



**DIVISION OF HEALTH SCIENCES
STUDENT HANDBOOK
AND
POLICY MANUAL**

**With Associate Degree Nursing
Addendum**

Revised for the Fall 2017 Semester

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SECTION I: INTRODUCTION AND OVERVIEW

The purpose of this handbook is to provide to students, the college community, and the general public essential information about the educational and behavioral performance requirements expected of individuals entering the health professions. In order to ensure safe practice, DHS has developed specific policies and procedures, in addition to those already established by the College, that govern student matriculation in their respective programs. **It is the responsibility of the student to be familiar with and abide by the policies contained in this manual and in the College Catalog and Student Handbook and Planner, which are referenced throughout this document.**

Each student is issued a copy of the Division of Health Sciences Student Handbook and Policy Manual after admission to their respective program. The content is subject to change. Program specific policy amendments, supplements and requirements are contained in the program addenda. At the beginning of each course, the faculty member(s) will distribute a course syllabus. Students should refer to the course syllabus for additional policies including but not limited to: attendance, assessment instruments, make-up requirements, and criteria for successful completion.

Admission to one of the programs offered in the Division of Health Sciences (DHS) is the first step toward entering an exciting, rewarding career. In order to be successful in any Health Sciences program, engagement in the educational process is essential. Becoming a caring, competent health care professional requires a major commitment of time, energy, and focus of one's efforts toward the needs of clients. This selfless dedication is what makes true professionals stand out. The faculty and administration in DHS are dedicated in their efforts to help students become professionals and meet their educational and career goals.

Clinical agencies, hospitals, and facilities providing education to students may have policies and procedures in addition to those in this handbook.

Division of Health Sciences Mission Statement and Overview

Mission

The mission of the Division of Health Sciences is to prepare graduates to provide professionally competent, safe, ethical, compassionate healthcare and become life-long learners in their field.

Philosophy

Administrators, faculty and staff within the Division of Health Sciences believe that education is a life-long endeavor where students are at the center of the learning continuum. Students ultimately become life-long learners when engaged in teaching and learning environments that help them to achieve their personal and professional goals. We believe that all students have the ability to learn. Students are encouraged to identify their preferred style of learning, determine strengths, and realize their potential. Students who develop the ability to think critically will be better equipped to learn new skills, acquire knowledge, and understand the attitudes and behaviors required to succeed in their field of study. Therefore, we believe the goal of the educational process is to teach for understanding and expand the view of the learner.

We believe that healthcare education requires a commitment to diversity, leadership, collaborative partnerships, and evidence-based practice. Accordingly, we are committed to a systematic review process to ensure programs maintain the highest standards and are reflective of current practice. All healthcare professional programs represent blend of theory and reflective clinical practice that embraces cross-cultural beliefs and values.

Graduates from the Division of Health Sciences have the ability to respond to healthcare needs within local, national, and global environments. All healthcare professionals have the responsibility to ensure that quality healthcare is provided by engaging in effective leadership and social advocacy initiatives.

Core Values

Aligned with the Core Values of the College, the Division of Health Sciences believes that:

- Quality education in all health programs is based on current standards of practice, use of technology, and application of contemporary pedagogy.
- Students have the potential for success when academic and personal support services are provided throughout the educational process.
- Communication and team work are an integral part of the learning and working environment.
- Appreciation of diversity becomes the foundation for understanding and embracing the richness of differences in opinion, ethnicity, culture, and lifestyle.
- Change is embraced by a willingness to accept new ideas.
- Education becomes a pathway that fosters lifelong learning.

Division of Health Science Goals:

1. Prepare students for employment in a specific health career field.
2. Maintain external accreditation/approval of individual health science programs.
3. Establish academic benchmarks that assess student learning.
4. Promote engagement in community service activities.
5. Utilize a systematic evaluation process to maintain the highest current standard of practice.

September 9, 2009; revised October 16, 2009; revised November 13, 2009; revised January 27, 2010, March 24, 2010; revised May 3, 2013

MassBay Community College does not discriminate on the basis of sex, religion, color, race, sexual orientation, age, national origin or disability in all of its educational programs, activities or employment policies, as required by Title IX of the 1972 Education Amendments and other federal and state anti-discrimination laws. MassBay makes a serious effort to represent a diverse group of students, faculty and staff, and to promote a climate of acceptance for minority groups.

If you have any questions about compliance with the Title IX, please contact the MassBay Community College Affirmative Action Officer in the Human Resources office at the Wellesley Hills Campus.

Division of Health Sciences Program Accrediting Agencies

Associate Degree Nursing

Accreditation Commission for Education in Nursing, Inc. (ACEN)
3343 Peachtree Road NE, Suite 850
Atlanta, GA 30326
www.acenursing.org
Phone: 404-975-5000

Massachusetts Board of Registration in Nursing (Approved)
239 Causeway Street, 5th Floor, Suite 500
Boston, MA 02114
www.mass.gov/dph/boards/rn
Phone: 1-800-414-0168 or 617-973-0900

Radiologic Technology

The Joint Review Committee On Education in Radiologic Technology (JRCERT)
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
www.jrcert.org
Phone: 312-704-5300

Emergency Medical Technician and Paramedicine

The Massachusetts Department of Public Health
Office of Emergency Medical Services (OEMS)
99 Chauncy Street, 11th Floor
Boston, MA 02111
<http://www.mass.gov/dph/oems>
Phone: 617-753-7300

Surgical Technology

Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA®)
W. Dry Creek Circle, Suite #110
Littleton, CO 80120
www.arcstsa.org
Phone: 303-694-9262

The Commission for Accreditation of Allied Health Education Programs (CAAHEP)
1361 Park Street
Clearwater, FL 33756
www.caahep.org Phone: 727-210-2350

Practical Nursing

Massachusetts Board of Registration in Nursing (Approved)
239 Causeway Street, 5th Floor, Suite 500
Boston, MA 02114
www.mass.gov/dph/boards/rn; Phone: 1-800-414-0168 or 617-973-0900

SECTION II: Division of Health Sciences Policies

Section A: Academic Policies

A.1.0 Attendance

It is important to your academic success that you attend all classes in which you are enrolled and make up any work due to absences. For each course, your instructor will establish policies regarding class, clinical, and/or laboratory absences, and make-ups (if any), and will include these policies in the course syllabus. Your course instructor has full and final authority to allow make-up work and/or absences. If you miss more than five (5) class hours, your instructor has the right to withdraw you from the course by notifying the Registrar. Frequent tardiness and absenteeism is not tolerated in the health care professions or by the DHS faculty.

As a student in a Health Sciences program at MassBay, you must follow policies that have been developed to meet the requirements of the appropriate accrediting agencies. To ensure your successful completion of the program and accreditation requirements, attendance in all health programs is mandatory for classes, laboratory sessions, and clinical rotations.

If you have clinical clock hour requirements, you should speak with your instructors about class and clinical attendance policies. Absences may be cause for program withdrawal. Students who demonstrate a pattern of tardiness or absence will receive a counseling notice regarding the attendance policy.

NOTE: When taking courses in other Academic Divisions you are to follow the attendance policy set forth by that Division's faculty.

A.2.0 Student Progress

Students are advised that it is important to purchase the required textbooks and read all assigned chapters to be successful. Textbooks contain copy written material, and photocopying it is illegal.

To be considered in "good standing" within any of the DHS programs, students are required to achieve a minimum grade of 73% (C) in each Health Sciences Program course, except for Practical Nursing (PN) courses where the passing grade is a 75% (C), and the EMT and Paramedicine courses where the passing course grade is 77 % (C+). In science courses with a BI or CH prefix the passing grade is 73% (C). Students must pass all segments of courses (theory, laboratory, and/or clinical) in order to be successful in that specific health course.

Students whose grade is below the minimum required for courses in theory, clinical or laboratory courses at mid semester will receive a midterm warning consistent with the College's policy. Students who receive a midterm warning are required to make an appointment with the faculty responsible for the course to develop a learning remediation plan.

Students must successfully complete all required prerequisite and co-requisite courses to continue in a Health Sciences program. It is the professional responsibility of each student to insure adequate preparation for all program, course, lab, practicum and/or clinical requirements.

Incomplete Grades: Should a student not complete all course requirements within the last two weeks of the semester but provides evidence of making significant progress toward such completion, he or she may submit a written request to the Health Sciences instructor to receive an incomplete (I) grade. In each case in which an Incomplete is requested, the circumstances must be compelling and beyond the control of the student. The Incomplete will not be awarded in cases of neglect on the part of the student nor will it be given as a substitute for a failing grade. At the instructor's discretion, the "I" grade may or may not be awarded.

Incomplete grades may be given only in the following circumstances:

- The student must be in good academic standing in class, laboratory, and clinical;
- Attendance has been satisfactory;
- Illness, accident, or other extenuating circumstances prevent the completion of required work;
- Documentation has been provided by the faculty;
- Required work may reasonably be completed in an agreed-upon time frame, no later than the beginning of the next semester.

Instruction to Students:

To request an Incomplete grade, complete section I of the "Request form" and submit it, along with forwarding documentation, to your instructor. A copy of this form is included on page 34.

The instructor will specify the terms and conditions for making up the coursework in section II of the request form. Signed forms will be sent to the Dean for approval. The Dean will forward all approved forms to the Registrar for processing.

When the coursework is completed and with the Dean's approval, the instructor will submit a "Change of Grade Form" to the Registrar's Office.

If the "I" grade is granted, conditions for completion of course requirements will be stipulated in a written agreement to be signed by the instructor, the student, and Dean of the Division prior to the start of the next course in the program sequence. Students who do not resolve their incomplete grade will receive an 'F' and will not progress in the program.

A.3.0 Testing Policy

The specific testing policy for courses is found in the syllabus for each course. Any appeal of score/grade on an examination must be submitted in writing to the instructor within one week of the administration of the test. If a student must leave the room during the test, all test materials must be returned by the student to the testing proctor prior to leaving the testing room. Failure to comply with this stipulation may result in a failing grade for the test.

Test Review

Tests or exams may be considered “Secured” and will not be given to the student to keep after the exam is completed. These tests will be kept on file in the appropriate program office. Specific Health Sciences programs have test review policies. If a test review is permitted, it will be monitored by course faculty.

Make-up Exams

Students are expected to be present for all exams. The faculty recognizes that illness and emergencies occur and may, at their discretion, allow the student to take a make-up test / exam. Students must notify the faculty prior to the exam time and provide reasons and documentation for the absence. The student must contact the primary course instructor on the day he/she returns to request a makeup exam and, if approved, arrange for an exam date. Faculty have the right to ask for documentation verifying the illness or emergency as part of their decision process to allow or deny a retest. A different examination will be administered.

During exams, the following rules apply:

1. All books, purses, tote bags, cell phones and other electronic devices, etc., will be placed in a designated area and remain there during the exam.
2. Dictionaries of any kind may not be used during an examination.
3. The student’s name must be recorded on all test materials and Scantron forms as appropriate.
4. If a Scantron form is used, any erasures must be thorough for accurate scanning.
5. If a test review is offered, exam papers must be returned to faculty afterwards.

A.4.0 Performance Notification Process

Students who are not performing satisfactorily in any laboratory or clinical setting will receive a performance notification. The performance notification form can be found on page 37 of this handbook. The instructor will use the clinical objectives or competencies to determine the areas of weakness and what remediation is needed to become compliant in meeting student learning outcomes. Repeated performance notification may lead to a failing grade. Students are expected to complete all learning outcomes by the end of the course. Infractions of the policies, performance codes or inadequate levels of academic/clinical performance may be communicated to the student through the written warning. Record of such written warning shall be entered into the student’s file.

A.5.0 Student Grievance Procedure

The student grievance procedure is described in the current MassBay Community College [Student Handbook](#).

A.6.0 Grade Appeals

The first step in the grade appeal process is to contact the faculty member in writing, within 30 calendar days following the last day of the instructional period, stating that you would like a review of course grades. Grade appeals are to determine if there are any mathematical errors in computing the final course grade.

The student grade appeal process is described in the current MassBay Community College [Student Handbook](#).

Section B: Readmission and Appeal of Dismissal Policies

B.1.0 Readmission Policy

Students who have been dismissed or who have withdrawn from any program within the Division of Health Sciences at MassBay Community College will be considered only once for readmission to the same program. Students who have not been successful in one health science program can apply for admission to a different health program if they have an overall College GPA of 2.0 or better. Students who have been dismissed or withdrawn from a program for reasons of “clinically unsafe practice/behavior” as defined in the DHS Student Handbook and Policy Manual (**see E.14.0**) or who violate the College’s Student Code of Conduct are not eligible for admission/readmission to any DHS program. **See program addendums for specific requirements for admission/readmission.**

Application for readmission must be made within 12 months of withdrawal or dismissal from the original program. Readmission application deadlines are February 1 for the fall semester and June 1 for the spring semester. Qualified candidates will be selected from a readmission pool and based on the seat availability for that course and/or program.

Based on specific course/program requirements and accreditation standards, students may be required to retake courses, take competency exams or skill testing prior to readmission, even if courses have been completed successfully. Should the student not attain a passing grade on skill or competency testing, they will be required to retake course(s) in its entirety.

B.2.0 Medical Leave Policy

Students who leave a course mid-semester with verified medical or family illness documentation will be withdrawn from the course but not the restricted health science program. Students who are granted a medical or family leave will be accommodated in the subsequent offering of that course, after first providing medical documentation approving their participation. Students will have 12 months to be re-instated in the withdrawn course for medical reasons. If additional time is required, the student will be withdrawn from the health science program and if eligible, provided the process for readmission. Students coming back from medical leave will be required to pay tuition for all enrolled courses. Students are only eligible for medical leave during a semester. Medical leaves will not be granted once the course is completed and/or grades have been issued.

B.3.0 Grounds for Immediate Dismissal without the Option for Readmission to Any Health Program.

Demonstration of any of the following actions or behavior is grounds for immediate dismissal from a Division of Health Sciences program without the option for readmission:

1. Behavior that threatens the health and safety of clients, students, faculty, or college staff.
2. Academic dishonesty or plagiarism.
3. Impairment due to alcohol or drugs.
4. Behavior or actions that engage in or condone discrimination on the basis of race, gender, age, citizenship, religion, national origin, sexual orientation, or disability.
5. Violation(s) of client (HIPAA policies), student confidentiality (FERPA policies) or

sharing any information that relates in any way to the proprietary interests of a clinical agency (e.g. photographs, videos, audio recording, policies, financial, security or general operational information/procedures).

6. Behavior that is incompatible with legal and ethical standards established by the discipline or profession the program represents.
7. Patient/client abandonment.

If the cause for dismissal in one of the categories listed above is also a violation of the College's Code of Conduct, the student name will be sent forward to the Code of Conduct Officer (CCO) in the Office of the Dean of Students.

B.4.0 Appeal of Dismissal from Division of Health Sciences Programs

A student has the right to appeal a dismissal from an Allied Health or Nursing program related to academic or affective domain infractions as outlined in the Division of Health Sciences Student Handbook, appropriate program addendum, and/or course syllabus should the student believe they were unfairly dismissed.

The following information outlines the appeal process accordingly.

Students have ten (10) calendar days from the date on the dismissal letter to appeal the decision.

Step 1

The student must submit, in writing, reason(s) why he or she believes the decision was unfair, reason(s) why the student should be reinstated, and any additional information or documentation that would support the appeal. The information will be sent to the Dean, Division of Health Sciences.

Step 2

A committee of designated College representatives will meet to determine the merits of the student's request to overturn the dismissal and for reinstatement into to the appropriate Allied Health or Nursing program.

Step 3

A letter will be sent to the student in question regarding the decision. The decision of the committee is final.

The Appeals Committee will include three Division of Health Sciences faculty members, and the Dean of Health Sciences. Alternate members may be added as appropriate.

Section C: Professional Behavior

C.1.0 Division of Health Sciences Code of Student Conduct: Professional Integrity / Behavior Policy & Affective Domain Standards

The Division of Health Sciences Faculty has identified criteria for professional performance under the standards of affective domain. Faculty has a legal and ethical obligation to inform students of behaviors that are inconsistent with these standards and to take action to ensure that any inconsistency is acknowledged and corrected by the student. Students are responsible for integrating an understanding of professional and ethical standards associated with their discipline in order to meet the criteria identified below (see standard 7 below). Faculty have the right and the responsibility to apply reasonable judgment to determine if a standard has or has not been met.

Standard 1: Accountability

Students demonstrating accountability exhibit a willingness to accept responsibility for one's their own actions and the consequences of their behavior.

Rationale: Within the health care disciplines, standards and expectations are defined by professional organizations and governing bodies. The burden of adhering to these standards lies with the individual who has opted to pursue a career in the health care field. As learners and novice practitioners, students do not have the authority or expertise to challenge standards, expect that their own interpretations will be considered or determine what is important and what is not.

The student is expected to satisfactorily complete all assigned duties within the time frame established by faculty, staff and administrators. This includes showing up for class, lab, clinical and meetings on time, following instructions and directives and being cognizant of variables that may require a shift in behavior or attitudes. When faculty provides feedback or institutes corrective action for failure to meet expectations or adhere to standards, the student is expected to accept the consequences of the behavior and take constructive, corrective action.

Students who shift blame, split faculty or college staff (go from one faculty to the next in an effort to elicit a desirable response), rely on others to meet all of their needs, refuse to acknowledge or accept their responsibilities as a student or healthcare professional and/or consistently demonstrate a lack of awareness of what is expected of them they have violated the standard for accountability and will be issued an affective domain warning.

Standard 2: Adaptability/Flexibility

The student demonstrates the ready capacity to adapt to new, different or changing requirements or circumstances positively and constructively.

Rationale: Health care systems require professionals who are prepared for change and ambiguity

and are able manage the shifting demands positively and constructively. Variables that drive change include the need for continuous improvement, advances in science and technology, economic and political factors, sociocultural factors, and the limitations of educational and healthcare systems.

Students who fail to manage change, engage in repeated patterns of seeking assignments and schedules that meet their individual or group needs and/or engage in negativity or the inability to adapt and adjust to shifting demands have violated the standard for adaptability and flexibility will be issued an affective domain.

Standard 2: Assertiveness/ Effective Communication

The student integrates an understanding of respect and accountability to express concerns and needs effectively.

Rationale: Assertiveness and effective communication is necessarily to function effectively in the context of healthcare teams. Quality care depends on healthcare professionals who can undertake careful analysis of priority needs, convey those needs clearly and directly, work toward mutual understanding and participate in appropriate action.

Assertiveness should not be confused with aggressive communication in which individuals attempt to exert power over or intimidate others through words and gestures. It is also not consistent with passive-aggressive communication where the individual attempts to assert their needs or rights indirectly through covert or manipulative behaviors. Students who engage in aggressive, nonproductive or destructive communication or who demonstrate a persistent pattern of conveying needs inappropriately will receive an affective domain warning for this standard.

Standard 3: Compassion and Empathy

The student who demonstrates compassion and empathy views situations from the perspective of the other person and takes appropriate actions to preserve the dignity and worth of others.

Rationale: Healthcare requires committed individuals who are willing to step out of the confines of their own needs and experiences. The primary outcome of all actions is the provision of safe, effective care. Faculty, staff and administrators are focused on educational practices that ensure the preparation of individuals who will ultimately serve to meet patient needs. The individual needs of the health student are secondary to these essential legal and ethical obligations.

Student behaviors that may result in the student receiving an affective domain for failure to demonstrate compassion and empathy and include but are not limited to persistent attempts to put the needs of oneself above others, failure to recognize and respond to vulnerability, pain and suffering, failure to recognize resource limitations, failure to acknowledge or respect personal or professional boundaries and the inability to make the necessary sacrifices required to carry out caring behaviors.

Standard 4: Diligence and Dependability

Individuals demonstrating diligence and dependability demonstrate a strong work ethic, persistence toward positive outcomes and consistency in the performance of all duties and responsibilities.

Rationale: Goal orientation and reliability is essential in quality healthcare systems. Diligent and dependable healthcare professionals must maintain focus on proficiency and system effectiveness in order to meet patient needs.

Students who are repeatedly tardy or absent, fail to carry through with assigned duties and responsibilities (class, lab, clinical and other college obligations) and/or shift the burden of their problems or shortcomings onto others or engage in any other behaviors that suggest they are not dependable or diligent will receive an affective domain warning for this standard.

Standard 5: Honesty and Integrity

Individuals demonstrating honesty and integrity demonstrate truthfulness and accuracy in all actions, conduct themselves in a fair and ethical manner, and work to continuously uphold the values of the profession and/or the discipline they are affiliated with.

Rational: Failure to maintain honesty and integrity in all actions can significantly impact the individual's ability to provide safe, effective care. Public trust in the honesty and integrity of persons providing healthcare services is paramount. Patterns of dishonesty and lack of integrity that are observed outside of the clinical setting alert faculty to the risk that these behaviors and attitudes will continue in patient care domains.

Students who engage in any dishonest or fraudulent actions, or who act in a manner that undermines public trust in the profession or the educational system that prepares them, have violated the standard for honesty and integrity. Even if the student does not personally engage in dishonest behavior, they may be accountable for withholding information that compromises the safety or reputation of anyone in the college or clinical setting. Examples of violations include, but are not limited to, taking credit for another person's actions, falsifying documentation, failure to admit when they do not know something, carrying out actions that exceed the student's knowledge or ability, carrying out interventions without the supervision of a clinical instructor or preceptor, spreading rumors, falsely representing others and/or acting in a manner that diminishes or threatens to diminish the reputation of others. Nothing in this standard negates the policy for academic dishonesty, which will result in immediate dismissal from the program.

Standard 6: Respect

Individuals who meet this standard exhibit esteem and deference to other persons or entities that reflects awareness of accepted cultural and social norms.

Rationale: Respect is essential to the development and maintenance of the essential partnerships

required to provide safe effective care to individuals across healthcare settings. Respectful behavior relates to all other standards identified within this domain.

Individuals who do not meet this standard engage in a variety of behaviors that are inconsistent with membership in academic and healthcare communities. Examples include but are not limited to expecting others to adopt your own values, culture or beliefs onto others, failure to defer to persons in authority, failure to address others properly, failure to maintain the privacy of others, entitlement, failure to adhere to the chain of command, disruptive behavior in class, clinical, lab and meetings with faculty, challenging behavior, the use of nonverbal gestures or mannerisms that convey disrespect (e.g. tone, volume, violating personal space, eye rolling) and/or any image or representation of self or others that lacks awareness of social and cultural norms appropriate to the situation.

Standard 7: Other Standards Specific to the Discipline

In addition to all of the standards outlined above, students are responsible for adhering to the codes of ethics/conduct maintained by the profession or discipline they are preparing to enter. Please refer to the addendum specific to your program to find information on where to access these standards. Faculty will exercise best judgment in determining if these violations will result in a warning or constitute egregious actions that necessitate withdrawal from the program.

Each program will assess individual students for any or all of those behaviors listed above. If a student does not demonstrate these behaviors at appropriate levels in all domains it may negatively affect his or her grade and/or ability to complete the program.

C.1.1 Affective Domain Standards of Performance Violation Policies

Should faculty determine that a student's behavior violates one or more of the affective domain standards, an affective domain warning will be issued to the student. Upon discovery of the violation, faculty has up to one week to determine the best process for issuing the warning and notifying the student. In certain instances, the student may be withheld from clinical until the process is carried out and the student completes corrective action. Once a student is notified that they will be receiving an affective domain, the student has 48 hours to meet with the faculty.

The student will meet with faculty and be provided with the opportunity to review a written summary explaining the nature of the violation, any remedial action that is required and the implications for the student. Limited time will be provided for the student to address their concerns. A copy of the affective domain will go to the chair and will become part of the student's permanent record. Any affective domain violation may impact the student's ability to seek readmission, serve as a student representative or receive a favorable recommendation for professional or educational purposes.

Students may receive a maximum of two affective domain violations. A third affective domain

violation constitutes grounds for dismissal from a Health Sciences program. Exceptions include instances where the student refuses to take corrective action, when the warning identifies multiple violations of standards and/or when the precipitating behavior or response is egregious (e.g. reckless, threatening, abusive or illegal). If in any case the violation may result in the dismissal of the student, a faculty committee will convene to review the situation.

Students always have the right to appeal any disciplinary action through the grievance process outlined in the college catalog and student handbook.

C.2.0 Cell Phone Policy

In keeping with the “respect” affective domain above (Standard 6), the Division of Health Sciences adheres to the following policy regarding usage of cell phones during class time:

- Cell phones will be off during all class and lab time.
- Students and instructors will not make or receive cell phone calls during class and lab time.
- Students and instructors will not send or receive text messages during class and lab time.

In the case of an emergency where it is **vital** that the student or instructor keep a cell phone turned on, it should be in vibrate mode, and should be answered outside of the classroom or lab. *It is the student’s responsibility to notify the instructor before the start of class that an emergency call is due and that the student’s cell phone will be on. It is the instructor’s responsibility to notify the students of this situation before the start of class that an emergency call is due and that the instructor’s cell phone will be on.*

Texting, sexting, gaming, or use of a cell phone for any purpose during a class or lab other than for an emergency situation as stated above, will result in the student being asked to leave the class or lab for the remainder of class/lab time. The student is responsible for the material missed as well as for making up the time missed in class/lab. In addition, the student will receive a written warning indicating that the affective domain competency was not met.

C.3.0 Social Media/ Electronic Communication Policy

For the purposes of this policy, social media/ electronic communication is defined as the use of email, electronic images, blogs, networking sites, applications, chat rooms, forums, video sites and other platforms. This policy applies to information posted in private or protected sites that can be accessed or shared by other users.

Faculty recognize that the use of social media as a means to communicate has become commonplace. The implications for healthcare providers and healthcare students are serious. The accessibility and efficiency of technology makes it easy to post content or images without considering the proprietary, confidential or professional implications of such behavior.

The DHS holds the health science student to the highest standards for the responsible use of social media and electronic communication. Standards have been established that are aligned with the professional and ethical codes of each discipline.

The following behaviors are considered grounds for dismissal:

- The use of social media to make disparaging remarks about other students, faculty, staff or patients, the division, individual departments or clinical affiliates/partners and associated individuals and communities- even if nicknames or codes are used and/or identifying information appears to have been removed.
- The posting, distribution or dissemination of patient, student, facility, laboratory or classroom images or associated content (please note: taking pictures, videos or audio recordings in the classroom or clinical agency is strictly prohibited without the permission of all parties involved).
- The posting of any content or images that could in any way compromise the safety, reputation and/or professional image of the Health Sciences Department, staff, faculty or students.
- The posting of any content or images that could in any way compromise the safety, reputation and/or professional image of clinical affiliates, partners, communities or individuals associated with the Division of Health Sciences or its departments.
- Posting inappropriate, suggestive, abusive, violent, potentially threatening, derogatory or discriminatory content in networks, forums or platforms while identifying oneself as a student within the Health Sciences Division. Note: Identification as a Division of Health Sciences student can be established by both statements and images used in electronic and social media sites (e.g. wearing a uniform or posting a college, division or department logo).
- The use of any electronic communication or applications for the purpose of distributing or disseminating information that could be used to commit acts of academic dishonesty or fraud.
- The use of any electronic communication or applications to share or distribute proprietary academic or facility information including, but not limited to, policies, procedures or patient care tools.

Students are encouraged to view the following sites for tips for the responsible use of social media by healthcare professionals. Please note that nothing in these documents negates the policies established by the Division of Health Sciences.

<http://www.nursingworld.org/FunctionalMenuCategories/AboutANA/Social-Media/Social->

[Networking-Principles-Toolkit.aspx](http://www.massbay.edu/Networking-Principles-Toolkit.aspx)

<https://www.ncsbn.org/2930.htm>

C.4.0 Snow/Weather Emergency Policy

If the College closes due to inclement weather or for any other reasons, all classes, clinical, and laboratory classes are cancelled. The student handbook and the College website (www.massbay.edu) provide information regarding the various communications methods used by the College to notify everyone about the closure of the College and course cancellations.

Students are expected to attend their regularly scheduled classes, clinical and practicum when the College is open and no official announcement has been made to close the College or cancel classes.

Students who believe that conditions are unsafe for travel to class or clinical/practicum must call their instructor and the clinical agency to explain why they are not able to attend the regularly scheduled class or clinical/practicum.

If a student and faculty member arrive at a clinical site before the school closing is announced, students and faculty will remain at the clinical site until the closing is announced. Students will be expected to leave the agency, as soon as it is feasible to do so, after the closing announcement is made. Any student who is in a preceptor clinical experience will be notified of the College closure by each program Clinical Coordinator and/or Department Chair.

If the closing announcement occurs while students are reroute to classes and arrive as the College is closing, students will be expected to return home without attending any classes. Cancellations that occur while classes are in session, students and faculty will be expected to leave the campus as soon as possible after the announcement.

Make-up classes and clinical may occur at the discretion of each specific program within the Division of Health Sciences if the College had to close.

Section D: Health and Immunization Requirements

Complete immunization and other required documentation are necessary for participation in a Health Sciences program. All immunization and CPR documentation is managed by Castle Branch, a secure, web-based platform. Students will receive instructions on how to create a personal profile called a “My CB Account” on www.castlebranch.com and upload their immunization and CPR documentation. Castle Branch will send the student email “alerts” when documentation is missing, incomplete, or in need of updating. The Division of Health Sciences faculty will refer to My CB data to determine whether a student is cleared for clinical. The following items are required by your selected program’s due date or within 30 days of the first day of the semester* (see *Division of Health Sciences Program Grid* on [page 49](#)). **Failure to submit all of the forms below on time and in the proper format will jeopardize the student’s place in his/her program. Jeopardize means the student will not be allowed to start the program or will have to withdraw if they have started the program and documents are found to not meet submittal or compliance requirements.**

Immunizations:

Hepatitis-B – One of the following is required: EITHER 3 vaccinations (0, one month, and five months) AND positive antibody titer (lab report or physician verification of results required) OR a positive antibody titer (lab report or physician verification of results required) OR documentation from a Healthcare Professional stating that you are a 'Non-Responder' to the vaccine. If series is complete but you still need a titer, submit your 3 vaccines and a new alert will be created for you to complete the titer. If the titer is negative or equivocal, new alerts will be created for you to receive 1 booster shot and provide a 2nd titer. If the 2nd titer results are negative or equivocal, you will be prompted to finish the series started with your booster shot and provide a 3rd Titer Result. If the 3rd titer result is negative or equivocal, you will be listed as a 'Non-Responder' to the Hepatitis B Vaccine. You must allow a minimum of 6 months to complete the series.

2-Step TB/PPD Skin Test or Chest X-Ray or QuantiFERON-TB or T-Spot - An initial 2-Step TB screening or negative Chest X-Ray is due by the published deadline for your program. This process for the 2-Step TB must be followed:

Step I: PPD (Purified Protein Derivative) “implant” is injected into the forearm. In 2 - 3 days, this implant must then be “read” as negative and documented by a clinician.

Step II: Within 3 weeks of completing Step I, students are required to return to the clinician’s office for a second “implant.” Again, the student is required to return in 2 - 3 days to have this implant read and documented as negative by the provider.

Once students have completed Steps I and II, only a single TB implant is required annually and must be updated each year to meet medical compliance.

If you have a positive TB/PPD result, submit documentation of a clear (negative) Chest X-ray.

A negative symptom review check by a health care provider is required annually thereafter.

Tetanus & Diphtheria (Td) or Tetanus/Diphtheria/acellular Pertussis (Tdap) - Documentation of a Tdap within the past 10 years or a Td booster within the past 2 years is required.

Measles, Mumps, Rubella (MMR) 2-Dose Vaccine or Titers* - There must be documentation of either a positive antibody titer for all 3 components OR documentation of each vaccination. If titer is negative or equivocal, 1 booster plus a new titer is required.

Varicella 2-Dose Vaccine or Titer* - There must be documentation of either a positive antibody titer for Varicella OR documentation of vaccination. If titer is negative or equivocal, 1 booster plus a new titer is required.

Seasonal Influenza Vaccine (when available) – Submit documentation of a flu shot administered during the current flu season OR a declination waiver. It is highly recommended to take the Flu vaccination as early as possible, but not later than October 31st. Students who cannot be immunized for the flu may be required to wear a mask in clinical settings.

Report of Physical Examination & Immunization Record - This requires the student's signature authorizing the release of immunization information to clinical affiliating agencies. It also requires your physician to fill in confirmation of immunizations you've received and your physical exam results within the past year.

** Titers are laboratory blood tests to determine immunity to specific diseases. They are not immunizations.*

Some clinical facilities where students will be assigned may require additional information and/or screenings prior to clinical placement. Examples include submission of social security number; Finger-printing; Drug-testing; CORI checks; CNA Registry Check, and additional immunizations.

Additional Notes: Students who have previously taken the required MMR, Varicella, and Hepatitis B vaccines discussed above but who are unable to produce acceptable documentation, must have titers drawn. Students who refuse to be vaccinated due to religious or medical reasons may be in jeopardy of losing their seat in the respective program, as most clinical agencies will not allow unvaccinated students to participate in direct patient care. Some clinical facilities where students will be assigned may require additional information and/or screenings prior to clinical placement.

Other Related Requirements:

CPR Certification – The CPR certifications that are acceptable for health students are the “BLS for the Health Care Provider” from the American Heart Association (AHA), and the American Red Cross or the equivalent from the American Military Training Network. The copy must be front & back of the card and it has to be signed.

Technical Standards - Students must meet certain physical demands of performance so that they can successfully progress in their course work and ultimately graduate. This form is completed and signed by the student.

National Background Check – A national county records search is also conducted through CertifiedBackground.com.

CORI and SORI forms –The student must complete the CORI (Criminal Offender Record Information) form to authorize a search of conviction and pending criminal case information under

Standard Required Level I by the DCJIS (Department of Criminal Justice Information Services). As required, the student must provide the last six digits of their social security number on the CORI form and present a valid government issued ID (such as a license or passport) to verifying staff. The student must also complete the SORI (Sex Offender Registry Information) form. The CORI and SORI completion process will occur prior to the beginning of clinical/practicum experiences. If a student is late or is absent the day the CORI/SORI check is completed, it is his/her responsibility to complete and CORI and SORI request forms at the Division of Health Sciences Administrative Office. The Division of Health Sciences may conduct subsequent CORI checks within one year of the date the form was signed by the student. The Division of Health Sciences will first provide the student of written notice of the check. The student may also be required to complete subsequent CORI and SORI request forms according to clinical facility requirements. If a CORI and/or SORI Report is returned with a finding(s), it may or may not prohibit progression in a Health Sciences Program. CORI and/or SORI finding(s) will be forwarded to a College-wide Review Committee and the student will be invited to the review session. The final decision regarding the student's progression in a Health Sciences program will be determined at that time.

**30-Day Grace Period: Massachusetts Law states that students subject to 105 CMR 220.600 (Immunization Requirements for Post-Secondary Students) may have a 30-day grace period after enrolling before all required immunization records must be submitted. Upon entering a Health Sciences program, students may also have a 30-day grace period from the start of the semester before being subject to withdrawal from their program provided this does not interfere with the start of a required clinical rotation. If a program's clinical rotation starts sooner than 30 days, students in that clinical course must comply with the Division of Health Sciences' published deadlines in order to meet the standards of the clinical sites and begin their rotation on time. If the student does not have all records submitted and in the proper format by published deadlines or by the end of the 30-day grace period, whichever applies, he or she may be withdrawn from the program.*

Section E: Clinical/Practicum Policies

Introduction & Definitions

The purpose of this section is to present those policies and procedures which are most relevant to the clinical/practicum component of the programs. **The information contained in this handbook is subject to revision. Students will be given written notice of any amendments or revisions.**

The policies and practices are in addition to those stipulated in official College publications, the didactic policies portion of this handbook, and specific program course syllabi. **It is the policy of the College to reserve the right to add, withdraw, or revise any provision or requirement.**

To promote understanding of the scope of this handbook, the terms clinical, clinical fieldwork, clinical affiliations, and clinical rotations are used interchangeably and refer to the required clinical experiences of each of the programs.

Terms used for the various individuals involved with clinical education in the Health Programs include:

- **Clinical Instructor:** This term refers to any person recognized by the program as having the responsibility to supervise and assess the performance of any student while on clinical. This term is used interchangeably with **Clinical Supervisor, Clinical Faculty, Faculty and/or Clinical Preceptor**. Either the college or the clinical site may employ the individual with this title, dependent upon the program.
- **Clinical Coordinator (CC):** This term refers to the college faculty member responsible for securing and/or assigning clinical placements, and for assessing the student's clinical performance. Other terms used to describe this individual include: **Academic Fieldwork Coordinator (AFC), and Clinical Coordinator (CC)**. In the case of the ADN and PN programs the CC is the Program Chair.
- **Center Coordinator for Clinical Education (CCCE):** This term refers to the person employed by the clinical site whose responsibility it is to coordinate and supervise the clinical program at each site. Other terms used to describe this individual include: **Clinical Site Supervisor (CSS) and/or Clinical Instructor (CI)**.
- **Preceptor:** This term refers to the person on staff at clinical facility who supervises and instructs students in clinical experiences.

Individual clinical sites may use different titles for those serving in the above positions within their institution. Refer to program appendices for this information.

The clinical experience(s) is integrated within the overall program requirements. It provides practical experiences that augment laboratory and classroom learning and facilitates the transition from student to health care practitioner.

E.1.0 Professionalism

The student will adhere to all accepted standards, policies, procedures, rules and regulations of the College, DHS, the program, the clinical site, and his/her profession's code of conduct. The student's performance and behavior must be safe and appropriate at all times. **Refer to the Professionalism and Affective Domain Standards and the program appendices for professional codes of conduct specific to each program/profession.**

E.2.0 Confidentiality

Of equal importance to the confidentiality of student records is the unequivocal requirement to preserve the confidentiality of any and all patient / client medical information. It is the moral, ethical and legal responsibility of health professionals, and DHS students to insure that any and all medically related information is held in confidence. Client information should only be shared with appropriate clinical personnel within the context of that personnel's need to know for delivery of quality care. Students are required to adhere to any and all such policies while in the clinical environment. All students will receive from the College patient privacy training (HIPAA) prior to clinical.

E.3.0 Health Status

It is the student's responsibility to insure that completed physical exam and immunization records are submitted to and approved by Castle Branch. (See Section D. Health and Immunization Requirements.) Failure to submit this information and other required documentation could affect clinical placement and ability to complete a Health Sciences program. Health forms are available on the MassBay Community College website.

Should the student's health status change in a manner that would restrict clinical participation after he/she has health clearance and has matriculated in a DHS program, he/she **MUST** immediately notify the Department Chair. The student must also submit to the CC a note from his/her primary care provider indicating the nature of the restriction and the date at which the restriction(s) must be imposed. To re-enter the clinical environment, the student must submit a note from his/her primary care provider to the CC affirming the removal of restrictions and the date at which the student can resume unrestricted participation in clinical activities. If a student is unable to resume his/her participation in the program, he/she should refer to the Division of Health Sciences' Medical Leave Policy (Section B.2).

E.4.0 Communicable Disease Statement

Students have an ethical and legal responsibility to maintain a high standard of health. When providing care, the student should routinely and without discrimination take all precautions against exposure and transmission of communicable diseases consistent with the policies and procedures of the clinical site. The DHS student who has a communicable disease must inform the CC and appropriate clinical instructor. Should there be any questions as to potential restrictions or

precautions relating to clinical participation, the student may be required to seek medical advice and documentation from his/her primary care provider.

E.5.0 Emergency Care

The College's contractual agreement with clinical agencies states that emergency care will be provided by the clinical facility if that facility maintains an emergency room. Furthermore, the agreement stipulates that the student will assume the cost of such emergent care. Therefore, students should refer to their health insurance policy for coverage in the event of an emergency in the clinical area.

E.6.0 Latex Sensitivity & Allergy Policy

Latex products are common in the medical environment. Allergic responses to latex can range from irritation and allergic contact dermatitis to the possibility of life-threatening anaphylactic shock. Guidelines have been established at MassBay Community College to provide information to potential allied health and nursing program applicants/students who are sensitive to latex.

Latex free environments are seldom available in either clinical or academic settings. Therefore, an individual with a latex allergy/sensitivity wearing alternative vinyl or nitrile gloves is still exposed to latex residue of others working in the area or to latex present in the equipment, models and mannequins. Although latex gloves are the most prominent source of latex allergen, many other products contain latex including, but not limited to:

- Blood pressure cuffs, medication vials, syringe connectors and wound drains;
- Stethoscopes, catheters, respirators, and goggles;
- Oral and nasal airways, surgical masks, and electrode pads;
- Endotracheal tubes, syringes, IV tubing, and tourniquets.

Any student who has or develops symptoms consistent with latex allergy/sensitivity is advised to consult a qualified allergist for evaluation prior to enrollment in the Division of Health Sciences. If a student is already admitted to a Health Science program he/she must consult a qualified allergist for evaluation of latex allergies should signs and symptoms develop. All such evaluations are at the student's expense. If it is determined that a student suffers from a latex sensitivity/allergy and the student desires an academic adjustment, including auxiliary aids or service, or reasonable accommodation due to this condition, the student must contact the College's Office of Disability Services.

As with all matters related to one's health, the utmost precautions should be taken by the student to reduce the risk of exposure and allergic reactions. This may include the carrying of an epi-pen by the individual or other precautions as advised by the student's health care provider. It is the responsibility of the student with a latex sensitivity to understand and acknowledge the risks associated with continued exposure to latex during a clinical education, fieldwork, and healthcare career, even when reasonable accommodations are made and to regularly consult with his/her health care provider.

In an effort to minimize the presence of latex in the Division lab facilities, MassBay Community College will provide latex-free and powder-free gloves in all College lab facilities. Should a

clinical agency site NOT provide latex-free gloves, the College will provide latex-free gloves for clinical use. Additionally, the College is taking the following steps to minimize latex in its lab facilities: 1) *replacement of all gloves in use by faculty and students with nitrile or vinyl gloves;* 2) *maintaining an inventory of products/equipment and supplies in each health science program that contain or could contain latex;* and 3) *future purchasing of latex-safe supplies and equipment whenever possible.*

As with all students in the Division of Health Sciences programs, a student with a latex sensitivity or allergy is required to satisfactorily complete all requirements and technical standards of the program to which they have been accepted.

E.7.0 Blood and Body Fluid Exposure Policy and Procedure

Occupational Exposure Guidelines

According to the Centers for Disease Control and Prevention, the primary means of preventing occupational exposure to HIV and other blood borne pathogens is the strict adherence to infection control standards, with the assumption that the blood and other body fluids of all individuals is potentially infectious. The routine utilization of barrier precautions when anticipated contact with blood or body fluids, immediate washing of hands or other skin surfaces after contact with blood or body fluids, and careful handling/disposing of contaminated sharp instruments or other equipment during and after use is recommended.

For more information: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm>

Faculty & Student Responsibilities

1. Receive agency/unit orientation regarding infection control policy and post exposure management procedures.
2. Utilize appropriate barrier precautions during the administration of care to all individuals.
3. Utilize appropriate safety devices for the handling/disposing of contaminated sharp instruments or other equipment.
4. Immediately report accidental exposure to blood or body fluids.
5. Initiate immediate intervention of the management of accidental exposure to blood or body fluids.
6. Provide health education to individuals and groups regarding the prevention, transmission and treatment of HIV.

Accidental/Occupational Exposure Procedure

In the event of an accidental/occupational exposure to blood or body fluids, students and faculty should:

1. **Immediately** wash the area of exposure with soap and water.
2. **Immediately** report the incident to instructor and/or supervisory personnel.
3. Complete appropriate documentation according to agency standards and provide a copy of the report to the Division of Health Sciences department chair. Another copy will be kept in the student's file.

4. Complete the Division of Health Sciences' Incident Report. This form is included as an appendix in this handbook; this **must be completed within 24 hours of the incident.**

PLEASE NOTE:

1. Decisions regarding post-exposure management, prophylaxis, and follow-up will be at the discretion of individual and his/her health care provider.
2. The injured party will be financially responsible for emergency treatment, prophylaxis and follow-up care resulting from the incident.

E 8.0 Accommodation for Disability Conditions

DHS students who request accommodations in lecture, lab, or clinical due to a documented disability must inform the College Office of Disability Resources. The Office of Disability Resources, the Department Chair and the Academic Coordinator of Clinical Education will determine if the accommodations are appropriate and reasonable. This means that the accommodations do not compromise either the essential duties/student teaching responsibilities at the clinical/practicum site or the requirements of the program's competency based educational equivalents. (See Technical Performance Standards description and form in the Health and Immunization Requirements section of this Handbook.)

E 9.0 Clinical Sequence and Placement

- E.9.1 The CC or Program Chair determines the clinical placement of students. The primary consideration in arranging clinical placements is the academic integrity and value of the educational experience. A student shall not be placed at a site if he/she or an immediate relative volunteer or work in a department or unit within that site which is similar to his/her chosen field of study. When possible, advance notice will be given so that the student may make appropriate arrangements and clinical practicum sites may prepare for the student.
- E.9.2 Contacting and arranging for clinical affiliate placements is the purview of the Program Chair and/or CC. Students **shall not** contact a present or prospective clinical site without obtaining prior approval from the CC or Department Chair.

E.10.0 Transportation, Housing, and Parking Fees

The student is responsible for transportation to and from the clinical/student teaching sites as well as any parking fees. For programs with out-of-state clinical/student teaching sites, students are responsible for the cost of housing, transportation, meals, and other expenses unless otherwise provided.

E.11.0 Professional Appearance - Dress Code

While each program may have specific uniform requirements, all programs have the following expectations. The student must at all times:

- E.11.1. appear neat, clean, and well-groomed.
- E.11.2. maintain good personal hygiene.
- E.11.3. adopt a conservative approach to dressing, minimizing jewelry and cosmetic/ fragrances, not wearing clogs, open-toed shoes or sandals, nor extremely loose-fitting or tight clothing.

- E.11.4 wear MassBay student identification pin with name and his/her program of study.
- E.11.5 remove personal pagers and/or cell phones before entering the clinical site.
- E.11.6 limit body piercings to small, post-type earrings. Only one earring in each ear is permitted. No other body piercing jewelry is permitted in the clinical and laboratory settings.
- E.11.7 cover visible tattoos upon request in the clinical setting.
- E.11.8 keep fingernails short and clean. Clear nail polish may be worn. Artificial fingernails are not permitted.

Refer to individual program appendices for specific requirements.

E.12.0 Attendance

Attendance during the clinical affiliation is mandatory. Students are expected to report promptly consistent with the schedule of the site and clinical faculty. It is unacceptable to schedule personal appointments during clinical hours. Tardiness and early departures are also unacceptable. If a student for any reason misses more than one-quarter of the scheduled clinical/student teaching day, he/she will be considered absent for the whole day.

E.12.1 Should illness or any other reason prevent the student from reporting to the clinical facility on time, the student must notify his/her clinical instructor, CC, or appropriate College office at least 30 minutes before the scheduled start of the clinical day. Failure to notify either the clinical instructor or College of an absence is a serious breach of professional conduct.

E.12.2 If a student is ill and in danger of exceeding the attendance policy of his/her program, a note from his/her health care provider must be submitted to the Clinical Instructor at the affiliate and to the CC at the college. The student will not be permitted to resume the clinical experience without a note from the health care provider stating that the student is capable of resuming (without restriction) all activities associated with the clinical education component of the program.

E.12.3 Any clinical skill acquisition or experiences missed due to absence, tardiness, or early departure must be made up at the discretion of the clinical instructor, and approved by the CCCE and CC. The determination as to which alternative assignments and locations may be required to make up missed days/hours and/or substitute for any missed clinical skill acquisition or experiences will be made at the discretion of the clinical affiliate, CC, CI, and/or Dept. Chair at the College.

Refer to the appendices for individual program policies and/or syllabi.

E.13.0 Evaluation of Clinical Performance

Each program develops instruments and assessments used to evaluate student clinical performance. Refer to appendices for the clinical grading policies for the respective program. The CC /CI/Dept. Chair will issue grades consistent with the policy contained in the College catalog

and course syllabus. In most programs, clinical experiences are graded pass/fail. Grades Clinical grades below the programs specific minimum will result in withdrawal from the program. Refer to minimum grade chart include in section A2. Students who are having difficulty meeting the established learning objectives of the clinical experience are encouraged to seek prompt advice and/or assistance from the CCCE, CC, and /or the clinical instructor/faculty to develop a learning plan to address concerns.

E.13.1 Unsatisfactory clinical performance is defined as performance within the clinical environment which demonstrates:

- E.13.1.1 consistent pattern of weakness in one or more clinical behaviors/skills objectives
- E.13.1.2 failure to demonstrate progressive mastery of clinical behaviors and objectives
- E.13.1.3 performance requiring more guidance and instruction than that required by other students at the same level.

If a student does not comply with the academic, professional, or clinical listed in this policy manual, or the MassBay Student Handbook, a DHS administrator or faculty will issue a written warning. The student must sign the warning. NOTE: **Signature on the warning** does not constitute the student's agreement with the content of the warning. Space is provided for the student to indicate his or her non-agreement and comments. The original signed copy of the written warning will be placed in the student's record and a copy will be given to the respective program chair. Should the student refuse to sign the form, the faculty will obtain a witness signature attesting that the notice was given to the student.

E.14.0 Clinically Unsafe Behavior

The following are examples of clinically unsafe behavior:

- E.14.1 Any incident in which the student's action has or may seriously jeopardize patient care and/or safety. Examples such actions include, but are not limited to:
 - E.14.1.1 errors of omission/commission in patient care;
 - E.14.1.2 any pertinent intervention which places another in danger;
 - E.14.1.3 failure to report changes in patient status promptly;
 - E.14.1.4 acting outside of the legal and ethical role of the student as defined by professional standards;
 - E.14.1.5 abusive behavior;
 - E.14.1.6 not being accurate regarding any personal conditions that may jeopardize patient care or about the student's own learning needs;
 - E.14.1.7 repeated and/or consistently unsatisfactory clinical performance which compromises quality of care when the student also demonstrates one or more of the following:
 - E.14.1.7.1 multiple failed assignments, lab assessment scores or didactic average that falls below the acceptable standard set in the course syllabus.

When a faculty member determines that a student has been clinically unsafe,

1. the student will be immediately removed from clinical and lab settings.

2. the student will be notified immediately that they have been given an unsafe clinical grade and will not be permitted to return to clinical or lab. If the student is in another health course with a clinical component, the student will not be allowed to attend the clinical or lab unless the faculty member and department chair determine that patient safety is not at risk. Written notice by the faculty member will be given to the student documenting the reasons for the clinically unsafe determination.
3. the faculty will notify the department chair and appropriate academic administrator that a failure grade has been issued.

The grade submitted for the course where the unsafe clinical practice occurred will be an F. Any student who receives an F due to unsafe clinical practice will not be eligible for re-admittance to a health program. The student may appeal the unsafe clinical grade by following the Grade Appeal Process described in the MassBay Student Handbook.

E.15.0 Drug Screening Policy

All current students and those admitted into a Division of Health Sciences educational program may be required to provide proof of a negative nine-panel urine drug screening in order to be eligible for placement in a clinical rotation. Drug screening must be done at an approved testing site within 30 days before the start of a clinical rotation during each clinical semester. Clinical rotation start dates vary by program. Students taking prescription or over-the-counter medications should provide the testing facility with a list of these medications at the time of testing. All cost associated with drug testing is the responsibility of the student. Some health care facilities which provide clinical sites may also have policies on random and scheduled drug-screenings of students. Students must comply with clinical facility policies. If there is a positive drug result from the clinical, students may be withdrawn from the program.

Students who do not successfully complete this drug screening within the 30 day time frame will be withdrawn from the Division of Health Sciences program in which they are enrolled. All drug screening results will be sent to the Dean of Health Sciences in a confidential manner. Students will only be notified if their screening results are positive.

Students who do not pass the drug screening test the first time have the right to request a second drug screening at an approved testing site within the 30-day period prior to their clinical rotation. The student will be notified by the Dean of Health Sciences if the second test is positive. If the second drug test is negative, the student will be placed in a clinical rotation. If the second test is positive, the student will be withdrawn from a health program. The student can appeal to the Dean of Health Sciences for a hearing regarding withdrawal from a health program due to a positive drug screening test.

Any student who is withdrawn from a Division of Health Sciences program due to a positive drug test may reapply based on current College and Division of Health Sciences readmission policies.

Section III: Division of Health Sciences Forms

Division of Health Sciences Technical Standards Form

It is necessary for all Division of Health Sciences students to review and sign the following.
Please circle your program from the list below, then sign and return as directed.

ADN Associate Degree Nursing	CPT Central Processing Technology
EMT Emergency Medical Technician	PM Paramedicine
NA Nursing Assistant	PN Practical Nursing
PB Phlebotomy	ST Surgical Technology
RT Radiologic Technology	

TECHNICAL PERFORMANCE STANDARDS		ADN	PN	PB	PM/EMT	NA	RT	ST/CPT
MUSCULAR And SKELETAL	Work at areas located at various positions and elevation levels for durations of at least 30 minutes at a time alternating with the need to make frequent changes in body positions	X	X	X		X	X	
	Maintain a standing body position for a minimum of two hours, while performing work related functions	X	X	X		X		X
	Transfer and position movement dependent patients from / to various positions and surfaces, such transfer / positioning frequently requiring a minimum of a 50 lb. weight bearing load	X	X	X	X	X	X	X
	Move / push / pull / reach equipment and accessories of various weights and sizes from a variety of heights to a variety of heights	X	X	X	X	X	X	X
	Perform CPR on adults, infants, and toddlers	X	X	X	X	X	X	X
	Detect and distinguish between variations in human pulse, muscle spasm & contractions, and / or bony landmarks	X	X	X	X	X	X	
	Safely guide patient in ambulation on level as well as inclined surfaces and stairs, often while the patient is using a variety of assistive devices. In either case, guard patient against falls or other injury	X	X	X		X	X	
	Apply graduated manual resistance to patient's individual muscular actions in order to determine patient's strength or to apply exercise techniques for stretching or strengthening	X	X	X		X		
	Quickly move from one site to all other areas of the health care facility	X	X	X	X	X	X	
AUDITORY	Detect and appropriately respond to verbally generated directions and acoustically generated monitor signals, call bells, and vital sign instrumentation output	X	X	X	X	X	X	X
VISUAL	Detect and discriminate between various human gestures and non-verbal responses	X	X	X	X	X	X	X
	Detect and discriminate between large and small gradations in readings on dials, graphs, and displays, such detection made at various distances from the source.	X	X	X	X	X	X	X
	Read printed and computer screen manuscript text	X	X	X	X	X	X	X
	Discern a patient's physical status at distances in excess of 10 feet and in subdued lighting	X	X	X	X	X	X	
	Detect and discriminate between the range of image brightness values present on radiographic and computer screen images						X	

MANUAL DEXTERITY & FINE MOTOR SKILLS	Manipulate/adjust various types of switches, levers, dials, control, and/or hand-held equipment and/or in various combinations	X	X	X	X	X	X	X
	Hold and use a writing instrument for recording patient history or pertinent information	X	X	X	X	X	X	X
	Apply gown, gloves, and mask for Universal Precautions when needed	X	X	X	X	X	X	X
VERBAL	Articulate clearly to a patient in conversational English regarding therapeutic goals and procedures	X	X	X	X	X	X	X
OLFACTORY	Detect changes in environmental odor and (temperature)	X	X	X	X	X	X	X
ENVIRONMENTAL	Function within environments which may be stressful due to fast pace, need for accuracy, and distracting sights and sounds	X	X	X	X	X	X	X
	Recognize that the academic/clinical environment includes exposure to disease, toxic substances, bodily fluids, and/or radiation	X	X	X	X	X	X	X
	Exhibit social skills necessary to interact effectively with those of the same or different cultures with respect, politeness, and discretion	X	X	X	X	X	X	X
	Maintain cleanliness of personal grooming consistent with close personal contact	X	X	X	X	X	X	X
	Function without causing harm to self or others if under the influence of prescription or over the counter medications	X	X	X	X	X	X	X

Technical Performance Standards Informed Consent

1. I have received, read and understand the meaning of MassBay Community College's Health Professions Technical Performance Standards.
2. I understand that the Standards indicated, as applicable to my intended program of study, relate to the full array of essential performance competencies inherent to my chosen program of study.
3. I also understand that in order to successfully graduate from the program of my choice, I must be able to satisfactorily perform the tasks listed in the standards.
4. It is my responsibility to submit a request to the College's Disability Resources Office should I wish to receive a determination of reasonable accommodation in performing any of the stated standards.
5. Lastly, I understand that there may be instances where a reasonable accommodation for a method of satisfying the required performance tasks may not be possible.

Student Name (print): _____ ID#: _____ OR SS#: _____

Student Signature: _____ Date: _____

**MASSBAY COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES
Performance Notification Form**

Student's Name _____

Faculty / Administrator's Name _____

Date _____

It has come to the attention of the faculty member / administrator named above that your performance has fallen below acceptable standards or your behavior has violated one or more of the policies of the program, division, college and/or clinical affiliate. The specific lapse in performance level / policy infraction is as follows:

If appropriate corrective action is possible, you must satisfy the following expectancies by any dates / time frames specified:

Should you fail to effect the above requirements as stipulated by the dates / time frames stipulated, the following consequence will occur:

FACULTY / ADMINISTRATOR SIGNATURE _____ DATE _____

Student Comments:

I agree with the above described assessment and prescribed action: ☐ yes ☐ no

STUDENT SIGNATURE: _____ DATE: _____

(NOTE: Student signature indicates only that the student was given this notification, not that the student agrees with the content of the notification.)

WITNESS SIGNATURE: _____ DATE: _____

(NOTE: Witness signature verifies that this notification was given to the student, but the student refused to sign as required)

**MASSBAY COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES
Counseling Record Form**

Date:_____

Student:_____ **Student ID#:** _____

Faculty/Staff/Advisor Name:_____

Program:_____ **Course:**_____

Present at Meeting:_____

Discussion:

Student Comments:

Recommendation(s):

Referral(s) to College Services? **yes** **no**

Faculty/Staff/Advisor Signature:_____ **Date:**_____

Student Signature:_____ **Date:**_____

4/15/10 kcc

**MASSBAY COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES
Affective Domain Standards of Performance Warning Form**

Date:_____ **Student:**_____ **Student ID #:**_____

Faculty/Advisor Name:_____

Program:_____ **Course:**_____

Notice of Affective Domain Violation (Check One): #1____ #2____ #3____

Nature of Violation:

Affective Domain Standard(s) Violated:

Remediation Plan (Violation #1 & #2):

Student Comments:

Faculty/ Signature:_____ **Date:**_____

Student Signature:_____ **Date:**_____

Copy of Document Sent to Program Chair and Advisor:

Program Chair_____ **Date Copy of Document Sent**_____

Advisor_____ **Date Copy of Document Sent**_____

4/21/10 kcc

**MASSBAY COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES
Academic/Lab/Clinical Alert FORM**

Student Name _____

Course _____

Instructor _____

The Division of Health Sciences faculty wants to provide you with the assistance you need to succeed in your program. We are concerned about your progress and urge you to take the step (s) indicated below immediately.

Academic Concern	Attendance / Clinical Concern / Professionalism
☐ The grade you earned on Quiz/exam _____ was unsatisfactory Date: _____ Grade _____ ☐ WARNING: Your current test grade average indicates you are in danger of not progressing to the next level. Current test average _____	☐ You have had one class/lab/clinical absence on _____ ☐ WARNING: You are in danger of being administratively withdrawn (AW) due to excessive absences ☐ Your clinical performance on _____ was unsatisfactory ☐ You have violated the Affective Domain Standards of Performance in the classroom/lab/clinical setting on _____

Recommended Activity:

- ☐ See me in my office after class or during office hours by (date) _____ Office # _____ Phone: _____
- ☐ Complete the prescribed remediation lab _____ by (date) _____
- ☐ Attend open lab for review _____ skills by (date) _____
- ☐ See the Academic Tutor for content including math review by (date) _____
- ☐ Utilize appropriate college resources (counseling/disability) _____

Instructor Signature: _____ Date: _____

Comments:

Did the student come for help by the date indicated? ☐ YES ☐ NO

Comments:

Students Signatures:

Comments:

40

MASSBAY COMMUNITY COLLEGE

Incomplete Grade Request Form

Section I and II (to be completed by the Student)

Student Name: _____ Major: _____

Student ID Number: _____ Semester and Year: _____

Instructor: _____ Course Name and Number: _____

Reason(s) for not completing the course work before the end of term: ☐ Health ☐ Other

Brief description (submit all supporting documentation):

Student Signature: _____

Section III (to be completed by the Instructor)

Instructor's Name: _____

Assignments and/or exams needed to complete this course:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Instructor's signature: _____

Completion Deadline: _____

Student's signature indicating acceptance of the terms: _____

Section IV (to be completed by the Dean)

Dean: _____ ☐ Approved ☐ Not Approved

Section V

Date Received by Registrar: _____

Cc. Division Office

Student, Instructor

APPENDIX A: Health Sciences Program Grid

Program	Day	Evening	Weekend	Fall Start	Spring Start	Summer Start	Length of Program	Credits/Type	Health Requirements Deadline
Central Processing Technology		X		X	X	X	1 Semester	4 credits Certificate	August 30 th (for Fall), January 3 rd (for Spring), June 7 th (for Summer)
Certified Nurse Assistant	X		X	X	X	X	8 Weeks	Non-Credit Certificate	October 24 th (for Fall), March 1 st (for Spring), July 1 st (for Summer)
Emergency Medical Technician (EMT)	X	X		X	X	X	1 Semester	8 credits Certificate	August 30 th (for Fall), February 1 st (for Spring), June 1 st (for Summer)
Medical Coding		X		X			2 Semesters	27 credits Certificate	Within 30 days of registration
Medical Office Administrative Assistant		X		X			2 Semesters	23 credits Certificate	Within 30 days of registration
Associate Degree Nursing (Day)	X			X			4 Semesters	72 credits Associate Degree	August 1 st
Practical Nursing (Day)	X			X			2 Semesters Intercession 1 summer	49 credits Certificate	August 1 st
Paramedicine (Day)	X			X			2 Semesters 1 summer	37 credits Certificate	August 30 th
Paramedicine (Evening)		X			X		3 Semesters 1 summer	37 credits Certificate	March 15 th
Phlebotomy	X		X	X	X	X	1 Semester	7 credits Certificate	August 30 th (for Fall), March 1 st (for Spring), May 20 th (for Summer)
Radiologic Technology (Day)	X			X			4 Semesters and summer	78 credits Associate Degree	August 1 st
Radiologic Technology Flex (Evening)		X	X		X		9 Semesters	78 credits Associate Degree	August 1 st before Year 2
Surgical Technology (Day)	X			X			3 Semesters	37 credits Certificate	August 30 th
Surgical Technology (Evening)		X			X		3 Semesters	37 credits Certificate	February 6 th

Revised June 2017

APPENDIX B: Division of Health Sciences Administration and Faculty

Division of Health Sciences Administration and Faculty

Lynne Davis, Ed.D., R.T. (R), Dean
508-270-4022

Support Staff		
Kerry Batte, B.S. Staff Associate	kbatte@massbay.edu	508-270-4022
Rachel Greene, B.S. Administrative Assistant	rgreene@massbay.edu	508-270-4024
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Nancy Popeo, M.S.N., R.N.	npopeo@massbay.edu	508-270-4268
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Emergency Medical Services Programs (Paramedicine & EMT) Department		
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Jesse Briggs, MPA, EMT-P, I/C	jbriggs@massbay.edu	508-270-4036
Radiologic Technology Department		
William Cote, M.A., R.T. (R), (CT)	wcote@massbay.edu	508-270-4263
Karen Dow Hansen, M.Ed., R.T (R) Department Chair	kdow@massbay.edu	508-270-4046
Karen Steinhoff, B.S., R.T. (R) Clinical Coordinator	ksteinhoff@massbay.edu	508-270-4064
Surgical Technology & Central Processing Technology Department		
Richard Clark, MS, CST Department Chair	rclark@massbay.edu	508-270-4256
Dolores Goyette, CST, DC	dgoyette@massbay.edu	508-270-4023

Updated June 1, 2017

APPENDIX C: Associate Degree Nursing
Program Policies and Student
Acknowledgement Form

MASSACHUSETTS BAY COMMUNITY COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

Introduction

The Student Handbook/ Associate Degree Nursing Addendum is a working document designed to provide information to students in order to be successful in the nursing program. The Student Handbook/ Associate Degree Nursing Addendum is not a substitution to the College's Student Handbook or the College Catalog, but is an addition to them. The faculty reserves the right to revise this Student handbook as necessary. Students are expected to read and adhere to policies found in the Division of Health Sciences Student Handbook.

Accreditation

The Associate Degree Nursing (ADN) curriculum is approved by the Commonwealth of Massachusetts Board of Registration in Nursing (BORN).

The ADN Program is accredited by the **Accreditation Commission for Education in Nursing (ACEN)**. Accreditation is a voluntary, systematic, peer review process by which non-governmental agencies recognize educational institutions or programs that have been found to meet or exceed standards and criteria for educational quality. The overall goal is to enhance quality improvement in nursing education. The ADN Program was reaccredited in July, 2015. The next ACEN visit will be in the fall of 2020.

The address of **ACEN** is:

Accreditation Commission for Education in Nursing, Inc.
3343 Peachtree Road, NE, Suite 850
Atlanta, GA 30326
Phone: 404-975-5000
Web site: <http://www.acenursing.org/>

Mission

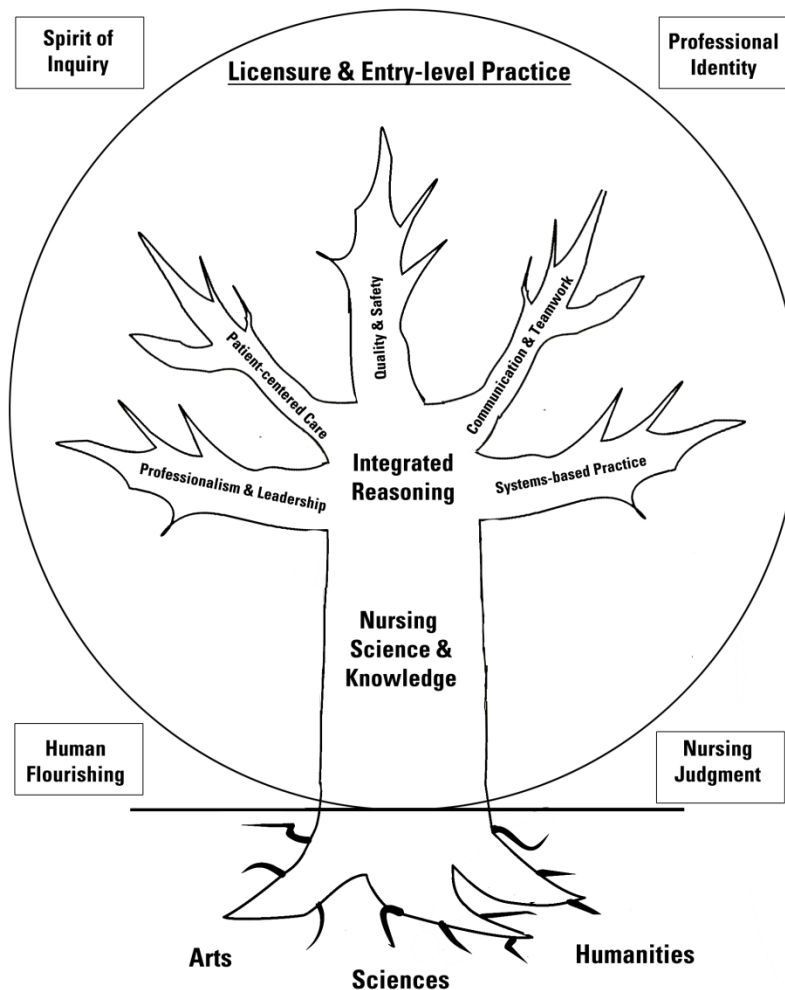
The Department of Nursing **mission** is "to prepare graduates from diverse backgrounds to practice safe and quality nursing care within an evolving healthcare system." The faculty defines **nursing** as a therapeutic relationship between patients, families and communities where the focus is on interventions that promote health, wellness and healing as well as the affirmation of life and the recognition of death as a normal process.

Organizing Framework and Philosophy

The faculty holds that the associate degree nursing education prepares students to render care for individuals with complex health care needs within the context of structured health care settings. The faculty maintains that all associate degree graduates should engage in life-long learning and the pursuit of advanced degrees.

The Educational Tree provides a graphic illustration of the organizing framework adopted by the nursing faculty to achieve student learning and graduate outcomes. The tree was selected as

an icon that symbolizes the pursuit of learning and growth. The architecture of the tree provides a useful construct for understanding how nursing faculty views the evolution of the attitudes, knowledge and skills required to meet end of program competencies. It is also useful in appreciating the theories and pedagogies that are applied to support these student learning outcomes.



The roots of the Tree:

The roots of the tree reflect our conviction that nursing education in the community college setting is built on a foundation of knowledge that is derived from the arts, sciences and humanities.

We believe that MassBay Community College provides a general educational experience that emphasizes the essential quantitative, analytical and expressive skills required to integrate and apply nursing knowledge. As a faculty we recognize that a liberal arts education also exposes students to the broader goals of the parent institution; fostering a connection to a community

that supports open access, diversity, civic responsibility and the life- long pursuit of educational opportunities. These meaningful early interactions with peers and faculty from all disciplines enable our students to recognize the scientific, social, political, economic and ethical principles that distinguish professional practice.

Student Learning Outcomes

The Trunk of the Tree:

Contained within the trunk of the tree are *Nursing Knowledge and Science* and *Integrated Reasoning*, two central, core competencies that are viewed as interconnected to all other end of program student learning outcomes or core competencies.

Nursing Science and Knowledge:

Nursing Science and Knowledge is the first end-of-program student learning outcome and is defined as the ability to “integrate nursing concepts with theoretical and scientific knowledge to promote evidence-based, holistic patient care.”

The faculty believes that core professional, biophysical and psychosocial concepts are universal in nursing and are applied across the multitude of healthcare settings. Concepts are utilized within each course and practicum experience in order to assist students to identify and respond to human needs through the application of the nursing process. The decision to adopt this approach is founded on a belief that a conceptual learning is best suited to address the growing gap between nursing education and practice. Research demonstrates that saturating students with content that quickly becomes outdated has been shown to inhibit learning and leave graduates ill prepared to manage the rapidly evolving body of knowledge that they will encounter in practice.

The faculty holds that typical simple to complex leveling of content is no longer sufficient. Some complex concepts must be introduced early in the curriculum to foster the development of logical mental constructs that can provide the foundation for nursing knowledge. Select exemplars or prototypes that have value in clarifying and reinforcing concepts must be carefully mapped through the curriculum. The faculty has responsibility for continuously evaluating the relevancy of each exemplar.

Integrated Reasoning:

Integrated Reasoning is the second end-of-program student learning outcome and is defined as the ability to “apply principles of critical thinking, creativity, and innovation to formulate clinical and other nursing judgments.”

The Faculty believes that integrated reasoning is developed through the implementation of innovative pedagogies that support active learning and engagement. In addition to strategies that foster conceptual learning faculty must enter partnerships with students that are characterized by civility, shared accountability and mentorship. Faculty believe that learning outcomes are met when students are expected to identify their own needs, participate in a meaningful exchange of ideas and take responsibility for their personal growth and achievement. Faculty serve as facilitators in an evidence-based learning environment, providing the cohesion and continuity necessary for students develop a sense of what Benner and others refer to as salience and situated knowledge.

The Branches of the Tree:

The branches of the tree represent our belief that competency in these remaining professional and practice domains is an essential prerequisite to graduation, licensure and entry into practice. These branches remain connected to the whole, while extending out to bear the fruits of our educational endeavors. The branches also represent the remaining end of program student learning outcomes.

Professionalism and Leadership:

Professionalism and Leadership is the third end-of-program student learning outcome and is defined as demonstrating readiness to assume responsibility and accountability for pursuing professional growth, acting as a leader/agent for change and upholding high standards of ethical practice.

Faculty holds that ethical and professional comportment are fostered in educational environments where the values that underscore our professional identity and leadership are modeled in classroom, laboratory and clinical settings. The values of **integrity** and **excellence** are fostered when students see faculty adhering to ethical standards, approaching relationships with mutual understanding and respect and acting to encourage healthy innovation and exchange. Exemplars must emphasize the importance of leadership and transformation in the context of safe and effective healthcare environments.

Patient-Centered Care:

Patient-Centered Care is the fourth end-of-program student learning outcome and is defined as demonstrating the ability to “provide patient-centered care and health education based on respect for patient/family values and preferences, while engaging the patient as a partner in the process.”

Faculty believes that **caring**, **diversity**, **holism** and **patient-centeredness** are key values that support the essential dimensions of the art of nursing. Patients are diverse and dynamic organisms who are not defined by their conditions. Instructional approaches emphasize the value of developing emotional intelligence as well as sound technical and psychomotor skills. The importance viewing of the patient as a central figure in all health care decisions must be threaded through all course and clinical experiences.

Quality and Safety:

Quality and Safety is the fifth end-of-program student learning outcome and is defined by the ability to “monitor individual performance and system effectiveness to improve the safety and quality of care.”

The emphasis on personal accountability must be balanced with an understanding that the majority of healthcare errors occur in the context of human systems. The faculty recognizes that cultures of blame do little to foster effective improvement strategies. We believe that in order to uphold standards of **excellence** and **integrity** students need to understand their own limitations and be prepared to identify and participate in improvement initiatives. Faculty maintains the responsibility for fostering supportive environments where students are encouraged to share and analyze errors.

Communication and Teamwork:

Communication and Teamwork is the sixth end-of-program student learning outcome and consists of the ability to “actively collaborate as a member of the healthcare team; promoting mutual respect, open communication, and shared decision making.”

The faculty recognizes that nurses do not work in isolation. Students need to understand the importance of alliances with patients, families and all members of the healthcare team. The expertise of other healthcare professionals must be underscored in all educational settings. Students must be encouraged to interact and learn from persons with multiple perspectives and priorities. Communication skills provide the tools through which effective healthcare partnerships are realized. Competency in documentation, reporting and conflict management must be integrated into all classroom, laboratory and clinical content. Testing and evaluation strategies need to be implemented to ensure that these essential skills are developed early in the program.

Systems-based Practice:

Systems-based Practice is the seventh and final student learning outcome and is defined as the ability to “utilize a variety of systems to manage nursing care, including technological and information systems.”

The call to integrate systems-based practice into the curriculum is addressed through exemplars that assist students to understand the contexts and environments through which healthcare is delivered effectively. Student understanding of the multitude of systems utilized in nursing care is fostered through the use of concept maps, simulations, case studies and cognitive clinical assignments.

The Environment Surrounding the Tree

The environment surrounding the tree represents the actualization of licensure and entry level practice. The faculty embraces the graduate competencies identified by the National League for Nursing (NLN) in *Outcomes and Competencies for Graduates of Practical/Vocational, Diploma Associate Degree, Baccalaureate, Master's, Practice Doctorate and Research Doctorate Programs in Nursing* (2010). We believe that the culmination of the innovative pedagogies will not only assist students to acquire the knowledge attitudes and skills required to meet end of program student learning outcomes identified by our program but will enable nurses to transition in practice and achieve the NLN graduate competencies for the associate degree nurse. The following are the graduate programs outcomes based upon the information presented in this section of the report Environment Surrounding the Tree.

Student Program Learning Outcomes:

- 1. Nursing Science and Knowledge-** Integrate nursing concepts with theoretical and scientific knowledge to promote evidence-based, holistic patient care.
- 2. Integrated Reasoning-** Apply principles of critical thinking, creativity, and innovation to formulate clinical and other nursing judgments.

3. Professionalism and Leadership – Assume responsibility and accountability for pursuing professional growth, acting as a leader and agent for change while upholding high standards of ethical practice.

4. Patient-Centered Care- Provide patient-centered care and health education based on respect for patient/family values and preferences, while engaging the patient as a partner in the process

5. Quality and Safety- Monitor individual performance and system effectiveness to improve the safety and quality of care.

6. Communication and Teamwork- Actively collaborate as a member of the healthcare team; promoting mutual respect, open communication, and shared decision making.

7. Systems-based Practice- Utilize a variety of systems to manage nursing care, including technological and information systems.

Graduate Program Outcomes:

- **Human Flourishing:** Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.
- **Nursing Judgment:** Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context.
- **Professional Identity:** Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context
- **Spirit of Inquiry:** Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities.

Admission Criteria

Please see the MBCC college catalog for admission criteria.

Course Exemption

MBCC ADN program does not recognize nursing program course exemptions. Please refer to the College Catalog for identification of non-nursing course exemption.

Advanced Placement

MBCC ADN program does not allow advanced placements.

Transfer

The MBCC ADN program does not transfer nursing credits into the program. Please see the

College Catalog for non-nursing course transfer policies.

Educational Mobility

MBCC participates in the Mass Transfer Block and the Nursing Education Transfer Compact as recognized by Mass Department of Higher Education,

<https://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=mass%20department%20of%20higher%20education>

Graduation

Students must pass all course and clinical experiences in the ADN program curriculum to graduate. The College may have additional requirements which can be found in the MBCC College Catalog graduation requirements.

Student Rights and Grievances

The ADN program adheres to the College's student rights and grievances policies and processes. Please refer to the College Catalog for identification of student rights and grievances.

Advisors

All nursing students will have an assigned nursing faculty advisor. Students are urged to see their advisors for academic and clinical concerns, career plans, and other issues that arise. Advisor input is an essential component in the registration process.

Advisors can also assist you in determining whether or not you are making progress in your nursing coursework and which courses you have completed toward your degree. A transcript check can be conducted to review all courses taken toward the degree and identify any required nursing and non-nursing courses still to be taken. Please make an appointment with your nursing advisor and bring a copy of your transcript (available from the computers in the library or the kiosk in the front lobby) through the PeopleSoft Student system.

Progression Policy

Each nursing course must be completed with a minimum passing grade of “C” (73) in order to progress in the Associate Degree Nursing Program. A grade of 73 (Letter grade of C) for theory is required and clinical is graded as satisfactory/unsatisfactory. There will be no rounding of grades. Any end of the semester final score tabulation below 73 is considered failure in the course, e.g., 72.9 does not satisfy a passing grade.

In order to progress to the next nursing course in the curriculum sequence both the theory and practicum of the following course sets must be passing: NU 160/NU 161, NU 225/NU 226, NU 235/NU 236, and NU 260/ NU 261. Failure in either one of the course sets will require repetition of both theory and clinical if the student is eligible for readmission and if space is available in the nursing course.

Dismissal due to Academic Failure or Withdrawal

Upon notification of a failing grade, students should meet with the course faculty to complete a departure form. If a student withdraws from or receives a failing grade from any nursing course they will be withdrawn from the program. For the purposes of this policy all NU courses and HL

110 are considered nursing courses.

Once the student completes the departure from the program they will be referred to the general/advising admissions for determination of eligibility to apply for readmission. Students should not send letters of request to faculty, chairs or the Division of Health Sciences Dean. The process of reapplication may take several weeks – therefore students will not automatically be placed immediately into the next scheduled course.

Students are entitled to a grade appeal pursuant to the grade appeal policy outlined in the MassBay Student Handbook. Students may continue to attend classes and laboratory sessions pending the appeal but are suspended from attending clinical/practicum sessions. In the event that a student has a successful appeal, they will be required to make up any missed clinical sessions. These sessions will be arranged according to availability of faculty resources. The student may be responsible for expenses related to the clinical/practicum make up. Fees must be paid to the clinical coordinator prior to the make-up time and evidence of payment must be presented to the clinical instructor prior to the experience.

Readmission Policy

Students are only allowed to apply for readmission following a withdrawal or a failure one time. Students who have failed more than one didactic or clinical nursing course (including HL 110) are ineligible for readmission.

In order to be eligible for readmission following the first academic failure or withdrawal the student must have a minimum GPA of 2.0 in nursing program courses. Students who are dismissed from the Associate Degree Nursing Program for disciplinary reasons as outlined in the standards for affective domain and under the grounds for immediate dismissal are ineligible for readmission. Eligibility for readmission does not mean that the student is automatically readmitted into the program. Students are encouraged to seek advising about the possibility of applying for another Division of Health Sciences (DHS) program as a second failure in the nursing program will make them ineligible to apply to any DHS program. Students should not contact faculty or the chair about readmission.

Students must submit in writing along with the application for readmission the reasons they are seeking readmission, any factors that feel may have contributed to the course failure, any corrective action or remediation the student intends to complete and a summary of strategies the student intends to use to avoid further failure.

The following factors will be considered when determining whether readmission to the program is appropriate:

1. Space/availability and/or resources (including availability of faculty and clinical placements)
All readmissions will be capped so that no more than 10% percent of a cohort's seats will consist of repeating students.
2. Any history of academic, clinical or affective domain warnings even if they did not result in dismissal from the program

3. Relevant performance data including history of willingness/ability to respond to corrective action make use of support and remedial services and/or assume responsibility for the rigor and challenges of the program.

In some cases a committee of nursing faculty may convene to consider the student's application for readmission. Readmission may be contingent on successful completion of remediation and skills testing.

Note: When the number of students eligible for readmission exceeds the number of seats available, the GPA for nursing courses will be calculated. Seats will be awarded to those students with the highest nursing GPAs. In the event of a tie, the last seat will be awarded to the student with the highest average in the last didactic courses.

HESI Exit Requirements

Day senior students who need to repeat NU 260 will be required to retake both the medical-surgical subject exam and the HESI RN Exit exam normally scheduled during the Capstone in order to receive a final NU 260 grade and to be eligible for graduation. The final grade for the HESI exit exam will be used for data collection purposes only and will not impact the student's grade.

Examination Policy

Guidelines for Taking Examinations

Exam Attendance Students are expected to be present and on time for all exams. In the event of an illness or emergency, students must contact the course faculty to notify them of the anticipated absence or tardiness if applicable. Students who do not take the exam during the scheduled time and do not notify the course faculty before the exam or as soon as reasonably possible will receive a grade of "0" for that exam.

Faculty has the right to ask for documentation verifying the illness or emergency. Once verification and clearance to return to the class has been provided the student will arrange with the faculty to take a different version of the exam. Faculty reserves the right to determine the time and date when the exam will be made up.

Students who are late for an exam will not be provided extended time to complete the exam.

Dishonesty/Exams Students should be aware that faculty adheres to the strictest standards for ensuring that the integrity of assessment methods is maintained. Environmental controls to reduce the possibility of cheating (removing hoods, hats, notebooks or bags) will be implemented at the discretion of faculty. The use of nonprogrammable calculators is allowed in certain circumstances. No other electronic devices may be accessed or used during exams. Students may not leave the room or circulate during the exam and should exit quietly once the exam is completed. Students may not congregate in the hall after the exam to discuss the exam.

The following behaviors with regard to testing constitute academic dishonesty and are grounds for immediate dismissal:

- Any form of communication between students during an exam

- Copying or sharing answers
- Accessing or distributing test banks or other materials used to assess learning
- Recording or taking images of any portions of exam or exam reviews
- Taking notes on exam content or material provided in reviews
- Sharing test content or review findings with other students
- Conspiring to memorize or rebuild test material for the purpose of cheating
- Leaving with exam copies
- Tampering of any kind with the process of testing, scoring or posting grades

Length of Test Sessions In general, testing sessions for a 50-question multiple-choice exam is 60 minutes in length, except for final exams, which may be up to 100 questions and two (2) hours in length. The scheduling and content of all exams is determined at the discretion of faculty with consideration to standards for best practice in nursing education. Exams are designed to incorporate cumulative knowledge acquired through the overall curriculum and are leveled to ensure the achievement of student learning outcomes. Faculty do not have to adhere to any specific formulas for determining the number of alternative format questions or for bolding or formatting. Students do not have the right to determine grading standards or the methods or processes for carrying out any testing or assessment policies. Faculty are not required to provide reviews, outlines or study guides for the purposes of exam preparation. Exam content relates to the objectives identified in the syllabus. In order to be successful students must be responsible for independent learning including studying lecture content, accessing all available learning tools and keeping up with all required reading.

Rules for Correct Answers On tests where Scantron forms are used, the answer the student selects **MUST** appear on the Scantron answer sheet in order for the student to receive credit for the answer. *No credit will be given for answers that are circled or otherwise marked on the exam booklet itself.* In all test-taking settings, students are responsible for the accuracy of the answers marked on their Scantron sheet before handing it in to a proctor when finished with the exam. Exam grades will be posted on Blackboard within 4 to 6 working days after the exam date whenever possible.

Accommodations for Exams Students who are requesting accommodations on the basis of disability should contact the Office of Disability Resources in FRAMINGHAM, room 306, or call 508-270-4267/4286 (See MassBay Community College Student Handbook). Students retain the sole responsibility for securing services and following all policies and procedure related to scheduling exams or ensuring that accommodations are carried out through the disabilities office. Students who require extra time to take an exam should schedule their test in the disabilities office in order to ensure they can return to class in the event that a review follows.

Exam Reviews Exam reviews are scheduled at the discretion of faculty and are intended to assist students to develop competency in test taking and learn from their mistakes. If at any time a student or students use review time to challenge test questions the student or students may be asked to leave the class. Appeals to negotiate grading standards, arguing, inciting others, asserting questions be thrown out or displaying negativity or any form of uncivil behavior during the exam review will result in the student receiving an affective domain. Students are expected to

be aware at all times about the nonverbal and verbal messages they are conveying and eliminate any possibility of misinterpretation.

Final Exam Reviews If time allows, faculty may conduct a final exam review in the class at their discretion. Should a student fail a final exam and subsequently fail the course, and a class review has not been conducted, the student may request an individual review of the exam with faculty within 24 hours of notification of grades. Faculty will meet with the student within 72 normal business hours after the receipt of the request. Please note that faculty do not have an obligation to meet with students during college breaks. The meeting is not considered a grade appeal and the same rules for class reviews and conduct apply to the individual review session.

Contesting Test Questions All exam questions are subjected to rigorous team review and statistical analysis. In rare instances students may find that an exam question is inconsistent with the general principles outlined in the text. Finding a discrete statement that appears to contradict the correct answer is insufficient to find fault with a test question because exams test contextual knowledge and the ability to analyze multiple variables to determine the best answer. Incorrect choices may be partially or completely true but do not necessarily stand as the best or priority choice.

Should the student believe that another option is more consistent with general principles the student must notify all course faculty via email within 3 days of the review. The student must provide a scholarly rationale for selecting or omitting an option and cite at least two or more supporting examples from the text. The communication surrounding the question must be professional and deferential. The faculty or team teaching the course will meet to consider the students appeal and will respond within ten business days with a binding and final decision. Consistent attempts to contest or appeal assessment standards are considered unprofessional and undermine essential boundaries of the faculty-student relationship. Faculty and not students retain the expertise and authority to determine fair testing methods. Attempts to engage faculty in discussions or arguments outside the process outlined above are considered harassment and will result in an affective domain warning- this includes appealing to faculty or staff who are not involved in teaching course.

Test Failures: Students who are failing the course are encouraged to make an appointment to see course faculty during office hours. Students will not be given an additional opportunity to review the exam or the rationales. Students who are not performing are expected to make use of all services available to them as part of the standard for professionalism and willingness to take corrective action and manage the demands of the program.

Contesting Grades on Written Assignments

Written work is assigned for the purposes of ensuring competency in communication and critical thinking in nursing. Students are responsible for reading the rubric and submitting work that meets all of the identified requirements. If a student has difficulty with written work or research, they are encouraged to use library resources, free online tutoring and the Reading and Writing center for support.

In the event that a student believes that there was an error in the application of the grading rubric, the student must submit an objective scholarly essay outlining their concerns within five days of receiving the grade. The student must include at least two references in addition to the text. Comparisons with other student work, subjective statements about the faculty or teaching methods or arguments based on grades received in other classes will not be accepted. If the student sought assistance from college resources to produce the assignment, documentation of the days and times as well as the personnel providing support should be provided.

Once the student has submitted the concern, it will be reviewed with the faculty within 10 working days. The student should understand that this review may result in one of three outcomes- the faculty team may determine that the grade should remain the same, the faculty team may determine that a higher grade should be awarded or the faculty team may find additional concerns and assign a lower grade.

The final grade assigned upon completion of this process is final.

Dosage Calculation Examination

All students should be prepared to take a dosage calculation test (DCT) on the first day of class in the following courses: NU 160, NU 225, NU 235 and NU 260. A grade of 90% or better is required before the student is allowed to administer medications in the clinical companion course. Students who fail the DCT are responsible for seeking remedial support through the academic achievement center and may not be able to test again until remediation has been completed. Students will have three (3) opportunities to pass the DCT. Those who do not pass on the third attempt will be withdrawn from the courses (theory and clinical). Students are eligible to reapply to the ADN program if their withdrawal is related to dosage calculation.

Student Records

Students who wish to review their records should contact the Dean of Health Sciences as outlined in the Student Handbook. It is the policy of the Department of Nursing to retain and retire records in accordance with the Massachusetts Statewide Records Retention Schedule 02-11, updated on 8/12.

Attendance/Tardiness Policies

In addition to the policies outlined in the Division of Health Sciences policies *8.1.0 Attendance*, students are required to notify the instructor as soon as reasonably possible of late arrival or absence. Failure to do so is a violation of an affective domain. It is the responsibility of the student to notify the instructor prior to an absence or anticipated late arrival.

Students who miss five (5) class or lab hours will be withdrawn from their respective courses. Students who exceed two (2) clinical absences for any reason will be withdrawn from the program.

Students must make up the first clinical absence with a patient care activity that is approved by course faculty. The activity will be at least the equivalent to the missed clinical hours.

Students must make up the second missed clinical time with a clinical or simulation experience approved by the faculty and department chair. The Faculty and the chair have the right to determine the timeline and schedule for making up the clinical experience.

Students must complete all make up clinical prior to being admitted to the next nursing courses. Failure to comply with the above requirements will result in student being withdrawn from the program.

Faculty References

It is at the sole discretion of faculty to provide student references for the purposes of employment or further education. It is the policy of the department to provide only verbal recommendations for the purposes of employment screening or admission to a nursing program. Please obtain approval from faculty first. If a reference is provided the faculty will review of the student's academic and professional performance throughout the program and consult with the entire faculty team.

Clinical Placements

Educational rationales are used to determine clinical placements. Before entering the program students are expected to have prepared for the likelihood that work and personal schedules may need to be adjusted. Clinical assignments are determined at the sole discretion of faculty. Faculty do not have to provide rationales or explain why students were assigned to particular sites. Assignments are determined by educational objectives and availability of faculty and clinical sites. Last minute changes are out of the control of faculty and must be managed by the students. Students may not request specific schedules, sites or instructors. Students may not initiate a switch with other students. Students who are unwilling or unable to attend clinical at assigned sites cannot progress and will be withdrawn from the program.

Cell Phones Use in Clinical Areas

- During clinical experience hours cell phones or any other technological devices are not allowed on the premises.
- Students are required to comply with the clinical agency policy regarding the use of technological communication devices (cell phone etc.)
- Failure to follow the technological devices policy will result in dismissal from clinical and an affective domain.

Self-Directed Learning for Successful Clinical Experience

Research shows that psychomotor nursing skills that are not used over time are lost. It is the student's responsibility to maintain clinical skills throughout the duration of the program. In other words, students need to keep track of skills performed, assert their needs with respect to patient assignments that will strengthen their skills as well as continue to practice skills that they have not been assigned to carry out in the clinical setting. This means scheduling open lab times into their weekly schedule, even after teaching lab is completed. Instructors will not accept the student explaining that they haven't used the skill in a while, that they haven't had time to prepare to do the skill or that they need to have the skill demonstrated before they perform it

HIPAA Standards

It is the responsibility of all clinical faculty to ensure that students are completely oriented to the HIPAA standards outlined in the Centralized Clinical Placement (CCP) Module, regardless of whether or not the facility is a CCP site. At no time are students allowed to photocopy, scan or electronically transmit any information from the medical record, even if

patient identifiers are blocked out. Students may not include any of the 18 identifiers of protected health information (PHI) in any work submitted in clinical or didactic courses. Students are not allowed to leave the clinical site with any of the 18 PIH on their person. Federal guidelines define the 18 PIH identifiers as:

1. Names;
2. All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Phone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social Security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code (note this does not mean the unique code assigned by the investigator to code the data)

In addition, faculty and students must protect any and all information related to the facility where students are assigned. Faculty and students should refrain from discussing or critiquing specific behaviors or actions of personnel in the facility. If the clinical faculty believes that the facility does not meet the outcomes of the program this information should be reported to the director of nursing so that the appropriateness of the assignment can be evaluated.

UNIFORMS AND ASSOCIATED REQUIRED ITEMS FOR CLINICAL AND SKILLS LABORATORY

Items That You Need to Obtain Before Starting Clinical and Skills Laboratory:

1. Uniform Top is a short-sleeved, 2 pocket scrub top in HUNTER GREEN. No tops are to be worn underneath the scrub top. Scrub pants are in a matching HUNTER GREEN. Lab coat is a white, V-necked, button down style with cuffed wrists. MassBay Community College patches are required on the right upper sleeve, just below the shoulder, of each scrub top and lab coat. Do not substitute any other brand or style. Students are to purchase uniforms from the company listed below.

McGill's Inc.
410 Chestnut Street
Manchester, NH 03101
(603) 627-3472

It is recommended that you purchase two tops.

2. Two-Line Name Tag: You must wear a two-line name tag, green letters on a white background that includes:

Your Name
Student Nurse

The faculty recommends purchasing two name tags in case of loss or breakage.

3. Stethoscope – any color or style.
4. A watch with a second hand, penlight, surgical scissors
5. Shoes: White nursing shoes are required. White sneakers, white clogs, open-toed shoes or sandals are not permitted. White stockings/socks are to be worn.
6. Hygiene: Must appear neat, clean, and well groomed. Long hair is to be worn up and off the shoulders. No “ponytails”. Maintain good personal hygiene. Minimal make up/cosmetics, no scented product or fragrances are allowed. Small post-type earrings, one in each ear, permitted. No other body piercing jewelry is permitted. Cover visible tattoos. Fingernails are to be kept short and clean. Artificial nails and/or nail polish are not permitted. No chewing gum permitted.

DIVISION OF HEALTH SCIENCES
STUDENT AGREEMENT FORM

DO NOT SUBMIT UNTIL YOU HAVE READ THE ENTIRE HANDBOOK

I, the undersigned student, having read and reviewed the entirety of the MassBay Community College Division of Health Sciences Handbook and the appendix specific to my program, do agree to adhere to and abide by all College and Health Sciences and Program policies and/or their addenda, during my matriculation at MassBay Community College. Furthermore, I agree to adhere to the conduct codes and performance policies of the Clinical Education sites to which I may be assigned. I clearly understand that the failure to adhere to and abide by these policies and regulations of the College, Division, Program, Hospital and/or Clinical Site may result in my removal and subsequent withdrawal from the clinical site/classroom and/or program.

I also understand that in addition to faculty employed at the College, there may be employees of the Hospital / Clinical Agency or Practicum site which are designated by the College as a Supervisor/ Preceptors / Clinical Instructors. As such, these individuals will be functioning as members of the team of instructors within one or more of the Program's clinical or practicum courses. Therefore, I understand that assessment / evaluation information about my academic and/or clinical or practicum performance may be shared with the designated / appropriate Supervisor or Clinical Site staff member(s) for the sole purpose of providing them with information needed by them for patient / client assignment or College required clinical performance evaluation / assessment. Furthermore, my academic and/or clinical records may be reviewed by duly authorized representatives of Professional, State, or National accreditation agencies.

I further understand that the Hospital or Clinical agencies or Practicum site to which I may be assigned may require that I receive clearance from the Commonwealth of Massachusetts that I do not have a criminal record of an offence which would compromise the safety or well-being of the clients or patients of that site. Therefore I understand that my name will be submitted to the state for a CORI (criminal offender record information) and SORI (sexual offender registry information) check. A CORI/SORI check report of such an offence may preclude my eligibility for clinical or practicum assignment and thereby may negate my matriculation in the program.

Lastly, I understand that I am required to satisfy the Division of Health Sciences' Medical History/Immunization Records requirement and CPR requirement. Failure to do so will preclude my eligibility to participate in the clinical or practicum phase and may result in my inability to complete the program.

Please sign and date this form and submit it to your Castle Branch account unless instructed otherwise by a faculty member.

Student's Name (Printed)_____ Student's signature _____

Program:_____ Received on (Date):_____

NOTE: Submission of this form is required prior to clinical rotations.