ADJUNCT NURSING FACULTY

CLINICAL TEACHING HANDBOOK

2019-2020

GROSSMONT COLLEGE
8800 Grossmont College Drive
El Cajon, CA 92020-1799
Phone: (619) 644-7000
www.grossmont.edu/nursing
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Important Contact Information:
Lead Instructor and Contact Number: _____

Lead Instructor's email_____

Nursing Department: phone: (619) 644-7301   fax: (619) 644-7904

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WELCOME TO GROSSMONT COLLEGE ASSOCIATE DEGREE NURSING PROGRAM

The Sr. Dean of Allied Health and Nursing, Interim Associate Dean of Nursing, Assistant Director of Nursing, faculty, and staff at Grossmont College Associate Degree Nursing Program are glad that you made the decision to join in the nursing academic environment- specifically in the clinical setting. The transition from clinician to nurse educator has been dubbed a *transformational journey* (Billings & Halstead, 2016). The development of clinical expertise is a process; similarly, educational expertise is a process that comes from experiential learning stemming from a knowledge base of theories and principles and best practice educational standards/evidence-based practice.

Teaching in clinical settings presents nurse educators with challenges that are different from those encountered in the classroom. In nursing education, the classroom and the clinical environments are linked, because students must apply in clinical practice what they learned in the classroom. However, clinical settings require different approaches to teaching. The central activity of faculty in the clinical setting is clinical instruction. The clinical component of the curriculum provides the *real-life experiences* for students to practice and develop the ability to think critically, which is essential for the students (Caputi, 2018). The clinical faculty does not supervise students; rather, the clinical faculty provides competent guidance; facilitating appropriate learning activities in appropriate settings and allowing the students to experience that learning. Much of the teaching and learning that occurs in the clinical setting takes place in one-on-one *teachable moments* with individual students. The clinical faculty's ability to stimulate students to share those experiences that contributed to learning with the entire clinical group empowers the students in the learning process (Hermann, 2016).

The overall goal of clinical nursing education is to prepare students for future practice through learning experiences that provide opportunity for integration of theoretical with practical knowledge. As a role model, the instructor assists the student to think like a professional nurse by helping the student to:

- Think critically and develop clinical reasoning skills
- Communicate accurately and effectively
- Perform indicated therapeutic nursing interventions in patient care situations
- Exhibit caring behaviors inherent in nursing actions
- Apply an ethical perspective in clinical decision making
- Function effectively as a collaborative team member within the organizational structures surrounding the delivery of patient care

The overriding task of the faculty in the clinical setting is competent guidance (facilitation). The clinical faculty supports, stimulates, and facilitates students toward personal and course objectives (Oermann & Gaberson, 2016). According to Day, Sutphen, Benner & Leonard (2010), the clinical faculty facilitates learning by designing appropriate activities in appropriate settings and allowing the student to experience that learning. The clinical faculty is both student advocate and patient advocate. While coordinating care activities for students to perform successfully in the clinical area, the clinical faculty must maintain an

awareness of content level-specific knowledge, skills, and attitudes to be mastered through the clinical learning. At the same time the clinical faculty is always attentive to ensure patient safety.

Formalized orientation is an evidence-based strategy that can be used to prepare and socialize novice nurse educators into academic roles, increasing job satisfaction and retention (Summers, 2017). The purpose of this manual is to introduce you to the process of teaching in the clinical teaching environment. Our hope is that you will find this helpful in your own transformational journey into clinical teaching.

PROGRAM MISSION STATEMENT

The mission of the Grossmont College Nursing Program is to educate qualified students to earn an associate of science degree, to successfully pass the NCLEX-RN, and to integrate the knowledge, skills, values, and attitudes essential for entry level nursing practice. Through educational excellence, the nursing programs challenge diverse students to develop sound clinical judgment in an environment that facilitates educational mobility, personal growth, and a pattern of lifelong learning. The Program's primary role is to foster and facilitate the development of nurses who are prepared to provide care in a variety of health care settings to a diverse community in a dynamic evolving health care environment.

NURSING PHILOSOPHY

The philosophy of the Grossmont College Associate Degree Nursing Program is based on the nursing metaparadigm of the person, environment, health and nursing (Fawcett, 1984). It also includes the sub-concepts of Knowing, Doing and Caring. The concepts and sub-concepts are defined as follows.

PERSON

The faculty views the PERSON as an individual, a family (significant others), or a community. In the broadest sense, the person is the recipient of nursing care, whether as an individual, family or community. We view the person holistically as a complex physiological and psychosocial being. The psychosocial components interact continuously with the highly interrelated body systems that are the physiological component. We believe that while each person is unique and dynamic, all people share similar hierarchical human needs and develop in identifiable stages throughout their life cycle. This development of person throughout the lifecycle is dynamic and interactive because people, as social beings, both affect and are affected by an internal and external environment.

ENVIRONMENT

The faculty defines the ENVIRONMENT as the sum of all internal and external factors affecting the health of a person. People maintain or attain health by adapting to environmental and developmental changes across the lifespan. We believe the environment is utilized by the nurse to enhance the patient's health and well-being. The nurse interacts simultaneously with many patients from diverse cultural backgrounds and across a variety of environments.

HEALTH

The faculty supports the World Health Organization's definition of HEALTH as "the state of physical, mental, and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 1948). Health has biological, psychosocial, and environmental facets. People have the right to aspire to an optimal level of health, as well as to maximize the status of their health. Health is a condition in which all functions of the mind and body are appropriately active in attaining individual potential and achieving desired self-actualization.

NURSING and NURSE

NURSING is defined as "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations" (ANA, 2015). The nursing faculty at Grossmont College views these human responses as unmet or potentially unmet needs. Nursing activities include the utilization of critical thinking, clinical judgment, and caring in the application of the nursing process in the giving of direct physical and emotional support, as well as the provision of anticipatory guidance and teaching. The nursing process clarifies the dependent, independent, and collaborative functions of nursing.

The faculty believes that nursing is an art, science, and a dynamic profession in which relationships between nurses and those cared for are essential. The faculty believes the role of the NURSE is one of service, practiced in an ever-changing scope of settings that includes, but is not limited to, acute care, ambulatory care, community-based sites, and the home. It is an applied profession that encompasses the elements of Knowing, Doing and Caring elements providing for them both a focus and a framework.

Knowing includes not only nursing knowledge and concepts, but incorporates all applicable areas of physical and social sciences, communication theory, technology, and nursing sciences. A firm knowledge base is essential to use the nursing process. *Doing* (manual, intellectual, and interpersonal skills) are used to implement the care prescribed by knowledge and the nursing process. *Caring* encompasses both the ability to understand self and others and the willingness to consistently place the welfare of the patient first. We believe that nursing provides an environment that supports individuality, cultural diversity, mutual respect, and dignity for all patients across their life-span while supporting a dignified dying process.

We additionally believe it is essential that the nurse frame the elements of Knowing, Doing, and Caring in ethical practice and state regulations. Ethical practice is defined by the *American Nurses Association Code of Ethics for Nurse* (ANA, revised 2015). The scope of practice and responsibilities for registered nurses is set out in the Nursing Practice Act (NPA) located in the *California Business and Professions Code* (Board of Registered Nursing, 2018).

Associate Degree Nurse

Within the totality of nursing practice the Associate Degree nurse advocates for patients and families, makes judgments in practice based upon evidence; implements the role of the nurse with integrity and sound ethical behavior; is committed to evidence-based practice; has a keen sense of inquiry, and demonstrates caring while providing safe, quality care for diverse patients within the family and community context. (NLN Competencies of the Associate Degree Nurse, 2010).

The ADN graduate carries out the complementary and interrelated nursing practice roles of provider of care, manager of care, and member within the discipline of nursing (NLN, 2000). The curriculum uses the nursing process to fulfill the roles of nursing practice. These assumptions, as well as the core competencies of the National League for Nursing, guide the education of the associate degree nurse. The NLN core competencies (human flourishing, nursing judgment, professional identity and spirit of inquiry) are integrated into the three roles of the nursing practice: provider of care, manager of care, and member within the discipline of nursing.

The **PROVIDER OF CARE** includes the following assumptions:
1. Utilizes critical thinking and clinical judgment in the application of the nursing process to patient care;
2. Assesses the patient for relevant data.
3. Assesses needs of the patient and significant others from a developmental and cultural perspective.
4. Selects appropriate nursing diagnosis through the analysis of data.
5. Establishes patient centered expected outcomes.
6. Incorporates growth and development when implementing caring nursing interventions.
7. Meets the patients' basic needs to maximize their level of wellness or to support a peaceful and dignified death using evidence-based practice.
8. Provides patient education for a diverse population in promoting wellness or restoring health.
9. Utilizes therapeutic communication skills when interacting with patient, significant others and community.
10. Evaluates nursing care and makes to adjustments to assist patients to meet needs and outcomes.
11. Communicates effectively verbally, non-verbally, and in writing or through information technology.
12. Functions in a variety of roles and settings.
13. Demonstrates caring behavior in providing safe care in diverse settings.

The **MANAGER OF CARE** includes the following assumptions:
1. Makes decisions regarding priorities of nursing care.
2. Delegates some aspects of nursing care and guides other personnel.
3. Manages time and resources efficiently and effectively.
4. Seeks assistance when needed.

5. Collaborates with health team members to provide safe individualized care.
6. Demonstrate accountability of all interactions in the health care environment.
7. Assumes the role of patient advocate

The **MEMBER WITHIN A DISCIPLINE** of nursing includes the following assumptions:
1. Practices within the scope of the Nurse Practice Act and standards of professional organizations.
2. Practices within parameters of individual knowledge and experience.
3. Using constructivism criticism for improving nursing practice.
4. Practices within the ethical and legal frameworks to guide nursing practice and promotes standards of nursing practice.
5. Recognizes the importance of continued lifelong learning and participating in professional nursing organizations to enhance knowledge base.
6. Recognizes the importance of nursing research.

PHILOSOPHY OF EDUCATION

The faculty believes in the principles of adult learning and that education is a process through which a person assimilates knowledge, develops skills, establishes values, and realizes potentials. Learning is individualistic and proceeds in a simple to complex manner and is influenced by the level of development and motivation of the learner. Learning is most meaningful when it relates to the pursuit of an individual's own goals (Knowles, 1984). Students are treated as individuals with unique qualities and learning needs. Faculty respects the diversity of the students and the communities that we serve. The faculty's role is to facilitate the learning process by creating a climate in which optimal learning becomes possible. Students should be appropriately challenged to stimulate inquiry, critical thinking, and synthesis of knowledge. The faculty strives to provide a supportive and challenging learning environment using a variety of instructional strategies to facilitate critical thinking and problem solving.

The teaching-learning process is reciprocal and interactive, with faculty and students sharing the collaborative enterprise of learning, inquiry, teaching, and evaluation. These skills enable our graduates to make decisions and take actions that are consistent with ethical practice, nursing practice standards, and licensing laws. Faculty recognizes its obligation to the community to prepare our students to provide safe quality-nursing care.

CURRICULUM FRAMEWORK

The schema (Figure 1 Nursing Department Curriculum Framework) depicts the 5 domains of the curriculum framework. The domains include person, health, nursing, environment, and learning. The core concepts are integrated within each course and are progressively developed in depth and complexity throughout the curriculum.

Figure 1: Nursing Department Curriculum Framework

The nursing curriculum framework depicts holistic, integrated, and multi-dimensional concepts that encompass the domains of persons, environment, health, nursing and learning.

PERSON

The person can be an individual, family (significant others), or community that participates in a therapeutic relationship with the nurse. The recipient of nursing care is referred to as the patient. A person is a patient when there is a need for nursing therapeutic interventions that address holistically complex physiological and psychosocial needs.

ENVIRONMENT

The environment includes all internal and external facts that affect the health of a person. Patients maintain or attain health by adapting to environmental and developmental changes across the lifespan. The nurse uses therapeutic interventions to enhance the environment to improve the patient's health and well-being. The nurse provides care to persons from diverse cultural backgrounds and in a variety of environments.

HEALTH

Health is not merely an absence of disease but occurs across the lifespan in varying degrees of wellness and illness from health to death. Health has physiological, psychosocial, and environmental facets. Nurses and patients collaborate in promoting the patient's individual potential and achieving desired needs.

PERSON	ENVIRONMENT	HEALTH	NURSING	LEARNING
• Individuals • Families (significant others) • Communities • Physiological • Psychosocial	• Internal Factors • External Factors • Diverse Practice • Diverse Settings	• Holistic needs • Continuum • Lifespan	• Process • Roles Knowing Doing • Caring • Critical thinking • Professional Standards	• Continuous • Personal Growth • Lifelong • Knowledge, Skills, Values & Attitudes • Professional Judgment

NURSING

Nurses assist patients with their actual or potential health needs by the application of the nursing process. The nursing process is at the center of the Knowing, Doing and Caring of nursing. Nurses use critical thinking, clinical judgment, and caring in giving direct physical and emotional support, as well as the provision of anticipatory guidance and teaching. Nurses are members of a discipline by framing their practice according to the Code of Ethics and Standards of Practice. Nurses practice in an ever-changing scope of settings to provide and manage care.

LEARNING

Teaching and learning are interactive, multidimensional processes through which a person assimilates knowledge, develops skills, establishes values, and realizes potentials. Learning is an individualistic, dynamic, continuous, and lifelong process. Learning integrates knowledge and experience with professional responsibility and accountability for nursing decisions and actions using appropriate ethical, professional, and legal standards. Learning to be a registered nurse involves an educational process that teaches knowledge, skills, values, and attitudes and socializes students into the nursing profession.
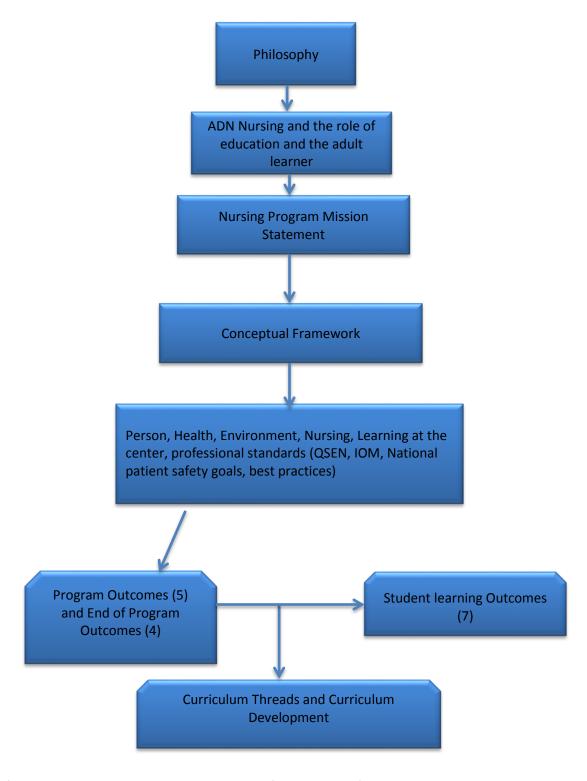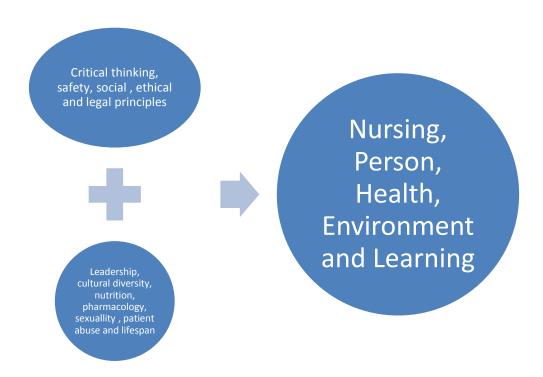
Figure 2: Overview of Curriculum Development

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                  │  of education and the     │
                  │  adult learner            │
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                  │  Nursing Program Mission  │
                  │        Statement          │
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                  │   Conceptual Framework    │
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        │  Person, Health, Environment, Nursing,       │
        │  Learning at the center, professional         │
        │  standards (QSEN, IOM, National patient       │
        │  safety goals, best practices)                │
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   │  Program Outcomes (5)   │ ───────▶ │ Student learning        │
   │  and End of Program     │          │ Outcomes (7)            │
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        │  Curriculum Threads and Curriculum│
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The professional nursing program encompasses the five domains of person, health, environment, nursing and learning. There are a number of structural concepts known as curricular threads that support the

curricular design and are interwoven throughout the curriculum. The Nursing faculty believe that integrating these threads throughout the curriculum adds a concentration and an ability to correlate concepts and experiences.

The Curriculum Threads include thinking critically, safety, social, ethical and legal principles, leadership, cultural diversity, nutrition, pharmacology, sexuality, patient abuse and lifespan. Class objectives are labeled to reflect the curriculum threads and the conceptual framework.

Critical thinking, safety, social , ethical and legal principles

Leadership, cultural diversity, nutrition, pharmacology, sexuallity , patient abuse and lifespan

Nursing, Person, Health, Environment and Learning

END OF PROGRAM OUTCOMES

Upon completion of the nursing program, the nursing graduate will:

1. Provide caring, patient-centered, safe and holistic care that is culturally sensitive and utilizes critical thinking within the framework of the nursing process and evidence-based principles (SLOs 1, 2, 3, 4).

2. Communicate effectively when providing care for multicultural patients and effectively promote patient advocacy for patients and families with integrity (SLO 5).

3. Safely implement the professional nursing role as defined by the California Nurse Practice Act and the American Nurses' Association principles of ethical practice (SLO 6).

4. Engage in life-long learning as part of the professional commitment of the Registered Nursing role (SLO 7).

PROGRAM OUTCOMES

1. NCLEX-RN pass rates will be at or above the national mean.

2. Program completion rates within 6 semesters will be at least 80% or higher.

3. At least 85% of graduates, alumni and employers will indicate satisfaction with the Grossmont College ADN Program.
4. Job placement rates will be at least 75% within 12 months of graduation.

5. Twenty-five percent of the graduates will enroll in an advanced degree nursing program within 1 year of graduation with a consistent upward trend of those graduates seeking advanced nursing degrees.

STUDENT LEARNING OUTCOMES (SLOs) Leveled By First and Second Year

SLO # 1   First Year: Demonstrates knowledge of nursing practice utilizing biopsychosocial theories and concepts in the performance of the registered nursing role by utilizing the nursing process and biopsychosocial theories in the development of a POC.

SLO #1 Second Year: Integrates knowledge of biopsychosocial theories and concepts when providing patient care by:

a. Applying knowledge of nursing practice utilizing biopsychosocial theories and concepts in performing the professional nursing role.

b. Formulating a holistic comprehensive plan of care for acute and chronic patients utilizing the nursing process, principles of health promotion and illness prevention, patient teaching and end of life care for patients throughout their lifespan.

SLO # 2 First Year: Demonstrates the skills and attitudes necessary to perform as an associate degree nurse in the professional nursing roles of: Provider of Care, Manager of Care, and Member within a Discipline.

SLO # 2 Second Year: Integrates the skills and attitudes necessary to perform as an associate degree nurse in the professional roles of: Integrates the skills and attitudes necessary to perform as associate degree nurse in the professional nursing roles of: Provider of Care, Manager of Care, and Member within a Discipline by:
a. Satisfactorily performing the complex roles, skills and responsibilities of a second year student in the categories of Provider of Care, Manager of Care and Member within a Discipline in the clinical setting.

SLO # 3 First Year: Demonstrates critical thinking skills in the implementation of the nursing process while providing safe patient care and meeting the needs of culturally diverse patients within multidisciplinary health care systems

SLO # 3 Second Year: Implements critical thinking skills in the implementation of the nursing process while providing safe patient care and meeting the needs of culturally diverse patients within multidisciplinary health care systems by:
a. Intervening competently and safely for groups of health care consumers in complex patient care situations within a multidisciplinary healthcare system.

SLO # 4 First Year: Use evidence-based research to provide quality health care, initiate change and improve nursing practice.

SLO # 4 Second Year: Selects evidence-based research to provide quality health care, initiate change and improve nursing practice by:
a. Implementing evidence based research in the planning and implementation of complex nursing care for individual, families, and groups of health care consumers.
b. Evaluating the importance and effectiveness of evidence-based research in nursing practice.

SLO# 5 First Year: Employs the use of informatics and effective communication skills to manage and coordinate care in collaboration with other health care professionals.

SLO# 5 Second Year: Effectively employs the use of informatics and effective communication skills to manage and coordinate care for the health care consumer in collaboration with other health care professionals by:

a. Integrating communication skills (verbal, nonverbal, interpersonal and communication technology) into the practice of the professional nursing role.

b. Collaborating with other health team members to organize, manage, delegate and coordinate patient care for the health care consumers and family members across the life span.

SLO # 6 First Year: Implements the role of the professional nurse as defined by the California Nurse Practice Act.

SLO # 6 Second Year: Distinguishes the role of the professional nurse as defined by the California Nurse Practice Act and Standards of Nursing Practice by:

a. Assuming responsibility and accountability for the students' nursing action (s) as they undertake the role of the professional nurse.

b. Making complex clinical decisions that support health care consumer advocacy based upon the ethical and legal principles as described in the California Nurse Practice Act and the American Nurses' Association Code of Ethics.

SLO# 7 First Year: Demonstrates support of life-long learning and quality improvement.

SLO #7 Second Year: Supports the importance of life-long learning and quality improvement as part of professional commitment to the nursing profession by:

a. Assuming responsibility and commitment toward lifelong learning in the areas of evidence based healthcare, informatics, practice based learning self-reflection and assessment as the student undertakes the role of the professional nurse.

CLINICAL ROTATION GUIDELINES FOR FACULTY

Information about the Clinical Day:
1. A clinical day consists of:
    a. Prep time for the students (not included in clinical hours)- When possible, please ensure that students have **at least** 30 minutes of time to research their patients prior to assuming care of their patients (dependent upon the level of the student).
    b. Pre-conference (15-30 minutes to review plan for day, answer questions, assess student preparedness, etc.)
    c. Time doing patient care
    d. Mid-day or post-conference (60 minutes for reflection, review of the day, etc.)
    e. Participating in Change of Shift report whenever possible.
2. Orientation is done on the first clinical day. **The first day is the same length as a regular clinical day.** For 12 hour clinicals, you can do orientation paperwork/overview in the morning, and the students can do patient care on the unit in the afternoon/evening. Students may benefit from an

all-day orientation (becoming familiarized with the unit, clinical paperwork and computers, equipment on the unit, scavenger hunts, tour of the hospital labs, X-ray, blood bank etc., and patient rooms).

3. Obtain student contact information (e.g., cell number and email address) for your records. Advise students that this is how you will contact them on days outside of the clinical day or if there is an emergency.

Before the Clinical Rotation Begins:
1. Adjunct faculty have mailboxes in the mail room located in building
2. Follow the information on the "New Hire Process" outline you received upon hire to prepare for your orientation as well as the orientation of your students for the specific clinical facility assigned. You will note that facility-specific information can be found on the San Diego Nursing-Service Education Consortium website: www.sdnsec.org. Many facilities are now using a web-based system for tracking the requirements of students and faculty. You will receive more information on this during the *New Hire Process.*
   a. Check with the clinical facility and schedule orientation classes or meetings for yourself as the clinical faculty according to the facility requirements.
   b. Review information related to parking, computer training, security badges, education modules, and any other facility-specific training needed.
   c. Meet with the Assistant Director and/or Faculty Mentor for questions related to Clinical Rotation preparation.
3. Arrange for the orientation of your students.
   a. Schedule meeting rooms for orientation.
   b. Schedule pre-conferences and post or mid-conferences for each clinical rotation.
4. Meet with the lead instructor for the course in which you will be teaching.
5. Arrange to meet with the manager of the unit to which you will be assigned. Provide the manager with a course syllabus and clinical objectives. Students and unit staff should all be familiar with the students' clinical objectives.
6. Arrange off-unit rotations/floats if appropriate. Obtain list of approved float areas from the Clinical Coordinator or your lead instructor. Note: floating off unit is a privilege and students should understand this from day one. If students are not doing well in clinical and or academically, they should not be floated off the unit.
   a. Make a rotation roster and provide a copy for each student, clinical area supervisor, and the lead instructor (see sample). Prepare student objectives specifically for students who float off the unit; for example, specific objectives for students who float to the OR or the PACU.
7. Construct an orientation letter to the students and email/post on Canvas about 2 weeks before the orientation (see sample on page 22). If you choose to give students your phone number, please give them time limits (e.g., I will be available on the clinical day for phone calls from 5AM-8PM, and outside of those hours and that day, please feel free to leave a message).
8. Develop an orientation day schedule/agenda (See page 30). A copy of this schedule must be sent to the lead instructor for the course.
9. Develop a "Clinical Guidelines" handout for the students (see sample page 24). You can email to the students or distribute during orientation.

During the Clinical Day:
1. Patient assignments will be made by the clinical instructor prior to the beginning of the shift. The clinical facilities have asked that students do not choose their own patients due to the disruption caused with multiple students seeking advice from charge or staff nurses. Schools have lost their

clinical rotations when this guideline has not been followed. Once the assignments have been made, the students will begin their patient research. Students will be expected to do routine preparation (i.e. looking up medications, labs, etc.) prior to assuming care of their patients and throughout the shift as needed. Early arrival of the students for prelab preparation does not count in the clinical hours for the day – it is considered prelab time. The only difference is that it is done the day of clinical instead of the day before.

2. **The BRN requires that the students complete a minimum number of clinical hours. Students must work the entire clinical shift. Leaving clinical early may be allowed only under exceptional circumstances and by obtaining permission from the lead instructor in advance.**

3. Absences are only allowed if a student is ill and, or in cases of emergency. The preferred clinical make-up assignment is a <u>comparable clinical</u> experience. Consult with the lead instructor before arranging clinical make-ups.

4. If you become sick or have an emergency, notify your lead instructor ASAP, so a substitute may be found and the students can be notified.

5. The required paperwork for the students in the clinical setting varies for each class. Check with your lead instructor for detailed information regarding the clinical paperwork.

6. Each student must submit a WEEKLY SELF-EVALUATION form electronically. (See section on Weekly Evaluation form and sample completed evaluation form page 36).

7. Be sure you have CONTACT WITH YOUR LEAD INSTRUCTOR EVERY WEEK. This can be by email, telephone, or in person depending on you and the lead instructor's preferences. Any problem with a student needs to be discussed with the lead instructor ASAP.

At the End of the Clinical Day:
1. Review the day with each student and offer constructive feedback to each student.
2. Ensure that you give the student an achievable goal for the next clinical day-with a focus on what the student needs to improve or strengthen for the next clinical day.

At the End of the Clinical Rotation:
1. We use an electronic filing system for student paperwork. Contact the lead instructor to find out the process for submitting the paperwork.
2. Final student paperwork must be completed and turned in to the lead instructor ***within 1 week after the final clinical day.***
    a. Student files are audited by outside agencies on an ongoing basis. Timely filing enables us to ensure all required documents are complete, meeting regulatory requirements.
    b. Timely receipt of student paperwork allows the lead instructor to assess for our ongoing course and program improvement process.
2. Complete the Faculty Evaluation of clinical facilities
    a. Online form found at the Nursing Department website:
        http://www.grossmont.edu/nursing/FacultyForms.asp
3. Submit the following to the lead instructor:
    a. SLO data collection form for Clinical Plan of Care grades.
    b. Outline of the clinical orientation
        i. See "Sample Clinical Orientation Day Agenda" in this Handbook (page 30)

Student Supervision

Q. Do nursing students practice under their clinical instructor's nursing license?

A. Vickie Sheets, RN, JD, NCSBN Director of Practice and Regulation replies: Nursing faculty frequently talk about students practicing under a nursing instructor's license. This is an inaccurate statement because the only person who works on a nurse's license is the person named on the license.

"The Board of Registered Nursing is statutorily authorized to interpret, implement, and enforce the Nursing Practice Act and its regulations. Business and Professions Code § Section 2729 statutorily authorizes that nursing services may be rendered by a student nurse when these services are incidental to the course of study when the nursing student is enrolled in a board-approved nursing program".

Nursing Practice Acts include statutory language that specifies what are called exemptions or exceptions to the requirement for a nursing license. Typically, practicing nursing as a student who is enrolled in an approved nursing program is one of the exempted (or excepted) practices. The nursing student is accountable of nursing actions and behaviors to patients, the instructor, the facility and the nursing program.

The accountability for nursing instructors is for their decisions and actions as an instructor. For example, the instructor is accountable for the selection of patients for the nursing students' assignments. The instructor is expected to support studies preparing for the clinical experience and to monitor students' clinical performance. Most critically, the instructor must intervene if necessary for the protection of the patients when situations are beyond the abilities of the students. Instructors must identify "teaching moments" as well as assess and evaluate the students' clinical performance.

The broader accountability reflects the education, experience and role of the instructor, who is accountable to the patient, the student, the facility, the nursing program and the professional licensing board.

STATE OF CALIFORNIA

dca

DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

SUPERVISOR'S RESPONSIBILITY

BRN Position: Nursing faculty of a California board approved nursing program is authorized by the above law to initiate and continue to allow nursing student's clinical education functions including administration of medication. The role of the nursing faculty is to provide direct and indirect supervision of nursing students in all clinical activities. The Board of Registered Nursing has relied on Business and Professions Code Section § 2729 and does not consider nursing students as unlicensed assistive personnel for the purpose of clinical nursing education.

The following legal opinions are in response to questions raised by the Board of Registered Nursing:

Faculty determines the amount of supervision to provide to any individual nursing student. When determining the appropriate level of supervision, faculty must consider the severity and stability of the assigned patient, the patient's condition, as well as the student's competency and ability to adapt to changing situations in the clinical setting. Faculty should also consider the types of treatments, procedures, and medications to be administered to the patient. When engaged in clinical learning experiences the nursing student is under the supervision of the clinical faculty and the RN in the facility. Both the clinical faculty and the RN in the clinical facility are responsible for the quality of care delivered by students under their supervision.

"Disciplinary Action Against Nursing Instructors"

"You have asked if a registered nurse employed as an instructor in an accredited school is subject to possible disciplinary action by the Board who, forced by her employer, takes back a previously failed student into the clinical phase of the curriculum, knowing that the student poses a threat to   the health and safety of the patients she cares for due to her proven inability to perform nursing services.

CONCLUSION:

If questions arise regarding RN practice or nursing student authority to perform registered nursing functions while enrolled in a California approved nursing program, do not hesitate contacting the Board of Registered Nursing at www.rn.ca.gov.

Such a registered nurse may be subject to possible disciplinary action for unprofessional conduct or for gross negligence."

> Department of Consumer
> Affairs Legal Opinion
> No. 13-49
> October 1975 "Supervision of

Untrained Persons or Licensed Vocational Nurses"

May the Board of Registered Nursing discipline registered nurses working in a supervisory capacity for authorizing untrained persons or licensed vocational nurses to perform tasks which such supervising registered nurses knew or should have known they lacked the competency to safely perform?

CONCLUSION:

The Board of Registered Nursing may discipline registered nurses working in a supervisory capacity for authorizing untrained persons or licensed vocational nurses to perform tasks which such supervising nurses knew or should have known they lacked the competency to safely perform.

> Department of Justice
> Attorney General's
> Opinion No. CV 76-45
> October 1976

NPR-I-18.DOC
REV. 07/1996, 3/2002

Expanding clinical technology such as electronic medical records, medication distribution systems, and bar-coding electronic medication administration processes require faculty and nursing students to attend training sessions allowing them to gain the knowledge necessary to use these systems. The board expects nursing faculty to ensure that the learning experiences chosen provide the student with the opportunity to develop those skills necessary to ensure that they will become safe, competent practitioners. Since these technologies are here today and will be a future part of healthcare delivery, faculty and nursing students must have hands on experiences with these systems while learning to provide registered nursing care to patients.

Orientation Letter to Students (Example)

January 9, 2014   Nursing 230
                                                                         Kaiser Zion Hospital

Dear Students,

Welcome to Kaiser Permanente Clinicals. The following is the information on the requirements for your orientation day and subsequent clinical days.

Attire: Complete school uniform with ID

Times: Orientation is Tuesday, January 25, 0845-1600.

              Clinical days are Tuesdays, 0645-1930 (30 min lunch)
              Post conference – meeting time 1800-1930, Conference Rm B, 2nd floor

Requirements to be completed prior to Orientation day:

         Kaiser Permanente requires students to complete specific requirements prior to beginning your clinical rotation. These requirements are completed through the rotation tab on Complio.

Locations:
Orientation day – we will meet on the clinic side of the hospital (look for a coffee cart), in the lobby, by the pharmacy.
Clinical days – meet by elevators, 3rd floor at 0645 for updates, announcements, etc.
Post conference – meeting place is Conference Room B, 2nd floor, from 1800 -1930.

Directions:
    Kaiser Zion Hospital
    4647 Zion Ave
    San Diego, CA 91920
        *From I-8: exit Mission Gorge Road, go north, right on Orcutt Ave.
        *From I-15: exit Friars Road, go east, right on Zion.

Parking: Students are to park in the clinic parking structure on 4405 Vandever Ave, on the top level, or on the streets surrounding the hospital. If you park in the residential area, please be courteous and respectful of the residents. You will be arriving very early in the morning, and loud conversations have been reported as disturbing the residents.

What to Bring:

Orientation day - Completed Kaiser paperwork.
                    Deposit of $25 cash for a Kaiser badge is required.

Clinical days - Don't bring much as there is no storage available. Have with you: a clipboard, pen and paper, a stethoscope, a caliper, a calculator, a drug reference book or PDA, and lunch money. Don't leave any valuables in the car or have them out of site.

Instructor:
> [*Your Name]*
> Contact me at [*your phone #]* and/or [*your email*] [Note: Be sure to add any special instructions such as "No phone calls after 10pm."]
> Notify me ASAP if you are going to be absent or running late.

I am looking forward to a great semester!

Thank you,
Professor [Your Name]

ORIENTATION TO KAISER HOSPITAL
CLINICAL GUIDELINES

NU 230 - Alterations in Cardio-Pulmonary and Circulatory Disorders

1. **Instructor**: [*Your name, phone number].*

2. **Clinical hours:** All clinical areas (DOU (3 South/North), ICU, ED) start at 0700 unless otherwise indicated.

   Tuesdays: 0645-0700 Preconference (meet by elevators, 3rd floor)
                      0700-0730 Take report; then patient care
                      1200-1230: Lunch for all
                      1230-1600: Patient care
                      1600-1700: Post conference: (conference room B, 2nd floor)
                      1700-1930: Patient care and shift report

3. **Clinical Absences:** No absences are allowed. A make-up shift must be completed if you miss a clinical day. If you are sick on the day of clinical, call me ASAP – [*your phone number*].

4. **Clinical Areas:**
   DOU - 3 South and 3 North, 24 patients per unit. You will assume care of one patient at the beginning. The goal is to take care of two or more patients by the end of your clinical.
              Nurse: patient ration 1:3
              3 South x5593
              3 North x5565
              Pager system x 5500.

   > Suggestion: put important info on the back of your Grossmont name tag: - computer sign on, lab values

   ICU - 12 beds MSICU and 12 beds CNICU. During your ICU rotation, you will be in the ICU with patients who have significant cardiopulmonary problems often requiring ventilators and chest/mediastinal tubes. You will not provide patient care but rather shadow a nurse. No medications will be given by the students in the ICU. Students are not allowed to chart in ICU.

   SDU (step down unit) – 10 beds.

5. **Clinical Performance Evaluation:** This is a "Weekly Clinical Evaluation" form (See example page 36). Be sure you complete the student self-evaluation part and turn it in electronically every Wednesday by 8 pm. At the end of this clinical rotation you will receive a "Final Student Clinical Performance Evaluation" form (See example page 40).
6. **Clinical Assignments:**
   a. With the exception of students assigned to the ED, each student will be assigned to a patient. The assignment and clinical objectives for the week will be posted by 0600 on the patient board. Be sure to check assignment sheet in the DOU first if assigned to ICU.
   b. For multiple patient assignments, the student will choose one patient for prelab research. After receiving report, the student and assigned RN will collaborate on another patient(s) to care for along with the chosen patient (See Assignment Tracking Sheet page 56).

7. **Prelab Preparation:**

a. Prelabs are done the same day as the clinical day. *Please let students know the exact time and place you would like them to report to clinical.*

b. Patient research: (to be done prior to assuming care of patient) complete "Prelab Research Sheet" and start one page clinical organizer using the chart, medication record. Suggested order:
  - Admitting diagnosis, activities, diet, tubes, treatments, pertinent labs ordered
  - Medication record (computer).
  - History and Physical, and Operative Report.
  - MD Progress Notes (start with most current and work backwards).
  - Labs, X-rays, diagnostic test results (start with most current and work backwards).
  - Nurse's Notes and Flow Sheet (start with most current and work backwards).
  - Check the Kaiser Policy and Procedure Manual to become familiar with the hospital procedure for any treatments you will be providing.

d. Do not photocopy, photograph, or print any part of the patient record (labs, H&P, etc.). You may not print out data and cut the name off of the paper. This is considered a serious HIPAA violation! The students must write out the data.

8. **Clinical Practice:**
  a. You must attend shift report at the designated time. Tell the AM staff nurse at report that you will be giving medications and performing treatments, request assistance as needed (giving medications, performing treatments, ambulating patient, etc.). Inform the nurse when you will leave the floor for lunch and post conference.
  b. As soon as possible, review the chart for information on medications and treatments. Review the previous 24 hours for any new orders. Change your "one page clinical organizer"/"brain" based on the nursing report and changes in orders.
  c. You will be responsible for all medications, treatments, IV therapy, diet, activity, personal care, and nursing procedures.
  d. An initial assessment (physical exam, vital signs, AM checklist) must be recorded in the computer within one hour from starting patient care. Remember to record as you do the assessment!
    - A full physical assessment is done at the beginning of the shift, including vital signs. You will complete an entire physical assessment and follow my instructions about charting.
    - A focused assessment with vital signs is then done at least every 4 hours during the rest of the shift.
    - If you have only 1-2 patients, you are expected to do the vital signs and the personal care of the pts. Baths are done on the day shift. Discuss the patient load and personal care issues with the clinical faculty for special situations.
  e. Be prepared to present a verbal report on your patient(s) to me by 0830.
  f. If you have completed the nursing care and the documentation is complete, then volunteer to help the staff nurse or talk to me (I will find you learning opportunities).
  g. Check that documentation is complete before reporting off: the Flow Sheet (including nursing notes and a 12 noon and 1600 assessment), vital signs (including 12 noon vital signs), I&O, and the medication record.
  h. Report off to the staff nurse before breaks and before lunch. Report should include: the patient's room number, name, age, diagnosis and related deficits, level of treatment (Code status), isolation, diet, vital signs, telemetry, equipment, personal care and treatment received, medications received, I&O, changes (good and bad) in the patient's status, activity performed, and any other concerns/comments.

9. **Clinical Plan of Care:** You are required to complete a total of 3 Clinical Plans of Care. Each Plan of Care must include at least two priority problems for your patient.

<p align="center"><u>DUE DATES:</u> TBA   No late submissions!</p>

10. **Clinical Supervision of Medications:**
    a. I will supervise all medications and treatments until I direct you otherwise. All medications [oral meds, injections (IM, SQ) and IV medications (IV piggyback, IV push), etc.] must be supervised by the clinical faculty or staff RN every time the medication is given.
    b. We will begin to obtain the 0900 medications from Pyxis at approximately 0815. Once all the medications have been removed from Pyxis, you can review and get ready to administer with supervision.   Have the medications ready for administration before I arrive. [If you have never performed a certain route (e.g. IM, IV push, IV piggyback), let me know so I can help you through the process of administering medications.]
    c. For medications, be prepared to briefly tell me the medication generic name, the pharmacology class, why your patient is receiving it, what the expected patient response is based upon the mechanism of action, what assessments need to be done prior to and as a follow up, and the dosage range and safety of the dose. Remember the Rights! (Currently, there are 10 rights - find out what they are) (It's OK to use notes for coaching.) The staff RN has the right to quiz you on the medications and to supervise your administration of any medication at the RN's discretion.
    d. If you have the opportunity to give a medication or perform a treatment and I am not immediately available, call me prior to doing the skill or giving the medication. Let the nurse know you have to discuss this with me prior to doing the skill or giving the medication.
    e. Remember that heparin and insulin must be checked by two nurses (including you). This is called an independent double check.
    f. When drawing up meds from an ampule or vial, tape the container to the syringe to show me. Also, label everything (even for liquid medications) including syringes (e.g. for NS flush solution, label the syringe "NS" and show me the vial.)

11. **Charting**:
    a. KP Health Connect: there needs to be a notation (vital sign, medication, narrative, etc.) every two hours. There must be a complete assessment every shift (done at beginning of shift): Have completed by 0830. You must document your own assessment even if a staff nurse has already documented an assessment for 0800! A focused assessment with vital signs is then done at least every 4 hours during the rest of the shift (12noon and 1600).
    b. Complete the documentation while you are giving care. [You are not allowed to leave charting, vital signs, etc., until the end of your shift.]
    c. Narrative charting is done on "Multidisciplinary Notes" using the "charting by exception/improvement" principle. (Did the patient meet expected outcomes or deteriorate or have a change in status?)

12. **Medication Administration:** Medications are obtained from the Pyxis. IVFs/IVPBs are in the med room. Patient arm band and medication are scanned in the room.
    a. IV Medications
        - IV push meds: **must be supervised by RN or Clinical faculty**, flush slowly after med given, use SAS(H) method [saline - additive (med) - saline-(heparin)], take vitals and check labs before meds.

- Constant infusions and IVPBs: infusion [e.g. heparin] remains running; IVPB given through a second pump.
- IVPBs through IV/Saline lock: flush system usually used.
- "IV/Saline" locks: flush with saline only every 8 hours and PRN after IV meds and IVPBs. (Heparin is no longer used as a flush for peripheral locks).

    b. Toradol Policy: Please check the current policy of the hospital unit you are assigned to. According to the PDR, *"Adults weighing less than 50 kg and Geriatric patients : 15 mg IV/IM every 6 hours, max dose 60 mg/day"*

13. **Post conference:** Begins promptly at assigned times. Students may be required to prepare for post conference with assigned readings. All students are expected to participate in discussions. Be prepared to discuss your patient's pathophysiology, ECG (bring a strip), the problem list (actual and potential problems), nursing priorities, interventions, and how you have adjusted your nursing care based on the day's findings.

14. **Lights, Locks, Linen, etc.:**
    a. PYXIS: I will obtain medications with you for your patients as I have Pyxis access. Staff RNs may remove medications for your patient with their own code. Please check with me first.
    b. Computer Code: each student will receive an individual computer code each semester. The student will create her/his own password.
    c. Linen: place in blue bags in each room - NEVER place dirty linen directly on the floor (violates The Joint Commission standards).

15. **Policies and Procedures:**
    a. Attendance - see "Student Handbook"
    b. Dress Code - see "Student Handbook"
    c. RN students are allowed to start I.V.s if they have been trained to do so and supervised by clinical faculty or staff RN.

16. **Infection Control and Universal Precautions:**
    a. Hand disinfectant: if your hands are not visibly contaminated/dirty, use the special lanolin based solution to clean your hands [available in every patient room]. (Cannot use with C. Diff)
    b. If your hands are contaminated/visibly dirty, use soap and water.

17. **KP Health Connect Computer System:** You must complete the computer orientation module prior to the orientation day.

<u>Very important</u>: Confidentiality [HIPAA standards] – access data only if there is a reason to see the data; DO NOT discuss patients in public places! NO ELECTRONIC DEVICES (including cell phones) in patient care areas!! Review the "Electronic Devices" policy in the student handbook.

Some gentle reminders:
- You must do a complete AM assessment and complete the Flow Sheet even if the primary RN has already done it. It's <u>your</u> responsibility to assess the patient in order to provide nursing care.
- Breakfast trays: the nursing staff (and nursing students) must: 1) pass out the trays to your patients, 2) record the intake in the computer when, 3) collect the trays after breakfast.

- Personal articles: don't bring a lot of stuff (backpacks, bags, books, etc.) and don't leave them in patients' rooms. If you must have articles with you, leave them in the staff lounge. Unfortunately, we don't have a locker for them.
- Patient privacy: there is a temptation to stay in the patient's room, especially if you have one patient or two patients in the same room. Please, don't hover over the patient(s) during the shift. Give the patient some space and time to rest (patients complain!!). However, you must make hourly rounds (will discuss this at orientation).
- Carry with you in your pockets: one-page organizer (your "brains"), medication list (print out each day), prelab/mini-plan of care, Required Skills Check-Off Sheet, "beginning and end of shift responsibilities." Please, no clipboards.

UNIT AM ROUTINE (0700-1930) (Example)

7:00-7:30 a.m.
- Get patient assignment from the assignment board at the desk.
- Obtain report on your patients from the night nurse at the nurses' station.
- During report focus on the patient's current problems, nursing care plan, vital signs, I&O, lab reports, daily weight and chart.
- Check the patient, IV, tubes, etc. Assure each patient has an armband and allergy band and that all plastic ware is labeled with the patient's name. Label pumps and lines.

7:00-9:00 a.m.
- Complete a head to toe assessment on each patient--note on flow sheet in designated areas.
- Take VS and chart in the computer. Note trends.
- Assist patients with oral care and ambulate if ordered. Prepare patients for breakfast.
- Record all observations, including activity tolerance, I & O, and percentage of meal taken on flow sheet and in the computer.
- Compare the Physician's Order sheets and the medication schedule in the computer for accuracy.
- Review medications and note times they are to be given.
- Obtain lab results from computer by 9:00 a.m. Notify MD of abnormalities Note cardiac rhythm, document PR, QRS, QT, and diagnosis on patient strip and initial. Only new ectopy will be noted for the rest of the shift.

9:00-11:00 a.m.
- Again, ambulate or exercise your patient as ordered.
- Encourage/instruct your patient on incentive spirometer. Record results.
- Freshen linens and straighten bedside as needed.
- Assist patients back to bed and help them get comfortable.
- Make rounds with physicians on your patients.
- Check nursing care plans and change and update as needed.
- Check for new physician's orders.
- Initiate patient education at the bedside.
- Continuously note your patient's ongoing status--IV's and I&O, ECG, C&DB, IS, presence or absence of pain [cardiac? Incisional? Other cause?], etc.
- Order supplies and equipment as needed for the patient.
- Assist ambulatory patients to set up for a bath. Change linens as needed.
- Change dressings as ordered.

11:00-12:00 p.m.
- Obtain and record noon VS and assessments as ordered. Complete a "focused" assessment and chart on Flow Sheet.
- Assist patients to chair; encourage C&DB, IS. Document activity tolerance.
- Set up lunch trays and assist as needed.
- Note I&O, as well as percentage of meal eaten.
- Record narratives notes, if necessary, and check flow sheet for completion.
- Report off to staff nurse for lunch.

PM ROUTINE (1230-1930)
- Continue patient care: meds, treatments, etc.
- Assist primary nurse as needed
- Complete your charting
- Post conference 1830-1930 (Do not forget to bring your patient's ECG strip)

CLINICAL ORIENTATION DAY AGENDA (EXAMPLE)
Grossmont College
Clinical Orientation Day Agenda
Nursing 220
August 23, 0700-1930
Name of the Clinical Instructor

1	Meet in the hospital lobby	0700
2	Introduction**/**Orientation Day Review	0715-0730
3	*Discussion:* Expectations, clinical syllabus, float schedule, Nursing Plan of Care, Weekly evaluations, Index cards.	0730-0900
4	**BREAK**	0900-0915
5	Hospital paperwork Student Info Roster Computer system Blood glucose competency	0915-1115
6	*Hospital Tour:* Primary Unit, Float areas, cafeteria	1115-1230
7	**LUNCH**	1230-1300
8	*Primary Clinical Unit*: Orientation, Policies and Procedures	1300-1500
9	**Leave hospital, to school for Sim Lab**	1500-1530
10	Head to Toe assessments, Equipment review, Case studies/scenarios/group discussion Questions/Answers	1530-1930

Clinical Orientation Day Agenda (Example)

CLINICAL ORIENTATION DAY

Introduce self
Student introductions. Who is NA? Other relevant background?
Explain plan of the day.

Paperwork
- Discuss/collect hospital-required papers
- Complete Student Info roster
- Have students write on an index card – strengths and weaknesses, what they want to learn in this rotation, any issues/concerns they want you to be aware.
- Complete RFG glucometer check-off if required by hospital

Discuss clinical rotation
- Clinical objectives
- Clinical syllabus
- **Instructor's expectations**
- Weekly self-evaluations
- Off-unit float schedule
- Assignments, pre-lab work

Discuss the structure of 8 or 12 hour shift
- Time management and use of clinical "organizer"
- Timely charting
- Medication administration
- Pain management
- Patient safety

Discuss Clinical Paperwork
- Due dates
- Nursing priorities
- Interventions and rationale
- Outcomes

Hospital Tour
- Meeting place for pre- and post-conferences
- Lab/pharmacy
- Cafeteria
- Units where students will float

Unit Tour
- Nursing station: patient assignment board, students' assignment place, charts, monitors, etc.
- Patients' rooms, isolation
- Pyxis (complete training and/or password reset)
- Rooms: supply, clean and dirty utility, equipment, nurses' lounge. (Provide codes in applicable)
- Computers: reset password, review charting
- Equipment: monitors, IV pumps, TF pumps

* If time permits, assign students to review P&Ps: Isolations, Code Blue, IV sites/tubings and anything else unit-specific.
* If time permits, assign students one patient each and have them complete a pre-lab worksheet and/or prepare a report and present it to the group.

Other ideas
- Scavenger hunt
- Sample medication list – what can you tell about this patient?
- Speakers: RT, wound care, unit educator or manager, PT/OT
- Drug calculation problems
- ECG review (N230)

Clinical Rotation Schedule (Example)

ROTATION SCHEDULE N230 SPRING 20___

DATE	DOU	ICU	ICU	ED
02/01/11	4,5,6,7	1	2	3
02/08/11	1,2,3,7	4	5	6
02/15/11	3,4,5,6	7	1	2
02/22/11	1,2,6,7	3	4	5
03/01/11	2,3,4,5	6	7	1
03/08/11	1,5,6,7	2	3	4
03/15/11	1,2,3,4	5	6	7
03/22/11	4,5,6,7	1	2	3
03/29/11	1,2,3,7	4	5	6
04/05/11	3,4,5,6	7	1	2
04/12/11	1,2,6,7	3	4	5

1. Student, Nurse 1
2. Student, Nurse 2
3. Student, Nurse 3
4. Student, Nurse 4
5. Student, Nurse 5
6. Student, Nurse 6
7. Student, Nurse 7

»This schedule may change based on unit/student needs«

Hints for the First Clinical Day

The hardest part of the clinical day is getting all the 9am meds out on time. Since every nurse will be at the Pyxis med cart at the same time, the following works the best:

Tell the students in pre-conference that they MUST be ready to give meds when you come around to give the meds with them. That means:
1. The patient has water, a cup, a straw at the bedside if he/she is getting oral meds, and the student has alcohol wipes and a NS flush if it an IVP.
2. The student will have a recent (within the hour) accurate BP/pulse reading available if the patient is getting any medications that will alter heartrate and/or blood pressure.
3. The student will know any pertinent lab results for that day (e.g. potassium for Lasix).
4. The student will have a recent apical pulse if the patient is getting digoxin.
5. The student will be able to tell you why the patient is on each med (They can look at their research. I don't expect them to memorize).

If the student is not prepared when you get to the room, tell him/her what needs to be done and come get you when the student is ready. Then move on to the next student.

It is a good idea to try to get all 0900 meds removed from Pyxis by 0815 or you will never be able to get near it until 1000. Tell the students to come get you as soon as they have obtained their initial set of vital signs and have done an initial assessment so you can pull the meds with them. It is recommended that when removing meds from Pyxis, that the student not be questioned at this time about the meds. That would slow the process and distract the student; get the meds out ASAP.

Once all the meds are pulled, start making rounds to give the meds. Give the meds that will go fastest (PO) first and wait to do the time-consuming ones (NG, IVPB) until last. If you start soon after 8 am, you will be able to get all the 0900 meds passed by 1000. Then you can breathe a sigh of relief and relax.

Question the students as to why the patient is getting a particular med as you are passing meds with the student. It is also a good idea to find out for yourself when you can't remember what a drug is for.

As a rule of thumb, it is best not to get involved in giving prn meds until after 9 am meds are out. Otherwise, you will be constantly interrupted and will never get the meds passed.

The students will need to be reminded to locate IVPBs in advance so that if they are in the refrigerator, there is time to warm them up and, if they aren't there at all, there is time to request them from pharmacy. It is always hectic until after 0900 meds are passed. It WILL get more efficient.

Student Weekly Evaluation Form Guidelines

All weekly evaluations will be submitted by the student electronically. Clinical faculty will add their comments electronically and return the form with feedback to the student. **You will work with the lead instructor for the course to discuss the process for sending the weekly evaluations to the lead instructor, as well as obtaining printed copies for the student files.**

1. General Information.
    a. The nursing program uses one version of the Weekly Clinical Evaluation Form for the first year courses and another version for the second year courses.
    b. One weekly evaluation form is to be completed for each student for each clinical week (including orientation and simulation days) unless otherwise informed by your lead instructor.
    c. **The instructor will advise students which of the SLOs to focus on in the clinical evaluation for a specific week.**
    d. A Final Clinical Performance Evaluation is to be completed for each student at the end of each rotation. These can be found on the nursing website under "Faculty Forms". There are two versions of the Final Evaluation form – one for first year courses and one for second year courses.
    e. Weekly clinical evaluation completion is a policy of the nursing program and is subject to audit by our accrediting organizations.
    f. All weekly and final evaluation forms are completed electronically.
2. Documentation of performance using the Weekly Evaluation tool.
    a. The student will initiate the weekly evaluation, writing a self-evaluation. The student should record **how** they performed, not **what** they did. This is an evaluation of their performance.
    b. The student will send the self-evaluation to the clinical faculty.
    c. The clinical faculty will add comments/feedback to the weekly evaluation tool. Personal strengths and weaknesses should be identified each week. ***Specific clinical faculty comments MUST be included on the weekly evaluations.***
    d. After reviewing the self-evaluation and adding feedback, the clinical faculty will assign a performance grade for the week: S (satisfactory), NI (needs improvement) or U (unsatisfactory). DO NOT ADD A "+" (plus) or "-"(minus) TO A CLINICAL GRADE! ALL CLINICAL GRADES ARE TO BE ASSIGNED AS EITHER S, NI, OR U. If a student receives a U (unsatisfactory), discuss it with your lead instructor **ASAP.** If a student receives a U, a remediation plan must be initiated.
    e. See the *Rating Scale* on how to evaluate students.
    f. See a sample of a First Year Weekly Evaluation Form and blank copies of both year forms and the Final Student Clinical performance Evaluation forms on the following pages.

Grossmont College

FIRST YEAR WEEKLY CLINICAL EVALUATION FORM *(EXAMPLE)*

NAME: Cindy Student

SEMESTER: Spring 2015

CLINICAL FACULTY: Prof.Jones

COURSE: Nurs 120

WEEK # 12   DATE: 4/3/15

CLINICAL FACILITY: Sharp Grossmont 4W

CLINICAL COMPETENCY	STUDENT SELF-EVALUATION
SLO #1. Demonstrates knowledge of nursing practice utilizing biopsychosocial theories and concepts in the performance of the registered nursing role by: a. Utilizing the nursing process and biopsychosocial theories in the development of a POC.	a. This week, I was in the room when the doctor came in and told my patient she had cancer. I have never dealt with this situation before, and I was nervous after the doctor left. My patient took the news very well, and I could tell wanted to talk. I took this time to get her out of bed and walk with her and she talked a lot. After this situation, I modified my plan of care to include patient education of effective coping skills.
SLO #2. Demonstrates skills and attitudes necessary to perform as associate degree nurse in the professional nursing roles of: **1. Provider of Care** a. Assessing needs of the patient and significant others from a developmental and cultural perspective. b. Performing a thorough assessment and incorporates patient data in developing a plan of care. c. Demonstrating caring relationships with patients and families. d. Evaluating the effectiveness of patient teaching. e. Performing *skills appropriate to the course*. **2. Manager of Care** a. Making appropriate decisions regarding nursing priorities. b. Managing time and resources effectively. c. Seeking assistance when needed. d. Advocating for the patient and family. **3. Member within a Discipline** a. Practicing within the parameters of individual knowledge and experience. b. Incorporating constructive feedback for performance improvement.	1e. During this clinical I performed IVPB, IVP, oral meds, and a dressing change. Giving oral meds was straight forward, but I need to make sure my fingers don't get too near the exposed spike with the IVBP. 2b. I managed my time well this week. I had already assessed pain, so I knew to bring in the pain medications with the 0900 meds. I also planned ahead and knew my patient had a noon antibiotic. I let my instructor know and was able to hang the antibiotic at 1130 when I did the blood sugar check. 3a. I witnessed my Nurse delegating tasks that were appropriate for me and the CNA to do. 3 of her patients were fall risks, and prioritizing those that needed assistance for ambulating was very important for safety reasons. My Nurse was great at making every patient feel important and cared for, and I learned a lot from her.
SLO #3. Demonstrates critical thinking skills in implementation of the nursing process in providing safe patient care meeting the needs of culturally diverse patients within multidisciplinary health care by: a. Demonstrating appropriate clinical decision-making based on assessment of available patient data. b. Modifying nursing care plan as needed.	3a. Pain was an issue for my patient this week, but we stayed on top of it with Norco. Her pain was 6/10 before the pain medication, and 1/10 afterwards. Her emotional needs to a new diagnosis of cancer were also a priority. I made sure to ask open ended questions which really worked. I think the patient wanted to talk about it, but didn't bring it up until I did.

SLO #4. Utilizes evidence-based research to provide quality health care, initiate change and improve nursing practice. a. Utilizing evidence-based practice in the delivery of patient care (cite references).	I learned about and used silver gauze to cover the patient's diabetic foot ulcer to inhibit bacterial replication. http://www.nursingcenter.com/lnc/JournalArticle?Article_ID=608156 under the Role of Silver
SLO #5. Employs the use of informatics and effective communication skills to manage and coordinate care in collaboration with other health care professionals by: a. Documenting accurately and in a timely manner. b. Encouraging the patient and family to be involved in the plan of care. c. Employing timely and effective communication with patients and families, team members, faculty and peers. d. Collaborating professionally with health team members to provide safe individualized care.	5a. I had to take caution when documenting vitals on 2 patients. To prevent errors in documenting I charted the vitals signs as soon as I left the room. This also allowed me to chart in a timely manner.
SLO #6. Implements role of professional nurse within the community as defined by the California Nurse Practice Act by: a. Practicing within the scope of the Nurse Practice Act. b. Adhering to ethical and legal standards, course and clinical guidelines per the student handbook.	6b. When I punctured the IV bag lumen on the antibiotic piggyback I immediately showed you the leak in a way that didn't alarm the patient. I did not want the patient not to receive all the medication to improve his condition so we had to get a new antibiotic from pharmacy. Next time I need to hold the piggyback connection straight so I do not do this again.
SLO #7. Demonstrates and support of life-long learning and quality improvement by: a. Utilizing resources for self-development by seeking learning opportunities. b. Identifying own strengths and weaknesses. c. Identifying quality improvement initiatives associated with patient care. d. Describing examples of the professional nursing role.	7b. I need to keep working on spiking IVPB's. My strength this week was time management and feeling like I am connecting the dots. I want to try taking 2 patients next week.

- **OVERALL CLINICAL RATING BY STUDENT** (must be completed): ___ (S, NI, U)
- A typed name shall serve as the Student's Electronic Signature: _____ Date: _____
- Goal(s) for next week:

o **OVERALL CLINICAL RATING BY FACULTY**: ___ (S, NI, U)
o A typed name shall serve as the Faculty's Electronic Signature: _____ Date: _____
Faculty Comments and/or Areas of Concern: You did a great job establishing rapport with your patient and as a result modifying your plan of care. Good job anticipating and prioritizing care.
o Practice becoming more fluid with IVPB administration. This will require practice in the lab and repetition.

Remediation Plan: If a student has received a grade of U (Unsatisfactory) on any evaluation, a remediation plan shall be developed, outlining requirements designed to assist the student to overcome identified deficiencies. **Revised 08/2018

Grossmont College
SECOND YEAR WEEKLY CLINICAL EVALUATION FORM

NAME: _____   COURSE: _____

SEMESTER: _____   WEEK #_____ DATE: _____

CLINICAL FACULTY: _____   CLINICAL FACILITY: _____

CLINICAL COMPETENCY	STUDENT SELF-EVALUATION
SLO #1. Integrates knowledge of nursing practice while utilizing biopsychosocial theories and concepts in the performance of the registered nursing role by: a. Utilizing the nursing process, formulates a holistic comprehensive plan of care for acute and chronic medical surgical patients.	
SLO #2. Integrates the skills and attitudes necessary to perform as an associate degree nursing in the professional roles of: **1. Provider of care** a. Implementing care of the patient and family from a developmental and cultural perspective. b. Recognizing complex data and formulates a patient-centered plan of care. c. Demonstrating caring relationships with patient and family. d. Implementing principles of health promotion, illness prevention, patient teaching and end of life care. e. Evaluating effectiveness of patient teaching. f. Performing skills appropriate to second year courses. **2. Manager of care** a. Coordinating care with all members of the healthcare team. b. Providing care for multiple patients. c. Managing time and resources effectively. d. Advocating for the patient and family. e. Delegating appropriately. **3. Member within a discipline** a. Practicing within parameters of individual knowledge and experience. b. Incorporating constructive feedback for performance improvement.	
SLO #3. Implements critical thinking skills in implementation of nursing process in providing safe care while meeting the needs of culturally diverse patients within multidisciplinary healthcare systems by: a. Demonstrating appropriate clinical decision making based on available data. b. Modifying plan of care as needed. c. Providing culturally sensitive patient-centered care.	
SLO #4. Selects evidence-based research to provide quality health care, initiate change and improve nursing practice by: a. Implementing evidence-based practices in the delivery of patient care (cite references).	
SLO #5. Effectively employs informatics and communication skills to manage and coordinate care in collaboration with other healthcare professionals by: a. Documenting accurately and in a timely manner. b. Involving the patient and family in the plan of care.	

c. Employing timely and effective communication with patients, families, team members, faculty and peers. d. Collaborating professionally with health team members to provide safe individualized care. e. Providing a thorough end of shift report.	
SLO #6. Distinguishes the role of professional nurse within the community as defined by the California Nurse Practice Act and standards of nursing practice by: a. Practicing within the scope of the Nurse Practice Act. b. Adhering to legal and ethical standards and course and clinical guidelines per student handbook.	
SLO #7. Supports the importance of life-long learning and quality improvement as part of professional commitment to the nursing profession by: a. Utilizing resources for self-development by seeking learning opportunities. b. Identifying own strengths and weaknesses. c. Incorporating quality improvement initiatives into patient care. d. Assessing own progress in the development of the professional nurse's role.	

OVERALL CLINICAL RATING BY STUDENT (must be completed): ___   (S, NI, U)

A typed name shall serve as the Student's Electronic Signature: _____ Date: _____

Goal(s) for next week:

OVERALL CLINICAL RATING BY FACULTY: ___   (S, NI, U)

A typed name shall serve as the Faculty's Electronic Signature: _____ Date: _____

Faculty Comments and/or Areas of Concern:

Remediation Plan: If a student has received a grade of U (Unsatisfactory) on any evaluation, a remediation plan shall be developed, outlining requirements designed to assist the student to overcome identified deficiencies.

Revised 08/2018

GROSSMONT COLLEGE SCHOOL OF NURSING
FIRST YEAR FINAL STUDENT CLINICAL PERFORMANCE EVALUATION

Student Name:		Course: Nurs	Semester/Year:
Site:		Instructor's Name:	
Final Clinical Grade: See note below for "Definition of Clinical Grades"	Absent Dates/Hours:		Make-up Dates/Hours:

The student has met the following Student Learning Outcomes		
☐ Met	☐ Not met	1. Demonstrate knowledge of nursing practice utilizing biopsychosocial theories and concepts in the performance of the registered nursing role.
☐ Met	☐ Not met	2. Demonstrate skills and attitudes necessary to perform as an associate degree nurse in the professional nursing roles of: Provider of Care, Manager of Care, and Member within a Discipline.
☐ Met	☐ Not met	3. Demonstrate critical thinking skills in the implementation of the nursing process while providing safe patient care and meeting the needs of culturally diverse patients within multidisciplinary health care systems.
☐ Met	☐ Not met	4. Use evidence-based research to provide quality health care, initiate change and improve nursing practice.
☐ Met	☐ Not met	5. Employ the use of informatics and effective communication skills to manage and coordinate care in collaboration with other health care professionals.
☐ Met	☐ Not met	6. Implement the role of the professional nurse as defined by the California Nurse Practice Act.
☐ Met	☐ Not met	7. Demonstrate support of life-long learning and quality improvement.

Final Instructor Summary:

Student's Signature*   Date Signed

Instructor's Signature*   Date Signed

* A typed name will serve as an electronic signature for this evaluation form.

NOTE: Clinical is graded as pass/fail.   If a student does not pass clinical, they will receive a "D" grade for the course.

Criteria for Passing Clinical: (In order to pass the course, the student must pass **clinical**).
By the end of the course, the student must:
1. Achieve an overall satisfactory (S) grade on the final clinical evaluation.
2. Attend **all** laboratory sessions. NOTE: If absence is excused and unavoidable, and appropriate make-up
experiences are available, student may arrange with the instructor for an appropriate make-up experience.

GROSSMONT COLLEGE SCHOOL OF NURSING
SECOND YEAR FINAL STUDENT CLINICAL PERFORMANCE EVALUATION

Student Name:			Course: Nurs	Semester/Year:
Site:		Instructor's name:		
Final Clinical Grade: See note below for "Definition of clinical Grades"		**Absent Dates/Hours:**		**Make-up Dates/Hours:**

		The student has met the following Student Learning Outcomes for this clinical rotation:
☐Met	☐Not met	1. Integrates knowledge of biopsychosocial theories and concepts when providing patient care by: a. Applying knowledge of nursing practice utilizing biopsychosocial theories and concepts in performing the professional nursing role. b. Formulating a holistic comprehensive plan of care for acute and chronic patients utilizing the nursing process, principles of health promotion and illness prevention, patient teaching and end of life care for patients throughout their lifespan.
☐Met	☐Not met	2. Integrates the skills and attitudes necessary to perform as associate degree nurse in the professional nursing roles of: Provider of Care, Manager of Care, Member within a Discipline by: a. Satisfactorily performing the complex roles, skills and responsibilities of a second year student in the categories of Provider of Care, Manager of Care and Member within a Discipline in the clinical setting.
☐Met	☐Not met	3. Implements critical thinking skills in the implementation of the nursing process while providing safe patient care and meeting the needs of culturally diverse patients within multidisciplinary health care systems by: a. Intervening competently and safely for groups of health care consumers in complex patient care situations within a multidisciplinary healthcare system.
☐Met	☐Not met	4. Selects evidence-based research to provide quality health care, initiate change and improve nursing practice by: a. Implementing evidence based research in the planning and implementation of complex nursing care for individual, families, and groups of health care consumers. b. Evaluating the importance and effectiveness of evidence based research in nursing practice.
☐Met	☐Not met	5. Effectively employs informatics and effective communication skills to manage and coordinate care in collaboration with other health care professionals by: a. Integrating communication skills (verbal, nonverbal, interpersonal and communication technology) into the practice of the professional nursing role. b. Collaborating with other health team members to organize, manage, delegate and coordinate patient care for the health care consumers and family members across the life span.
☐Met	☐Not met	6. Distinguishes the role of the professional nurse as defined by the California Nurse Practice Act and Standards of Nursing Practice by: a. Assuming responsibility and accountability for the students' nursing action (s) as they undertake the role of professional nurse. b. Making complex clinical decisions that support health care consumer advocacy based upon the ethical and legal principles as described in the California Nurse Practice Act and the American Nurses' Association Code of Ethics.
☐Met	☐Not met	7. Supports the importance of life-long learning and quality improvement as part of professional commitment to the nursing profession by:

		a. Assuming responsibility and commitment toward lifelong learning in the areas of evidence based healthcare, informatics, practice based learning self-reflection and assessment as the student undertakes the role of the professional nurse.

Final Instructor Summary:

Student's signature*   Date signed

Instructor's signature*   Date signed

* A typed name will serve as an electronic signature for this evaluation form.

NOTE: Clinical is graded as pass/fail.   If a student does not pass clinical, they will receive a "D" grade for the course.
Criteria for Passing Clinical: (In order to pass the course, the student must pass **clinical**).
By the end of the course, the student must:
1. Achieve an overall satisfactory (S) grade on the final clinical evaluation.
2. Attend **all** laboratory sessions. NOTE: If absence is excused and unavoidable, and appropriate make-up experiences are available, student may arrange with the instructor for an appropriate make-up experience.

Revised 08/2018

RATING SCALE FOR EVALUATION OF STUDENT CLINICAL PERFORMANCE

S = Satisfactory   **Clinical performance is safe as demonstrated by the following**:
- Safely demonstrates expected clinical outcomes/competencies.
- Applies nursing process in accordance with expected clinical outcomes/competencies.
- Utilizes critical thinking skills for clinical decision making [i.e., clusters data; analyzes the data determines clinical significance; applies nursing process].
- Performs functions within prescribed timeframe.
- Requires only limited guidance when executing nursing care, basic skills, organization & management of patient care, or other course competencies.
- Pre-lab research is sufficient to provide safe nursing care.
- The student's self-evaluation identifies perceived personal strengths and weaknesses in the areas of Provider of Care, Manager of Care, and Member within a Discipline.

   Action: The instructor, in consultation with the student, will identify areas for continued improvement and clinical focus.

NI = Needs Improvement   **Clinical performance needs improvement if one or more of the following occurs**:
- Clinical performance does not meet the clinical criteria in accordance with clinical outcomes/competencies.
- Essential information and background knowledge to perform effective patient care is deficient.
- Lack of progress in improvement of clinical performance with clinical outcomes or competencies.
- Student lacks initiative to seek out learning opportunities.
- Student requires prolonged time to perform functions and/or requires frequent verbal and/or physical cues.
- The student's self-evaluation does not identify perceived personal strengths and weaknesses in the areas of Provider of Care, Manager of Care, and Member within a Discipline.

   Action: The instructor, in consultation with the student, will specifically list and address areas for improvement and follow-up to assess improvement.

U = Unsatisfactory   **Clinical Performance is unsatisfactory if one or more of the following occurs:**
- Unsafe clinical practice [any action or potential action by the student that jeopardizes or potentially jeopardizes patient safety].
- Student is unable to safely demonstrate the expected clinical outcomes/competencies.
- Inability of student to apply nursing process and/or theory at expected course level.
- Student requires continuous verbal and physical cues.
- Student received an NI (needs improvement) in a previous clinical and failed to meet the addressed areas of improvement as listed by the student and/or instructor.
- Pre-lab research is inadequate to provide safe and effective care.
- The student's self-evaluation does not identify perceived personal strengths and weaknesses in the areas of Provider of Care, Manager of Care, and Member within a Discipline
- Inability to take and use constructive criticism or unprofessional demeanor.

   Action: The instructor, in consultation with the student, will specifically list and address unsatisfactory events/actions and the necessary follow-up to measure improvement of clinical performance or specify other necessary action.

   NOTE: Clinical is graded as pass/fail. If a student does not pass clinical, they will receive a "D" grade for the course.

Mandatory Clinical Remediation

1. Student is identified by clinical instructor for mandatory remediation referral.
    a. Any student receiving an Unsatisfactory weekly evaluation grade in clinical will receive a mandatory remediation referral.
    b. Clinical instructor will consult with Lead Course Instructor.
2. Student will meet with the clinical and/or course faculty to develop a collaborative Clinical Action Plan. The action plan may include strategies for improvement in one or more of the following areas:
    a. Clinical skills.
    b. Critical thinking.
    c. Time management.
    d. Additional factors determined through discussion with student.
3. The Action Plan will also include a description of the consequences of failure to complete remediation plan.
4. Actions must be completed by the dates identified.
5. Action plan must be signed by appropriate faculty as indicated.
6. Completed remediation plan will be maintained in student file.

A mandatory remediation plan is a formal course requirement. Failure of the student to complete the remediation plan and obtain appropriate signatures by the deadline dates will result in course failure.

Mandatory Remediation Referral: Clinical

Date:

Student: Course:

Referring Faculty: Lead Course Faculty:

Reason for Referral:
☐ Unsatisfactory clinical performance
☐ Other:

Clinical Action Plan developed in collaboration with clinical/course faculty:

Problem Area	Action(s) (including consequences)	Date to be completed	Faculty signature /Date complete
☐ Clinical skills - *Specify skill(s):*	☐ Required clinical time and lab tutor sign-off in on campus skills lab. ☐ Required time scheduled with clinical or course faculty to review skill(s). ☐ Required practice/return demonstrations in clinical setting. ☐ Additional assignments to enhance comprehension of material.		
☐ Critical Thinking - *Describe the problem(s):*	☐ Required time scheduled with clinical or course faculty to discuss critical thinking. ☐ Completion of case study. ☐ Completion of critical thinking worksheets. ☐ Other assignments to be determined by faculty.		
☐ Time Management – *Describe the problem(s):*	☐ Required time scheduled with clinical or course faculty to discuss time management. ☐ Development of Organizational tool. ☐ Completion of required number of completed tools. ☐ Other assignments to be determined by faculty.		
☐ Other - *Describe the problem(s):*			

I,   have reviewed the Clinical Remediation Plan.

Student Signature: Date:

☐ **Mandatory Remediation plan has been completed with all required signatures*.**
*Student signature: Date:
*Faculty signature: Date:

*Student Success Advisor signature (or designee):   Date:

Completed form to be maintained in the student file in the nursing office with a copy sent to the course instructor.

All signatures must be original (not typed) and are required prior to filing

Behavioral Contract

For those situations in the classroom, lab or clinical setting in which it has been identified that a student is not meeting expectations related to professionalism rather than academic or clinical performance expectations, a behavioral contract will be initiated by the lead course instructor. If the issue occurs in the clinical setting, the clinical instructor will contact the lead instructor to collaborate on the development of the contract. Professional issues include (but are not limited to) late submission of assignments, unprofessional communication, incivility to faculty, peers and clinical staff, dress code violations, and attendance issues. The behavioral contract will be individualized for the student, and will remain in place for the remainder of the nursing program. Faculty initiating the contract will review and sign with the student, acknowledging the terms of the contract. In each successive semester, the student and faculty will review the contract at the beginning of each course. Failure to follow the recommended actions outlined in the contract will result in dismissal of the student from the nursing program. The student may not be eligible for readmission. (See Behavioral Contract template form – next page).

Behavioral Contract

Date: Course:
Student:_____   Lead Course Faculty: _____
                                               Adjunct/Clinical Faculty:

Reason for Contract: **Environment/Setting:**
☐Unprofessional Behavior   ☐Classroom
☐Attendance Issues   ☐Clinical site
☐Other _____   ☐Other _____

Problem Area	Action(s), including consequences	Date to be completed	Faculty signature/date completed
☐Unprofessional Behavior *(List/Describe)*	*(Examples)* ☐ Any further instance of coming to clinical unprepared will result in dismissal from the nursing program.	Ongoing	N/A
	☐ Any further instance of unprofessional communication with faculty, staff, peers or patients will result in dismissal from the nursing program. ☐ Any further instance of unprofessional behavior with faculty, staff, peers or patients will result in dismissal from the nursing program.	Ongoing	N/A
	☐ Student to write a one page reflection on professional communication, describing 5 examples of what may be considered unprofessional communication.	xx/xx/xx	
☐Attendance– *(List specific issues)*	☐ Student must remain in compliance with the Attendance policies set forth in the student handbook. Any theory absences exceeding the number of hours the class meets per week will result in dismissal from the nursing program. ☐ In the instance of a clinical absence, the instructor must be notified by email no later than 2 hours prior to the clinical start time. The student must contact the instructor within 48 hours following the clinical absence to discuss options for making up the hours. Failure to communicate with the faculty as outlined above, or failure to follow through on the arrangements for a clinical absence will result in dismissal from the nursing program.	Ongoing	N/A
☐Failure to respond professionally to constructive criticism. *(Describe)*	☐ Any further instance of described unprofessional behavior in response to constructive criticism will result in dismissal from the nursing program.	Ongoing	N/A
☐Time Management *Describe the specific issues:*	☐ Any further instance of a late submission of course assignments, including clinical requirements, will result in dismissal from the nursing program.	Ongoing	N/A

1. Late submission of assignments. *(Describe/list examples)*			
☐Other *(Describe: i.e., Dress code violations, unprofessional communication on campus)*			

Behavioral Contract developed by full time faculty in collaboration with clinical faculty as needed.

Faculty initiating the contract will review and sign with the student, acknowledging the terms of the contract. In each successive semester, the student and faculty will review the contract at the beginning of the semester.

Initiation of Contract:
I,   , have reviewed the Behavioral Contract. Failure to implement the actions listed on the contract will result in dismissal from the nursing program.
Comments:
Student signature: Date:
Faculty signature: Date:

Semester Review of Contract:
Comments:
Student signature: Date:
Faculty signature: Date:

Semester Review of Contract:
Comments:
Student signature: Date:
Faculty signature: Date:

Semester Review of Contract:
Comments:
Student signature: Date:
Faculty signature: Date:

Completed form to be maintained in the student file in the Nursing Office. The contract will be reviewed and signed at the beginning of each semester, and the updated copy will be maintained in the student file. This ongoing contract will be sent to specific course and clinical faculty as the student progresses through the nursing program.

Clinical Paperwork

The students will be completing clinical paperwork which will include a Clinical Plan of Care, incorporating the Clinical Reasoning tools presented by Keith Rischer, RN and described in his book "Think Like A Nurse".   The focus of the clinical paperwork will be to assist the students in the development of the ability to utilize clinical reasoning. The major components of the clinical paperwork requirements are:

1. Pre-lab Data Collection worksheet
        a. To be completed each week for the primary patient assigned to the student.
        b. Individualized for each course/patient population.
        c. May include a variety of formats including a "one-page brain".
        d. Will include data such as labs, assessment data and diagnostic tests which will be analyzed by the student in order to answer the clinical reasoning questions on the Clinical Plan of Care.
2. Medication Worksheet
        a. General format to prompt the student to answer the following questions when administering medications: 1) What pharm class does this drug belong to/what is it for? 2) Why is your patient receiving it? 3) What is the expected patient response based on the mechanisms of action? 4) What assessments do you need to know before you administer and then follow-up afterward? 5) Is this a safe dose? Is the dose range low-mid-high?
3. Clinical Plan of Care, to include clinical reasoning questions as well as a question related to Caring and/or the Art of Nursing.

An SBAR template is also available to assist the students in preparing for report at the end of their shift.

For the specific clinical paperwork required for each course, contact the lead instructor.

Learning Activities Topics

Topics for Mini-Assignments and/or Post-Conferences

1. Read and research the medication list of another patient. What can you tell about the patient just from the med list?
2. Research the lab history of a patient. Interpret the lab results.
3. Write your patient's entire assessment in a narrative note.
4. Research one diagnostic test. Prepare to explain it at post-conference.
5. Read the H&P of another student's patient. Which of this information will impact the patient's recovery from this hospitalization?
6. Review the chart of another patient. Why is this patient still hospitalized?
7. For each of the following nursing abilities, write a brief statement of how you addressed each one for your patient today.
    a. Provide for physical safety
    b. Prevent spread of pathogens
    c. Determine when necessary to use sterile technique
    d. Maintain sterility
    e. Maintain skin and mucous membrane integrity
    f. Promote respiratory function
    g. Promote circulatory function
    h. Promote fluid and nutrition balance
    i. Promote elimination
    j. Promote physical activity
    k. Provide for physical comfort
    l. Provide for personal hygiene
    m. Provide for rest and sleep
    n. Promote restoration of physical independence
8. Spend 1-2 hours with the unit clerk, learning how orders are transmitted to the relevant departments.
9. Shadow the clinical faculty for 2 hours
10. Write your own clinical objectives for this course. What would you like to learn?
11. Prepare the following presentations:
    these can be done individually or in small groups
    a. A review of ECG rhythms
    b. Practice Alerts (www.aacn.org)
    c. The Core Measures
       https://www.jointcommission.org/core_measure_sets.aspx
    d. National Patient Safety Goals
       (http://www.jointcommission.org/standards_information/npsgs.aspx)
    e. DKA and HHNS
    f. O2 delivery and airways
    g. Electrolytes
    h. Types of IVFs
    i. HIPAA regulations

      j.   Code of Ethics for nurses
      k.   Scope of practice
      l.   BRN overview
      m. The difference between negligence and malpractice as it applies to nursing
      n.   Advance Directive, Living Will, Physician order life sustaining treatment (POLST)
      o.   Types of isolations

12. Practice a shift report, SBAR report
13. Research P&Ps of the facility:
      a.   Central lines dressing change and D/C
      b.   Tracheostomy care
      c.   Blood transfusion
      d.   Potassium replacement
      e.   Hypoglycemia
      f.   Code Blue
      g.   Emergency Standing Orders
      h.   Isolation

Any other as appropriate to the course

CLARIFYING QUESTIONS TO GUIDE STUDENTS' THINKING

Seeking information	**What do you mean by_____?** **Can you tell me more about that?**
Seeking justification	What data are you using to substantiate that? What are the assumptions you are making?
Seeking refocus	How does this relate to that? What else might be responsible for that?
Seeking progression	What other problems would this produce? What other information about the patient do you need to obtain? (**this question is extremely important to ask a student— enhances the ability of the student to determine missing data, to fill in the gaps, to ask questions , to anticipate)**

(Adapted from Hermann, 2016)

EXAMPLES OF CRITICAL THINKING QUESTIONS

How does … relate to ….?	How will you prioritize?	Distinguish between…	What are you assuming?
Do you agree with this assessment? Why?	How can you improve upon…?	What else could be causing……?	What other perspectives do you need to consider?
What do you predict will happen?	How will you evaluate this plan?	How can you justify this treatment?	What evidence supports that conclusion?
Why do we need to ask the doctor about the dosage of one of these medications?	Given these latest lab findings, how will you change your plan of care?	What do you infer from your assessment and the lab data?	What problems will this patient have adhering with this plan?
What services will this patient need after discharge?	How will you validate your assumptions?	What would you cite to support your actions?	How will you determine the effectiveness of …..?
How can you determine the CNA's competence to accept delegation?	What other alternatives might work?	What does this patient think is the most important aspect of his or her care today?	What's wrong with this picture? How can it be improved?
What will I see you doing when you are meeting this criterion on the performance evaluation?	Name three important relationships between medications in your patient's medication profile	Critique the nursing documentation of the past 24 hours on three patients on the unit	Would you expect this patient to have this symptom? Why?
(Adapted from Caputi, 2018)			

GROSSMONT COLLEGE

NURSING PROGRAM
(Sample Template)
CLINICAL ASSIGNMENTS

DATE: _____   TIME: _____

INSTRUCTOR: _____   Contact # _____

LEVEL OF STUDENTS: _____ year, _____ semester

STUDENT	PATIENT	ROOM	COMMENTS

Alternates:

Please note:
1. Each student will be responsible for the total care of 1 or 2 patients, including their PO and IV medications, charting, procedures, beds, baths and personal care, and I & O.
2. A staff nurse or clinical instructor must obtain medications from PYXIS for the student.
3. All medication administration must be supervised by the clinical instructor or a staff nurse.
4. All invasive procedures (i.e. catheter insertions, IV starts, NGT insertions) must be supervised by the clinical instructor or a staff nurse.

Grossmont College
Health Professions

IN CASE OF AN ACCIDENT/INJURY OR ILLNESS IN THE <u>CLINICAL SETTING</u>

If an emergency, seek medical attention immediately at the clinical facility in which you were injured.

If deemed necessary for you to be treated in the Emergency Room where you are doing your clinical rotation, please also complete this form and submit to the Health Professions Office; Anthem Accident Claim form. When able, please also contact Workman's Comp Company Nurse at 1-888-770-0929 to inform them of the circumstances.

If the accident or illness is not deemed <u>not</u> an emergency, contact **Company Nurse at 1-888-770-0929** they will advise you of your next step. If recommended that you visit a Sharp Rees-Stealy or Sharp Mission Park facility, a map is included below.

Any accident, injury or illness must also be reported to the Assistant Director of Nursing (ADON) <u>as soon as possible</u>. **Please contact Rhonda Morris at (856) 831-6636.** If the ADON cannot be reached, please contact **Christine Girsch** at **619-644-7149,** Administrative Assistant in the Dean's office or your <u>lead</u> faculty member for the course.

Submit the following 3 forms in person to the Health Professions Office in Bldg 34, office #256 or email to: Christine.girsch@gcccd.edu *within 2 business days*. If you have any questions, please call 619-644-7149 or the ADON .
Workers' Compensation Forms
1. District Injury/Illness report- completed by student and instructor at the clinical facility
2. Employee Claim form, California DWC- completed by student
3. Employer's Report of Occupational Injury, form 5020- completed by instructor

The remaining documents are for reference to aid you in the procedures and services available to the student if an accident/illness or injury has occurred while completing a clinical assignment.

Instructions for Filing a Claim - Quick Reference
Guidelines, California DWC
Map to ALL other Sharp Occupational Medicine Facilities
Map to Sharp Rees Stealy in La Mesa
MPN Pamphlet
Predesignation Form (DWC Form 9783)
Worker Comp Benefits

All forms can also be found of the District website under Workers Compensation forms:
https://www.gcccd.edu/formsdepot-hsb/default.html

Assignment Tracking System (Pt Dx/Nsg Dx) (Sample)

Student	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	IVPB	RFG	2 pt.	

Medication Administration Tracking System (Sample)

Student/ Nurse	Room	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	Notes

Office Hours

Adjunct faculty may request to have office hours as a part of a pilot project. If interested, please contact your lead faculty regarding details.

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Website Resources:

http://ca-hwi.org/4faculty/

http://ca-hwi.org/images/file/UDT_FILES/203-TeachingClinical.pdf

http://www.qsen.org