Practical Nursing Student
Handbook 2023/2024

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MCC METROPOLITAN
COMMUNITY COLLEGE

Dear Student:

Welcome to the Nursing Program.

The Student Handbook is designed to provide information about your program and how to achieve success in your learning experiences.

We warmly welcome all students seeking careers in nursing, whether your goal is a Practical Nursing Certificate from the Practical Nursing Program or an Associate Degree in Applied Science in Nursing. The nursing programs are among a variety of health career and certificate programs available to MCC students and are integral to the College, reflecting its philosophy and objectives.

The nursing program faculty and staff are dedicated to serving students and assisting each to reach the fullest of potential by fostering the desire for continuing education throughout life and developing a spirit of inquiry and creativity. The nursing programs are committed to improving health care in the community and working for the betterment of the nursing profession.

We wish each student the best and success in your pursuit of the career of nursing.

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INTRODUCTION/HISTORY OF THE NURSING PROGRAMS

Metropolitan Community College (MCC) is the oldest institution of higher learning in the Kansas City metropolitan area. It was founded in 1915 as the Kansas City Polytechnic Institute. It was accredited by North Central Association of Colleges and Schools in 1918 and in 1919 became the Junior College of Kansas City. MCC is also the largest college in the metropolitan area. The college has five campuses: MCC–Penn Valley, MCC-Blue River, MCC-Longview, MCC-Online and MCC-Maple Woods. The Administrative Center and Broadway Plaza house the administration of the MCC system and sits adjacent to the Penn Valley campus. The Health Science Institute is part of the Penn Valley campus.

The Practical Nursing Program (PN) originated under the sponsorship of the Kansas City, Missouri School District. The Kansas City, Missouri Board of Education Program of Practical Nursing was established in 1949 and was approved by the Missouri State Board of Nursing in November 1954. The Jennie Lund School of Practical Nursing was established July 1, 1966, through the Independence School District and was named for Jennie Lund, one of the first Practical Nurses in the Independence, Missouri area. The Jennie Lund School of Practical Nursing became a satellite of the Kansas City, Missouri Board of Education Program of Practical Nursing on July 1, 1988. In March 1990, a cooperative agreement with Penn Valley Community College was established to offer college credit hours for the total program. On June 30, 1993, the Kansas City, Missouri School District relinquished sponsorship of the program, and on July 1, 1993, the program became Penn Valley Community College. The Practical Nursing Program has full approval from the Missouri State Board of Nursing.

The Associate Degree Nursing Program (ADN) was established August 1, 1966. The ADN Program has an average enrollment of 128 students per academic year. The program is fully approved by the Missouri State Board of Nursing and accredited by the NLNAC. The initial accreditation was January 1972 with the last accreditation occurring in spring 2022 by ACEN (formerly NLNAC) with full approval granted.

MCC's Nursing Programs are recognized for developing career ready nursing graduates, technology and innovative resources. Our Nursing programs utilize the Virtual Hospital, located on the first floor of the Health Science Institute. The Virtual Hospital suite simulates an actual hospital clinical environment for the use of nursing and allied health students through six learning areas that closely simulate hospital departments to develop and practice skills in electronic medical record systems and medication administration, along with life-like, computer-operated human patient simulators that mimic a wide variety of medical scenarios, including trauma, shock, labor, and cardiac arrest. The nursing skills lab is a 16 bed suite with full medical equipment to provide client care activities. The Health Resource Center is located within the Health Science Institute and is an excellent resource for students. There are learning specialists, small group study rooms, and additional computer stations.

MCC MISSION

MCC Mission

MCC's Board of Trustees affirms its commitment to MCC's mission to provide access to educational opportunities in a supportive and caring environment that values diverse constituencies by:

"Preparing students, serving communities, creating opportunities for all."

Board Policy 7.30020 BP Non-Discrimination

PHILOSOPHY OF THE NURSING PROGRAM

Individual

The individual is a unique human organism who comes from a culturally diverse background with biological, psychological, social, and spiritual needs. The individual has an inherent knowledge, will, and strength that enable the person to achieve the tasks of the developmental stages and attain life goals. Needs in the biological, psychological, social, and spiritual dimension may affect the health of the individual.

Health

Health is a state of wholeness or integrity of the person and is defined by the individual. We believe health is a multi-dimensional, dynamic, fluid state in which the individual may be at any point from independence to peaceful death. Health is the responsibility of a total society and all its members.

Environment

The environment encompasses the person, the family, and the community. Impacting the individual within the environment are the internal and external forces that affect the needs of that individual. Internal and external forces within the environment are considered by the nurse when assisting with the individual's needs.

Nursing

Nursing is a profession that focuses on the care of individuals, families, and communities. Nursing is primarily assisting the individual, ill or well, in the performance of those activities contributing to independence, maintenance, or restoration of health or a peaceful death. The nurse, as a professional, utilizes critical thinking and the nursing process to render care. Communication is essential to the individual/nurse relationship. The nurse is cognizant of legal/ethical issues when assisting the individual. Both the nurse and the individual are affected by internal and external forces, which are dynamic.

Education

Education is an ongoing, lifelong, dynamic process of socialization resulting in increased knowledge and behavioral change in which the learner must be an active participant.

Nursing Education

Nursing education integrates the science and art of nursing with knowledge from the humanities and the biological, physical, and behavioral sciences to provide the foundation for clinical application of nursing care. Utilization of basic core knowledge permits entry and exit at different points of the nursing education continuum.

Associate Degree Nursing Education

Associate degree nursing education prepares the graduate to assume the roles of provider, manager, and member of the discipline. The associate degree nurse is able to select from a variety of nursing interventions to meet complex needs of clients who have common, recurrent problems with predictable outcomes. The graduates of the Associate Degree Nursing Program are provided an educational foundation for a variety of healthcare settings and/or for further study at the baccalaureate or masters level.

Practical Nursing Education

Practical nursing education utilizes the basic core knowledge and competencies common to all levels of nursing practice to prepare graduates who can focus on direct client care using standard nursing interventions in stable situations. Graduates function as members of the health team, performing nursing actions commensurate with their education and demonstrated competencies. The graduates of the Practical Nursing Program are provided an educational foundation that enables the career ready nurse for a variety of healthcare settings and/or further study at the associate degree level.

Learners

Learners come from diverse social and cultural backgrounds and bring a multitude of educational, work, and life experiences to the nursing program. Each student is respected as a unique individual. The faculty acknowledges individual differences when planning the educational program. Teaching is an interactive process by which the individual is motivated and assisted to learn. The faculty, as facilitators, promote a sense of inquiry and the desire for continued learning. We believe learning is observable, progressing from simple to complex, common to uncommon, and normal to abnormal. The process of learning contributes to the individual's ability to attain educational goals. The faculty is committed to educational mobility that provides learners with opportunities to meet their individual educational needs and goals. The nursing faculty shares the responsibility for the total educational curriculum and for ongoing evaluation of the program to determine its adequacy in meeting the changing health care needs of the community.

THE MISSION STATEMENT FOR THE NURSING DEPARTMENT

The Nursing Department is committed to providing quality Associate Degree Nursing and Practical Nursing Programs in an academic setting. The nursing programs provide an environment conducive to learning that fosters intellectual inquiry, is supportive of the individual learner, values diversity, encourages commitment to lifelong learning, and provides for the development of the individual student.

PURPOSE STATEMENTS FOR THE NURSING DEPARTMENT

1. Provide a learning environment with appropriate organizational structure and resources to fulfill the mission of MCC.

2. Attract and retain qualified traditional and non-traditional students from culturally diverse populations for completion of the Practical Nursing Certificate or the Associate Degree in Applied Science in Nursing.

3. Provide an environment that supports and enhances the educational program while fulfilling the individual student's learning needs.

4. Provide the student with the opportunity to develop new knowledge and skills through educational access by articulation among multiple levels of nursing education.

5. Provide an environment that holds students to be accountable for personal and professional growth through active participation in professional organizations and community activities.

OBJECTIVES OF THE PRACTICAL NURSING (PN) PROGRAM
ACCORDING TO LEVEL

LEVEL 1
First Semester

1. Identify the principles of growth and development in providing age-appropriate nursing care.

2. Recognize cultural and ethnic differences when planning care.

3. Demonstrate basic client care organized according to Maslow's hierarchy of needs throughout the health-illness continuum.

4. Describe the impact of the environment in providing care throughout the health- illness continuum.

5. State the role of the practical nurse in the health care delivery system.

6. Explain the nursing process as a framework for data collection, diagnosis, planning, implementation, and evaluation in providing client care.

7. Apply basic concepts of scientific knowledge to provide the rationale for nursing actions.

8. Utilize verbal and written skills to communicate pertinent information.

9. Discuss legal/ethical guidelines in the provision of basic nursing care.

LEVEL 2
Second and Third Semesters

1. Apply the principles of growth and development when providing age-appropriate nursing care.

2. Use cultural and ethnic data when planning nursing care.

3. Organize client-centered care according to Maslow's hierarchy of needs throughout the health-illness continuum.

4. Differentiate between internal and external environmental factors that impact the provision of care throughout the health-illness continuum.

5. Demonstrate responsibility and accountability for continued development as a professional person.

6. Analyze the effectiveness of the nursing process in the delivery of health care to clients/families throughout the life cycle.

7. Relate the principles of the arts and sciences to the provision of nursing care.

8. Demonstrate therapeutic communication techniques when interacting with clients/families and the multidisciplinary health care team.

9. Integrate ethical and legal standards into the practice of nursing.

PRACTICAL NURSING PROGRAM COMPLETION OBJECTIVES

Upon program completion, the Graduate Practical Nurse will be able to:

1. Perform the role of an entry-level practical nurse safely within the scope of the Missouri Nurse Practice Act, the Missouri State Board of Nursing Rules, HIPAA regulations and other governing agencies. Participate actively in the nursing process in patient centered care under the supervision of a Registered Professional Nurse or a person licensed by the state regulatory board to prescribe medications and treatments.

2. Patient Centered Care: Provide patient-centered care by recognizing the patient or legal representative as a partner in providing compassionate and coordinated care in accordance with their preferences, values, cultural, and spiritual needs (QSEN, 2020).

3. Teamwork and Collaboration: function effectively within nursing and inter-professional collaboration and teams. This also means shared decision making, open communication, and accept/make assignments that take into consideration patient safety and organizational policy (QSEN, 2020).

4. Safety: Assist the registered nurse with data collection and assessment, monitor the outcome of care processes and interventions used for improvement methods, and improve the safety and quality of health care systems. This includes acknowledging the value and role that technology has in error prevention and care coordination (QSEN, 2020).

5. Quality Improvement: Demonstrate effective identification and reporting of altered patient responses to therapeutic interventions and reduce patient risk through system effectiveness and individual performance (QSEN, 2020).

6. Informatics: Communicate verbally, in written formats, and electronically with inter-professional members in a timely manner to promote safe, quality patient care. This includes acknowledging the value and role that technology has in error prevention and care coordination.

7. Evidence-based Practice: Demonstrate continued competency in nursing practice through lifelong learning and self-reflection, professional journal reading, or continuing education. Value the need for continuous improvement in clinical practice through integration of best practices, from new knowledge, and current evidence-based resources (QSEN, 2020).

COURSE DESCRIPTIONS

LEVEL 1 – PRACTICAL NURSING PROGRAM

PNUR 100 – PERSONAL AND VOCATIONAL CONCEPTS
Introduction to the role of the practical nurse.

PNUR 103 – FUNDAMENTALS OF PRACTICAL NURSING
Introduction to the role of the practical nurse in the provision of basic nursing care to diverse populations across the lifespan. Clinical experiences provide knowledge and skills.

PNUR 138 – MEDICAL SURGICAL CARE OF THE ADULT PATIENT I
Introduction to concepts of medical surgical nursing with emphasis on meeting the needs of the whole client. Addressing the following body systems: respiratory, cardiovascular, urinary and renal, integumentary, and reproductive.

PNUR 110- APPLIED PHARMACOLOGY I
Introduction of basic pharmacology information for safe administration of medications by the practical nurse for the following body systems: cardiovascular, respiratory, reproductive, and immune.

LEVEL 2 – PRACTICAL NURSING PROGRAM

PNUR 128 – MENTAL HEALTH NURSING
Introduces the role of the practical nurse in caring for patients with mental illness including treatment addressing psychosocial needs.

PNUR 132 – THE CHILDBEARING FAMILY
The course is an introduction to maternity and pediatric nursing. Prenatal development, prenatal care and nursing care during labor and birth with a focus on the family after birth is integrated into the course. Nursing care using basic nursing skills in caring for the term, pre-term and post-term newborn in included in the course and clinical components. Care of the hospitalized pediatric client and health care adaptations for the child and family is taught. Common pediatric disorders, illnesses and diseases are reviewed by body systems. Medication administration and pediatric dosage calculations are incorporated. The clinical component allows the student the opportunity to further develop nursing knowledge using evidence-based practice, assessment skills, self-awareness and demonstrate competency of nursing care.

PNUR 136 – VENOUS ACCESS AND INTRAVENOUS INFUSION

Principles of IV therapy and pharmacology including the initiation, monitoring, regulation, and maintenance of an intravenous access device, site, and flow rate, administration of IV fluids, and administration of IV medications included in the scope

of practice for the practical nurse. Students will be certified in intravenous therapy as allowed by the Missouri Nurse Practice Act.

PNUR 144 – NURSING OF THE ADULT II
Continuation of medical surgical nursing with emphasis on meeting the needs of the whole client and providing the foundation for understanding identified pathophysiological disorders. Addressing the following body system: musculoskeletal, neurovascular, sensory, gastrointestinal, endocrine, and metabolic.

PNUR 146 – LEADERSHIP
Introduces leadership principles needed for the practical nurse to function in an effective manner in any setting.

PNUR 111 -- APPLIED PHARMACOLOGY II
Continuation of basic pharmacology information for safe administration of medication by the practical nurse for the following body systems: central nervous, digestive, endocrine, musculoskeletal, and drugs that affect the general health of the body.

NATIONAL FEDERATION OF LPN (NFLPN) NURSING PRACTICE STANDARDS

The National Federation of Licensed Practical Nurses, Inc. (NFLPN) is the official organization of licensed practical/vocational nurses. As such, the organization is responsible for determining the standards of practice and the ethical principles with which the group should perform. The code of ethics, revised in 1979, establishes the responsibilities for conduct in the profession.

Code of Ethics

1. Know the scope of maximum utilization of the LP/VN as specified by the nursing practice act and function within this scope.

2. Safeguard the confidential information acquired from any source about the patient.

3. Provide health care to all patients regardless of race, creed, cultural background, disease or lifestyle.

4. Uphold the highest standards in personal appearance, language, dress, and demeanor.

5. Stay informed about issues affecting the practice of nursing and delivery of health care and, where appropriate, participate in government and policy decisions.

6. Accept the responsibility for safe nursing by keeping oneself mentally and physically fit and educationally prepared to practice.

7. Accept responsibility for membership in NFLPN and participate in its efforts to maintain the established standards of nursing practice and employment policies that lead to quality patient care. The rules and statutes of the Missouri Nursing Practice Act can be found on the website: Missouri State Board of Nursing website @ http://pr.mo.gov/nursing-rules- statutes.asp

AMERICAN NURSES ASSOCIATION
PROVISIONS OF THE CODE OF ETHICS FOR NURSES

Nursing is regarded as one of the most ethical of all professions. The concern for the sick, injured, and vulnerable and the social justice in providing care for all individuals and the community are embedded in nursing practice. Nurses act to change those aspects of social structures that detract from the health and well-being of individuals, families, groups, and communities. Nurses are expected to adhere to the ideals and moral norms of the profession and to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing uses self-reflection to monitor the behavior of all members of the profession. A code of ethics makes the goals, values, and obligations of the profession explicit to societal members, both inside and outside the profession.

The following Provisions of the Code of Ethics for Nurses developed by the American Nurses Association (ANA), the official organization representing professional nurses (RNs), serves the following purposes:

- It is a succinct statement of the ethical values, obligations, duties, and professional ideals of nurses individually and collectively.
- It is the profession's non-negotiable ethical standards.
- It is an expression of nursing's own understanding of its commitment to society.

1. The nurse practices with compassion and respect for the inherent dignity, worth and unique attributes of every person.

2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.

3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

4. The nurse has the authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.

5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

6. The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to the provision of safe, quality health care.

7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

From: American Nurses Association (2015) *Code of Ethics for Nurses with Interpretive Statements.* Washington, DC: Author. The ANA Code of Ethics for Nurses can be found on the following link:
http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics.pdf

Missouri Nursing Practice Act
for Licensed Practical and Professional Nursing

A critical section of the Missouri Nursing Practice Act *(§335.011 to §335.096 RSMo 2014)* reprinted below has significant relevance to nursing students and their professional development. Students should understand that completion of the program does not guarantee eligibility to take the licensure examination. For a complete copy of The Nursing Practice Act, contact the Academic Affairs Office or access the website of Missouri State Board of Nursing @ http://pr.mo.gov/nursing-rules-statutes.asp or the Missouri statutes website @ http:moga.mo.gov/mostatutes/chapters/chapText335.html.

Section 335.066 is reprinted here from The Nursing Practice Act:

§335.066 Denial, revocation, or suspension of license, grounds for -

1. The board may refuse to issue or reinstate any certificate of registration or authority, permit or license required pursuant to chapter 335 for one or any combination of causes stated in subsection 2 of this section or the board may, as a condition to issuing or reinstating any such permit or license, require a person to submit himself or herself for identification, intervention, treatment, or rehabilitation by the impaired nurse program as provided in section 335.067. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate of registration or authority, permit or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:

(1) Use or unlawful possession of any controlled substance, as defined in chapter 195, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by sections 335.011 to 335.096;

(2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated pursuant to sections 335.011 to 335.096, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to sections 335.011 to 335.096 or in obtaining permission to take any examination given or required pursuant to sections 335.011 to 335.096;

(4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;

(5) Incompetency, gross negligence, or repeated negligence in the performance of the functions or duties of any profession licensed or regulated by chapter 335. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;

(6) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by this chapter, including, but not limited to, the following:

(a) Willfully and continually overcharging or over treating patients; or charging for visits which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records;

(b) Attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation;

(c) Willfully and continually performing inappropriate or unnecessary treatment, diagnostic tests, or nursing services;

(d) Delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience, or licensure to perform such responsibilities;

(e) Performing nursing services beyond the authorized scope of practice for which the individual is licensed in this state;

(f) Exercising influence within a nurse-patient relationship for purposes of engaging a patient in sexual activity;

(g) Being listed on any state or federal sexual offender registry;

(h) Failure of any applicant or licensee to cooperate with the board during any investigation;

(i) Failure to comply with any subpoena or subpoena duces tecum from the board or an order of the board;

(j) Failure to timely pay license renewal fees specified in this chapter;

(k) Violating a probation agreement, order, or other settlement agreement with this board or any other licensing agency;

(l) Failing to inform the board of the nurse's current residence;

(m) Any other conduct that is unethical or unprofessional involving a minor;

(7) Violation of, or assisting or enabling any person to violate, any provision of sections 335.011 to 335.096, or of any lawful rule or regulation adopted pursuant to sections 335.011 to 335.096;

(8) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;

(9) Disciplinary action against the holder of a license or other right to practice any profession regulated by sections 335.011 to 335.096 granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;

(10) A person is finally adjudged insane or incompetent by a court of competent jurisdiction;

(11) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by sections 335.011 to 335.096 who is not registered and currently eligible to practice pursuant to sections 335.011 to 335.096;

(12) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;

(13) Violation of any professional trust or confidence;

(14) Use of any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;

(15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;

(16) Placement on an employee disqualification list or other related restriction or finding pertaining to employment within a health-related profession issued by any state or federal government or agency following final disposition by such state or federal government or agency;

(17) Failure to successfully complete the impaired nurse program;

(18) Knowingly making or causing to be made a false statement or misrepresentation of a material fact, with intent to defraud, for payment pursuant to the provisions of chapter 208 or chapter 630, or for payment from Title XVIII or Title XIX of the federal Medicare program;

(19) Failure or refusal to properly guard against contagious, infectious, or communicable diseases or the spread thereof; maintaining an unsanitary office or performing professional services under unsanitary conditions; or failure to report the existence of an unsanitary condition in the office of a physician or in any health care facility to the board, in writing, within thirty days after the discovery thereof;

Source: *§335.066 RSMo 2014.*

CODE OF ACADEMIC AND CLINICAL PROFESSIONAL CONDUCT

As a Metropolitan Community College student in the Nursing Programs, I will:

1. Actively promote and encourage the highest level of legal and ethical principles in academic and clinical situations.

2. Strive for excellence in all aspects of academic and clinical performance.

3. Promote life-long learning and constantly strive to improve the quality of nursing care.

4. Maintain and promote integrity, truthfulness, and honor in the performance of all academic and clinical responsibilities.

5. Treat others with respect in all areas of the clinical and academic setting.

6. Promote an environment in the classroom and clinical setting that facilitates learning.

7. Cooperate with the academic and clinical facility and clinical staff to ensure the highest quality of patient/client care and use every opportunity to improve faculty and clinical staff understanding of the learning needs of nursing students.

8. Advocate for the rights of all patients/clients.

9. Provide care to clients in a compassionate, considerate, knowledgeable, safe, and professional manner.

10. Refrain from performing any technique or procedure, including medication administration, for which you were not trained or prepared by education and experience and without faculty or preceptor approval.

11. Accept the ethical, professional, and legal responsibility for my actions.

12. Uphold a professional image and reputation as an MCC-Penn Nursing Student by supporting the mission, vision, and core values of the Nursing Program in postings on social networking sites. Be cognizant that all social networking sites are public domain and be mindful of confidentiality and understand that what you as a student post can have legal, professional, and/or employment ramifications.

13. Refrain from misrepresenting your position as a nursing student.

14. Refrain from any action or omission of care on campus or in the clinical setting that creates unnecessary risk of injury to self or others.

15. Hold in confidence any information regarding patient care as designated by HIPAA.

16. Avoid unauthorized duplication of the patient/client's medical record:

   - Don't remove any medical records from the clinical sites
   - All notes and copies of documents made by the student must be shredded before leaving the clinical facilities.

17. Serve all patients/clients impartially and accept no personal compensation from those entrusted to my care as a nursing student.

18. Always communicate academic and clinical information in a truthful and accurate manner.

19. Refuse to engage in unauthorized research.

20. Abstain from the use of alcoholic beverages, narcotics, or illicit/controlled substances in the academic and clinical setting.

21. Cooperate with authorities in the identification of those in violation of the Code of Academic and Clinical Professional Conduct.

22. Uphold school policies and regulations related to this Code of Academic and Clinical Professional Conduct, including the MCC policies, Code of Student Conduct and Student Discrimination and Harassment, which contain student disciplinary and grievance procedures.

23. Maintain compliance on all immunization and other clinical requirements of the placement facility.

STUDENT BEHAVIOR ADDITIONAL GUIDELINES

Nursing students must also follow additional guidelines and procedures specific to the nursing program in order to meet clinical agency policies and to increase the potential for student success on the licensure exam.

1. No smoking is allowed in any MCC building, on college grounds, or in facilities where MCC instruction occurs. Students who violate the no smoking policy will be subject to the Code of Student Conduct. For assistance with smoking cessation, contact The Missouri Tobacco Quit Line, 1-800-784-8669 or
www.tobaccofreenurses.org.

2. Eating in classrooms is not permitted; only water in sealed containers may be brought to the classrooms.

3. During clinical hours, students must remain at the clinical facility for the duration of the clinical experience.

4. Disruptive and/or unruly behavior is inconsistent with the college's code of conduct and the dedication to learning that must be present for student success; such behavior will not be tolerated.

5. Cell phones and smart devices in all educational settings, including, but not limited to, classrooms, clinical, Virtual Hospital, skills labs, and computer labs, are not allowed. The phone is to be left in the student's bag or backpack and accessed only during breaks. The phone must be placed in "Silent" mode in all educational settings as defined above. Texting is not allowed during class or any designated clinical time. Cells phones and pagers are not to be accessed during testing, and all personal items must be placed in a designated area and cannot be accessed until all students complete test. Students are prohibited from posting any kind of patient or organizational information on social networking sites. Examples include, but are not limited to, LinkedIn, Facebook, Twitter, YouTube, TikTok, and Instagram. If a violation of this policy occurs, the student will be removed from the program.

6. Children are not allowed in the HSI building or any clinical site while the nursing student is involved in learning activities.

7. Students will not be allowed to accept visitors to the clinical site during the assigned clinical times.

8. Students are expected to be prepared for class and clinical experiences. Pens, notebooks, textbooks, and assigned objectives are necessary equipment for success

in the classroom. Clinical supplies ensure safe patient care. The student is expected to complete all assignments PRIOR to the time that class or clinical experience starts.

9. Profanity is unprofessional language and will not be tolerated.

10. No illegal/illicit activities.

11. Treat others with respect, regarding the feelings, wishes, and rights of others, accepting people as they are (being polite and kind always), in all areas of the clinical, campus, and academic setting and expect respect in return.

12. Maintain a professional image and reputation as an MCC-Nursing student by supporting the mission, vision, and core values of the Nursing Program. Review your handbook regarding professional image.

13. Maintain OSHA standards in clinical settings.

14. Maintain personal boundaries in all settings related to MCC, which includes self- disclosure that interferes with the learning environment of others in an educational setting.

15. Insubordination will not be allowed in any learning environment within the MCC Nursing Program. Insubordination is defined as: defiance of authority; disrespect or harassment that is directed toward a superior, including, but not limited to staff, instructor, faculty, clinical site, and hospital personnel.

16. Late arrival or early departure from clinical, lecture, or virtual hospital experiences will negatively impact your grade, which will impact your financial aid. (See attendance and tardy policy in this handbook)

17. Students whose questions cannot be satisfied within time constraints set by the faculty in class will be directed to meet with the faculty member privately to preserve the class-learning environment and to support the questioning student.

18. Communication through the use of social media, whether supported by the college or non-affiliated, will be bound by the MCC Code of Student Conduct and MCC Social Media policy if it impacts the learning environment of other students.

19. Student grievance and disciplinary procedures can be found in the Code of Student Conduct and the Student Discrimination and Harassment policy.

STATEMENT OF SAFE PRACTICE

It is the goal and intent of health care agencies to do all that is reasonable to provide a safe and healthy environment. Active cooperation and commitment at all levels are necessary ingredients in attaining and maintaining this goal.

Safety Philosophy
Safety should always be considered a priority because priorities are shifted around as the institution demands. Rather, safety should be considered a value associated with every one of the activities in a work routine. Regardless of work priorities or employer demands on a particular day, safe practices should occur. Safety should become an aspect of each routine that is never questioned, never compromised.

Excerpt from Collegiate Nurse Educators of Greater Kansas City; Kansas City Area Nurse Executives, Copyright 2014.

The student is accountable to the client, client's family, Division of Nursing, MCC-Penn Valley, MCC Code of Student Conduct, the clinical agency, the State Nurse Practice Act, Code of Ethics, Code of Academic and Clinical Professional Conduct and professional standards of practice.

Society holds nursing students to the same standards of practice as any reasonably prudent professional nurse. Students are granted the privilege of practicing professional nursing under the supervision of a licensed faculty member who is licensed in the state of Missouri.

Students are expected to uphold the duty of care and not expose clients to unnecessary risks. A safe practitioner knows limitations and functions within his/her scope of practice.

Unsafe nursing practice is any act of omission or commission that could lead to harm or jeopardize the safety or well-being of the client. Any practice that does not conform to what a reasonable and prudent nurse in the same situation would do is considered unsafe.

National Patient Safety Goals

Most clinical agencies are under the jurisdiction for safe practice as set forth by their accrediting body, The Joint Commission (TJC), previously known as the Joint Commission of the Accreditation of Hospital Organizations (JCAHO). JCAHO has identified national patient safety goals. It is the student's responsibility to understand how these recommendations are being implemented in clinical settings, as they relate to his/her role as a student. Please, see Joint commission (https://www.jointcommission.org/) site for most up to date list.

GRADING

1. The grading policy of the Nursing Program meets the expectations of the State Board of Nursing and is specific to the Nursing Program. The Practical Nursing Program utilizes weighted grades and the percentages vary based upon the academic level of the student to help demonstrate progression of a safe, competent nursing student.

   Level one categories and percentages are as follows:

   Assignments: 10%
   Quiz/Project: 20%
   Exams: 55%
   Final Exam: 15%

   Level two categories and percentages are as follows (which applies to the combined summer course and final semester depending on the layout for the students' academic plan):

   Assignments: 5%
   Quiz/Project: 15%
   Exams: 65%
   Final Exam: 15%

A = 93-100
B = 86-92
C = 80-85
D = 70-79
F = 69 or below

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2. For courses with both a theory and clinical component, students must achieve a "C" average (80%) in the theory portion and complete the clinical portion of the course with a satisfactory evaluation.

3. Clinical practicum is graded either "satisfactory" or "unsatisfactory." The student must attain a satisfactory rating on all elements of the clinical evaluation tool.

4. Students will receive an unsatisfactory for the clinical practicum if an unsatisfactory rating is received on any element of the clinical evaluation tool.

5. Students failing (with a "D" or "F") to achieve a minimum "C" for the theory or a satisfactory for the clinical component must repeat both portions of the course.

6. When a student is unsuccessful (with a "D" or "F") in a course, that course must be repeated prior to progression to other courses. Re-enrollment for a repeated course is contingent upon the space available and only after a remediation plan has been established between the program coordinator, Dean of Health Sciences, and the student. Students must complete all courses before being allowed to move to the next level of courses within the curriculum. Students will also not be allowed to combine any different levels of nursing courses whether a prerequisite is required or not.

7. A failure in a second course will result in dismissal from the program, and the student will not be eligible for re-admission within the Practical Nursing program.

8. Students must complete and pass a dosage calculations exam during PNUR103 Fundamentals with a minimum of an 80% on the first attempt. Any student that fails to meet this expectation will be required to remediate with the course instructor and Program coordinator. After this remediation is complete, a second dosage calculations exam will be administered and the student must successfully pass the second attempt with a minimum of 86% in order to continue within the course.

9. Students must complete and pass an IV dosage calculations exam during PNUR136 Intravenous Therapy with a minimum of an 86% on the first attempt. Any student that fails to meet this expectation will not be able to continue within the course.

10. **NO extra credit will be offered outside of the grading. No rounding of grades will occur for any test, quiz, or any other assignments including the final grade.**

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TESTING

1. Upon arriving to the testing area, all personal belongs including cell phones, smart watches, ear pods, jackets, coats, hats, and book bags must be placed in the back of the room.

2. Students are expected to take tests as scheduled. Students are responsible for contacting the instructor thirty (30) minutes prior to missing a scheduled test. Failure to do so will result in a zero (0) for the test. In case of severe emergency, ie hospitalization or accident, proper documentation must be presented prior to taking the exam and only after approval from the program coordinator.

3. Make-up tests may be constructed in any format, such as written, essay, or oral, and may differ from the originally scheduled exam. Tests are expected to be completed prior to the end of the next scheduled class day.

4. Students failing to make up a test as scheduled will receive a zero (0) for the test.

5. The student will have ten (10) percent deducted from the full test point value (example: a test worth 50 points would have a 5 point deduction) for the first occurrence of a missed or late exam regardless of the circumstance. For any subsequent absences or tardies for exams during the course, the student will not be allowed to take the exam and will be given zero (0) points for the exam.

6. Students requiring testing accommodations must provide each instructor documentation of the accommodation. Exams and quizzes will be administered on the same day as scheduled and may be in an alternate location.

7. Students **may not** enter the testing area starting more than 10 minutes after the exam begins. There will be a ten (10) percent penalty for late entry after the test is scheduled to have begun. Example – if a test is scheduled for 8:30, student may not enter after 8:40. Students who enter between 8:31 and 8:40 will be allowed to test with an automatic ten (10) percent penalty. Any student greater than ten (10) minutes late to the exam will be considered absent for the exam and will need to reschedule and complete a make-up exam with the instructor prior to the end of the next scheduled class day.

8. Students will not be allowed to make up any quizzes.

9. The final grade for the course must be an 80% average overall between all categories (including ATI points and all other course points).

10. Final grades of less than absolute 80% will not be rounded up. If the average is, 79.9%, the course grade will be a "D."

11. Students who want to review the quiz or test must make an appointment with the faculty during office hours to meet before the next quiz or test.

12. Students found with cell phones, smart watches or any other devices in their possession during an exam will receive a zero for the exam and will be removed from the testing area. (The college district guidelines for cheating will apply).

13. A comprehensive final exam is given in every nursing course. All students must take the final exam, even if their total grade is below 80% passing at the time of the final.

ATI-STUDENT ASSESSMENT

Additional Grading Information: This program utilizes the supplemental products from ATI. There will be routine assignments including video case studies, quizzes, practice tests, and proctored exams. There are typically points allotted for these assignments and students are encouraged to perform to the best of their ability. Points are typically given based upon performance. Remediation is required with all practice tests and can vary upon your performance. See each instructor's syllabus for specific course-related details and rubrics.

GRADING RUBRIC

ATI Practice Assessment(s)			
4 points			
Complete Practice Assessment A. *Remediation:* *• Minimum 1-hour Focused Review on initial attempt* *• For each topic missed, complete an active learning template as part of the required remediation process.** *Take Post Study Quiz (if available)** and complete an active learning template for each topic missed.*		*Complete Practice Assessment B.* *Remediation:* *• Minimum 1-hour Focused Review on initial attempt* *• For each topic missed, complete an active learning template as part of the required remediation process.** *Take Post Study Quiz (if available)** and complete an active learning template for each topic missed.*	
ATI Proctored Assessment			
Level 3= 4 points	Level 2=3 points	Level 1=2 points	Below level 1=1 points
Remediation = 2 points: *• Minimum 1-hour Focused Review • For each topic missed, complete an active learning template as part of the required remediation process.**	*Remediation = 2 points:* *• Minimum 2-hour Focused Review • For each topic missed, complete an active learning template as part of the required remediation process.**	*Remediation = 2 points:* *• Minimum 3-hour Focused Review • For each topic missed, complete an active learning template as part of the required remediation process.**	*Remediation = 2 points:* *• Minimum 4-hour Focused Review • For each topic missed, complete an active learning template as part of the required remediation process.**
Proctored Assessment Retake***			
No retake required	No retake required	Retake required	Retake required
* Handwritten ALTs are preferred. *** Post-study quiz questions may be provided to a student based on specific student knowledge gaps. (Major Content Areas 75% or less. 0 to 50 items possible for additional remediation). If no quiz is generated, faculty may choose one of the alternative remediations methods listed on page 5.* **** If the program requires a retake of a Proctored Assessment and a student meets the program benchmark on the retake, that student can earn an additional point (for example, a Level 1 student can now earn 8points).*			

At the end of the course work for the program there is a comprehensive live review and all students are expected to attend the entire session.

EVALUATION/PROGRESSION

1. Written evaluations are done at intervals during clinical and throughout the courses for all students.

2. To progress to the next semester, the student must have completed all required courses for that level of the curriculum within the current semester and with a minimum grade of "C."

3. Progression of students is also dependent upon the successful completion of course and clinical competencies and objectives including successful dosage calculations exams in PNUR 103 and PNUR 136.

ATTENDANCE

All communication for any attendance, class, simulation, clinical, or instruction must be conducted on your MCC email.

Communication through text, Canvas messaging, or through a classmate is unacceptable and results in an automatic absence.

The program coordinator and the Dean of Health Sciences will review submitted documentation for consideration.

Attendance/Clinical

1. Attendance at all clinical activities, including simulation and orientation to the clinical institution/area, is mandatory. Should an absence be unavoidable, the student will report the absence consistent with the procedure outlined during the clinical site/area orientation. It is the student's responsibility to be aware of the procedure for reporting absences to the clinical instructor and to report the absence prior to its occurrence. Should an absence be unavoidable, the student will be subject to written and verbal counseling (written warning) and a remediation plan for successful course completion. A second absence will result in an unsatisfactory clinical evaluation and failure of the course. The absence is subject to validation and make-up will entail written and/or clinical assignments at the discretion of the clinical instructor.

2. Simulation absence: simulation is a fully immersive experience, it is important that students are on time and present for all portions of a scheduled simulation activity. Failure to be on time will prevent the student from being allowed to participate in the simulation. This will result in a clinical absence for the student and issuance of a clinical probation. The missed time will be made up by either rescheduling of the student's time in simulation or a make-up assignment based on the discretion of the instructor.

3. Absence due to a documented prolonged illness or hospitalization (more than one day) with physician documentation must be reported to the program coordinator and Dean of Health Science for review on an individual basis.

4. Students should also be aware that funding by various agencies may be contingent upon attendance and that students on financial aid may have their eligibility for financial aid impacted by poor attendance.

5. Each clinical day counts as an individual absence for the course in which has that clinical activity. Students must attend the entire clinical session in order for the day to be counted as completed. If a student leaves early, it will be a clinical absence.

6. Student may be asked to travel as far as 60 miles one way for clinical. Once clinical assignments are made, they will not be changed. Students must have their own transportation to successfully complete the program required clinical education.

Tardiness and "No Call, No Show"/Clinical

If the student will be tardy for the clinical experience, the student must notify the instructor through MCC email or by phone call prior to the scheduled start time for the clinical activity. Communication through text, Canvas messaging, or through a classmate is unacceptable and results in an automatic absence.

1. A **first tardy** with prior notification to the instructor before the scheduled start of the clinical activity during the same clinical course will result in the student being given an verbal warning and the tardy noted on the clinical evaluation form.

2. A **second tardy** with prior notification to the instructor before the scheduled start of the clinical activity during the same clinical course will result in the student receiving written and verbal counseling (written warning) and a remediation plan for successful course completion.

3. A **third tardy** with prior notification to the instructor before the scheduled start of the clinical activity during the same clinical course will result in a failure of the clinical rotation based on unprofessional practice.

If the student fails notify the instructor prior to the tardy and/or arrives more than fifteen (15) minutes late, the tardy will be considered a "no call, no show" and recorded as an absence, and the student will receive written and verbal counseling (written warning) and a remediation plan for successful course completion. A second offense of "no call, no show" will result in automatic failure of the course.

Classroom Absence

1. A **first absence** from classroom lecture will result in the student receiving a verbal warning, and the absence will be noted in the roster.

2. A **second absence** from classroom lecture will result in the student receiving written and verbal counseling (written warning) and remediation plan for successful course completion.

3. A **third absence** from classroom lecture will result in a failure of the course.

Classroom Tardiness

1. In the event of tardiness to lecture at the beginning of class or following a break, students are asked to refrain from entering the classroom until the next break in lecture without exception. Regular breaks are given throughout each hour of lecture; therefore, students are expected to remain in the classroom for the entire lecture period until a break is given.
2. Should a student need to leave during lecture, please do not return to the classroom until the next break. It is disruptive to the learning process for a student to enter and leave the classroom while lecture is taking place.
3. There are no more than three tardies allowed per course per semester.
    1. The first tardy will result in a verbal warning from instructor.
    2. 2nd tardy will result in a written (email) warning from instructor.
    3. 3rd and subsequent tardies will result and be equal to one absence in the class.

Inclement Weather/Campus Closure for Class and Clinical

During inclement weather conditions or other campus closures,

students are to be guided by the following:

1. In the event of a campus-wide announcement that school is closed, there will be no classes or clinical experiences.

2. If the student arrives at the clinical site, after the campus-wide announcement, the instructors will be notified of the closure and will dismiss the students.

3. If the campus issues a late start, clinical will be canceled at the discretion of the clinical coordinator and respective program coordinator(s) and an alternative assignment will be given.

WITHDRAWAL

1.   Withdrawal from nursing courses for personal reasons may be made without penalty with the coordinator's approval. The student has one (1) semester to re-enroll in the program once they withdraw. Request for re-enrollment into the program must be done in writing if the student plans to return. Re-enrollment will be on a space-available basis. Students who intend to re-enroll (including medical withdrawals) in the program must send a letter of intent to request a seat in any course they have withdrawn from by the third business day after the district official day to withdraw without assessment.

2.   If a student withdraws from the program and does not re-enroll the next semester, the student must reapply for admission to the program.

3.   One (1) withdrawal is allowed within the total Practical nursing curriculum. MCC's policy is that the student will receive a "W" designation if the withdrawal occurs before MCC's "last day to withdraw without assessment" or an "F" grade if the student withdraws after that deadline. A second failure of a nursing course, or a second withdrawal from a nursing course will result in dismissal from the Practical Nursing Program and making the student ineligible for re-entry into the Practical Nursing program.

RE-ENROLLMENT

For a student who has taken an approved leave from the program, the following must be satisfied prior to the start of the semester in which the student is returning:

- All other CNE requirements, as applicable.
- Student must maintain compliance during withdrawal period.

VERBAL AND WRITTEN COUNSELING

The Practical Nursing Program utilizes an early alert system. Students may be placed on "Early Alert" at any time during the program in an effort to increase student success. The early alert may involve counseling. There are four types of counseling: Academic, Clinical, Attendance, and Conduct.

1. If the student's academic average falls below 80% (cumulative) at any time during a nursing course, that student is placed on academic counseling and given a remediation plan for successful course completion. Satisfactory completion of the course nullifies the probation. In order to continue with the prescribed order of courses in the Nursing Program, the student must complete the course with a "C" or better.

2. Students are expected to follow the Code of Student Conduct as set forth in the academic policies of the Metropolitan Community College and the Nursing Program's Code of Academic and Clinical Professional Conduct and rules for Student Behavior. Non-course related or Conduct counseling may be initiated for lack of compliance with any of those stated standards. Grounds for non-course related probation shall include, but not be limited to, the following:
   a. disruptive behavior;
   b. illicit activities; and/or
   c. dishonest behavior.

3. Clinical counseling may be initiated at any time during a course. Grounds for clinical counseling for students shall include, but not be limited to, the following:
   a. insubordination;
   b. conduct potentially detrimental to the safety of clients, clinical facilities staff, college faculty or staff, or other students;
   c. unsatisfactory clinical performance as determined by college faculty;
   d. attendance related, and/or.
   e. violation of the Code of Student Conduct.

4. Once a student is placed on written counseling, the student will receive a written or email notice addressing the issue and be given an improvement plan indicating the deficiency (ies) needing to be improved. If a second probation is merited for the same clinical deficiency in the same clinical rotation, the student's performance is deemed unsatisfactory and will result in the failure of the clinical portion of the course and the theory portion of the course. The student will no longer be eligible to sit in the course unless an active grievance is in progress. If the student chooses to grieve the failure, an email must be sent within five days of the failure to the program coordinator. While the grievance is in progress, the student must remain in class until the grievance is complete.

5. The student remains on written counseling for the duration of the course in which it was given. Successful completion of the clinical and didactic portion of the course removes the student from written counseling.

6. A student reporting to class or clinical whose behavior indicates potential impairment from alcohol and/or drugs will be suspended pending review by the program coordinator and Dean(s).

DISMISSAL

1. In addition to grounds specified in the Code of Student Conduct, grounds for dismissal shall also include, but not be limited to:

    a.   Failure to provide safe nursing care;
    b.   Failing any second nursing course or a second failure in the same course;
    c.   Failing two (2) nursing courses in a given semester
    d.   Non-course related written counseling a second time; and/or
    e.   Cheating, plagiarism (including the use of AI), and/or academic dishonesty
    f.   Failure of both RNUR 126 and RNUR 131 from the ADN program will disqualify admission into the PN program.
    g.   Two failures within the Practical Nursing program disqualifies a student for admission into the ADN program
    h.   In the PN program, upon failure of a course, remediation is required in order to re-enroll. (Completion date will be assigned by program coordinator). Failure to complete remediation will result in dismissal from the program.
    i.   Eligibility to enter the PN program after being unsuccessful in the ADN program will be based on application, acceptance to the program, and a remediation plan in place with program coordinator.

DRUG FREE WORKPLACE, CAMPUS AND COMMUNITY

Drug Screen Policy

MCC is committed to maintaining high standards in all programs, including its Allied Health and Nursing Education and Practice programs. Safe practice requires efficient, reliable and unimpaired student performance at all times, including in the classroom and clinical settings. Students are required to perform all education related activities in appropriate mental and physical condition. Being under the influence of illegal drugs or alcohol is not only in violation of MCC's Code of Student Conduct, but it also poses serious safety and health risks to the user and to all persons who come in contact with them.

As discussed below, clinical affiliation sites may require students to complete drug screening before they will be placed in the clinical setting and some clinical sites may also require drug screening, with or without cause, during the course of the clinical placement.

As provided below, you may also be asked to complete a drug test according to individual program requirements and/or MCC policy. MCC has adopted the Federal Drug-Free Workplace Act of 1988 and Drug-Free Schools and Communities Act Amendments of 1989. The Code of Student Conduct imposes disciplinary sanctions for the use, possession or distribution of alcoholic beverages and the illegal use, possession or distribution of drugs and controlled substances on MCC premises or at any MCC sponsored activity. A positive drug test may cause you to be excluded from all clinical sites and may also preclude taking state licensure examinations.

Clinical Site Testing, Sanctions and Cost

As noted above, in addition to potential sanctions, clinical sites impose their own requirements for drug and alcohol testing. Clinical facilities are, like MCC, committed to providing a safe environment in order to protect their patients, residents, employees and visitors, to provide the highest level of service and to minimize the potential for accidents and injuries. Therefore, all of the clinical contracts between MCC and the hospitals, clinics, and other clinical sites and facilities at which MCC places its students for clinical rotations mandate that MCC nursing students complete and pass a drug screen prior to being admitted into the facility for clinical rotations. Other clinical sites require random drug and/or alcohol screening for nursing students.

Apart from a student's internal due process rights, which, as noted above, address the rights of the student in relation to MCC sanctions, the refusal of a student to submit to a clinical site's initial drug screen or to random testing may result in the student's inability to do or to conclude clinical training at the clinical site. Likewise, a positive test will result in the student's immediate removal from the clinical site.

The cost for a drug screen may be covered by the clinical facility. If not, the student is responsible for the cost.

VIRTUAL HOSPITAL

1. **As a component of clinical experience**, most clinical nursing courses have simulation experiences in the Virtual Hospital at HSI.

2. Each course with simulation assigned schedules its own scenarios, as appropriate to the course.

3. Participation in the Virtual Hospital is required, and the expectations for performance in the Virtual Hospital are the same as for all other clinical experiences, including but not limited to maintaining compliance with immunizations and other CNE requirements.

4. Failure to meet expectations for the Virtual Hospital results in the same consequences as required for any other clinical experience. Feedback from the Virtual Hospital faculty may be included in the clinical evaluation for the course.

5. Requirements and expectations for student participation in the Virtual Hospital:

    a. Virtual Hospital experiences may have required assignments to be completed prior to the learning activity. This is considered preparation for clinical and is necessary in order for the simulation to be a valuable learning experience.
    b. Students arriving unprepared for the Virtual Hospital experience or with assignments incomplete will be sent home, placed on probation, and given a make-up assignment that may or may not be completed in the Virtual Hospital.
    c. All students will be required to sign a Virtual Hospital confidentiality statement prior to participating in simulation scenarios.
    d. A breach of confidentiality as defined in the statement will result in the student being placed on clinical probation; a second breach of the defined confidentiality will result in clinical failure.
    e. All students participating in Virtual Hospital activities will follow the Student Dress Code as defined in the Nursing Programs Student Handbook.
    f. Students are required to bring all tools necessary for a day of patient care; i.e. stethoscope, penlight, etc.
    g. Arriving for the activities in the Virtual Hospital without appropriate attire or without necessary patient care equipment will result in the student being sent home, being placed on probation, and subject to make-up activities as designated by the instructor.
    h. A "no call, no show" absence to a Virtual Hospital experience will result in the student being placed on probation and given a make-up assignment, as designated by the faculty. (See Attendance)
    i. Simulation is a fully immersive experience, it is important that students are on time and present for all portions of a scheduled simulation activity. Failure to be on time will prevent the student from being allowed to participate in the simulation. **This will result in a clinical absence for the student and**

issuance of a clinical written counseling. The missed time will be made up by either rescheduling of the student's time in simulation or a make-up assignment based on the discretion of the instructor. (See Attendance)

j. Only bottled water allowed into the Virtual Hospital.

k. Cell phones in the Virtual Hospital are allowed for security access within the computer only. Texting is not allowed during any designated clinical time. Cell phones and pagers are not to be accessed and all personal items must be placed in a designated area and cannot be accessed until clinical experience is completed for the day. Failure to comply will result in the student being placed on clinical probation.

l. The Virtual Hospital is a clinical setting. Professional behavior is expected from the students participating in the Virtual Hospital. Failure to practice professional behavior during the simulation experience will result in the student being placed on clinical probation.

m. The student is expected to provide patient care during the simulation as if they are a licensed professional caring for the patient.

n. Standard precautions are used just as they would be in the health care facility.

BASIC LIFE SUPPORT (BLS) CERTIFICATION

Students must obtain Basic Life Support Certification in a course for Health Care Providers from the AHA, to include adult (one- and two-person), infant (one-person), and child (one- and two-person).

Students must remain BLS certified throughout the nursing program. Evidence of current certification for professional/health care providers must be provided at the beginning of each clinical lab course and must be valid. **Only BLS certification with AED from the <u>American Heart Association</u> is acceptable.**

HEALTH DOCUMENTATION

All CNE requirements must be completed prior to enrollment. Student who fail to complete CNE compliance will be sent home from clinicals and place on probation. If a student remains out of compliance prior to the second clinical day, they will receive a clinical failure for the course

All Nursing students are required to provide **up-to-date** official documentation of the following. *Students must maintain complete and current health information on file with online clinical tools. Additionally, students are required to maintain paper copies of their documents in folder and keep on their person.*

1. Chickenpox (varicella) – positive IgG titer or two (2) immunizations

2. TB screening on admission and annual TB testing for those having routine annual Screenings, or a 2-step TB screening on admission and then annual TB testing for those who have never been screened

3. Series of three (3) Hepatitis B vaccinations and positive antibody titer or signed waiver

4. Tetanus-Diphtheria acellular– Pertussis; cannot be over ten (10) years old

5. Measles, Mumps, Rubella – positive IgG titer/s or two (2) immunizations

6. Copy of health insurance card or waiver

7. Color blindness screening information will be given out during CNE requirements.

7. Chest X-ray; on admission, only for those students who have a positive TB test; annual TB assessment
8. Covid vaccination

Students are advised to keep copies of all health information for their personal records. This information is subject to HIPAA regulations.

All immunization and related clinical requirements (including Basic Life Support (BLS), background check and drug screen) must be completed prior to program enrollment and uploaded to and cleared by Clinical Student. Students who fail to complete/maintain compliance will not be permitted to attend clinical(s) (including participation in virtual Hospital, and other clinical related activities such as health for flu clinics, etc.) and will be placed on probation. If a student remains out of compliance prior to the second clinical day, student will receive a clinical failure.

Additionally, students who fail to maintain compliance after completion of their clinical rotation(s), will receive an enrollment hold placed on their student account for the upcoming semester. Since most organizations have an organizational compliance plan and are required to adhere to all federal, state, local laws and regulations, students are responsible for maintaining compliance via Clinical Student or other designated online

tool throughout the duration of the program. In the event the clinical partner is audited or receives an accreditation site visit from a regulating body of authority, MCC and its students must be positioned to respond to all partner requests for information within 24 hours.

HOSPITAL COMPETENCY EXAM

The student will be required to complete the KCANE Hospital Competency Exam each calendar year with a minimum score of 90%, posted on Course Site, the online learning tool available in each nursing class.

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MEDICAL EMERGENCIES AT MCC-PENN VALLEY/HSI

1. Notification

   NON-EMERGENCIES –

   If the injury/illness is non-emergency, not life threatening, but does require prompt medical attention:

   a. Contact the MCC Police Dispatch at 604-1111 and the MCC police will provide assistance.
   b. MCC Police will arrange for the ill/injured party to be transported to the nearest emergency medical facility for treatment, if required, and at the student/visitor's discretion.

   EMERGENCIES-

   If this is a medical emergency requiring immediate attention, call 911.
   MCC police department must be notified. Please call Police Dispatch at 816 604- 1200.

2. Be prepared to provide

   a. Exact location of injured person
   b. Type of injury or illness

MEDICAL EMERGENCIES AT CLINICAL SITE

In the event of a medical emergency at the clinical site, notify the clinical instructor, course instructor, program coordinator, and the clinical coordinator. The instructor will follow that facility's emergency situation policy and/or have the student taken to the emergency room. Students are required to either have their own health insurance or a signed waiver stating that they are responsible for any medical costs as a result of any illness or injury incurred at the clinical site. Documentation of the incident for both the college and the clinical facility will be completed.

ILLNESS AND INJURY

The student is responsible for any expenses incurred due to a medical emergency involving illness or injury, including transportation to a medical facility.

GUIDELINES FOR PROTECTING THE HEALTH CARE WORKER

We feel it is of utmost importance to your safety and the safety of your client that you are aware of the following precautions to exercise when dealing with blood and body fluids. As outlined by the Centers for Disease Control, standard precautions should be used in the care of ALL patients, especially including those in emergency care settings in which the risk of blood exposure is increased.

We strongly recommend that you receive the Hepatitis B vaccine, which would be at your own expense.

1. Use Personal Protective Equipment (PPE) as facility protocol.

2. To minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.

3. Health care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

4. Pregnant health care workers are not known to be at greater risk of contracting HIV infection than health care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission. Implementation of universal blood and body fluid precautions for ALL patients eliminates the need for use of the isolation category of "Blood and Body Fluid Precautions" previously recommended by CDC for patients known or suspected to be infected with blood borne pathogens. Isolation precautions (e.g., enteric, Airborne/AFB) should be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

5. Must be fit tested at specific clinical sites.

Post-Exposure Procedure (PEP)

Either of the following exposures could put a student at risk of HIV infection if the exposure involves blood, tissue, or other body fluids containing visible blood:

- Percutaneous injury (e.g., a needlestick or cut with a sharp object)
- Contact with mucous membrane or non-intact skin (e.g., exposed skin that is chapped, abraded, or affected by dermatitis)

After occupational HIV exposure, a short-term course of ARV drugs (e.g., one month) may be used to reduce the likelihood of infection. This is referred to as post-exposure prophylaxis (PEP), and is a key part of a comprehensive universal precautions strategy during clinical placements.

In healthcare settings, the occupational risk of becoming HIV-infected due to a needlestick is low (less than 1%). Most cases involve injuries from needles or sharps that have been used on a patient who is HIV-infected. The risk of HIV transmission from exposure to infected fluids or tissues is believed to be lower than from exposure to infected blood.

Guidelines for providing PEP

Healthcare workers shall report occupational exposure to HIV immediately after it occurs. Early rapid testing of the source patient (the patient involved in the incident) can help determine the need for PEP—and may avert the unnecessary use of ARV drugs, which may have adverse side effects. If necessary, **PEP should begin as soon as possible after exposure, <u>ideally within 2 hours</u>.** Currently, there is no single approved PEP regimen; however, dual or triple drug therapy is recommended and believed to be more effective than a single agent.

The treating physician will determine the treatment period (2-4 weeks) and make the drug selection for PEP based on the following factors:

- Type of injury and transmission device
- Source patient's HIV viral load and treatment history
- ARV drugs available

Some healthcare workers taking PEP experience adverse symptoms including nausea, malaise, headache, and anorexia. Pregnant students or women of childbearing age who may become pregnant may receive PEP, but must avoid efavirenz, which has harmful effects on the fetus.

Managing exposure to HIV

Immediate steps:
Any student exposed to blood or body fluids must take the following steps:
- Wash the wound and skin sites exposed to blood and body fluids with soap and water. Wash for at least 5 minutes using ample soap.
- For injuries that break the skin and where bleeding occurs, allow bleeding for a few seconds before washing with soap and water.
- Topical use of antiseptics is optional.
- Do not apply caustic agents, such as bleach, onto the wound or inject antiseptics or disinfectants into the wound.
- Flush mucous membranes, such as eyes, exposed to blood and body fluids with water.
- Immediately inform the clinical supervisor, or person in charge, of the exposure type and the action taken. Call your Clinical Coordinator and/or Program Coordinator to apprise them of your situation.

Once informed, the clinical supervisor will:

- Assess the exposure to determine the risk of transmission.
- Call the Clinical Coordinator and/or Program Coordinator to update them of the situation so that the following steps can be taken.
  - Inform the patient and student about the exposure and request permission for HIV testing.
  - If there is risk of transmission, follow the written protocol of hospital/facility for rapid testing.
  - If there is not a written protocol, immediately arrange for the patient and student to visit their personal physician or US Healthworks located at 1650 Broadway, KCMO 64108, (816) 842-2020 during business hours.
  - If they do not have a personal physician, do not want to go the US Healthworks, or the exposure occurs after hours, send them to the nearest emergency room after gaining permission of the patient and student.
  - Provide immediate support and information on post-exposure prophylaxis (PEP) to the student.
  - Record the exposure on the appropriate form/s and forward the information to the individual or department assigned to manage such exposures at the site and send a copy to the student's Clinical Coordinator/Program Coordinator.
  - Maintain the confidentiality of all related records.

Please note that the student is responsible for all costs related to post-exposure procedures. The clinical facility may provide the treatment at no cost to the student.

General Guidelines for PEP

- In all cases of exposure, start PEP within 2 hours of the exposure, whether or not patient's HIV status is known.
- PEP is usually discontinued if there is confirmation that the patient's HIV test is negative.
- If the patient is HIV-infected (with a positive test result), continue PEP.
- ARV therapy should be provided according to national or facility protocol. A minimum of two weeks and a maximum of four weeks treatment is recommended. When possible, consultation with a HIV specialist, particularly when exposure to drug resistant HIV may have occurred, is recommended.
- If the student's initial HIV test is positive, counsel the person on the test result and refer to a HIV/AIDS program for care and treatment.

Source: Adapted from CDC. 2001. Updated US public health service guidelines for the management of occupational exposure to HBV, HCV and HIV and recommendations for post exposure prophylaxis. MMWR Morb Mortal Wkly Rep 50(No. RR-11): 1-42. Retrieved 30 July 2004, from http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf and World Health Organization. Post-exposure prophylaxis Retrieved 30 July 2004, from http://www.who.int/hiv/topics/prophylaxis/en/index.html

MCC NURSING SKILLS LABORATORY

Experiences are planned to provide for demonstration, practice, and evaluation of specific skills necessary to function in the hospital setting. Selected skills will be evaluated in the Nursing Skills College Lab on a 1:1 basis after the student has had an opportunity to practice. The student will be referred by faculty to the Skills Lab if additional practice is needed for any clinical skill. "Open Laboratory" hours will be posted for practice sessions. Students will sign up for individual evaluation sessions. Students will be required to purchase a practice bag of supplies prior to the start of the semester. The practice bag will have all supplies required for skills lab practice and skill competency evaluation for the entirety of the program.

STUDENT DRESS CODE

The following guidelines are consistent with standards of professionalism. To assure a professional appearance is maintained, students will be instructed in additional dress policies relevant to specific settings. The following guidelines must be adhered to during any clinical related activity (skills lab activities, Virtual Hospital activities, and hospital/clinic/community clinicals):

Category	Requirement
HYGIENE	Good hygiene such as bathing, use of deodorant, and brushing teeth is expected. Perfumes, colognes, essential oils, and scented toiletries should be avoided, as some individuals may have adverse reactions to the scents. Make-up should be conservative and in good taste. False eyelashes are NOT allowed.
UNIFORM	The student uniform is an embroidered Royal blue scrub top and black uniform scrub pants. Students can choose to wear a black skirt. The specific style numbers are given in during orientation. Jogger style scrub pants are allowed. Plain, solid color white, gray, or black short sleeved or long-sleeved t-shirts may be worn under the scrub top. Solid black traditional scrub jacket is allowed. The student uniform is to be clean, wrinkle free, and in good repair with appropriate fit. Uniforms with school insignia must not be worn outside of the educational setting.
NAME BADGE	Students are required to wear their MCC issued photo ID badge. The badge is to be worn above the waist on the right front of the uniform. The badge is not to be worn outside school or any clinical sponsored activities. Lost name badges must be replaced immediately at the expense of the student.
UNDERGARMENTS	Undergarments are required to be worn but not visible with the student uniform.
HOSE	White or black clean sock must be worn. Female students will wear neutral colored hose with the dress uniform.
SHOES	All white or all black leather (including soles) nurse's shoes of choice will be worn. No swish, stripes or patterns of any kind allowed. Shoes must be clean and polished and have clean shoe strings. Shoes must be in good repair. Closed toes and heel are required. No crocs are allowed. No mesh tennis shoes or boots are allowed.
HAIR	Hair should be neat and clean without extreme colors (acceptable colors are only those that naturally exist). Hair should be controlled so that it does not fall over the eyes, and in the immediate work area or on clients. (ex. long ponytails must be secured, kept off the face, and from swinging into the work area when providing care. Bangs that extend beyond the eyebrows and long dangling side curls are not acceptable). Headbands can be worn but must be solid in colors of white, gray, or black. No visible chest hair.

	Facial hair should be short, clean, and well-groomed and must in no way interfere with the technical and professional requirements of a nursing student's work assignment. Some settings, such as the operating room, may require covering over a beard. All facial hair must be removed prior to N95 fit-testing, if applicable. Head covering sworn for religious reasons or for protection must be appropriate and secured to prevent any cross-contamination.
NAILS	Nails must be kept clean, well-groomed, and no longer than ¼ inch from tip of finger to tip of nail. Artificial nails include bonding tips, wrappings, acrylic, and gel finishes are not allowed. In other words, any fingernails with which you were not born are considered artificial, and my not be worn by health care personnel who provide direct patient care. Nail polish may NOT be worn.
JEWELRY	Only a plain wedding band (simple with no raised stones) or silicone band may be worn while in uniform. Only one set of simple post earrings is allowed. Flesh or clear spacers must be worn in other piercings or gauges. If wearing a post piercing in the ear for alleviating migraines (Daith piercing), the sum total of ear piercings may NOT exceed three. A doctor's note for wearing a Daith Piercing may be requested. No facial piercings or gauges allowed. A watch with a second hand, is to be worn with the student uniform. Ornamental and Smart watches are NOT allowed. Soldered jewelry is NOT allowed in the clinical environment.
OTHER DRESS	No head coverings can be worn in the clinical facility unless part of religious/cultural practice. No hooded sweatshirts or hooded jackets are allowed in the clinical setting. Tattoos and body art must be covered while in the clinical setting.

General Guidelines

All students are expected to be well groomed and have a professional appearance in the clinical area, as well as for classes on campus. Excessive make-up, hairdos, beards, scents (fragrances), and long sculptured nails are inappropriate. Short shorts, midriff tops, mini-skirts, tattered jeans, worn tight-fitting sweat suits, and other inappropriate articles of clothing are not acceptable for school wear. Tattoos and body art must be covered. **All offensive odors, such as cigarette smoke, strong perfumes or colognes, perspiration or body odors, are not acceptable.**

Classroom and Clinical
Failure to comply with above guidelines regarding appearance will result in:
1. 1st offense = Verbal warning
2. 2nd offense =Written counseling
3. 3rd offense = Clinical Failure

The general guidelines for student dress may be superseded by guidelines of the clinical facility. If the guidelines of the clinical facility are more stringent than those of the program, the student is expected to adhere to those of the clinical facility.

GRADUATION GUIDELINES

Each student is responsible for knowing the CURRICULUM REQUIREMENTS for completion of the Nursing Program. The Practical Nursing Core Curriculum is available on the MCC website. All financial requirements must be fulfilled prior to completion of the program and it is the student's responsibility to confirm financial requirements are meet.

INFORMATION ON LICENSURE

Admission to and graduation from the nursing program does not ensure eligibility for state licensure nor does it guarantee passing the licensure examination.

The State Board of Nursing has the legal duty of determining that each applicant who will practice as a vocational or professional nurse has good moral character as required under *§335.066 RSMo 2014.*

While a conviction or criminal record is not conclusive of the standard of good moral character, it is a factor that must be considered by the State Board of Nursing when applying for the licensure exam following completion of the educational curriculum. Any candidate for licensure who has ever been charged or convicted of a misdemeanor or a felony will be required to submit documentation of the court proceedings for that charge or conviction to the State Board of Nursing in which licensure is sought.

The reasons that may result in a denial, or revocation, of a professional nursing license can be found in The Nursing Practice Act (*§335.011 to §335.355 RSMo 2014.)* excerpted of this Handbook or found in its entirety at the Missouri State Board of Nursing website @ http://pr.mo.gov/nursing-rules-statutes.asp.

If the student has had a criminal conviction in the past, please contact the Nursing Director for assistance with your application. A conviction may delay or prevent the issuance of a license. The Missouri State Board of Nursing will make the decision whether or not to allow an individual to take the licensure examination. (Questions may be directed to the Missouri State Board of Nursing, 3605 Missouri Boulevard, Jefferson City, Missouri 65102.) Website: http://pr.mo.gov/nursing.asp

APPLYING FOR LICENSURE

Instructions for completing the Missouri State Board of Nursing's "Application for License as a Practical Nurse by Examination" will be given during the last semester of the respective program. Students will file an application with the Missouri State Board of Nursing or the intended state of initial licensure to write the National Council Licensure Examination for the respective area of nursing practice. After successful completion of the examination, a license will be granted for the graduate to practice in the state of Missouri or the intended state of initial licensure.

PINNING

Definition: The Pinning Ceremony signifies the completion of the nursing program

Responsibility: Program Coordinator, faculty, and administrative staff **Guidelines:**

1. The date and site for ceremony will be selected by Program Coordinator, faculty, and administrative staff.

2. The date selected for the Pinning Ceremony will follow final exam dates established for that semester.

3. The Program Coordinator will develop a printed program for the Pinning Ceremony. The program should include:

   a. date, time and location;
   b. schedule of events;
   c. speaker(s);
   d. class members;
   e. refreshments and reception information; information about the class.

4. Dress code for the Pinning Ceremony will be as follows:
   a. Clean, presentable clinical uniform with white or black shoes.

5. Light refreshments will be provided.

Note: There are to be no alcohol or drugs/controlled substances on the college premises or at any college sponsored activity.

STATEMENT OF NON-DISCRIMINATION

Metropolitan Community College is committed to a policy of non-discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity, age, birth, ancestry, national origin or disability in admissions, educational programs, services or activities and employment, as specified by federal laws Title VI; Title VII; Title IX, section 504; the Americans with Disabilities Act; and state laws and regulations.

Inquiries concerning compliance may be addressed to MCC's Title IX Coordinators:

MCC District
Director of Employee Relations and Training,
3217 Broadway,
Kansas City, MO 64111-2429;
Telephone: 816.604.1023

MCC-Blue River
Dean of Student Development,
20301 E. 78 Highway,
Independence, MO 64057-2053;
Telephone: 816.604.6620

For confidential reporting
contact: Director of Student
Disability Services
3200 Broadway
Kansas City, MO 64111-2429
Telephone: 816.604.1418

MCC-Longview
Dean of Student Development,
500 SW Longview Road,
Lee's Summit, MO 64081-2015;
Telephone: 816.604.2326

MCC-Maple Woods
Dean of Student Development,
2601 NE Barry Road,
Kansas City, MO 64156-1299;
Telephone: 816.604.3175

MCC-Penn Valley
Dean of Student Development,
3201 Southwest Trafficway,
Kansas City, MO 64111-2764;
Telephone: 816.604.4114

Inquiries may also be addressed to:
Office for Civil Rights-Kansas City Office
U.S. Department of Education
One Petticoat Lane
1010 Walnut Street, 3rd floor,
Suite 320
Kansas City, MO 64106
Telephone: 816-268-0550

MCC Policies

Non-Discrimination 7.30020 BP
Student Discrimination and Harassment 7.30030 BP
Student Discrimination and Harassment 7.30030 DP

AMERICANS WITH DISABILITIES ACT INFORMATION

Metropolitan Community College (MCC) is committed to ensuring equal access to all qualified students with disabilities in accordance with the Americans with Disabilities Act (ADA). If you have a disability which may impact your ability to access or participate in any aspect of my class, please contact the campus Disability Support Services (DSS) Coordinator, Celia Hancock, at 816-604-4089 or celia.hancock@mcckc.edu. The DSS Coordinator will work with you to determine what disability documentation/information is needed in order to provide accommodations. Accommodations are determined on an individualized basis and may take some time to put in place, so early notification to DSS is helpful. More information is available at mcckc.edu/disability.

Testing Accommodations
DSS collaborates with students and their instructors to offer exam accommodations that ensure equal access. Depending on students' specific needs, exam accommodations can include any of the following:
•Allowing 50% or 100% more time to complete exams
•Testing in a distraction-reduced space
•Taking exams in alternate formats (e.g., digital formats or large print versions)
•Using a reader or scribe to complete exams
•Using assistive technology to complete exams

Students may schedule tests with accommodations with the Testing Center. Test scheduling is the responsibility of the student, not the instructor. The Testing Center will need the instructor to provide a copy of the exam in advance to give to the student, along with a copy of the Testing Center Support Request form. Students with test accommodations must take the same exam as the rest of the class. Every effort is made to schedule students to take exams with accommodations on the same day as the class.

The Access Office at each campus location collaborates with faculty, staff, students and the community to promote equal access to all educational programs, classes, activities and services provided within the community college system. Students or college visitors who have a disability as defined by the Americans with Disabilities Act are eligible for services.

To qualify for services, students must identify themselves to the Access Office. Please apply as early as possible prior to the start of each semester so that accommodations can be arranged in a timely manner. If you need accommodations due to any approved disability, contact the access professional at one of the MCC campuses:

MCC-Blue River: (816) 604-6651
MCC-Longview: (816) 604-2254
MCC-Maple Woods: (816) 604-3192
MCC-Penn Valley: (816) 604-4089
MCC Policy: Americans With Disabilities Act 3.25060 BP

Faculty Members

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*Admission requirements are reviewed and revised on a routine basis including annually. Admission to this program is part of a selection process and the program reserves the right to admit based upon special circumstances including contingency admissions. Please refer to the website for the most current admission requirements.

*Please note the Practical Nursing Student handbook is reviewed and revised on a routine basis including annually. Notice of revision is communicated to students through Canvas course announcement and email.