pts possible)
B. Complete Remediation • Students will earn a total of **2 points** upon completion of remediation by the assigned deadline. • For each topic missed, students must identify **3 critical points to remember** about the topics. • Students who do not identify **3 critical points to remember** for each topic missed will not receive credit for completing remediation and will receive **0 points** for the assignment.	_____ points (2 pts possible)

STEP 2: Proctored Assessments					Points Earned
A. Complete Proctored Assessment at Assigned Time • Use the table below to calculate points earned and identify remediation requirements. • Students will earn 1 to 4 points based upon the score they earn on the Proctored Assessment.					
Proficiency:	Level 3	Level 2	Level 1	Below Level 1	_____ points (4 pts possible)
Points Earned:	4 points	3 points	2 points	1 point	
B. Complete Remediation • Students will earn a total of **2 points** upon completion of remediation by the assigned deadline regardless of which level they scored on the Proctored Assessment. • For each topic missed, students must identify **3 critical points to remember** about the topics. • Students who do not identify **3 critical points to remember** for each topic missed will not receive credit for completing remediation and will receive **0 points** for the assignment.					_____ points (2 pts possible)
Points Possible = 2 + 2 + 4 + 2 = 10					_____ **Total Points**

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5.10.2 Standardized Policy—Basic (4th semester) Transition (3rd semester)

The Associate Degree Program curriculum includes standardized testing in each semester. Students will receive a grade based on their performance level on each standardized test. The grading rubric can be found in course syllabi. To improve the student's success on future standardized tests and the NCLEX-RN exam, faculty highly encourage students to take the standardized tests and remediation (if required) very seriously. In the final semester of the program, a comprehensive standardized exam will be given. The comprehensive exam includes material from all semesters of the ADN program. All students will complete each phase of the Standardized Exam Policy.

Phase One

The ATI RN Comprehensive Predictor examination is included in RNSG 1443 in the final semester of the program. The comprehensive proctored exam will be given after mid-term and prior to the week of final exams. Students are required to meet the benchmark score of 92% probability of passing the NCLEX-RN exam. Remediation is required per the ATI Mastery policy (located in RNSG 1443 course syllabus). All students will then move to Phase Two of the Standardized Examination Policy.

Phase Two

All students, regardless of their score on the first attempt will take the Comprehensive Predictor for a second time. The student will receive the highest grade out of the two attempts per the grading rubric. Students who did not meet the 92% probability benchmark are highly encouraged to meet with faculty and develop an individualized learning plan to help improve their score on the retake.

Phase Three

All students must attend the live NCLEX-RN review course hosted on the Texarkana College campus, regardless of their course grades, standardized test scores, or other factors. The cost of the review course is included with registration for the final semester. The review course builds student confidence and critical thinking skills and helps prepare students for success on standardized tests including the NCLEX-RN exam.

Students will be able to utilize information from the NCLEX-RN review course and standardized exam results to identify areas of strengths and weaknesses in preparation for taking the NCLEX-RN exam. Students will be given information on the scheduling of the review course as soon as confirmation is received from ATI.

_____ _____

Printed Name Date

_____ _____

Signature TC ID#

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ATI Content Mastery Policy for Comprehensive Predictor Assessment

ATI Content Mastery consists of practice and proctored assessments with remediation that total 10% of course grade. The grading rubric for the ATI Assessment portion of the course is as follows:

STEP 1: PRACTICE Comprehensive Predictor Assessment with Required Remediation	Points Earned
A. Complete Practice Assessment • A student will earn a total of **1 point** upon completion of the Practice Comprehensive Predictor Assessment by the assigned deadline. • A student who does not complete the Practice Comprehensive Predictor Assessment by the assigned deadline will receive **0 points**.	_____ point (1 pt possible)
B. Complete Required Remediation Plan a. Students will earn a total of **2 points** upon completion of remediation by the assigned deadline. b. For each topic missed, students must identify **3 critical points to remember** about the topics. c. Students who do not identify **3 critical points to remember** for each topic missed will not receive credit for completing remediation and will receive **0 points** for the assignment.	_____ points (2 pts possible)

STEP 2: PROCTORED Comprehensive Predictor Assessment						Points Earned
A. Complete Proctored Assessment at Assigned Time • Use the table below to calculate points earned and identify remediation requirements. • Students will earn 1 to 5 points based upon the score they earn on the Proctored Comprehensive Predictor Assessment						
Predictability Score:	95% – 100%	92% - 94%	88% - 91%	85% - 87%	ow 85%	_____ points (5 pts possible)
Points Earned:	5 points	4 points	3 points	2 points	1 point	
B. Complete Required Remediation Plan a. Students will earn a total of **2 points** upon completion of remediation by the assigned deadline regardless of which level they scored on the Proctored Assessment. b. For each topic missed, students must identify **3 critical points to remember** about the topics. c. Students who do not identify **3 critical points to remember** for each topic missed will not receive credit for completing remediation and will receive **0 points** for the assignment.						_____ points (2 pts possible)
Points Possible = 1 + 2 + 5 + 2 = 10						_____ **Total Points**

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5.12 Make-Up Exam Policy

If a student is absent on the day of a unit exam, a make-up exam will be given. The student has 5 business days (not counting weekends) to complete the exam. The student is responsible for contacting the course instructor(s) to schedule a test time. Make-up exams may be administered in the TC Testing Center in the Academic Commons. It is the student's responsibility to know the Testing Center policies and hours of operation. The exam will consist of 25 questions and students will be given 37.5 minutes to take the exam. Failure to take the make-up exam in the allotted 5 days will result in a grade of zero. All unit exams must be completed prior to the final exam for the course. Due to scheduling of final exams, this may affect having 5 business days to complete the make-up exam.

Final Exam

- If a student is absent for the final exam in a course, a make-up exam will be given. Due to the timing of final exams and posting of course grades, the student will be required to take the make-up exam prior to the end of the semester and prior to the deadline for posting of grades or an "Incomplete" will be given.
- The examination will remain a comprehensive exam, following the same policy/guidelines set for final exams.
- If a student cannot complete the course final exam prior to the end of semester and grade deadline (due to hospitalization, emergency, etc.) the student will receive an "Incomplete" grade in the course pending completion of all course requirements.
- All absence/tardy policies will be upheld through the completion of the course.
- Pre-requisite courses must be completed prior to the start of subsequent courses for the degree plan.

5.13 Dosage Calculation Competency

Dosage calculation competency is a critical skill necessary to prevent medication errors in today's fast-paced healthcare settings. Students are expected to apply these concepts with accuracy throughout future course work. A dosage calculation exam is given each semester. Mastery of the math/dosage calculation exam with a grade of 84% is a requirement of all clinical courses in the ADN curricula. The dosage calculation exam grade is not computed in the course exam average. A pass/fail is recorded for the exam requirement.

If a passing grade is not achieved on the first exam, two retakes will be allowed. If a retake is required, the student must remediate before retaking the exam. Dosage Calculation retake exams will be administered during a scheduled date and time set by the faculty.

If a student does not achieve the minimum passing grade after three exam attempts, the student will be dropped from the course (and all concurrent nursing courses) and receive a "W" for the course grade.

5.14 2026 NCLEX-RN® Test Plan

Test Plan for the National Council Licensure Examination for Registered Nurses (NCLEX-RN®)

Introduction

Entry into the practice of nursing is regulated by the licensing authorities within each of the National Council of State Boards of Nursing (NCSBN®) member board jurisdictions (state, commonwealth and territorial boards of nursing and most Canadian provinces). To ensure public protection, each jurisdiction requires candidates for licensure to meet set requirements that include passing an examination that measures the competencies needed to perform safely and effectively as a newly licensed, entry-level registered nurse (RN). NCSBN develops a licensure examination, the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), which is used by member board jurisdictions and most Canadian nursing regulatory bodies, to assist in making licensure decisions.

Several steps occur in the development of the NCLEX-RN Test Plan. The first step is conducting a practice analysis that is used to collect data on the current practice of the entry-level nurse. In the 2024 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice U.S. and Canada (NCSBN, 2025), nearly 24,000 newly licensed RNs are asked about the frequency, importance and clinical judgment relevancy of performing nursing care activities. Nursing care activities are then analyzed in relation to the frequency of performance, impact on maintaining client safety and client care settings where the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that incorporates specific client needs as well as processes fundamental to the practice of nursing. Clinical judgment is one of the fundamental processes found to possess a high level of relevance and importance in the delivery of safe, effective nursing at the entry level.

Entry-level nurses are required to make increasingly complex decisions while delivering client care. These increasingly complex decisions often require the use of clinical judgment to support client safety. It is essential to note that clinical judgment applied in this dynamic supports the entry-level nurse to make effective decisions inside the nursing scope of practice, which provides a foundation for client safety.

NCSBN has conducted several years of research and study to understand and isolate the individual factors that contribute to the process of nursing clinical judgment. These isolated factors are represented in the NCLEX-RN Test Plan and subsequently delivered as examination items. A more detailed description of clinical judgment can be found in the Integrated Processes section.

The second step is the development of the NCLEX-RN Test Plan, which guides the selection of content and behaviors to be tested. The NCLEX-RN Test Plan provides a concise summary of the content and scope of the licensing examination. It serves as a guide for examination development as well as candidate preparation. The NCLEX® assesses the knowledge, skills, abilities and clinical judgment that are essential for the entry-level nurse to use in order to meet the needs of clients requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are integral to the examination, cognitive abilities that will be tested in the examination and specific components of the NCLEX-RN Test Plan.

Beliefs

Beliefs about people and nursing underlie the NCLEX-RN Test Plan. People are finite beings with varying capacities to function in society. They are unique individuals who have defined systems of daily living reflecting their values, motives and lifestyles. People have the right to make decisions regarding their health care needs and to participate in meeting those needs. The profession of nursing makes a unique contribution in helping clients achieve an optimal level of health in a variety of settings. For the purposes of the NCLEX, a client is defined as the individual, family or group, which includes significant others and population.

Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts and the biological, physical, psychological and social sciences. It is a learned profession based on knowledge of the human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a dynamic, continuously evolving discipline that employs critical thinking and clinical judgment to integrate increasingly complex knowledge, skills, technologies and client care activities into evidence based nursing practice. The goal of nursing for client care is preventing illness and potential complications and protecting, promoting, restoring and facilitating comfort, health and dignity throughout the lifespan including at the end of life.

The RN provides a unique, comprehensive assessment of the health status of the client, applying principles of ethics, client safety, health equity, health promotion and the nursing process. The RN then develops and implements an explicit plan of care considering unique cultural and spiritual client preferences, the applicable standard of care and legal considerations. The RN assists clients to promote health, cope with health problems, adapt to and/or recover from the effects of disease or injury, and support the right to a dignified death. The RN is accountable for abiding by all applicable member board jurisdiction statutes related to nursing practice.

Classification of Cognitive Levels

Bloom's taxonomy for the cognitive domain is used as a basis for writing and coding items for the examination (Anderson & Krathwohl, 2001). Since the practice of nursing requires application of knowledge, skills, abilities and clinical judgment, the majority of items are written at the application or higher levels of cognitive ability, which require more complex thought processing.

Test Plan Structure

The framework of Client Needs was selected for the examination because it provides a universal structure for defining nursing actions and competencies and focuses on clients in all settings.

Client Needs

The content of the NCLEX-RN Test Plan is organized into four major Client Needs categories. Two of the four categories are divided into subcategories.

Safe and Effective Care Environment

- Management of Care
- Safety and Infection Prevention and Control

Health Promotion and Maintenance

Psychosocial Integrity

Physiological Integrity

- Basic Care and Comfort
- Pharmacological and Parenteral Therapies
- Reduction of Risk Potential
- Physiological Adaptation

Integrated Processes

The following processes are fundamental to the practice of nursing and are integrated throughout the Client Needs categories and subcategories.

- Caring – interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides encouragement, hope, support and compassion to help achieve desired outcomes.

- Clinical Judgment – the observed outcome of critical thinking and decision-making. It is an iterative process with multiple steps that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern and generate the best possible evidence-based solutions in order to deliver safe client care (detailed description of the steps below).
- Communication and Documentation – verbal and nonverbal interactions between the nurse and the client, the client's significant others and the other members of the health care team. Events and activities associated with client care are recorded in written and/or electronic records that demonstrate adherence to the standards of practice and accountability in the provision of care.
- Culture and Spirituality – interaction of the nurse and the client (individual, family or group, including significant others and populations) that recognizes and considers the client-reported, self-identified, unique and individual preferences to client care, the applicable standard of care and legal considerations.
- Nursing Process – a scientific, clinical reasoning approach to client care that includes assessment, analysis, planning, implementation and evaluation.
- Teaching/Learning – facilitation of the acquisition of knowledge, skills and abilities promoting a change in behavior.

Clinical Judgment

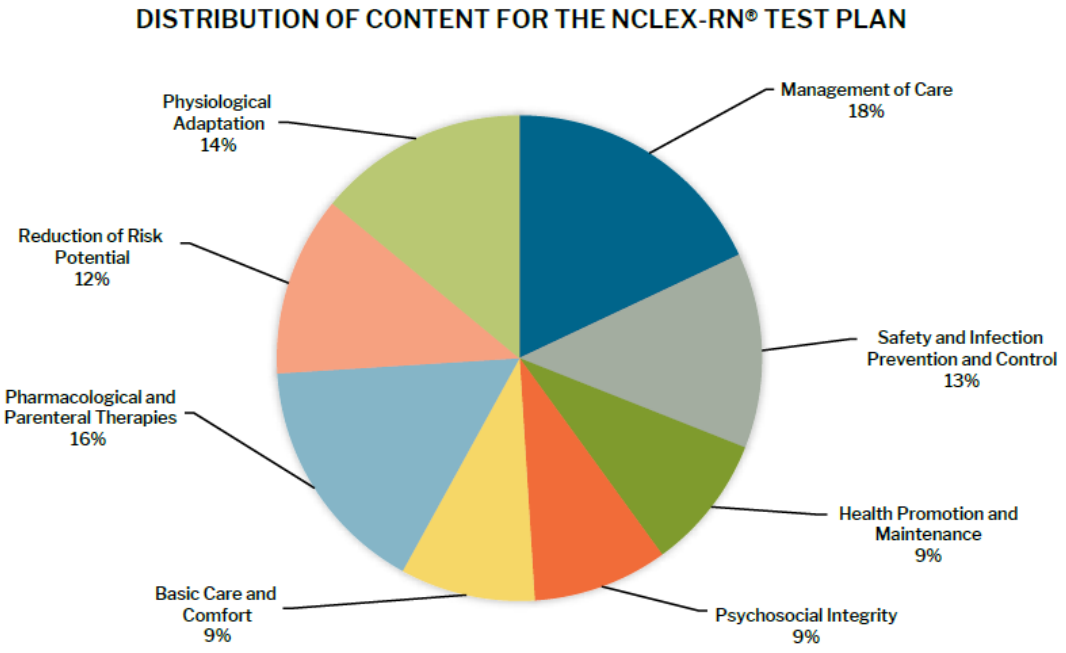
The nurse engages in this iterative multistep process that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern and generate the best possible evidence-based solutions in order to deliver safe client care. Clinical judgment content may be represented as a case study or as an individual stand-alone item. A case study contains six items that are associated with the same client presentation, share unfolding client information and address the following steps in clinical judgment.

- Recognize cues – identify relevant and important information from different sources (e.g., medical history, vital signs).
- Analyze cues – organize and connect the recognized cues to the client's clinical presentation.
- Prioritize hypotheses – evaluate and prioritize hypotheses (urgency, likelihood, risk, difficulty, time constraints, etc.).
- Generate solutions – identify expected outcomes and use hypotheses to define a set of interventions for the expected outcomes.
- Take action – implement the solution(s) that address the highest priority.
- Evaluate outcomes – compare observed outcomes to expected outcomes.

Distribution of Content

The percentage of test questions assigned to each Client Needs category and subcategory of the NCLEX-RN Test Plan is based on the results of the 2024 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice (NCSBN, 2025) and expert judgment provided by members of the NCLEX Examination Committee (NEC). In addition to the Client Needs categories and subcategories listed below, clinical judgment processes are explicitly measured by 18 case study items (i.e., three item sets) and approximately 10% stand-alone items, which will be selected depending on exam length.

Client Needs	Percentage of Items from Each Category/Subcategory
Safe and Effective Care Environment	
· Management of Care	15–21%
· Safety and Infection Prevention and Control	10–16%
Health Promotion and Maintenance	6–12%
Psychosocial Integrity	6–12%
Physiological Integrity	
· Basic Care and Comfort	6–12%
· Pharmacological and Parenteral Therapies	13–19%
· Reduction of Risk Potential	9–15%
· Physiological Adaptation	11–17%



NCLEX-RN Examinations are administered adaptively in variable-length format to target candidate-specific ability. To accommodate possible variations in examination length, content area distributions of the individual examinations may differ up to ±3% in each category.

Administration of the NCLEX-RN®

The NCLEX-RN® is administered to candidates by computerized adaptive testing (CAT). CAT is a method of delivering examinations that uses computer technology and measurement theory. With CAT, each candidate's examination is unique because it is assembled interactively as the examination proceeds. Computer technology selects items that match the candidate's ability. The items, which are stored in a large item pool, have been classified by test plan category and level of difficulty as well as clinical judgment steps. After the candidate answers an item, the computer calculates an ability estimate based on all of the candidate's previous answers. The next item administered is chosen based on that ability estimate and is selected from an appropriate test plan category. This process is repeated for each item, creating an examination tailored to the candidate's knowledge and skills while fulfilling all NCLEX-RN Test Plan requirements. The examination continues with items selected and administered in this way until a pass or fail decision is made.

Examination Length

All RN candidates must answer a minimum of 85 items. The maximum number of items that an RN candidate may answer is 150 during the allotted five-hour period. Of the minimum-length examination, 52 of the items will come from the eight content areas listed above in the stated percentages. Eighteen of the items will comprise three clinical judgment case studies. A case study is an item set composed of six items that measure each of the six steps of the NCSBN Clinical Judgment Measurement Model (NCJMM) mentioned earlier: recognize cues, analyze cues, prioritize hypotheses, generate solutions, take action and evaluate outcomes. Since clinical judgment is an integrated process, the case studies will span any number of content areas and are therefore counted independently of the contentarea–specific items. The remaining 15 items will be unscored pretest items. The five-hour limit to complete the examination includes all breaks.

The length of the examination is determined by the candidate's responses to the items. Depending on the particular pattern of correct and incorrect responses, candidates will receive different numbers of items and therefore use varying amounts of time. It is advisable to: (1) maintain a reasonable pace and (2) carefully read and consider each item before answering.

Each candidate is given an examination that adheres to the test plan and is therefore given the opportunity to demonstrate their ability. The length of the candidate's examination is not an indication of a pass or fail result. A candidate may pass or fail regardless of the length of the examination. Additional information on passing and failing rules is included in further detail in this section.

The Passing Standard

The NCSBN Board of Directors (BOD) reevaluates the passing standard once every three years. The criterion that the BOD uses to set the standard is the minimum level of ability required for safe and effective entry-level nursing practice.

To assist the BOD in making this decision, they are provided information on:

1. The results of a standard setting exercise performed by a panel of experts with the assistance of psychometricians;
2. The historical record of the passing standard with summaries of the candidate performance associated with those standards;
3. The results of a standard setting survey that was sent to educators and employers; and
4. Information describing the educational readiness of high school graduates who express an interest in nursing.

Once the passing standard is set, it is applied uniformly to every examination according to the procedures laid out in the Scoring the NCLEX section below. To pass the NCLEX, a candidate must perform at or above the passing standard. There is no fixed percentage of candidates that pass or fail the examination.

References

American Educational Research Association, American Psychological Association, and National Council on Measurement in Education. (2014). Standards for Educational and Psychological Testing. Washington, D.C.: AERA

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Section 6 Vocational Nursing

6.1 Philosophy

The philosophy of the Vocational Nursing Program is consistent with the mission, vision and institutional goals of Texarkana College in order to provide for the educational needs of a diverse community. It incorporates the legal, ethical, and educational standards of vocational nursing, and is sensitive to the diverse cultural and ethical backgrounds of the students and the community they serve.

The Vocational Nursing faculty believes that the teaching/learning process is an interactive process in which specific learning outcomes are achieved. The curriculum is comprised of objectives in which cognitive, affective, and psychomotor components progress from simple to complex. Emphasis is placed on accountability and professionalism with a commitment to lifelong learning.

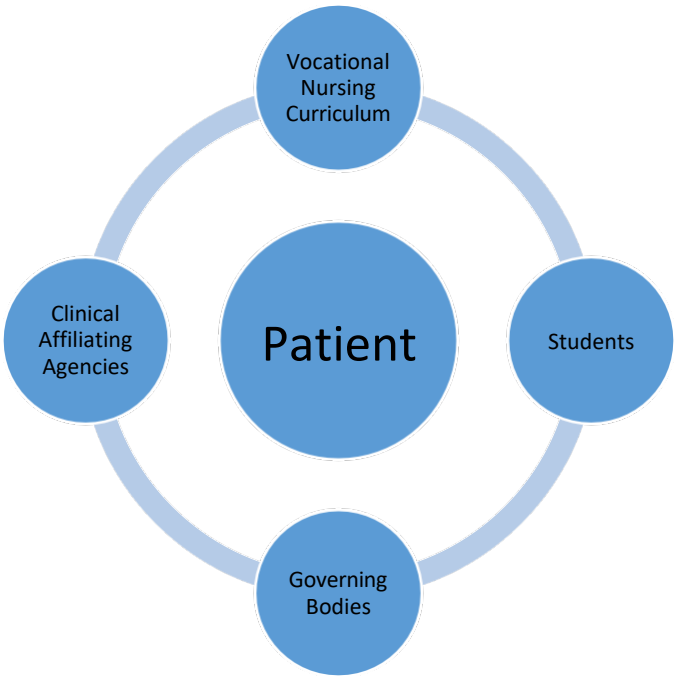
The Vocational Nursing faculty further believes that it is important to facilitate the learning process by guiding, encouraging, and inspiring students to problem solve and become confident in their nursing practice. The students must be proactive in this teaching/learning process by assuming responsibility and accountability for their own learning.

The Vocational Nursing program prepares the graduate to be able to think critically, using the nursing process to make decisions and arrive at safe conclusions. The graduate is prepared to meet the differentiated essential competencies (DECs) as set forth by the Texas Board of Nursing. The vocational nursing role represents the beginning level of the nursing practice continuum as Member of the Profession, Provider of Patient-Centered Care, Patient Safety Advocate, and Member of the Health Care Team.

6.2 Conceptual Framework

The semester based curriculum for the Vocational Nursing Program at Texarkana College progresses from simple to complex and uses a modified body systems approach for the organization of content. The focus is on patient-centered care provided by the vocational nurses who can provide culturally competent nursing care using the nursing process and implementing measures to promote health and prevent disease in a safe environment.

Threaded throughout the curriculum are the concepts of nutrition; pharmacology; biological, psychological, and sociocultural needs throughout the lifespan; nursing process; psychomotor skills: professional roles as outlined by the Differentiated Essential Competencies (DEC); and ethical decision making.



6.3 Program Learning Outcomes

Learning outcomes are based on the Differentiated Essential Competencies set forth by the Texas Board of Nursing for graduates of vocational nursing education programs.

Upon completion of the program, the graduate has the ability to:

1. Utilize the nursing process to assist with identifying the patient's physical and mental health status, their needs, and the preferences of culturally, ethnically and socially diverse patients and their families based on interpretation of health-related data. (DECs I, II)
2. Observe, report, and document pertinent nursing information including alterations in patient responses to therapeutic interventions. (DECs I, II, III, IV)
3. Safely perform nursing interventions according to the vocational nurse level of practice. (DECs II, III)
4. Implement teaching plans that are based upon accepted scientific principles in order to give direct care with skill and safety. (DEC II)
5. Provide compassionate care which maintains comfort and dignity. (DECs II, III)
6. Assign nursing care to others for whom the nurse is responsible based upon an analysis of patient and unit needs, continuing to supervise this assignment through its completion. (DECs I, II, III, IV).
7. Utilize self-assessment and reflective practices to identify strengths and areas for growth to enhance professional nursing competency. (DEC I)
8. Coordinate, collaborate and communicate with the interdisciplinary health care team to plan, deliver and evaluate care for diverse patients, families, and community populations. (DECs I, II, III, IV)
9. Practice within legal and ethical nursing standards. (DECs I, II)
10. Acknowledge the value of continuing education and participation in lifelong learning. (DECs I, III)

https://www.bon.texas.gov/pdfs/publication_pdfs/Differentiated%20Essential%20Competencies%202021.pdf

6.4 Legal Limitations for Licensure

The Board of Nursing may deny licensure to persons who have been convicted of a felony or misdemeanor involving moral turpitude or who have been hospitalized or treated for mental illness and/or chemical dependency. Please see Section 5.5 Legal Limitations for Licensure for more detail and for the Process for Petition for Declaratory Order. Vocational nursing students who must answer "yes" to any of the eligibility questions listed on the Process document must submit a declaratory order.

Complete forms and instructions for a petition for declaratory order may be obtained from the BON website: www.bon.state.tx.us/.

6.5 Attendance Policy

Classroom Absences

According to the Texarkana College Student Handbook, students enrolled in the Vocational Nursing Program are in a program that necessitates an attendance policy that is more stringent than the institutional policy. Students are expected to regularly attend all classes for which they are registered. Responsibility for work missed because of illness, school business, or other circumstances is placed on the student. The student is responsible to see the instructor to make arrangements to make up missed work. Poor class attendance may result in a student being dropped from a course by an instructor with a grade of "F".

An absence is defined as:

- Failure to attend class.
- Arriving later than 15 minutes from the scheduled start of class, or leaving more than 15 minutes before the scheduled end of class.
- Accruing three tardies in the course.

A tardy is defined as:

1. Being up to 15 minutes late for class or clinical.
2. Leaving up to 15 minutes early from class or clinical.

The number of absences allowed in theory courses varies from course to course. Refer to course syllabi for information regarding theory absences.

Clinical Absences

A maximum of three (3) clinical absences are allowed for a clinical course. Clinical Absence Procedure:

The student must notify the assigned unit at least one hour before the assigned time of duty. The student should secure the name of the person to whom the report is given. Students may also inform their clinical instructor prior to the clinical absence. Failure to adhere to this policy will result in deduction of points on the next graded clinical day.

Exceeding three (3) clinical absences during a semester, will result in the student not progressing in the program. Exceeding the allowed absences in clinical will result in the student being dropped from the course with a grade of "W" if dropped by Texarkana College's designated drop date or a grade of "D" or "F" if after the last day to drop. (Students with a clinical average of A, B, C. or D at the time of drop will receive a "D" for the course; students with an "F" clinical average at the time of drop will receive an "F"). The students are ultimately responsible for adhering to the attendance policy and keeping track of their absences.

6.6 Withdrawal Policy

When a student withdraws from one portion of the vocational nursing program, they must withdraw from all courses they are currently registered for. If the withdrawal occurs before the drop date, the student will receive a "W." If the withdrawal happens after the "last day to drop" date, a failing grade will be recorded (D if the current average is D or higher; F if the average is below 65). The grade earned will be recorded for any courses completed.

6.7 Re-entry Procedure

A student who withdraws from the program, for whatever reason, will be required to fulfill all admission requirements before the request to re-enter will be considered. Vocational Nursing must re-apply within 12 months. Associate Degree Nursing students must re-enter within 2 years to retain credit for nursing courses. Testing may be required as part of the re-entry process. Recommendations such as pre-entrance preparatory study, auditing courses, and assessment of reading skills, etc. may be part of the re-entry process. Specific program re-entry information can be found in the "Program Information" sections (ADN 5.0/VN 6.0) of the handbook.

The Admissions Committee will determine the status for admission only upon successful completion of any recommendation and meeting testing requirements. Re-enrollment in any of the major classes will be dependent upon space availability. The student is expected to re-enter and pass the course which was failed before taking the next course unless exceptions are made by the Admissions Committee. The student accepted for re-entry will be under the current policy and procedures of the Health Sciences program at the time of re-admission. Students who have exited the program before completion and are interested in returning are recommended to seek employment in a health agency during the interim period.

Admission procedures are outlined in the Texarkana College Catalog. Candidates for re- admission to the vocational nursing program must complete the re-admission process. Re- admission into the program will be considered on an individual basis, on space availability basis, and faculty recommendation. Students must apply for re-entry within 12 months after leaving the program. The re-entering student must complete courses in the order decided upon by the Admissions Committee. Some courses may need to be repeated. If the request for readmission is greater than one year, the student will be required to re-enter as a beginning student. The student accepted for re-admission will be under the current policies, procedures, and curriculum of the vocational nursing program. If an applicant is offered re-entry but does not enroll, they will be required to re-apply for future consideration.

Any student who is dismissed from the vocational nursing (VN) program due to a professional and/or ethical violation is not eligible for re-entry. In addition, any student who has had a clinical failure is not eligible for re-entry into the VN program.

Steps for Re-admission

3. Complete the Health Sciences Application for re-entry form.
4. Have a personal guidance interview with a member of the Health Science staff. An appointment is necessary. Inform the staff member that you have been enrolled in the vocational nursing program previously.
5. Have a conference with a member of the VN faculty if required by the Admissions Committee.
6. Complete re-entry testing, if required.
7. Complete all other requirements set forth by the Admissions Committee.
8. Have a physical exam, negative drug screen, and satisfactory criminal background check. These are not required until notification in writing of "Conditional Acceptance" into the nursing program has been received.

6.8 Administration of Exams

Multiple choice examinations will be given at the conclusion of each unit. The time allotted will be 1 ½ minutes per question for all exams.

Paper and Pencil Exams:

Paper/pencil exams are administered using a SCANTRON® Test form which is available in the Texarkana College Bookstore. The test form must be free of wrinkles, tears, or folds as this prevents grading by the machine and delays return of grades to students. Only answers marked on the SCANTRON® form will be considered for grading. Information written in the exam booklet will not be graded.

Students must report to their assigned testing area 10 to 15 minutes early. The only items that should be brought into the testing room are a SCANTRON®, a black pen, pencil, highlighter, and keys.

Students should leave the testing room when they complete the exam.

Computerized Exams:

All students must have access to a computer with camera, audio, and reliable internet service. Computerized exams may be administered utilizing Zoom, ATI, Moodle, Respondus Lockdown Browser®, Microsoft Teams® and/or Proctorio®.

Students should log in to their assigned exams at least 15 minutes prior to start time to allow for resolution of any technical issues.

There should be no cell phones, smart watches, calculators, textbooks, or notes in the testing area. Before beginning the exam, the test proctor(s) may request a 360-degree scan of the testing environment. Exam sessions will be recorded by both audio and video. Before beginning the exam, the test proctor(s) may request a 360-degree scan of the testing environment. Exam sessions will be recorded by both audio and video. Accommodations will be allowed for students who have them.

An exam may be paused or stopped at any time by the test proctor(s).

Any significant or conspicuous testing behaviors will be flagged and discussed with the other test proctor(s) and the student. These behaviors include:

a. Taking eyes off the computer screen repeatedly
b. Moving out of view of the camera
c. Having others in the testing room
d. Frequently clicking out of the browser used for testing
e. Covering mouth with hands, clothing, or blankets Students should log off after submitting their exam.

Exam grades are made available as soon as possible following test administration. The instructor will announce how the grades are to be obtained. A comprehensive final examination is given at the end of select courses determined by faculty.

Students who are unsuccessful on exams are expected to meet with an instructor virtually or face-to- face to review concepts missed on the exam.

Make-up exams will be given per the guidelines in the course syllabi. It is the student's responsibility to schedule make-up exam arrangements with the instructor.

Quizzes and homework will be given at the discretion of the instructor.

6.9 Dosage Calculation Competency

Dosage calculation competency is a critical skill necessary to prevent medication errors in today's fast-paced healthcare settings. Students are expected to apply these concepts with accuracy throughout future course work.

A dosage calculation exam is given each semester. The following competency levels must be achieved for the student to remain in the program.

1st Semester: 80%

2nd Semester: 88%

3rd Semester: 92%

If the student does not pass the first exam, they must take a second exam by the date determined by the instructor. If the student does not pass the second exam, they must complete remediation as assigned by the instructor(s). After remediation, a 3rd exam is given. Failure to pass on the 3rd attempt results in dismissal from the program.

6.10 Standardized Testing Policy

Students are required to take a standardized ATI Fundamentals of Nursing exam at the end of the first semester. Students' answers and scores will be analyzed by faculty.

An ATI PN Comprehensive Predictor exam will be administered during the 3rd semester. The student must meet the benchmark score of > 71.3% on the PN Comprehensive Predictor (percentage correct) equating to a >0.90 predicted probability of passing NCLEX-PN. If the required >71.3% is not attained, the student will be required to complete 10 hours of remediation in the computer lab, logged in time, prior to release of program grades and the Dean verifying program completion. The required remediation will be assigned by the instructor(s) and based on the individual student's areas needing improvement.

Revised 6/2016

6.11 Special Testing Circumstances for the NCLEX-PN

Testing accommodations for candidates with disabilities will be made only with the authorization of the Board of Nursing and the approval of the National Council of State Board of Nursing. To make sure that there is adequate time to evaluate any request for an accommodation, the candidate must contact the board of nursing as early as possible, preferably before submitting your registration for testing.

Procedures for Requesting Special Accommodations

To request special accommodations the applicant must do the following:

- Request information from your board of nursing concerning its requirements for requesting testing accommodations.
    - Make a request for accommodations to the board of nursing. The request must comply with requirements established by your board of nursing for persons requesting testing accommodations. Typically, boards of nursing require documentation of past accommodations, if any, and a specific diagnosis by an appropriate health care professional that includes a description of the accommodations that are appropriate for the condition.

Send the request to the board of nursing as early as possible so that, if approved by the board of nursing and the National Council, the special accommodations can be made in a timely manner.

6.12 Written Clinical Assignments

In the interest of patient safety, all written clinical assignments are to be turned in as requested by clinical instructors. Any assignment that is not submitted on time or is submitted incomplete will result in a deduction of clinical points in the following applicable categories: Assessment, Planning, Implementation, Interpersonal Relations, Evaluation, Professional Behavior, and/or Safety. A pattern of incomplete or late assignments will result in the student being counseled as outlined in the Clinical Evaluation Process.

6.13 Clinical Evaluation Booklet Document

The Clinical Evaluation Booklet (CEB) is designed for the student to record a self-evaluation of the day's activity. It is a legal document that can be copied by lawyers. This is not the proper place to make negative comments regarding Texarkana College, the clinical agency, staff, other students and/or your instructor. It is also not the place to write personal feelings.

6.14 Mandatory NCLEX-PN Review Course

In an effort to maximize opportunities for students to be successful on the licensure exam, the NCLEX-PN Review Course is included as a mandatory component for completion of the vocational nursing program. The course is incorporated into VNSG 1219: Professional Development. The cost is included with tuition and fees.

6.15 Co-requisite course enrollment

All courses in each semester of the vocational nursing program are co-requisite courses. If a student withdraws from any course during a semester, the student is not allowed to continue in the other courses for that semester. The student is required to repeat all courses for that semester upon re-entry into the program.

Revised 7/16

6.16 2026 National Council Licensure Exam for Practical Nurses (NCLEX – PN®) Test Plan

Introduction

Entry into the practice of nursing is regulated by the licensing authorities within each of the National Council of State Boards of Nursing (NCSBN®) nursing regulatory bodies (state, commonwealth and territorial boards of nursing). To ensure public protection, each jurisdiction requires candidates for licensure to meet set requirements that include passing an examination that measures the competencies needed to perform safely and effectively as a licensed practical/vocational nurse (LPN/VN). NCSBN develops a licensure examination, the National Council Licensure Examination for Practical Nurses (NCLEX-PN®), which is used by member board jurisdictions to assist in making licensure decisions.

Several steps occur in the development of the NCLEX-PN Test Plan. The first step is conducting a practice analysis that is used to collect data on the current practice of entry-level LPN/VNs. In the 2024 PN Practice Analysis: Linking the NCLEX-PN Examination to Practice (NCSBN, 2025), more than 26,000 newly licensed LPN/VNs asked about the frequency, importance and clinical judgment relevancy of performing nursing care activities. Nursing care activities are then analyzed in relation to the frequency of performance, impact on maintaining client safety and client care settings where the activities are performed. This analysis guides the development of a framework for entry-level nursing practice that incorporates specific client needs as well as processes fundamental to the practice of nursing. Clinical judgment is one of the fundamental processes found to possess a high level of relevance and importance in the delivery of safe, effective nursing at the entry level.

Entry-level nurses are required to make increasingly complex decisions while delivering client care.

These increasingly complex decisions often require the use of clinical judgment to support client safety. It is essential to note that clinical judgment applied in this dynamic supports the entry-level nurse to make effective decisions inside the nursing scope of practice, which provides a foundation for client safety.

NCSBN has conducted several years of research and study to understand and isolate the individual factors that contribute to the process of nursing clinical judgment. These isolated factors are represented in the NCLEX-PN Test Plan and subsequently delivered as examination items. A more detailed description of clinical judgment can be found in the Integrated Processes section.

The next step is the development of the NCLEX-PN Test Plan, which guides the selection of content and behaviors to be tested. Variations in jurisdiction laws and regulations are considered in the development of the test plan. The NCLEX-PN Test Plan provides a concise summary of the content and scope of the licensure examination. It serves as a guide for examination development as well as candidate preparation. The NCLEX® assesses the knowledge, skills, abilities and clinical judgment that are essential for the entry-level LPN/VN to use in order to meet the needs of clients requiring the promotion, maintenance or restoration of health. The following sections describe beliefs about people and nursing that are integral to the examination, cognitive abilities that will be tested in the examination and specific components of the NCLEX-PN Test Plan.

Beliefs

Beliefs about people and nursing underlie the NCLEX-PN Test Plan. People are finite beings with varying capacities to function in society. They are unique individuals who have defined systems of daily living reflecting their values, motives and lifestyles. People have the right to make decisions regarding their health care needs and to participate in meeting those needs. The profession of nursing makes a unique contribution in helping clients achieve an optimal level of health in a variety of settings. For the purposes of the NCLEX, a client is defined as the individual, family or group, which includes significant others and population.

Nursing is both an art and a science, founded on a professional body of knowledge that integrates concepts from the liberal arts and the biological, physical, psychological and social sciences. It is a learned profession based on an understanding of the human condition across the life span and the relationships of an individual with others and within the environment. Nursing is a dynamic, continuously evolving discipline that employs critical thinking and clinical judgment to integrate increasingly complex knowledge, skills, technologies and client care activities into evidence-based nursing practice. The goal of nursing for client care is preventing illness and potential complications and protecting, promoting, restoring and facilitating comfort, health and dignity throughout the lifespan including at the end of life.

“The LPN/VN shall function within the limits of educational preparation and experience, function in promotion of and in the maintenance of good health, aid in preventing disease and disability, care for and rehabilitate individuals who are experiencing an altered state of health, and contribute to the ultimate quality of life until death” (NALPN, n.d.). Considering unique cultural and spiritual client preferences, the applicable standard of care and legal considerations, the LPN/VN uses a clinical problem-solving process (the nursing process) to collect and organize relevant health care data, assist in the identification of the health needs/problems throughout the client’s life span and contribute to the interdisciplinary team in a variety of settings. The entry-level LPN/VN demonstrates the essential competencies needed to care for clients with commonly occurring health problems that have

predictable outcomes. “Professional behaviors, within the scope of nursing practice for a practical/vocational nurse, are characterized by adherence to standards of care, accountability of one’s own actions and behaviors, and use of legal and ethical principles in nursing practice” (NAPNES, 2007).

Classification of Cognitive Levels

Bloom’s taxonomy for the cognitive domain is used as a basis for writing and coding items for the examination (Anderson & Krathwohl, 2001). The practice of practical/vocational nursing requires application of knowledge, skills, abilities and clinical judgment; therefore, the majority of items are written at the application or higher levels of cognitive ability.

Test Plan Structure

The framework of Client Needs was selected because it provides a universal structure for defining nursing actions and competencies for a variety of clients across all settings and is congruent with state laws and rules.

Client Needs

The content of the NCLEX-PN Test Plan is organized into four major Client Needs categories. Two of the four categories are divided into subcategories.

Safe and Effective Care Environment

- Coordinated Care
- Safety and Infection Prevention and Control

Health Promotion and Maintenance

Psychosocial Integrity

Physiological Integrity

- Basic Care and Comfort
- Pharmacological Therapies
- Reduction of Risk Potential
- Physiological Adaptation

Integrated Processes

The following processes are fundamental to the practice of practical/vocational nursing and integrated throughout the Client Needs categories and subcategories.

- Caring – interaction of the LPN/VN and client in an atmosphere of mutual respect and trust. In this collaborative environment, the LPN/VN provides support and compassion to help achieve desired therapeutic outcomes.
- Clinical Judgment – the observed outcome of critical thinking and decision-making. It is an iterative process that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern and generate the best possible evidence-based solutions in order to deliver safe client care (detailed description of the steps below).
- Clinical Problem-solving Process (Nursing Process) – a scientific approach to client care that includes data collection, planning, implementation and evaluation.
- Communication and Documentation – verbal and nonverbal interactions between the LPN/VN and the client, as well as other members of the health care team. Events and activities associated with client care are validated in written and/or electronic records that reflect standards of practice and accountability in the provision of care.
- Culture and Spirituality – interaction of the nurse and the client (individual, family or group, including significant others and populations) that recognizes and considers the client-reported, self-

identified, unique and individual preferences to client care, the applicable standard of care and legal considerations.
- Teaching and Learning – facilitation of the acquisition of knowledge, skills and attitudes to assist in promoting a change in behavior.

Clinical Judgment

The nurse engages in this iterative multistep process that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern and generate the best possible evidence-based solutions in order to deliver safe client care. Clinical judgment content may be represented as a case study or as an individual stand-alone item. A case study contains six items that are associated with the same client presentation, share unfolding client information and address the following steps in clinical judgment.

- Recognize cues – identify relevant and important information from different sources (e.g., medical history, vital signs).
- Analyze cues – organize and connect the recognized cues to the client's clinical presentation.
- Prioritize hypotheses – evaluate and prioritize hypotheses (urgency, likelihood, risk, difficulty, time constraints, etc.).
- Generate solutions – identify expected outcomes and use hypotheses to define a set of interventions for the expected outcomes.
- Take action – implement the solution(s) that address the highest priority.
- Evaluate outcomes – compare observed outcomes to expected outcomes.

Distribution of Content

The percentage of test items assigned to each Client Needs category and subcategory in the NCLEX-PN Test Plan is based on the results of the study 2024 PN Practice Analysis: Linking the NCLEX-PN Examination to Practice (NCSBN, 2025) and expert judgment provided by members of the NCLEX Examination Committee (NEC). In addition to the Client Needs categories and subcategories listed below, clinical judgment processes are explicitly measured by 18 case study items (i.e., three item sets) and approximately 10% stand-alone items, which will be selected depending on exam length.

Client Needs	Percentage of Items from Each Category/Subcategory
Safe and Effective Care Environment	
• Coordinated Care	18–24%
• Safety and Infection Prevention and Control	10–16%
Health Promotion and Maintenance	6–12%
Psychosocial Integrity	9–15%
Physiological Integrity	
• Basic Care and Comfort	7–13%
• Pharmacological Therapies	10–16%
• Reduction of Risk Potential	9–15%
• Physiological Adaptation	7–13%

DISTRIBUTION OF CONTENT FOR THE NCLEX-PN® TEST PLAN

Coordinated Care	21%
Safety and Infection Prevention and Control	13%
Health Promotion and Maintenance	9%
Psychosocial Integrity	12%

Basic Care and Comfort	10%
Pharmacological Therapies	13%
Reduction of Risk Potential	12%
Physiological Adaptation	10%

NCLEX-PN Examinations are administered adaptively in variable-length format to target candidate-specific ability. To accommodate possible variations in examination length, content area distributions of the individual examinations may differ up to ±3% in each category.

Overview of Content

The activity statements used in the 2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice (NCSBN, 2025) preface each of the eight content categories and are identified throughout the test plan by an asterisk (*). NCSBN performs an analysis of those activities used frequently and identified as important by entry-level nurses to ensure client safety. This is called a practice analysis; it provides data to support the NCLEX as a reliable, valid measure of competent, entry-level licensed practical/vocational nurse (LPN/VN) practice. The practice analysis is conducted every three years.

In addition to the practice analysis, NCSBN conducts a knowledge, skills and abilities (KSA) survey. The primary purpose of this study is to identify the knowledge needed by newly licensed LPN/VNs in order to provide safe and effective care. Findings from both the 2024 PN Practice Analysis and the 2024 LPN/VN KSA survey can be found at NCSBN.org. Both documents are used in the development of the NCLEX-PN Test Plan as well as to inform item development.

All activity statements in the 2026 NCLEX-PN® Test Plan require the nurse to apply the fundamental principles of clinical decision-making and critical thinking to nursing practice. The test plan also makes the assumption that the nurse integrates concepts from the following bodies of knowledge:

- Social sciences (psychology and sociology)
- Biological sciences (anatomy, physiology, biology and microbiology)

In addition, the following concepts are applied throughout the four major Client Needs categories and subcategories of the test plan:

- Caring
- Clinical Judgment
- Clinical Problem Solving (Nursing Process)
- Communication and Documentation
- Culture and Spirituality
- Teaching and Learning

Appendix A of this document includes detailed examples of content for each NCLEX-PN Test Plan category.

***Please note**: In general, if the age or age category of the client is not stated in an item, it can be understood that the client is an adult. Any ethnicity or cultural or spiritual belief attributed to a client should be considered self-reported by that client. NCLEX items are developed based on a variety of practice settings, such as acute/critical care, long-term care, rehabilitation care, skilled care, outpatient care and community-based/home care settings.*

Safe and Effective Care Environment

The LPN/VN provides nursing care that contributes to the enhancement of the health care delivery setting and protects clients and health care personnel.

Coordinated Care

- The LPN/VN collaborates with health care team members to facilitate effective client care.

Coordinated Care

Related Activity Statements from the 2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice

- Use data from various credible sources in making clinical decisions
- Contribute to the development of and/or update of the client plan of care
- Assign client care and/or related tasks (e.g., assistive personnel or LPN/VN)
- Organize and prioritize care based on client needs
- Recognize and report staff conflict
- Advocate for client rights and needs
- Promote client self-advocacy
- Participate in quality improvement activities (e.g., collecting data, serving on quality improvement committee)
- Involve client in care decision-making
- Follow up with client after discharge
- Participate in staff education (e.g., in-services, continued competency)
- Recognize self-limitations and seek assistance when needed (e.g., tasks, assignments)
- Respond to the unsafe practice of health care personnel (e.g., intervene, report)
- Participate in client discharge or transfer
- Participate in client referral process
- Follow regulation/policy for reporting specific issues (e.g., abuse, neglect, gunshot wound, communicable disease)
- Participate in client consent process
- Maintain client confidentiality
- Provide for privacy needs
- Provide information about advance directives
- Participate in client data collection
- Use information technology in client care
- Apply evidence-based practice when providing care
- Participate as a member of an interdisciplinary team
- Monitor activities of assistive personnel
- Participate in providing quality cost-effective care
- Provide and receive report
- Practice in a manner consistent with code of ethics for nurses
- Provide care within the legal scope of practice
- Verify and process health care provider orders
- Perform care for clients to support unbiased treatment and equal access to care, regardless of culture/ethnicity, sexual orientation, gender identity and/or gender expression

Safety and Infection Prevention and Control

- The LPN/VN contributes to the protection of clients and health care personnel from health and environmental hazards.

Safety and Infection Prevention and Control

Related Activity Statements from the 2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice

- Ensure availability and safe functioning of client care equipment
- Evaluate the appropriateness of health care provider's order for client

- Verify the identity of client
- Use safe client handling techniques (e.g., body mechanics)
- Identify client allergies and intervene as appropriate
- Prepare for and participate in internal and external disaster responses (e.g., fire, natural disaster)
- Identify and address unsafe conditions in health care and home environments
- Implement least restrictive restraints or seclusion
- Follow protocol for timed client monitoring (e.g., safety checks)
- Assist in and/or reinforce education to client about safety precautions
- Initiate and participate in security alerts (e.g., infant abduction, flight risk)
- Acknowledge and document practice errors and near misses (e.g., incident report)
- Use transfer assistive devices (e.g., gait/transfer belt, slide board, mechanical lift)
- Apply principles of infection control (e.g., personal protective equipment (PPE), aseptic technique, isolation, standard precautions)

Health Promotion and Maintenance

The LPN/VN provides nursing care for clients that incorporates the knowledge of expected stages of growth and development and prevention and/or early detection of health problems.

Health Promotion and Maintenance

Related Activity Statements from the 2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice

- Assist with care for the antepartum client
- Identify community resources for clients
- Assist with monitoring a client in labor
- Monitor recovery of stable postpartum client
- Compare client to developmental milestones
- Assist client with expected life transition (e.g., attachment to newborn, parenting, retirement)
- Participate in health screening or health promotion programs
- Provide information for prevention of high-risk behaviors (e.g., substance misuse, sexual practices, smoking cessation)
- Collect data for health history (e.g., client medical history, family medical history)
- Collect baseline physical data (e.g., skin/tissue integrity, height and weight)
- Identify clients in need of immunizations (required and voluntary)
- Provide care that meets the needs of the newborn less than 1 month old through the infant or toddler client through 2 years
- Provide care that meets the needs of the preschool, school age and adolescent client ages 3 through 17 years
- Provide care that meets the needs of the adult client ages 18 through 64 years
- Provide care that meets the needs of the adult client ages 65 and over
- Identify barriers to communication
- Identify barriers to learning

Psychosocial Integrity

The LPN/VN provides care that assists with promotion and support of the emotional, mental and social well-being of clients.

Psychosocial Integrity

Related Activity Statements from the 2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice

- Provide emotional support to client

- Collect data regarding client psychosocial functioning
- Identify client use of effective and ineffective coping mechanisms
- Promote positive self-esteem of client
- Collect data on client's potential for violence to self and others
- Identify signs and symptoms of substance misuse, substance use disorder, withdrawal and overdose
- Reinforce education to caregivers/family on ways to manage client with behavioral disorders
- Explore reasons for client nonadherence with treatment plan
- Participate in client group session
- Plan care with consideration of client spiritual, cultural beliefs and/or gender identity
- Assist in managing the care of an angry and/or agitated client (e.g., de-escalation techniques)
- Participate in reminiscence therapy, validation therapy or reality orientation
- Assist in the care of the cognitively impaired client
- Assist client to cope/adapt to stressful events and changes in health status
- Use therapeutic communication techniques with client
- Assist in the care of a client experiencing sensory/perceptual alterations
- Promote a therapeutic environment
- Incorporate behavioral management techniques when caring for a client
- Recognize and reduce stressors that affect client care
- Provide end-of-life care and education to clients

Physiological Integrity

The LPN/VN assists in the promotion of physical health and well-being by providing care and comfort, reducing risk potential for clients and assisting them with the management of health alterations.

Basic Care and Comfort

- The LPN/VN provides comfort to clients and assistance in the performance of activities of daily living.

Basic Care and Comfort

Related Activity Statements from the 2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice

- Provide site care for client with enteral tubes
- Promote alternative/complementary therapy in providing client care (e.g., music therapy, pet therapy)
- Provide for mobility needs (e.g., ambulation, range of motion, transfer, repositioning, use of adaptive equipment)
- Provide feeding for client with enteral tubes
- Monitor and provide for nutritional needs of client
- Provide nonpharmacological measures for pain relief (e.g., imagery, massage, repositioning)
- Assist with activities of daily living
- Provide care to client with bowel or bladder (urinary) management protocol
- Evaluate pain using standardized rating scales
- Provide measures to promote sleep and rest
- Use measures to maintain or improve client skin/tissue integrity
- Provide postmortem care
- Perform irrigation (e.g., urinary catheter, bladder, wound, ear, nose, eye)
- Assist in the care and comfort for a client with a visual and/or hearing impairment
- Monitor client intake/output

- Provide care to an immobilized client based on need

Pharmacological Therapies

- The LPN/VN provides care related to the administration of medications and monitors clients who are receiving parenteral therapies.

Pharmacological Therapies

Related Activity Statements from the 2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice

- Follow the rights of medication administration
- Reconcile and maintain medication list or medication administration record (e.g., prescribed medications, herbal supplements, over-the-counter medications)
- Monitor transfusion of blood product
- Calculate and monitor intravenous flow rate
- Administer medication by oral route
- Administer medication by various gastrointestinal tubes
- Administer a subcutaneous, intradermal or intramuscular medication
- Administer medication by ear, eye, nose, inhalation, rectum, vagina or topical route
- Count controlled substances and report discrepancies
- Maintain pain control devices (e.g., epidural, patient-controlled analgesia, peripheral nerve catheter)
- Administer intravenous piggyback (secondary) medications
- Collect required data prior to medication administration (e.g., contraindications, current medications)
- Evaluate client response to medication (e.g., adverse reactions, interactions, therapeutic effects, critical laboratory values)
- Reinforce education to client regarding medications
- Maintain medication safety practices (e.g., storage, checking for expiration dates, compatibility)
- Perform calculations needed for medication administration

Reduction of Risk Potential

- The LPN/VN reduces the potential for clients to develop complications or health problems related to treatments, procedures or existing conditions.

Reduction of Risk Potential

Related Activity Statements from the 2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice

- Identify client risk and implement interventions
- Check for urinary retention (e.g., bladder scan, ultrasound, palpation)
- Collect specimen for diagnostic testing (e.g., blood, urine, stool, sputum)
- Monitor continuous or intermittent suction of nasogastric (NG) tube
- Monitor diagnostic or laboratory test results
- Identify signs or symptoms of potential prenatal complication
- Perform point-of-care testing (e.g., pregnancy test, troponin, urine dipstick)
- Monitor and evaluate client vital signs (e.g., oxygen saturation, blood pressure)
- Use precautions to prevent injury and/or complications associated with a procedure or diagnosis
- Perform an electrocardiogram (EKG/ECG)
- Assist with the performance of a diagnostic or invasive procedure
- Perform venipuncture for blood draws
- Apply and monitor proper use of compression stockings and/or sequential compression devices

- Assist with care for client before and after surgical procedure
- Insert, maintain and remove urinary catheter
- Insert, maintain and remove nasogastric (NG) tube
- Perform blood glucose monitoring
- Maintain central venous catheter
- Maintain and remove peripheral intravenous catheter
- Perform focused data collection based on client condition (e.g., neurological checks, circulatory checks)
- Monitor client responses to procedures and treatments
- Reinforce client education about procedures, treatments, equipment

Physiological Adaptation

- The LPN/VN participates in providing care for clients with acute, chronic or life-threatening physical health conditions.

Physiological Adaptation

Related Activity Statements from the 2024 PN Practice Analysis: Linking the NCLEX-PN® Examination to Practice

- Reinforce education to client regarding care and condition
- Provide care for client drainage device (e.g., wound drain, chest tube)
- Assist with client wound drainage device removal
- Provide cooling/warming measures to restore normal body temperature
- Perform wound care and/or dressing change
- Respond and intervene to a client life-threatening situation (e.g., cardiopulmonary resuscitation)
- Intervene to improve client respiratory status (e.g., breathing treatment, suctioning, repositioning)
- Provide care for a client with a tracheostomy
- Remove wound sutures or staples
- Provide care to client on ventilator
- Assist in the care of a client with a pacing device
- Recognize and report basic abnormalities on a client cardiac monitor strip
- Provide care to client with an ostomy (e.g., colostomy, ileostomy, urostomy)
- Identify signs and symptoms related to acute or chronic illness
- Recognize and report change in client condition
- Provide care for a client with a fluid and electrolyte imbalance
- Provide care for a client receiving peritoneal dialysis or hemodialysis

Administration of the NCLEX-PN®

The NCLEX-PN® is administered to candidates by computerized adaptive testing (CAT). CAT is a method of delivering examinations that uses computer technology and measurement theory. With CAT, each candidate's examination is unique because it is assembled interactively as the examination proceeds. Computer technology selects items that match the candidate's ability. The items, which are stored in a large item pool, have been classified by test plan category and level of difficulty as well as clinical judgment steps. After the candidate answers an item, the computer calculates an ability estimate based on all of the candidate's previous answers. The next item administered is chosen based on that ability estimate and is selected from an appropriate test plan category. This process is repeated for each item, creating an examination tailored to the candidate's knowledge and skills while fulfilling all NCLEX-PN Test Plan requirements. The examination continues with items selected and administered in this way until a pass or fail decision is made.

Examination Length

All LPN/VN candidates must answer a minimum of 85 items. The maximum number of items that an LPN/VN candidate may answer is 150 during the allotted five-hour period. Of the minimum-length examination, 52 of the items will come from the eight content areas listed above in the stated percentages. Eighteen of the items will comprise three clinical judgment case studies. A case study is an item set composed of six items that measure each of the six steps of the NCSBN Clinical Judgment Measurement Model (NCJMM) mentioned earlier: recognize cues, analyze cues, prioritize hypotheses, generate solutions, take action and evaluate outcomes. Since clinical judgment is an integrated process, the case studies will span any number of content areas and are therefore counted independently of the content-area-specific items. The remaining 15 items will be unscored pretest items. The five-hour limit to complete the examination includes all breaks.

The length of the examination is determined by the candidate's responses to the items. Depending on the particular pattern of correct and incorrect responses, candidates will receive different numbers of items and therefore use varying amounts of time. It is advisable to: (1) maintain a reasonable pace and (2) carefully read and consider each item before answering.

Each candidate is given an examination that adheres to the test plan and is therefore given the opportunity to demonstrate their ability. The length of the candidate's examination is not an indication of a pass or fail result. A candidate may pass or fail regardless of the length of the examination. Additional information on passing and failing rules is included in further detail in this section.

The Passing Standard

The NCSBN Board of Directors (BOD) reevaluates the passing standard once every three years. The criterion that the BOD uses to set the standard is the minimum level of ability required for safe and effective entry-level nursing practice.

To assist the BOD in making this decision, they are provided with information on:

1. The results of a standard setting exercise performed by a panel of experts with the assistance of psychometricians;
2. The historical record of the passing standard with summaries of the candidate performance associated with those standards;
3. The results of a standard setting survey that was sent to educators and employers; and
4. Information describing the educational readiness of high school graduates who express an interest in nursing.

Once the passing standard is set, it is applied uniformly to every examination according to the procedures laid out in the Scoring the NCLEX section below. To pass the NCLEX, a candidate must perform at or above the passing standard. There is no fixed percentage of candidates that pass or fail the examination.

Similar Items

Occasionally, a candidate may receive an item that seems to be very similar to an item received earlier in the examination. This may happen for a variety of reasons. Items may contain content pertaining to similar symptoms, diseases or disorders yet address different phases of the nursing process.

Alternatively, a pretest (unscored) item may contain content similar to an operational (scored) item. Candidates should not assume they received a second item similar in content to a previously administered item because the candidate answered the first item incorrectly. The candidate is

instructed to always select the answer believed to be correct for each item administered.

Reviewing Answers and Guessing

Examination items are presented to the candidate one at a time on a computer screen. There is no time limit for a candidate to spend on each individual item. Once an answer to an item is selected, the candidate is able to consider the answer and change it, if necessary. However, once the candidate confirms the answer and proceeds to the next item by pressing the <NEXT> button, the candidate will no longer be able to return to a previous item. Every item must be answered even if the candidate is not sure of the correct answer. If the candidate is unsure of the correct answer, the candidate should consider all response options and provide their best answer in order to proceed to the next item. The computer will not allow the candidate to proceed to the next item without answering the current item on the screen. The best advice is to maintain a reasonable pace and carefully read and consider each item before answering.

Scoring the NCLEX®

Computerized Adaptive Testing

The NCLEX is different from a traditional fixed-length examination, which administers the same items to every candidate. Fixed-length examinations ensure that the difficulty of the examination is constant for every candidate; therefore, the percentage correct is the indicator of the candidate's ability. This approach requires high-ability candidates to answer all easy items on the examination and low-ability candidates to guess on difficult items. This method provides less accurate information about the candidate's true ability.

The NCLEX uses CAT to administer items. CAT is able to produce results that are more precise and efficient, using fewer items by targeting items to the candidate's ability. The computer (i.e., CAT scoring algorithm) estimates the ability of the candidate in relation to the passing standard. Every time the candidate answers an item, the computer re-estimates the candidate's ability. With each additional answered item, the ability estimate becomes more precise.

Each item that the candidate receives is selected from a large pool of items using three criteria.

1. The item is limited to the content area that will produce the best match to the test plan percentages. CAT ensures that each candidate's exam contains enough items from each content area to match the required test plan percentages. Regarding clinical judgment items, three case study sets and approximately 10% stand-alone items will be selected depending on the exam length.
2. An item is selected that the candidate is expected to find challenging, aligning with their ability estimates. This ensures the next item should not be too easy or too difficult and the examination can obtain maximum information about the candidate's ability from the item. The computer calculates the candidate's ability estimate based on all previous answers and the difficulty of those items. The next item administered is chosen based on that ability estimate and is selected from an appropriate test plan category in order to meet the test plan percentages.
3. A repeat candidate would not see the same item again in the current item pool.
   For more information on CAT, visit NCLEX.com.

Pretest Items

For CAT to function properly, each item used for scoring must have a known difficulty level. The degree of difficulty is determined by administering the items as pretest items to a large sample of NCLEX candidates. Since the difficulty of pretest items is unknown initially, these items are not included when estimating the candidate's ability and subsequently making pass-fail decisions. When enough responses are collected, the pretest items are analyzed and calibrated. If the pretest items meet NCLEX statistical standards, they can be administered on future examinations as operational items. There are 15 pretest

items on every examination. Pretest items have similar style and format as operational items; therefore, candidates cannot distinguish pretest items from operational items during the examination.

Passing and Failing

The decision as to whether a candidate passes or fails the NCLEX is governed by three scenarios.

Scenario #1: The 95% Confidence Interval Rule

This scenario is the most common for NCLEX candidates. The computer will stop administering items when it is 95% certain that the candidate's ability is either clearly above or clearly below the passing standard after reaching the minimum number of items.

Scenario #2: Maximum-Length Exam

Some candidates' ability levels will be very close to the passing standard. When this is the case, the computer continues to administer items until the maximum number of items is reached. At this point, the computer disregards the 95% confidence interval rule and considers only the final ability estimate.

- If the final ability estimate is at or above the passing standard, the candidate passes.
- If the final ability estimate is below the passing standard, the candidate fails.

Scenario #3: Run-Out-of-Time Rule (R.O.O.T.)

If the candidate runs out of time before reaching the maximum number of items, the computer has not been able to decide whether the candidate passed or failed with 95% certainty. Therefore, an alternate rule must be used:

- If the candidate has not answered the minimum number of items, the result will be a failing exam.
- If the candidate has answered the minimum number of items, then the exam is scored by using the final ability estimate computed from responses to all completed items. If the final ability estimate is at or above the passing standard, the candidate passes.

Scoring Items

NCLEX items have multiple item formats. There is partial credit scoring for items for which more than one key exists. There are three methods for scoring items for partial credit: plus/minus, zero/one and rationale scoring. For information on scoring NCLEX items, see the FAQs on NCLEX.com.

Types of Items on the NCLEX-PN®

Candidates may be administered stand-alone items and case studies as well as items written in multiple formats. All item types may include multimedia, such as charts, tables and graphics. All items undergo an extensive review process before being used as items on the examination. For information on NCLEX item formats, see the NCLEX Candidate Tutorial.

NCLEX® Terminology

Client: Individual, family or group, which includes significant others and populations.

Order: Intervention, remedy or treatment as directed by an authorized primary health care provider.

Prescription: Intervention as it relates to medication specifically as directed by an authorized primary health care provider.

Primary Health Care Provider: Members of the health care team who are licensed and authorized to formulate prescriptions and orders on behalf of the client, as well as receive notifications of client status, are referred to as primary health care provider, medical physician (or other specialty, e.g., surgeon, nephrologist) or advanced practice nurse.

Unlicensed Assistive Personnel (UAP): Any unlicensed personnel trained to function in a supportive role, regardless of title, to whom a nursing responsibility may be delegated.

Examination Security and Confidentiality

Any candidate who violates test center regulations or rules or engages in irregular behavior, misconduct and/or does not follow a test center administrator's warning to discontinue inappropriate behavior may be dismissed from the test center. Additionally, examination results may be withheld or canceled and the licensing board may take other disciplinary action such as denial of a license and/or disqualifying the candidate from future registrations for licensure. Refer to the current candidate bulletin at NCLEX.com.

Candidates should be aware and understand that the disclosure of examination items before, during or after the examination is a violation of law. Violations of confidentiality and/or candidates' rules can result in criminal prosecution or civil liability and/or disciplinary actions by the licensing agency including the denial of licensure. Disclosure of examination materials includes but is not limited to discussing examination items with faculty, friends, family or others.

Section 7

Handbook Agreement

I have read the Texarkana College Health Science Division Handbook and understand the policies and procedures stated therein. I agree to comply with all of these policies and procedures in order to meet the requirements for course and program completion.

_____

Student Name (Printed)

_____

Student Signature

_____

Date