

Central New Mexico Community College  
School of Health, Wellness, & Public Safety



**2017-18 NURSING STUDENT  
HANDBOOK**

Last Updated **August 11, 2017**

**FOR THE CNM NMNEC NURSING  
PROGRAMS**

<b>HANDBOOK AND COMPLIANCE WITH RULES</b> .....	<b>4</b>
STUDENT RESPONSIBILITY REGARDING THE CNM HANDBOOK .....	4
CNM SCHOOL OF HEALTH, WELLNESS AND PUBLIC SAFETY CONFIDENTIALITY AGREEMENT.....	4
CLINICAL CONTRACT STATEMENTS CONCERNING STUDENTS .....	5
<b>NURSING STUDENT HANDBOOK ACKNOWLEDGEMENT</b> .....	6
<b>ABOUT THE PROGRAM</b> .....	<b>6</b>
NEW MEXICO NURSE PRACTICE ACT: CLINICAL PRACTICE OF NURSING STUDENTS .....	6
ACCREDITATION .....	6
AASN NURSING PROGRAM .....	7
PHILOSOPHY.....	7
ORGANIZATIONAL FRAMEWORK.....	9
NURSING STUDENT CODE OF CONDUCT.....	9
AMERICAN NURSES ASSOCIATION CODE OF ETHICS FOR NURSES .....	10
<b>NATIONAL STUDENT NURSES' ASSOCIATION (SNA)</b> .....	10
<b>SNA CODE OF PROFESSIONAL CONDUCT</b> .....	11
NMNEC/CNM NURSING PROGRAM OBJECTIVES.....	11
GRADUATE LEVEL OBJECTIVES (GLOS) .....	12
PROGRESSION OF LEVELED STUDENT LEARNING OBJECTIVES (SLOs) TO GLOS .....	12
INFORMATION FOR TRANSFER OF NURSING CREDIT.....	13
DURATION OF NRSNG COURSE CREDIT .....	14
CLINICAL PRECEPTOR AND INSTRUCTOR APPROVAL OF CARE .....	14
<b>UNIFORMS</b> .....	<b>15</b>
<b>UNIFORM/DRESS CODE</b> .....	15
<b>DRESS CODE WHEN UNIFORMS ARE NOT ALLOWED</b> .....	17
<b>GRADING</b> .....	<b>17</b>
PASSING GRADE FOR NRSNG CLINICAL/DIDACTIC COURSES.....	17
GRADING AND EVALUATION .....	18
CLINICAL CALCULATIONS TEST (CCT) .....	20
PASSING GRADE FOR NRSNG 1010 AND 1015 .....	21
<b>RESOURCES</b> .....	<b>21</b>
ACHIEVEMENT COACH.....	21
COMPUTER LABS, LIBRARIES, AND TUTORING SERVICES .....	21
<b>CLASSROOM AND CLINICAL</b> .....	<b>22</b>
<b>CLASSROOM AND CLINICAL PRIVACY</b> .....	22
CLASSROOM ATTENDANCE .....	22
CLINICAL EVALUATION.....	22
CLINICAL ATTENDANCE.....	23
TARDINESS/LEAVING A CLINICAL SITE EARLY.....	23
ATTENDANCE SUSPENSION AND APPEAL .....	24
STUDENT REMOVAL FROM AN OFF-CAMPUS INSTRUCTIONAL SITE OR ON-CAMPUS LABORATORY .....	24
SUCCESS PLAN .....	25
APPEAL OF STUDENT REMOVAL FROM AN OFF-CAMPUS INSTRUCTIONAL SITE OR ON-CAMPUS LABORATORY .....	25
THANKING CLINICAL STAFF AT THE END OF A CLINICAL ROTATION .....	25
<b>COURSE PROGRESSION</b> .....	<b>26</b>
INCOMPLETE GRADE ASSIGNMENT AND REMOVAL (CNM ACADEMIC POLICIES).....	26
WITHDRAWALS AND FAILURES DEFINED .....	26

CNM NURSING COURSE FAILURE AND WITHDRAWAL .....	26
AUDITING NURSING CLASSES .....	27
RE-ENTRY INTO THE REQUIRED NRSNG COURSE .....	27
THE APPEAL PROCESS FOR PROGRAM FAILURE .....	27
RANKING FOR RE-ENTRY, APPEAL, AND TRANSFER STUDENTS .....	29
<b>COMMUNICATION .....</b>	<b>30</b>
E-MAIL .....	30
ANNOUNCEMENTS/HANDOUTS .....	30
SOCIAL MEDIA EXPECTATIONS .....	30
<b>OFFICE OF VERIFICATION AND COMPLIANCE .....</b>	<b>31</b>
EXPECTATIONS .....	31
<b>STUDENT HEALTH AND WELLNESS .....</b>	<b>31</b>
INSURANCE .....	31
STUDENT HEALTH AND WELLBEING .....	32
LATEX ALLERGY POLICY .....	33
BLOOD BORNE PATHOGEN AND EXPOSURE POLICY (INCLUDING NEEDLESTICKS) .....	33
FUNCTIONAL ABILITIES FOR CNM NURSING STUDENTS .....	33
DISABILITY RESOURCE CENTER .....	35
<b>MISCELLANEOUS .....</b>	<b>35</b>
SECURITY .....	35
SMOKING POLICY .....	35
INCLEMENT WEATHER .....	35
CHILDREN ON CAMPUS .....	35
CELL PHONE/ELECTRICAL DEVICE POLICY .....	35
STUDENT REPRESENTATION ON FACULTY COMMITTEES .....	36
<b>GRADUATION AND PINNING .....</b>	<b>36</b>
RN LICENSURE AND UNLAWFUL ACTIVITIES .....	36
REQUIREMENTS FOR GRADUATION .....	37
HISTORY OF THE NURSING PIN .....	37
CNM PINNING CEREMONY .....	37

## HANDBOOK AND COMPLIANCE WITH RULES

### Student Responsibility Regarding the CNM Handbook

Students are responsible for knowing and adhering to the information contained in the Central New Mexico Community College (CNM) catalog and this Nursing Student Handbook. Nursing students are required to read the Nursing Student Handbook each semester. **As adult learners, students will be provided either a link to or an electronic copy of this handbook. The handbook is publically accessible and students are held to the rules and guidelines herein. Students are directed to ask the Academic Affairs Director of Nursing for clarification, if needed.**

In the event there appears to be a direct conflict between information contained in the Nursing Student Handbook and the CNM catalog, the catalog takes precedence. The nursing program may have more restrictive policies than the greater CNM community.

Students enrolled at CNM, taking CNM and university coursework for their BSN are held to the standards in this handbook. Further, BSN track students are also held to the UNM College of Nursing Handbook. In the event that these two documents are not in alignment, the more restrictive policy will supersede until the policies can be reviewed by UNM and CNM nursing leadership.

Nursing faculty reserve the right to make additions or deletions to the posted Nursing Student Handbook. The effective date for any changes made will be included in the handbook when it is updated and/or on Blackboard and/or in oral announcements and/or in written announcements to the students. Significant changes will be communicated to students in a fair and timely manner.

The updated Nursing Student handbook will be posted on the CNM Nursing website by the Nursing Student Committee chair in conjunction with the Media and Communications office (MCO). The effective date for any changes made to the Student Handbook will be included in the posting on the CNM Nursing Website, in oral announcements and written announcements.

December 2013; **August, 2017**

### CNM School of Health, Wellness and Public Safety Confidentiality Agreement

Any individual requiring access to patient or business information at any clinical site must sign this agreement in order to receive access. This includes access to written as well as electronically stored information. The terms of this agreement apply to oral, written and electronic information. Violations of the terms of this agreement are grounds for immediate legal and/or disciplinary action. This agreement supersedes all prior agreements related to confidentiality or proprietary information.

I agree and understand the following conditions:

1. I will not disclose, release or discuss any patient information, including clinical information of any kind, such as treatment protocols, medical conditions, financial/social information or patient demographic information for any purpose except to complete duties assigned. I understand that this includes **all** patients – even ones that I may know personally. In addition, I understand that state and federal law also require me to keep all patient information confidential.
2. I will not disclose, release or discuss business (e.g., financial, legal, operational, marketing) or employee information with any third party without first receiving written authorization from an appropriate clinical site manager who has authority to grant such authorization.

3. I will not seek information about patients, employees or business operations for my own personal use by accessing electronic or written records or through oral communication. I understand that my access to such information is strictly limited only to information that I need to know in order to carry out duties assigned.
4. I will not transmit confidential information about patients, employees or business operations via unsecured networks. I understand that this includes sending unencrypted clinical information on the Internet and the utilization of unsecured cellular phone networks.
5. I will not, at any time, share or disclose usernames, passwords or other authorizations that I use to access information. I understand that this includes posting or writing this information where other individuals can view it. I accept responsibility for all activities undertaken using my access code or other authorization.
6. I will not attempt to gain unauthorized access to computer hardware/software/firmware that is owned by any clinical site or disclose procedures (in whole or in part) to others so that they might do so.
7. I will take reasonable care to prevent the unauthorized use, disclosure or availability of confidential and/or proprietary information including through unattended screen displays and/or unsecured written documents. I understand that business and employee information is confidential and proprietary and should not be made available to persons or entities outside the clinical site. I further agree, upon the conclusion of my clinical rotation, to return all business and patient information in my possession or control to my clinical preceptor/instructor.
8. I acknowledge that the clinical site retains the right to monitor and/or review my access to information at any time for evidence of tampering or misuse, and may, at its own discretion, suspend or terminate my access privileges pending administrative review.
9. I will immediately report any violations of these rules that I know of or suspect to the appropriate authorities.
10. The rules of confidentiality and ethical behavior at the clinical site are available to me for review. I agree to follow these rules and behave in a professional, ethical manner at all times. I understand that misconduct and/or breaches of confidentiality will be grounds for legal and/or disciplinary action.

### **Clinical Contract Statements Concerning Students**

In addition to the Confidentiality Agreement, CNM – HWPS clinical contracts state:

“Students who are assigned to the program will not receive any compensation from the Agency while participating in the program for any purpose, whatsoever, nor will such students be eligible for any employee benefits provided by the Agency including, but not limited to, workers’ compensation.”

“...an Agency has the right, in its sole discretion, to exclude any individual at any time from any clinical area.”

“In the event that a student becomes ill or is injured while in the Agency and requires medical services they are financially responsible for their care, not the Agency.”

## Nursing Student Handbook Acknowledgement

As an enrolled student in the CNM nursing program and as an expectation of professional performance, I am aware that I am held accountable for the following:

1. I am familiar with and will adhere to each of the Student Policies and Codes found in the CNM Course Catalog.
2. I have been informed about Contagious Diseases. I have had the chance to ask any questions I might have. I understand the information and agree to follow its guidelines.
3. I certify that I have been informed about the Bloodborne Pathogens policy. I have had the chance to ask any questions I might have. I understand the policy and agree to be bound by its terms.
4. I certify that I have read about Latex Allergies and have had the chance to ask any questions I might have.
5. I certify that I have been informed about the Suspected Impairment policy, have had the chance to ask any questions I might have. I understand the policy and agree to be bound by its terms.
6. I acknowledge The Family Education Rights and Privacy Act of 1974 prohibits the release of any portion of a student’s educational records to individuals without the student’s consent. I therefore allow CNM to release information to a clinical site or testing site if it is determined to have a “legitimate need to know.” This includes information required for external compliance and facility credentialing.
7. I agree to comply with credentialing deadlines and am aware that failure to meet these deadlines may result in a clinical failure, regardless of classroom and clinical performance.
8. I have read and understand the Admissions Eligibility document. I certify that I have been informed about the Nursing Student Handbook, have had the chance to ask any questions I might have and agree to be bound by its terms.

HWPS Revised August 2003/December 2013/Jan 2016/January 2017/August 2017

## ABOUT THE PROGRAM

### New Mexico Nurse Practice Act: Clinical Practice of Nursing Students

The New Mexico Nurse Practice Act 61-3-29 states that the Act “shall not apply to or affect nursing by students when enrolled in approved schools of nursing or approved courses for the education of professional or practical nurses when such nursing is part of the educational program.”

Verified August 2017

### Accreditation

State Approval	Regional	National
<b>New Mexico Board of Nursing</b> 6301 Indian School Road NE Suite 710 Albuquerque, NM 87110 (505) 841-8340 (505) 841-8347 (Fax) <a href="http://www.state.nm.us/nursing/">www.state.nm.us/nursing/</a>	<b>North Central Association of Colleges and Schools</b> c/o The Higher Learning Commission 230 South LaSalle Street, Suite 7-500, Chicago, IL 60604 <a href="http://www.hlcommission.org">www.hlcommission.org</a>	<b>Accreditation Commission for Education in Nursing, Inc. (ACEN)</b> 3343 Peachtree Road NE Suite 850 Atlanta, Georgia 30326 (404) 975-5000 <a href="http://www.acenursing.org">www.acenursing.org</a>

Verified August 2017

## **AASN Nursing Program**

### **Purpose of Nursing Program**

The purpose of the nursing program at CNM is to offer high-quality basic nursing education that meets the requirements for an associate of applied science degree in nursing. In addition, the nursing program supports mobility in nursing education for the LPN and/or students with previously acquired nursing knowledge. The program's purpose is to also provide qualified graduates to meet the community's need for nurses. The nursing program fosters personal, intellectual, and social growth of students.

December 2013

### **History of the CNM Nursing Program**

The LPN and ASN nursing programs at CNM evolved from a practical nursing program at Presbyterian Hospital in 1956. That practical nursing program, known as the Presbyterian Hospital School of Practical Nursing, was housed in the basement of the Hazeldine Infirmary Building adjacent to Presbyterian Hospital in Albuquerque, New Mexico. In 1964, the administrative direction of the practical nursing program was transferred from Presbyterian Hospital to the Albuquerque Public Schools. In 1965, CNM (formerly TVI or the Technical Vocational Institute) assumed the administrative responsibility for the nursing program.

In 1986, the New Mexico legislature granted degree awarding authority to TVI (now CNM) and plans were developed to initiate an associate of science in nursing program. In the fall of 1986, TVI (now CNM) assumed the responsibility for the Associate of Science program from the University of Albuquerque and the University of New Mexico. The University of Albuquerque closed. The University of New Mexico continues to offer BSN, MSN, and PhD programs in nursing.

CNM first associate of science in nursing (ASN) program was started in the fall of 1987. The curriculum of the practical nursing program was changed to promote coordination with the ASN program and career mobility between the practical nursing program and the ASN program at CNM. The practical nursing program was the first practical nursing program in New Mexico to be accredited by the National League for Nursing Accrediting Commission (NLNAC) and was accredited in 1989. The Associate of Science in Nursing program was initially accredited by the NLNAC in 1989. The accreditation was retroactive for one year and therefore included the first graduating class of April 1988.

The practical nursing program closed in 2013. CNM continues to offer an Associates of Applied Science (AASN) as a traditional program, or as an LPN to AASN mobility program. CNM was approved by the New Mexico Board of Nursing in May of 2013 to adopt the shared, statewide New Mexico Nursing Education Consortium (NMNEC) curriculum. In January of 2014, the first group of NMNEC students began that coursework. Many of these students were accepted by the University of New Mexico (UNM) to concurrently pursue their AASN while also actively working on their baccalaureate studies in nursing.

December 2014

## **Philosophy**

Nursing is a caring profession that reflects the science and art of nursing. Caring reflects a humanistic value and it requires sensitivity to one's self and others. Nurses care for clients and families from diverse cultural backgrounds across the lifespan in a variety of settings. Nurses recognize that the healthy client can perform self-care activities that maintain safety and contribute to well-being. Nurses also recognize that clients vary in their ability to achieve well-being. Nurses communicate effectively through verbal, nonverbal, written and technological means. Interdisciplinary collaboration is needed for individualized, therapeutic nursing interventions.

The CNM AASN Nursing Program is based on the recognition of the intrinsic value and mutual respect of each person. It is the philosophy of the nursing programs that a caring teacher-learner relationship is needed in a collaborative learning environment to promote caring in the nursing profession. The program values the faculty and their expertise, experience and professional development. The faculty members are recognized as facilitators of educational opportunities to meet individual student needs as well as professional competencies.

The AASN Nursing Program faculty support clinical reasoning resulting in clinical judgment as part of the organizing framework for learning. Learners are recognized as autonomous individuals who make independent decisions about their needs. Nursing requires clinical reasoning skills to be used as a guide to implement the nursing process and result in clinical judgment to meet client and family needs in the roles of provider and manager of care.

The faculty also believes that learning is a contextual lifelong process that fosters sensitivity to the unique and diverse nature of individuals, acquisition of knowledge, skills to access information and changes in values and behaviors. As role models of clinical reasoning and judgment, faculty shape an educational environment which empowers students to become independent learners, to accept responsibility for lifelong learning and develop professional competencies such as teamwork and accountability as managers of care.

Nursing care based on clinical reasoning reflects consideration of the client's basic and higher-order needs and result in a healthful state of physical, emotional, mental and spiritual well-being. Clinical reasoning and clinical judgment should include the following Quality and Safety Education for Nurses (QSEN) competencies:

1. Patient-Centered Care: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.
2. Teamwork and Collaboration: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.
3. Evidence-Based Practice: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
4. Safety: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.
5. Informatics: Use information and technology to communicate, manage knowledge, mitigate errors, and support decision making.

Graduates of the Associate of Applied Science in Nursing (AASN) provide a safe and caring environment for clients across the lifespan recognizing the influence of spirituality and cultural diversity.

AASN graduates utilize critical thinking skills to apply the comprehensive nursing process when meeting the healthcare needs of clients with complex health problems. AASN graduates demonstrate accountability for maintaining professional competence based on evidence based nursing practice. AASN graduates communicate effectively through verbal, nonverbal, written and technological means to manage care through interdisciplinary collaboration to meet client health needs.

December 2013



## Organizational Framework

The central focus of the nursing program's organizational framework is the nurse-client relationship. Five constructs provide a framework for organizing the basic knowledge and education outcomes of the nursing program. These core components consist of:

1. **CARING:** Encompasses compassionate and professional service across the lifespan that recognizes cultural and spiritual diversity.
2. **COMMUNICATION:** Verbal and nonverbal, goal-directed interaction with clients, families and healthcare team.
3. **CLIENT:** Health promotion accomplished through maintenance and/or enhancement of the well-being of individuals, families and community.
4. **CLINICAL REASONING-CLINICAL JUDGMENT:** Clinical reasoning refers to the *process* by which clinicians make clinical judgments. Clinical judgment, according to Tanner (2006), is the interpretation or *conclusion* about a client's needs, concerns, or health problems including the decision to take action using evidenced-based practices as deemed appropriate by the patient's response.
5. **COMPETENCE:** Through clinical practice, the student develops accountability for safe client care which will be reflected in their proficiency to carry out a task and their ability to implement a role as caregiver, teacher, and manager.

The content threads are recurring themes within the nursing courses. The threads include teaching/learning, hierarchy of needs, growth and development, legal/ethical issues, management of client care and professional behaviors.

December 2013

## Nursing Student Code of Conduct

The nursing profession requires high standards of legal, ethical and moral accountability. The Nursing Program supports and abides by the CNM Student Code of Conduct, but nursing students are further expected to behave in compliance with the professional standards of nursing and the [ANA Code of Ethics for Nurses](#) and the [NSNA Code of Professional Conduct](#).

Students demonstrating unsafe or disruptive behavior in the clinical facility or in class will be dismissed for the day and may ultimately be referred to the **Office of Student Life and Conduct**. Unsafe behavior, a serious incident, or disruptive behavior may also be a violation of CNM policy, School of Health, Wellness, and Public Safety policy, or clinical site policy. Violation of CNM, School of HWPS, clinical site policy, or failure to attain and demonstrate skills appropriate to the site may result in removal from the site, and possibly removal for the duration of the course resulting in a failing grade.

In response to unsafe behavior, a serious incident, or disruptive behavior, the instructor will send the student home and:

1. Consult with the level instructor or program director as soon as possible, ideally within hours of the incident.
2. With the level instructor, counsel the student within 24 hours of the occurrence.
3. The level instructor, with counsel from the nursing program director, will decide if the student will return to the clinical site and/or classroom.

- A. If the student is allowed to return to the clinical site or classroom, the instructor will inform the student.
- B. If the student is not allowed to return to the clinical site or classroom, the student will accrue a failure for the activity, which may result in a failing grade for the course. Further, the CNM policies regarding code of conduct will be followed.

December 2013/**August 2017**

### **American Nurses Association Code of Ethics for Nurses**

The updated (2015) ANA Code is as follows:

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 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 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.

American Nurses Association (2015). *Code of ethics for nurses with interpretive statements*. Washington, DC: American Nurses Association.

December 2013, Updated January 2016

### **National Student Nurses' Association (SNA)**

SNA Representatives are chosen as volunteers from within the SNA membership and serve one term, renewable for up to four terms. SNA officers are elected at the end of each semester for the following term.

There will be a Nursing Faculty Advisor for the CNM SNA. Student groups such as the SNA may undertake special projects or plan special events. If so, these projects or events must be reported to the **Office of Student Life and Conduct**. The faculty advisor will work with the students during the planning and execution of the project or event.

## **SNA Code of Professional Conduct**

As a member of the National Student Nurses' Association, I pledge myself to:

1. maintain the highest standard of personal and professional conduct.
2. actively promote and encourage the highest level of ethics within nursing education, the profession of nursing and the Student Nurses' Association.
3. uphold and respect all Bylaws, policies and responsibilities relating to the student nurses' association at all levels of membership, reserving the right to propose changes and to critique rules and laws.
4. strive for excellence in all aspects of decision-making and management at all levels of the Student Nurses' Association.
5. use only legal, ethical, and human rights standards in all association decisions and activities in accordance with the NSNA core values.
6. ensure the proper use of all association funds and resources in accordance with the fiduciary responsibilities set forth in NSNA bylaws, policies and state/federal law.
7. ensure impartiality and prevent conflicts of interest, neither provide nor accept personal compensation to or from another individual while serving as members of student nurses' associations.
8. maintain the confidentiality of privileged information entrusted or known to me by virtue of an elected or official position in the student nurses association.
9. affirm and support diversity and inclusion by refusing to engage in or condone unjust discrimination on the basis of race, sex, sexual orientation, gender identity, age, citizenship, religion, national origin, disability, illness, legal status, or personal attributes.
10. uphold integrity in personal, professional, and academic life by refraining from and reporting any form of dishonesty, using proper established channels of communication and reporting as set by the policies of the organization in question.
11. always communicate internal and external association statements in a truthful and accurate manner by ensuring that there is accuracy in the data and information used by the student nurses' association.
12. cooperate in every reasonable and proper way with association volunteers and staff and work with them in the advocacy of student rights and responsibilities and the advancement of the profession of nursing.
13. use every opportunity to raise awareness of the Student Nurses' Association mission, purpose and goals at the school chapter level.
14. Use every opportunity to raise awareness of the student nurses' association mission, values, purpose, and goals at the school, state, and national chapter level as defined in bylaws and policies.

Adopted by the 1999 House of Delegates, Pittsburgh, PA at the 47<sup>th</sup> Annual NSNA convention/Amended by the House of Delegates at the NSNA Annual Convention on April 7, 2017 in Dallas, TX

December 2013/August 2017

## **NMNEC/CNM Nursing Program Objectives**

1. Engage in professional nursing practice that is patient-centered and culturally appropriate for individuals, families, and communities.
2. Integrate principles of quality improvement and safety into nursing practice within healthcare organizations and systems.
3. Deliver nursing care that is evidence-based.

4. Demonstrate leadership behaviors through the application of policies that apply to healthcare delivery.
5. Engage in effective interprofessional collaboration in the delivery of healthcare for quality patient outcome.
6. Utilize technologies for the management of information and in the delivery of patient care.

December 2013/ re-evaluated without changes August 2017

### Graduate Level Objectives (GLOs)

By the end of the program, the student will be able to:

1. Integrate diverse patient values, beliefs, and attitudes into plan of care for patients with acute illness.
2. Interpret and analyze factors and system contributions that impact the quality and safety of nursing practice.
3. Integrate an evidence-based approach in the delivery and evaluation of nursing care to acutely ill patients across the lifespan.
4. Evaluate the use of policies and procedures within the acute care setting.
5. Effectively collaborate with the healthcare team in the delivery of patient care.
6. Integrate use of appropriate technology for the delivery of nursing care to acutely ill patients.

December 2013/re-evaluated without changes August 2017

### Progression of Leveled Student Learning Objectives (SLOs) to GLOs

The sequencing of the NMNEC courses promotes the development of higher cognitive levels, addresses differing patient populations, and focuses on increasing complexities in patient care which are delivered in a variety of healthcare settings. Courses build to allow students to progress from novice to advanced beginner by the conclusion of the program, thus preparing them with the knowledge, skills, and attitudes necessary to become competent, entry-level nurses. The table below shows the progression of SLOs to GLOs in CNM's nursing program.

NMNEC GLOs		Level One SLOs (Principles)	Level Two SLOs (Wellness)	Level Three SLOs (Chronic)	Level Four SLOs (Acute)
Upon successful completion of the NMNEC Program, the student will:		Upon successful completion of Level 1, the student will:	Upon successful completion of Level 2, the student will:	Upon successful completion of Level 3, the student will:	Upon successful completion of Level 4, the student will:
<b>1</b>	Engage in <b>professional nursing practice</b> that is patient-centered and culturally appropriate for individuals, families, and communities.	Recognize their own values, beliefs, and attitudes related to health and wellness.	Recognize and assess diverse patients' values, beliefs, and attitudes related to health.	Incorporate diverse patient values, beliefs, and attitudes into plan of care for patients with chronic illness.	Integrate diverse patient values, beliefs, and attitudes into plan of care for patients with acute illness.
<b>2</b>	Integrate principles of quality improvement and <b>safety</b> into nursing practice within healthcare organizations and systems.	Recognize and identify safety issues and risks.	Apply safety measures to well patient populations.	Identify and interpret factors for improvement in safety and nursing practice.	Interpret and analyze factors and system contributions that impact the quality and safety of nursing practice.

NMNEC GLOs		Level One SLOs (Principles)	Level Two SLOs (Wellness)	Level Three SLOs (Chronic)	Level Four SLOs (Acute)
Upon successful completion of the NMNEC Program, the student will:		Upon successful completion of Level 1, the student will:	Upon successful completion of Level 2, the student will:	Upon successful completion of Level 3, the student will:	Upon successful completion of Level 4, the student will:
3	Deliver nursing care that is <b>evidence-based</b> across the lifespan.	Introduce an evidence-based approach to their professional nursing practice across the lifespan.	Implement evidence-based practices in care of well populations across the lifespan.	Utilize an evidence-based practice approach to the delivery and evaluation of nursing care to chronically ill patients across the lifespan.	Integrate an evidence-based approach in the delivery and evaluation of nursing care to acutely ill patients across the lifespan.
4	Demonstrate <b>leadership</b> behaviors through the application of policies that apply to healthcare delivery.	Identify policies and procedures application to nursing practice in the healthcare delivery system.	Adhere to policies and procedures in healthcare delivery settings.	Utilize policies and procedures within the healthcare setting.	Evaluate the use of policies and procedures within the acute care setting.
5	Engage in effective <b>interprofessional collaboration</b> in the delivery of healthcare for quality patient outcomes.	Communicate to identify roles and values of the healthcare team.	Communicates with other healthcare providers to meet the needs of well patients.	Participate as a member of the healthcare team in the delivery of care.	Effectively collaborate with the healthcare team in the delivery of patient care.
6	Utilize <b>technologies</b> for the management of information and in the delivery of patient care.	Access information and apply to patient scenarios.	Utilize informatics for well patient care.	Utilize appropriate technology for the delivery of nursing care to chronically ill patients.	Integrate use of appropriate technology for the delivery of nursing care to acutely ill patients.

January, 2015/August 2017

### Information for Transfer of Nursing Credit

Students seeking to transfer nursing credit from other NMNEC institutions will be taken on a space available basis provided they were in good standing at the institution from where they were transferring. NMNEC coursework is good for two years. Students from non-NMNEC schools will be asked to provide course descriptions, course syllabi, achievement test scores, official transcripts, and a Central New Mexico Community College worksheet from academic advisement, in order to determine qualifications for placement in the nursing program. Placement is subject to space availability. Since there are differences among nursing programs, students wishing to transfer should be aware that there may be an interruption in program progression. Applicants must have been in good standing from their previous college with a "C" average or better. Nursing courses which are being transferred must have been completed within two (2) years prior to admission to the CNM Nursing Program. All other admission requirements must be met.

December 2013/January 2017

### **Procedure for Application for Transfer of Nursing Credit**

For students in a NMNEC program:

1. Apply to CNM. The student will receive a CNM e-mail address and student ID number. When communicating with advisors and/or the program director, please include your name, CNM ID number, CNM e-mail address, mailing address, and telephone number.
2. Request your official transcripts be sent to CNM for evaluation. You will receive a transcript evaluation from the Records Department via CNM e-mail.
3. When the evaluation has been received, make an appointment with the Nursing Programs Director. You may be referred to an advisor to ensure that CNM residency requirements are met.
4. Obtain and submit a letter of good standing from your previous NMNEC program director.
5. If you have failed two or more nursing courses at your original NMNEC school, you will need to submit an appeal to the student committee. Please reference the [appeal procedure](#) for details.

For students in a non-NMNEC program:

1. Apply to CNM. The student will receive a CNM e-mail address and student ID number. When communicating with advisors and/or the program director, please include your name, CNM ID number, CNM e-mail address, mailing address, and telephone number.
2. Request your official transcripts be sent to CNM for evaluation. You will receive a transcript evaluation from the Records Department via CNM e-mail.
3. When the evaluation has been received, make an appointment with the Nursing Programs Director. Please note, the originating school must be nationally and regionally accredited in order to be considered for academic transfer.
4. Meet with the HWPS Academic Advisor to determine that all course pre-requisites are completed and the CNM residence requirements will be fulfilled if you transfer to CNM.
5. Complete the transfer packet and submit it with the cover sheet and checklist of the office of the School of Health, Wellness, and Public Safety, Nursing Department for transmittal to the Nursing Program Director for final evaluation.

December 2013, January 2017

### **Duration of NRSB Course Credit**

Nursing course credits are good for two years. Students are encouraged to apply for transfer or re-entry to the class as soon as possible and if there is space available, to return to class in less than a year.

December 2013, September 2015

### **Clinical Preceptor and Instructor Approval of Care**

It is CNM's Nursing Program policy that students may have an observational experience or work with a clinical preceptor. The clinical instructor will name the person to whom the student will report in that setting. If there is any question regarding the clinical assignment or preceptor, the student is required to contact the nursing instructor and the full time faculty assigned to that level. In the event that a student provides nursing care at a time or place not previously approved by a full-time and/or clinical instructor, it will be considered a "serious incident" and may result in removal from the clinical area and/or course. For further clarification, see [Removal from a Course](#) and the definition of a serious incident in this handbook.

December 2013

# UNIFORMS

## Uniform/Dress Code

Nursing students are to follow the guidelines to dress in a manner that is professional and dignified.

Students wear the CNM uniform when they are:

1. in the classroom,
2. obtaining clinical assignments,
3. present at the clinical site during clinical hours,
4. present at on-campus clinical labs,
5. while functioning as a CNM nursing student at any other time.

Students who fail to meet dress code guidelines will be sent home and not permitted to participate in learning activities and they will accrue an absence. Exceptions can be made at certain clinical sites.

While students need to be in uniform when commuting to and from CNM activities, students will not be in uniform during off-duty hours.

### 1. Uniforms:

- a. Students must wear the uniforms available at the CNM bookstore. The only exceptions are if:
    - i. the student has a medical condition that cannot be accommodated by the uniform (pregnancy, etc.)
    - ii. the student would like to purchase (on their own) the WonderWinks brand cargo scrub pants in hunter green. Students who are very small or plus size and petite plus may find the fit to be superior to what is sold in the bookstore. This is the only approved substitution. Substitutions to the white tunic are not permitted.
  - b. Female students must wear the white dress or hunter green pants with the white tunic. The CNM patch will be sewn three (3) inches below the center shoulder seam on the left shoulder sleeve. Students may hem the pants or dress, but should make no other modifications to the uniform.
  - c. Male students must wear the hunter green pants with the white tunic. The CNM patch will be sewn three (3) inches below the center shoulder seam on the left shoulder sleeve. Students may hem the pants or dress, but should make no other modifications to the uniform.
  - d. Uniforms will be wrinkle-free, should fit appropriately providing freedom of movement and must be suitable for standing, stretching and bending. Non-transparent undergarments (neutral colors) are to be worn and not visible.
  - e. Students may wear a short or long sleeved white shirt under the tunic for warmth or to cover tattoos if needed. If needed, students may alternatively wear white sleeves under the uniform top to cover arm tattoos.
  - f. Students may have a long-sleeved,  $\frac{3}{4}$  length lab coat with the CNM patch sewn on the left sleeve three (3) inches below the center shoulder seam. The lab coat may be worn over the full uniform, at the instructor's discretion. The lab coat will also be worn at the pinning ceremony.
  - g. Hoodies, sweaters, scarves, hats, or other cold-weather gear are not permitted over the uniform once educational activities have begun. Students may wear an additional white layer under the white shirt described in "e" above so long as it is unadorned.
2. **Identification Badges:** All students of the Nursing Program are required to wear their CNM ID badges while in uniform. If lanyards are worn, they must have a clasp in the back that snaps open if the badge is pulled (breakaway).



3. **Shoes and socks:**
  - a. Canvas/cloth shoes and open toed/open heeled shoes are prohibited. Athletic shoes are acceptable if they are no less than 90% white and are leather or vinyl (no mesh). All shoes must be clean, in good condition, and odor free.
  - b. Socks should be white, black, or hunter green and unadorned.
  - c. Students choosing the dress option must wear white nylons.
4. **Hair Styling:**
  - a. Hair is to be kept clean and professionally groomed.
  - b. Hair will be styled so that it does not fall forward over eyes or shoulders. Unrestrained hair poses a safety and infection control threat.
  - c. Unnatural hair colors or outlandish styles are not allowed (e.g., purple, pink, green, excessively spiky, Mohawks, etc).
  - d. Hair accessories should be kept to a minimum, and restricted to white, black, brown, or unadorned metal.
  - e. Beards, mustaches, and side-burns should be clean and neatly trimmed. Beards should be no longer than one inch in length and should be easily contained by a standard surgical mask. Students who shave should be clean shaven each day the uniform is worn. Students who have beards for religious purposes must communicate this exception to the program director prior to clinical activities and be able to contain the beard with no more than two standard surgical masks.
5. **Cosmetics, Perfume, and Nails:**
  - a. Extremes in make-up are not allowed.
  - b. Perfumes, aftershaves, lotions, or other scented hygiene products are not allowed.
  - c. Artificial nails are prohibited. Nails must be kept clean, short, and well-manicured. Clear or natural nail polish may be worn if allowed by institution policy. If polish is worn, it cannot be chipped.
6. **Jewelry, Tattoos, and Piercings:** Wearing jewelry is limited to:
  - a. One band watch with second hand. The watch should be easy to move up the arm to facilitate hand washing. **Expensive watches are discouraged. Students should see these as disposable items.**
    - a. **“Smart” watches are not allowed in the clinical setting because they can harbor microbes (they are difficult to satisfactorily clean) and can pose a threat to patient confidentiality.**
    - b. **Watches of any kind are prohibited in exams. These must be removed and stored away from the student’s body.**
  - b. Two (2) rings total. Avoid high settings.
  - c. One (1) earring per ear. Only studs are allowed.
  - d. Ear gauge studs must be neutral or skin color and occlusive (plugs only).
  - e. Body piercing that is noticeable is prohibited (i.e., nose, tongue, eyebrow, etc.). Body piercings beyond the ears need to be removed or covered (i.e., with an adhesive bandage, etc.). Any exceptions to this policy will be addressed on a case by case basis.
  - f. Tattoos, body art, and other body modifications should remain as covered as possible. The wearing of an unprinted long-sleeve, white t-shirt under the uniform top is authorized and may help cover such markings. If needed, students may alternatively wear white sleeves under the uniform top to cover arm tattoos. Arm, wrist, and neck/head tattoos must be fully covered while the uniform is worn. Students may be asked to cover hard to conceal tattoos with bandaids (behind ears, high on the neck, or on the face).



7. **Hygiene:** Students should be clean and free of offensive body odor. Patients may be sensitive to scents that may include tobacco odor. Tobacco products, including electric cigarettes, should not be visible or carried in the uniform.

December 2013, September 2015, April 2017, August 2017

### **Dress Code when Uniforms are Not Allowed**

There may be times when wearing the uniform is not permitted by a clinical facility (for example, some acute inpatient psychiatric facilities do not want staff, faculty or students in uniforms) or desired for a non-clinical activity. When this is the case, the expectations will be clearly communicated to students.

1. **Identification Badges:** All students and faculty of the Nursing Program are required to wear their CNM ID badges in the clinical area and it is recommended they be worn in theory classes as well. If lanyards are worn, they must have a clasp in the back that snaps open if the badge is pulled (breakaway).
2. **Shoes** – No open-toed shoes are allowed.
3. **Pants/Slacks** – No denim (jean) material pants regardless of color. No scrubs or components of scrub uniforms. No shorts of any length.
4. **Skirts** – No skirts shorter than one inch above the knee. No skirts with slits above the knee.
5. **Socks/Stockings** – Students must wear socks or stockings at all times. No bare feet or “five toes-type” shoes. Socks should be black or white and contain no ruffles or designs.
6. **Blouses/Shirts** – No sleeveless shirts, tank tops, t-shirts or shirts with pictures, logos, etc.
7. **Lab Coats** – Students will wear the lab coat as appropriate. The lab coat must have the CNM patch on the left shoulder sleeve. Students may not wear components of the uniform in lieu of the lab coat (such as the uniform shirt worn open over street clothes).
8. **All other uniform requirements (4-7 above) are in effect.**

December 2013, April, 2017, August 2017

## **GRADING**

### **Passing Grade for NRSG Clinical/Didactic Courses**

To progress in the nursing program, students must earn a grade of ‘C’ (77%) or better in all required NRSG courses.

The clinical component or clinical is defined as any activity assigned by the nursing faculty that occurs during clinical/laboratory times. This may include the work in the simulation lab or campus lab, media review, assignments to be completed at the CNM library, attendance at a professional nursing meeting off campus, attendance in classes on clinical days on campus, and/or examinations on clinical days. Clinical days are usually Thursdays and Fridays during the semester. If clinical activities are scheduled outside of normal class hours, students will be given adequate notice.

Students are required to take HESI standardized nursing exams each semester to assist them in preparing for the National Council Licensure Examination (NCLEX). A HESI score of 850 or higher is desired. Students scoring below an 850 are encouraged to sit for a second version of the exam. Students scoring lower than an 825 are required to retest. Please see the course syllabi for specific information on how the exams are administered.

A letter grade is given for the theory component of the course. The clinical grade is pass or fail. Failure in either clinical or theory of a nursing course constitutes a failure for the course. Students who fail the

theory or clinical portion of a nursing (NRSG) course will be required to repeat the entire course (theory and clinical). In the event that a NRSG course is failed, refer to the [Re-entry into the Required NRSG Course](#) section in this handbook.

The nursing faculty is responsible to keep the public safe. Therefore students are held to the standards of the nursing profession. For further information, refer to the State of New Mexico Nursing Practice Act and Administrative Rules and Regulations of the New Mexico Board of Nursing, 16 NMAC 12.2.12 – Standards of Nursing Practice, effective 2/17/06. Because of this responsibility, the CNM nursing faculty reserves the right to retain only those students in the nursing program whose knowledge, skill, health, and attitude indicate the capability to be members of the healthcare team and students who demonstrate they are capable of working effectively in providing healthcare.

## **Grading and Evaluation**

The following grading policies apply to all nursing courses of the curriculum. Course and clinical grades are based on a variety of activities designed and assigned by the faculty. It is expected that any work assigned to students will be completed independently unless an exception is expressly granted by the instructor. The grading criteria for theory and clinical courses are included in course syllabi.

December 2013, January 2017

### **Graded Assignments**

Assignments are designed to help you come to class better prepared. We encourage students to work ahead as much as possible and resist waiting until the last minute. Please note: “Level-up” assignments in HESI Adaptive Quizzing may take many sessions over many hours to complete. Do not leave these until the last minute.

For assignments available to students for less than five days (not applicable to clinical assignments):

Ten percent (10%) will be deducted for each calendar day an assignment is late. If the assignment is received after five (5) calendar days from the due date, a grade of zero (0) will automatically be given for that assignment. It is the student’s responsibility to have either a nursing instructor or a Health, Wellness, and Public Safety administrative assistant write the date and time any assignment is turned in when it is not given directly to the course instructor.

For assignments available to students for more than five days and/or assignments associated with clinicals:

Late assignments receive a grade of zero. No exceptions or extensions will be made.

July 2014, January 2017, April 2017

### **Examinations and Quizzes**

It is the expectation that students take examinations on time. Every effort should be taken by the student to balance his/her schedule in a manner that places examination time as a priority.

Daily or unannounced quizzes administered in class that are missed by the student will not be made up.

In regards to circumstances conflicting with scheduled examinations:

- Job interviews, work-related obligations, physician appointments, childcare issues, vacations, etc. do not constitute a valid excuse for missing exams or requesting a rescheduling.

- Qualified exceptions include (but are not limited to): court dates, medical emergencies, or deaths in the immediate family. Students are expected to provide the primary instructor supporting documentation.

Students missing exams are expected to follow these procedures:

1. The student who misses an exam or anticipates an impending qualifying exception must communicate with the instructor of record as soon as possible, preferably before the exam. It is the student's responsibility to initiate this communication in writing (email is acceptable, texting is not).
2. A student who misses an examination without notifying the instructor of record in advance of the test day and who does not make arrangements with the instructor to take the examination the day she/he returns to class or clinical will receive a grade of zero (0) for that examination.
3. Make-up examinations may be in any format (e.g., oral, essay, multiple choice, etc.) at the discretion of the instructor.
4. Examinations taken at any time/date other than when the test is originally scheduled will incur a 10% exam score reduction with the 10% based on the total number of points possible on that exam. The penalty may be reversed when the student is able to provide official documentation of their qualifying exception.

December 2013, updated July 2014, January 2017

**Responsibility for Grades**

Each student is responsible for knowing his or her own academic status based on grades earned from learning activities. If a student finds he has an unsatisfactory grade that may result in failure of the nursing class, he is encouraged to contact the instructor for guidance related to success. It may be recommended that the student contact the HWPS Achievement Coach.

December 2013

**Grading Scales – (clarified, September 2015)**

1. Grades are calculated as percentages and they will be calculated using NO rounding. *(Note, students enrolled in university-only NMNEC courses will be subject to that facility's grading policies.)* This means that a student who has a numeric grade of 76.999% will receive a 'D' since 77% is passing. The grade percentage on examinations and quizzes will be calculated as follows:

$$\frac{\text{Total points earned on each exam}}{\text{Total possible points for the exam}}$$

2. The test, quiz, and assignment earned points will be totaled at the end of the semester and divided by the possible points. For example, if there were 537 points earned by the student, and there were 699 possible points (questions thrown out of the exams will be subtracted from the original possible points resulting in the total possible points), then the student's grade would be 76.824% and which is equivalent to a letter grade of 'D.'

**Grading Scale:**

A: 90-100%	B: 80-89.999%	C: 77-79.999%
D: 67-76.999%	F: Below 67%	

3. It is the student's responsibility to seek remediation if he or she did not pass a test. Students needing remediation should make an appointment with the HWPS Achievement Coach.

## Clinical Calculations Test (CCT)

Students must continue to demonstrate competency in dosage calculations in each semester of the nursing program.

1. All students in NRSG 1535, 2090, and 2515 take the CCT as a high stakes exam. The required passing score for the CCT is 90% or higher.
  - a. Students are strongly advised to study review materials prior to taking the CCT.
  - b. Students must take the CCT at the scheduled time for their level. Exceptions can only be made under extenuating circumstances and must be approved by the full time faculty. Exams taken late will be subject to the late penalty described in the Examinations and Quizzes section of the [Grading and Evaluation](#) section of this handbook.
  - c. The CCT is a paper/pencil examination and is proctored on campus.
  - d. Students are only allowed to use a dedicated, standard calculator. Cell phone calculators, PDAs or any other programmable devices are not allowed.
2. If students do not pass the CCT the first time the test is given in the semester, remediation is required. It is the student's responsibility to participate in remediation. Suggested remediation includes:
  - a. Review the test with the full-time faculty. Each level will have a designated dosage instructor to manage the completed exams.
  - b. Seek out additional resources as needed. It is recommended that students spend time reviewing information in their dosage textbook.
3. The second CCT will be paper/pencil and proctored on campus. The same guidelines established for the first CCT apply (see 1 above).
  - a. Students are allowed one opportunity to take and pass the second CCT exam with a score of 90% or above.
  - b. Students must take the CCT retake at the scheduled time for their level. Exceptions can only be made under extenuating circumstances and must be approved by the full-time instructor associated with the course. Exams taken late will be subject to the late penalty described in the student handbook.
4. Students that do not successfully complete and pass the second CCT will be removed from the nursing course in which the student is currently enrolled (NRSG 1535, 2090. or 2515). Students may change their enrollment status to "audit" and continue attending the classroom portion of the course. Auditing students may not take or review course exams.
5. Students who do not pass the CCT may apply to re-enter the nursing program (see [Re-entry into the Required NRSG Course section](#) of the handbook). Students who are re-entering the nursing program will enter the nursing course and take the CCT along with the other students of that level and must pass the CCT at 90% or higher (same requirements apply).

December 2013

### Procedure for assisting students to maintain clinical calculation skills

1. There will be a minimum of one clinical application math question on every test in NRSG (clinical) courses.
2. A critical behavior on all clinical evaluation forms includes accurate calculations.
3. Expectations for clinical preparation include responsibility for dosage calculations and intravenous calculations for any medication a client has ordered when students obtain their patient assignment.

4. Students who cannot perform calculations accurately in the clinical area will be placed on a [success plan](#) and referred to a dosage Instructor.
5. Continued difficulty with calculations is seen as a serious patient safety issue and can result in clinical failure.

December 2013

### **Passing Grade for NRS 1010 and 1015**

Students must complete NRS 1010 and 1015 with the first enrollment. Students who are unsuccessful in either of these courses will accrue a program failure. These students will have to re-register to the nursing program if they wish to continue their studies at CNM. The rationale for this strict policy is that the program always admits a full cohort and seats for re-entry are either limited or non-existent. This policy allows students a better opportunity to resume their studies. NRS courses are good for two years. All other requirements for application to our program are in effect.

December 2013, January 2017

## **RESOURCES**

### **Achievement Coach**

The role of the [Achievement Coach](#) is to help students succeed with their education and career goals. This is accomplished by problem solving to overcome barriers to education and utilize strengths. An achievement coach is available to students both individually and in a class setting to assist in areas of study habits, test taking skills, time management and other life skills as needed. Appointments may be made through the School of HWPS administrative assistants (224-4111). The coach may make referrals to other student services and agencies as needed.

December 2013

### **Computer Labs, Libraries, and Tutoring Services**

**Computer Labs and Learning Centers are available to students as follows:**

- [Main Campus Learning Center](#) (Student Resource Center Room 203)
- [Main Campus Business Resource Center](#) (BRC, Smith Brasher Hall Room 212)
  - A copy machine is available for 0.10 cents a copy at the BRC
- [Main Campus Library Computer Lab](#)
- [Montoya Campus Learning Centers and Computer Labs](#)
- [South Valley Campus Learning Centers and Computer Labs](#)
- [Westside Campus Learning Center and Computer Labs](#)
- [Rio Rancho Campus Learning Center and Computer Labs](#)

### **Library Services**

- [Main Campus](#) is located in the Student Resource Center (SRC). Books and periodicals are available for student use in the library. The media center is also located in the library and is available for students to view audio/visual materials.
- The library for [Rio Rancho Campus](#) is located on the 1<sup>st</sup> floor of the Rio Rancho Campus building. Library hours are posted on the library door and are available through the CNM website at [www.cnm.edu](http://www.cnm.edu).

### **Assistance Centers for Education (tutoring)**

- The [ACE](#) is located in the SRC on Main Campus. Tutoring assistance and study space is available in the ACE.
- Study space is available groups of students. Rooms must be scheduled in advance by calling 224-4306.

December 2013

## CLASSROOM AND CLINICAL

### Classroom and Clinical Privacy

Due to federal student privacy laws (FERPA) and copy right laws, it is imperative to protect the privacy of enrolled students and the intellectual property offered by the instructors. To promote this, the following applies to students:

1. No videotaping or photography during class, clinical, or lab.
2. No audiotaping of lectures without instructor permission. If permission is granted, recordings will not be posted on the internet or distributed in any way.
3. No photography of instructional materials used in the classroom (examples include but are not limited to slide presentations, videos, etc).
4. No posting of classroom or clinical /lab activities on social media. **Group photographs of students and faculty may be posted if the clinical site is unrecognizable, there are no other human beings in the shot, and there is no alcohol, tobacco, or firearms visible. Poses should reflect the highest of professional standards (no offensive gestures, signs, groping, etc). When in doubt, ask a nursing faculty member prior to posting.**
5. Further, during exam reviews, students are not allowed to have any electronic devices on their person (all electronic devices will be stowed in a backpack or purse, etc). **This includes watches of any kind.** Students are not allowed to take notes during exam reviews.

Students who do not follow these policies will be handled as per the CNM Academic Code of Conduct policies.

July 2014, January 2017, **August 2017**

### Classroom Attendance

1. Data shows that successful nursing students attend all classes. A student who must be absent from class should call the nursing program office at 224-4111 and/or the instructor of the absence before the class begins.
2. Attendance is taken at all class sessions.
3. Students are responsible for obtaining handouts and announcements given during absences.
4. Per CNM policy, students who miss 15% of the total class hours per course per term may be dropped from the course for non-attendance at the program's discretion (instructor team and Nursing Programs Director).
5. Most in class assignments cannot be made up. In the event a student misses an exam or a written assignment during an absence from class, he should refer to the [Grading and Evaluation section of the handbook](#).

December 2013

### Clinical Evaluation

Pass/fail grades are awarded in clinical courses based on the student's ability to apply knowledge and skill to patient care, to meet the clinical objectives, to achieve 77% or higher on required written assignments, and to give safe, reliable nursing care.

Clinical instructors, based on each student's performance, write daily or weekly anecdotal notes and/or evaluations. Daily or weekly written anecdotal notes or evaluations of student progress will be individually reviewed and signed by each student during a post-clinical conference and/or planned student evaluation sessions after the last day of the clinical experience.

## Clinical Attendance

Students are required to attend all clinical sessions. This includes on-campus lab and simulation days as well as clinicals attended at healthcare partner sites. Clinical days should not be missed for vacation, study for other classes, or other non-illness/emergency related issues. At this time, this does not include the one-credit theory component for 1015, 1535, and 2515.

1. If an emergency or illness prevents attendance, the student should call the clinical instructor one hour before the beginning of the clinical day or as specified by the clinical instructor. You may be asked for supporting documentation and/or a return to work release from your primary care provider.
2. More than one (1) day of clinical absence per term will result in attendance suspension of the student. Attendance suspensions result in a failing grade for the clinical course. Students may appeal attendance suspension (See [Attendance Suspension and Appeal](#)).

### Clinical absence is defined as:

1. arriving fifteen (15) or more minutes late at the clinical site and/or
  2. being unable to perform patient care due to the lack of preparation and/or
  3. leaving the clinical site more than fifteen (15) minutes prior to the end of the clinical day.
3. Those students on attendance suspension from the clinical site should continue in the clinical area while awaiting the appeal.
  4. Students attending SNA conferences/activities will not be given excused clinical absences.

December 2013, Revised August 2015

## Tardiness/Leaving a Clinical Site Early

Students are expected to arrive on time and remain for the full clinical time. Students should plan to arrive early at the clinical site to compensate for traffic, parking, and other unforeseen issues. Tardiness or leaving a clinical site early is a behavioral issue and addressed through the clinical evaluation tool and the Communication System procedure.

### Tardiness is defined as:

1. arriving on the clinical unit late but less than fifteen (15) minutes after the designated start time
2. leaving the clinical site less than fifteen (15) minutes prior to the end of the clinical day.

Any tardiness event will result in documentation of the following communication system procedure:

1. First offense: a documented verbal warning on the anecdotal notes including the amount of time the student was tardy from the clinical start time until the student arrival time.
2. Second offense: the student will submit a written plan to prevent future tardy to the clinical instructor before the end of the clinical day.
3. Third offense: a program level [success plan](#).
4. Fourth offense: removal from the clinical site for the rest of the day which constitutes a clinical absence.

December 2013

## **Attendance Suspension and Appeal**

An attendance suspension, if not successfully appealed, will result in a failing clinical grade and removal from the course. Successful appeals usually involve students bringing proof of illness or emergency with them to the appeal hearing.

Appeal of removal of a nursing student for missing more than one clinical day requires the following procedures:

1. Students request to appeal an attendance suspension to be heard by an Administrative Review Committee (ARC). Forms to initiate the process are available in the Health, Wellness, and Safety office. It is the student's responsibility to start this process.
2. The written request for an appeal must be made to the Nursing Program Director within two (2) working days of notification of the removal.
3. The student should continue to attend class sessions and clinical experiences after the appeal is filed.
4. The ARC will meet and render a decision within five (5) working days of receipt of the request for appeal. The ARC meeting may be delayed if the CNM campus is closed (snow days, etc), or on occasion when extenuating circumstances arise at which time they will be handled on a case-by-case basis.
5. Once the review has been scheduled, the student must attend or the removal will be upheld and the student will receive a failing grade for clinical.
6. The ARC is composed of:
  - a. one (1) student, ideally from the same nursing level as the student requesting the appeal
  - b. two (2) faculty members from a different nursing level than the student requesting the appeal, and
  - c. the student's clinical instructor (in a non-voting capacity). If the clinical instructor is unable to attend, another nursing instructor will be present to provide information on the student's absences and clinical performance based on information from the clinical instructor.
7. The ARC hears all cases and either upholds the removal or allows the student to continue based on the appeal, often with conditions.
8. The decision of the ARC is final.
9. A written record of the hearing and decision will be given to the student (or mailed at a later date). Copies of the decision will be distributed to the Nursing Program Director (to be placed in the student's file), the full-time faculty associated with the level, and the clinical instructor.
10. Reinstated students are responsible for meeting all clinical objectives.

December 2013, Revised August 2015

## **Student Removal from an Off-Campus Instructional Site or On-Campus Laboratory**

HWPS students are often engaged in experiential learning, both in the community and in on-campus sites. These sites serve clients, patients, employees, and students whose safety and well-being must be protected. Additionally, CNM, HWPS and the site's policies and procedures must be strictly upheld to maintain the integrity of the site's services.



Students must read about the HWPS removal policy which is located in the HWPS student handbook at this URL:

<http://www.cnm.edu/programs-of-study/health-wellness-public-safety/documents/StudentRemovalPolicy020614.pdf>

## **Success Plan**

An integral part of student learning is the ability to bridge deficits. The purpose of the success plan is to help the student identify strengths and strategies to overcome the gaps in knowledge, skills, or behaviors. Students who will be placed on a success plan include, but are not limited, to the following:

- A. Students who fail to attain and demonstrate essential skills appropriate to the site.
- B. Students who consistently show difficulty with attaining program objectives.
- C. Students who are allowed to return to a clinical site after a critical incident.
- D. Students who are re-entering the program after a course failure.

The Success Plan will be developed in collaboration with the level full-time faculty and the clinical instructor, the student and the HWPS Achievement Coach (as needed). The Program Director/designee must approve, sign and date the Success Plan. The student will sign and date the Success Plan and will be given a copy of the signed documents. Students who are subject to a Success Plan shall meet regularly with the level full-time faculty and/or designee to review the student's status and progress.

Students who do not meet the measurable objectives listed on the success plan by the dates listed may accrue a course failure.

December 2013

## **Appeal of Student Removal from an Off-Campus Instructional Site or On-Campus Laboratory**

The School of Health, Wellness and Public Safety (HWPS) provides for an appeal process for students removed **for the duration of a course** in accordance with the Student Removal Policy. This policy can be found in the HWPS student handbook, located at this URL: <http://www.cnm.edu/programs-of-study/health-wellness-public-safety/hwps-student-handbook>.

## **Thanking Clinical Staff at the End of a Clinical Rotation**

In an effort to thank the nursing staff, who have participated in the education of CNM nursing students, it has been traditional to provide a small gift of food or a card to the staff on the last clinical day. It is the policy of the CNM Nursing Department that the provision of a thank you gift is voluntary. No students should be coerced to participate by other students, their peers, or faculty.

Formulated February 12, 2014, updated March 26, 2014, Implemented August 2014

## COURSE PROGRESSION

### Incomplete Grade Assignment and Removal (CNM Academic Policies)

A grade of 'I' (incomplete) is given when circumstances beyond the student's control have prevented completion of the work for a course within the official dates of a term. In no case is an 'I' to be used to avoid a failing grade or to allow extra time to complete work normally expected. Please see the CNM Catalog for the full text of this policy.

December 2013

### Withdrawals and Failures Defined

**Withdrawal:** When the student chooses to drop enrollment in a required nursing course. The nursing program does not take the grade at the time of withdrawal into consideration. A withdrawal is handled in the same manner as a course failure.

**Course failure:** When the student achieves a grade of less than 77% in any NRSNG course (supplemental labs excluded), a grade of less than 90% on the CCT retake, a clinical failure, or withdraws from a course.

**Program failure:** When the student fails and/or withdraws from two or more required NRSNG courses. When this occurs, the student may not continue in the AASN program until there is a successful appeal.

December 2013

### CNM Nursing Course Failure and Withdrawal

A course failure is defined as the following:

1. a grade below the passing rate of 77% and/or
2. a clinical failure and/or
3. a grade below 90% on a CCT retake ([Clinical Calculations Test \(CCT\)](#) procedure) and/or
4. withdrawal from a NRSNG course for any reason.

Students who have had a single course failure may enroll in the same course ([except for NRSNG 1010 and/or NRSNG 1015](#)) for a second time.

ADN track students who accrue two (2) course failures may not continue in the AASN program but may [appeal](#) if extenuating circumstances occurred. BSN track students who accrue two (2) course failures in CNM/UNM coursework may not continue in the BSN program but may [appeal](#) if extenuating circumstances occurred. Further, if the student was only unsuccessful in the UNM coursework, he may switch to the AASN only program. This intent must be communicated in writing to the Nursing Program Director at both schools.

Any student who is unsuccessful in a nursing course ([except for NRSNG 1010 and/or NRSNG 1015](#)) will have to successfully complete that class before moving to the next semester's coursework. Students must retake whichever class(es) that were not completed.

It is highly recommended that they also enroll in the clinical course regardless of the student's final grade in that clinical component. The rationale for this is to help the student maintain his clinical skills in the next term to contribute to success in subsequent terms. Students who do not choose to avail themselves of the option to retake a successfully passed clinical course are held to the same clinical performance standards of students who progress from term to term without delays.

December 2013, Updated August 2014, Updated January 2015

## Auditing Nursing Classes

In addition to the CNM audit policy, with the approval of the Office of the Registrar and the nursing program director or clinical coordinator, auditors may be permitted in the nursing course under the following conditions:

1. The prospective auditor must have been enrolled and eligible to re-enroll in the nursing class that is to be audited, withdraw from the class, either passing or failing and then complete the process to change to audit.
2. Regular course fees are paid.
3. Auditors are clearly identified to the instructor. The student may not attend class until evidence of having enrolled in audit is presented to the instructor.
4. Auditors could be in one of two situations: they are auditing a course that they have not yet successfully completed, or they are voluntarily repeating a course for which they did achieve a passing grade and earn credit.
  - a. Auditors who have not successfully completed the course are prohibited from taking quizzes and/or exams. They may not participate in nursing lab or off-site clinical activities.
  - b. Students who are auditing a course that they have successfully completed in the past may take exams and attend on-campus labs but may not attend off-campus clinicals.
5. A grade cannot be subsequently or retroactively awarded.

December 2013, Clarified April 2015

## Re-entry into the Required NRSB Course

Students who withdraw from or are unsuccessful in either NRSB 1010 or 1015 must re-register to the program. If re-entry occurs within two years of the original admission, the previous course failure will follow the student and count towards a program failure if additional course failures occur. If a student fails both 1010 and 1015, that student will have to wait two years before reapplying to the program.

For all other coursework: After one required NRSB course withdrawal or failure, the student may apply to reenroll in the course. To **be considered** for re-entry into the course, **notify the Nursing Program Director by email**. Please note: re-entry into the program is on a space available basis. Students are ranked by grade at the end of the term. There are further rankings in place for students who do not complete the term (CCT failure, clinical removal). Students who have appealed will get last priority by date of appeal. All re-entry students are subject to [drug testing](#). Also, if there has been a break in enrollment at CNM, the student **may** also have to pay for fingerprinting and an additional [background check](#).

December 2013, January 2017, **Clarified August 2017**

## The Appeal Process for Program Failure

### Appeal for Reentry due to Extenuating Circumstances – for students with more than one unsuccessful NRSB course.

Nursing school is difficult under the best of conditions. Occasionally, students experience extenuating life events that contribute to the program failure. In these situations, students who have accrued two course failures are encouraged to submit a letter of appeal to the Student Committee requesting one additional opportunity to overcome those difficulties and to succeed. Examples of extenuating circumstances include (but are not limited to) the following: death or severe illness of student or immediate family member (parent, sibling, or child), sudden and unexpected change in financial status, sudden and unexpected change in relationship status with spouse or life partner, new diagnosis of learning disability for student,

etc. Stressors that typically do not fall under the definition of extenuating include (but are not limited to), lack of child care, academic-related challenges, schedule conflicts with work, chronic financial or relationship difficulties, etc.

Students who are in a position to request a program failure appeal should not expect to re-enter the program the next semester. If the appeal is requested after final grades are posted, the student will need adequate time to prepare the letter, meet with an achievement coach, and to mitigate any extenuating circumstances that contributed to their academic difficulties. Students who withdraw significantly earlier in the term will be handled on a case by case basis.

The intent of the letter of appeal is to provide the student the chance to explain their extenuating circumstances related to required NRSRG course withdrawal and/or program failure.

Prior to submitting a letter of appeal, the student is required to meet with the HWPS Achievement Coach for guidance. The student will create and submit a letter of appeal to the Chair of the Nursing Student Committee.

The student's written appeal must be submitted to the Chair of the Nursing Student Committee by the first day of each of the following months: (February, March, May, June, July, September, October, and November). The letter of appeal must include the student's full name, mailing address, email address and telephone number. The student is encouraged to meet with the Nursing Program Director for guidance on the appeal process. The student will also need to complete a Request for Readmission Form and submit it to the program director for her records.

- 1) The appeal letter must include a full description of the extenuating circumstances that contributed to the program failure plus a [success plan](#). This letter is reviewed only by the faculty in the Student Committee and is kept highly confidential.
- 2) The appeal letter must also include a plan for success. This plan should describe positive changes that occurred after the prior withdrawal or failure that the student now believes will allow them to be successful going forward. The student should also describe factors that interfered with or prevented success in the classes, and remediation they completed in order to minimize the reoccurrence of academic failure.
- 3) FOR TRANSFERRING STUDENTS from NMNEC schools who are not in good standing at their home institution, the appeal packet should also include the following:
  - a) Copies of unofficial transcripts showing grades for nursing coursework.
  - b) Copies of final clinical evaluations from any/all clinically based courses. These should be sent by the previous school directly to the program director.

The appeal will be reviewed by the Nursing Student Committee at a regularly scheduled meeting. The decision of the committee is final. If the Committee accepts the appeal, the student will be eligible to [return](#) to the AASN Nursing program. This will be the one and only time that this option will be granted to that student. BSN students will appeal at both institutions. If the appeal is denied at the University level, then the CNM appeal will result in the student pursuing the AASN degree only. The student would be encouraged to pursue the BSN through an RN to BSN program option after completing the AASN.

If the appeal is accepted by the Nursing Student Committee, the student will be readmitted into the AASN Nursing Program if space is available and based on the priority in the readmission section of this handbook. Unsuccessful appeals or a student who had a successful appeal but then who were unsuccessful in any NRSRG course enrollment will not be permitted to continue in the Nursing Program. Should the student decide to pursue nursing again through CNM, he/she will need to wait two years to enter the Nursing Program again. All program entry requirements must be met at the time of re-entry per the Nursing Program requirements as listed in the current CNM catalog. At the time of successful re-entry, students will start again in the Nursing Program anew with no history from the prior enrollment in the Nursing Program carrying over.

December 2013, April 2015, January 2017, April 2017

### **Ranking for re-entry, appeal, and transfer students**

There may be times with seats for re-entry, appeal, and transfer students are limited. In these situations, the following ranking system will be used to determine which students are offered seats:

- **First Priority:** Students who successfully completed an entire term of coursework and who needed to sit out a term or more before entering the next term of coursework. (Example, student passes all level 2 coursework and needs to sit out a term for a surgical procedure. Enters level 3 after sitting out a semester).
- **Second Priority:** Students who have 1 (one) unsuccessful attempt at a NRSRG course. If two students compete for one seat, the student with the higher final grade for the unsuccessful course will get priority.
- **Third Priority:** CNM students who submitted an appeal that was accepted by the student committee. If two students compete for one seat, the student with the earlier date of appeal will get priority.
- **Fourth Priority:** Students in good standing transferring from other NMNEC nursing programs. Students will need to provide a letter of good standing from the nursing program director at the program from which the student is leaving. Good standing is defined as: no nursing course failures, able to return to clinical without conditions or sanction.
- **Fifth Priority:** Students transferring from other NMNEC nursing programs who have incurred a single nursing course failure. Students must provide a letter from the nursing program director at the program from which the student is leaving verifying that the issues were academic and not behavioral. The course failure will carry over to the CNM appeal process.
- **Sixth Priority:** Students transferring from other NMNEC nursing programs who have incurred more than one nursing course failure must provide a letter from the nursing program director at the program from which the student is leaving verifying that the issues were academic and not behavioral. These students will be required to submit an appeal to the CNM Student Committee as outlined in the [appeal process for program failure](#).
- **Seventh Priority:** Transfer students from non-NMNEC schools with no more than one nursing course failure will be considered on a case by case basis. These students should be prepared to enter the program in the first level of coursework.

Nursing coursework expires two years from the date the highest course was completed. Transfer credits will only be evaluated from schools who are regionally accredited by the Higher Learning Commission. Schools of nursing that have regional accreditation but lack national accreditation will be considered on a case by case basis.

September, 2015, January 2017

## COMMUNICATION

### E-mail

E-mail is the primary means of communication in the Nursing Program. Students are required to access and maintain their CNM e-mail accounts. The CNM email address is the only email address that the school of nursing will use to communicate with enrolled students. Students should check their e-mail daily, but absolutely must check their e-mail at least twice a week. While it is possible to forward email from the CNM account to other accounts, it is not recommended because it often results in message failure, which is not considered a valid excuse for missing information. Students are held responsible for the information within the e-mails, whether they read them or not. Students are responsible for contacting the CNM Information Technologies help desk via telephone at 224-4357 or at [servicedesk@cnm.edu](mailto:servicedesk@cnm.edu) to resolve any e-mail problems.

Instructors will answer emails in a timely fashion, but email is not instant messaging. It is reasonable to expect faculty to respond to emails within one to two working days. This does not include off duty hours, weekends or holidays. If a student feels that an issue is pressing, he or she is encouraged to indicate urgency in the subject line of that email, but this does not guarantee a faster response.

December 2013, January 2017

### Announcements/Handouts

Students are responsible for the content of all classroom announcements and handouts, even if they are absent. Important notices will also be posted on Blackboard. Notices of general interest and information for nursing students may also be posted with approval on bulletin boards in Jeannette Stromberg Hall.

December 2013

### Social Media Expectations

Social networks and internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. Nurses and nursing students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior has the potential to enhance or undermine not only the individual nurse's career, but also the nursing profession. Students are held to behaviors outlined in the American Nurses' Association (ANA) principles for social networking.

#### ANA's Principles for Social Networking

1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient — nurse boundaries.
3. Nurses should understand that patients, colleagues, institutions, educators, and employers may view postings.
4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities. This extends to content that is perceived as bullying, shaming, discriminating, or threatening in nature if targeted to non-patient populations.
6. Nurses should participate in developing institutional policies governing online conduct.

#### 6 Tips to Avoid Problems

1. Remember that standards of professionalism are the same online as in any other circumstance.
2. Do not share or post information or photos gained through the nurse-patient relationship.

3. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
4. Do not make disparaging or hurtful remarks about patients, employers or co-workers, even if they are not identified.
5. Do not take photos or videos of patients on personal devices, including cell phones.
6. Promptly report a breach of confidentiality or privacy. This information should be reported to a full-time faculty or the program director.

Violations of these principles will be handled directly by the CNM **Office of Student Life and Conduct**. Consequences may include (but are not limited to) sanction, suspension, dismissal, or expulsion as outlined in the CNM Student Code of Conduct.

September, 2015, **August 2017**

## OFFICE OF VERIFICATION AND COMPLIANCE

### Expectations

As part of our contractual agreements with our clinical partners, nursing students are expected to be in compliance to numerous standards. These include, but are not limited to, immunizations, criminal background checks, drug screening, and various hospital-specific requirements.

Students are expected to complete all credentialing requirements by the deadlines provided each term. All nursing students are held to the standards listed in the HWPS student handbook which can be located at the following URL: <http://www.cnm.edu/depts/office-of-verification-and-compliance>.

Failure to credential will result in an inability to place the student at the assigned clinical location and subsequent clinical failure. **When the student is given a deadline by CNM personnel, the deadline is for when the requested documentation, including lab results, are to be received by the Office of Verification and Compliance. "In process" documentation will not be accepted as meeting the stated deadlines.** The student will not be offered an alternate clinical site for non-credentialing reasons unless they are deemed to be truly outstanding (e.g., serious illness or injury resulting in non-attendance of training). If a student does miss a required deadline, the student may be required to show proof of serious illness or injury.

December 2013, Clarified April, 2015; **August 2017**

## STUDENT HEALTH AND WELLNESS

### Insurance

1. CNM does **not** provide the nursing student with health/accident insurance. The student is strongly encouraged to maintain his/her own health/accident insurance. This means that expenses incurred by the student, e.g., hospitalization, physician's fees, x-rays, would be the responsibility of the student, not the school.
2. CNM provides liability insurance for each nursing student in the clinical area while practicing in the role of a student nurse. This insurance does **not** cover a student who functions in a nursing related role independently of his/her student role. Students do not need, and are actively discouraged, from purchasing individual malpractice insurance.
3. Students are NOT considered employees of any clinical agency while they are students. Clinical agencies to which nursing students are assigned do **not** provide any insurance for the nursing student. Injuries/illnesses occurring at or related to clinical performance are, at least initially, the



financial responsibility of the student. Examples of such situations include, but are not limited to, the following:

- back injury related to lifting patients
- an infectious disease contracted from a patient
- injuries sustained from auto accident while traveling with community nurse
- injuries inflicted by patients
- needle stick.

December 2013

## Student Health and Wellbeing

In order to promote health and wellness for students and the populations with which they interact, students will:

1. get adequate rest, especially before clinical days. Sleep deprivation can have similar physiologic effects to drug and alcohol intoxication and poses a significant threat to patient safety. Students who work nights must absolutely refrain from working immediately before and between clinical shifts.
2. not attend class, clinical, labs, etc. if they are ill. Upper respiratory and gastrointestinal illnesses can be highly contagious. If students are sick, they should stay at home to recover and not bring the illness to the classroom or to the clinical sites. A student who appears ill for class or clinical may be asked by the instructor to leave and may be advised consult a healthcare provider (HCP). The following addresses some (but not all) common conditions:

CONDITION	RESTRICTION	RETURN
Conjunctivitis	No direct patient contact. Preferred that students stay away from theory but may attend.	24 hours after Rx started
Diarrhea>48 hrs	No direct patient contact or food handling	Until resolved
Furunculosis/Boils/ Draining rashes/Lesions	No direct patient contact or food handling	Until no drainage
HIV Infections	Clearance by physician on physical exam	
Hepatitis A	No clinical/classroom	7 days after Jaundice onset or 2 weeks after symptom onset
Hepatitis B, acute	See Blood borne Pathogen Policy	
Hepatitis C, acute	See Blood borne Pathogen Policy	
Hepatitis, viral	See Blood borne Pathogen Policy	
Impetigo	No clinical/classroom	Lesions dry/crusted
Influenza	Handled on individual basis	
Measles (Rubeola)	No clinical/classroom	Until 7 days after rash appears
Mumps	No clinical/classroom	Until 9 days after Parotitis onset
Rubella	No clinical/classroom	Until 5 days after rash appears
TB, active	No clinical/classroom	48 hrs after antibiotic begun, Sputum Bacilli free for 3 consecutive days (this may take months)
Strep Throat	No clinical/classroom	Until 24 hrs antibiotic begun
Shingles	May not care for high-risk patients, i.e. Labor and Delivery, postpartum, newborns <1, or Immuno-suppressed patients	Lesions dry/crusted
Varicella	No clinical/classroom	Lesions dry/crusted

3. notify the full-time faculty and clinical instructor if they are taking a medication that may or does impair judgment (see [Policy and Procedures for Student Suspected of Impairment](#)). Students are also reminded that prescription, as well as over-the-counter, medications may alter sensorium, gait or coordination which could cause a safety risk to the client or student.
4. provide a “return to work” note from the HCP to the Nursing Program Director if the student:
  - a. Has been away from campus for three days or more due to illness



- b. Has undergone any surgical procedure, treatment for injury, childbirth, or other medical procedure – In this case the release note must have specifics about restrictions (e.g.) may only lift 20 pounds) OR that no restrictions are in place.
- c. Is currently under the care of a rehabilitation care team member (respiratory therapist, physical therapist, cardiovascular rehab, etc). – In this case the release note must have specifics about restrictions (e.g.) may only lift 20 pounds) OR that no restrictions are in place.

A copy of the note will be placed in the student file. Students must update the program director as changes to restrictions occur. HCP clearance is required prior to the student returning to the clinical rotation for changes in health status.

- 5. discuss any recommendation pertinent to clinical or classroom requirements made by a HCP with the instructor.

December 2013

### **Latex Allergy Policy**

CNM endeavors to be a latex-free facility, but some latex-based supplies are still used at the clinical facilities. Students who have, or suspect that they have, a latex allergy should inform their full-time faculty and clinical instructor.

December 2013

### **Blood Borne Pathogen and Exposure Policy (including needlesticks)**

The School of Health, Wellness, & Public Safety (HWPS) has a comprehensive policy designed to prevent bloodborne pathogen (BBP) exposure. Further, the policy outlines in detail the steps that should be taken when an exposure event occurs.

The HWPS BBP exposure control plan can be found at this URL:

<https://www.cnm.edu/programs-of-study/health-wellness-public-safety/documents/InjuryExposureProtocol040716.pdf>

Further information, including incident report forms, source draw consent forms, and BBP training videos can be found under Compliance Policies and Procedures at this URL:

<https://www.cnm.edu/programs-of-study/health-wellness-public-safety/hwps-student-handbook>

December 2013, Updated April 2015, January 2017

### **Functional Abilities for CNM Nursing Students**

The CNM Nursing Program is accessible to qualified students with disabilities. The CNM Nursing Program follows the National Council of State Boards of Nursing, Inc. recommendations of functional abilities for nurses. In addition, the CNM Nursing Program complies with the Americans with Disabilities Act (ADA) of 1990, the 2008 ADA Amendments and Section 504 of the Rehabilitation Act. Knowledge and skills information was derived from a compilation of information and documentation provided by O\*NET™ which is a trademark of the U. S. Department of Labor, Employment and Training Administration.

A nursing student's health must allow them to fulfill the requirements and outcomes of the Nursing Program. Therefore, if an applicant to the Nursing Program believes they are unable to demonstrate the skills described below, they should meet with the School of Health, Wellness and Public Safety Advisor prior to applying to the Nursing Program and provide documentation of their disability to the Disability Resource Center. The documentation of the disability should reflect an evaluation of the student performed within the 6 months prior to their application to the Nursing Program. Documentation of the

disability needs to be from a professional that is familiar with the applicant's disability such as a physician, psychologist or rehabilitation counselor. Documentation should establish the validity of the disability and it will need to be submitted to the Nursing Program with a request for accommodations.

CNM cannot provide any service, modification, or accommodation if none are requested. Should any changes occur during the student's time in the Nursing Program, changes to the requested accommodation(s) should be provided in writing to the Academic Affairs Director of Nursing.

Once the student is admitted into the Nursing Program, a pathway for success will be designed between the student, the [Disability Resource Center](#), and the Nursing Program. It is the student's responsibility to notify the Academic Affairs Director of Nursing of any changes to or additions for accommodations.

<b>Skills</b>	<b>Description</b>
Social Perceptiveness	Being aware of others' reactions and understanding why they react as they do.
Interpersonal Skills	Interpersonal abilities sufficient to interact with individuals, families, and groups, respecting social, cultural, and spiritual diversity.
Emotional Stability	Emotional stability sufficient to assume responsibility/accountability for actions.
Active Listening	Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.
Coordination	Adjusting actions in relation to others' actions.
Speaking	Talking to others to convey information effectively.
Communication	Communication abilities sufficient for interaction with others in oral and written form.
Analytical Thinking	Reasoning skills sufficient to perform deductive/inductive thinking for nursing decisions.
Clinical Reasoning	Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusion or approaches to problems. Clinical reasoning ability sufficient to exercise sound nursing judgment.
Reading Comprehension	Understanding written sentences and paragraphs to work related documents. Reading ability sufficient to comprehend the written word at a minimum of a tenth grade level.
Service Orientation	Actively looking for ways to help people.
Monitoring	Monitoring/assessing performance of self and others or organizations to make improvements or to take corrective action.
Judgment and Decision Making	Considering the relative costs and benefits of potential actions to choose the most appropriate one.
Science	Using scientific rules and methods to solve problems.
Gross Motor Skills	Gross motor skills sufficient to provide the full range of safe and effective nursing care
Fine Motor Skills	Fine motor skills sufficient to perform psychomotor skills.
Physical Endurance	Physical stamina sufficient to perform client care activities for entire length of work role.
Physical Strength	Physical strength sufficient to perform full range of required client care activities.
Mobility	Physical abilities sufficient to move from place to place and to maneuver to perform nursing activities.
Hearing	Auditory ability sufficient for physical monitoring and assessment of client healthcare needs.
Visual	Visual ability sufficient for accurate observation and performance of nursing care.
Tactile	Tactile ability sufficient for physical monitoring and assessment of healthcare needs
Smell	Olfactory ability sufficient to detect significant environmental and client odors.

December 2013

## **Disability Resource Center**

The CNM [Disability Resource Center](#) assists students with physical, mental, learning, visual, speech or hearing disabilities. Career counseling, program planning, classroom accommodations, adaptive equipment, coordination with community support agencies and specialized learning plans are available.

December 2013

## **MISCELLANEOUS**

### **Security**

Security officers are available 24 hours a day. The non-emergency number is 224-3002. Officers can escort students after hours or any time they feel unsafe walking on campus to class or to their cars. It is recommended that any special situation regarding your security on campus or at the clinical site (restraining orders, stalking, etc.) be communicated to CNM Security as well as nursing faculty. Further, they can provide simple automobile assistance such as help in changing a tire or providing a jump start.

Students are also encouraged to sign up for “Attention CNM” emergency text alerts by logging on to [www.getrave.com/login/cnm](http://www.getrave.com/login/cnm). The “Attention CNM” system is provided by Rave Mobile Safety. Rave does not charge subscribers to send or receive text messages. Standard or other messaging charges apply depending on the wireless carrier plan and subscription details.

December 2013

### **Smoking Policy**

The CNM Governing Board has approved a proposal to make all CNM campuses smoke free. Details of the policy can be found at this URL: <http://www.cnm.edu/about/smoke-free-campus>.

December 2013

### **Inclement Weather**

CNM announces a special schedule due to snow and inclement weather only under extreme conditions. When this occurs, information will be provided to the media regarding specific changes, if possible, by 6:05 a.m. Students may also call 224-4766 after 6:00 a.m. Students can also sign up for text alerts through [www.getrave.com/login/cnm](http://www.getrave.com/login/cnm).

In the event that CNM has been closed due to inclement weather, clinical is also canceled that day. On an abbreviated schedule, classes begin at 10:00 a.m. Students who are in the clinical area for a full day will report to the clinical site at that time. Students who have a clinical half-day (out by 12 noon) will wait for instructions from their clinical instructor and/or level full-time faculty. These instructions will be posted on Blackboard.

December 2013

### **Children on Campus**

CNM does not provide child care. It is CNM policy that children may not attend classes, labs, or clinical with students. Further, children should not be left unattended in cars, non-instructional areas, or in CNM computer labs.

December 2013

### **Cell Phone/Electrical Device Policy**

Students have the right to uninterrupted classroom and clinical experiences. Phone calls and text messages can disrupt the learning environment for the person sending/receiving the messages and the student peers in proximity.

- Classroom and On Campus Labs: When making or receiving personal calls, students should step out of the classroom/lab. Cellphones or other electronic devices can be on the student's person, but must be in "silent" or "off" mode. Any disturbance, including the sound of a vibrating alert, by a student's cellular phone/electronic device is considered rude and disrespectful. The person with the obtrusive cellular phone/electronic device will be asked to leave the classroom.
- Students will not have cellphones/electronic devices on their person at all during exams or exam reviews. They must be stowed in a purse or backpack (or left with the proctor until the activity is completed).
- Clinical Areas: Cell phone and electrical device use will be at the discretion of the clinical instructor and in compliance with the facility's policy.
- Family emergencies: Students may use the Nursing Program office number as an emergency contact number (224-4111). Students will not be called out of class or clinical experiences unless the nature of the emergency is explained by the calling person. If a student feels that the family situation warrants greater availability than a message relay, the student should consider attending to those issues instead of attending class or clinical (see [Classroom Attendance](#) and [Clinical Attendance](#)).

Divergence from these policies may lead to initiation of a [success plan](#).

December 2013, Updated July 2014

### **Student Representation on Faculty Committees**

Communication between representative student groups and the faculty is tremendously important, especially when decisions and discussions impact students. Students need to know about continuous process improvement initiatives and faculty need the student perspective when considering changes, implementing ideas, and collecting information on outcomes. To facilitate this, student representatives will be given the opportunity to attend nursing faculty and committee meetings as non-voting student representatives who can gather and share information.

In order to have student representation on Nursing Program committees, the nursing faculty advisor for the SNA will work with the Chair of each nursing committee to recruit student representatives. The program offers opportunity for four (4) student representatives to serve one each of the following CNM nursing program committees: Full Faculty, Student, Curriculum, and Resource. Student representatives are non-voting members. When confidential student information is discussed, the student representative will be asked to leave the room.

December 2013, January 2017

## **GRADUATION AND PINNING**

### **RN Licensure and Unlawful Activities**

In accordance with the procedures contained in the Uniform Licensing Act [61-1-1 NMSA 1978], the board may deny, revoke or suspend any license held or applied for under the Nursing Practice Act, reprimand or place a licensee on probation or deny, limit or revoke the multistate licensure privilege of a nurse desiring to practice or practicing professional registered nursing or licensed practical nursing as provided in the Nurse Licensure Compact [61-3-24.1 NMSA 1978] upon grounds that the licensee, applicant or nurse: of Nursing may deny, revoke or suspend any license held, or applied for, under the Nursing Practice Act upon grounds that the licensee or applicant violates any of the following:

1. is guilty of fraud or deceit in procuring, or attempting to procure, a license or certificate of registration
2. is convicted of a felony
3. is unfit or incompetent
4. is intemperate or is addicted to the use of habit-forming drugs
5. is mentally incompetent
6. is guilty of unprofessional conduct as defined by the rules and regulations adopted by the board pursuant to the Nursing Practice Act
7. has willfully or repeatedly violated any provisions of the Nursing Practice Act, including any rule or regulation adopted by the Board pursuant to that act
8. was licensed to practice in any jurisdiction, territory or possession of the United States or another country and was the subject of disciplinary action as a licensee for acts similar to acts described in this subsection (From the State of New Mexico Nursing Practice Act, Section 61-3-28 retrieved 08/16/2013 [www.state.nm.us/nursing](http://www.state.nm.us/nursing)).

December 2013

### **Requirements for Graduation**

The Associate of Applied Science in Nursing degree is granted to associate degree nursing students on completion of all courses in the prescribed curriculum with a grade of 'C' or better. Students must apply for graduation; this is not something the school of nursing can do on the students' behalf.

December 2013

### **History of the Nursing Pin**

The nursing pin is a 1,000-year old symbol of service to others. The earliest ancestor of the pin dates back to the Maltese Cross, adopted by crusaders and worn on their habits as a symbol of service. Over the centuries, variations of the crusader's symbol were gradually modified and became family coats of arms, often symbolizing service to a ruler. By the Renaissance, guilds had adopted coats of arms symbolizing masterful service to the community. The most recent ancestor of the pin is the hospital badge of 100 years ago. It was given by the hospital school of nursing to the students to identify them as nurses who were educated to serve the health needs of society. This symbol of service involves many professional rights and responsibilities (PubMed.gov).

Our pin was designed and presented to Albuquerque Technical Vocational Institute by Cynde Tagg (Brandow), who graduated in the first ASN class of 1988 and is now a doctorally trained executive at University of New Mexico Hospital. At the time, a contest was held to allow faculty and staff to design the pin. Eight designs were submitted and the final design was elected as the winner. The gold color represents purity. The laurel leaves around the border represent the tradition of the Greeks and Romans to honor their heroes. The New Mexico Nursing Education Consortium (NMNEC) flame represents CNM's membership and leadership in developing and maintaining the statewide curriculum. New Mexico's local culture is also represented by the Native American symbols of the Zia.

The cost of the pin is covered in the program fees for the capstone course starting in the Fall of 2017. We encourage students continue the wearing of the pin as an homage to this longstanding nursing tradition.

### **CNM Pinning Ceremony**

The pinning ceremony is the culmination of the educational journey that the graduate nurse has taken in order to qualify to enter the nursing profession. This ceremony welcomes the new graduates into the nursing profession.

At the end of the final semester in the nursing program, students receive a limited number of invitations for their family and friends to attend the pinning ceremony. At that ceremony, the nursing pin will be presented to the newly graduate nurse by the nursing faculty. Graduating students who attend the pinning ceremony need wear a  $\frac{3}{4}$  length white lab coat over appropriate business attire.

The pinning ceremony is coordinated by students under the guidance of a faculty volunteer. The pinning ceremony is scheduled with input from students and faculty. The time and date cannot conflict with the CNM commencement ceremony.