Practical Nursing Program

An affirmative action, equal opportunity employer and educator. This document is available in alternative formats upon request, by contacting Disability Services, ann.vidovic@itascacc.edu or 218-322-2433. Consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service.

This handbook and materials are subject to change by faculty and/or administration at any time.
# TABLE OF CONTENTS

## Program Overview
- General Information .......................................................... Page 3
- Mission, Visions and Principles ........................................ Page 4
- Statement of Philosophy .................................................... Page 5
- Performance Standards ...................................................... Pages 6-9
- Concepts, Definitions, Student Outcomes, Competency .......... Pages 10-14

## Curriculum
- Program Plan ........................................................................ Page 15

## Practical Nursing Program Policies
- Admission and Progression .................................................. Page 18
- Advanced Placement ............................................................ Page 19
- Reentering Program ............................................................. Page 19
- Attendance:
  - Classroom ...................................................................... Page 20
  - Clinicals .......................................................................... Page 20-21
- Clinical Orientation ............................................................... Page 21
- Test/Exam Policy ................................................................. Page 21
- Health Policies .................................................................... Page 21-22
- Confidentiality ..................................................................... Page 22-23
- Background Studies ............................................................. Page 23
- Math .................................................................................. Page 23
- Grievances .......................................................................... Page 23
- Chemical Substances, Drugs, Alcohol ............................... Page 23-24
- Reasonable Accommodations ............................................ Page 24
- Responsibility for Health Care Costs ............................... Page 24
- Workers’ Compensation .................................................... Page 24
- Student Files/Records ......................................................... Page 24
- Personal Appearance ......................................................... Pages 24-26
- Causes for Probation/Termination .................................... Page 27
- Grievance Policy ................................................................. Page 28-29
- Tobacco Free Campus ....................................................... Page 30
- Cell Phone Policy ............................................................... Page 31

## Professional Standards ...................................................... Pages 32-35

## Data Practices Advisory and Informed Consent ................. Page 36

## Student/Program Agreement ................................................. Page 37
GENERAL INFORMATION

The Mesabi Range College (MRC) Practical Nursing Program is based at the Eveleth campus, and has been located there since its beginning years. Initially it was located at area secondary schools and a long-term care facility. The program began in 1957, at the Pioneer's Infirmary, on a grant from the Ford Foundation. This program is approved by the Minnesota Board of Nursing and is currently three semesters long, with the first semester beginning in January. Mesabi Range College is accredited by the Higher Learning Commission. Upon successful completion of the program, students may advance to the next level of their nursing education and are eligible to complete the NCLEX-PN examination to become a Licensed Practical Nurse.

The MRC Practical Nursing Program uses local hospitals, nursing homes, clinics, and many other area healthcare facilities for the clinical portion of the student's education.
Mesabi Range College Mission, Vision & Principles

Mission, Vision & Goals

Mesabi Range is accredited by the North Central Association of Colleges and Schools and is part of the Minnesota State Colleges and Universities System (Minnesota State).

Mission Statement

Mesabi Range College is a progressive, student-focused institution, located in the heart of northeastern Minnesota, preparing diverse learners for fulfilling careers, college transfer, and lives of intellectual curiosity and discovery.

Vision Statement

Mesabi Range College will lead northeastern Minnesota in accessible, innovative, and high-quality educational and training opportunities.

Guiding Principles:

- **Excellence**: Mesabi Range College provides learners innovative instruction, timely curriculum, and rigorous standards.
- **Diversity**: Mesabi Range College promotes cultural awareness and supports underrepresented students.
- **Opportunity**: Mesabi Range College offers comprehensive and creative learning experiences in liberal arts, technical fields, and student life.
- **Community**: Mesabi Range College values and encourages mutual engagement with the community.
- **Innovation**: Mesabi Range College responds to education and training needs through emerging technology, online, distance learning, and satellite programs.
- **Self-Reflection**: Mesabi Range College engages in progressive planning and continuous improvement through ongoing assessment.
- **Professional Development**: Mesabi Range College supports and encourages the professional growth of faculty and staff to ensure high-quality instruction and services.
- **Partnership**: Mesabi Range College fosters relationships with local, regional and global business and education partners.
MRC Practical Nursing Statement of Philosophy

MRC Practical Nursing

Philosophy
The philosophy of the practical nursing faculty is that practical nursing education should be made available within the area served by the college for those who may benefit regardless of race, creed, gender, or any other discriminatory factor. Further, the practical nursing faculty believes that learning is most facilitated by non-punitive behaviors and by fair treatment of all. The nursing faculty strives to assist each student to succeed and believe that each student has individual needs and abilities, but that each student has an inherent responsibility for themselves and their success.

The nursing faculty believes that the licensed practical nurse is an integral part of the health care team who promotes the highest level of health possible incorporating preventative, acute, and restorative nursing care. Practical nurses need a broad-based education which familiarizes them to life span development and the varied disciplines of nursing.

Mission Statement
To produce skilled, competent entry-level nurses that possess the abilities required of LPN’s by the Minnesota Board of Nursing. Students of this program are prepared to succeed in state licensure examinations and subsequently to become successfully employed as practical nurses or to continue their nursing education.
Minnesota State Performance Standards
For
Nursing Programs

The following Core Performance Standards have been developed for all applicants and current students in nursing programs. These standards are based upon required abilities that are compatible with effective performance in nursing programs and scope of practice as discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a nursing program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution’s ADA Policy.

<table>
<thead>
<tr>
<th>Capability</th>
<th>Standard</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTELLECTUAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive Perception</td>
<td>The ability to perceive events realistically, to think clearly and rationally, and to function appropriately in routine and stressful situations. Students must be able to independently and accurately assess or contribute to the assessment of a client.</td>
<td>Identify changes in client health status. Prioritize multiple nursing activities in a variety of situations.</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>Able to make effective decisions in the classroom and in the clinical sites. Develop/contribute to nursing care plans that accurately reflect client concerns. Able to make decisions reflective of classroom learning in the clinical sites.</td>
<td></td>
</tr>
<tr>
<td>Capability</td>
<td>Standard</td>
<td>Examples</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>MOTOR SKILLS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Ambulatory capability sufficient to maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a client.</td>
<td>Positions clients. Reach, manipulate, and operate equipment, instruments and supplies e.g. syringes, sterile equipment, monitors, electronic documentation/keyboarding. Lift, carry, push and pull. Perform CPR.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Ambulatory capability sufficient to maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a client.</td>
<td>Able to propel wheelchairs, stretchers, etc., alone or with assistance as available. Carry supplies to client room. Work around bedside with other personnel. Lift a child. Move and lift clients in and out of bed, wheelchair or cart. Assist with transfer and walking of patients who may require substantial support. Lift a minimum weight of 30 pounds.</td>
</tr>
<tr>
<td>Activity Tolerance</td>
<td>Ability to tolerate lengthy periods of physical activity.</td>
<td>Move quickly and/or continuously. Tolerate long periods of standing and/or sitting.</td>
</tr>
<tr>
<td><strong>COMMUNICATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>Communication abilities in English sufficient for appropriate interaction with others in verbal and written form. Able to communicate with clients and members of the health care team in order to plan and deliver safe care.</td>
<td>Utilize verbal and written communication skills sufficiently for teaching/learning and for interaction with others. Read, understand, write and speak English according to college admission standards. Explain treatment procedures. Initial and/or reinforce health teaching. Document client responses. Validate response/messages.</td>
</tr>
<tr>
<td>Capability</td>
<td>Standard</td>
<td>Examples</td>
</tr>
<tr>
<td>------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Interpersonal Relationships</td>
<td>Interact with clients, families, staff, peers, instructors, and groups from a variety of social, emotional, cultural and intellectual backgrounds.</td>
<td>Establish rapport with clients, families, and colleagues. Respond in a professional/therapeutic manner to a variety of client expressions and behaviors.</td>
</tr>
</tbody>
</table>

| SENSES                       |                                                                           |                                                                                           |
|------------------------------|                                                                           |                                                                                           |
| Hearing                      | Auditory ability sufficient to hear normal conversation and/or assess health needs. | Hears monitor alarms, emergency signals, auscultator sounds, cries for help e.g. B/P, heart, lung, and bowel sounds. Hears telephone interactions/dictation. Hears conversation with clients, families and colleagues. |
| Tactile                      | Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture. | Performs palpation, e.g. pulse. Performs functions of physical examination and/or those related to therapeutic intervention e.g. insertion of a catheter. |

| PSYCHOSOCIAL                 |                                                                           |                                                                                           |
|------------------------------|                                                                           |                                                                                           |
| Psychosocial Behaviors       | Possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, and the prompt and safe completion of all responsibilities. | Demonstrate professional abilities of trust-worthiness, empathy, integrity, confidentiality, etc., in work, school or volunteer activities. Be able to change and display flexibility. Learn to function in the face of uncertainties and stressful situations. |
### Capability | Standard | Examples
---|---|---
**ENVIRONMENTAL**
Environmental Adaptability | Ability to tolerate environmental stressors | Work with chemicals and detergents. Tolerate exposure to odors. Work in close proximity to others. Work in areas of potential physical violence. Work with infectious agents and blood-borne pathogens.

A task force of representatives from nursing education in Minnesota developed these Core Performance Standards. Educational institutions represented were: Bemidji State University, The College of St. Scholastica, Lake Superior College, Itasca Community College, Rainy River Community College, Mesabi Range College, Hibbing Community college, and Riverland Community and Technical College. Adaptations were made from the Core Performance Standards of the University of Arizona, Minnesota West Practical Nursing Program, and Iowa Community College.

Concepts, Definitions, Student Learning Outcomes, and Competencies

<table>
<thead>
<tr>
<th>Concepts</th>
<th>Definition and Student Learning Outcome (SLO)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Informatics/Technology</strong></td>
<td><strong>Definition and Student Learning Outcome (SLO)</strong></td>
</tr>
<tr>
<td>Informatics is defined as the use of information technology as a communication and information gathering tool that minimizes errors, supports clinical decision making and scientifically based nursing practice (NLN). Essential to this concept is the utilization of information technology by the practical nurse.</td>
<td></td>
</tr>
<tr>
<td><strong>STUDENT LEARNING OUTCOME:</strong> The practical nursing graduate will utilize information technology in the health care setting (NAPNES).</td>
<td></td>
</tr>
<tr>
<td>• DOCUMENTATION / CONFIDENTIALITY COMPETENCY: Identify (K), demonstrate (P), and appreciate (E) the use of information technology to accurately document patient care while consistently safeguarding confidential health information.</td>
<td></td>
</tr>
<tr>
<td>• Level 1 Competency: Identify (K) and demonstrate (P) the use of information technology to accurately document patient care while consistently safeguarding confidential health information.</td>
<td></td>
</tr>
<tr>
<td>• Level 2 Competency: Demonstrate (P) and appreciate (E) the use of information technology to accurately document patient care while consistently safeguarding confidential health information.</td>
<td></td>
</tr>
<tr>
<td>• INFORMATICS COMPETENCY: Identify (K), demonstrate (P), and value (E) the use of information technology to access reliable information and resources that support evidence based patient care, reduce reliance on memory (NLN), and enhance competency within the practice setting.</td>
<td></td>
</tr>
<tr>
<td>• Level 1 Competency: Identify (K) and demonstrate (P) the use of information technology to access reliable information and resources that support evidence based patient care, reduce reliance on memory and enhance competency within the practice setting.</td>
<td></td>
</tr>
<tr>
<td>• Level 2 Competency: Demonstrate (P) and value (E) the use of information technology to access reliable information and resources that support evidence based patient care, reduce reliance on memory and enhance competency within the practice setting.</td>
<td></td>
</tr>
<tr>
<td><strong>Managing Care of the Individual Patient:</strong> Managing care is defined as the effective use of human, physical, financial, and technological resources to achieve the patient identified outcomes while supporting organizational outcomes (NAPNES). The LPN manages care through the processes of planning, organizing, and directing (NAPNES). (For the Minnesota Scope of Practice this pertains to individual patient care).</td>
<td></td>
</tr>
<tr>
<td>Directing for the purposes of the PN Curriculum Framework refers to “assignment” and “monitoring”. “Assignment” means the designation of nursing tasks or activities to be performed by another nurse or unlicensed assistive person (Minnesota Nurse Practice Act (MNPA)). “Monitoring” means the periodic inspection by a registered nurse or licensed practical nurse of a delegated or assigned nursing task or activity and includes: (1) watching during the performance of the task or activity; (2) periodic checking and tracking of the progress of the task or activity being performed; (3) updating a supervisor on the progress or completion of the task or activity performed; and (4) contacting a supervisor as needed for direction and consultation (148.171 Subd 8a). Essential to this concept is assigning nursing activities or tasks to other licensed practical nurses (LPNs); and assigning and monitoring nursing tasks or activities to unlicensed assistive personnel.</td>
<td></td>
</tr>
<tr>
<td><strong>STUDENT LEARNING OUTCOME:</strong> The practical nursing graduate will work within an established plan of care for an individual patient to organize or assign aspects of care under the direction of a RN or other HCP.</td>
<td></td>
</tr>
<tr>
<td>• ROLE SPECIFIC COMPETENCY - MANAGING CARE of the Individual Patient: Identify (K), demonstrate (P), and appreciate (E) one’s role in managing care (planning and organizing) within a plan of care for the individual patient in providing quality nursing care under the direction of a RN or other HCP.</td>
<td></td>
</tr>
<tr>
<td>• Level 1 Competency: Identify (K) and demonstrate (P) one’s role in managing care (planning and organizing) within a plan of care for the individual patient in providing quality nursing care under the direction of a RN or other HCP.</td>
<td></td>
</tr>
<tr>
<td><strong>Concept:</strong> Managing Care of the Individual Patient</td>
<td></td>
</tr>
</tbody>
</table>
Concepts | Definition and Student Learning Outcome (SLO)
---|---
RN or licensed HCP. | **Level 2 Competency:**
Demonstrate (K) and appreciate (E) one’s role in managing care (planning and organizing) within a plan of care for the individual patient in providing quality nursing care under the direction of a RN or licensed HCP.

**ROLE SPECIFIC COMPETENCY - ASSIGN/MONITOR:**
Identify (K), assign (P) nursing tasks/activities to other LPN’s, assign and monitor nursing tasks/activities to Unlicensed Assistive Personnel (UAP) and accept (E) accountability for the PN scope of practice.

- **Level 1 Competency:**
  Identify (K) nursing tasks/activities to assign (P) to other LPN’s, identify nursing tasks/activities to assign and monitor to UAP’s.

- **Level 2 Competency:**
  Assign (P) nursing tasks/activities to other LPN’s, assign and monitor nursing tasks/activities to UAP’s and accept accountability (E) for the PN scope of practice.

---

**Concept:** Nursing Judgment/Evidence Based Care

**Nursing Judgment** encompasses three processes:

1. Critical thinking which is defined as identifying, evaluating, and using evidence to guide decision making.
2. Clinical judgment which refers to the process of observing, interpreting, responding, and reflecting situated within and emerging from the nurse’s knowledge and perspective.
3. Integration of Best Evidence which is defined as using current information from research and other credible sources upon which clinical judgment and patient care are based (NLN, 2010).

**Essential to this concept is**

1. conducting a focused assessment of the health status of an individual patient through the collection and comparison of data to normal findings and the individual patient’s current health status, and reporting changes and responses to interventions in an ongoing manner to a registered nurse or the appropriate licensed health care provider for delegated or assigned tasks or activities (SOP);
2. determining and implementing appropriate interventions within a nursing plan of care or when delegated or assigned by a registered nurse (SOP);
3. implementing interventions that are delegated, ordered, or prescribed by a licensed health care provider (SOP); and
4. assisting in the evaluation of responses to interventions (SOP);

The practical nurse uses current evidence based information from research and credible sources to support nursing judgments and to provide quality patient care.

**STUDENT LEARNING OUTCOME:** The practical nursing graduate will utilize evidence based nursing judgment when prioritizing care, implementing interventions, reporting changes, (SOP); and promoting the health (NLN) of individual patients across the lifespan.

- **ROLE SPECIFIC COMPETENCY - PRIORITIZATION OF CARE:**
  Describe (K), demonstrate (P), and value (E) the ability to prioritize care in delivering quality, patient centered nursing care across the lifespan.

  - **Level 1 Competency:**
    Describe (K) and demonstrate (P) the ability to prioritize care in delivering quality, patient centered nursing care across the lifespan.

  - **Level 2 Competency:**
    Demonstrate (P) and value (E) the ability to prioritize care in delivering quality, patient centered nursing care across the lifespan.

- **ROLE SPECIFIC COMPETENCY - NURSING JUDGMENT:**
  Identify (K), use (P), and appreciate (E) evidence based care when conducting a focused assessment, choosing nursing interventions within a plan of care, monitoring, and reporting changes in the individualized patient’s condition (SOP) across the lifespan.

  - **Level 1 Competency:**
    Identify (K) and use (P) evidence based care when conducting a focused assessment, choosing nursing interventions within a plan of care, monitoring, and reporting changes...
<table>
<thead>
<tr>
<th>Concepts</th>
<th>Definition and Student Learning Outcome (SLO)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Concept: Patient-Relationship Centered Care</strong></td>
<td><strong>PATIENT/RELATIONSHIP CENTERED CARE:</strong> Care is defined as the provision of care that is age appropriate and based on the individual’s physiological, psychosocial, spiritual, and cultural needs, preferences, and values (NAPNES). <strong>Essential to this concept</strong> is effective communication by which the practical nurse displays caring, compassion, and cultural awareness and is directed towards promoting positive outcomes, patient satisfaction, and establishing a trusting relationship (NAPNES); advocating for the best interests of individual patients; and providing health care information to individual patients (SOP). <strong>STUDENT LEARNING OUTCOME:</strong> The practical nursing graduate demonstrates effective communication skills (NAPNES) while providing patient care founded on basic physical, developmental, spiritual, cultural, functional, and psychosocial needs (NAPNES) of individual patients across the lifespan.</td>
</tr>
<tr>
<td><strong>ROLE SPECIFIC COMPETENCY - NURSING PROCESS:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Level 1 Competency:</strong></td>
<td>Describe (K), utilize (P), and value (E) the nursing process when participating with other health providers in the development and modification of a plan of care for patients across the lifespan and in various health care settings.</td>
</tr>
<tr>
<td><strong>Level 2 Competency:</strong></td>
<td>Utilize (P) and value (E) the nursing process when participating with other health providers in the development and modification of a plan of care for patients across the lifespan and in various health care settings.</td>
</tr>
</tbody>
</table>
| **ROLE SPECIFIC COMPETENCY - COMMUNICATION SKILLS:** | Describe (K), demonstrate (P), and value (E) self-awareness, cultural sensitivity, and caring effective communication with patients. 
- **Level 1 Competency:** Describe (K) and demonstrate (P) self-awareness, cultural sensitivity, and caring effective communication with patients. 
- **Level 2 Competency:** Demonstrate (K) and value (P) self-awareness, cultural sensitivity, and caring effective communication with patients. |
| **ROLE SPECIFIC COMPETENCY - LEARNING NEEDS:** | Describe (K), provide (P) health care information, (SOP) and reinforce (P) established teaching plans for individual patients while appreciating the importance of patient education. 
- **Level 1 Competency:** Describe (K) and provide (P) health care information, and reinforce established teaching plans for individual patients. 
- **Level 2 Competency:** Provide (P) health care information, and reinforce established teaching plans for individual patients while appreciating (E) the importance of patient education. |
<table>
<thead>
<tr>
<th>Concepts</th>
<th>Definition and Student Learning Outcome (SLO)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Concept: Professional Identity and Behavior</strong></td>
<td><strong>Professional Identity and Behavior</strong> is defined as the responsible behavior of the nurse that demonstrates accountability for nursing care that is consistent with moral, altruistic, legal, ethical, regulatory, and humanistic principles. The nurse embraces and internalizes these fundamental values to form a professional identity that is evident in the lived experience of the nurse, in his or her ways of “being” “knowing” and “doing” (NLN, 2010). <strong>Essential to this concept</strong> includes adherence by the practical nurse to standards of care, accountability for the quality of care delivered, recognizing the limits of knowledge and experience; addressing situations beyond the nurse’s competency (SOP); the use of legal and ethical principles in nursing practice and the participation of lifelong learning. <strong>STUDENT LEARNING OUTCOME:</strong> The practical nursing graduate will demonstrate professional behaviors and accountability to legal and ethical nursing practice standards for a competent PN (NAPNES).</td>
</tr>
<tr>
<td></td>
<td><strong>ROLE SPECIFIC COMPETENCY - ETHICAL/LEGAL:</strong> Explain (K), demonstrate (P), and value (E) nursing care within ethical, legal, regulatory frameworks and within the scope of practice for the LPN.</td>
</tr>
<tr>
<td></td>
<td><strong>Competency Level 1:</strong> Explain (K) and demonstrate (P) nursing care within ethical, legal, regulatory frameworks and within the scope of practice for the LPN.</td>
</tr>
<tr>
<td></td>
<td><strong>Competency Level 2:</strong> Demonstrate (P) and value (E) nursing care within ethical, legal, regulatory frameworks and within the scope of practice for the LPN.</td>
</tr>
<tr>
<td></td>
<td><strong>ROLE SPECIFIC COMPETENCY - PROFESSIONALISM:</strong> Describe (K), demonstrate (P), and accept (E) responsibility for personal integrity, professional boundaries, professional behaviors and lifelong learning.</td>
</tr>
<tr>
<td></td>
<td><strong>Competency Level 1:</strong> Describe (K) and demonstrate (P) personal integrity, professional boundaries, professional behaviors and lifelong learning.</td>
</tr>
<tr>
<td></td>
<td><strong>Competency Level 2:</strong> Demonstrate (P) and accept (E) responsibility for personal integrity, professional boundaries, professional behaviors and lifelong learning.</td>
</tr>
<tr>
<td><strong>Concept: Quality Improvement</strong></td>
<td><strong>Quality Improvement</strong> is defined as the ability to raise questions, challenge traditional and existing practices, and seek creative approaches to problems by using data to improve the quality and safety of health care systems and needs of patients (NLN). <strong>Essential to this concept</strong> is providing input into evidence based quality improvement activities. <strong>STUDENT LEARNING OUTCOME:</strong> The practical nursing graduate will participate in quality improvement by providing input into the development of policies and procedures (SOP) and effectively using resources to achieve patient outcomes (NAPNES).</td>
</tr>
<tr>
<td></td>
<td><strong>ROLE SPECIFIC COMPETENCY - PATIENT CARE CONCERNS:</strong> Identify (K), report (P), and respect (E) patient care concerns to improve customer service, patient satisfaction, and enhance effective and cost efficient health care services.</td>
</tr>
<tr>
<td></td>
<td><strong>Competency Level 1:</strong> Identify (K) and report (P) patient care concerns to improve customer service, patient satisfaction, and enhance effective and cost efficient health care services.</td>
</tr>
<tr>
<td></td>
<td><strong>Competency Level 2:</strong> Report (P) and respect (E) patient care concerns to improve customer service, patient satisfaction, and enhance effective and cost efficient health care services.</td>
</tr>
<tr>
<td></td>
<td><strong>ROLE SPECIFIC COMPETENCY – ORGANIZATIONAL/SYSTEM:</strong> Describe (K), provide input (SOP) (P), and appreciate (E) quality improvement methods used to develop or revise policies/procedures (SOP), and effectively use resources (NAPNES) to support organizational outcomes (NAPNES).</td>
</tr>
</tbody>
</table>
### Concepts

<table>
<thead>
<tr>
<th>Definition and Student Learning Outcome (SLO)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competency Level 1:</strong> Describe (K) and provide (P) input into quality improvement methods used to develop or revise policies/procedures (SOP), and effectively use resources (NAPNES) to support organizational outcomes (NAPNES).</td>
</tr>
<tr>
<td><strong>Competency Level 2:</strong> Provide input (P) and appreciate (E) quality improvement methods used to develop or revise policies/procedures (SOP), and effectively use resources (NAPNES) to support organizational outcomes (NAPNES).</td>
</tr>
</tbody>
</table>

### Safety

**Concept:** Safety

Safety is defined as the identification and minimization of risk potentials that could cause injury or harm while promoting quality care and maintaining a secure environment. Essential to this concept, the practical nurse recognizes when a patient is experiencing potential/actual complications, and determines the appropriate actions and reports changes and responses to interventions in an ongoing manner to a registered nurse or the appropriate licensed health care provider.

**STUDENT LEARNING OUTCOME:** The practical nursing graduate will recognize and report changes and responses to interventions to a RN or the appropriate licensed health care provider while providing a safe environment for patients, self, and others (SOP).

- **ROLE SPECIFIC COMPETENCY - PATIENT COMPLICATIONS:**
  - **Competency Level 1:** Identify (K) and implement (P) actions to detect and respond to actual/potential patient complications and report changes to the appropriate health care provider.
  - **Competency Level 2:** Implement (P) actions and recognize (E) one’s responsibility to detect and respond to actual/potential patient complications and report changes to the appropriate health care provider.

- **ROLE SPECIFIC COMPETENCY - SAFE NURSING PRACTICE:**
  - **Competency Level 1:** Explain (K) and demonstrate (P) safe nursing practice and the relationship between national safety campaigns and implementation in practice settings.
  - **Competency Level 2:** Demonstrate (K) and value (E) safe nursing practice and the relationship between national safety campaigns and implementation in practice settings.

### Teamwork & Collaboration

**Concept:** Teamwork & Collaboration

Teamwork and Collaboration is defined as the ability to function effectively within nursing and interprofessional teams, fostering open communication and mutual respect...to achieve safe, quality patient centered care (NLN). Essential to this concept is participating with other health care providers in the development and modification of a plan of care (SOP); and collaborating and communicating with other health care providers (SOP).

**STUDENT LEARNING OUTCOME:** The practical nursing graduate will participate as a member of the interprofessional team collaborating and communicating with other health care providers (SOP) to promote safe, quality, patient centered care.

- **ROLE SPECIFIC COMPETENCY - COMMUNICATION SKILLS:**
  - **Competency Level 1:** Describe (K) and display (P) effective communication skills when working with members of the interprofessional teams.
  - **Competency Level 2:** Display (P) and value (E) effective communication skills including the responsibility to report to appropriate health care personnel when working...
<table>
<thead>
<tr>
<th>Concepts</th>
<th>Definition and Student Learning Outcome (SLO)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>with members of the interprofessional teams.</td>
</tr>
<tr>
<td></td>
<td>• <strong>ROLE SPECIFIC COMPETENCY - CONFLICT RECOGNITION:</strong> Recognize conflict (K), clarify conflict concerns (P),</td>
</tr>
<tr>
<td></td>
<td>and value the importance of reporting staff conflict (E).</td>
</tr>
<tr>
<td></td>
<td>▶ <strong>Competency Level 1:</strong></td>
</tr>
<tr>
<td></td>
<td>Recognize Conflict (K)</td>
</tr>
<tr>
<td></td>
<td>▶ <strong>Competency Level 2:</strong></td>
</tr>
<tr>
<td></td>
<td>Clarify conflict concerns (P) and value (E) the importance of reporting staff conflict.</td>
</tr>
</tbody>
</table>
### PROGRAM PLANNING FORM

**PRACTICAL NURSING**

**45 CREDITS-DIPLOMA**

**Effective Semester/Year**

**Spring 2017 – Fall 2017**

<table>
<thead>
<tr>
<th>Pre-Program Courses</th>
<th>16 Credits</th>
<th>Cr</th>
<th>Lec/Lab</th>
<th>Grade</th>
</tr>
</thead>
</table>
| BIOL 1415 | Introduction to Anatomy and Physiology  
(Student may take BIOL 2551 & 2552, Human Anatomy & Physiology I & II, in place of BIOL 1415 but BOTH I & II MUST BE COMPLETED and must be completed prior to starting Semester I). | 4 | 3/1 | |
| PSYC 2551 | General Psychology | 4 | 4/0 | |
| ENGL 1511 | College Writing I | 4 | 4/0 | |
| NUNA 1215 | Introduction to Nursing (Nursing Assistant)  
Require to be taken within two years prior to starting Semester I, unless currently on the Minnesota CNA Registry and working as a CNA.  
(NUNA 1211 will be accepted in lieu of NUNA 1215).  
CPR (BLS for the Healthcare Provider). It is required that all students be certified prior to entering Semester I and must remain certified throughout Semester II.  
Student must achieve a letter grade of “C” or higher on all pre-program courses  
Accuplacer Test. Must score at least 55 in Elementary Algebra OR take MATH 0095 Intermediate Algebra | 4 | 2/2 | |

### Semester I

<table>
<thead>
<tr>
<th>15 Credits</th>
<th>Cr</th>
<th>Lec/Lab</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 1227</td>
<td>Medical Terminology</td>
<td>1</td>
<td>1/0</td>
</tr>
<tr>
<td>NURS 1230</td>
<td>Nursing Math, Medications, &amp; Skills</td>
<td>6</td>
<td>2/4</td>
</tr>
<tr>
<td>NURS 1233</td>
<td>Mental Health Nursing</td>
<td>2</td>
<td>2/0</td>
</tr>
<tr>
<td>NURS 1234</td>
<td>Nursing Care of the Older Adult</td>
<td>3</td>
<td>3/0</td>
</tr>
<tr>
<td>NURS 1239</td>
<td>Clinical I</td>
<td>3</td>
<td>0/3</td>
</tr>
</tbody>
</table>

### Semester II

<table>
<thead>
<tr>
<th>14/16 Credits</th>
<th>Cr</th>
<th>Lec/Lab</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 1231</td>
<td>Pharmacology</td>
<td>2</td>
<td>2/0</td>
</tr>
<tr>
<td>NURS 1240</td>
<td>Transition into Practice</td>
<td>1</td>
<td>1/0</td>
</tr>
<tr>
<td>NURS 1241</td>
<td>Maternal/Child Health Nursing</td>
<td>3</td>
<td>3/0</td>
</tr>
<tr>
<td>NURS 1243</td>
<td>Nursing Care of the Adult</td>
<td>4</td>
<td>4/0</td>
</tr>
<tr>
<td>NURS 1249</td>
<td>Clinical II</td>
<td>4</td>
<td>0/4</td>
</tr>
<tr>
<td>NURS 1275</td>
<td>NCLEX Review</td>
<td>2</td>
<td>2/0</td>
</tr>
<tr>
<td>(Elective)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**This course is not required but is recommended.**

**ATI 3-Day Live Review. (MANDATORY).**

**There will be a fee attached to NURS 1243 for both ATI's Comprehensive Predictor Exam and ATI's 3-Day Customized Live Review. The 3-Day Live Review is held at Mesabi Range College's Eveleth campus at the end of the 2nd semester.**
PRACTICAL NURSING PROGRAM POLICIES
ADMISSION AND PROGRESSION POLICIES

Applicants to the MRC Practical Nursing Program are admitted in the order of application and completion of requirements for admission.

Prerequisite courses are to be completed with a grade of “C” or better.

Current CPR certification for the healthcare provider is required prior to Semester I and the student must retain current certification throughout the entire program.

A Nursing Assistant Class in accordance with current Department of Health regulations must be taken prior to Semester I, verified by a college transcript showing the class. If a student has taken the nursing assistant class more than two years prior to admission to the nursing program, proof of being on the Nursing Assistant registry is required. In some instances, students may petition this requirement by using an official current job description and letter from their current supervisor.

Students must score at least 55 in Elementary Algebra on the Accuplacer Exam. If students do not score at least 55 in Elementary Algebra, then a student MUST score a “C” or better in MATH 0095 Intermediate Algebra. A grade of “C” or better will be accepted in a college level math course (typically numbered 1000 or higher) in lieu of taking the Accuplacer Exam.

Students will sign the agreement to follow program policies after receiving the MRC Practical Nursing Handbook. The policies apply to classrooms and all clinical settings.

Grading for program courses is as follows:

<table>
<thead>
<tr>
<th>Percentage Range</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>93.5% - 100%</td>
<td>A</td>
</tr>
<tr>
<td>86.5% - 93.4%</td>
<td>B</td>
</tr>
<tr>
<td>80% - 86.4%</td>
<td>C</td>
</tr>
<tr>
<td>Lower than 80%</td>
<td>F</td>
</tr>
</tbody>
</table>

A student who violates any program policies may be terminated from the program or put on probation, which will involve signing and strictly following a contract prepared by the program director and counselor.

Students must meet the policy requirements of the health agencies to which they are assigned. Students who refuse to comply with the policy requirements of the health agencies to which they are assigned may be immediately withdrawn from the program.

Students are REQUIRED to attend ATI’s 3-day Live Review at the end of semester II. This will be held at Mesabi Range College’s Eveleth campus. This review is MANDATORY for all students graduating from the PN program. Students will not be approved by the director to take their NCLEX-PN exam until the 3-day review is completed.
ADVANCED PLACEMENT

Students, who have previously obtained some nursing education, may be granted credit for some of the courses listed on the current MRC Program Plan. The student may qualify for exemption of some practical nursing program courses by submitting a transcript from an educational institution, such as a school of nursing or a college. The academic advisor and the practical nursing program director will evaluate the submitted transcripts and decide whether the courses submitted for evaluation meet the requirements of a course on the MRC practical nursing program plan. Students may be asked to supply more documentation (such as a syllabus) for the course taken elsewhere before a decision is made.

It is the student’s responsibility to request the evaluation of courses taken elsewhere or previously, and must do this prior to the 5th day of class.

(If a student feels they require additional accommodations, please contact Kevin Langdon at (218) 744-7471 or k.langdon@mesabirange.edu. Students will be required to provide documentation for disability services. Some of the accommodations that students can request include, but are not limited to extended time, alternate location for testing and multiple formats (audio, braille), not all requested formats will be available, and the college will provide reasonable accommodations that coincide with a student’s documented disability. )

REENTERING THE MRC PRACTICAL NURSING PROGRAM

A student who enrolled in the nursing program and did not successfully complete the program with that admission may only re-enter the program one more time.

A student who steps out of the program due to a non-passing grade or otherwise will follow the current policies and program planner that are in place upon their return.

If a student is unsuccessful in completing a course/courses in semester I or II, the student will re-enter the program for their 2nd attempt and will only need to take the course (s) that they were not successful in completing. However, students will be required to stay current in courses already completed and will be required to do some Prep-U assignments in the courses completed to ensure students remain current in the subjects for the NCLEX-PN exam.

Example: If a student starts the program in Spring of 2017 semester, they are expected to complete the program after Fall semester 2017. Stepping out of the program could be for personal reasons (such as childbirth) or not passing a course. A student is only allowed to re-enter the program once. If a student stepped out of the program in Spring 2017 and re-entered in Fall 2017, that will be their 2nd attempt. If in the Fall of 2017, the student did not pass a course then that student would not be allowed to re-enter the program.

A student who is dismissed from the MRC Practical Nursing Program because of clinical issues/non-compliance, fails the Clinical I or II, or has a breach of confidentiality/HIPPA violation may not re-enter the program.
ATTENDANCE:

One of the most important requirements of any job is attendance. Also, in healthcare jobs, people depend on healthcare workers for basic needs and survival. Thus, the goal of the nursing program is to develop good work habits and professionalism by promoting the presence of the student at all classroom, lab, and clinical sessions.

Classroom attendance: It is important to participate in the exchange of classroom information. The classes in the PN program are content heavy and lectures and in-class activities are a vital component to the success of you as the student. Though there is no formal attendance policy for the classroom portion of the PN program (except for days with exams/tests), part of being a student preparing to be a professional in the healthcare industry, being punctual and having good attendance shows the instructor that you have integrity, which is one of the cornerstones of being a nurse. If you know that you will be absent or tardy, notify the instructor beforehand as this is also part of professionalism. Any quizzes given while you are absent may or may not be able to be made up at the discretion of the instructor. You are responsible for all classroom activities, information, audio-visuals, and tests missed. Participation points are given during most classes and will not be given and cannot be made up if you are absent. Tests/exams must be made up upon return to a class, the following day, if possible. All tests must be made up within 7 days of the absence. Students MUST make arrangements with the instructor on when the student will make up the exam. If a test is not made up within 7 days of the absence, the student will receive a score of zero (0) on the exam. For example, if a student missed a test given in class on September 12th, the student has until the end of class on September 18th to make up the test. If is not made up by September 18th the student will receive a score of zero (0). Again, the student MUST make arrangements with the instructor and can’t just show up on September 18th expecting to take the test without arranging it prior. Students also must be aware of any holidays or days off of school when making up an exam as those days Do count in the 7 days make up period. For example, if a student misses a test in class on October 13th, the test would have to be made up by October 18th as there is no school on October 19th. A score of zero (0) would be given if not made up by October 18th.

Clinical Attendance: There is an attendance policy for clinical days. There will be one allowed unexcused absence each semester. This absence must be made up on the scheduled clinical make-up day at the end of each semester. (Students who have no absences or their absences are excused will have the day off.) More than one clinical absence can result in failing clinicals. Absences are excused ONLY for YOUR hospitalization or death of an immediate family member. If you miss a clinical day in a specialty area such as OB, Mental Health, & Peds (which are typically “observation only” clinicals where an instructor is not present), you will be required to make up that clinical experience on a day other than the scheduled clinical make-up day as those clinical sites are mandatory. Anytime you will be absent or tardy, you are required to CALL (no texting) the instructor and the assigned clinical site (a minimum of one-hour notice when possible is expected). Not calling as stated could also result in a failing clinical grade.

In unusual circumstances, the student may be eligible to pay an instructor to make-up clinical instruction. To be eligible for this, the student must have a history of following program policies and have a unique healthcare or other valid reason. Determination of eligibility is by the program director in conjunction with program faculty, college counselor and college administration. Instructors are scheduled by the program director and payment must be made prior to the scheduled clinical.
If attendance becomes an issue, a conference with the program director, instructor/ instructors, and/or college counselor and/or college administration will be held to facilitate optimum student performance.

CLINICAL ORIENTATION:
If a student misses a clinical orientation day, this will count as a clinical absence. Students MUST make up any/all information given during these days before clinicals begin. Students will not be allowed to start clinicals unless all of the necessary orientation has been made up.

TEST/EXAM POLICY:
Students in Semester I are required not only to achieve a score of 80% (79.5% will round up to 80%) in all of their nursing courses to pass, but must also achieve a cumulative score of 80% (79.5% will round up to 80%) on all tests/exams in Care of the Older Adult, Medical Terminology, and Mental Health Nursing. If a student does not achieve a cumulative score of 80% on all tests/exams in a class where this is required, the student will not earn a passing grade in the course.

Students in Semester II are required not only to achieve a score of 80% (79.5% will round up to 80%) in all of their nursing courses to pass, but must also achieve a cumulative score of 80% (79.5% will round up to 80%) on all tests/exams in Care of the Adult, Maternal/Child Health Nursing, and Pharmacology. If a student does not achieve a cumulative score of 80% on all tests/exams in a class where this is required, the student will not earn a passing grade in the course.

HEALTH POLICIES:
Health policies are required to be met for program progression, and may cause immediate dismissal if not followed. Health policies are a requirement in the contracts that Mesabi Range College has with our clinical sites.

Note: Health policies are subject to change at any time.

Students must submit a completed HEALTH EXAMINATION FORM and IMMUNITY STATUS FORM before specified deadlines (yearly). Health and immunity requirements include, but are not limited to:
- Diphtheria/tetanus/acellular pertussis OR Diphtheria/tetanus required within last 10 years
- Current Negative two-step Mantoux test OR negative QuantiferonGold blood test OR negative chest x-ray*
- Evidence of immunity/ immunization for rubella
- Evidence of immunity/ immunization for rubeola
- Evidence of immunity/immunization for mumps
- Evidence of immunity/immunization for varicella **
- Evidence of immunization for influenza (yearly September-June) ***
- Evidence of immunization against Hepatitis B virus or a signed declination of Immunization
- Good physical and mental health as certified by a physician or his/her designee

*Students must present annual evidence of a negative 2-step Mantoux. Students with a previously positive Mantoux result are required to submit documentation of a negative chest x-ray or negative QuantiferonGold blood test that is current (within one year).

**Students must present either two documented vaccinations for varicella OR must have a physician-signed previous diagnosis of varicella OR a positive serum titer to varicella.
**Students must stay current with their influenza vaccine. For example, if a student starts the program in January, they would have to have an influenza vaccine for in Spring semester and would need to repeat the influenza vaccine in the Fall semester as the new influenza vaccine is released every fall. Students who start the program in August will be required to have one influenza vaccine by November 15.**

Students who do not comply with health policies are not allowed to attend clinicals and will be required to immediately withdraw from the program.

Students must maintain good health throughout the program in order to meet expected course outcomes, and may be asked to consult a health professional for appropriate evaluation/treatment. Students are required to submit an additional health form if their health has major changes that impact their ability to participate in program required components.

If a student has any restrictions placed on them during the year, the student MUST present a signed note from their physician and/or mid-level (PA, CNP, DNP). It is the student’s responsibility to tell EACH clinical instructor about their restrictions and MUST get a signed note from their physician and/or mid-level to remove the restrictions. Note: Most clinical facilities WILL NOT allow students to attend clinicals if they have any sort of cast/splint/assistive device of any sort. This is written in our clinical contracts and Mesabi Range College MUST adhere to this policy. If a student is not allowed at a clinical site due to a cast or splint, this is NOT considered an excused absence. The student would need to follow the clinical absence policy explained above and could result in failing clinicals.

Students who decline vaccinations due to a medical, religious or personal issue MUST provide a signed note from your physician or mid-level explaining the reason for your declination. NOTE: Clinical sites have the right to refuse your admission into their facility(ies) based on declining vaccination.

It is strongly recommended that students have their own health insurance. Students should consult student services for assistance on obtaining their own insurance.

Students receiving emergency care or other health services while attending class or clinicals will be responsible for charges incurred.

**CONFIDENTIALITY:**

Protecting the confidentiality of patient information in health care is important to the nursing program at Mesabi Range College, but it is more important than a choice: **It is the LAW!**

Information about a client’s status may not be disclosed to other clients or to staff not involved with their care. Legal and ethical obligations require that information about clients is kept strictly confidential. All MRC Practical Nursing Students are to maintain confidentiality. The **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** provides national standards for confidentiality.

Further, students in the MRC practical nursing program are expected to maintain confidentiality throughout the program including matters involving fellow classmates, etc.

Any violation of confidentiality will be investigated and is a potential reason for dismissal from the nursing program.
BACKGROUND STUDIES:

An integral part of the MRC Practical Nursing Program is the clinical practice portion. To provide this experience, the college contracts with local clinical facilities. All facilities require two (2) criminal background checks with fingerprinting. If a student refuses to cooperate in submitting a criminal background check or if a student is disqualified through a criminal background check, the student will not be allowed to attend any clinical site and will be withdrawn from the nursing program.

Any student who has been withdrawn from the nursing program for not having a successful background check will not be allowed to reenter the program without proof of successful background studies.

MATH POLICY

- A comprehensive math test must be passed at 94% proficiency before students are allowed to administer medications at the clinical site in Semester I.
- All students must pass a comprehensive math test at 100% proficiency before being scheduled at clinicals in semester II.
- Students entering or re-entering the program at semester I or II must take a comprehensive math test and achieve 94% entering Semester I and 100% entering Semester II.
- A maximum of three attempts will be allowed for Semester II and the attempts must be completed before clinicals begin.

GRIEVANCES:

All grievances and complaints are done formally via MnSCU policy. Please contact the Dean of Students @ 218-749-7772 to initiate a grievance or complaint. See attached policy, page 28.

CHEMICAL SUBSTANCES, DRUGS, AND ALCOHOL POLICY:

MRC has a drug-free campus policy in accordance with MN State policy. Additionally, any student who is in the practical nursing program and attends class, lab, or clinical while under the influence of drugs, alcohol, or while impaired by any substance will not be allowed to participate in that class, lab, or clinical. Use of alcohol or any illegal drugs on campus, at any clinical, or at any other program sponsored event are grounds for discipline, up to and including suspension or dismissal from the practical nursing program.

Students who are suspected of chemical use or come to the class, lab, or clinical site suspected to be under the influence of illegal drugs or alcohol are subject to random drug testing at the student’s expense. Students have the right to refuse drug testing, but may then be suspended or withdrawn from the program, as safety for all is of primary consideration.

Compliance with court orders, written reports, and verification of being chemically free, etc. will be required in order to remain or return to the practical nursing program. Verification of compliance will be sent to the Board.
of Nursing upon graduation. The Board of Nursing will determine the ability to receive licensure for any graduate.

**REASONABLE ACCOMMODATIONS:**

There are conditions for which accommodations may be appropriate under the Americans with Disabilities Act. The MRC Practical Nursing Program will make all reasonable accommodations required by law for otherwise qualified individuals. To receive accommodations, you must contact the Office for Disability Services located in Room 100, 1100 Industrial Park Drive, Eveleth, MN 55734. The telephone number is 218-749-0319 (TTY: Contact Minnesota Relay Services: 7-1-1 or 1-800-627-3529).

**RESPONSIBILITY FOR HEALTH CARE COSTS:**

Any health care costs incurred during the period of time that you are a student in the MRC Practical Nursing Program will be your responsibility.

**WORKERS‘COMPENSATION:**

It is the position of the clinical facilities and MRC that, as a nursing student, you are not an employee of either the clinical facilities to which you are assigned, or of MRC, for purposes of Worker’s Compensation insurance.

**STUDENT FILES/RECORDS:**

All personal information and student records (i.e. physical forms, background studies) are kept confidential and locked at all times.

**PERSONAL APPEARANCE**

A. Clinicals
When in uniform, you are representing the Mesabi Range College Practical Nursing Program. Wear your uniform only at clinical settings and follow the dress code rules:

1. Good personal hygiene is required. Bathe daily, use deodorant, and practice good oral hygiene.

2. The MRC PN uniform is a teal top with teal pants. Uniform must be cleaned, pressed, and free of stains or odors (i.e. smoke).

3. The teal top is tunic style, below hip.

4. Pants will be teal uniform pants, not stretch or jersey.

5. A white or black, t-shirt, turtleneck, etc. may be worn beneath teal scrub top.

6. Shoes must be mostly white, clean, and in good condition. No shoes with open toes or open heels. Tennis shoes are allowed, if they are mostly white in color. No clogs, Crocs, sandals, high-tops, color laces. (Minimal accent color may be approved; see program director or instructor.)
7. Stockings (no footlets) or hose must be white or neutral.

8. Identification tag with picture, name, title (PNS), and MRC must be worn at all times, as required by law.

9. Hair should be clean, neat, away from the face, and off the collar. Hair cannot dangle in work area. No unnecessary adornments.

10. Moderation at all times should be considered in the type of hair style and makeup. Hair color should be of natural hues, no extremes. Males must shave or keep facial hair well trimmed.

11. No perfume, aftershave, or other notably scented product is to be used.

12. Fingernails must be clean and short, cut to the fingertip. Only colorless natural nail polish may be worn. No artificial nails of any kind are allowed.

13. Stud earrings in low earlobe holes, wrist watches, medical emergency identifiers and engagement or wedding rings are the only acceptable jewelry. No nose, eyebrow, or tongue rings/studs. No jewelry in any visible piercings. Only one small pair of earring studs in low earlobe holes are allowed.

14. No gum chewing in the clinical area.

15. Smokers need to control smoke odor on clothing and breath. A cigarette pack cannot be visible. Smoking is not permitted during clinicals. Students cannot smell of smoke at any time during clinicals.

16. Students cannot bring in their own hand sanitizers or lotions to use during clinicals. They must be Joint Commission approved products.

17. The dress code is in effect for clinical rotations or whenever the student is wearing the MRC uniform.

18. The uniform is to be worn for all designated clinical experiences and at other designated times.

19. Students are to maintain a professional appearance at all clinical sites.

20. Jeans are not allowed at any clinical site, either for a clinical experience or preparing for a clinical experience.

21. Students must wear their white lab coats, casual dress clothes and nametag when going to a clinical site to prepare for an upcoming clinical experience.

22. Absolutely no visitors are allowed at clinical sites at any times (preparing or during the actual experience).

23. When scheduled at clinical sites not requiring a uniform, the student is to follow the instructions given by the instructor regarding attire, etc. (Generally, casual dress clothes and the identification tag are required.)

24. The uniform is to be clean, neat, and pressed whenever worn. Shoes are to be kept clean and white. Avoid worn-out apparel and a disheveled appearance.
25. Approved scrub jacket (teal) may be worn with the uniform.

26. No visible tattoos. All visible tattoos must be covered.

27. Absolutely no photos can be taken at the clinical site.

28. Stealing of hospital-provided scrub uniforms used in specified areas is prohibited and could be grounds for dismissal from the Practical Nursing Program.

29. **Students in uniform are not to visit patients (or others) outside their own assigned clinical area.**

30. Students are NOT allowed to work a midnight shift before dayshift clinicals. (To clarify: You cannot get off of a midnight shift and go directly to a clinical. There must be an 8 hour gap between the end of your shift and the beginning of a clinical experience.)

Your clinical grade is partially based on dress code compliance and a good attitude. Noncompliance will lead to being sent home from the clinical area and/or possible dismissal from the program.

B. Labs:
Since labs simulate a clinical situation, avoid hair styles and clothing that would interfere with maintaining a sterile field, with procedures, or with patient care. Good hygiene as described above is required.

C. Classroom:
Students are to maintain a neat appearance, and are to avoid any offensive apparel or appearance (this includes showing cleavage, extremely tight-fitting clothing, etc.) Good hygiene as described above is required.
CAUSES FOR PROBATION AND/OR TERMINATION:

While it is unlikely that unprofessional or incompetent conduct will occur, rules to govern conduct are necessary. The following shall be sufficient cause for probation/termination of the student:

2. Not achieving a cumulative score of 80% on all theory tests/exams.
3. Incomplete or absent communication with instructor regarding incomplete work, etc.
4. Failure to notify instructor and facility of clinical absences or tardies.
5. Violating smoking policies. (Smoking where prohibited, etc.)
6. Poor personal hygiene or cleanliness; untidiness or slipshod, messy appearance of self or work areas.
7. Physical or mental illness or conditions deemed sufficient to interfere with the application of good nursing practices, safety, or good nursing judgment.
8. Poor performance, unsafe practice, or poor judgment at the clinical site.
9. Physical, mental, or emotional inability to perform safely at the clinical site.
10. Reporting to school (including clinicals) or work in possession of alcoholic beverages or drugs.
11. The illegal use of a controlled substance.
12. The abuse of any drug while enrolled in school, whether on or off campus.
13. At the clinical site, being under the influence of any substance that could alter mental ability, cause sedation, or in any other way impair judgment.
14. Addiction or habitual use if habit-forming drugs.
15. Poor attitude.
17. Poor application of, or neglect of duties in the clinical areas.
18. Behavior exhibited in a clinical setting that creates risk of harm to others.
19. Unethical behavior at any time.
20. Unethical practice in any clinical setting.
21. Failure to pass program classes with a “C” or better.
22. Violation of any college or program policies.
23. Conviction of a felony or gross misdemeanor or a failed background check.
24. Theft.
25. Failure to meet a contract agreement made between the student and MRC nursing program director/instructors or other MRC staff/faculty.
Policy 3.8
Complaint and Grievance Policy
Reviewed 5/2011
Contact Information Added August 2015

A student has a right to seek a remedy for a dispute or disagreement through a designated complaint process. Mesabi Range College believes in fairness to all students in helping them acquire the skills and knowledge necessary to be successful. It is also recognized that problems may arise which need to be resolved. This includes, but is not limited to, problems of discrimination on the basis of race, creed, color, gender, sexual orientation, national origin, age, marital status, status with regard to public assistance, religion, or disability.

The student(s) with a complaint or grievance may go either to an instructor, advisor, or counselor. The student(s) may ask for advice, consultation, or assistance in completing a complaint/grievance form which can be obtained from the Student Services Office or at www.mesabirange.edu under the student link.

Resolution is first attempted with the student(s) and person(s) involved. If a student is still not satisfied with this informal discussion and settlement after meeting with the counselor, the complaint will be forwarded to the appropriate administrator who will assure resolution in a prompt and equitable manner. The administrator receiving the complaint will respond within ten (10) working days from the date the written grievance is received. If the student is not satisfied with the administrator’s resolution or if the grievance involves a college policy or regulation; the student may appeal within ten (10) working days after the receipt of the administrative response to the Provost. The Provost shall respond within ten (10) working days from the date the written grievance is received. The Provost’s decision is final and binding.

If the grievance involves a Board policy or the actions of the Provost, a student may further appeal the College decision on a state level, by writing to the Chancellor of the Minnesota State Colleges and Universities system, detailing the complaint or grievance and providing supporting documentation. The Chancellor shall try to resolve the complaint or grievance through communication with College Administration and the complainant. If either party is unsatisfied with the results of this effort, that party (or both parties) shall write to the Chancellor requesting a review before the Board. The Chancellor, after consulting the Attorney General’s Office shall determine if the Board is empowered to act under Laws 1983, Chapter 258, within ten (10) days of the receipt of a request.

If the Chancellor determines that the Board is empowered to resolve the problem, the complaint or grievance shall be considered at the next Board Meeting. The grievance is brought to the Board Grievance Committee, and interested parties present the issues. The Grievance Committee will determine the issues to be investigated. The Grievance Committee then suggests a resolution. If the grievance is not resolved, the issues are turned over to an independent fact finder. The fact finder conducts an inquiry and presents a suggested resolution to the Grievance Committee. This recommendation of the Grievance Committee is given to the Board for action. The Chancellor shall notify all concerned parties of the Board’s decision within fifteen (15) days.

The grievant may at any time before, during, or after this procedure file a grievance with the Office of Civil Rights. No reprisal of any kind will be taken by the Committee, an administrator, or an employee of the College against any person bringing a grievance under this procedure. Exhaustion of these procedures is NOT a prerequisite for filing complaints with the Office for Civil Rights.
Gender Equity Complaints/Title IV
Tracy Delich, Eveleth Campus, Room M103, 744-7533

Sexual Harassment/Sexual Violence
Tracy Delich, Eveleth Campus, Room M103, 744-7533
Kelly Bakk, Virginia Campus, Room S124, 749 – 7765

Disability Discrimination/Title IV
Kevin Langdon, Eveleth Campus,
Room 100, 744-7471

TIME LIMITS

All time limits have been set at ten (10) days; however, the student initially has twenty (20) days to initiate the grievance process. By mutual agreement of the student(s), college personnel, or System personnel, time limits may be extended (Saturdays, Sundays, holidays, and breaks in the academic calendar do not count).

1. If a grievance is not presented within the established time limits, it shall be considered as “waived.”

2. If a grievance is not appealed to the next step within the established time limits, it shall be considered settled on the basis of the last decision.

3. If, after presentation at any step, a college staff member does not discuss the grievance with the student(s) within the established time limits, the student(s) may treat the grievance as denied that step, and may appeal the grievance to the next step.

4. If, after discussion, a college staff member does not answer a grievance within the established time limits, the student(s) may treat the grievance as denied at that step, and may appeal the grievance to the next step.

5. A copy of the written grievance and settlement involving an employee should be filed in Provost’s Office. If the grievance and settlement do not result in discipline of the employee, no record shall be maintained. Maintenance of records shall be in compliance with the employee contract. Grievances against students shall be filed with the Dean of Students or designee.

Review/Revision History:
Revised 7/2007
Reviewed through Shared Governance 5/10/11
Contact Information added August 2015
Philosophy
Mesabi Range Community & Technical College recognizes that the use of tobacco in any form poses serious and long-term health risks to all individuals who use or are exposed to it. Therefore, Mesabi Range College is committed to creating a clean, safe, and healthy learning and working environment for all students, employees, and visitors on college property.

Policy
As of August 1, 2011, smoking, tobacco use, and tobacco sales (including the use or sales of smokeless tobacco products) are prohibited on college-owned, -operated or -leased property, including all college-owned vehicles.

Definitions
Smoking: The burning of any type of lighted pipe, cigar, cigarette or any other smoking equipment whether filled with tobacco or any other type of material.

Smokeless Tobacco Products: Smokeless tobacco consists of the use of snuff, chewing tobacco, smokeless pouches, or other forms of loose leaf tobacco.

Facility/Grounds: Any building or structure, athletic playing field, playground, parking lot or any other outdoor property owned, leased, or contracted by Mesabi Range College; any vehicle owned, leased or contracted by Mesabi Range College.

Enforcement
Enforcement of this policy is dependent on the cooperation of all students, staff, faculty and visitors to promote a clean, safe, healthy environment in which to work, study, and live. This policy is not applicable in a private vehicle.

Cessation Programs and Services
To support Mesabi Range College students and employees who wish to reduce and/or quit using tobacco products, a variety of tobacco cessation resources and services are available through Student Life.

Violations
Violations of this policy by employees will be handled through the progressive disciplinary process as outlined in the employee’s bargaining unit contract.

Violations by students can result in a $50.00 fine and a hold will be placed on the students’ record until the fine is paid. Persistent offenders may be subject to additional sanctions per the Student Conduct Code.

Exceptions
1. An exception for instructional purposes allows for the use of tobacco products in laboratory and classroom instruction/experiments, or artistic purposes. All research, educational, and/or artistic purposes that involve the use of tobacco on campus must be approved by the Provost or his/her designee. Such use must be preceded by reasonable advance notice to the public.

2. This policy does not apply to specific activities used in connection with the practice of cultural activities including those of American Indians that are in accordance with the American Indian Religious Freedom Act, 42 U.S.C. sections 1996 and 1996a. All ceremonial use exceptions must be approved in advance by the Provost or his/her designee.

Review/Revision History: Revised with new logo 7-22-14
Approved through Shared Governance 5/10/11
CELL PHONES AND ELECTRONIC DEVICES POLICY

Cell phones and other electronic devices are to be off and put away during all classes, labs, and clinical, unless advised by an instructor or the director to have them. In special circumstances, the student may seek permission from the instructor to have a cell phone or other electronic device on and at hand. In such cases, the student is to follow specific directives from the instructor regarding the use of the cell phone or electronic device but MUST seek permission from the instructor prior to the class, lab or clinical where a cell phone or electronic device may be needed by the student.

Noncompliance with this policy can lead to the student’s dismissal from class, lab, clinical, or program!

Absolutely no cell phones allowed at clinical experiences where an instructor is not present (Mental Health, School Screenings, OB Clinic)
The school reserves the right to drop a student from the nursing program if academic or clinical standards are not maintained, and/or for behavior which is grounds for disciplinary action once licensed as described in the 2004 MN Statutes 148.261 (listed below).

148.261 GROUNDS FOR DISCIPLINARY ACTION.

Subdivision 1. Grounds listed. The board may deny, revoke suspend, limit, or condition the license and registration of any person to practice professional, advanced practice registered, or practical nursing under sections 148.171 to 148.285, or to otherwise discipline a licensee or applicant as described in section 148.262. The following are grounds for disciplinary action:

1. Failure to demonstrate the qualifications or satisfy the requirements for a license contained in sections 148.171 to 148.285 or rules of the board. In the case of a person applying for a license, the burden of proof is upon the applicant to demonstrate the qualifications or satisfaction of the requirements.

2. Employing fraud or deceit in procuring or attempting to procure a permit, license, or registration certificate to practice professional or practical nursing or attempting to subvert the licensing examination process. Conduct that subverts or attempts to subvert the licensing examination process includes, but is not limited to:
   (i) conduct that violates the security of the examination materials, such as removing examination materials from the examination room or having unauthorized possession of any portion of a future, current, or previously administered licensing examination;
   (ii) conduct that violates the standard of test administration, such as communicating with another examinee during administration of the examination, copying another examinee's answers, or possessing unauthorized; or
   (iii) impersonating an examinee or permitting an impersonator to take the examination on one's own behalf.

3. Conviction during the previous five years of a felony or gross misdemeanor reasonably related to the practice of professional, advanced practice registered, or practical nursing. Conviction as used in this subdivision includes a conviction of an offense that if committed in this state would be considered a felony or gross misdemeanor without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered.

4. Revocation, suspension, limitation, conditioning, or other disciplinary action against the person's professional or practical nursing license or advanced practice registered nursing credential, in another state, territory, or country; failure to report to the board that charges regarding the person's nursing license or other credential are pending in another state, territory, or country; or having been refused a license or other credential by another state, territory, or country.

5. Failure to or inability to perform professional or practical nursing as defined in section 148.171, subdivision 14 or 15, with reasonable skill and safety, including failure of a registered nurse to supervise or a licensed practical nurse to monitor adequately the performance of acts by any person working at the nurse's direction.

6. Engaging in unprofessional conduct, including, but not limited to, a departure from or failure to conform to board rules of professional or practical nursing practice that interpret the statutory definition of professional or practical nursing as well as provide criteria for violations of the statutes, or, if no rule exists, to the minimal standards of acceptable and prevailing professional or practical nursing practice, or any nursing practice that may create
unnecessary danger to a patient’s life, health, or safety. Actual injury to a patient need not be established under this clause.

7. Failure of an advanced practice registered nurse to practice with reasonable skill and safety or departure from or failure to conform to standards of acceptable and prevailing advance practice registered nursing.

8. Delegating or accepting the delegation of a nursing function or a prescribed health care function when the delegation or acceptance could reasonably be expected to result in unsafe or ineffective patient care.

9. Actual or potential inability to practice nursing with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material, or as a result of any mental or physical condition.

10. Adjudication as mentally incompetent, mentally ill, a chemically dependent person, or a person dangerous to the public by a court of competent jurisdiction, within or without this state.

11. Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.

12. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient, or engaging in sexual exploitation of a patient or former patient.

13. Obtaining money, property, or services from a patient, other than reasonable fees for services provided to the patient, through the use of undue influence, harassment, duress, deception, or fraud.

14. Revealing a privileged communication from or relating to a patient except when otherwise required or permitted by law.

15. Engaging in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.

16. Improper management of patient records, including failure to maintain adequate patient records, to comply with a patient’s request made pursuant to section 144.335, or to furnish a patient record or report required by law.

17. Knowingly aiding, assisting, advising, or allowing an unlicensed person to engage in the unlawful practice of professional, advanced practice registered, or practical nursing.

18. Violating a rule adopted by the board, an order of the board, or a state or federal law relating to the practice of professional, advanced practice registered, or practical nursing, or a state or federal narcotics or controlled substance law.

19. Knowingly providing false or misleading information that is directly related to the care of that patient unless done for an accepted therapeutic purpose such as the administration of a placebo.

20. Aiding suicide or aiding attempted suicide in violation of section 609.215 as established by any of the following:

   (i) a copy of the record of criminal conviction or plea of guilty for a felony in violation of section 609.215, subdivision 1 or 2;

   (ii) a copy of the record of a judgment of contempt of court for violating an injunction issued under section 609.215, subdivision 4;

   (iii) a copy of the record of a judgment assessing damages under section 609.215, subdivision 5; or

   (iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2. The board shall investigate any complaint of a violation of section 609.215, subdivision 1 or 2.
21. Practicing outside the scope of practice authorized by section 148.171, subdivision 5, 10, 11, 13, 15, or 21.

22. Practicing outside the specific field of nursing practice for which an advanced practice registered nurse is certified unless the practice is authorized under section 148.284.

23. Making a false statement or knowingly providing false information to the board, failing to make reports as required by section 148.263, or failing to cooperate with an investigation of the board as required by section 148.265.

24. Engaging in false, fraudulent, deceptive, or misleading advertising.

25. Failure to inform the board of a person's certification status as a nurse anesthetist, nurse-midwife, nurse practitioner, or clinical nurse specialist.

26. Engaging in clinical nurse specialist practice, nurse-midwife practice, nurse practitioner practice, or registered nurse anesthetist practice without current certification by a national nurse certification organization acceptable to the board, except during the period between completion of an advanced practice registered nurse course of study and certification, not to exceed six months or as authorized by the board.

27. Engaging in conduct that is prohibited under section 145.412.

28. Failing to report employment to the board as required by section 148.211, subdivision 2a, or knowingly aiding, assisting, advising, or allowing a person to fail to report as required by section 148.211, subdivision 2a.

Subd. 2. Repealed, 1976 c 222 s 209

Subd. 3. Repealed, 1989 c 194 s 22

Subd. 4.  Evidence. In disciplinary actions alleging a violation of subdivision 1, clause (3) or (4), a copy of the judgment or proceeding under the seal of the court administrator or of the administrative agency that entered the same shall be admissible into evidence without further authentication and shall constitute prima facie evidence of the violation concerned.

Subd. 5. Examination; access to medical data. The board may take the following actions if it has probable cause to believe that grounds for disciplinary action exist under subdivision 1, clause (9) or (10):

(a) It may direct the applicant or nurse to submit to a mental or physical examination or chemical dependency evaluation. For the purpose of this subdivision, when a nurse licensed under sections 148.171 to 148.285 is directed in writing by the board to submit to a mental or physical examination or chemical dependency evaluation, that person is considered to have consented and to have waived all objections to admissibility on the grounds of privilege. Failure of the applicant or nurse to submit to an examination when directed constitutes an admission of the allegations against the applicant or nurse, unless the failure was due to circumstances beyond the person’s control, and the board may enter a default and final order without taking testimony or allowing evidence to be presented. A nurse affected under this paragraph shall, at reasonable intervals, be given an opportunity to demonstrate that the competent practice of professional, advanced practice registered, or practical nursing can be resumed with reasonable skill and safety to patients. Neither the record of proceeding nor the orders entered by the board in a proceeding under this paragraph may be used against a nurse in any other proceeding.
(b) It may, notwithstanding sections 13.384, 144.651, 595.02, or any other law limiting access to medical or other health data, obtain medical data and health records relating to a registered nurse, or applicant for a license without that person’s consent. The medical data may be requested from a provider, as defined in section 144.335, subdivision 1, paragraph (b), an insurance company, or a government agency, including the Department of Human Services. A provider, insurance company, or government agency shall comply with any written request of the board under this subdivision and is not liable in any action for damages for releasing the data requested by the board if the data are released pursuant to a written request under this subdivision unless the information knew, or had reason to believe, the information was false. Information obtained under this subdivision is classified as private data on individuals as defined in section 13.02.

Hist: 1945 c 242 s 10; 1975 c 360 s 9; 1976 c 222 s 55; 1986 c 444; 1989 c 194 s 12; 1992 c 464 art 1 s 56; 1992 c 559 art 1 s 4; 1992 c 577 s 3; 1993 c 88 s 5; 1999 c 172 s 6,7,18; 1999 c 227 s 22; 2002 c 272 s 2

148.262 FORMS OF DISCIPLINARY ACTION; AUTOMATIC SUSPENSION; TEMPORARY SUSPENSION; REISSUANCE.

Subdivision 1. Forms of disciplinary action. When the board finds that grounds for disciplinary action exist under section 148.261, subdivision 1, it may take one or more of the following actions:
1. deny the license, registration, or registration renewal;
2. revoke the license;
3. suspend the license;
4. impose limitations on the nurse’s practice of professional, advanced practice registered, or practical nursing including, but not limited to, limitation of scope of practice or the requirement of practice under supervision;
5. impose conditions on the retention of the license including, but not limited to, the imposition of retraining or rehabilitation requirements or the conditioning of continued practice on demonstration of knowledge or skills by appropriate examination, monitoring, or other review;
6. impose a civil penalty not exceeding $10,000 for each separate violation, the amount of the civil penalty to be fixed as to deprive the nurse of any economic advantage gained by reason of the violation charged, to reimburse the board for the cost of counsel, investigation, and proceeding, and to discourage repeated violations;
7. order the nurse to provide unremunerated service;
DATA PRACTICES ADVISORY AND INFORMED CONSENT

Some facilities also impose certain requirements regarding the health of persons working in their facilities and may require that health information about students in the clinical site programs be made available to them. The MRC Practical Nursing Program may ask you to provide health information which will be used to determine whether you meet a clinical site’s health requirements for care providers. Health information collected is private data on you. A clinical site may refuse to allow you to participate based on data provided by you. The information provided will be disclosed, as needed, to MRC personnel, and should any clinical site request the data, to any clinical site where you are placed as a student. You are not legally required to provide this information to MRC. However, refusal to provide the information requested could mean that a clinical site may refuse to accept you at its facility. The MRC Nursing Program does not guarantee alternative facility placement, and you may be terminated from the nursing program.

I hereby authorize MRC to release my health information to any facility to which I am assigned during my nursing education, should the facility request the information. This authorization is valid for one year from the date of my signature.

__________________________
Date

__________________________
Student’s Name, printed

__________________________
Student’s Signature
As a student enrolled in the Practical Nursing Program of Mesabi Range College, I verify that I have been informed of program policies and have received a copy of the handbook specifying all program policies including, but not limited to attendance, confidentiality, causes for probation/termination, personal appearance, health requirements, and others.

I understand that in order to progress in the program I must meet all passing standards, including those for each nursing ability.

I further verify that I have been allowed to ask questions and have had explanations satisfactorily given. I have received a copy of the handbook/program policies.

I have been informed of confidentiality issues and privacy policies including HIPAA regulations.

I know what my expectations are at the clinical setting and will comply with all the policies and procedures at each site.

By signing below, I indicate that I agree to comply with the policies as indicated and realize that I can be held accountable for any breach of this agreement.

Name (Printed) _____________________________________________

Signature __________________________________________________

Date ________________________________________________________
This program is currently in pre-candidacy status for accreditation through The National League for Nursing Commission for Nursing Education Accreditation (CNEA).

PRACTICAL NURSING PROGRAM HANDBOOK
REVIEWS AND REVISED ON August 2017.