PREFACE

The purpose of the nursing program faculty handbook is to acquaint you with the policies and procedures that pertain to the nursing program. This information will assist you to function effectively in your job here at Santa Monica College (SMC). We hope you will find the information contained in this edition of the faculty handbook helpful to you.

Most of the forms in this handbook are available in the file in the faculty mail room or from the Health Sciences Administrative Assistant. The nursing faculty will be happy to assist you with any questions you may have about the information contained in the faculty handbook. In addition, faculty are to read the current online edition of the SMC Nursing Student Handbook on the nursing program SMC website (click on the Documents tab). Another excellent resource for new faculty members is the SMC website: http://www.smc.edu. Additional available resources on the homepage of the SMC website include the Schedule of Classes and the Staff/Department Telephone Directory. Requests for textbooks for current course(s) or a copy of the BRN self-study may be borrowed by contacting the administrative assistant.

Submit the signature page to the Associate Dean, Health Sciences, upon completion of review of the Nursing Faculty Handbook and the Nursing Student Handbook. Please give us your feedback using the form provided at the end of the handbook.
# Nursing Faculty Handbook

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SECTION ONE

FACULTY HANDBOOK OF
SANTA MONICA COLLEGE

Click on the link to review the
Faculty Handbook of Santa Monica College
SECTION TWO

NURSING PROGRAM
The Nursing Program philosophy is in accord with the philosophy and mission statement of the college. Teaching and learning are viewed as the institution’s primary responsibility. The standard of educational excellence delivered within a diversified educational setting has particular significance for the nursing program. The nursing program at Santa Monica College is designed to produce an Associate Degree Nurse who is caring, competent and compassionate. To that end, the philosophy of the nursing program incorporates beliefs regarding person, environment, health, nursing, the art and science of nursing and nursing education.

Faculty believes that each individual is a bio-psycho-social-spiritual being who is more than the total of his/her parts. As a result of these properties, the person is capable of participating in determining his/her own destiny and is, subsequently, largely responsible for decisions and actions influencing his/her state of being. Each person is in constant interaction with an ever-changing environment in order to meet personal needs. This state of being or existence is recognized as life and may have varying degrees of quality at any point in time. The attribute of quality is a perception based in the person’s unique totality and the society in which the person functions.

Health is a dynamic state of physical, mental, social and spiritual well-being and not just the absence of disease or infirmity. Health is influenced by an individual’s perceptions and adaptive abilities in response to changing needs. Health problems arise when needs are not met, are only partially met, or remain in conflict.

Nursing responds to health problems that occur when an individual requires assistance to meet identified or perceived needs. The goal of nursing is to assist the individual to attain his/her unique optimal health potential. As primary members of the health care team responding to health needs of individuals, nurses facilitate and maintain an environment conducive to promoting health.

Nursing faculty of Santa Monica College believes that nursing incorporates both art and science. Caring is believed to be a core value of nursing that directly influences the healing process. Inherent components of the caring environment include support of both the Nurses’ Code of Ethics and the Patient’s Bill of Rights. Nursing has the capacity to create caring environments and render compassionate care that acknowledges the uniqueness of each individual. Compassionate care encompasses, but is not limited to, recognition of the interdependence of all living things and sensitivity to the worth of each person.

Nursing education incorporates principles and theories from other disciplines such as physical, behavioral, social and natural sciences. The science of nursing is based on scientific and technical data, which provides the basis for competent care. The focus of nursing is on the diagnosis and treatment of human responses to actual and/or potential health problems. Competent care includes the provision of direct care, guidance, support and education to individuals and groups. Competent care is rendered and managed through utilization of the systematic problem solving method called the nursing process. Through this process the nurse assesses, plans, implements and evaluates actions that assist individuals to sustain life, enhance health, recover from illness and/or complete the life cycle with dignity. Outcome criteria, which reflect competency, are considered valid evaluators of educational integration and progression.
Faculty believes that the teaching-learning experience is a shared process with reciprocal responsibilities. Students enter the Santa Monica College Program from diverse backgrounds. They are recognized as unique in their culture, experiences, values, sexual orientation, economic status, attitudes, motivation, learning styles and learning potential. Faculty accepts the responsibility for establishing and maintaining a learning environment that will broaden the students’ awareness and appreciation of the uniqueness of others. Faculty believes that varied methodologies provide opportunities for cognitive growth, self-discovery, social interactions and sharing of ideas. The faculty believes that support services should be available and accessible to students. Support services include but are not limited to educational advisement, tutoring, assessment of skills and learning disabilities, remediation of basic skills, financial aid, health services, and psychological services. Faculty will refer students to appropriate resources to facilitate student success. It is the student’s responsibility to follow through or make an informed decision regarding the utilization of appropriate resources. Students should also assess and evaluate their support system(s), and develop strategies to achieve successful completion of the program.

Faculty upholds and promotes the belief that learning is a process that continues throughout the lifespan. The student learner is given the responsibility for actively participating in the educational experiences provided. Students are considered to be mature individuals capable of becoming increasingly self directed, responsible and accountable for their own actions and decisions.
Associate Dean, Health Sciences Job Description

Under the direction and supervision of the Vice President of Academic Affairs, the Associate Dean, Health Sciences has the responsibility for the administration of programs and courses offered in the Health Sciences Department.

Accordingly, the Associate Dean, Health Sciences will assume responsibilities for the following duties:

- Assure compliance of each program with the rules and regulations of related licensing, accrediting and/or regulatory agencies;
- Plan supervise and evaluate programs in concert with appropriate faculty;
- Direct and assist in the preparation and assignment of class schedules and teaching assignments that promote optimal benefit to the program;
- Oversee the recruitment, selection, admission and progression of students in the program;
- Participate in the selection, assignment, development, and evaluation of academic personnel assigned to the Health Sciences Department; recruit, select and assign adjunct faculty;
- Direct, collaborate with, and evaluate academic personnel with release time to fulfill specific projects or on-going functions;
- Initiate, maintain and renew articulation agreements with local California State Universities as well as private baccalaureate programs;
- Serve as liaison between the college and community health care agencies in planning and coordinating clinical facility use; initiate, maintain, and renew contractual agreements;
- Formulate and submit reports for national, regional and state licensing, accrediting, and/or regulatory agencies; maintain files and records in accordance;
- Oversee all budgetary matters related to the operational needs of the department and its programs;
- Seek funding sources for special needs and/or equipment acquisition for Health Sciences programs;
- Maintain currency of job market conditions and requisite educational needs thereof by attending conferences; regional and state meetings and/or collegial seminars;
- Participate in assignments, committees and routine responsibilities relevant to the overall governance and operation of the college;
- Integrate the college’s mission and goals in department and program operations using these documents as a philosophical basis for implementation of specific strategies.
Assistant Director, Nursing Program Job Description

The Assistant Director of the Nursing Program/Faculty Leader is elected by the nursing faculty and serves a term of four years in the position.

Under the direction of the Associate Dean, Health Sciences, the Assistant Director of the Nursing Program has the responsibility for the following:

- Assuming responsibilities for the ADN program in the Director’s* absence in accordance with the BRN rules and regulations

- Act as a Chair of ADN curriculum meetings including:
  - coordinating major and minor curriculum revisions;

- Coordinate activities related to updating the Nursing Student Handbook annually

- Update the Nursing Faculty Handbook and/or files to maintain currency

- Act as an alternate for the Director in attending ADN Director’s meetings

- Lead ADN and Health Sciences meetings in the Director’s absence

- Coordinate faculty evaluations

- Plan and coordinate pinning ceremonies for the ADN program

- Assist with planning and coordinating clinical placement of students

- Assist with required BRN, NLN, and ACEN annual reports

- Assist with program review reports

- Assist with preparation of BRN and ACEN Self-Study approval and accreditation reports, respectively

- Coordinate recruitment efforts and selection committees

- Attend Department Chairs and Instructional Chairs meetings

- Ensure representation on the Career-Technical Education Committee (CTE)

- Submit Perkins (CTEA) proposal, quarterly and final reports

- Assist the Director with other duties as assigned

*Use of the title Director is in compliance with the Board of Registered Nursing 11/2011, Updated 8/2013
Nursing Instructor Responsibilities

Lead Nursing Instructor Responsibilities

Most of the nursing courses have a lead instructor appointed by Associate Dean, Health Sciences whose duties include:

- Develop and modify the assigned course syllabus
- Meet with and remain accessible to all course faculty
- Provide course information and guidance to course faculty
- Communicate any urgent information from faculty meetings to clinical instructors
- Assure that clinical experience is appropriate and similar as possible for all clinical groups
- Determine that the evaluation tools are utilized in a consistent manner for all clinical groups
- Submit grades electronically at times designated by Santa Monica College or within one week of the end of the course (whichever comes first). Submit a copy of final grade sheet to the Associate Dean, Health Sciences.
- Full-time faculty participate in the evaluative process of part-time faculty.

General Information

It is the instructor’s primary responsibility to provide a supportive learning environment.

Office hours are a contract requirement for full time faculty. Office hours need to be submitted to the Faculty Leader and Nursing Program Administrative Assistant (AA), and communicated to students through course syllabus

Course syllabus including grading policies, objectives and testing schedules are to be available to the students the first day of the course.

Faculty may request the nursing program AA to obtain desk copies of textbooks for their use. Part-time faculty may request to borrow a “reserve” copy of the required course text.

Campus mail is delivered to the Bundy site on a daily basis and placed in individual mailboxes. It is the responsibility of each faculty member to pick up and review mail in a timely manner.

Information regarding salary, vacation, types of leave, etc. can be located in the faculty contract or through Human Resources.
**Professional Behaviors**

All communication with nursing faculty will be done via a Santa Monica College e-mail address. Therefore, all faculty must request a Santa Monica College e-mail address as soon as notification of their hire has been made. All faculty are expected to read their Santa Monica College e-mail weekly.

Communicate with the Lead Instructor on a weekly basis to promote continuity, to identify potential problems and/or stay informed of the classroom lecture content. Notification will also facilitate input from the Lead Instructor. Textbooks for all courses are kept in the Health Sciences Department and are for faculty use only. If you wish to check out a textbook for the course you are working in contact the Administrative Assistant for assistance.

Remember that course expectations are the same for all students. Consistency across all clinical sections is desirable. If a clinical assignment is required as part of the course, only the Lead Instructor has the right to modify the assignment. Common clinical assignments include: teaching plans, nursing care plans nursing grand rounds, and clinical activity templates (CAT).

Student clinical assignments are to be submitted to the clinical instructor. View electronic rosters to ensure that students assigned to clinical and/or class section are registered in the correct section.

Submit grades and student learning outcomes electronically at times designated by Santa Monica College or within one week of the end of the course (whichever comes first).

The instructor should review, give written feedback, evaluate and return assignments within a reasonable period of time.

The faculty are expected to:

- Openly communicate with students and colleagues.
- Work effectively with traditional and nontraditional students.
- Remain accessible to student either before or after clinical sessions.
- Demonstrate a willingness and commitment to your responsibilities and accountability to the nursing program and college.
- Participate in professional organizations within the fields of nursing and/or education and share your activities with students.

Familiarize yourself with the policies of the college, the nursing department, and affiliating hospitals. Review Nursing Instructor Responsibilities, Job Descriptions, and BRN statement about faculty located in the faculty handbook.
**Nursing Program Orientation**

Each instructor must become knowledgeable about Orem’s Theory. It will be your responsibility to familiarize yourself with Orem’s Theory used by the Santa Monica College Nursing Program. There is some information regarding Orem’s theory and a sample nursing care plan is located in the Student Handbook. Ensure that nursing care plans incorporate Orem’s Theory.

Please read the [Nursing Student Handbook](#) and course syllabus carefully as it represents a contract between the program and students enrolled in the program.

Review Faculty Check-off List located in this Nursing Faculty Handbook.

Maintain awareness of the nursing program curriculum and changes that occur. This is best accomplished by attending the nursing faculty meetings and reading the minutes of the meetings. If you are unable to attend meetings on a regular basis make sure you receive copies of minutes to keep abreast of changes. Attendance at meetings may be counted as fulfillment of flex time.

Comply with the college flex activity requirements and submit the appropriate form to the Assistant Director/Faculty Leader at least three days prior to the deadline.

**Clinical Orientation**

Instructors are to arrange for your orientation to the assigned health care facility. Most facilities require a 1-2 day orientation. Obtain the name of the facility liaison from either the Lead Instructor of the course you are assigned or from the Associate Dean, Health Sciences.

As a faculty member you will be required by the health care facility to submit a copy of your BRN RN license, CPR card for healthcare providers, visa status, malpractice insurance, Live Scan fingerprinting, physical examination, immunizations, immunization blood titers, and TB skin test and/or chest x-ray results. Please give a copy of all these documents to the nursing program office for your file. Orientation, approval and clearance of a new faculty member by a health care facility could take up to six weeks. So start early to avoid a crisis.

Faculty are to assist in the preparation of students’ data required by the assigned facility. It will also be your responsibility to check currency of student CPR cards, malpractice insurance and visa numbers on the first day of clinical. If the nursing office becomes aware that any of these items are missing or are outdated you will be notified immediately and will be expected to speak with the student. Compliance with the clinical affiliation agreement between the college and the health care facility is a high priority.
In some clinical lab courses, students may be expected to visit the clinical site the day before the clinical experience in order to select their patient assignment. However, the Instructor will monitor student patient selection for appropriateness based upon the level of the student and the clinical lab objectives.

**Absence**

If it is necessary to be absent on an assigned clinical day contact the health care facility and the nursing program office at your earliest opportunity. Be prepared to suggest an alternate assignment for students. If you anticipate an absence initiate the telephone tree with your clinical group. Each clinical group should have an established telephone tree with key contacts identified.

If an instructor anticipates that (s)he will be unavoidably absent from class notify the nursing program office as soon as possible.

If an instructor is going to be tardy – notification to the clinical facility and the nursing office should occur as soon as the tardiness is anticipated. Please give instructions for the student group when making notification.

**Clinical Protocols**

Pre and Post Clinical Conferences are normally conducted as a routine of each day. The instructor is responsible for making arrangements with the health care facility for meeting rooms. The time allotted is normally 15 to 30 minutes for Pre-Conference and no longer than 1 hour for Post-conference. Verify expectations for Pre and Post Clinical Conference with the Lead Instructor.

If an injury occurs to a student or instructor while in a clinical facility the necessary forms should be completed and submitted to the Health Sciences Department, Risk Management (done by Health Sciences) and the injured party should report to the SMC Health Services Office within 24 hours. The student will not be charged for any expenses for treatment at the school. However, if the student is treated at the clinical facility the student may be responsible for expenses incurred. It is essential to follow facility and college policy for completing the appropriate incident report/form.

The Associate Dean, Health Sciences is to be informed of any unusual occurrence or incident that occurs in the clinical setting as soon as possible. All medication errors are to be reported as soon as possible, no later than 24 hours.

**Evaluation – Student**

The instructor will monitor the performance, development, progress and evaluation of all students in your assigned unit. The instructor will maintain anecdotal records of student activities to serve as a basis for student evaluation. Anecdotal records are the responsibility of each instructor but do not become part of the student’s file.
Two written and verbal evaluations (midpoint and final) are given in each clinical course. All evaluations are to be signed by both the instructor and the student and dated. Formative evaluation of students is expected, daily, and ongoing feedback should be routine.

If a student is not maintaining a satisfactory level of performance, additional assessments, feedback, and documentation are required.

The end of course evaluation completed for each student should be submitted to the nursing program office within two weeks after course completion.

The student may request a copy of the signed evaluation. The original evaluation should be placed in the student’s file in the nursing office.

If any unusual occurrence or incidence occurs it should be written up by the instructor of record and discussed with the Associate Dean, Health Sciences.

**Building Access**

Keys/Fobs: Obtain a request form from the department AA and signature from the Associate Dean, Health Sciences. This request will be forwarded to the Campus Police. You will be notified when your key/fob is ready.

Entrance to the building is locked on weekends and holidays during some summer and winter months. To avoid setting off an alarm contact the campus police prior to entry if you need to gain access.

**Nursing Skills Lab**

Orientation: Make an appointment with Skills Lab Coordinator for orientation to the laboratory, supplies, equipment and simulators. Review the list of A-V materials and computer hard and software.

Requests for equipment should be made one week in advance by completing and submitting the appropriate request form.

Students may be referred to the Nursing Skills Lab for practice or remediation. A completed referral form should be given to the nursing instructor assigned to the lab to facilitate the process.

**Faculty Meetings**
Faculty meetings are scheduled on a regular basis. It is expected that all faculty members will participate to assure the on-going quality operation of the program. Minutes are taken, distributed to all faculty members and kept on file in the nursing program office.

You will be responsible for reviewing the minutes and abiding by decisions made at the meetings.

**Peer Evaluation of Part-Time Faculty**

Part-time faculty members shall be evaluated twice in their first four semesters of employment and at least once every four semesters of employment thereafter. The evaluation process will be conducted by the Assistant Director /Faculty Leader or by a full-time faculty member of the department designated by the Assistant Director /Faculty Leader in conjunction with the Lead Instructor if applicable. Student evaluation input may also be solicited by Human Resources. Faculty will receive a copy of the final evaluation report for their files. A complete description of the peer evaluation process for part-time faculty can be found in **Article 7C** in the current SMC Faculty Contract or on the Human Resources website.

8/2008, Revised 6/2013
Nursing Laboratory Coordinator assignments may be temporary or permanent, full-or part-time. This position coordinates the technical nursing services offered through the Nursing Skills/Simulation Laboratory. Duties: oversees and prepares instructional lab sessions in all areas of clinical nursing skills; designs and prepares patient simulations using state-of-the-art medical equipment; coordinates the ordering and maintenance of supplies and equipment; conducts remedial evaluation of students; trains and supports students and faculty in the use of nursing-related computer software and database management programs; creates and maintains database records of all Nursing Skills Simulation Laboratory activities; participates in faculty meetings. The qualified candidate must have an Associate of Arts degree with a major in nursing or a Bachelor of Science in Nursing and one year of experience as a staff registered nurse in a hospital facility or one year experience in a nursing laboratory; maintains knowledge base of current practices; knowledge of mid and high fidelity simulators and/or willingness to learn; and possession of a current California Registered Nurse License.

Essential Duties

1. Plans and conducts orientation to the Nursing Skills/Simulation Laboratory, its use and equipment for students, faculty and visitors.

2. Oversees and prepares instructional laboratory sessions in all areas of clinical nursing skills; utilizing up-to-date patient simulations for students utilizing models and electronic and diagnostic equipment to facilitate the simulation of clinical areas and situations;

3. Facilitates training of faculty on the use of simulators;


5. Coordinates the ordering and maintenance of nursing equipment, supplies, and multi-media equipment; creates and maintains database records of all holdings in the Nursing Skills/Simulation Laboratory; and performs related duties as required;

6. Maintains a cataloged database of audio visual materials, equipment, supplies, and computer programs; tracks students’ utilization of the Nursing Skills/Simulation Laboratory;

7. Prepares, breaks down, and cleans equipment for students use in practicing nursing skills and procedures; maintains labs in an orderly manner;

8. Clean equipment per manufacturer’s recommendations;

9. Preview multimedia resources for possible referral to individual instructors;
10. Maintains detailed records in accordance with licensing agencies to maintain accreditation; performs other record keeping as required;

11. Oversees student use of computers in the Nursing Skills/Simulation Laboratory and assists students regarding the use of nursing program software;

12. Conducts remediation activities with students in all areas of clinical skills based on instructor referrals to the Nursing Skills/Simulation Laboratory staff;

13. Meets on regular basis with Director of the Nursing program to: discuss Nursing Skills/Simulation Laboratory operation; participate in goal planning and strategies to improve Nursing Skills/Simulation Laboratory operation; and perform related duties as required to maintain Nursing Skills/Simulation Laboratory operation;

14. Participates in nursing curriculum meetings and advisory meetings.

9/08, 10/13
Content Experts on Faculty

Medical Surgical Nursing – Vini Angel

Gerontologic Nursing – Eric Williams

Mental Health Nursing – Georgia Farber

Women’s Health Nursing – Victoria Aberbook

Pediatric Nursing – Eve Adler
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<th>Done</th>
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<td>Interview with the Director of the nursing program*</td>
<td>6 weeks before 1st clinical day</td>
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<td>Meet with the Director of the Program to initiate BRN faculty approval form*</td>
<td>6 weeks before 1st clinical day</td>
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<td>Complete hiring process after being informed that your services are needed &amp; BRN approval has been given*</td>
<td>3 weeks before 1st clinical day</td>
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<td>Request <strong>SMC email account</strong></td>
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<tr>
<td>Inform Director before hiring or starting clinical of need to be absent from clinical for scheduled activities</td>
<td>6 weeks before 1st clinical day</td>
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<tr>
<td>Read the online <strong>Nursing Faculty Handbook</strong> become familiar with the Orem’s model, the philosophy, policies and procedures of the Nursing Program*</td>
<td>3 weeks before 1st clinical day</td>
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<tr>
<td>Complete the <strong>Nursing Clinical Faculty Online Training Modules</strong> (4Faculty) on the HWI website: <a href="http://ca-hwi.org">http://ca-hwi.org</a></td>
<td>2 weeks before 1st clinical day</td>
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<td>Meet with lead instructor to review, explain, and or discuss the following:</td>
<td>2 weeks before 1st clinical day</td>
<td></td>
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<tr>
<td>1. Goals and expectations of the course</td>
<td></td>
<td></td>
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<tr>
<td>2. Responsibilities of faculty</td>
<td></td>
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<tr>
<td>3. Program objectives, level objectives and the course objectives</td>
<td></td>
<td></td>
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<tr>
<td>4. <strong>Course syllabus and Nursing Student Handbook (download)</strong></td>
<td></td>
<td></td>
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<tr>
<td>5. Importance of correlating theory to clinical practice</td>
<td></td>
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<tr>
<td>6. Provide continuity between course theory and clinical assignments/activities</td>
<td></td>
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<tr>
<td>7. Guidelines and clinical activities</td>
<td></td>
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<tr>
<td>8. Review clinical evaluation forms (midpoint and final), Statement of Concern, Plan of Correction</td>
<td></td>
<td></td>
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<tr>
<td>9. Attendance policy (notify lead instructor of student absence/tardy ongoing)</td>
<td></td>
<td></td>
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<tr>
<td>10. Written assignments</td>
<td></td>
<td></td>
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<tr>
<td>11. Course materials</td>
<td></td>
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<tr>
<td>12. Listing of school acknowledged holidays</td>
<td></td>
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<tr>
<td>13. Copy of rotation schedules and clinical objectives for each unit</td>
<td></td>
<td></td>
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<tr>
<td>14. Letter to faculty liaison at assigned facility verifying CPR, malpractice insurance, immunization status, and completion of HIPAA</td>
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<tr>
<td>15. Orientation responsibilities (so that you can orient students)</td>
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<td></td>
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<tr>
<td>Contact faculty liaison and nurse manager at assigned healthcare facility to:</td>
<td>3-4 weeks before 1st clinical day</td>
<td></td>
</tr>
<tr>
<td>1. Orient to facility and assigned unit; Health clearance of faculty &amp; students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Arrange room assignments for pre- and post-conferences</td>
<td></td>
<td></td>
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<tr>
<td>3. Get computer access codes, name tags, parking, etc. for students</td>
<td></td>
<td></td>
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<tr>
<td>Communicate with lead instructor on a weekly basis</td>
<td>weekly</td>
<td></td>
</tr>
<tr>
<td>Read minutes of faculty meetings</td>
<td>Once a month</td>
<td></td>
</tr>
<tr>
<td>Attend at least two faculty meetings per semester</td>
<td>End of semester</td>
<td></td>
</tr>
<tr>
<td>Compare hard copy of roster with electronic roster and make changes on the electronic copy. Submit copy of electronic roster to lead instructor by 2nd week of the clinical rotation. Verify roster in ISIS by census deadline.</td>
<td>As soon as you receive</td>
<td></td>
</tr>
<tr>
<td>Prior to submitting grades and student learning outcomes (SLOs) <strong>electronically</strong> verify with lead instructor. Submit copy of final grades to lead instructor. Submit faculty evaluation of clinical agency <strong>electronically</strong></td>
<td>Last day of rotation</td>
<td></td>
</tr>
</tbody>
</table>

*One time only

Signature of instructor ___________________________ Course ___________ Semester ___________

Submit to Health Sciences office by end of 8th week
8/2010, Revised 6/28/13
CORE COMPETENCIES OF NURSE EDUCATORS © WITH TASK STATEMENTS

Competency 1 – Facilitate Learning

Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes. To facilitate learning effectively, the nurse educator:

- Implements a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context
- Grounds teaching strategies in educational theory and evidence-based teaching practices
- Recognizes multicultural, gender, and experiential influences on teaching and learning
- Engages in self-reflection and continued learning to improve teaching practices that facilitate learning
- Uses information technologies skillfully to support the teaching-learning process
- Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in a variety of contexts
- Models critical and reflective thinking
- Creates opportunities for learners to develop their critical thinking and critical reasoning skills
- Shows enthusiasm for teaching, learning, and nursing that inspires and motivates students
- Demonstrates interest in and respect for learners
- Uses personal attributes (e.g., caring, confidence, patience, integrity and flexibility) that facilitate learning
- Develops collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments
- Maintains the professional practice knowledge base needed to help learners prepare for contemporary nursing practice
- Serves as a role model of professional nursing

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Competency 2 – Facilitate Learner Development and Socialization

Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role. To facilitate learner development and socialization effectively, the nurse educator:

- Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners
- Provides resources to diverse learners that help meet their individual learning needs
- Engages in effective advisement and counseling strategies that help learners meet their professional goals
- Creates learning environments that are focused on socialization to the role of the nurse and facilitate learners’ self-reflection and personal goal setting
- Fosters the cognitive, psychomotor, and affective development of learners
- Recognizes the influence of teaching styles and interpersonal interactions on learner outcomes
- Assists learners to develop the ability to engage in thoughtful and constructive self and peer evaluation
- Models professional behaviors for learners including, but not limited to, involvement in professional organizations, engagement in lifelong learning activities, dissemination of information through publications and presentations, and advocacy

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Competency 3 – Use Assessment and Evaluation Strategies

Nurse educators use a variety of strategies to assess and evaluate student learning in classroom, laboratory and clinical settings, as well as in all domains of learning. To use assessment and evaluation strategies effectively, the nurse educator:

- Uses extant literature to develop evidence-based assessment and evaluation practices
- Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains
- Implements evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals
- Uses assessment and evaluation data to enhance the teaching-learning process
- Provides timely, constructive, and thoughtful feedback to learners
- Demonstrates skill in the design and use of tools for assessing clinical practice
Competency 4 – Participate in Curriculum Design and Evaluation of Program Outcomes

Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment. To participate effectively in curriculum design and evaluation of program outcomes, the nurse educator:

- Ensures that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment

- Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies

- Bases curriculum design and implementation decisions on sound educational principles, theory, and research

- Revises the curriculum based on assessment of program outcomes, learner needs, and societal and health care trends

- Implements curricular revisions using appropriate change theories and strategies

- Creates and maintains community and clinical partnerships that support educational goals

- Collaborates with external constituencies throughout the process of curriculum revision

- Designs and implements program assessment models that promote continuous quality improvement of all aspects of the program

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Competency 5 - Function as a Change Agent and Leader

Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice. To function effectively as a change agent and leader, the nurse educator:

• Models cultural sensitivity when advocating for change

• Integrates a long-term, innovative, and creative perspective into the nurse educator role

• Participates in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally

• Evaluates organizational effectiveness in nursing education

• Implements strategies for organizational change

• Provides leadership in the parent institution as well as in the nursing program to enhance the visibility of nursing and its contributions to the academic community

• Promotes innovative practices in educational environments

• Develops leadership skills to shape and implement change

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Competency 6 - Pursue Continuous Quality Improvement in the Nurse Educator Role

Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential. To pursue continuous quality improvement in the nurse educator role, the individual:

- Demonstrates a commitment to life-long learning
- Recognizes that career enhancement needs and activities change as experience is gained in the role
- Participates in professional development opportunities that increase one’s effectiveness in the role
- Balances the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution
- Uses feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness
- Engages in activities that promote one’s socialization to the role
- Uses knowledge of legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment
- Mentors and supports faculty colleagues

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Competency 7 – Engage in Scholarship

Nurse educators acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity. To engage effectively in scholarship, the nurse educator:

- Draws on extant literature to design evidence-based teaching and evaluation practices
- Exhibits a spirit of inquiry about teaching and learning, student development, evaluation methods, and other aspects of the role
- Designs and implements scholarly activities in an established area of expertise
- Disseminates nursing and teaching knowledge to a variety of audiences through various means
- Demonstrates skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development
- Demonstrates qualities of a scholar: integrity, courage, perseverance, vitality, and creativity

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Competency 8 – Function within the Educational Environment

Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social and economic forces impact their role. To function as a good “citizen of the academy,” the nurse educator:

- Uses knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues
- Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular
- Develops networks, collaborations, and partnerships to enhance nursing’s influence within the academic community
- Determines own professional goals within the context of academic nursing and the mission of the parent institution and nursing program
- Integrates the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and teachers
- Incorporates the goals of the nursing program and the mission of the parent institution when proposing change or managing issues
- Assumes a leadership role in various levels of institutional governance
- Advocates for nursing and nursing education in the political arena

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Section 1426(c)(1) states "Art and science of nursing eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice."

Section 1426(g)(2) requires the following formula, three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.

The required clinical areas pursuant to Section 1426(d) are interpreted as geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics.

At the time of approval visits or in the event of curriculum changes, programs must demonstrate how the students are gaining the experience needed to practice in all five (5) content areas, in acute and community settings, to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse. There is no specific minimum number of hours of clinical experience stipulated for a content area.

The program may use up to 25% of each clinical rotation in planned simulations. The simulations must include actual scenarios that encompass the nursing process, critical thinking and evidence based practice. The use of more than 25% of clinical rotation in the clinical laboratory must be approved by the assigned nursing education consultant.
BACKGROUND CHECKS FOR STUDENT CLINICAL PLACEMENT

During the past the Board of Registered Nursing (BRN) has received numerous questions regarding the issue of background checks on registered nursing students prior to clinical placement. The Board has been asked to assist programs with meeting this requirement.

The use of background checks on individuals working in clinical settings is one of the means agencies use to help protect their clients/patients. While obtaining background checks on employees is not new for clinical agencies, the Joint Commission has added to their Human Resources standards (HR.1.20) a section related to criminal background checks. The Joint Commission standard requires agencies to include nursing students in criminal background checks when required by state law, regulation or hospital policy. (www.jointcommission.org)

The BRN does not require prelicensure nursing programs to screen potential students for a history of convictions prior to acceptance into their program. The BRN only requires background checks on criminal convictions at the time of application for licensure. Furthermore, BRN staff reviews all applications with prior convictions on an individual case-by-case basis before issuing or denying licensure. The criteria used by the Board in evaluating an applicant’s present eligibility for licensure are found in the California Code of Regulations (CCR) Section 1445. (www.rn.ca.gov)

Clinical agencies have the right to establish criteria that would exclude a student from placement at their facility. Those clinical agencies that have a policy that include student nurses in their requirement for criminal background checks will need to comply with their own policy to be compliant with the Joint Commission Standard HR 1.20. On the other hand agencies may use different criteria for students than are used for employees or exempt them entirely and still meet Joint Commission Standards.

Nursing programs should establish a written policy describing the process for obtaining background checks for those clinical agencies that require them. The Board recommends that the policy on background checks, like all program policies, be published in documents that are available to applicants and students. Examples include admission packets and school catalogs and/or nursing student handbooks.

The written policies should include the following:

- Who will perform the search (the college, the agency or an independent service);
• Who will pay for the process;
• Where and by whom the results will be maintained and protected (student confidentiality);
• What criteria will be used to exclude a student from a particular clinical placement; and
• What alternatives if any will be available in the event a student is denied a clinical placement.

The Board encourages clinical agencies and nursing programs to work collaboratively in establishing standardized policies that are the least restrictive possible while also protecting the rights of consumers. A process that allows for a case-by-case review of students with prior convictions is encouraged. However, the burden of proof lies with the student to demonstrate evidence of rehabilitation that is acceptable to the clinical agencies and the nursing program. (See the document “Prior Convictions and Disciplinary Actions” on the Board’s Website.)

Frequently Asked Questions Related to Background Checks:

Question: Does the BRN require student nurses to undergo criminal background checks prior to admission in a prelicensure school of nursing?
No. The Board has no authority to request a criminal background check except at the time of application for licensure.

Question: Does the Joint Commission require that student nurses in California have criminal background checks done prior to the students participating in a clinical rotation in a Joint Commission approved facility?
No. The Joint Commission requires that clinical agencies follow state law/regulation and their own organization’s policy regarding background checks on students. (See Joint Commission website www.jointcommission.org) There is no state law in California that mandates background checks be completed on nursing students. Some clinical agencies have included student nurses in the category of individuals that need to be screened, therefore, the Joint Commission would also require that nursing students need background checks done.

Question: If a clinical agency denies a student with a prior conviction from being placed at their facility does the BRN require that the student be dropped from that course or from the program?
No. The program is encouraged to evaluate such students, in collaboration with their clinical agencies, to find possible alternatives for the student to complete the objectives of the course. All students are expected to meet course objectives as defined by the course syllabi and program policy.

Question: If students have had a criminal background check done as part of clinical placement can they use that information as part of their application packet for licensure?
No. The Board requires a background check on all applicants for licensure by the Department of Justice. As a health care licensing Board, the background check conducted on applicants is more extensive than most employers obtain.

**Question:** If a student is denied access to a clinical site due to a positive criminal background check does the nursing program have to find an alternative site for the student to meet course requirements?
No. The Board encourages programs and agencies to work collaboratively to review students with a prior conviction on an individual basis since the specific conviction may not prevent the student from ultimately being licensed. While the BRN encourages alternative placement ultimately the program would need to follow their published policy regarding the options available to the student in this situation. (See the attached Criteria for Rehabilitation, CCR 1445.)

**Question:** Can the college or university request the Department of Justice to perform a criminal background check on their nursing students in order to meet clinical agency requirements for placement?
No. Only authorized agencies may request the Department of Justice to perform criminal background checks. The nursing program or the agency may utilize private companies that provide background checks for a fee. The Board does not require the use of such a service nor does it endorse any specific company.

**Question:** Should results of criminal background checks be placed in the student’s academic file?
The self-disclosed student information and the results of a background check are confidential information. The nursing program must develop in consultation with their administration and clinical agencies a means to safeguard this information. It is recommended that the process, maintenance and security of student background checks should be described in the program’s contract with those agencies requiring screening of nursing students and in policies provided to students and applicants.

**Question:** Do students need to have a background check done every time they go to a new clinical agency?
The Board encourages nursing programs to work collaboratively with other nursing programs in their geographical area to develop a standardized policy with all clinical agencies requiring background checks on nursing students. Since there is no state law or regulation that mandates background checks on nursing students, individual agency policy is the source of this requirement. Working collaboratively within a geographic area is probably the most efficient way to coordinate requirements in the least disruptive manner.

**Question:** Can a clinical agency refuse to allow a student to do a clinical course at their agency as a result of a prior conviction?
Yes. The Board would encourage the nursing program to work with the agency to clearly identify the types of prior convictions that would exclude a student from clinical rotation. The BRN suggests using CCR 1445 as a guide.

**Question:** Can a nursing program require students to meet clear background checks prior to admission or as a requirement for progression in the program?

Admission and progression policies are the purview of the program & the institution. The nursing program should seek guidance from their institutions legal counsel. The Board regulations require that all policies affecting students be written, available to students, and applicants.
Attachment:

TITLE 16, CALIFORNIA CODE OF REGULATIONS:
1445. Criteria for Rehabilitation

(a) When considering the denial of a license under Section 480 of the code, the board, in evaluating the rehabilitation of the applicant and his/her present eligibility for a license will consider the following criteria:
   (1) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
   (2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the code.
   (3) The time that has elapsed since commission of the act(s) or crime(s) referred to in subdivision (1) or (2).
   (4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.
   (5) Evidence, if any, of rehabilitation submitted by the applicant.

(b) When considering the suspension or revocation of a license on the grounds that a registered nurse has been convicted of a crime, the board, in evaluating the rehabilitation of such person and his/her eligibility for a license will consider the following criteria:
   (1) Nature and severity of the act(s) or offense(s).
   (2) Total criminal record.
   (3) The time that has elapsed since commission of the act(s) or offense(s).
   (4) Whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee.
   (5) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.
   (6) Evidence, if any, of rehabilitation submitted by the licensee.
IMPAIRED NURSING STUDENTS

GUIDELINES FOR SCHOOLS OF NURSING IN HANDLING NURSING STUDENTS IMPAIRED BY CHEMICAL DEPENDENCY OR MENTAL ILLNESS

BOARD STATEMENT:

The Board of Registered Nursing considers the student use of controlled substances, dangerous drugs or devices or alcoholic beverages to an extent or in a manner injurious to self or others to constitute unprofessional conduct. The conviction of a criminal offense involving the prescription, consumption or self-administration of the above substances is conclusive evidence thereof. (B&P 2762).

Nursing students showing signs of mental illness or chemical dependency should be directed to a health care provider for diagnosis and treatment of the illness. Chemical dependency and mental illness are diseases and should be treated as such. The Board has established a diversion program for impaired registered nurses as a voluntary alternative to traditional Board disciplinary actions. (B&P 2770)

NURSING PROGRAMS ARE EXPECTED TO:

• Have a policy for students who are impaired by or demonstrate characteristics of chemical dependency or mental illness which directs the student to seek appropriate assistance through a health care provider and provide the nursing program with proof of treatment.
• Provide instructors with the authority and responsibility to take immediate corrective action with regard to the impaired student’s conduct and performance in the clinical setting. This includes removing the impaired student from the patient care area until the student is deemed medically safe to return to patient care activities.
• Provide this information to incoming students in their nursing program handbooks along with factual material related to chemical dependency and mental illness among nursing students.
• Handle the matter confidentially.

STUDENTS ARE EXPECTED TO:

• Voluntarily seek diagnosis and treatment for chemical dependency or mental illness and provide evidence of treatment and fitness for practice to the nursing program.
• Show evidence of rehabilitation when submitting their application for licensure.
FACULTY REMEDIATION GUIDELINES

PURPOSE
The purpose of these guidelines is to assist directors in assuring faculty members who will be teaching in new content/clinical areas [i.e., not already approved by the BRN] are clinical competent.

STATUTORY AUTHORITY
CCR Section 1420(d) defines clinical competency:
"Clinically competent" means that the nursing program faculty member possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the nursing area to which the faculty member is assigned.

EXPLANATION OF REGULATIONS
Faculty members, for BRN purposes, include BRN approved instructors, assistant instructors, and clinical teaching assistants. To teach in a new nursing/clinical area, the faculty member must be able to function at the level of a staff RN in the designated nursing area (Geriatrics, Medical-Surgical., Mental Health/Psychiatric Nursing, Obstetrics, or Pediatrics).

A. Evaluation of Competency:
- Evidence of direct patient care experience as a registered nurse, Direct patient care experience within the previous five (5) years in the nursing areas (geriatrics, medical-surgical, mental-health/psychiatric nursing, obstetrics, or pediatrics) to which the faculty is assigned, that can be met by either one of the following:
  A. One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or
  B. One (1) academic year or of registered nurse level clinical teaching experience or its equivalent in the designated nursing area that demonstrate clinical competency; and
- Sufficient evidence of continuing education classes that support the requested nursing area(s) taken in the last 5 years.

B. Plan to Gain Clinical Competency: Includes the following:
1. Director, in consultation with the content expert and faculty member, formulates a written remediation plan that includes:
   a. Specific measurable theory and clinical objectives sufficient to validate competency in the new content/clinical areas;
   b. Specific plan of activities sufficient to validate theory/clinical competency;
2. The program director may elect to send the assigned NEC a copy of the proposed remediation plan for comment prior to implementation (Optional).
3. The faculty member meets with the agency’s representative or program’s content expert, or both, to implement the remediation plan.
4. Upon completion of the plan, the faculty member presents the director written verification from the preceptor or content expert, that the faculty member has demonstrated the competency level of a staff RN and met the theory and clinical objectives specified in the remediation plan.

DOCUMENTATION TO SUBMIT TO BRN:
1. Remediation plan;
2. Written letter of verification of competency;
3. Faculty appointment form for specified nursing area(s).
INTRODUCTION:
Section 2786.6 of the Nursing Practice Act provides, in part, the following. "The Board shall deny the application for approval made by, and shall revoke the approval given to, any school of nursing which:

(a) Does not give to student applicants credit, in the field of nursing, for previous education and the opportunity to obtain credit for other acquired knowledge by the use of challenge examinations or other methods of evaluation; or,

(b) Is operated by a community college and discriminates against an applicant for admission to a school solely on the grounds that the applicant is seeking to fulfill the units of nursing required by Section 2736.6......"

The Board has reviewed and is making amendments to the sections in the California Code of Regulations, Article 3, Schools of Nursing. A new section, CCR section 1430, is related to Previous Education Credit. This guideline has been revised to reflect the changes in the proposed regulatory changes.

CCR section 1430 states that an approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make the information available in published documents, such as college catalog or student handbook, and online.

The Board has developed the following standards which will be used during approval visits to evaluate compliance with Board rules and regulations:

1) Licensed vocational nurses and others in health care worker related categories who apply to California BRN approved programs seeking an academic degree will be offered educational mobility opportunities that take into account their previous education and/or work experience. Academic credits where applicable shall be evaluated and applied to nursing course requirements. Pretesting and/or counseling shall be available to assist students to make appropriate decisions. Where appropriate bridge or transition courses shall be available to facilitate and expedite successful integration of the individual students into succeeding nursing courses. There shall be evidence of an operative program.
2) Students who have met comparable prerequisites as generic students shall have equal access for the open spaces in all nursing courses.

*Challenge may include, but is not limited to credit by examination and portfolio assessment, such as review of documents, evaluation of experience, non-collegiate sponsored courses, and standardized tests.

**THIRTY UNIT OPTION**

Students electing the 30 unit option to achieve eligibility to write the licensing examination according to Section 2736.6 shall have opportunity for academic credit by transfer and/or examination. Objective counseling shall be offered to students electing this option for licensure. There shall be evidence of an operative program in relation to the 30 unit option.

**CREDIT BY EXAMINATION (CHALLENGE)**

1) All transfer and credit by examination policies shall be in writing, readily accessible, and clearly communicated to the current and prospective students.

2) Objective counseling to clarify credit by examination option and procedure shall be available to all candidates.

3) Grading practices for the credit by examination option when given shall parallel criteria for course work.

4) Scheduling of the examination for credit shall take into account subsequent course enrollment for the unsuccessful candidate.

5) Students shall have available to them, in a timely fashion, the following as preparation for the examination for credit:

   - course outline
   - detailed course objectives
   - bibliography and textbook list
   - style and format of the examination

6) The examination for credit shall be designed for the purpose of evaluating knowledge and/or clinical skills necessary to meet course objectives. Nursing programs shall be able to demonstrate that the examination measures the course objectives. Non standardized examinations shall be available for BRN review.

**TRANSFER CREDIT** is determined by the institution accepting credits from another institution. Academic credits earned from a regionally accredited institution of higher education usually are accepted for comparable prelicensure courses by similarly accredited institutions.
COMPONENTS OF A PRELICENSURE PRECEPTORSHIP

INTRODUCTION
A preceptorship is a course, or components of a course, presented at the end of a board-approved curriculum that provides students with a faculty planned and supervised registered nursing experience that is comparable to an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. A preceptorship course must be approved by the Board prior to its implementation. Implementation of a preceptorship course is handled as a minor curriculum revision.

Some examples of preceptorship experiences include the following:
- to care for individuals and/or groups of patients in the clinical setting;
- to provide opportunities to implement leadership and management skills;
- to develop expertise, skill in advanced clinical practice, and organizational skills;
- to minimize culture shock and reduce role conflict upon full entry into nursing practice.

“Preceptor” means a registered nurse who meets the qualifications set out in section 1426.1(b)(3)(A) to (D), employed by a health care agency, who is assigned to assist and supervise nursing students in an educational experience that is designed and directed by a faculty member [CCR section 1420(n)].

Desired characteristics of a preceptor include:
- COMPETENCY - The RN demonstrates nursing expertise in the delivery of care and ability to direct staff (recommendations made by clinical supervisors or by attainment of a specific staff level).
- POSITIVE ATTITUDE - The RN has expressed a desire to work with a student in the preceptor role.
- COMMUNICATION SKILLS - The RN has demonstrated ability to communicate effectively with patients, faculty, students, staff, and physicians.

Points to Consider for Preceptorship Experience:
- The recommended time frame for a use of a preceptor experience as described in this guideline is the senior year.
- Recommended preceptor/student ratio is 1 to 1.
- Preceptorship experience need not be limited to medical surgical settings and may be scheduled in any clinical area where clinical objectives can be met.

REQUIREMENTS OF PRECEPTORSHIP [CCR section 1426.1]
(a) The course shall be approved by the board prior to its implementation.
(b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that include all of the following:
   (1) Identification of criteria used for preceptor selection;
   (2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities;
(3) Identification of preceptor qualifications and designation of a relief preceptor that include following requirements:

  (A) An active, clear license issued by the board; and
  (B) Meet the minimum qualifications specified in section 1425(e); and
  (C) Employed by the health care agency for a minimum of one (1) year; and
  (D) Completed a preceptor orientation program prior to serving as a preceptor;
  (E) A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor’s days off.

(4) Communication plan for faculty, preceptor, and student to follow during the preceptorship, including:

  (A) The frequency and method of faculty/preceptor/student contact;
  (B) Availability of faculty and preceptor to the student during his or her preceptorship experience.

  1. Preceptor is present and available on the patient care unit during the entire time the student is in his or her preceptorship rendering nursing services.
  2. Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.

(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, including following activities:

  (A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student;
  (B) Faculty member completes and conducts the final evaluation of the student with input from the preceptor;

(6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships;

(7) Plan for an ongoing evaluation regarding continued use of preceptors.

(c) Faculty/student ratio for preceptorship shall be based on the following criteria:

  (1) Student/preceptor needs;
  (2) Faculty’s ability to effectively supervise;
  (3) Students’ assigned nursing area; and
  (4) Agency/facility requirements.
GUIDELINES FOR WORK STUDY COURSES

Background:
The Nursing Practice Act permits students enrolled in a Board approved prelicensure nursing program to render registered nursing services when these services are incidental to a course of study in the program (Business & Professions Code Section 2729[a]). A work-study course offered by a nursing program complies with this section of the law and provides additional clinical experiences for student nurses admitted to and enrolled in its own nursing program. With a work-study program, nursing students are exposed to the realities of the clinical environment and have the opportunity to master learned skills. Additionally, clinical agencies benefit by the student nurse’s skills and have the opportunity to attract new graduate nurses to their facility.

Guidelines to develop a work-study course are as follows:

1) Nursing program develops a course in which previously learned nursing theory and clinical skills are applied.
   • A student must have acquired clinical competence in these skills. A list of skills competencies is provided to the clinical agency (work-study site).
   • No new skills may be taught during this course.
   • Hours of instruction for the course follow the formula per CCR 1426(g)(2).
   • A course faculty of record is available and is responsible for ongoing communication with students and agency and monitoring of student progress.

2) Nursing program develops an agreement with a clinical agency with which it has a contract, to provide a work-study course for which a student receives academic credit. Compensation of the student by the practice site is encouraged.

3) The clinical agency agrees to the objectives of the course and provides mentors or preceptors for direct supervision of students.

4) The instructor and agency mentors meet at regular intervals to discuss student progress and jointly share in the evaluation of the student.

5) The course instructor has the final responsibility to evaluate and grade students and their mastery of the course objectives.

Approval of work-study course:
• All work-study courses require Board approval prior to course implementation.
- Nursing program submits a minor curriculum revision request to the assigned nursing education consultant following the Curriculum Revision Guidelines (EDP-R-09).
STATEMENT ON FACULTY

In accordance with CCR Sections 1424(g) and 1425.1 the following policy statement has been adopted:

The majority of the faculty should be full-time. Faculty is defined to include full-time; part-time; hourly; long-term substitutes; joint-appointment. The nursing program must ensure that its nursing faculty’s responsibilities, regardless of full-time or part-time status, are consistent with BRN regulation CCR 1425.1 and meet the intent of CCR 1424(g). Evidence must support that each faculty member participates in nursing program activities, including instruction, evaluation of students, development of program policies and procedures, planning, implementation and evaluation of the curriculum.

CCR section 1425.1 (b) is a newly added proposed regulation which states “Each faculty member shall participate in an orientation program, including, but not limited to, the program’s curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation”.

RATIONALE:
California Code of Regulations Sections 1424(g) and 1425.1 require that each (emphasis added) faculty member and the total faculty be collectively responsible and accountable for the planning, implementation and evaluation of the program and program related activities irrespective of their full or part-time or joint appointment status.

Program activities by faculty include, but are not limited, to:
- Developing program goals and objectives
- Participating in faculty orientation and be involved in periodic evaluations.
- Participating in curriculum planning; be cognizant of how content area taught fits into total curriculum plan;
- Scheduling time to meet with students for evaluation and counseling purposes;
- Assisting in development of program policies, procedures, with knowledge of program specific policies;
- Participating in planning, organizing, implementing and evaluating the nursing program;
- Participating in decision-making regarding the direction and nature of the nursing program.
- Facilitating consistent student participation in the program as defined in CCR Section 1428;
- Facilitating and ensuring individual/collective faculty compliance with specified regulations governing continuing approval of the program.
JOINT-APPOINTMENT FACULTY STATEMENT

PURPOSE
The purpose of this statement is to assist nursing program directors, other campus administrators and clinical agencies in assuring that joint-appointment faculty meet the qualifications and responsibilities of prelicensure faculty as required by the Nursing Practice Act.

BACKGROUND
Due to the nursing shortage in California, nursing programs need more students and clinical agencies need more graduates ready to take on the role of registered nurses as soon as possible. Collaborative agreements between prelicensure nursing programs and health care service organizations or other campus entities (such as Contract Education) have significantly increased as means to meet this need. Joint-appointment faculty are often utilized by these agencies and entities to directly increase the number of students admitted by a local nursing program.

The Board of Registered Nursing encourages collaborative agreements between nursing programs and service agencies or other education entities. Utilizing agencies’ RN-staff to fill faculty positions is a concept that can be beneficial to nursing programs, clinical agencies and ultimately students. Defining the role and expectation of the joint-appointment faculty assures that all those involved in the collaboration, academia, service, faculty and staff are working together. An effective collaboration will increase the number of students the program can enroll and the number of graduates available to enter the workforce while maintaining the quality of the nursing educational program.

REGULATORY AUTHORITY
Section 1420(b). Definition of “Approved nursing program” means a school, program, department or division of nursing in this state approved under the provisions of sections 2785 through 2789 of the code and this article.

Section 1420(i). Definition of “Faculty” means all registered nurses who teach in an approved nursing program pursuant to section 1425, including instructors, assistant instructors, and clinical teaching assistants.

Section 1420(d). Definition of “clinically competent” means faculty possess and exercise the degree of learning, skill, care and experience … of a staff RN in the nursing area to which the faculty member is assigned.
Section 1424(g). Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

Section 1424(j). The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.

Section 1425. Faculty qualifications – Director, Assistant Director, Instructor, Assistant Instructor and Clinical Teaching Assistant.

Section 1425.1(a). Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.

Section 1425.1(b). All faculty members shall participate in an orientation program that includes the program’s curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

Section 1425.1(c). The registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.

Section 1425.1 (d) Each faculty member shall demonstrate clinical competence in the nursing area in which he or she teaches.

EXPLANATION OF REGULATIONS
Faculty positions may be funded by outside sources such as acute care agencies, or Workforce Development (Contract Ed). The individual involved may be both a faculty member and an RN employee of the funding source. The Board, however, considers all faculty members to be responsible for the planning, implementation and evaluation of all aspects of the program regardless of whether the individual faculty is full-time or part-time, tenured, adjunct or joint-appointment and paid by the educational institution or by an outside source.

Collaborative agreements that include joint-appointments must define the faculty role as being under the direction and supervision of the nursing program director. The agreement should also address the issue of possible role conflict for faculty and students when employee assignments and program assignments overlap. Every attempt should be made to avoid assigning joint-appointment faculty to the same unit and shift they work as agency staff. Students may also work in the same facility as the joint-appointment faculty. Every attempt, therefore, should be made to avoid assigning students to the same unit and shift they work as agency staff.
An individual with a joint-appointment will need to have the same qualifications and responsibilities as all other faculty as defined by the Nursing Practice Act. Specifically, program directors must ensure that joint-appointment faculty are:

1. Approved by the BRN as an Instructor, Assistant Instructor or Clinical Teaching Assistant as defined in CCR 1425.
2. Participated in a program orientation as specified in Section 1425.1 (b).
3. Participated in planning, implementing and evaluating the curriculum.
4. Knowledgeable about the program's philosophy and objectives as agreed upon by the entire faculty.
5. Supervised by the appropriate program faculty and under the direction of the Program Director when performing their faculty functions.
6. Supervises only the students assigned to their clinical group when serving as faculty.
7. Not involved in clinical agency functions when serving as faculty.
FACULTY CONTENT EXPERT

CCR section 1420(f): “Content expert” means an instructor who has the responsibility to review and monitor the program’s entire curricular content for the designated nursing area of geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, or pediatrics.

CCR section 1424(h): The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.

CCR section 1425(f): A content expert shall be an Instructor and shall have: (1) a master’s degree in the designated nursing area; or (2) a master’s degree that is not in the designated nursing area and shall: (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and (B) have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.

Explanation: Each school must have at least one content expert in each area of nursing; one Instructor may qualify for more than one area. The required areas are interpreted as geriatric, medical-surgical, mental health/psychiatric, obstetric, and pediatric nursing.

Methods to Qualify as a Content Expert

EITHER Master's degree in the area.

OR Master's degree in another area and additional theoretical and clinical experience as shown below.

THEORY - EITHER national certification or course work in content area equivalent to 30 hours of continuing education or 2 semester units/3 quarter units, AND

CLINICAL - EITHER clinical experience in content area to equal 30 eight-hour shifts within the last three years or clinical experience teaching the content area (e.g., geriatrics) for a minimum of 2 semesters or 3 quarters.
LICENSING EXAMINATION PASS RATE STANDARD

NEC Procedure for Monitoring Schools with Substandard NCLEX Performance

Regulatory Authority:
CCR section 1431. Licensing Examination Pass Rate Standard
“The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing exam candidates.”

(a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.
(b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.
(c) The board may place a program on warning status with intent to revoke the program’s approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.

Education/Licensing Committee’s goal 6: Continue the assessment and review of the NCLEX-RN examination process, and maintain collaborative relationship with the National Council of State Boards of Nursing.

Goal 6.5: Continually monitor and report NCLEX-RN first-time pass rates of California candidates.

Procedure:
1. Computerized Adaptive Testing (CAT) statistics are made available on a quarterly basis. The NEC reviews the statistics quarterly and makes recommendations after each academic year.
   • First substandard performance (first academic year) - Discuss with the program director the ELC goal and whether this is an expected or unexpected occurrence. Ask the director to submit a report outlining the program’s action plan.
   • Second substandard performance (second academic year) - Schedule an interim visit with specific objectives which includes:
     a. Meeting with director
     b. Meeting with administrator
     c. Meeting with faculty
     d. Establish whether the program’s action plan is still current, and whether being met.
     e. Document on interim visit form.
     f. Present a written report of findings to the ELC with director present.
2. If there is no improvement in the following quarter, the program’s NEC will conduct a full continuing approval visit within the next six months, and submit a written report of the findings to the ELC.

3. If there is evidence that the program has failed to address its substandard performance, the ELC will make a recommendation to the Board to place a program on warning status with intent to revoke the program’s approval. The Board may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the code.
SECTION THREE
NURSING CURRICULUM
Program Objectives

Competencies of the Associate Degree Nurse on Entry into Practice

The purpose of the Santa Monica College Nursing Program is to prepare Associate Degree nurses to function as caring, competent, and compassionate practitioners at an entry level of professional nursing and across a variety of care settings. The graduate of this program will be able to work with and provide care for patients of diverse groups in a multicultural community. The Santa Monica College Nursing Program has established the following competency based objectives as outcome criteria for the graduate.

I. ROLE AS A PROVIDER OF CARE

1. Utilize critical thinking and the nursing process to formulate and maintain individualized, compassionate care for a group of patients.
2. Collaborate with members of the health team to provide a caring and compassionate environment conducive to assisting in the fulfillment of health care needs.
3. Develop and implement an individualized teaching plan that will promote and/or maintain optimal health.
4. Utilize therapeutic communication to assist patients, families, and/or significant others in adapting or coping with life experiences.
5. Communicate changes in health status that interfere with the patient’s ability to maintain or achieve optimal health.

II. ROLE AS A MANAGER OF CARE

1. Coordinate and establish nursing care priorities
2. Assist nursing personnel to develop and enhance nursing care skills.
3. Utilize appropriate channels of communication to accomplish goals related to delivery of patient care.
4. Advocate for individual patient needs and for system changes to improve health care delivery.

ROLE AS A MEMBER WITHIN THE DISCIPLINE OF NURSING

1. Maintain accountability for own nursing practice within the profession’s ethical and legal framework.
2. Serve as a role model to members of the nursing team by fostering high standards of nursing practice.
4. Acknowledge the influence of nursing research on nursing practice.
LEVEL OBJECTIVES

LEVEL I

Upon entry to Level I, the student will have completed English 1, Anatomy 1, Physiology 3 and Microbiology 1. The student will demonstrate an understanding of the material in these courses and will have the ability to apply this content in subsequent courses throughout the curriculum. The student will be expected to demonstrate proficiency in basic nursing skills and assess patients using Orem’s Self-Care Model in application of the nursing process. At the conclusion of Level I the student will have successfully completed Nursing 10, 10L, 15, 15L, and 36.

Upon completion of Level I the student will be able to:

I. ROLE AS A PROVIDER OF CARE

1. Develop competency in basic nursing skills reflecting awareness of critical elements and the integration of universal factors that are appropriately applicable.
2. Utilize therapeutic communication when interacting with patients and colleagues.
3. Utilize teaching principles to promote and maintain optimal health by implementing existing teaching plans.
4. Incorporate behaviors of caring and respect during the provision of basic nursing care for patients with self-care requisites.
5. Apply the nursing process and components of critical thinking abilities when implementing therapeutic nursing interventions for patients with self-care requisites.

II. ROLE AS A MANAGER OF CARE

1. Complete assignments within the allotted time frame.
2. Comply with established nursing standards and protocols.
3. Identify and discuss circumstances that require patient advocacy.
4. Participate in the self-evaluation process and identify strategies that will assist in development.
LEVEL II
Upon entry to Level II, the student will have successfully completed all Level I requirements and is expected to apply the knowledge of principles, concepts and theories learned to all Level II course work. During Level II the student will demonstrate the acquisition of additional skills and the assessment of patients with selected health deviations. The student will formulate individualized care plans, which reflect the interdependence of the nursing process, knowledge of selected health deviations, and critical thinking abilities. At the conclusion of Level II the student will have completed Nursing 20, 20L and Nursing 25, 25L, Nursing 17, Nursing 28, and Nursing 16.

Upon completion of Level II the student will:

I. ROLE AS A PROVIDER OF CARE

1. Demonstrate critical thinking skills when implementing therapeutic nursing interventions while providing care for patients with selected health deviations.
2. Correctly employ each component of the nursing process in theory, clinical, and written assignments.
4. Perform therapeutic nursing interventions in a respectful, empathetic, and caring manner, which reflect consideration of multi-cultural variables.
5. Integrate patient education consistently to provide assistance for the patient and immediate support system.
6. Predict nursing assistance required for the patient with selected health deviations using an analytical approach.

II. ROLE AS A MANAGER OF CARE

1. Prioritize and manage nursing assistance for patients with selected health deviations.
2. Interact with members of the multi-disciplinary health care team.
3. Communicate effectively through appropriate channels to achieve stated goals in the health care setting.

III. ROLE AS A MEMBER WITHIN THE DISCIPLINE OF NURSING

1. Act as a patient advocate by recognizing and reporting concerns regarding quality of care, and ethical or legal dilemmas encountered in practice.
2. Critique performance and incorporate suggestions for improving nursing practice.
3. Display behaviors, which reflect an awareness of issues of contemporary health care and the managed care environment.
4. Utilize technology appropriately to assess own learning needs and expand theoretical foundation.
LEVEL OBJECTIVES

LEVEL III

Upon entry to Level III the student will have completed Level II, or be accepted for advanced placement into Level III. The student will incorporate and transfer theoretical concepts and principles from Level I and Level II. During Level III the student is expected to incorporate increasingly complex assessment of patient needs in medical-surgical settings. The student will plan and implement nursing care, which reflects thorough understanding of the nursing process and the constant interrelatedness of psychosocial and physiological patient needs. At the conclusion of Level III the student will have completed Nursing 30, 30L, 35, 35L Speech 5, Psychology 19, and Sociology 1.

I. ROLE AS A PROVIDER OF CARE

1. Develop and implement individualized plans of care for patients with multi-system health deviations.
2. Assess the appropriateness of therapeutic nursing interventions based on individual patients health deviations.
3. Utilize therapeutic communication to interact with patients, families, significant others, and members of the health care team.
4. Evaluate the effectiveness of therapeutic use of self with patients, facilities, significant others, and health team members.
5. Develop and implement individualized teaching plans for patient and/or family that will promote or maintain optimal health.

II. ROLE AS A MANAGER OF CARE

1. Assess the effectiveness of delegation by health team members in a variety of care settings.
2. Collaborate with members of a multi-disciplinary team and/or ancillary personnel to facilitate delivery of health care.
3. Delegate aspects of care to appropriate members of the team.

III. ROLE AS A MEMBER WITHIN THE DISCIPLINE OF NURSING

1. Engage in activities that promote self-development.
2. Discuss ethical and legal issues related to patients with multi-system failure.
3. Discuss allocation of resources in the current health care environment and predict the impact on health care delivery.
LEVEL OBJECTIVES

LEVEL IV

Upon entry to Level IV the student will have completed all other course work required in the nursing curriculum. The student incorporates and transfers theory and principles from Levels I, II and III. During Level IV the student will assess patients with self-care requisites, health deviations and developmental needs. The student will plan and implement care for patients in obstetric, pediatric, and medical-surgical settings. The student will also apply leadership and management principles and discuss some of the issues confronting the profession of nursing. The student demonstrates skill proficiency in providing care to patients with complex self-care demands. At the conclusion of Level IV the student will have completed Nursing 40, 40L, 45, 45L, 50, 50L, and all requirements of the program.

Upon completion of Level IV the student will be able to:

I. ROLE AS A PROVIDER OF CARE

1. Utilize critical thinking skills and the nursing process to implement therapeutic interventions that will assist in meeting the therapeutic self-care demand, self-care requisites, health deviation, and developmental needs, for a group of patients with multi-system deficits.
2. Collaborate with members of the health care team to ensure a caring environment conducive to promoting optimal health.
3. Utilize therapeutic communication to facilitate adaptation of patients, families, or significant others to maturational and situational stressors.
4. Develop and implement teaching plans that assist in promoting and maintaining health across the life span.

II. ROLE AS A MANAGER OF CARE

1. Demonstrate ability to delegate aspects of care to licensed and/or Unlicensed personnel.
2. Supervise and evaluate the nursing care provided by members of the health care team.
3. Assess the need for and participate in staff development that will enhance the quality of health care delivered in a variety of settings.
4. Advocate for individual patient needs and for system changes to improve health care delivery.
5. Function within the organizational framework to initiate change(s) that will improve health care delivery.

III. ROLE AS A MEMBER WITHIN THE DISCIPLINE OF NURSING

1. Demonstrate accountability for own nursing practice within the ethical and legal framework of the profession.
3. Acknowledge the influence of nursing research on nursing practice.
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<th>Knowledge</th>
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<th>Application</th>
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SECTION FOUR

POLICIES
ARTICLE 4400 STUDENT CONDUCT, ACTIVITIES AND PROGRAMS

AR 4411 Code of Academic Conduct

To maintain the academic integrity of Santa Monica College, faculty and students must take responsibility for maintaining an educational environment characterized by academic honesty. Therefore, under no circumstances will academic dishonesty be tolerated.

1. Faculty Responsibilities

   In order to maintain an environment of academic integrity, faculty will:

   A. Make every attempt to conduct classes in a manner that encourages honorable behavior, ensures equal opportunity for student success, and discourages academic dishonesty.

   B. Inform students in writing and, whenever possible, verbally, of the course requirements, grading procedures, and expectations for acceptable academic conduct and behavior.

   C. Inform students of the SMC Code of Academic Conduct and the consequences of behavior in violation of the Code.

   D. In instances where alleged academic integrity violations are filed, inform students of their right to due process.

   E. Ensure that the appropriate process for reporting a violation of the Code of Academic Conduct is followed (see Reporting a Violation).

2. Student Responsibilities

   In order to maintain an environment of academic integrity, students will:

   A. Familiarize themselves with the Code of Academic Conduct, Honor Code, and Student Conduct Code.

   B. Behave in a manner that encourages learning and upholds the Code of Academic Conduct and Honor Code.

   C. Act with fairness (i.e., not seek undue advantage) towards other students in classroom interactions, completion of assignments, examinations, or any other academic activity.

   D. Make every attempt to prevent the unauthorized use of their work.
3. Academic Dishonesty Conduct Defined

Santa Monica College defines academic dishonesty as an act of fraud or deception, in any academic exercise. This includes, but is not limited to, the following actions or attempted actions:

A. Using unauthorized testing aids such as calculators, recorders, electronic devices or notes on any examination or assessment, or the failure to observe the expressed procedures or instructions of an academic exercise (e.g., examination instructions regarding alternate seating or conversation during an examination).

B. Allowing another individual to assume one’s identity for the purpose of satisfying course requirements or enhancing one’s grade or score in any of the following: testing, assessment, on-line classes, field trips, or attendance.

C. Falsifying attendance records or grade rosters.

D. Representing the words, ideas or work of another as one’s own (plagiarism) in any academic exercise, including the use of commercial term papers, solution manuals, or any other work of another regardless of how it is created or published.

E. Changing answers on a previously scored test, assignment, or experiment.

F. Copying or allowing another student to copy from one’s paper or answer sheet during an examination or for a graded assignment.

G. Inventing information for the purpose of completing a laboratory experiment, a case study analysis, or field trip.

H. Giving or receiving information during an examination by any means including sign language, hand signals, secret codes, or electronic transmission.

I. Accessing or reproducing exams in any form without the prior authorization of the instructor with the purpose of sharing, selling, or publishing them.

J. Intentionally or knowingly helping another to violate any provision of this Code.

K. Forging or altering academic documentation (including transcripts, assessment scores/results, letters of recommendation, enrollment certifications, registration forms, and medical certification) concerning oneself or others.
4. Reporting a Violation

Given an incident of academic dishonesty, faculty should adhere to the following procedures:

A. Inform the student of the nature of the alleged violation and the impending course of action.

B. Complete and submit the Academic Dishonesty Report Form, along with any related evidence, to the College Disciplinarian within ten (10) school days of the allegation. The term “school day” is used in this Administrative Regulation for the purpose of calculating deadlines and shall mean any day that classes are in session except Saturdays and Sundays.

5. Consequences for Violating Academic Conduct

A. Given an alleged violation of academic honesty, the instructor may impose one or both of the following sanctions, subject to appeal to the Santa Monica College Honor Council:

   (1) dismiss the student from the class or activity for up to two class sessions;

   (2) assign a failing grade to the examination or assignment in which the alleged cheating or plagiarism occurred.

B. Upon receiving a report of alleged academic dishonesty, the College Disciplinarian will notify the student, the campus Ombudsperson, and the department chair of the content of the alleged violation. The Campus Disciplinarian will then conduct such investigation as he/she deems necessary.

Subsequent to investigation, the College Disciplinarian may:

   (1) Confirm the sanction imposed by the instructor and notify the student of his/her right to appeal the sanction to the SMC Honor Council.

   (2) Provide the student with the opportunity for a conference with the campus Ombudsperson or designee in an effort to resolve the accusation informally. As part of the informal resolution process, the Ombudsperson or designee may confer with the faculty member and department chair or designee.

   (3) Impose sanction under AR 4410. In severe incidents of academic dishonesty, including but not limited to impersonation, presentation of falsified documents, stealing exams or research papers, or repeated violations, the College Disciplinarian may suspend or
recommend expulsion of a student from the College in accordance with the procedures set forth in AR 4410.

C. In any case where the College Disciplinarian confirms the alleged incident of academic dishonesty, he/she shall place in the student’s disciplinary records: a copy of the Academic Dishonesty Report Form; a summary of the College Disciplinarian’s Investigative Findings; and a description of the sanction imposed by the Instructor or College Disciplinarian.

A student whose disciplinary records contain a report of academic dishonesty shall be informed that:

(1) the information placed in the student’s disciplinary record is not part of his/her academic record at the college and that the disciplinary records will be destroyed within three years, providing there are no further acts of misconduct;

(2) the student has an opportunity to write a response to each document included in his/her disciplinary record, and that the response shall be placed on record with the original document;

(3) the inclusion of these documents in the student’s disciplinary records may be challenged if a student appeals the alleged incident upon which they are based to the SMC Honor Council.

D. The College Disciplinarian and the SMC Honor Council may recommend to the Superintendent/President and Board of Trustees the revocation of any degrees, certificates, course credits awarded to a student when findings indicate that a severe incident of academic dishonesty with direct bearing on the award of the degree, certificate or course credit has occurred.

6. Appeal Procedure

A student has the right to appeal sanctions imposed by the instructor or College Disciplinarian under AR 4411 through the procedure set forth in AR 4412.
The Nursing Program at Santa Monica College does not discriminate against qualified individuals with disabilities. A qualified applicant is defined as an individual who has met the academic requirements and is able, with or without reasonable accommodation, to perform the essential functions of a nursing student. All students enrolled in the program are required to meet the same standards with or without accommodation. The essential functions required for all nursing students are described below. A student must be able to adequately monitor, observe, and assess healthcare needs of the patient and communicate effectively with other health care professionals and staff.

**Auditory** includes, but is not limited to, the ability to:
- receive and interpret information a patient is communicating verbally
- receive and interpret auscultatory sounds using a stethoscope
- receive and interpret auditory signals from technical equipment
- receive and respond to cries for help
- communicate using telecommunication devices, such as a telephone

**Visual** includes, but is not limited to, the ability to:
- monitor, observe, and assess drainage on dressings and drainage of body fluids
- note fluid levels in collection devices, syringes, and infusion devices
- read gauges, such as a sphygmomanometer, that monitor patient progress
- administer treatments such as I.V. fluids and oxygen
- observe changes in patient skin color
- discriminate colors for diagnostic purposes
- assess movements of patients
- observe general patient behavior, especially in rehabilitation or psychiatric settings

**Tactile** includes, but is not limited to, the ability to:
- perform palpation and other functions necessary for a physical examination
- assess texture, shape, size, temperature and vibration
- perform therapeutic functions, such as inserting a urinary catheter or I.V., changing dressings, and administering medications
- collect specimens necessary for assessment of the patient

**Gross and Fine Motor Coordination, Neuromuscular Strength** includes, but is not limited to, the ability to:
- transfer patients (i.e., from wheelchair to bed and from bed to stretcher)
- perform palpation, auscultation, and percussion to elicit information
- manipulate diagnostic instruments to perform all aspects of a physical assessment
- perform CPR
- administer intravenous, intramuscular, subcutaneous and oral medications
- manipulate life support devices
- apply therapeutic pressure to stop bleeding
- navigate safely in patient care environments
- perform treatments and procedures
- calibrate diagnostic and treatment equipment
General Physical Stamina: A student must be able to tolerate sitting, standing, moving, and performing nursing care activities to assigned patients in clinical labs and health care environments in the required timeframe.

Communication is the ability to communicate effectively and sensitively with patients, family members, and other members of the health care team. It is both expressive and receptive modes of verbal, nonverbal and written communication. It includes, but is not limited to, the ability to:
- access electronic medical records and input data using site specific systems
- utilize electronic medical records for the purpose of retrieving medications from an automated dispensing system
- explain treatment procedures to patients and family members
- initiate health teaching with patients and family members
- document nursing assessment, nursing action, and patient/family responses
- access documentation and medical literature pertaining to the patient
- accurately report patient information to other health care professionals and members of the patient’s health care team

Social Behaviors include the ability to establish and maintain appropriate professional relationships, such as the ability to:
- act ethically
- demonstrate compassion
- develop professionally mature, sensitive, caring, and effective relationships with patients and other members of the health care team

Cognitive/Emotional Capabilities includes emotional health concurrent use of his or her intellectual abilities including:
- effectively prioritize competing demands
- function successfully in stressful circumstances
- separate one’s own needs and experiences from the situation at hand to maintain objectivity and patient-centered care
- adjust to changing circumstances
- exercise reasonable clinical judgment
- respond appropriately to supervisor’s direction

6/04
Updated 12/12
Academic Adjustments for Students with Disabilities

Santa Monica Community College District

ADMINISTRATIVE REGULATION

section 400: Student Services

AR4115 Academic Adjustments for Students with Disabilities

In accordance with State and Federal law, academic rules, policies and practices at Santa Monica College may be modified, as necessary, to ensure that they do not discriminate, or have the effect of discriminating, on the basis of handicap, against qualified handicapped applicants or students.

The procedure for seeking an adjustment is as follows:

Process for Adjustment

1. A student with a documented disability contacts the instructor or instructors prior to or at the beginning of the semester with a request for an academic adjustment.
2. The instructor or instructors discuss the request with the student and confer (if necessary) with the staff at the Center for Students with Disabilities to determine an appropriate adjustment.
3. A student with a documented disability may also seek an adjustment by requesting staff at the Center for Students with Disabilities to initiate contact with the instructor(s).
4. If the student, instructor(s) and staff at the Center for Students with Disabilities have made a reasonable effort to resolve the matter and are unable to agree on an appropriate adjustment within five working days, the matter may be referred to the 504 Compliance Office or her/his designee.
5. The 504 Compliance Officer or her/his designee will gather appropriate information and determine a reasonable accommodation within two working days after having received written notification of a problem from a concerned party and will make an interim adjustment pending a final resolution.

Appeal Process

1. If the student or the agents of the college do not concur regarding the requested academic adjustment, the matter will be forwarded to the Academic Accommodations Panel. The role of the Academic Accommodations Panel is to review the request for academic adjustment. Specifically, does the adjustment ensure access for the disabled for participation in the academic program and maintain the integrity of the course content?
2. The Academic Accommodations Panel will include the following members:
   - A faculty member from the DSPS
   - The 504 Compliance Officer
• Two instructors from the academic area (one selected by the department chair and one selected by the instructor)

• An advocate or information specialist of the student's choice (non-voting)

• An academic administrator who serves as the chair of the committee

3. The student and the instructor will meet with the Academic Accommodations Panel and will have an opportunity to express their concerns.

4. The Academic Accommodations Panel will meet no later than 10 working days after the interim adjustment has been made and will then render a written decision within five working days.
All conditionally accepted applicants are required to complete a criminal background check and a urine drug screen prior to admission to the nursing program. A clear or negative background check is a requirement by the clinical agencies used by Santa Monica College Nursing Program for all students prior to clinical placement. The clinical agencies are essential to nursing students’ clinical learning experiences. Therefore, all conditionally admitted students must have a clear or negative background check for entry to Santa Monica College Nursing Program. The background check must be done upon entry and re-entry to the nursing program. Each semester continuing students who have not had a break in enrollment in the nursing program must sign an affidavit that they have not had any arrests and/or convictions.

Clinical affiliates of the Nursing program require evidence of a negative drug screening test in order for a student to participate in the clinical education part of the nursing program at their facility. Therefore any student with a positive drug screening test cannot be admitted to the Nursing program. Students may also be subject to random drug testing during their enrollment in the nursing program.

The background check and drug screening are done by an independent service and the cost is the responsibility of the student. The Director of the nursing program will review the results after students have signed the release. The certificates with identifying passwords will be kept in a locked file in the nursing office. The results will not be provided to the clinical agency. However, in situations when the clinical agency requires the results, the students will provide the facility liaison the information needed to review the results.

The clinical agencies require a negative/clear background check. Therefore, if the student’s background check is not clear, students will not be able to enter or remain in the nursing program. If there is a question regarding a student’s results, the Director of the nursing program will confer with the Chief of the college police department.

Students will be provided with instructions on how and where to complete this background check once you are provisionally admitted to the program. This is not something that can be completed ahead of time.

Positive test results on drug screening or refusal to be tested and/or unsatisfactory background checks, including failure to disclose information, may result in forfeiture of admission to the school.
All medications are expected to be administered safely, through use of the SIX RIGHTS. They are to be administered in a timely manner and are to be documented accurately.

**REQUIREMENTS:**

1. At the beginning of each shift, the student will check the medication record to determine which medications are to be administered that shift and the time to be administered.

2. Medications will be prepared for administration **within 30 minutes** of the actual written time of administration, except for extenuating circumstances (patient off floor, patient NPO, missing meds, etc.).

3. Oral medication will be placed in a medicine or soufflé cup in their unit dose package (do not open packages to half a tablet until checked by the instructor but be sure to state that tablet is to be halved). The medication/soufflé cup should then be placed in the medicine cart drawer of that patient*. Equipment for medications delivered by other routes (syringes, IV tubing, etc.) should be available at the medicine cart/drawer. The medication by parenteral route (or other) should be in the patient’s medication drawer or on the medicine cart. Non-unit dose medications and narcotics should be prepared in the presence of the instructor.

4. All oral medication placed in the medicine/soufflé cup and any other medications to be given by another route (topical, IVPB, subcutaneous, IM sublingual, etc.) should be at the medicine cart for the instructor to check. Medications checked by the instructor at this time will be considered to be those that the student will deliver to the patient. Any incorrect medication(s), set up by the students at the time they are checked by the instructor at the medicine cart, will be considered and classified as a medication error and managed accordingly.

5. Asepsis (medical and/or surgical) must be maintained during the entire medication procedure.

6. **PATIENT NAMEBANDS WITH TWO IDENTIFIERS (NAME & HOSPITAL NUMBER) MUST BE CHECKED PRIOR to MEDICATION ADMINISTRATION AGAINST the MAR.**

7. **PRIOR** to check by the instructor, the student must be knowledgeable regarding the essential aspects of the medications and essential aspects pertaining to the route of administration as well as the nursing implications. See Safe Care Directives in the Nursing Student Handbook.

8. The student will be knowledgeable of normal ranges and/or therapeutic ranges and of inappropriate vital signs and/or level (based on the normal and/or therapeutic ranges) that will cause a medication to be held and will state these to the instructor at the time of medication check. Failure to have vital signs/lab or drug values will be considered as failure to meet the provision of this policy and will be evaluated as “unsatisfactory medication administration.”

9. The students will demonstrate skill proficiency in all medication administration.

10. All students must have with them at **ALL** clinicals: a working watch with a second hand, a stethoscope, and current drug book or they will be sent home.

11. All medication must be documented immediately **FOLLOWING MEDICATION ADMINISTRATION AND NO MORE THAN 10 MINUTES FOLLOWING UNLESS A SPECIAL CIRCUMSTANCE HAS PREVENTED THIS.** Modifications to this policy might need to occur based on clinical site and policies.
REMEDIATION:

NUR15L and NUR20L (first and second semester courses) remediation will follow the first and second errors in medication administration.

Remediation will be determined by the lead instructor and the clinical instructor. Remediation will include but not limited to viewing appropriate videos, CD-ROMs, CAI, etc. After Nursing 20/20L the student will have to remediate and will be placed on a Plan of correction. This might result in failure in the course and/or dismissal from the program.

If the error(s) occurs prior to midterm evaluation, an “UNSATISFACTORY” will be placed on the student’s midterm clinical evaluation record. The student will receive an “unsatisfactory” in the objective pertaining to “administer medications safely and correctly” if consistent violation of the provisions of this policy in medication administration occurs during the course. This unsafe behavior can result in being dismissed from the program. ERROR FREE MEDICATION ADMINISTRATION IS EXPECTED FOLLOWING REMEDIATION.

AS NOTED, ANY UNSATISFACTORY IN A CRITICAL REQUIREMENT OBJECTIVE/ELEMENT WILL RESULT IN AN UNSATISFACTORY FINAL GRADE FOR THE CLINICAL COURSE.

I have read and understand the Nursing Department policy on Safe Medication Administration Requirements.

NAME (PRINT) ________________________________

SIGNATURE ________________________________

DATE: ________________________________

8/04
All nursing students must be expected to provide safe nursing care to assigned/selected patients. A student is expected to

1. maintain confidentiality

2. give safe patient care based upon previous and concurrent learning experiences.

3. implement nursing care using the nursing process.

4. implement the physician’s written orders.

5. observe, interpret, and record the patient’s responses to treatment.

6. use the Standards of Care/Practice defined by each clinical facility, which are consistent with course level objectives to provide safe care.

7. adhere to the Code of Academic Conduct at all times. Dishonesty and/or concealment of any errors in nursing practice constitute unsafe practice.

8. follow the hospital medication procedure/policy for medication administration and the following:
   a. state the expected effect for each medication.
   b. state the major side effects for each medication.
   c. state the rationale for giving each medication.
   d. assess the desired effects; report and document them.
   e. assess the side effects of every medication given; report and document them.
   f. verify each medication with the doctor’s written order.
   g. know contraindications for each medication.
   h. know the nursing implications of each medication.
   i. know the safe dosage range of each medication.
   j. calculate what the correct dosage should be.
   k. if you are a first-year student, give medication ONLY when supervised by the clinical instructor or designated RN.
   l. if you are a second-year student, give medication with supervision of the clinical instructor or preceptor RN in accordance with clinical objectives.

9. never administer any medication that was reconstituted, prepared, drawn up, or poured by another health care provider, unless prepared by the pharmacist or his/her representative.

10. maintain awareness of assigned patients’ scheduled procedures and the related nursing implications.

11. incorporate principles of safety when performing nursing care.

12. be prepared to state underlying principles when implementing nursing care.

13. follow facility policy regarding removal of narcotics.

14. comply with the BRN Nursing Practice Act.
Because of the serious consequences for patient comfort and/or health, any violation of these critical behaviors constitutes unsafe nursing behavior and may result in a student’s dismissal from the program. To protect the patient’s well being, the clinical instructor may dismiss from the clinical area students considered unsafe.

The instructor may contact the Associate Dean of Health Sciences or designee and request a formal dismissal of the student from the program. In that case, the nursing faculty will convene and the instructor involved will present written documentation for requesting the student’s dismissal. The student in question will be given the option to present an explanation of his/her behaviors either verbally or in written form and the faculty will vote on the decision.

If the student is to be dismissed, he or she will be notified in writing or by telephone within five working days. Students so dismissed will not be eligible for readmission.
The following criteria apply to the ADN Program grading procedures.

1. Students will demonstrate knowledge of the subject matter as shown by meeting the course objectives and clinical competencies.

2. Students will achieve at least the satisfactory completion of all clinical assignments within the timelines specified by the instructor.

3. Students will attend regularly all clinical sessions. Attendance in the clinical is essential for successful completion of objectives and to provide needed clinical experience. To pass each clinical rotation, the students must complete the clinical objectives in a satisfactory manner.

4. Students’ clinical laboratory grades are determined by competency-based clinical evaluations and are expressed as Pass/Satisfactory or Fail/Unsatisfactory. Clinical experiences are evaluated based on the students’ satisfactory demonstration of understanding, integrating, and applying both theory and practice from previous and current courses and labs.

5. All nursing lecture classes use the following grade scale:
   - 92% = A
   - 83% = B
   - 75% = C
   - 74% = D*
   - Below 70% = F*

   *In all required courses in the nursing curriculum, both “D” and “F” grades are considered failing grades.

6. In all nursing courses that have both a clinical and a theory component, the student must receive a Pass grade in the clinical and a “C” grade or higher in theory in order to pass the course. If a student fails the clinical portion, the letter grade for the course is “F”. This applies to all nursing courses with a lab component.

7. A student must receive a minimum of “C” in all nursing courses to remain enrolled in and complete the nursing program.

8. The following nursing support courses, which are part of the approved total curriculum, also require a minimum grade of “C”.

   | Anatomy 1 | Physiology 3 | Nursing 16 |
   | English 1 | Psychology 19 | Nursing 17 |
   | Microbiology 1 | Sociology 1 | Nursing 19 |
   | Speech 5 | Nursing 36 | Nursing 28 |

Students are encouraged to make an appointment with the appropriate clinical or lecture instructor if they experience any difficulty understanding the objectives, criteria, grading, or content of any assignment in any course. Full-time instructors post and announce their office hours and office phone extension for this purpose. Part-time instructors should be approached before or after class for appointments or may be contacted through the Health Sciences Department by phone (310-434-3450).
Students should follow the appropriate communication channels (see Section IV. Student Role, Student Concerns/Problems, Procedures for Students’ Concerns). Any problems that cannot be resolved with the instructor should be referred to the Associate Dean of Health Sciences, as detailed in the Procedures for Students’ Concerns.

**Notice of Deficiency**

A student is notified that he or she is “at risk” at any time he or she is functioning below the minimally acceptable level of performance in either the clinical or academic areas of the program. To help the student return to good standing, he or she will receive a “Statement of Concern”, stating areas that need improvement, suggestions for making these improvements, and a date by which the deficit behaviors must be corrected. A Statement of Concern sample form is located on the following page. In lieu of a “Statement of Concern” a midpoint rating of needs improvement or unsatisfactory will serve as notice of deficient behaviors.

Students are encouraged to take an active role in their learning by seeking the available resources to assure their success in the program before they become “at risk”.

When deficit behaviors are more serious, more frequent, or persistent, in a variety of areas or when behaviors pose a danger to the patient, a “Plan of Correction” may be given to the student by the instructor. A sample form is located on pages 51-53, and includes information clarifying the serious nature of the circumstances warranting use of this document. The issuance of this document constitutes due process and may initiate a process of program dismissal.
The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;
  - Organizations conducting certain studies for or on behalf of the school;
  - Accrediting organizations;
  - To comply with a judicial order or lawfully issued subpoena;
  - Appropriate officials in cases of health and safety emergencies; and
  - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.
For additional information or technical assistance, you may call (202) 260-3887 (voice). Individuals who use TDD may call the Federal Information Relay Service at 1-800-877-8339.

Or you may contact us at the following address:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202-5920
SECTION FIVE

FACULTY MENTORING
Traditional Approach
• Mentor is an “experienced teacher who is assigned to a novice for the purpose of providing individualized, ongoing professional support (Peters).

Non-traditional Approach
• Peer mentoring new faculty members pool resources, expertise, and support each other.
• Co-mentoring is “characterized by reciprocity and involves listening and being listened to, teaching as well as learning, and offering and obtaining information through recurrent dialogue.

Three Key Concerns
• Orientation to the College and Nursing Program
• Teaching
• Scholarship and career development

Purpose
• Create a supportive learning environment for faculty
• Identify needs of adjunct faculty
• Promote consistency among faculty
  – Clinical Evaluations
  – Adhering to program policies (Statement of Concern, documentation, etc)
• Facilitate student success

Plan
• Monthly discussions with adjunct faculty regarding topic of interests via webinar
• Weekly discussions via email, phone, and or in person with lead instructor
• Create a discussion board/blog
• Utilize peer mentoring or co-mentoring among adjunct faculty
• Provide faculty development for adjunct faculty

Strategies
• Preparation for class or conference or debriefing (remaining focused
Clarification

**Adjunct Faculty Mentoring**

1. The Lead Instructor will assume responsibility for initiating and monitoring of new faculty.
2. A faculty member should be designated to assume responsibility for initiating and monitoring orientation of new faculty.
3. Orientation of new faculty to the Health Sciences web page, email, e-companion, and the process for add/drop and posting grades can be done in the “media center”.
4. Adjunct faculty will confirm that they have read the faculty handbook, student handbook, and have completed the training on [www.ca-hwi.org](http://www.ca-hwi.org). These forms should be required and collected.
5. All new adjunct faculty should meet with Human Resources for a brief review of benefits, etc for adjunct faculty.
6. The department will allow faculty (full-time and part-time) to use flex time to meet prior to the beginning of clinical and at the end of clinical for debriefing/improvement.
7. All faculty should meet during the departmental flex day of each semester to review documentation of needs improvement and statements of concern to assure that documentation meets the needs of the students and the department. The associate dean will lead this discussion/tutorial for adjunct faculty.

**Nursing Department Administration**

1. Each new adjunct faculty or any adjunct who requests it will be assigned a mentor by associate dean.
2. Associate Dean will provide lead instructors with the name and contact information of all adjunct faculty in his or her course six weeks prior to the beginning of clinical.
3. Associate Dean will provide all faculty with their clinical locations and contact persons at least 4 weeks prior to the beginning of clinical to allow ample time for site orientation and requirements.
4. Associate Dean will provide each new adjunct faculty member with a current orientation checklist and instructions.

**Lead Instructors**

1. Lead instructors should arrange to meet with clinical adjunct 4 to 6 weeks prior to the beginning of clinical.
2. Lead instructors should send updates as needed regarding lab days, simulation, etc. to all team members. Updates should include any schedule changes, instructions, and when the lead will be available to answer questions, etc.
3. Lead instructors should communicate with the entire team at the end of the clinical course for wrap-up, debriefing, and suggestions for the next course run.
Adjunct Faculty

1. Adjunct faculty must obtain and use a Santa Monica College email address and check email on a weekly basis.
2. Adjunct faculty will download and read the Faculty Handbook and Nursing Student Handbook.
3. Adjunct faculty should notify their lead instructors as soon as they have been assigned to a team (lead instructors contact information can be obtained from Bronwyn).
4. New adjunct faculty will schedule an appointment with Antippia Short (Tippy) for orientation to the skills lab and simulation.
5. Adjunct faculty must have access to a computer and printer.
6. Adjunct faculty should send a weekly update (use template) email to lead instructor to inform him/her of progress/problems/issues in the clinical group.
Click on the links (Control + Click) to access the journal articles.


Click on the links (Control + Click) to access the SMC websites.

Faculty Handbook of Santa Monica College

http://www.smc.edu/HumanResources/HumanResourcesDepartment/Documents/Faculty%20Documents/Faculty%20Handbook/Faculty%20Handbook%202013%20FINAL(08.15.2013).pdf

New Hire—Full-time Faculty

http://www.smc.edu/HumanResources/HumanResourcesDepartment/Pages/New-Hire---Full-Time-Faculty.aspx

New Hire—Part-time (Adjunct) Faculty

http://www.smc.edu/HumanResources/HumanResourcesDepartment/Pages/New-Hire---Part-Time-Faculty.aspx

Evaluation Forms and Instructions

http://www.smc.edu/HumanResources/HumanResourcesDepartment/Pages/Evaluation-Forms.aspx

Human Resources Main Webpage

http://www.smc.edu/HumanResources/HumanResourcesDepartment/Pages/default.aspx

Equal Employment & Discrimination Policies

http://www.smc.edu/HumanResources/HumanResourcesDepartment/Pages/On-Campus.aspx

Workplace and Campus Violence

http://www.smc.edu/HumanResources/HumanResourcesDepartment/Pages/Workplace-Campus-Violence.aspx
WEBSITES FOR PROFESSIONAL DEVELOPMENT

California Health Workforce Initiative--Program Resources

http://ca-hwi.org/

http://ca-hwi.org/4faculty/ (Nursing Clinical Faculty Online Training)

Quality and Safety Education for Nurses (QSEN)

http://www.qsen.org

Santa Monica College Library Health Sciences Databases

http://library.smc.edu/new/eresources/hsdb.html

Simulation Innovation Resource Center – National League for Nursing

http://sirc.nln.org/
SECTION SIX

COMMONLY USED FORMS
Clinical Faculty Weekly Summary

Course: ___________________ Name of Instructor: ____________________________
Facility: __________________________

Have you checked your ISIS roster?  Yes____  No____
Are all the students in your clinical group listed on your ISIS roster?  Yes____  No____

How many patients did each student have?

What procedures were performed this week?

Did the students administer medications? To how many patients? Identify whether oral or parenteral.

Summarize the overall performance of the students in the following areas:

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<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Needs Improvement</th>
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<td>Technical Skills</td>
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<td>Professional demeanor</td>
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<td>Clinical decision-making/critical thinking</td>
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<td>Attendance &amp; punctuality</td>
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<td>Students preparedness</td>
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<td>Comments</td>
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</table>

Describe any incidents/concerns/problems.

Identify students whose performance is below expected level and what action taken.

Is there a need to refer student to any of the support services below? If yes, identify the appropriate service.

Revised 03/01/2011
NURSING PROGRAM
FACULTY ACCOUNTABILITY PROCESS

PURPOSE

• For faculty to hold each other accountable for performance and improvement.
• To promote continual self evaluation, and systematic improvement in clinical and teaching skills.
• To identify best practices.

PROCESS

• Each faculty member will review the Student Evaluations of the courses and clinicals they teach.
• Faculty will complete the attached Faculty Accountability Worksheet addressing:
  - best practices/strengths
  - the concerns, issues addressed by the students
  - activity(ies) planned to address concerns, issues including time frame.
  - Objectives for action plan

• The Faculty Accountability Worksheet will be submitted for review by the faculty as a whole. Forms will be reviewed for relevance of activities to issues identified. Modification may be made to the Action Plan.
• The Faculty Accountability Worksheet is to be completed each semester.

10/07, Revised 11/12
FACULTY ACCOUNTABILITY WORKSHEET

FACULTY__________________________________________________

COURSE/SEMESTER______________________________________

SUMMARY OF STRENGTHS AND BEST PRACTICES:


SUMMARY OF CONCERNS/ISSUES IDENTIFIED BY STUDENTS:


INSTRUCTOR DISCUSSION OF IDENTIFIED CONCERNS/ISSUES:


ACTION PLAN (including time frame and objectives) :


FACULTY CONSENSUS WITH ACTION PLAN

YES__________ NO______________ DATE__________________________

REPORT OF ACTIVITY/EVALUATION DATE______________
Santa Monica College
Statement of Concern, Nursing Program

Student Name: ___________________________________________ I.D. _________________________

Date: ________________ Observations/Evaluation made by: ________________________________

On (date of occurrence(s)
__________________________________________________________________________________

Expected Behaviors:

Deficit Behaviors:

Remediation/Correction Required:

Time Limit for Remediation/Correction:

Implication(s) of Non-correction:

____ I have read and accept the above statement (and agenda, if attached).

____ I have read and do not agree with the above statement and will submit a written rebuttal within 48 hours.

__________________________________       _______________________________________
Signature (Student)                      Signature  (Instructor)

_________________________________________________________________________________
Date/Time

NOTE: If a rebuttal is elected and is not submitted within the approved time, the Instructor’s statement will be assumed to be accepted.
Santa Monica College
Plan of Correction, Nursing Program

Name of Student: _______________________________ Date: _______________________

Clinical Course: _______________________________ Subject: WRITTEN WARNING
NOTICE

This Written Warning Notice is to inform you that your behaviors in the clinical setting do not
meet course objectives. You are receiving this Written Warning Notice as of
_________________ for: (include description of what occurred as well as what should have
occurred) Deficit Behavior/Expected Behavior

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

A student may receive a Written Warning Notice two times throughout the course of the program
unless it is for gross negligence. If a student receives a third Written Warning Notice, the student
will be dismissed from the program.

Please be advised that this is your _____ First Written Warning Notice
_____ Second Written Warning Notice
_____ Dismissal Notice from the Instructor

Please note that students who receive a first Written Warning Notice should meet with their
instructor for conference. Students who receive a second Written Warning Notice should meet
with their instructor and the Associate Dean of Nursing for a conference. Students who are
dismissed from the program have the option of meeting with their instructor and the Associate
Dean of Nursing for a conference. Please refer to the Student Handbook for the
Readmission/Appeal Process.

A student may be placed on Written Warning Notice at any point during the semester for any of
the following reasons:

1) Placing a patient in physical jeopardy
2) Placing a patient in emotional jeopardy
3) Failure to demonstrate competence
4) Gross Negligence

Physical jeopardy is defined as any action or inaction on the part of the student, which in the
judgment of the instructor, compromises the patient’s physical safety. Emotional jeopardy is
defined as any action or inaction on the part of the student, which in the judgment of the
instructor compromises the patient’s emotional safety. Failure to demonstrate competence is
defined as the lack of possession of or the failure to exercise that degree of learning, skill, care,
and experience ordinarily possessed and exercised by students of the same level. The student
exercises an inability to demonstrate mastery of previous or current course content as described in
course objectives. Gross negligence is defined as an extreme departure from the standard of care, which, under similar circumstances would have been exercised by a student of the same level. A student may be dismissed for one instance of behavior that can be classified as gross negligence.

You are receiving a Written Warning Notice as your behaviors fall into the category(ies) of ____________________________________________________ listed above.

This memo also constitutes written warning of clinical lab failure in ____________________________________________________.

Please recognize that unless immediate changes occur in your behavior, a below passing grade may be issued at the end of the course.

Specific suggestions for improvement are as follows:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Student Comments:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I have read and understand this memo and the suggestions for improvement. I have received a copy of this memo.

________________________________       _________
Signature of Associate Dean of Nursing                     Date

NOTE: If a rebuttal is elected and is not submitted within 48 hours, the Instructor’s statement will be assumed to be accepted.

cc: 1) Student   2) Instructor   3) File (orig. doc.)   4) Associate Dean, Health Sciences
“S”: SATISFACTORY
The student’s performance would be considered SATISFACTORY (S) if the following behaviors are manifested:
1. Performs the expected behaviors safely.
2. The quality of performance is at expected level of achievement.
3. Performs the expected behaviors at or within the designated time period.
4. Seeks appropriate guidance, validation, direction, and supervision.
5. Transfers previously acquired knowledge and skills to current practice.
6. Deliberatively communicates therapeutically.
7. Written assignments submitted when due.
8. Wears correct/clean/complete attire, name tag, and adheres to student dress code standards.
9. Consistently demonstrates professional behavior.

“N.I.”: NEEDS IMPROVEMENT
The student’s performance would be considered as NEEDS IMPROVEMENT (N.I.) if any of the following behaviors are manifested:
1. Behaviors manifested incorrect but caused no harm because instructor/staff person intervened with questions, data, further instructions.
2. Preparation inadequate or not related to specific needs of assigned patient.
3. Manages time ineffectively.
4. Unable to accurately perform previously acquired skills or not knowledgeable regarding expected skill performance.
5. Assumes observer/follower role vs. active caregiver role after first day of care in new unit/clinical area
6. No deliberative therapeutic communication or client teaching performed.
7. Written assignments submitted one or more days late and/or with limited/incomplete data.
8. Inconsistent performance of expected clinical behavior.
9. Inconsistently demonstrates professional behaviors.
10. Wears incorrect/unclean/incomplete attire, does not wear name tag, and does not adhere to student dress code standards.

“U”: UNSATISFACTORY
The student’s performance would be considered UNSATISFACTORY (U) if any of the following behaviors are manifested:
1. Behaviors manifested are unsafe and have potential for causing harm if not changed/corrected/ or further action taken.
2. Demonstrates lack of and/or incomplete knowledge of principles, correct techniques, effects of actions, and/or nursing implications.
3. Consistently lacks incomplete and/or inadequate preparation for care.
4. Incorrect and/or inaccurate information given to client.
5. Impedes client’s communication/expression of feelings and fears.
6. Fails to perform the expected criteria within the designated time period, after repeated instruction, guidance, and remediation opportunity.
7. Fails to seek appropriate guidance or keep appropriate people informed.
8. Requires more than the expected amount of instruction and guidance for the stated level of performance. Continues to require frequent reminders by instructor to complete assignments.
CLINICAL EVALUATION GRADING PROCEDURE

Students are expected to transfer and integrate knowledge and skills learned in previous nursing courses and related courses for successful completion of this course.

Behaviors are related to clinical course objectives and will be listed in the specific evaluation tool for each course in the nursing program which has a clinical component.

At the conclusion of N10L, N15L, N20L, N25L a student may receive a “N.I.” in up to three behaviors and receive a passing grade with a Statement of Concern or Plan of Correction to be completed by a specific date, and no later.

Students in N30L, N35L may receive a N.I. in up to two behaviors and receive a passing grade with a Statement of Concern of Plan of Correction to be completed by a specific date, and no later.

Students in N40L, N45L may receive a N.I. in up to one behavior and receive a passing grade with a Statement of Concern of Plan of Correction to be completed by a specific date, and no later.

Students in N50L may not receive a N.I. in any behaviors and receive a passing grade.

If a student exceeds the above number of N.I.s for each course no Credit will be given. A “U” in any behavior or physically or emotionally jeopardizing a patient as specified in the SAFE CARE DIRECTIVES. Students must comply with the SAFE CARE DIRECTIVES in order to remain enrolled in and complete each clinical component of a course.

Failure in the companion theory course constitutes No Credit for clinical regardless of performance rating and the student will not be permitted to progress in the nursing program.
ASSESSMENT & NURSING DIAGNOSIS

θ Nursing Diagnosis/Collaborative Problem prioritized

NURSING DIAGNOSIS (ND)/COLLABORATIVE PROBLEM (CP)

θ Based on data (evidence) from the nursing assessment

θ The problem is written before the “related to” and followed by the “manifested by” or “evidenced by” (signs and symptoms) for an actual nursing diagnosis (three part statement)

θ High risk statement and contributing factors for a potential or high risk nursing diagnosis (written as a two part statement)

θ NANDA’s taxonomy used

θ All major problems/nursing diagnoses identified

θ Correctly identified as a nursing diagnosis or a collaborative problem

PLANNING

Goals must:

θ minimize or resolve the problem or etiology

θ describe the direction in which patient is expected to progress

θ contain an action verb

θ provide measurable criteria to evaluate effectiveness or ineffectiveness

θ be realistic

θ indicate a time frame

θ provide direction for validating and planning appropriate nursing interventions
INTERVENTIONS

- Assist the patient in achieving the expected outcomes
- Describe the activity to be performed
- Written as nursing orders, (i.e., how, when, where time/frequency, amount)
- Independent (nurse prescribed) nursing interventions are identified
- Collaborative interventions listed (non-nursing prescribed interventions)
- Have a potential to reduce or eliminate the cause of the problem
- Teaching included as part of interventions
- Identify Orem nursing system design (WC - PC or SE)

EVALUATION

- Describe data that supports goal/outcome
- Assess response to therapeutic modalities
- Effectiveness of each intervention noted
- Date of evaluation (if care rendered on different dates)
- State modification of interventions, goals, or diagnostic statement if problem not resolved or goal not met

GENERAL (not unique to nursing)

Correct grammar
Correct spelling
Written legibly
Santa Monica College
ADN Program Situational Event Report Form, Nursing Program

To be completed by Student Nurse:

1. Brief description of event (including date and location of event):

2. What do you think led or contributed to this incident?

3. What could be done to prevent a similar incident from occurring?

4. What will you do to prevent this type of incident from occurring again?

5. Which “right” of medication administration or standard of care was violated?

6. What was the patient’s response following the incident?
7. How soon after the incident was the error discovered (include who discovered the event)?

8. Have you made a previous medication error or standard of care while enrolled in the nursing program?

______________________________         _____________
Signature of Student                                             Date

______________________________         _____________
Signature of Instructor                                           Date

_______________________________        _____________
Signature of Director of Program                           Date
To be completed by Instructor:

1. Brief description of event (include date and location):

2. What do you think led or contributed to this incident?

3. Which “right” of medication administration or standard of care was violated?

4. What was the patient’s response following the incident?

5. How soon after the incident was the error discovered (include who discovered the event)?

6. What could you have done to prevent the incident?
7. What action is being or will be taken at the hospital?

8. What is your recommendation regarding the student’s behavior?

____________________________       ____________
Signature of Instructor                                      Date

______________________________        ____________
Signature of Director                                          Date
SECTION A

Student Name: _______________________________________________________________ Date: ______________________________

Faculty Name: ______________________________________________________________ Course: ______________________________

<table>
<thead>
<tr>
<th>Skill</th>
<th>Area (s) of Deficiency</th>
<th>Required Reading</th>
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</table>

SECTION B

Evaluation of Student Performance

Discuss important underlying theoretical concepts, i.e. anatomy, physiology and pathophysiology
Explain rationale for purpose of procedure
Explain rationale for steps of procedure
Demonstrate appropriate assessment principles
Identify appropriate equipment needed
Demonstrate appropriate use of the equipment
Use two patient identifiers prior to performing nursing skill
Explain procedure to patient
Demonstrate steps of procedure in sequential order
Maintain asepsis throughout procedure
Maintain patient safety throughout procedure
Discuss patient education following procedure

Overall Performance/ Recommendations:

Student’s Signature: ___________________________ Date: ___________________________
Skills Lab Faculty Signature: ___________________________ Date: ___________________________

Copy to Skills Lab Copy to Student Copy to Faculty

Instruction:
This reflection guide is intended to help you think about a given clinical situation you encountered and your response to it. It can be:

- a specific physiological patient problem, such as angina, dyspnea or elevated K+.
- a patient-family situation.
- about your role with the team who is caring for your patient.
- about an ethical situation you experienced.

The guide is designed to help you “tell your story” and reflect on your actions in the story. Personal reflection on a situation and your role in the situation will help you improve your critical thinking skills. With continuous practice your clinical judgment will also improve.

Your professional partner will ask you questions to prompt your self reflection and your clinical instructor will give you feedback on your written reflections. We hope you welcome and seek regular feedback from your professional partner and instructor. Their feedback will also help you strengthen your critical thinking and judgment.

This reflection tool is adapted from Tanner’s Clinical Judgment Model
Journal of Nursing Education, 45, 204-211.

Additional information is available at the Quality and Safety Education for Nurses website: 
http://www.qsen.org/
Self Reflection Guide

Thinking Like a Nurse

Introduction:
- Describe a nursing situation you encountered this week. (See instructions above)

Background:
- Describe your relationship to the patient at the time you noticed the situation (e.g., previous contact with patient and/or family, the quality of your relationship).
- Consider experiences you have had that helped you provide nursing care in this situation. Describe your formal knowledge (e.g., physiology, psychology, communication skills), previous nursing experience with a similar problem, and/or personal experiences that helped guide you as you worked with the patient.
- Describe your beliefs about your role as the nurse working in this situation.
- Describe any emotions you had about the situation.

Noticing:
- What did you notice about the situation initially?
- Describe what you noticed as you spent more time with the patient and/or family.

Interpreting:
- Describe what you thought about the situation (e.g., its cause, potential resolutions, patterns you noticed).
- Describe any similar situations you have encountered in practice before. Describe any similarities and differences you observed when compared with the current situation.
- What other information (e.g., assessment data, evidence) did you decide you needed as you considered the situation? How did you obtain this information? What help with problem solving did you get from your professional partner?
- Your conclusion: What did your observations and data interpretation lead you to believe? How did they support your response to the situation? Include pertinent pathophysiology and/or psychopathology.

Responding:
- After considering the situation, what was your goal for the patient, family and/or staff? What was your nursing response, or what interventions did you do? List all actions that you took.
- Describe stresses you experienced as you responded to the patient or others involved in the situation.

Reflection-in-Action
- What happened? How did the patient, family and/or staff respond? What did you do next?

Reflection-on-Action
- What happened? How did the patient, family and/or staff respond? What did you do next?

Reflection-on-Action and Clinical Learning
- Describe three ways your nursing care skills expanded during this experience.
- Name three things you might do differently if you encountered this kind of situation again. What additional knowledge, information and skills do you need when encountering this kind of situation or a similar situation in the future?
- Describe any changes in your values or feelings as a result of this experience.
<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>PATIENT ROOM/NAME</th>
<th>STUDENT NAME</th>
<th>PATIENT ROOM/NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>6.</td>
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<td>2.</td>
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<td>4.</td>
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<td>9.</td>
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<td>5.</td>
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<td>10.</td>
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</tbody>
</table>

Students rotating to:
REPORTING A VIOLATION: Submit the online Academic Dishonesty Referral Form at the Judicial Affairs website:
http://www.smc.edu/StudentServices/StudentJudicialAffairs/Pages/Academic-Dishonesty-Referral-Form.aspx

Given an alleged incident of academic dishonesty, and consistent with college policy, faculty members and examiners are requested to observe the following procedures:

- Inform the student of the nature of the alleged violation and the impending course of action. Notify the student in writing whenever possible.
- Submit an Academic Dishonesty Report online (below) within ten (10) school days of the allegation. Upon review of your notification and supportive documentation, the Campus Disciplinarian will contact the student in question. We will also notify the Ombudsperson and the appropriate department chair.
- Depending on the nature of the violation, students will be required to meet with the Disciplinarian; in some instances, we may only contact students in writing. Additionally, students with repeat offenses or egregious acts of misconduct as defined in AR4410 and AR4411 may face suspension or expulsion proceedings.
- Per college policy, students have a right to due process and may appeal instructor and Disciplinarian imposed sanctions, including the allegation of academic misconduct itself. Students may:
  - Confer with the Ombudsperson to seek an informal resolution;
  - Appeal to the Honor Board.
- A disciplinary file will be created and maintained for a period of three (3) years provided there are no further acts of misconduct.

Note: Student ID Number is required: In order to ensure we are contacting the correct student, the SMC student ID number is REQUIRED. If you are reporting a student who is not enrolled in your class and do not have the ID number, you may submit the referral below and type "0" (zero) as an ID. Be sure you specify in the reason for referral box why an ID number is not available, please. Without an ID number we may not be able to initiate adjudication procedures.
The link for students is:

www2.smc.edu/healthsci/forms

The link for faculty is:

www2.smc.edu/healthsci/forms/faculty.htm
**Santa Monica College Health Sciences**  
**Associate Degree Nursing (ADN)**  

**ENVIRONMENTAL SURVEY**  
*(Complete at the end of each semester)*

<table>
<thead>
<tr>
<th>Semester:</th>
<th>Select Semester</th>
<th>Year:</th>
<th>Select Year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Course:</th>
<th>Select from the list</th>
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</table>

<table>
<thead>
<tr>
<th>Program:</th>
<th>Select from list</th>
</tr>
</thead>
</table>

1. **Your identity is valued?**

2. **You have been given the opportunity to identify your particular learning style?**

3. **Differences in learning styles of students are considered in the process of course delivery?**

4. **Course material is presented in a variety of ways within each course?**

5. **When you have difficulty learning a particular concept, your course instructor helps you understand the concept using other methods of explanation?**

6. **You have sufficient opportunities to share your needs with your instructor?**

7. **You have sufficient opportunities to share your ideas with your classmates?**
8. You have sufficient opportunities to share your ideas with the program Associate Dean? (Select from list)

9. You have been given enough guidance to enable you to participate in your own learning? (Select from list)

10. A mature learning environment exists? (Select from list)

11. Support services (such as counseling, skills lab, library, bookstore) are adequate to meet your needs? (Select from list)

12. Comments: Please use this space to comment or elaborate upon any of the above areas.

13. In order that we may share your success with other students, please state how you have taken responsibility for your own learning. What works -- what doesn’t?

14. Suggestions: Please note any suggestions you have for program improvement.
Thank you for your input.
## LECTURE COURSE EVALUATION FORM

Please check the appropriate box for each presentation method, which best represents your opinion.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The objectives and expectations of the course were clear?</td>
<td>Choose the best answer from this list . . .</td>
</tr>
<tr>
<td>2. The syllabus was useful in guiding learning of course content?</td>
<td>Choose the best answer from this list . . .</td>
</tr>
<tr>
<td>3. As the course progressed the topics reinforced one another?</td>
<td>Choose the best answer from this list . . .</td>
</tr>
<tr>
<td>4. The format of the textbook was clear and understandable?</td>
<td>Choose the best answer from this list . . .</td>
</tr>
<tr>
<td>5. The textbook complemented the course?</td>
<td>Choose the best answer from this list . . .</td>
</tr>
<tr>
<td>6. The course was well organized?</td>
<td>Choose the best answer from this list . . .</td>
</tr>
<tr>
<td>7. Concepts presented in the classroom and skills laboratory reinforced each other?</td>
<td>Choose the best answer from this list . . .</td>
</tr>
<tr>
<td>8. Evaluation of student learning was fair and consistent?</td>
<td>Choose the best answer from this list . . .</td>
</tr>
</tbody>
</table>
Which of the following methods used in presentation of the course were effective in contributing to learning course content:

<table>
<thead>
<tr>
<th></th>
<th>Method</th>
<th>Choose the best answer from this list . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Lecture</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Small Group Discussion</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>DVDs</td>
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<tr>
<td>12</td>
<td>Computer Programs</td>
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<tr>
<td>13</td>
<td>Case Studies</td>
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<tr>
<td>14</td>
<td>Workshops</td>
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<td>15</td>
<td>Simulations</td>
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<tr>
<td>16</td>
<td>Handouts</td>
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<tr>
<td>17</td>
<td>Guest Lectures</td>
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<tr>
<td>18</td>
<td>Anatomical and Other Models</td>
<td></td>
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<td>19</td>
<td>iclickers</td>
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</tr>
<tr>
<td>20</td>
<td>Transparencies (Overhead Projection)</td>
<td></td>
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<tr>
<td>21</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
Santa Monica College Nursing Program

STUDENT EVALUATION OF LECTURE INSTRUCTOR

Semester: [Select Semester] Year: [Select Year]

Course: [Select from the list]

Instructor: 

Please evaluate your instructor on the scales listed below. Since your instructor is interested in improving his/her instructional techniques, it is to the advantage of all to evaluate as fairly and objectively as possible.

1. Is your instructor clear and understandable in his/her explanations?

   Choose the best answer from this list . . .

2. Does your instructor take an active personal interest in the progress of the class?

   Choose the best answer from this list . . .

3. Does your instructor show interest and enthusiasm in the course?

   Choose the best answer from this list . . .

4. Does your instructor interest students in the subject matter?

   Choose the best answer from this list . . .

5. How well do your instructor’s tests sample the material covered in the class and in the textbook?

   Choose the best answer from this list . . .

6. How valuable was the course to you?

   Choose the best answer from this list . . .

7. How well was the class organized?

   Choose the best answer from this list . . .

8. How well did you like the testing procedure used in this class?

   Choose the best answer from this list . . .
9. Do you think the lesson outlines were useful?  Yes ☐  No ☐

10. What do you believe your instructor has done especially well in instructing this course?

11. What specific teaching techniques do you believe your instructor might use to improve instruction of this course?

Thank you for your input.
<p>| | | |</p>
<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>The number of patients/clients in the clinical setting was sufficient to meet course objectives.</strong></td>
<td>Choose the best answer from this list...</td>
</tr>
<tr>
<td>2.</td>
<td><strong>The range of major health problems represented in the patient/client population was sufficient to meet course objectives.</strong></td>
<td>Choose the best answer from this list...</td>
</tr>
<tr>
<td>3.</td>
<td><strong>The variety of learning opportunities was sufficient to meet course objectives.</strong></td>
<td>Choose the best answer from this list...</td>
</tr>
<tr>
<td>4.</td>
<td><strong>The staff provided positive role models.</strong></td>
<td>Choose the best answer from this list...</td>
</tr>
<tr>
<td>5.</td>
<td><strong>There were sufficient resources (personnel and supplies) available.</strong></td>
<td>Choose the best answer from this list...</td>
</tr>
<tr>
<td>6.</td>
<td><strong>The attitude of the staff on the unit contributed to a supportive learning environment.</strong></td>
<td>Choose the best answer from this list...</td>
</tr>
<tr>
<td>7.</td>
<td><strong>The clinical agency consistently provides adequate learning opportunities to meet course objectives.</strong></td>
<td>Choose the best answer from this list...</td>
</tr>
<tr>
<td>8.</td>
<td><strong>Students are encouraged to participate as part of the interdisciplinary team in this setting.</strong></td>
<td>Choose the best answer from this list...</td>
</tr>
</tbody>
</table>
9. **Staff at this agency role model current standards of nursing practice.**

10. **Staff in this agency treat students in a collegial manner.**

11. **Students have ample opportunity to practice communication skills in this setting.**

12. **Adequate space was available for post-conferences.**

13. **The number of patients/clients in the clinical setting was sufficient to meet course objectives.**

14. **Comments:**

   

Submit Reset
Santa Monica College Health Sciences

Associate Degree Nursing (ADN)

STUDENT EVALUATION OF CLINICAL INSTRUCTOR

Semester: [Select Semester]  Year: [Select Year]

Course: [Select from the list]  Clinical

Instructor:

Please check the appropriate box for each presentation method, which best represents, your opinion.

1. The instructor made the objectives and criteria of the clinical rotation clear.
   Choose the best answer from this list . . .

2. The instructor assigned/approved patient assignments which promoted learning.
   Choose the best answer from this list . . .

3. When communicating with students the instructor demonstrated respect, fairness, and confidentiality.
   Choose the best answer from this list . . .

4. The instructor was available to work with individual students during assigned clinical hours.
   Choose the best answer from this list . . .

5. The instructor demonstrated competency in her/his field of knowledge.
   Choose the best answer from this list . . .

6. The instructor encouraged students to apply theory to the clinical situation.
   Choose the best answer from this list . . .

7. The instructor used pre/post conference time effectively by stimulating problem solving and critical thinking.
   Choose the best answer from this list . . .
8. **The instructor provided encouragement to all students.**

Choose the best answer from this list . . .

9. **The instructor made specific comments on assignments.**

Choose the best answer from this list . . .

10. **The instructor facilitated critical thinking by asking appropriate questions of students.**

Choose the best answer from this list . . .

11. **The instructor was supportive of students when dealing with staff personnel at the clinical facility.**

Choose the best answer from this list . . .

12. **The instructor encouraged reflection when discussing problems that may have impeded learning.**

Choose the best answer from this list . . .

13. **Assigned papers were corrected and returned in a timely manner.**

Choose the best answer from this list . . .

14. **Comments:**

Submit  Reset
Santa Monica College Nursing Program

Skills Lab Evaluation

Semester:  
Year:

Course:  

Please check the appropriate box which best represents your opinion.

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>1. The skills laboratory content reinforced theoretical concepts?</td>
<td></td>
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<tr>
<td></td>
<td>Choose the best answer from this list . . .</td>
</tr>
<tr>
<td>2. Skills presented were applicable to clinical practice?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Choose the best answer from this list . . .</td>
</tr>
<tr>
<td>3. The skills presented provided a foundation for the development of more advanced complex skills?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Choose the best answer from this list . . .</td>
</tr>
<tr>
<td>4. There was sufficient space during demonstration to permit observation of the presentation?</td>
<td></td>
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<tr>
<td></td>
<td>Choose the best answer from this list . . .</td>
</tr>
<tr>
<td>5. There was adequate space during practice sessions to provide sufficient opportunity to practice skills?</td>
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<tr>
<td></td>
<td>Choose the best answer from this list . . .</td>
</tr>
<tr>
<td>6. There was enough time during skills laboratory classes to practice skills?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Choose the best answer from this list . . .</td>
</tr>
<tr>
<td>7. The equipment in the skills laboratory was representative of equipment found in the clinical setting?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Choose the best answer from this list . . .</td>
</tr>
<tr>
<td>8. The equipment was well maintained?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Choose the best answer from this list . . .</td>
</tr>
</tbody>
</table>
Santa Monica College Health Sciences

Associate Degree Nursing (ADN)

NURSING PROGRAM FACULTY EVALUATION OF CLINICAL AGENCY

Semester: [Select Semester] Year: [Select Year]

Course: Select from the list

Agency: Type name of Agency

Please check the appropriate box for each presentation method, which best represents, your opinion.

1. The number of patients/clients in the clinical setting was sufficient to meet course objectives.

2. The range of major health problems represented in the patient/client population was sufficient to meet course objectives.

3. The variety of learning opportunities was sufficient to meet course objectives.

4. The staff provided positive role models.

5. There were sufficient resources (personnel and supplies) available.

6. The attitude of the staff on the unit contributed to a supportive learning environment.

7. The clinical agency consistently provides adequate learning opportunities to meet course objectives.

8. Students are encouraged to participate as part of the interdisciplinary team in this setting.
9. **Staff at this agency role model current standards of nursing practice.**

10. **Staff in this agency treat students in a collegial manner.**

11. **Students have ample opportunity to practice communication skills in this setting.**

12. **Adequate space was available for post-conferences.**

13. **The number of patients/clients in the clinical setting was sufficient to meet course objectives.**

14. **Comments:**

Submit  Reset
IN CASE OF WORK INJURY OR ILLNESS

REPORT TO YOUR SUPERVISOR

GET REFERRAL FORM FOR REISS-WOZNIAK MEDICAL CLINIC FROM SUPERVISOR

OR

GO TO HEALTH SERVICES

- Business Hours -
Monday-Thursday
8:00 a.m. – 7:30 p.m.
Friday
8:00 a.m. – 2:30 p.m.

If Health Services is closed, Campus Police will provide the authorization/referral form for medical treatment
MEDICAL TREATMENT
REISS-WOZNAK MEDICAL CLINIC
1908 Santa Monica Blvd., Ste. 5
Santa Monica, CA 90404
(310) 828-5571

BUSINESS HOURS:
Monday – Friday
7:00 a.m. – 5:30 p.m.

URGENT CARE:
Monday – Friday
After 5:30 p.m., or Weekends
Please call (310) 828-5571
Physician on call - Physician will meet employee at clinic

FREE PARKING
(Emergencies-call Campus Police)

PLEASE DO NOT GO TO YOUR PRIMARY CARE PHYSICIAN FOR WORK INJURIES UNLESS YOU AND YOUR PRIMARY CARE PHYSICIAN HAVE COMPLETED AND RETURNED THE WORKERS' COMPENSATION PRE-DESIGNATION OF PERSONAL PHYSICIAN FORM PRIOR TO AN INJURY (SEE PAGE 5 - TREATING PHYSICIAN).
Introduction

Santa Monica College Workers’ Compensation Insurance provides benefits to those employees who suffer injury/illnesses which are determined to have originated in the workplace. Department Supervisors/Managers are responsible for providing Risk Management with appropriate documentation when such injuries/illnesses are reported. This manual is to provide useful information regarding workers’ compensation procedures.

Reporting Injury/Illness:

Any occurrence, which results in injury, illness, exposure or death arising out of or in the course of employment, should be reported to the supervisor immediately to make sure that he/she receives appropriate care.

Claim Forms:

Several Workers’ Compensation Claim forms will need to be completed during the duration of the workers’ compensation claim. Timely submission of the forms is required by law and should be submitted to Risk Management immediately.

During normal business hours the supervisor will give the employee the (DWC 1) Workers’ Compensation Claim form (Sample 1); SMCCD Report of Work Injury/Illness form (Sample 2) and Covered Employee Notification of Rights Material-PRIME Advantage Medical Network (Sample 3). The employee must fill out the top portion of both forms (questions 1 through 10 on the Employee’s Claim form and Part I of the SMCCD Report of Injury form) and keep the green copy (employee’s temporary receipt) of the claim form. The supervisor must complete the bottom portion of the Claim form (questions 11 through 13) and the bottom portion of the SMCCD Report of Injury form, keep the yellow copy and send the remaining copies to Risk Management. Risk Management will complete the bottom portion of the claim form (questions 14 through 18) and will send a copy to the employee. If the injury does not occur during normal business hours, the employee should report to the Campus Police Office to pick up the required forms. It is also important for the employee to receive and review the MPN information/Covered Employee Notification of Rights Material (sign, date and return top page to Risk Management). RETURN ALL COMPLETED WORK INJURY FORMS TO RISK MANAGEMENT IMMEDIATELY.

Medical Treatment:

If immediate, non-emergency medical treatment is needed, the employee will be referred to Reiss-Woznak Medical Clinic. A Treatment Referral form (Sample 4) should be completed and signed by authorized supervisor, Health Office, Campus Police or Risk Management. Employee will need to take the completed Referral form to Reiss-Woznak for medical treatment. After normal business hours, contact Campus Police to report the injury and to obtain a Treatment Referral and additional work injury forms. Employee should also be given a copy of the PRIME-Express Scripts (Sample 5) prior to going to the medical facility. The Express
Scripts is a temporary prescription card that can be used for any medication prescribed by the physician. Reiss-Woznak Medical Center is open from 7:00 a.m. to 5:30 p.m., Monday through Friday. After 5:30 p.m., or on weekends, employer should call (310) 828-5571 to reach a physician on call. The physician will meet employee at clinic. For emergencies, call Campus Police at extension 4300.

**Treating Physician:**

The employee will be referred to Santa Monica College’s Frontline Provider treating physician (Reiss-Woznak), unless he/she has pre-designated his/her personal physician by submitting the *Workers’ Compensation: Pre-Designation of Personal Physician* form (Sample 6). The pre-designation form must be on file in the District’s Risk Management office prior to an injury/illness. (“Personal Physician” is defined as the employee’s regular physician and/or surgeon, who have previously directed the medical treatment of the employee, who retains the employee’s medical records, including his or her medical history, and has agreed to treat the employee in the event of an industrial accident).

**Change in Medical Status:**

Any change in the injured employee’s status should be reported to the supervisor, Risk Management and Human Resources. If the injured employee has not been cleared to return to work, he/she will need to be cleared to return to work with or without restrictions by that physician. The physician must document or certify any/all loss time from a work-related injury. **IT IS VERY IMPORTANT THAT YOU DO NOT TAKE WORK INJURY TIME OFF UNLESS IT HAS BEEN CERTIFIED ON YOUR WORK STATUS REPORT BY THE TREATING PHYSICIAN. OTHERWISE, YOU WILL NOT BE GIVEN ED CODE REIMBURSEMENT FOR YOUR WORK INJURY ABSENCE(S)** once your claim has been accepted by our Insurance Administrator. Copies of all documentation must be sent to Risk Management, including the “Release to Return to Work”. The “Release to Return to Work” should state with/without restrictions. Restrictions will need to get cleared with the immediate supervisor to ensure they are compatible with the employee’s assigned duties. **Employees may be asked to perform different duties within their job classification that are more appropriate for the restrictions, on a temporary basis.**

**Early Return To Work Program**

Departments are obligated to attempt, in good faith, to provide meaningful temporary work to those employees who are placed on restricted duties by their physician. The objective of the Early Return to Work Program (RTW) is to return Santa Monica College employees to safe and productive work as soon as medically possible following an injury or illness. Please contact Risk Management or Human Resources for additional information on Early RTW.
Declination of Workers’ Compensation Benefits

You have the right to decline from filing a workers’ compensation claim. This means, you have a “first aid” injury or no or further medical treatment is required. If you wish not to proceed, please complete the Declination of Workers’ Compensation Benefits form and return it to Risk Management immediately (Sample 7).

Please contact Risk Management at Ext. 4102, if you have any additional questions regarding workers’ compensation procedures or if you need to request workers’ compensation claim forms. Forms are also available outside the Risk Management Office.

IN AN EMERGENCY, PLEASE FOLLOW THE EMERGENCY PROCEDURES POSTED IN YOUR DEPARTMENT OR CALL CAMPUS POLICE AT EXTENSION 4300.

FLOWCHART & SAMPLE ATTACHMENTS

FC-Employee Workers’ Compensation Claim Process
1. Workers’ Compensation Claim Form (DWC 1)
2. Report of Work Injury/Illness
3. Covered Employee Notification of Rights Material-Employee Acknowledgment (MPN)
4. Reiss-Woznak Medical Clinic Referral Form
5. PRIME Workers’ Compensation Temporary Prescription Services ID
6. Workers’ Compensation: Pre-Designation of Personal Physician
7. Declination of Workers’ Compensation Benefits
8. Supervisor’s Investigation Form

WC-procdr-manual-2013
**EMPLOYEE WORKERS' COMPENSATION CLAIM PROCESS**

**Injury or illness Occurs at work**

Immediately report injury to your supervisor/manager

Supervisor/manager authorizes medical treatment/referral to Reiss-Woznak Medical Clinic.

- Employee returns copy of medical work status note to supervisor.
- Supervisor/manager sends copy of work status note to Risk Management.

Supervisor/manager gives employee claim forms to complete. Employee returns forms to supervisor/manager. Employee keep indicated copy.

Supervisor completes their section of claim forms and forward to Risk Management for claim processing.

Within 14 days, the insurance administrator should send employee one of three notices letting you know the status of your claim. The notice will tell you if the insurance administrator accepts, denies or will delay your claim for review.

First Aid injuries do not qualify for workers' compensation benefits and are not processed through the insurance administrator.
STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

EMPLOYER: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

☐ Employer copy/Copias del Empleado ☐ Employee copy/Copias del Empleado ☐ Administrator copy/Copias del Administrador de Reclamos ☐ Temporary Receipt/Recibo del Empleado

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the dated copy from your employer. You may call the Division of Workers' Compensation and have recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer at time of hire describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION

EMPLOYER: Complete section "Employee" and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the dated copy from your employer. You may call the Division of Workers' Compensation and have recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer at time of hire describing workers' compensation benefits and the procedures to obtain them.

Employee—complete this section and see note above

1. Name. Nombre. ____________________________ Today's Date. Fecha de Hoy. ____________________________

2. Home Address. Dirección Residencial. ____________________________


4. Date of Injury. Fecha de la lesión (accidente). ____________________________ Time of Injury. Hora en que ocurrió. ________ a.m. ________ p.m.

5. Address and description of where injury happened. Dirección/lugar donde ocurrió el accidente. ____________________________________________

6. Describe injury and part of body affected. Describa la lesión y parte del cuerpo afectada. ____________________________________________

7. Social Security Number. Número de Seguro Social del Empleado. ____________________________________________

8. Signature of employee. Firma del empleado. ____________________________________________

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

9. Name of employer. Nombre del empleador. ____________________________________________

10. Address. Dirección. ____________________________________________

11. Date employer first knew of injury. Fecha en que el empleador supo por primera vez de la lesión o accidente. ____________________________________________

12. Date claim form was provided to employee. Fecha en que se le entregó al empleado la petición. ____________________________________________

13. Date employer received claim form. Fecha en que el empleador devolvió la petición al empleador. ____________________________________________

14. Name and address of insurance carrier or adjusting agency. Nombre y dirección de la compañía de seguros o agencia administradora de seguros. ____________________________________________

15. Insurance Policy number. El número de la póliza del seguro. ____________________________________________

16. Signature of employer representative. Firma del representante del empleador. ____________________________________________

17. Title. Título. ____________________________________________ 18. Telephone. Teléfono. ____________________________________________

Kretnor & Associates 8/2006

EMPLOYER'S COPY
SANTA MONICA COMMUNITY COLLEGE DISTRICT

Report of Work Injury/Illness

Part I (Employee to complete)

Employee’s Name ________________________________ Date of Birth __________

(First) (Last)

Home Address: __________________________________ Phone Number __________

[Street] [City] [Zip]

Social Security # __________ Sex _______ Dept. __________ Occupation __________

Certificated ______ Monthly _______ Date of accident __________ Time _______ am/pm

Classified ______ Daily/Hourly ______

Did employee remain on the job? _______ Was employee taken/referred to a doctor? Yes____ No____

Name and address of Dr./Hospital _____________________________________________

Describe injury, e.g. strain, cut, etc._________________ Part of body affected, e.g. wrist, back, etc.__________

What was employee doing when injured? (Please be specific. Identify tools, equipment or material being used.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How did the accident happen? (Tell where, what and how it happened).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signed by injured ___________________________ Date __________

Part II (Supervisor to complete)

Comments ________________________________________________________________

________________________________________________________________________

What machine, tool, substance or object was most closely connected with accident? ______________________

Was injury due to a contributory act of the employee? ____/ an overt act by another employee/student? ___

Witnesses ____________________________________________________________________________

What was done to correct cause? ___________________________________________________________

What can be done to prevent recurrence? ___________________________________________________

Cause can be corrected by: Employee____ Supervision____ Maintenance____

Signed by supervisor ___________________________ Date __________

Forward original report to the ADMINISTRATIVE SERVICES OFFICE WITHIN 24 HOURS OF ACCIDENT

Supervisor to retain yellow copy

9/90
PRIME Advantage Medical Network
A Medical Provider Network (MPN)

A safe working environment is our number one priority. However, should an accident or injury occur we want to ensure that our employees receive prompt effective medical treatment. Our goal is to assist injured employees in making a full recovery and returning to their job as soon as possible.

We are approved by the Department of Industrial Relations Division of Workers’ Compensation to participate in the PRIME Advantage Medical Network (MPN).

Unless you have predesignated your personal primary treating physician that meets the requirements of L.C. 4600 [must be your personal physician (MD or DO) who previously directed your medical care, retains your medical history and who agrees to treat you for a work related injury] in writing prior to your work related injury, all medical treatment must be provided by a physician or provider within the medical provider network. The attached “Covered Employee Notification of Rights Material” will explain, in detail, all of your rights including how to change physicians, request a second and third opinion and how to gain access to a list of participating providers.

For all work related injuries occurring after August 1, 2005 medical treatment will be provided through the Medical Provider network.

The attached “Covered Employee Notification of Rights Material” is being provided to you in compliance with state regulations. Please read the material carefully and contact Brett Ulyate/Keenan & Associates at 800-654-8102, should you have any questions.

By signing below you are acknowledging that you have read the “Covered Employee Notification of Rights Material”.

Print Name ___________________________________________ Date ________________

Signature ____________________________________________

RETURN SIGNATURE PAGE TO RISK MANAGEMENT
Covered Employee Notification of Rights Materials
Regarding
Santa Monica Community College District administered by Keenan & Associates

PRIME Advantage – Medical Provider Network ("MPN")

This pamphlet contains important information about your medical care in case of a work-related injury or illness.

YOU ARE IMPORTANT TO US

Keeping you well and fully employed is important to us. It is your employer’s goal to provide you employment in a safe working environment. However, should you become injured or ill, as a result of your job, we want to ensure you receive prompt quality medical treatment. Our goal is to assist you in making a full recovery and returning to your job as soon as possible. In compliance with California law, we provide workers’ compensation benefits, which include the payment of all appropriate medical treatment for work-related injuries or illnesses. If you have any questions regarding the MPN, please contact Keenan’s MPN Coordinator at 800-654-8102.

PRIME ADVANTAGE MEDICAL NETWORK - "MPN"

Santa Monica Community College District administered by Keenan & Associates provides workers’ compensation coverage for you in the event you sustain a work-related injury. PRIME Advantage Medical Provider Network accesses medical treatment through selected Anthem Blue Cross Prudent Buyer PPO (“Blue Cross of California”) providers. Anthem Blue Cross contracts with doctors, hospitals and other providers to respond to the special requirements of on-the-job injuries or illnesses.

ACCESS TO CARE

If you should experience a work-related injury or illness, you should:

Notify your employer:
- Immediately notify your supervisor or employer representative so you can secure medical care. Employers are required to authorize medical treatment within one working day of your filing of a completed claim form (DWC-1). To ensure your rights to benefits, report every injury and request a claim form.

Initial or Urgent Care:
- If medical treatment is needed, your employer will direct you to an MPN provider upon initial report of injury. Access to medical care should be immediate but in no event longer than 3 business days.

For Emergency Care:
- In the case of emergency* go to the nearest healthcare provider. Once your condition is stable, contact your employer, Keenan’s MPN Coordinator at 800-654-8102, or call 866-700-2168 for assistance in locating a MPN provider for continued care.

*Emergency care is defined as a need for those health care services provided to evaluate and treat medical conditions of a recent onset and severity that would lead a lay person, possessing an average knowledge of medicine, to believe that urgent care is required.

Subsequent Care:
- All medical non-emergencies, which require ongoing treatment, in-depth medical testing or a rehabilitation program, must be authorized by your claims examiner and based upon medically evidenced based treatment guidelines (California Labor Code §5307.27, and as set forth in title 8, California Code of Regulations, section 9792.20 et seq.).
- Access to subsequent care, including specialist services, shall be available within no more than twenty (20) business days.
- If you relocate or move outside of California or outside of PRIME Advantage Medical Provider Network geographic service area and require continued care for your work related injury or illness, you may select a new physician to provide ongoing care or you may contact your claims examiner for assistance with locating a new primary care physician.
If your relocation or move is temporary upon your return to California should you require ongoing medical care, immediately contact your claims examiner or your employer so arrangements can be made to return you to your prior MPN provider or, if necessary, for assistance in locating a new MPN provider for continued care.

If you are temporarily working outside of California and are injured:

- If you are working outside of California and experience work related injury or illness, notify your employer. For initial, urgent or emergency care, or follow up care, go to the nearest healthcare provider for medical treatment.

- If you need assistance locating a physician or should the physician you select need authorization to provide care to you, call Keenan's MPN Coordinator at 800-654-8102 and we will assist you. Upon your return to California, should you require ongoing medical care, immediately contact your claims examiner or your employer for referral to a MPN provider for continued care.

**HOW TO CHOOSE A PHYSICIAN WITHIN THE MPN**

The MPN has providers for the entire state of California. The MPN must give you a regional list of providers that includes at least 3 physicians in each specialty commonly used to treat work related injuries or illnesses in your industry. The MPN must provide access to primary physicians within 15 miles and specialists within 30 miles. To locate a participating provider or obtain a regional listing:

**Provider Directories:**

- On-line Directories – if you have internet access, you may obtain a regional directory or locate a participating provider near you by visiting www.keenan.com and click on “Access the MPN Provider Finder”. Please enter you user name and password to enter the provider finder. Your user name and password are below.
  
  - User ID: special
  - Password: access

- A copy of the complete provider listing is also available in writing upon request.

- If you do not have internet access, you may request assistance locating an MPN provider or obtaining an appointment by calling 866-700-2168.

- Promptly contact your claims examiner to notify us of any appointment you schedule with an MPN provider.

**Choosing a Physician (for all initial and subsequent care):**

- Your employer will direct you to an MPN provider upon initial report of injury. You have the right to be treated by a physician of your choice within the MPN after your initial visit

- If you wish to change your MPN physician after your initial visit, you may do so by:
  
  - Accessing the on-line provider directories (see above)
  - Call the toll free number to locate an MPN provider: 866-700-2168

- If you select a new physician, immediately contact your claims examiner and provide him or her with the name, address and phone number of the physician you have selected. You should also provide the date and time of your initial evaluation.

- If it is medically necessary for your treatment to be referred to a specialist, your MPN physician can make the appropriate referral within the network or you may select a specialist of your choice within the MPN.

- If a type of specialist is needed, or recommended by your MPN physician, but is not available to you within the network, you will be allowed to treat with a specialist outside of the network. Your claims examiner can assist you to identify appropriate specialists if requested. Once you have identified the appropriate specialist outside of the network, schedule an appointment and notify your primary care physician and claims examiner of the appointment date and time. Your MPN physician, who is your primary care physician, will continue to direct all of your medical treatment needs.

- If the MPN cannot provide access to a primary treating physician within 15 miles of your workplace or residence, the MPN may allow you to seek treatment outside the MPN. Please contact your claims examiner for assistance.

**SECOND AND THIRD OPINIONS**

**Second Opinion:**

- If you disagree with the either the diagnosis or the treatment prescribed by your MPN physician, you may
obtain a second opinion within the MPN. During this process you are required to continue your treatment with an MPN physician of your choice. In order to obtain a second opinion you and the MPN share responsibilities:

- You have the right to request a copy of the medical records sent to the third opinion physician.
- If the third opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor’s office will notify you and your employer or insurer. You will get another list of MPN doctors or specialists so you can make another selection.
- At the time of selection of the physician for a third opinion, your claims examiner will notify you about the Independent Medical Review process and provide you with an application for the Independent Medical Review process (see below).

### INDEPENDENT MEDICAL REVIEW (IMR)

If you disagree with the diagnosis service, diagnosis or treatment prescribed by the third opinion physician, you may request an Independent Medical Review (IMR). An IMR is performed by a physician selected for you by the Administrative Director (AD) with the Division of Workers’ Compensation Medical Unit of the State of California. To request an IMR you will be required to complete and file Independent Medical Review Application form with the AD. The AD will select an IMR who has the appropriate specialty necessary to evaluate your dispute. The AD will send you written notification of the name, address and phone number of the IMR.

You may choose to be seen by the IMR in person or you may request that the IMR only review your medical records. Whichever you choose, you will be required to contact the IMR for an appointment or to arrange for a medical record review. Your IMR should see you within 30 days from your request for an appointment. The IMR will send his/her report to the AD for review and a determination will be made regarding the dispute.

You may waive your right to the IMR process if you do not schedule an appointment within 60 calendar days from receiving the name of the IMR from the AD.

### CONTINUITY OF CARE POLICY

Your employer or insurer has a written “Continuity of Care” policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer decides that you do not qualify to continuing your care with the non-MPN provider, you
and your primary treating physician must receive a letter of notification.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must switch to MPN physicians. These conditions are:

(Acute) The treatment for your injury or illness will be completed in less than 90 days.

(Serious or chronic) Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.

(Terminal) You have an incurable illness or irreversible condition that is likely to cause death within one year or less.

(Pending Surgery) You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care to another physician within the MPN.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care into the MPN. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the entire Continuity of Care policy, ask your MPN Contact or your claims examiner.

Your employer or insurer has a "Transfer of Care" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If you have properly predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, ask your supervisor.) If your current doctor is not or does not become a member of the MPN, then you may be required to see a MPN physician.

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are:

- (Acute) The treatment for your injury or illness will be completed in less than 90 days.
- (Serious or chronic) Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- (Terminal) You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- (Pending Surgery) You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care.
If you or your employer disagrees with your doctor’s report on your condition, you or your employer can dispute it. See the complete transfer of care policy for more details on the dispute resolution process.

For a copy of the entire transfer of care policy, ask your MPN Contact or your claims examiner.

**FOR QUESTIONS OR MPN INFORMATION**

What if I have questions or need help:

- **MPN Contact:** You may always contact the MPN Contact if you need help or an explanation about your medical treatment for your work-related injury or illness. Keenan’s MPN Coordinator at 800-654-8102. Also, you can contact your claims examiner if one has been assigned to your case.

- **Division of Workers’ Compensation (DWC):** If you have concerns, complaints or questions regarding the MPN, the notification process or your medical treatment after a work-related injury or illness, you can call DWC’s Information and Assistance Unit at 800-736-7401. You can also go to DWC’s website at [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) and click on “Medical provider networks” for more information about MPNs.

- **Independent Medical Review:** If you have questions about the Independent Medical Review process contact the Division of Workers’ Compensation Medical Unit at:
  
  DWC Medical Unit  
  P.O. Box 71010  
  Oakland CA 94612  
  (510)286-3700 or (800)794-6900

**KEEP THIS INFORMATION IN CASE YOU HAVE A WORK RELATED INJURY OR ILLNESS**

**MEDICAL DIRECTORY USER ID AND PASSWORD INFORMATION**

When locating participating providers on-line, through the Internet, a user id and password is required to ensure that you are provided correct information.

User ID: special  
Password: access

**KEENAN & ASSOCIATES ADJUSTING LOCATIONS**

Torrance  
800-654-8102
Reiss-Woznak Medical Clinic
A Professional Corporation
1908 Santa Monica Boulevard #5
Santa Monica, California 90404
(310) 828-5571
(Corner of 19th Street and Santa Monica Boulevard)
Entrance on 19th Street

Referral Form

This Slip should accompany patient

[ ] DRUG SCREENING

REASON:

☐ Injury  ☐ Physical  ☐ Modified Work  ☐ Yes  ☐ No

Name of Patient: ___________________________ SS #: ___________________________

Date/time/Location of Injury: ___________________________

Employer: SANTA MONICA COLLEGE

Contact Person: ADRIANE SMITH  Telephone #: (310) 434-6102

Insurance Company: KEENAN & ASSOCIATES  Policy #: WLRC43019041

Please give necessary medical attention as provided by the Workers' Compensation Act.

Authorized Signature: Adriane Smith  Date: ___________________________

After 5:30 PM, or on weekends, employer should call (310) 828-5571
Physician on call. Physician then will meet employee at clinic.
Workers' Compensation Temporary Prescription Services ID
Important Information

ATTENTION INJURED WORKER

This Workers' Compensation Temporary Prescription Services ID form MUST BE PRESENTED to your pharmacist when you fill your initial prescription(s). If you have questions or need to locate a participating pharmacy, please contact Express Scripts Customer Service at 877-595-3665.

ATENCIÓN: TRABAJADOR LESIONADO

Este formulario de Identificación para Servicios Temporales de Prescripción de Recetas por Compensación del Trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es). Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 877-595-3665.

NOTE: Due to regulations concerning liability, do not issue this Temporary Prescription Services ID form to employer locations/employees located in the following states: CT, MA, ME, MN, NH, NY, OH, RI. The injured employee will receive a permanent prescription card and pharmacy benefit packet from Express Scripts, Inc. once the claim is deemed compensable by Keenan & Associates. Use of this card does not constitute the acceptance of compensability of your claim.

<table>
<thead>
<tr>
<th>Keenan &amp; Associates</th>
<th>Employee Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention Supervisor: 9 digit SSN#, date of injury, pre-printed group number and date of birth must be completed.</td>
<td>FIRST MI LAST</td>
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<tr>
<td>ID # --- --- ----</td>
<td>MAILING ADDRESS STREET</td>
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<tr>
<td>Injured Workers' Claim ID</td>
<td>CITY STATE ZIP</td>
</tr>
<tr>
<td>DATE OF INJURY -----/--/--</td>
<td>EMPLOYER'S NAME</td>
</tr>
<tr>
<td>CCYY/MM/DD</td>
<td>DIVISION OR DEPARTMENT</td>
</tr>
<tr>
<td>GROUP # Keenan</td>
<td>Help Desk: This is a POS program through Express Scripts only. For assistance call the Express Scripts Help Desk at 877-595-3665.</td>
</tr>
<tr>
<td>EMPLOYEE DATE OF BIRTH --/--/-----</td>
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Attention Pharmacist:

Keenan & Associates Workers' Compensation prescription program is administered by Express Scripts. The following are the steps necessary to submit a claim for Keenan injured workers.

Please follow the action steps listed below to enter the claim. Be sure you are using NCPDP version 3.2 allowing for faster service.

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
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<tbody>
<tr>
<td>Step 1</td>
<td>Enter Bin Number 003858</td>
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<tr>
<td>Step 2</td>
<td>Enter Processor Control A4</td>
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<tr>
<td>Step 3</td>
<td>Enter the Group Number as it appears above</td>
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<tr>
<td>Step 4</td>
<td>Enter the injured worker's 9 digit SSN#</td>
</tr>
<tr>
<td>Step 5</td>
<td>Enter first name &amp; last name</td>
</tr>
<tr>
<td>Step 6</td>
<td>Enter the injured worker's date of injury (enter in PA field in the format ccyyymmdd)</td>
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</table>

NEED ASSISTANCE? Pharmacist, if you have any questions while processing the claim, please call the Express Scripts Help Desk at 877-595-3665.
SANTA MONICA COLLEGE

workers' compensation: Pre-Designation of Personal Physician

If you have health insurance and you are injured on the job you have the right to be treated immediately by your personal physician (M.D., D.O.), or medical group, if you notify your employer, in writing, prior to the injury. Per Labor Code 4600 to qualify as the your predesignated, personal physician, the physician must agree, in writing, to treat you for a work related injury, must have previously directed your medical care and must retain your medical history and records. Your predesignated physician must be a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist or pediatrician. Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors or medicine or osteopathy, which operates an integrated multi-specialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries.

This is an optional form that can be used to notify your employer of your personal physician. You may choose to use another form, as long as you notify your employer, in writing, prior to being injured on the job and provide written verification that your personal physician meets the above requirements and agrees to be predesignated. Otherwise, you will be treated by one of your employers' designated workers' compensation medical providers.

EMPLOYEE NAME:

☐ I acknowledge receipt of this form and elect not to predesignate my personal physician at this time. I understand that I will receive medical treatment from my employers' medical provider. I understand that, at any time in the future, I can change my mind and provide written notification of my personal physician. I understand that the written notification must be on file prior to an industrial injury.

Employee Signature: ___________________________ Date: ___________________________

☐ If I am injured on the job, I wish to be treated by my personal physician*:

Name of Physician or Medical Group ___________________________________________ Phone Number _____________

Address _________________________________________________________________

*This physician is my personal primary care physician who has previously directed my medical care and retains my medical history and records.

Employee Signature: ___________________________ Date: ___________________________

A Personal Physician must be willing to be predesignated and treat you for a workers' compensation injury.
The remainder of this form is to be completed by your physician and returned to your Employer.

PERSONAL PHYSICIAN ACKNOWLEDGEMENT

Per Labor Code 4600 to qualify you must meet the criteria outlined above. You are not required to sign this form, however, if you or your designated employee, does not sign, other written documentation of the physicians' agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

PERSONAL PHYSICIAN OR MEDICAL GROUP NAME:

☐ I agree to treat the above named employee in the event of an industrial accident or injury. I meet the criteria outlined above. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.

☐ I do not agree to treat the above employee in the event of an industrial accident or injury.

☐ I do not qualify as the employees' personal physician. I am not an M.D. or D.O. or do not meet the criteria outlined above.

(Physician or Designated Employee of the Physician or Medical Group) ___________________________ Date ___________________________

Please return completed form to:

Risk Management - 1900 Pico Blvd., Santa Monica, CA 90405 fax: (310) 434-3602
DECLINATION OF WORKERS' COMPENSATION BENEFITS

RE: EMPLOYER: Santa Monica College
EMPLOYEE: 
DATE OF INJURY: 
CLAIM NO: N/A
OUR FILE NO: N/A

I HAVE BEEN ADVISED OF, AND UNDERSTAND, MY RIGHT TO WORKERS' COMPENSATION BENEFITS, WHICH INCLUDE TEMPORARY DISABILITY, PERMANENT DISABILITY AND MEDICAL TREATMENT.

I AM NOT PURSUING WORKERS' COMPENSATION BENEFITS FOR THE INCIDENT WHICH OCCURRED ON __________.
(DATE OF INCIDENT)

I HAVE BEEN OFFERED AN EMPLOYEE'S CLAIM FORM AND I HAVE DECLINED A MEDICAL EVALUATION AND AM HEREBY WAIVING ANY RIGHTS I MAY HAVE TO WORKERS' COMPENSATION BENEFITS FOR THE ABOVE-STATED DATE OF INCIDENT.

Print Name

Signature ______________________________ Date _____________________
REQUEST FOR LETTER OF RECOMMENDATION

Name of Student ___________________________________________

Date ______________________________

Name of Instructor ___________________________________________

Check Appropriate Area:
Scholarship ____ Employment ____ Course Recommendation ____

List courses, including the semester and year, in which the above instructor supervised your performance:

List any particular attributes you would like identified in recommendation:

Recommendation addressed to:

Name & Title ___________________________________________

Address ___________________________________________

Disposition (Please check one):
_____ Mail to address above
_____ Mail to student’s address (Student: Please verify if current address is on file.)
_____ Hold for pick-up

Optional: Attach resume to identify other related areas.

Student’s Signature ___________________________________________

Instructor’s Signature ___________________________________________

Approve Request _____ Deny Request _______ Date: _________________
Name___________________________________________________________

Last      First      Middle

Student ID number: _______________________________

I authorize ____________________________________ to serve as a reference for me for
Please print
the purposes of __________________________________________________________.

I authorize the above-named person to release information about me and provide an
honest evaluation from his or her knowledge of my qualifications. This evaluation could
be based upon my involvement in activities or organizations outside the classroom or my
performance in his or her class(es).

**This information may be released to:** (Use additional forms if permissions differ for recipients)

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<tr>
<th>Information</th>
<th>Recipient</th>
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If this person has access to my education record, I authorize him/her to provide any
academic information, including but not limited to, my grades, GPA, class rank,
scholarships, honors, awards, and comments from other instructors and lab assistants.

**I waive / do not waive my right to review a copy of the letter at any time in the future.**
(Circle one)

Student signature ____________________________

Today’s date ________________

The writer of the letter needs to retain this form in their files for three years.
I, ________________________________, have read the information included in
(Print Name)

the Nursing Faculty Handbook and the Nursing Student Handbook and will be
responsible for its content.

______________________________                     ____________________________
Signature                                                                Date
If, after having used this handbook, you believe any of the information is no longer current, or if you wish to make further suggestions, please utilize the space below and keep us informed.

**ADDITIONS**

**DELETIONS**

**SUGGESTIONS**

Name_________________________________________ Date____________

Thanks for your input.

Return to:  
Santa Monica College  
Health Sciences Department  
Nursing Program  
1900 Pico Blvd.  
Santa Monica, CA  90405