



MARICOPANURSING

*Mesa Community College*

MARICOPANURSING

NURSING ASSISTANT PROGRAM

at Mesa Community College

Information Packet  
May 2013 through May 2014

## **Course Information**

The Nursing Assistant Course (NUR158) is a six (6) credit course, offered at selected Maricopa Community Colleges. It is comprised of 60 hours of classroom instruction, and 90 hours of laboratory experience, which may include on-campus skills demonstration and practice, lab and simulation activities, and direct patient care in a long term care and/or acute care facility.

Much of the resource material will be provided through the online learning management system Canvas. Students will need access to a computer and internet connection. Students will be participating in the course two days per week, with an occasional additional lab practice day. Potential students should check the college web site for course schedule information: [mesacc.edu/schedule/](http://mesacc.edu/schedule/)

Upon satisfactory completion of the Nursing Assistant Course (NUR158), the student is eligible to receive a certificate of completion from the college. Each student must apply for the certificate of completion by the specific date of graduation checkout, approximately 6-8 weeks before the end of the program.

## **Occupational Information**

The Nursing Assistant occupation is one of a series of possible steps on a career ladder in the health care field. Nursing Assistants are an important member of a health care team. Nursing Assistants perform routine tasks in the general care of hospital, clinic, and nursing home patients. They work directly under the supervision of registered and practical nurses. Their role in performing basic patient care assists the licensed staff in providing quality nursing care to the patient. Typical patient-care duties include but are not limited to, bathing and dressing patients, helping with personal hygiene, taking vital signs, answering call lights, ambulating and transporting patients, servicing and collecting food trays, and feeding patients. The course and occupation require certain essential skills and functional abilities.

## **Certification Information**

The Maricopa Community Colleges offer a comprehensive Nursing Assistant Course that is approved by the Arizona State Board of Nursing. Upon satisfactory completion of this course, the student is eligible to take the Arizona State Board of Nursing certification exam. Upon successful passage of the certification exam, the individual will become a Certified Nursing Assistant, and may choose to go directly to work or continue to pursue education opportunities in other health care careers.

Information on the Arizona State Board of Nursing application process is available at <http://www.azbn.gov>. The certification exam is administered by state certified evaluators. Students may take the exam scheduled at specified testing centers. The fee for this exam is \$85 (subject to change) and is payable to the state evaluators, D&S Diversified Technologies.

An additional and separate Fingerprint Clearance Card is required for certification. The Department of Public Safety card required for enrollment in nursing classes at the colleges will not meet the requirements for state certification. Allow a minimum of six (6) weeks for fingerprint clearance when applying for nursing assistant certification.

The Arizona State Board of Nursing office is located at 4747 North 7<sup>th</sup> Street, Suite 200, Phoenix, Arizona, 85014-3653. Phone 602.889.5150, FAX 602.889.5155. <http://www.azbn.gov>

NOTE: Arizona State Board of Nursing Proof of Citizenship: **“Effective January 1, 2008, based on Federal and State Laws, all applicants must provide evidence of citizenship or nationality.** Federal law, 8 U.S.C. § 1641, and a state law, A.R.S. § 1-501, require documentation of citizenship or nationality for licensure. If the documentation does not demonstrate that the applicant is a United States citizen, national, or a person described in specific categories, the applicant will not be eligible for licensure in Arizona. ....you will be required to complete a form and submit documentation evidencing citizenship or nationality prior to receiving your license/certification.”

Complete information can be obtained at this web site: [www.azbn.gov](http://www.azbn.gov)

**Cost Estimate for the Nursing Assistant Program \***

Registration Fee/Course Fee	50.00 *
NUR158 Nursing Assistant Courses, 6 credits x \$76 Subject to change (Maricopa County Resident)	456.00 *
Fingerprinting fee Cost will Vary	70.00 *
Textbooks Approx.	90.00 *
Urine Drug Screen (Subject to change.)	65.00 *
MCCCD Background Clearance	68.00 *
Uniform and Clinical Supplies Cost will Vary	100.00 *
Physical Exam and Immunizations Cost will Vary	250.00 *
<b>Total Estimated Cost of Nursing Assistant Program</b>	<b>\$1149.00 *</b>

\*Fees are subject to change by the Maricopa Community Colleges Governing Board. All costs quoted are subject to change

**PREPARATION to register for Nursing Assistant Course (NUR158):**

1. **Advisement:** Review the Application Packet. It is recommended to attend a nursing advisement session. Dates/times of advisement sessions are listed on the MCC nursing website at:  
<http://www.mesacc.edu/departments/nursing/advising-information>

College	Advisor/Admission Officers	Contact Info
Mesa Community College	Carol Johnson	Nursing.advising@mesacc.edu

**2. Complete Required Forms/Prerequisites**

- a. The college Student Information Form if you have not taken classes previously at MCC. This form and a wealth of helpful information can be found at this link: <http://www.mesacc.edu/checklists/new-student/new-student-welcome>
- b. Health and Safety Documentation Checklist. A copy is available at this link:  
[http://www.nursing.maricopa.edu/pdfdocs/Student\\_Health\\_and\\_Safety\\_Checklist.pdf](http://www.nursing.maricopa.edu/pdfdocs/Student_Health_and_Safety_Checklist.pdf)

Immunizations: Please read the Explanation of Health and Safety Requirements section of the checklist carefully for helpful information. Attach required photo-copies of all documents to the checklist. Keep the originals for your own records. Once documents are accepted by the college, no document will be returned to the student.

The nursing department will need to see the Fingerprint Clearance Card in addition to the photocopy.

Health Care Provider Signature Form (page 5 of Health and Safety Documentation Checklist)  
A health care provider must sign the Health Care Provider Signature Form **within six (6) months of program admission** and indicate whether the applicant will be able to function as a nursing student based on the Essential Skills and Functional Abilities.

Background Check: As of September 1, 2011 students must provide documentation that he or she has completed and “passed” a MCCCD-supplemental background check. The background check must be completed no sooner than six (6) months before the first date of the class. Detailed information can be found at: [http://www.nursing.maricopa.edu/pdfdocs/Announcement\\_Background\\_Check.pdf](http://www.nursing.maricopa.edu/pdfdocs/Announcement_Background_Check.pdf)  
The instructions and MCC-specific access code for the background check must be obtained from the nursing department.

- c. Eligibility: Students are to provide a copy of a College Placement Exam indicating eligibility for CRE101, **OR** a copy of the HESI-A2 exam English Composite score of 75% or higher.

3. **Registration: Return completed forms and attached documentation** to the Nursing Department (HW-8 building) front office. Registration is through the nursing department, and is available on Mondays, Tuesdays and Thursdays between 9am to noon, and 1pm - 4pm. The number of available positions in the Nurse assisting course is limited.

*Additional Information for registering into the NUR158 Nursing Assistant (NA) course:*

- Attendance: Any student not attending class or clinical on the first day will be withdrawn from the course. The NA course has strict attendance policies. The state and federal governments regulate this course. Attendance at all classroom and clinical meetings are mandatory. In order to successfully complete the course, all attendance requirements must be met.
- Drug Screen/Background check: All students will be responsible for obtaining a urine drug screen and background check at a specific time designated by the instructor. Failure to comply with this requirement or a report of a positive drug screen will result in withdrawal from the course. **NOTE:** Do not obtain a drug test on your own, drug screening without directions from the instructor will not be accepted.
- Nursing Uniforms: You will receive information on the NA student uniform. A uniform will be required to be worn in all lab experiences beginning the second week of classes.
- Supplies: Students may purchase course materials prior to the first day of class in the campus bookstore. The bookstore staff will tell you which textbooks and classroom materials are required for the NA course.
- In event of Withdrawal: If you are registered for the NA class and decide not to attend for any reason, you must call the Admissions office and withdraw in advance of the start date.

**ESSENTIAL INFORMATION FOR STUDENTS**

- **ZERO TOLERANCE POLICY:** The Nursing Program supports a Zero Tolerance Policy for the following behaviors:
  - Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or intentionally or recklessly causing reasonable apprehension of such harm.
  - Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site.
  - Unauthorized use, distribution, or possession for purposes of distribution of alcohol or any controlled substance or illegal drug on the campus or at a clinical site.
  - Bullying and incivility: any verbal, non-verbal, and/or written actions which are deemed threatening or bullying will not be tolerated.

Nursing students engaging in this misconduct are subject to immediate dismissal from nursing classes and disciplinary action as described in the Student Handbook of the college.

- **HEALTH DECLARATION:** It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application. **All must provide documentation of compliance with all health and safety requirements required to protect patient safety.** Only students in compliance are permitted to enroll in nursing courses. Students will meet these requirements by providing the required documentation for the Health/Safety Requirements Documentation Checklist and the signed Health Declaration Form.

- **DRUG SCREENING:** All students are required to complete the urine drug screening procedure under the program account number, within the specified timeframe, and according to directions given at the time of notification. Only students in compliance with the screening guidelines and receiving a negative drug screen, as reported by the Medical Review Officer (MRO), will be permitted to continue their enrollment in nursing courses.
- **DUTY TO REPORT:** All students enrolled in nursing courses holding or receiving a certificate as a Nursing Assisting and/or license as a Practical Nurse must remain in good standing with the Board of Nursing. Students with certification and/or licensure from allied health regulatory boards are included under this provision. Students receiving any disciplinary actions against their certificate or license must notify the Nursing Director within five (5) school days. The Nursing Director reserves the right to restrict the student's participation in clinical experiences and involvement in patient care until the certificate and/or license is valid and unrestricted and terms of the action are met and the action dismissed.
- **BACKGROUND CLEARANCES:** The Fingerprint Clearance Card must remain current and valid throughout enrollment in the program. All nursing students must undergo a background check to verify identity, social security number, and to show proof that they do not appear on the List of Excluded Individuals/Entities (LEIE) database. Any student who becomes sanctioned or excluded while enrolled in the program will not be permitted to continue in nursing courses.
- **WAIVER OF LICENSURE/CERTIFICATION GUARANTEE:** Admission or graduation from the Nursing Program does not guarantee obtaining a license to practice nursing. Licensure and subsequent procedures are the exclusive right and responsibility of the State Boards of Nursing. Students must satisfy the requirements of the Nurse Practice Act: Statutes, Rules and Regulations, independently of any college or school requirements for graduation. Pursuant to A.R.S. § 32-1606(B)(17), an applicant for professional or practical nurse license by examination is not eligible for licensure if the applicant has any felony convictions and has not received an absolute discharge from the sentences for all felony convictions. The absolute discharge must be received five or more years before submitting this application. If you cannot prove that the absolute discharge date is five or more years, the Board cannot consider your application. All nurse applicants for licensure will be fingerprinted to permit the Department of Public Safety to obtain state and federal criminal history information. The Fingerprint Clearance Card required for application to the nursing program will not meet the requirements for certification or licensure through the State Board of Nursing. **Effective January 1, 2008** applicants for licensure in Arizona must provide evidence of citizenship or nationality. If there are any questions about eligibility for licensure and the documents required showing eligibility to apply for licensure, contact the Arizona State Board of Nursing <http://www.azbn.gov> or 602-889-5150.



Applicant: \_\_\_\_\_ Student ID \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Must attach documentation (copies of lab reports, immunization records, and CPR card) as indicated for each of the following to be in compliance with MaricopaNursing guidelines. Fingerprint clearance card, CPR certification and TB skin test must be current through the semester of enrollment.**

**See Explanation of Requirements for specific detail.**

**A. MMR (Measles/Rubeola, Mumps and Rubella)**

Requires documented proof of a positive IgG MMR titer or documented proof of two MMR series with persistent negative titers.

Date & results of IgG titer: Measles/Rubeola \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_

If unable to provide proof of positive titer, list all immunizations and dates received:

1<sup>st</sup> MMR Series/Dates: #1 \_\_\_\_\_ #2 \_\_\_\_\_ Titer Date/Result: \_\_\_\_\_

2<sup>nd</sup> MMR Series/Dates: #3 \_\_\_\_\_ #4 \_\_\_\_\_ Titer Date/Result: \_\_\_\_\_

**B. Varicella (Chickenpox):** Requires documented proof of positive IgG titer. Date of IgG titer: \_\_\_\_\_

If unable to provide proof of positive titer, list all immunizations and dates received:

1<sup>st</sup> Varicella Series/Dates: #1 \_\_\_\_\_ #2 \_\_\_\_\_ Titer Date/Result: \_\_\_\_\_

2<sup>nd</sup> Varicella Series/Dates: #3 \_\_\_\_\_ #4 \_\_\_\_\_ Titer Date/Result: \_\_\_\_\_

**C. Tetanus/Diphtheria/Pertussis (Tdap):** One-time adult dose of Tdap (age 19 or older), followed by a Td booster every 10 years. Tdap Date: \_\_\_\_\_ Td (update): \_\_\_\_\_

**D. Tuberculosis:** Documentation of a Two-Step TB Skin Test: This consists of an initial TB skin test and a boosted TB Skin test 1-3 weeks apart. After completion of the two-step, an annual update of TB skin test is sufficient. If you have a positive skin test, provide documentation of a negative chest X-ray within the last 2 years, and annual documentation of a TB disease-free status. **Most recent skin testing or blood test must have been completed within the previous six (6) months.**

**Two-Step:**

Initial Test (#1) Date: \_\_\_\_\_ Date of Reading: \_\_\_\_\_ Results: Negative **OR** Positive

**AND**

Boosted Test (#2) Date: \_\_\_\_\_ Date of Reading: \_\_\_\_\_ Results: Negative **OR** Positive

**Annual Update:** Date: \_\_\_\_\_ Date of Reading: \_\_\_\_\_ Results: Negative **OR** Positive

**OR** Chest x-ray Date: \_\_\_\_\_ Results: \_\_\_\_\_ Date of Symptom Sheet \_\_\_\_\_



**E. Hepatitis B:** Documented evidence of completed series or positive antibody titer. If you have not received any injections, do not get a titer. If you are beginning the series, first injection must be prior to admission, the second injection is 1 to 2 months after the first dose and the third injection is 4 to 6 months after the first dose. A Hepatitis B titer is recommended 1-2 months after dose #3 to confirm immunity.

Date Titer received: \_\_\_\_\_ Results: \_\_\_\_\_

Date of 1<sup>st</sup> injection: \_\_\_\_\_

Date of 2<sup>nd</sup> injection: \_\_\_\_\_

Date of 3<sup>rd</sup> injection: \_\_\_\_\_

**OR**

HBV Vaccination Declination Form Date: \_\_\_\_\_

**F. CPR Card (Healthcare Provider level):** Date card issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

An official card is required, online certificates are not accepted)

**G. Level One Fingerprint Clearance Card:** Date card issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**H. Health Care Provider Form:** Reviewed and signed by a licensed physician (M.D., D.O.), a nurse practitioner, or physician's assistant within the past six (6) months. \_\_\_\_\_

**I. Certified Background Clearance Document:** Date: \_\_\_\_\_

**IMPORTANT:** All students placed in Maricopa Nursing must provide documentation of compliance for the vaccinations and testing required to protect patient safety. Only students providing documentation of health and safety requirements are enrolled in nursing courses. The Nursing Department will accept only photocopies of all documentation of health-related materials. Students are responsible for maintaining their records and must submit documentation when due.

All immunization records must include your name and the signature of your healthcare provider.

**A signature on the Health Care Provider Signature form, without proof of immunization or titer status, is NOT acceptable.**

**Flu Vaccine:** During flu season, students will be required to receive an annual flu vaccination. Details will be provided by the Maricopa Nursing program you are attending.

Health and Safety requirements are subject to change depending on clinical agency requirements.



## ***EXPLANATION OF HEALTH AND SAFETY REQUIREMENTS***

### **A. MMR (Measles/Rubeola, Mumps, & Rubella)**

Options to meet this requirement:

- a. Attach a copy of proof of positive IgG antibody titer for Measles/Rubeola, Mumps and Rubella or completion of two separate series of MMR immunizations. One “series” of immunizations includes immunization for each disease on separate dates at least 28 days apart. Persistent negative/equivocal titers will only be accepted if proof of 4 immunizations (2 MMR series) is provided.
- b. If you had all three illnesses OR you have received the vaccinations but have no documented proof, you must have an IgG MMR titer drawn.
  1. If the titer results are POSITIVE, attach a copy of the lab results to the health declaration form.
  2. If any of the titer results are NEGATIVE or EQUIVOCAL, you must get your first MMR vaccination and attach documentation to this health and safety documentation checklist. The second MMR must be completed after 28 days and proof submitted to the nursing department. You will then be required to have another titer drawn 30 days later & submit it to the nursing department.

### **B. Varicella (chickenpox)**

Options to meet this requirement:

- a. Attach a copy of proof of a positive IgG titer for varicella.

**OR**

- b. If the titer is NEGATIVE or EQUIVOCAL, attach a copy of proof to this health and safety documentation checklist that you received the first vaccination. Complete the second vaccination within 4 to 8 weeks and submit proof to the nursing department. You will then be required to have another titer drawn 30 days later & submit it to the nursing department.

### **C. Tetanus/Diphtheria/Pertussis (Tdap):**

Tdap = Tetanus / Diphtheria / Pertussis

Td = Tetanus / Diphtheria

Options to meet this requirement:

You must provide proof of a one-time adult dose of Tdap (age 19 or older), followed by a Td booster every 10 years. The most recent immunization must be within the past two years. Attach proof of a Tdap vaccination and Td if indicated.

### **D. Tuberculosis (TB)**

What is a Two-Step TB Skin Test? It consists of an initial TB skin test and a boosted TB skin test 1-3 weeks apart.

- a. Follow these steps: After the first test is placed and read, have a second test placed and read 1-3 weeks later.





- b. If you have had the initial 2-step test, include the subsequent annual updates. Annual update testing must have been done within the last 6 months.
- c. Documentation for TB skin testing requires date given, date read, result, and the name and signature of the healthcare provider.
- d. If you have a positive skin test, provide documentation of a negative chest X-ray within the last 2 years and annual documentation of a TB disease-free status by completing a Tuberculosis Screening Questionnaire.

**E. Hepatitis B**

If you have not received the injections in the past, do not get a titer. You must obtain the first injection and attach a copy as requested. The second injection is given 1 to 2 months after the first dose and the third injection is 4 to 6 months after the first dose.

- a. Submit a copy of proof of a positive HbsAb titer.  
**OR**
- b. Attach a copy of your immunization record, showing completion of the three Hepatitis B injections.
- c. If the series is in progress, attach a copy of the immunizations received to date. You must remain on schedule for the remaining immunizations and provide the additional documentation. One to two months after your last immunization, it is recommended that you have an HbsAb titer drawn.  
**OR**
- d. Submit a copy of proof of a positive HbsAb titer.

**F. Submit CPR Card:** You must have a Healthcare Provider Level CPR card. CPR certification must include infant, child, and adult, 1 and 2-man rescuer, and evidence of a hands-on skills component. Attach a copy of both sides of the CPR card to this form. CPR certification must remain current through the semester of enrollment. A fully online CPR course will not be accepted.

**G. Level One Fingerprint Clearance Card:** Applications are available from MaricopaNursing advisors or email MaricopaNursing at [nursing@domail.maricopa.edu](mailto:nursing@domail.maricopa.edu) to request a packet be mailed. The original Fingerprint Clearance Card (FCC) will need to be presented and validated prior to course registration. The FCC must remain current throughout the semester of enrollment. If at any time your card becomes sanctioned or is revoked, the student must immediately notify the Director of the MaricopaNursing program he or she is attending.

**H. Health Care Provider Signature Form:** Reviewed and signed by a licensed physician (M.D., D.O.), a nurse practitioner, or physician's assistant within the past six (6) months.

**I. Certified Background Clearance Document:** Information on the background clearance is obtained from MaricopaNursing once you are accepted into a program.



## Health Care Provider Signature Form

### Instructions for Completion of Health Care Provider Signature Form

A health care provider **must** sign the Health Care Provider Signature Form **within six (6) months of program admission** and indicate whether the applicant will be able to function as a nursing student. Health care providers who qualify to sign this declaration include a licensed physician (M.D., D.O.), a nurse practitioner, or physician's assistant.

(Please Print)

Applicant Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.

I have reviewed the MaricopaNursing Essential Skills and Functional Abilities. I believe the applicant  
\_\_\_\_\_ WILL OR \_\_\_\_\_ WILL NOT be able to function as a nursing student as described above.

If not, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licensed Healthcare Examiner (M.D., D.O., N.P., P.A.)

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_



### **Essential Skills and Functional Abilities for Nursing Students**

Individuals enrolled in MaricopaNursing must be able to perform essential skills. If a student believes that he or she cannot meet one or more of the standards without accommodations, the nursing program must determine, on an individual basis, whether a reasonable accommodation can be made. The ultimate determination regarding reasonable accommodations will be based upon the preservation of patient safety.

<b>Functional Ability</b>	<b>Standard</b>	<b>Examples Of Required Activities</b>
Motor Abilities	Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care.	Mobility sufficient to carry out patient care procedures such as assisting with ambulation of clients, administering CPR, assisting with turning and lifting patients, providing care in confined spaces such as treatment room or operating suite.
Manual Dexterity	Demonstrate fine motor skills sufficient for providing safe nursing care.	Motor skills sufficient to handle small equipment such as insulin syringe and administer medications by all routes, perform tracheotomy suctioning, insert urinary catheter.
Perceptual/ Sensory Ability	Sensory/perceptual ability to monitor and assess clients.	-Sensory abilities sufficient to hear alarms, auscultatory sounds, cries for help, etc. -Visual acuity to read calibrations on 1 cc syringe, assess color (cyanosis, pallor, etc). -Tactile ability to feel pulses, temperature, palpate veins, etc. -Olfactory ability to detect smoke, odor, etc.
Behavioral/ Interpersonal / Emotional	-Ability to relate to colleagues, staff and patients with honesty, civility, integrity and nondiscrimination. Capacity for development of mature, sensitive and effective therapeutic relationships. -Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds. -Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism. -Negotiate interpersonal conflict -Capacity to demonstrate ethical behavior, including adherence to the professional nursing and student honor codes.	-Establish rapport with patients/clients and colleagues. -Work with teams and workgroups. -Emotional skills sufficient to remain calm in an emergency situation. -Behavioral skills sufficient to demonstrate the exercise of good judgment and prompt completion of all responsibilities attendant to the diagnosis and care of patients. -Adapt rapidly to environmental changes and multiple task demands. -Maintain behavioral decorum in stressful situations.
Safe environment for patients, families and co-workers	-Ability to accurately identify patients. -Ability to effectively communicate with other caregivers. -Ability to administer medications safely and accurately. -Ability to operate equipment safely in the clinical area. -Ability to recognize and minimize hazards that could increase healthcare associated infections. -Ability to recognize and minimize accident hazards in the clinical setting including hazards that contribute to patient, family and co-worker falls.	-Prioritizes tasks to ensure patient safety and standard of care. -Maintains adequate concentration and attention in patient care settings. -Seeks assistance when clinical situation requires a higher level or expertise/experience. -Responds to monitor alarms, emergency signals, call bells from patients, and orders in a rapid and effective manner.
<b>Functional Ability</b>	<b>Standard</b>	<b>Examples Of Required Activities</b>
Communication	-Ability to communicate in English with accuracy, clarity and efficiency with patients, their families and	-Gives verbal directions to or follows verbal directions from other members of the healthcare



	<p>other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language).</p> <ul style="list-style-type: none"> <li>-Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy</li> <li>-Communicate professionally and civilly to the healthcare team including peers, instructors, and preceptors.</li> </ul>	<p>team and participates in health care team discussions of patient care.</p> <ul style="list-style-type: none"> <li>-Elicits and records information about health history, current health state and responses to treatment from patients or family members.</li> <li>-Conveys information to clients and others to teach, direct and counsel individuals in an accurate, effective and timely manner.</li> <li>-Establishes and maintain effective working relations with patients and co-workers.</li> <li>-Recognizes and reports critical patient information to other caregivers.</li> </ul>
Cognitive/ Conceptual/ Quantitative Abilities	<ul style="list-style-type: none"> <li>-Ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis.</li> <li>-Ability to gather data, to develop a plan of action, establish priorities and monitor and evaluate treatment plans and modalities.</li> <li>-Ability to comprehend three-dimensional and spatial relationships.</li> <li>-Ability to react effectively in an emergency situation.</li> </ul>	<ul style="list-style-type: none"> <li>-Calculates appropriate medication dosage given specific patient parameters.</li> <li>-Analyze and synthesize data and develop an appropriate plan of care.</li> <li>-Collects data, prioritize needs and anticipate reactions.</li> <li>-Comprehend spatial relationships adequate to properly administer injections, start intravenous lines or assess wounds of varying depths.</li> <li>-Recognizes an emergency situation and responds effectively to safeguard the patient and other caregivers.</li> <li>-Transfers knowledge from one situation to another.</li> <li>-Accurately processes information on medication container, physicians' orders, and monitor and equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records and policy and procedure manuals.</li> </ul>
Punctuality/ work habits	<ul style="list-style-type: none"> <li>-Ability to adhere to MCCDNP policies, procedures and requirements as described in the Student Nurse Handbook, college catalog and student handbook and course syllabus.</li> <li>-Ability to complete classroom and clinical assignments and submit assignments at the required time.</li> <li>-Ability to adhere to classroom and clinical schedules.</li> </ul>	<ul style="list-style-type: none"> <li>-Attends class and clinical assignments punctually.</li> <li>-Reads, understands and adheres to all policies related to classroom and clinical experiences.</li> <li>-Contacts instructor in advance of any absence or late arrival.</li> <li>-Understands and completes classroom and clinical assignments by due date and time.</li> </ul>
Environment	<ul style="list-style-type: none"> <li>-Recognize the personal risk for exposure to health hazards.</li> <li>-Use equipment in laboratory or clinical settings needed to provide patient care.</li> <li>-Tolerate exposure to allergens (latex, chemical, etc.)</li> <li>-Tolerate wearing protective equipment (e.g. mask, gown, gloves)</li> </ul>	<ul style="list-style-type: none"> <li>-Takes appropriate precautions for possible exposures such as communicable disease, blood borne pathogens, and latex.</li> <li>-Uses personal protective equipment (PPE) appropriately.</li> </ul>