HAMPTON UNIVERSITY School of Nursing

HAMPTON UNIVERSITY SCHOOL OF NURSING

Department of Undergraduate Nursing Education

Second Edition, Spring 2014

Guidelines for the Clinical Experience: Manual and Forms Packet

Reviewed January 2015

TABLE OF CONTENTS

About This Manual and Forms Packet- The Clinical Experience

Clinical practice is an integral part of the nursing student's experience. In order to assist students and faculty during the clinical experience, the Hampton University School of Nursing (HUSON) faculty and Dean have developed this manual. The guidelines outlined in this manual serve to assist in promoting positive student outcomes, enhancing socialization skills, refining critical thinking ability, and developing interpersonal communication skills. Additionally, it is hoped the instructions set forth will outline expectations, improve skills and knowledge development, increase self-confidence, and reduce anxiety and stress during clinical experiences.

This manual and forms packet provides directions for conducting evaluations. The forms provided are designed to evaluate the student, faculty, facilities, nursing staff, and overall clinical experience so students are best able to develop the competencies required of a professional nurse.

Clinical Experience Process

Overview

Clinical education is an integral part of the nursing curriculum. Students and faculty should anticipate an exciting clinical rotation. As an experiential learning process, evaluation of outcomes is a huge part of the clinical experience. This manual has been developed to equip students and faculty with practical guidance and tools for a successful learning experience.

Processes

- Faculty will review course objectives (outcomes) and clinical objectives and requirements with students.
    - Students will define their goals for the clinical rotation.
    - All students will be required to retain a copy of the syllabus while in the Clinical environment.
- Faculty will personally review manual and forms to gain a clear understanding of the purpose and intent of each document within the guidelines.
- Faculty will establish a system for collection of daily evaluation forms and feedback and notify students of the same.
- Faculty will distribute and review manual with students.
    - Suggest students store manual in a notebook for later retrieval.
    - Remind students of their responsibility for the information with this manual.
    - Students will sign for receipt of paper copy of manual.
        - Faculty will collect signature page and forward page to course leader for filing in student permanent record (Office of Student Academic Support).
        - Remind students of manual and packet availability in Clinical Course Blackboard site.

Daily Clinical Evaluation

Clinical evaluation criterions are based on the Quality and Safety Education for Nurses (**QSEN**) **competencies and NCLEX-RN** (National Council Licensure Examination for Registered Nurses) test plan. Evaluation ratings used are as follows:

- **S= Satisfactory**-Functions as expected for the Clinical Level,
- **NG=Needs Guidance**-Is unable to perform skills or has knowledge deficit in areas expected for clinical level. Self identifies weaknesses and practices safely with guidance, and
- **U=Unsatisfactory**- Is unable to identify weaknesses or areas of knowledge deficit. Performs unsafe practice.

Daily grades will be assigned based using the Daily Clinical Evaluation Form and other activities. Some events contributing to the clinical evaluation will be documented in the form of anecdotal notes (Appendix A, HUSON Student Handbook). Anecdotal records provide objective data that will contribute to the final evaluation. Midterm and Final evaluations will include a narrative summary/statement.

Clinical Skills Checklist

1. Clinical skills checklist will be distributed in the Nursing Foundations: Practicum (NUR (V) 216) Course.
2. Student will be responsible for keeping track of the clinical skills checklist throughout the semester. Students are required to bring their skills checklist to each lab/clinical experience.
3. At the end of each nursing clinical course each student will submit the clinical skills checklist to their clinical faculty; the clinical faculty will submit the skills checklist to the lead faculty of the course.
4. The lead faculty member for each clinical course will place the skills checklist in a designated folder housed in the clinical skills lab.

5. At the beginning of each new clinical course, the lead faculty member will retrieve the clinical skills checklist from the designated folder and distribute them to each student.
6. Only faculty, adjunct faculty, and HUSON approved preceptors can sign students off on clinical skills.
7. In order for the clinical skill to be marked as complete, the faculty, adjunct faculty, or HUSON approved preceptors must date, and initial the specified block for each skill completed.
8. Faculty, adjunct faculty, or HUSON approved preceptors must also initial, print, and sign the last page of the clinical skills checklist.
9. Each student must receive two satisfactory performances on all required skills in the clinical lab prior to performing the skill in the clinical setting.
10. Students who do not satisfactorily complete a required clinical skill in the clinical lab are required to complete remediation. Self-remediation will be completed using one of the following: media, practice, or reading. Once remediation has been completed, the student must re-demonstrate the skill to the nursing faculty member, and perform the skill satisfactorily. If the student is unsatisfactory the second time, one-on-one remediation with designated faculty is required.

Precepted/Observation Experience

1. Precepted experience will be arranged by the faculty/clinical coordinator and educator/designee of the respective agency.
2. Orientation of the facility will be facilitated by the course faculty per agency guidelines.
3. Orientation to the unit/department will be guided by the clinical faculty/preceptor.
4. Precepted observational experience includes various units within a health care agency and the community.
5. Preceptor to student ratio shall not exceed two students to one preceptor at any given time (18VAC90-20-95).
6. Faculty/clinical coordinator will make periodic visits to the site during the precepted experience.
7. Students will review the *Clinical Skills Checklist Across the Curriculum* form with the preceptor at the beginning of the precepted/observation experience.
8. Students will be evaluated by the preceptor at the end of the precepted experience. Based on Evaluation ratings used are as follows: **S= Satisfactory**-Functions as expected for the Clinical Level, **NG=Needs Guidance**-Is unable to perform skills or has knowledge deficit in areas expected for clinical level. Self identifies weaknesses and practices safely with guidance, and **U=Unsatisfactory**- Is unable to identify weaknesses or areas of knowledge deficit. Performs unsafe practice

Midterm

- Students will complete the student portion of the Midterm Evaluation Form, and submit one week before midterm
- Faculty will collect the completed form and complete the faculty portion.
- Faculty will meet with each student to review and sign the Midterm Evaluation Form and provide students with a copy of the Midterm Evaluation Form and keep the original in a secure place until the final clinical evaluation.
- **Students with unsatisfactory performance at Midterm will be counseled (documented on "Memorandum" form (Appendix C, HUSON Student Handbook). Clinical Faculty will notify lead course faculty immediately.**
- All documentation will be collected at End-of-Term meeting.

Final Evaluation

- Faculty will complete the Final Clinical Evaluation Form at the end of the clinical experience (see Course Calendar).

- Faculty will meet with each student. Review the Final Clinical Evaluation Form and have it signed by the student. Provide a copy of the form to the student.
- Students who fail the clinical portion of a clinical course will receive a failure for the didactic course.
- All documentation will be collected at the end of each semester/term.

Evaluation of Clinical Site, Experience, and Faculty

On the last clinical day

1. Students should complete the Clinical Site Evaluation Form, Clinical Experience Evaluation Form, and Clinical Skills Checklist.
2. Students will complete the Faculty Evaluation Form. **Clinical faculty will excuse self from room while students complete the Faculty Evaluation Form.**
3. Faculty will instruct students to designate a person to collect and return (in a sealed envelope) the completed faculty evaluation forms to the School of Nursing, Room 110 (Undergraduate Secretary) or the Office of Academic Support Services, COVB, Room 1010-H.
4. Clinical Faculty will request that the Nurse Manager, Nurse Educator, Charge Nurse, and any other nursing staff who have worked with the students complete the Evaluation of HU Student Form.
    i. Clinical Faculty will submit Student Evaluation Forms and Organization Evaluations Forms to the lead faculty by the end of the semester/term.
    ii. The clinical faculty will tally all of the results of all forms, transfer results to one form (clean form), attach the tally form to the collection of evaluations, and submit all forms to the Lead faculty at the End- of- Term Meeting.
    iii. The Clinical Skills Checklist will be submitted to the lead faculty for the purpose of filing in the students permanent records.

End of Semester/Term Meeting

- End of Semester/Term team meeting will be held with all clinical faculty
- Lead faculty will collect clinical site evaluations from all clinical faculty on or by the date of the End of Semester/Term Meeting and forward to Department Chair
- Department Chair will forward Student Evaluation to Academic Support for filing in student permanent record.
- All Evaluation Forms will be forwarded to undergraduate support personnel for data entry and filing in undergraduate department office.
- Complete Systematic Plan for Evaluation (course form) and forward to Undergraduate Department Chair.
- Submit findings of Systematic Course Evaluation to Undergraduate Department Chair for future discussions at Undergraduate Departmental meeting.

The Essentials of Baccalaureate Education for Professional Nursing Practice (2008)

The American Association of Colleges of Nursing (AACN) Essentials I–IX delineate the outcomes expected of graduates of baccalaureate nursing programs. Achievement of these outcomes will enable graduates to practice within complex healthcare systems and assume the roles of provider of care; designer, manager, and coordinator of care; and member of a profession. The nine essentials are as follows:

1. **Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice**
    - A solid base in liberal education provides the cornerstone for the practice and education of nurses.
2. **Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety**
    - Knowledge and skills in leadership, quality improvement, and patient safety are necessary to provide high quality health care.
3. **Essential III: Scholarship for Evidence-Based Practice**
    - Professional nursing practice is grounded in the translation of current evidence into practice.
4. **Essential IV: Information Management and Application of Patient Care Technology**
    - Knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care.
5. **Essential V: Healthcare Policy, Finance, and Regulatory Environments**
    - Healthcare policies, including financial and regulatory, directly and indirectly influence the nature and functioning of the healthcare system and thereby are important considerations in professional nursing practice.
6. **Essential VI: Inter-professional Communication and Collaboration for Improving Patient Health Outcomes**
    - Communication and collaboration among healthcare professionals are critical to delivering high quality and safe patient care.
7. **Essential VII: Clinical Prevention and Population Health**
    - Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.
8. **Essential VIII: Professionalism and Professional Values**
    - Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to nursing.
9. **Essential IX: Baccalaureate Generalist Nursing Practice**
    - The baccalaureate-graduate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare environments.
    - The baccalaureate graduate understands and respects the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients.

Experiential Learning Theory and the Clinical Experience

The HUSON faculty has adapted David Kolb's (1984) theory of experiential learning to serve as a guide for learning during the clinical experience. This theory considers all types of learners and offers interventions to meet learners' needs.

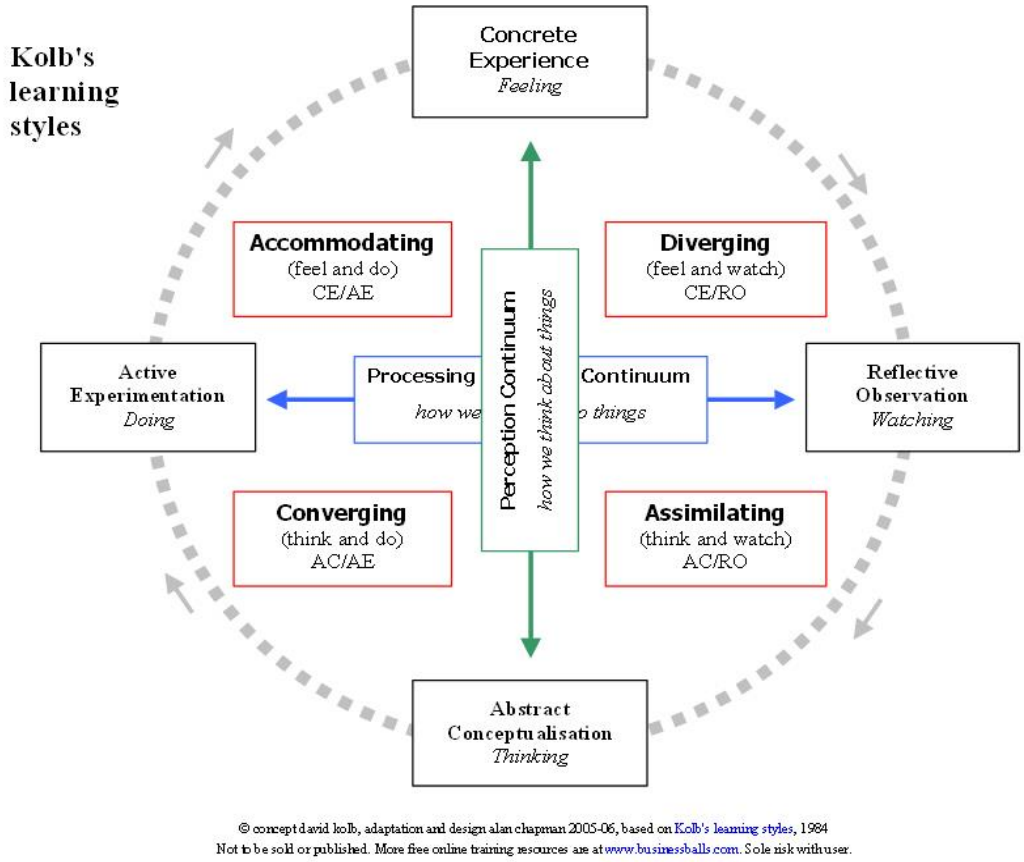

Figure 1: Model of Kolb's learning styles as adapted and designed by A. Chapman (1984).

Goal of the Clinical Experience

The goal of the clinical experience is to prepare students for practice as registered nurses. In addition to providing the didactic portion of the curriculum, the clinical experience gives students the opportunity to develop entry-level competencies.

Responsibilities and Accountabilities of Students

Clinical Course Preparation

HUSON currently uses Certified Background as the vendor for all background checks. In addition to providing background check services, Certified Background provides a "Student Immunization Tracker", Certified Profile. The CertifiedBackground.com service is student-funded. Students will simply order his or her background check online using the company's preferred method of payment, and the results are returned within days. In addition a list of all documents required by HUSON or clinical sites is posted to Certified Profile in a checklist for all students. All background check, fingerprint and drug test results, as well as immunization records, medical records and important documents (CPR card, Liability Insurance, etc.) are stored online and are accessible by the student at any time.

Using the student immunization record management and document manager services will allow you to submit your health verification documents electronically to be organized and maintained by the company. You will have electronic access to your documents and the ability to provide access to the HUSON, practicum clinical agencies and to employers. Additionally, Certified Background will send you weekly e-mail reminders of missing health records as needed by the School of Nursing. This will assist you in the process of having all of your required verifications on file before classes begin each semester.

Clinical requirements must cover the student for an entire academic year. Submitted documents should not be dated *prior* to April 1. This is so that you are clinically cleared for the entire school year and will not risk issues such as early expirations etc. Documentation for transfer students must be updated to correspond to the academic year after the semester in which they are enrolled.

Prior to beginning any courses that include a clinical rotation (starting with Nursing 215 and 216), you must complete the four (4) requirements listed below. If you fail to adhere to the set deadlines, please know that you will be administratively dropped from your clinical courses (didactic and clinical). There will be no exceptions! Clinical Clearance documents are managed for the School of Nursing by CertifiedBackground.com. Students are required to register online with CertifiedBackground.com and to submit all necessary documents. Required documentation must be uploaded into the secure platform by May 1st. **Keep your originals in a place that you can access them if necessary**

A student enrolled in a course that has a clinical component who is not clinically cleared will earn a **ZERO** starting the first day of clinical classes (School of Nursing Laboratory, clinical agencies, and agency orientation). **Students will be administratively dropped from the course, without notice, and not allowed to attend classes, on the specified date of add/drop on the Official Academic Calendar for Hampton University.**

Students are strongly encouraged to discuss the content of this policy with their parent(s) or guardian(s). The School of Nursing does not provide physicals or immunizations for students; therefore, the student incurs the cost of completing this school requirement. *Additional requirements may be requested depending on the clinical agency where you will be completing your clinical work.* This assures you of maximal opportunities in a variety of agencies.

1. Criminal Background Checks

All nursing student must secure a criminal background **annually.** The criminal background check must include a name search, criminal history record, sex offender, and crimes against minors' registry checks. HUSON only accepts background checks completed through the vendor CertifiedBackground.com. Each student must keep a copy of the completed background check and proof of payment for her/his records. The criminal background check form with the assigned (HUSON) code is available on the School of Nursing website.

2. Physical Examinations and Immunizations Status

Students must submit satisfactory credentials regarding their health status. Health status is reviewed **annually**. Physical examinations are a means of protecting clients entrusted to the students' care. A current health record from a health care provider or family physician must include evidence of an annual physical examination and immunizations and will be kept on file in the School of Nursing. Health statements from the previous year may not be resubmitted. Health statement forms are available through the CertifiedBackground.com website.

Contractual agreements with clinical agencies mandate the following: a PPD or a chest x-ray, documentation of immunity to hepatitis B, diphtheria, tetanus, polio, rubella, measles (rubeola), mumps, and varicella (chicken pox). Immunity may be demonstrated by proof of immunization ("shot record") or antibody testing. If there is no evidence the student has immunity, she/he must get immunized. Changes in immunization requirements reflect current research, vaccine availability, and clinical agency requirements. Student will not be permitted to attend a clinical course if their health records are not current.

Since one of the purposes of immunization is to protect the patient from inadvertent exposure to infection, exemptions from immunization are not accepted by clinical facilities and are therefore not accepted by the School of Nursing. In the event a student is unable to be immunized for medical reasons, the School of Nursing faculty will consider the student's case on an individual basis. However, if clinical facilities cannot accommodate a non-immunized student, there is the possibility the student will not be able to meet the requirements necessary for graduation. Students are required to disclose all immunization issues prior to enrollment.

2a. Tuberculin Skin Test (TST)

Every year each student must submit a completed health statement that includes evidence of a complete physical exam, immunizations, and tuberculosis skin test (PPD skin test) that includes documentation of the date it was placed, date it was read, and results. A chest x-ray cannot be substituted for a TB skin test. A chest x-ray is only accepted as a follow-up to a positive TB skin test.

TB Converter's (Positive TB skin test reading or has been exposed to the disease)

- A chest x-ray must be submitted for initial health screening for HUSON
- After initial chest x-ray, **annual screening** will require you to submit a **TB Questionnaire**, validated by medical personnel or submit results from a **TB blood tests** (also called interferon-gamma release assays or IGRAs)
- Chest x-rays are required every two years.

Please note: All students entering the clinical area for the first time will be **required** to have a two-step tuberculin skin test (unless you are **TB Converter**- see information above). This process requires the student to visit the doctor **four** times instead of two.

***Sample procedure for Two-Step TST*:** (This example is only meant to give you an idea of what to expect for the two-step TST and what documentation is needed by HUSON.)

Visit 1	First TST placed. To be read in 48-72 hours; verify CDC and facility requirements.
Visit 2	TST is evaluated, measured, and interpreted. Please make sure outcomes are documented on the School of Nursing required forms. If applicable, the doctor will document results in millimeters (ex: 0 mm, 4 mm, and 12 mm). If TST is **negative**, get an appointment for the **second test** 7-21 days later. If TST is positive, no further testing is indicated. Have this documented as well.
Visit 3	Place the second TST if first was negative. Have placed in alternate arm.
Visit 4	Within 48-72 hours after the second test is placed, return for evaluation, measurement, and interpretation of the TST. Your doctor will document results in millimeters (ex: 0mm, 4 mm, and 12 mm).

2b. Immunizations

There must be current documentation of the following vaccinations as recommended by the Centers for Disease Control:

- diphtheria, tetanus (Td) – every 10 years
- mumps, measles (rubeola), measles (rubella)(MMR) – completed series or titer documenting immunity.
- varicella – documentation of having had the immunization or proof of immunity through a titer.
- hepatitis B – documentation of a series of three injections, titer, or declaratory waiver form.

Students will not be allowed to enter a clinical practicum class if they are not clinically cleared. All forms must be submitted on time and be completely validated before the start of classes. Students should not jeopardize enrollment in practicum courses by failing to submit the required documents by the deadline.

3. Cardiopulmonary Resuscitation

Current certification in cardiopulmonary resuscitation is required to enroll and remain enrolled in nursing clinical practicum courses. Students must earn and maintain certification from the American Heart Association (BLS for Health Care Providers) in accordance with the agency, prior to beginning all clinical courses. **No online certifications will be accepted.** Certification must remain current while enrolled in the HUSON program.

4. Liability Insurance

Annually, all students are required to obtain and show PROOF of liability insurance to cover the periods of enrollment in practicum courses. Students are required to verify the **amount of coverage ($1,000,000/6,000,000)** required with the Office of Student Academic Support Services, faculty advisors, and/or clinical instructors prior to purchasing a liability insurance policy. The policy must show evidence of coverage, list the start and end dates of coverage, and amount of coverage. Students are encouraged to purchase liability insurance with any company of their choice. Verification of coverage must be submitted to CertifiedBackground.com

The public is increasingly demanding that health professionals be responsible and accountable for all actions and judgments when practicing their profession. Professional nurses assume responsibility for their actions and judgments in both dependent and independent nursing roles. The rate at which professional nurses have to face legal proceedings as a result of liability suits is rapidly increasing, and nursing students can also be held liable for their actions and judgments. The School of Nursing feels strongly that liability insurance affords protection for the student, his/her family, School of Nursing, Hampton University, and clients. Therefore, professional liability insurance must be maintained by each student while in the HUSON program.

5. State Licensure (LPNs and RNs)

Licensed practical nurses and registered nurses must maintain state licensure and demonstrate proof of licensure **annually**. Proof of licensure should be submitted to CertifiedlBackgroundCheck.com

6. Flu Shot*

Annually students must receive the updated seasonal flu vaccine for the current calendar year and update their certified profile.by September 15th.

**Flu shots may be obtained through the Hampton University Health Center or any local drug stores for a small fee. Please note: Several clinical sites require staff/students to wear a mask when providing nursing care if they have not received a flu shot.*

Attendance/Absences

The student must complete required clinical hours for each course in order to satisfactorily meet the course objectives and requirements set forth by the Virginia Board of Nursing.

In planning for the clinical practicum in nursing, instructors select clients for student experience or students select clients under the instructor's guidance. In doing so, the instructor assumes responsibility for the care and health promotion of those selected clients.

The nursing staff in clinical agencies maintains responsibility for clients and therefore has the right to assume that the needs of these selected clients (within the assigned functions of the student) will be met during the period of the student's assignments.

Tardiness (arriving more than 5 min. after start of class), failure to report to duty, and/or failure to notify the instructor of absence can result in client care being jeopardized. The development of a deep sense of professional responsibility toward clients and professional colleagues is a basic objective of the nursing curriculum. It is inevitable that if students fail to achieve this requirement this failure will be reflected in the clinical practicum (a grade of **zero** will be earned for the day). In addition to this policy, several regulations must be observed:

The nature of the student's clinical experience is such that **attendance is mandatory**. Excused absences may be granted only in exceptional cases by permission of the (a) instructor in charge, (b) Undergraduate Department Chairperson, or (c) Dean of the School of Nursing.
Students who are unable to report for a nursing laboratory or clinical experience must contact the (a) instructor and (b) nursing unit to which they are assigned, no less than one half hour prior to the beginning of the laboratory or practicum period by telephone, pager, etc. **No messages will be accepted from a third party.**
An unexcused absence is considered to be a failure to observe a regulation of the School of Nursing. A grade of **zero** will be recorded for each unexcused clinical absence.
Students who are consistently negligent in their professional responsibilities will be reported to the Undergraduate Department Chairperson and Dean of the School of Nursing. Policies regarding the progression and retention of students, which have been approved by the faculty and are outlined in the Student Handbook, will be enforced by the School of Nursing when students do not meet professional responsibilities.

***The School of Nursing must report the academic standing of each graduate of the Undergraduate Program to the Board of Nursing of the state of Virginia or other states as necessary. This is necessary in order to allow graduates to take the NCLEX-RN examination that qualifies them to practice as professional nurses.

Professional Dress and Behavior

Student

Professionalism in Clinical Experiences

Learning experiences demonstrating the application of knowledge, values, and skills occur in the clinical area. Ethical standards of conduct between the student and instructor must always be observed. At no time should the student be impolite in expressing feelings or opinions while in clinical agencies. Using cellular/portable telephones and/or beepers is not acceptable.

Anecdotal Records

The clinical instructor will keep an account of observations of a student's performance, and these observations will be shared with the student. The student has the opportunity to write a statement in response to the instructor's observations.

Uniform and Appearance

The primary purpose of the nurse's uniform is to protect the client from the outside environment. In addition, the uniform provides a clean, comfortable, and professional outfit to wear in the clinical setting and clinical laboratory. Over the many years that nurses have worn uniforms, these uniforms have become a symbol of the nursing profession to the client and general public.

As professional persons, nursing students must take pride in being well-groomed. The nurse's uniform is appropriate only in the clinical setting; therefore, it is considered inappropriate to wear the uniform as street apparel. The student uniform identifies the student as a representative of Hampton University, and the student's behavior reflects the level of respect the student has for herself/himself, the School of Nursing, and the nursing profession. Appearance reflects who the student is now as well as the type of professional nurse the student expects to become in the future. At all times, nursing students have a responsibility to appear at their very best, which means every student should always be well-groomed and suitably dressed for the occasion.

1. Appearance

When in uniform, check yourself for the following:	
Hair	Hair should not touch the collar and be neat and well-controlled. If necessary, the student should wear a hairnet. Any devices, such as barrettes and rubber bands, must match the student's hair color and not be decorative.
Nails	Nails must be kept clean and short. Only clear nail polish may be worn when in uniform. Acrylic nails are prohibited for infection control purposes.
Shoes	Clean, white leather nursing uniform shoes with laces in good repair. Uniform clogs/modified clogs or tennis shoes may not be worn. For the community health rotation, students must wear a flat, closed-toe shoe that is black or dark blue. No tennis shoes or clogs are allowed.
Hose	Clean, with no runs. Hose must be white or in a color that matches the skin tone (community health nursing practicum).
Jewelry	A plain wedding band may be worn with the uniform; it may not be worn in a unit where surgical asepsis or isolation techniques are required. One pair of small stud earrings may be worn in the earlobes. No other jewelry may be worn. If a student wishes to have a ring while in uniform, it is suggested that it be secured with a safety pin under the uniform.

	Jewelry in the nose, eyebrows, tongue, or other body piercings are prohibited while in uniform and at clinical agencies.
Cleanliness	Each part of the uniform must be clean and in good repair at all times. Body cleanliness without offensive odors is required. Perfume or cologne may not be worn in the clinical area. Cleanliness is one of the prerequisites of good health. Beards and mustaches must be neat and well-groomed.
Make-up	Makeup must be neatly applied and in good taste. In order to present a professional appearance, students are requested to apply makeup in moderation.
Other	Tattoos must not be visible. Any covering of tattoos must be able to resist all decontamination activities, such as washing or using antimicrobial agents. No gum chewing.

2. The Uniform and Required Equipment

A. Requirements of the Complete Uniform

- Blue pinfeather dress or pantsuit with the Hampton University School of Nursing insignia on the upper left sleeve
- White hose
- White shoes
- Blue pinfeather laboratory coat
- Identification pin (white with blue lettering)
- Students who are registered nurses may wear an all-white uniform with the Hampton University School of Nursing insignia on the upper left sleeve and a name pin with "RN, Hampton University Student"

B. Equipment Required in the Clinical Agency

- Pen (black ink) and pencil
- Pocket-size notebook
- Watch with a second hand
- Bandage scissors
- Stethoscope
- Penlight

Uniform for Male Students

- White trousers
- Blue pinfeather, front fastening, jacket length top with the Hampton University, School of Nursing insignia on the upper left sleeve
- White undershirt
- White socks
- White shoes (no sneakers or athletic wear)

C. Regulations Related to the Wearing of the Complete Uniform

- The complete uniform is worn in the following areas:
- Clinical agency when administering client care
- Clinical lab
- Special ceremonial occasions when the uniform is requested or required

3. Other Considerations Regarding the Uniform

- A laboratory coat is not worn when administering client care. A laboratory coat is only to be worn to provide the student with additional warmth outside of the clinical area.
- Certain clinical areas require specific modifications in uniform. The instructor will discuss these modifications with the student. It is expected that the student's appearance will meet standards for the specific area of clinical practice.
- Students with religious regulations regarding headwear are to follow the guidelines stipulated by Hampton University's Office of the Chaplain.
- If at any time, the student's uniform and appearance do not meet Hampton University standards, the student will be dismissed from the clinical area in order to make necessary adjustments. The student's clinical evaluation will reflect nonconformance with uniform and appearance regulations and lost clinical time.

4. Purchase of Uniforms and Equipment

A. Students Must Meet the Quota for Uniforms and Equipment

B. The Uniform Quota to Be Ordered

- One to two dresses and/or pantsuits
- One identification pin, white with blue lettering
- One blue pinfeather laboratory coat
- Females only: A white nursing cap may be purchased at the time the student purchases the uniform to be worn during the pinning ceremony upon completion of the program. Otherwise, students may order the nursing cap at a later date.
- Students represent the School of Nursing and must present themselves as ambassadors of the nursing program.
- A report of unprofessional behavior will result in the student being counseled, and the student's status will be subject to review by the School of Nursing Dean.
- Students should be dressed professionally (site-specific attire) and wear an approved School of Nursing student ID badge.
- Students are encouraged to send a thank you note to their units.

Connecting Didactic to Clinical Experience

Essential Functions

A. Procedures Students May Perform

The following procedures can only be performed under the direct observation of the clinical instructor, nurses' preceptor, or charge nurse until the student understands how to safely perform procedures.

- Sterile and non-sterile dressing changes
- Maintain and monitor nasogastric suction and enteral feeding
- Routine ostomy care
- Perform tracheostomy care
- Foley catheter placement or insertion, irrigations, specimen collection, routine care, and removal
- Perform nasotracheal suctioning
- Assist with physician-initiated procedures to include, but not limited to, the following:

- Lumbar puncture
- Bone marrow biopsy
- Chest tube insertion
- Thoracentesis
- Paracentesis
- Liver biopsy
- Epidural catheter placement
- Central line placement
- Orthopedic procedures
- Maintain chest drainage
- Nasogastric and enteric tube placement

B. Procedures Students <u>May Not</u> Perform

Students may observe, but not participate, in the following procedures independently. **This also includes any other duties the clinical faculty deems students are not competent to perform.**

- Cardioversion/defibrillation
- Conscious sedation
- Surgical procedures
- Endoscopy procedures
- Blood administration—Initiate blood and blood products
- Chemotherapy
- Cannot access mediports
- No IVP unless under the direct supervision of the clinical faculty
- Students cannot change IV pump programs unless under faculty supervision
- Hemodialysis
- Cardiac catheterization and interventions
- Chest tube removal
- Temporary pacing
- Childbirth delivery
- Abortion procedures
- Induction of labor
- Open chest resuscitation
- Circumcision
- Apply internal fetal monitoring electrodes
- Arterial punctures
- Blood sampling from central venous/arterial catheters
- Removal of central venous or arterial catheters
- Subclavian tubing changes
- Heparin and insulin dosage verification
- Nasotracheal suctioning

C. Venipuncture

Students may perform this procedure only while under the direct supervision of a clinical instructor or preceptor.

D. Medication administration

Oral, rectal, vaginal, optic and topical medications may be given under the supervision or direction of the clinical instructor or preceptor after safety and understanding of the five rights of administration.

E. IV push medications

The following IV push medications may be administered by a student only under the direct supervision of the clinical instructor or preceptor as deemed by agency policy:

- Narcotic analgesics
- Diuretics
- H2 antagonists
- Antibiotics
- Antiemetic
- GI Stimulants
- Valium
- Steroids

F. Students <u>Must Not</u> Administer the Following Medications Per IV Route:

- Versed
- Dilantin
- Antiarrythmics
- Beta blockers
- Calcium channel blockers
- Investigational drugs
- Cytotoxic agents
- Thrombolytic agent
- Neuromuscular blockage agents
- Continuous IV sedation (i.e. Propofol, Fentanyl)
- Inotropics (Digoxin)
- Anticoagulants

G. Students May Not Take Verbal or Telephone Orders on Their Own.

H. Students May Not Call Health Care Providers.

I. Students May Not Obtain Patient Signatures on Informed Consents.

Undergraduate

1. Must understand and follow policies and procedures of the School of Nursing while in the clinical agency.
2. May participate in the direct care of patients under the supervision of the RN assigned to the patient with the approval of the clinical instructor. May provide documentation on a patient's permanent record after collaboration with the clinical instructor. Such documentation must include the student's name, title, and co-signature of the clinical instructor.
3. May administer medication following these guidelines:
   - IV medications given in accordance with hospital policy and under the supervision of a clinical instructor or preceptor.
   - Medications given by other routes (IM, SQ, IV, IVP, IVPB, PO, SL, rectally, topically) will be given under the supervision of the clinical instructor or preceptor.
4. Be prepared to complete patient care assignment and articulate basic, pertinent theoretical knowledge prior to participating in direct nursing care.
5. Must adhere to agency policies relative to the following:
   - Parking
   - Dress code
   - Documentation
   - Client care
6. May use the library
7. May use cafeteria facilities
8. Must notify the clinical instructor and unit personnel when unable to report for duty due to illness or other emergency (see Student Handbook)
9. Immediately notify the clinical instructor if there is an illness or injury on the unit.
10. May assist in performing CPR if there is a current BLS certification from American Heart Association (AHA) on file with the Hampton University School of Nursing
11. Will give report on patient(s) cared for prior to leaving the unit for breaks and at the end of clinical day to the designated staff nurse.
12. Students should be identified with appropriate name tags and student uniforms or lab coats any time they are in the clinical area. If lab coats are worn, appropriate professional dress is required. No jeans or shorts are permitted (see uniform guidelines).
13. Student projects—Surveys and questionnaires for student projects need to be approved by the appropriate agency IRB, administrative oversight, and Hampton University IRB committee before distribution. Permission for interviews related to student projects must be obtained before the interview is conducted.

Policy

It is the policy of Hampton University School of Nursing that student nurses provide nursing care only under the supervision of a school-affiliated clinical instructor.

Definitions

Student Nurse: An individual currently enrolled in a clinical course at a school of nursing who provides patient care under the supervision of a clinical instructor and/or approved licensed nurse.

Supervision: The direct observation of a student by a clinical instructor.

Clinical Competency: An assessment of the student's ability to function in a clinical setting.

Procedures

1. Students will complete a hospital orientation prior to the first clinical experience.
2. Students will wear a School of Nursing identification badge.
3. Skills and procedures will be performed in accordance with hospital policies and procedures.
4. Student assignments will be posted in a conspicuous location on the nursing unit in accordance with agency policy. Assignments will clearly delineate student responsibilities and will be kept in a notebook on the unit for the purpose of future reference/record keeping.
5. Posted assignments will maintain patient confidentiality and will not include any patient information (i.e., name, patient initials, birthdates, medical record number or diagnosis). Room numbers can be listed.
6. Students may perform skills as appropriate to their scope of practice (RN or LPN) and assist with physician-initiated procedures under the direct supervision of the assigned clinical instructor and/or unit RN.
7. Students may observe, but **not** participate in the procedures listed below. This list is not all inclusive and may include additional procedures students are not competent to perform.
   a. Collecting blood samples from venipunctures or central venous access devices/arterial catheters
   b. Witnessing consents
   c. Obtaining written, verbal, or telephone orders
   d. Calling a physician
   e. Administering IV medications that require cardiac and/or respiratory monitoring, chemotherapy agents, and total parenteral nutrition (TPN).
8. Students may administer medications under the supervision of a clinical instructor or licensed nurse. Below are the guidelines for medication management:
   a. Students must have the patient's primary nurse or clinical instructor present while in the medication room.
   b. The clinical instructor reviews all medications with the student nurse and co-signs all medications in the MAR.
   c. Student nurses administering any initial dose of medication to a patient must be directly observed by the clinical instructor.
   d. High alert medications require two RN verifications in addition to the student nurse.

Documentation

All documentation by students will be cosigned by the clinical instructor or licensed nurse.

Faculty Expectations

Clinical Policies

1. Clinical Orientation

a. The first clinical day is generally reserved for orientation. All students in clinical sections should have had a refresher skills experience at the beginning of the semester to reorient them to the clinical skills required of nurses.
b. Faculty must arrange an orientation of the clinical unit/site at least one week prior to the start of the clinical rotation.
c. Faculty will provide the unit manager/clinical educator with a list of clinical rotation objectives prior to the start of the clinical rotation.
d. Clinical orientation must occur on the day the students are scheduled for the clinical experience in the clinical agency. However, students may be asked to arrange a time outside of the schedule to complete a training session on their own (e.g., reviewing and completing agency orientation activities, quizzes, etc.). Students are required to attend **all** clinical meetings.
e. Clinical courses often require students to have clinical learning experiences in the skills or simulation labs on campus. These experiences count toward clinical hours for the semester, which means clinical faculty will assist in the lab supervision of students during these exercises (In accordance with Virginia Board of Nursing Regulations).

2. Clinical Clearance

a. Students must be cleared to attend clinical at the beginning of each semester. Clearance is given when all health forms, vaccine records, blood titers, current CPR record, etc., have been submitted to and positively verified by CertifiedBackground.com. Clinical faculty will be informed via e-mail by the undergraduate administrative assistant of the status of their students regarding clinical clearance. Any student not cleared cannot attend clinical, and will be administratively dropped from the course.

3. Required Documents for Faculty Members

a. Faculty members are required to submit results of annual PPD tests to the Executive Administrative Assistant. Faculty members who have a positive TB test must submit the results of a chest X-ray completed within the last five years. A yearly **TB Questionnaire** is available at the Hampton University Health Center. The questionnaire must be completed and filed in the School of Nursing.
b. The nursing faculty is required to provide documentation of an annual physical exam.
c. All faculty members must submit copies of current nursing licenses and BLS certification.

4. Meeting Attendance for Clinical Faculty

a. Clinical faculty is required to attend meetings with the faculty of record for the courses to which they are assigned.
b. Clinical faculty is encouraged to attend faculty organizational meetings held on last Friday of each month from 1:00 p.m. – 3:00 p.m.
c. Clinical faculty is required to attend scheduled pre and post-clinical meetings with lead course faculty.

Clinical Dress Code

Faculty must conform to the clinical agency's dress requirements for professional nurses. This includes wearing the required uniform, lab coat, and School of Nursing name pin or badge.

Faculty Absence from Clinical

a. The faculty member is responsible for notifying the Undergraduate Chairperson of an unforeseen absence due to illness, injury, etc.,
b. Faculty members are responsible for notifying students of an unforeseen absence from a clinical due to illness, injury, etc.
c. Faculty must notify the clinical agency not to expect students on this day.
d. Clinical faculty should collect contact information from each student at the first clinical meeting. In an effort to speed the dissemination of information within a clinical group a Phone Tree is suggested.

Evaluations

a. Clinical evaluation on each student **must** be completed daily, at midterm, and at the end of the rotation (final).
b. The Clinical Evaluation Form must be provided to the students in Blackboard.
c. Clinical evaluations of each student must be submitted to the course leader at the end of the rotation.
d. All evaluations of clinical agencies and students will be submitted to lead course faculty for submission to the Undergraduate Administrative Assistant at the Main campus and Office of Academic Support at the COVB campus.

Dosage Calculation Test

a. All students in clinical courses must take a dosage calculation test before beginning the clinical rotation.
b. Students who do not achieve a score of 90 or greater on the Dosage calculations assessment must repeat the assessment within three (3) total attempts (only the original grade will be posted).
c. Students may not enter into the clinical setting until a grade of 90 or higher is achieved.
d. Students who do not achieve the minimum passing score are required to remediate prior to retaking the test.
e. If the desired score is not achieved within the first week of classes, the student will be required to withdraw from the practicum and the corresponding theory course.

Untoward Events

a. All untoward events must be documented.
b. Untoward events include any act of omission or commission that could cause harm to a patient, student, or any other individual in the clinical setting. When such an event occurs, the involved individual and instructor must complete an Incident Report and submit the report to the faculty of record for the course.

E-mail

a. Clinical faculty are required to have a Hampton University e-mail account in order to be added to Blackboard, submit grades, and communicate important messages.
b. Hampton University e-mail can be accessed via the internet through www.hamptonu.edu.
c. All Faculty are issued a HU e-mail account after signing their contract through the Office of the Provost.
d. Faculty is expected to respond to e-mail within 24-48 hours of receipt of the e-mail.

Student Clinical Expectations

a. Students are responsible for meeting the following expectations.
    - Prepare and administer medications safely.
    - Perform delegated nursing procedures and treatments correctly.
    - Protect patients from environmental hazards.
    - Communicate important changes in patients' conditions to the appropriate individuals.
    - Carry out all assigned duties and inform appropriate persons when unable to do so.
    - Seek faculty assistance in aspects of patient care in which he or she lacks knowledge or skill.
    - Report to the agency or unit appropriately dressed and prepared to provide knowledgeable care.
    - Notify the instructor and agency prior to the start of a scheduled shift if absence or tardiness is unavoidable.
    - Recognize and assume responsibility for the consequences of her/his own actions.
    - Organize workload and set priorities appropriate to the patient setting.
    - Maintain confidentiality regarding patient health records and health status.
    - Avoid behaviors that threaten patients or colleagues physically, verbally, or psychologically.

b. Students will avoid the following:
    - Disruption or obstruction of teaching and administration in the department or on campus Theft, damage, or defacement
    - Behavior that threatens the physical, psychological, or emotional health, safety, and/or dignity of any person
    - Interference with campus security personnel
    - Violation of alcohol and drug policy
    - Falsifying or altering records
    - Misuse of Hampton University's technology system
    - Any violation(s) of Hampton University Code of Conduct

**** Whenever doubt exists in the mind of the instructor about a student's conduct regarding adherence to professional standards or the provision of safe patient care, the instructor should immediately consult with the course faculty of record. In addition a record of advisement** (student-Instructor conference form) **should be completed and submitted to the faculty of record.**

I.V. (Intravenous) Push Policy

a. Medication administration through the intravenous push (IVP) route involves drawing the medication into a syringe, attaching the syringe directly to the vascular access device or IV tubing, and pushing on the plunger of the syringe.
b. There are risks involved in any type of medication administration, but the consequences involved in delivering medication by IVP tend to be more serious than when using other methods of administration.
c. Therefore, the following policy has been put in place.
   - Sophomore students will not administer IVP medications.
   - Junior students will not administer IVP medications until completing the IV infusion/meds skills provided in the first week of Medical-Surgical Nursing (N346).
   - Throughout the nursing program, students may only administer IVP medications under the following conditions:

The clinical instructor is directly supervising the I.V. Push medication administration.
   - The facility allows for the student to administer the medication by the IVP route.
   - In Adult Health Nursing, IVP medications may be administered under the direct supervision of the RN preceptor. This route must **never** be practiced independently.

d. Direct supervision means the clinical instructor or RN preceptor is physically present throughout the entire procedure.
e. The clinical instructor should be consulted regarding facility policy on IVP med administration.
f. Generally, facilities allow for IVP med administration by students with the exception of certain medications (chemotherapy, experimental drugs, and critical care situations).

General Information

Evaluation of Faculty

a. Clinical faculty may receive a written evaluation by the faculty of record or Undergraduate Chairperson as requested or needed.
b. ANA Code of Ethics *American Nurses' Association (2001). Code of Ethics for Nurses. Washington, DC: The Association. The Hampton University School of Nursing faculty subscribes to the Code of Ethics of the American Nurses Association and expects students to do likewise. The ANA Code is as follows:
   - The nurse in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
   - The nurse's primary commitment is to the patient, whether an individual, family, group or community.
   - The nurse promotes, advocates for and strives to protect the health, safety, and rights of the patient.
   - The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence and to continue personal and professional growth.
   - The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

- The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
- The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
- The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession, and its practices and for shaping social policy.

Policy

Position Description: Adjunct Faculty Member

Adjunct professors at HUSON serve as clinical and/or classroom instructors in various courses. Candidates must have substantial, relevant experience in clinical nursing and hold or be in the process of completing a master's degree in nursing. Adjunct faculty members are expected to maintain high academic standards consistent with those of full-time faculty.

Responsibilities include all or some of the following:

- Be present for orientations to labs, courses, and School of Nursing procedures.
- Supervise and assist students in the Nursing Skills Lab.
- Supervise and assist students during agency clinical rotations.
- Collaborate with full-time faculty on courses, clinical experiences, and assignments.
- Communicate with agency personnel regarding student clinical placements and progress.
- Orient students to clinical agencies.
- Evaluate students in clinical practice through direct, consistent observation and assessment of paperwork.
- Evaluate students' performance on papers, tests, etc., in didactic courses.
- Attend selected departmental meetings as requested by the Undergraduate Chairperson.
- Make sure students complete required number of clinical hours for the Clinical rotation.
- Make sure students meet set clinical objectives
- Make sure students complete requirements for clinical experience as per the set grading rubric.

Terms of Employment

Adjunct clinical faculty members are appointed to the rank of instructor in the School of Nursing. All adjunct faculty members are expected to wear a badge with their name, credentials, and rank that is clearly visible at all times while working with students. Adjunct faculty is appointed on a one-semester basis for a maximum load of two courses unless a special exception is granted by the Provost. The appointment of the adjunct faculty member becomes effective when the assigned classes are officially authorized. The offer of employment may be withdrawn for any of the following reasons: insufficient enrollment for the course for which one has been was hired, concerns regarding performance, or a change in the needs of the department. If an offer of employment is withdrawn, the individual will be notified immediately.

Clinical Faculty Requirements

Faculty members teaching in the clinical setting must complete the following requirements:

Current CPR Certification

Your CPR certification must be a **professional level** course, BLS for the Healthcare Provider, from the American Heart Association. This course is the only course that will be accepted for certification.

Current PPD

A note from your healthcare provider with the date applied, date read, and result of the test will be sufficient. Faculty who are PPD reactors should have their provider complete a TB screening form. A form may be obtained from the Hampton University Health Center or the provider.

Drug Screening

Post-employment testing includes random testing.

Background Checks

Hampton University may perform a criminal background check as part of the hiring process; however, the School of Nursing requires a child abuse clearance. If you have obtained a child abuse clearance for any other reason (employment, volunteer work, etc.) since 1997, the original certificate should be submitted to the School of Nursing. A copy will be made and the original certificate will be returned to you.

Orientation to Clinical Facilities for Students

Faculty should attend orientation at least one (1) week prior to taking students to the unit, and faculty should provide information, such as clinical objectives, to the clinical facility educator or nurse manager.

- Reserve a room at the hospital/clinical facility for orientation.
- Tour the facility with the students whenever possible.
- Devise scavenger hunts, which are fun and can help the students find items on the unit where they will have their clinical experience.
- Describe a typical day one might experience on the clinical unit.
- Review the course syllabus, clinical paperwork, and other assignments as appropriate.

  Prior to the orientation, faculty should make arrangements to obtain the following:
  - Name badges
  - Parking passes
  - Computer passwords
  - Computerized documentation access
  - PYXIS/electronic medication dispensing system codes
  - Point of care testing

Clinical Supervision

If the clinical instructor is not familiar with the hospital or specific unit, the instructor should spend a half-day at the agency shadowing the staff, orienting to the environment. Duties of clinical faculty on a typical day are as follows:

- Arrive before students
- Retrieve each student's patient information.
- Find out the names of the staff nurses with whom the students will be working.
- Hold a conference with each student at the beginning of the shift to verify arrival and answer relevant questions.
- Utilize resources such as hospital libraries and the Internet to look up specific diseases and/or health conditions to share information with students.
- Remain in the clinical area (unit) at all times. If for any reason the clinical faculty must leave the area (unit), notification to the students and charge nurse is mandatory. If the time from the area is to extend beyond 15 minutes, the students must leave with the clinical faculty.

Dress Code

Faculty will adhere to the hospital/facility dress code as appropriate. A name badge should be visible and worn with professional dress at all times. It is highly recommended that faculty follow **the same dress code as the students.**

General Information

If a student misses a clinical experience, the faculty member must immediately notify the course coordinator to discuss ramifications.

- Students are expected to follow Core Performance Standards in order to progress in the nursing program. If a student is unable to meet core performance standards, the faculty should notify the course coordinator.
- When possible, faculty should thank staff nurses who worked with students at clinical.
- Faculty should remind students not to use or carry cell phones or pagers during a clinical experience.
- Faculty **must not** leave the hospital until all of the students in your group have left the clinical agency.
- If there is an accident or exposure to infectious material, follow the policy of the agency as well as the policy in the Student Handbook. Incident report form can be found under FORMS.
- Students must follow the uniform policy as outlined in the Student Handbook.
- Feedback should be provided in a timely fashion on all student care plans and clinical paperwork. Clinical paperwork should be reviewed and returned to the student before the next clinical experience. Timeliness is essential for enhancing student performance.
- Regularly forward any assignment grades to course coordinators.
- Follow-up on any clinical issues and incidents. If an incident occurs in the clinical setting, follow the policy of the agency to report the incident. Keep the Undergraduate Chairperson and Course Coordinator apprised of any serious student problems. Utilize the "Student-Instructor Conference Sheet" (Appendix B, HUSON Student Handbook) for documentation of exceptional student behaviors and non-critical events, either positive or negative.
- Obtain a copy of the course topic outline in order to facilitate reinforcement of classroom learning in the clinical setting.
- Be aware that while all students are assigned an academic advisor, some may ask you questions about the curriculum. Familiarize yourself with the suggested sequence for progression in the nursing program.

- If you observe behavior that indicates a student is in distress, approach the student with your concerns. You may also refer students to the Student Counseling Center for assistance. Notify the Lead Faculty regarding your concerns.
- Stress that it is extremely unlikely a clinical will be cancelled or delayed. Generally, a clinical will only be cancelled or postponed if the campus closes or classes are delayed due to inclement weather or an emergency. Faculty should inform students that they are not to be called about cancellations. Instead, students should visit the HU website or call the school for information about campus-wide delays or cancellations. Although clinical experiences are rarely cancelled, faculty should obtain each student's contact information and establish a Phone Tree on the first day of a rotation in the event of a cancellation.

Clinical Conferences

Reserve rooms prior to the start of the semester for clinical conferences.

Conferences should be regularly scheduled with students. A conference is a block of time set aside for students in the clinical group to gather together and discuss their experiences. Clinical conferences should last for 45–60 minutes. A faculty member can establish a conference time based on the schedule of the clinical unit. Faculty who have day-shift clinicals often prefer to meet at the end of the day while those who have clinical experiences later in the day hold pre-conferences in the morning.

Some ideas for clinical conferences:

- Inviting speakers from other disciplines (respiratory therapists, pharmacists, nutritionists, social workers, etc.)
- Discuss the students' patients.
- Practice giving verbal reports.
- Encourage clinical reasoning by asking application and analysis questions.
- Ask students to present interesting disease processes or patient situations.
- Review research articles on relevant clinical topics (Evidenced Based Practice).
- Facilitate a reflective activity.
- Discuss ethical issues/implications related to a clinical case or client population.
- Discuss didactic course material

Clinical Evaluation

Faculty members will conduct a daily formative evaluation as well as a midterm and final summative evaluation. Check with individual course coordinators regarding the practice in a particular course. Also, it is important to informally evaluate each student throughout the clinical experience. When evaluating students, faculty should assist them with setting goals for successful performance, and encourage them to conduct weekly self-evaluations and formal evaluations.

If a student performs unsatisfactorily in the clinical setting, the student will be unsuccessful in the didactic course.

A student who is failing should be formally notified in writing before 50% of the course has been completed. Students should never be surprised they are receiving a failing grade.

Additional Information

- Faculty is advised **not to** make pre-assignments (patient assignments); nurses don't get their assignments the day before and make assignments for the following clinical day. Try to assign students patients with conditions that correspond to course content.
- Faculty will have 8–10 students in a clinical group (this depends on the agency and the clinical rotation).
- After the clinical experience day, adjunct faculty must collect student evaluation folders from a place agreed upon by the faculty and clinical students. Faculty are clinical facilitators, but students must take an active role in their learning and be accountable and responsible to their patients. In order for faculty to assist students, the lines of communication should be kept open between faculty and students. Therefore, faculty should promptly provide feedback, both positive and negative, in a manner that is not intimidating or demeaning.

Clinical Forms Packet

SECTION 1 - FACULTY EVALUATION OF STUDENT PERFORMANCE

1. **Instructions for Completing Clinical Evaluation**
2. **Daily Clinical Evaluation**
3. **Clinical Hour Tabulation & Grade Recording Sheet**
4. **Summative Evaluation Tool**
5. **Mid-Term Clinical Evaluation**
6. **Final Clinical Evaluation**

Instructions for Completing Clinical Evaluation

Daily Clinical Evaluation (Formative)

Students

- Students are to complete the top portion of the daily clinical evaluation tool each day they are in the clinical setting (i.e. lab, clinical agency) and submit completed form to the clinical faculty at the end of the clinical day.
- Students must achieve at least 75% or better for satisfactory clinical performance each clinical day. Remediation is necessary for evaluations receiving less than 75%.

Faculty

Clinical grades will be assigned based on the following:

Grading

Clinical performance represents 75% of the overall clinical grade. Assignments (i.e. documentation, projects, etc.), Nursing Care Plans, and Clinical tests (i.e. dosage calculations, pre & post clinical competency assessment) represent 25% of the overall clinical grade.

Grading Rubric

Content	Percentage
Clinical Performance	75% (.75)
Dosage Calculation Test (First Score only)	5% (.05)
Clinical Test (pre-post)	5% (.05)
Nursing Care Plan	5% (.05)
Assignments (Ex. documentation (SIMChart), projects)	10% (.10)
Total	100%

Daily Evaluation Form Rating Scale

Rating Scale (S, NG, U)

This scale will be used to assign a rating for each of the identified competency areas on the Daily Evaluation Form: Management of Care, Teaching and Learning, Psychological Integrity, Documentation and Communication, Health Promotion and Maintenance, Physiologic Integrity, Nursing Process and Caring Interventions. As necessary, Simulated learning experiences may be used for competency assessment (may not be used on a daily basis). Ratings are assigned against each competency independently. To be successful, *Students should aim for a daily grade of 75% or greater.*

S	**Satisfactory**- Functions as expected for the clinical level.
NG	**Needs Guidance**- Is unable to perform skills or has knowledge deficit in areas expected for clinical level. Self identifies weaknesses and practices safely with guidance.
U	**Unsatisfactory** -Is unable to identify weaknesses or areas of knowledge deficit. Performs unsafe practice.

Daily Grade Compute

- Clinical faculty will review student response in "Student Section" of form.
- Faculty will assign ratings (S, NG, U) based on identified criteria assigned to each competency (See "Competencies Defined" section of form).
- Instructor/Preceptor rating section will be computed by the clinical faculty.
- Daily grade is based on achievement of the 8 identified competencies or Simulated Learning Experience.

- The expected level of achievement for each of the 8 competency areas **(**Management of Care, Teaching and Learning, Psychological Integrity, Documentation and Communication, Health Promotion and Maintenance, Physiologic Integrity, Nursing Process and Caring Interventions) is *Satisfactory (S),* 8/8.
- Daily grade is computed on the number of S's assigned against each competency. A maximum of 8 S's can be achieved daily. **Note:** Ratings of "Needs Guidance (NG)" & "Unsatisfactory (U)" will have a negative impact on the overall daily grade.
- Example: **Daily Grade Computation**: Of the 8 Competency areas a student receives 6-S's, 1-NG and 1-U. *Grade calculation:* **6 S's/ 8 S's (possible) = 75% (Daily Grade).**
- Daily grades are computed based on competencies that are applicable for the learning experience(s) of the day. Faculty will cross out areas that do not apply to that day and the daily grade will be computed on the identified areas only. Example: If a simulated learning experience is employed for the day the grade will be computed on simulation only. The student will receive an S, NG or U. 1-S=100% (Daily Grade).
- Number and Type (Clinical Simulation (CS) or Clinical Agency (CA)) of clinical hours completed, daily, will be recorded on the "**Clinical Hour Tabulation and Grade Recording Sheet".**

Clinical Tests

Students must successfully complete a **dosage calculation test** at the beginning of each clinical course, only the first grade will be recorded as a part of the overall clinical grade. The student will only be allowed three **(3) attempts to successfully pass the dosage calculations test,** with a grade of 90 or higher. Students who **do not** meet this requirement **will not be** allowed to continue in the course.

Pre & Post Clinical Experience evaluation of clinical skills will be in the form of return demonstration and/or written test. These tests may be administered upon entry into the clinical course and as a part of the final clinical evaluation.

Assignments (Daily Clinical Requirements)

- As a part of clinical performance, students will be required to document a physical assessment in *SIMChart* on an assigned client each day (based on Level students may be required to document on multiple clients). Faculty will grade the student's documentation and assign a numerical grade using the *SIMChart* program (Feedback on student documentation can be done within the *SIMChart* program.).
- Students will be required to document on a priority nursing diagnosis to include identified outcomes (short/long-term) with at least 6 interventions (1-observation, 4-actions and 1-teaching) with rationale statements and appropriate citation documentation.

Care Plans

- Students will complete 2 comprehensive nursing care plans (One **prior to midterm** and one 2-**week prior to the end of the semester**. Grading and inclusion criteria are established by clinical faculty and course level.

Additional Assignments

Other daily requirements may be established by clinical faculty and course level. These are unique to a particular clinical setting and at the discretion of the faculty.

Clinical Remediation

Students who do not meet the minimum required Score of 75%, satisfactory performance, in the clinical setting will be required to set up a remediation plan with the clinical faculty/clinical lab staff within two weeks

of the identified deficit and must demonstrate satisfactory performance in the clinical setting to receive a passing grade in the course.

- Faculty will initiate remediation plan using the **Faculty-Student Consultation Record** found in this packet. A copy of the completed form will be maintained in student permanent record.
- Faculty will meet with student to discuss plan and obtain student signature.
- A follow up meeting is scheduled once student has fulfilled requirement(s) of the remediation plan.

Mid-Term & Final Evaluation (Summative)

Midterm Clinical Evaluation

- Faculty will complete the HUSON Summative clinical evaluation tool for each student enrolled in the clinical group.
- Student and faculty will complete the Midterm Evaluation Form.
- Clinical Performance grade will be calculated based on grades from the Daily Evaluation Forms. Using the assigned percentages, final grades will be calculated based on an average of the Daily Clinical Performance, Dosage Calculation test, Nursing Care Plans, and Assignments.

Example: Mid-Term Grade Calculation

Content	Grade Earned	Percentage	Computed Points
Clinical Performance	78.12	.75	58.59
Dosage Calc Test (1st attempt)	85.00	.05	4.25
Clinical Test (pre-post)	100	.05	5.00
Nursing Care Plan	74	.05	3.7
Assignments (4): 68,74,74,76= 292 292/4 = 73	73 (computed avg. of 4 assignment grades)	.10	7.3
Total (Mid-Term Grade)			**78.84 = Grade of "C"**

Final Clinical Evaluation

- Faculty will complete the HUSON Summative clinical evaluation tool for each student enrolled in the clinical group/course.
- Faculty will complete the Final Evaluation form for each student. Students input are optional (highly recommended).
- Clinical Performance grade will be calculated based on grades from the Daily Evaluation Forms. Using the assigned percentages, final grades will be calculated based on an average of the Daily Clinical Performance, Dosage Calculation test, Nursing Care Plans, and Assignments.

HAMPTON UNIVERSITY
School of Nursing

Clinical Evaluation Form

Student: _____ **Date:** ____/____/____ **Course: NUR(V)**_____ **GRADE** _____
Time: _____ **to** _____ **24Hour) Facility**_____
CIRCLE: Hospital Community Lab **Clinical Instructor:**_____
Experience Type: (Circle One) **Client Care** **Lab** **Observation**

Student Section	
Client Complaints / Medical Diagnoses/ Current Surgery _____ _____ _____ _____ _____	**Skills Performed / Witnessed (P/W) : Activities of the Day** Assessment, Hygiene Care, Standard Elimination Care, Standard Oxygen Therapy _____ _____ _____ _____
Medications Administered / Studied (A/S) _____ _____ _____ _____	**Self-Evaluation (Strengths and Limitations)** _____ _____ _____ _____
Instructor / Preceptor Rating and Comment Section	
Rating Scale Key: **Satisfactory — S** **Needs Guidance – NG** **Unsatisfactory - U**	
Management of Care **Rating** ____ _____ _____ _____ _____	**Health Promotion & Maintenance** **Rating** ____ _____ _____ _____ _____
Teaching and Learning **Rating** ____ _____ _____ _____	**Physiologic Integrity** **Rating** ____ _____ _____ _____ _____ _____ _____ _____
Psychological Integrity **Rating** ____ _____ _____ _____	
Caring Interventions **Rating** ____ _____ _____ _____	**Nursing Process** **Rating** ____ _____ _____ _____
Documentation and Communication **Rating** ___ _____ _____ _____	**Simulations** **Rating** ____ _____ _____ _____

Student Comments:	Instructor Comments:
Signature	

Ratings Key	
Satisfactory	Functions as expected for the clinical level.
Needs Guidance	Is unable to perform skills or has knowledge deficit in areas expected for clinical level. Self identifies weaknesses and practices safely with guidance.
Unsatisfactory	Is unable to identify weaknesses or areas of knowledge deficit. Performs unsafe practice.

Signature

Competencies Defined (Expected Rating=Satisfactory)

Management of Care Expected — S

- Collaborates with multi-disciplinary health team members in the management of clients with actual or potential health problems
- Utilizes current technology to assess and provide care
- Plans, organizes, directs and evaluates delivery of nursing care to clients with complex health care needs in a variety of acute care settings a) Applies principles of time management, b) Prioritizes tasks and c) Conducts rounds to identify changes in clients' status
- Maintains client rights
- Maintains client confidentiality and privacy
- Participates in continuity of care
- Identifies *priorities*
- Incorporates ethical and legal principles
- Maintains safe client care environment

Teaching and Learning Expected — S

- Evaluates and provides for the educational needs of adult clients with complex health care needs and their families
- Participate in activities that promote professional development and personal growth
- Pursues the role of the nurse as a change agent
- Participates in on-going educational activities to maintain competency
- Seeks new learning experiences
- Participates in clinical conferences

Psychological Integrity Expected — S

-Integrates client coping mechanisms
- Integrates client support systems into the plan of care
- Demonstrates respect for cultural diversity
- Supports client in situations of grief and loss
- Incorporates client spiritual and religious needs in the plan of care

Health Promotion and Maintenance Expected — S

-Incorporates the clients developmental stage and chronological stage into client care
- Identifies health Screening re: primary prevention and secondary prevention
- Performs physical assessment according to School and agency standards
- Incorporates lifestyle choices in care of clients

Physiologic Integrity Expected – S

Basic Care and Comfort

-Plans, Implements, and evaluates care inclusive of clients basic care and comfort needs

Pharmacological Therapies

-Calculates medication dosages accurately*

-Teaches client about prescribed medications*

-Administers medications safely per agency and School policy *

-Manages intravenous infusions according to agency policy*

-Evaluates medication reconciliation as necessary

Reduction of Risk Potential

-Incorporates client laboratory and diagnostic outcomes into client care

-Plans client care specific to diagnostic tests, procedures, and surgery

- Reports changes/ abnormalities in client status to faculty and staff*

- Performs therapeutic procedures according to standards of care*

- Performs focused assessments based on client status*

Physiological Adaptation

- Incorporates principles of stress management into client care	-Plans and implements care for clients experiencing stable acute and chronic alterations in body systems function * -Participates in planning and implementing care for clients experiencing unstable acute and chronic alterations in body systems function/ unexpected therapeutic responses
Documentation and Communications Expected — S -Discriminates and thoroughly documents assessment data on agency forms - Initiates care plans using agency forms when appropriate - Independently documents the clients' responses to the expected Outcomes - Role models professional communication in all interactions - Selects appropriate professional communication skills to manage care for clients and families a) Communicates with physicians and other health care personnel to address clients needs, b) assists the RN in the interpretation and transcription of physician's orders, c) delivers a comprehensive change of shift report, d) communicates effectively via telephone, fax or computer, e) Interacts with clients' families to provide information and support and f) handles conflict appropriately	**Nursing Process Expected — S** - Evaluates normal vs. abnormal assessment findings utilizing critical thinking skills - Analyzes comprehensive assessment data to develop a plan of care using agency forms - Prioritizes nursing diagnoses - Develops individualized expected outcomes based on nursing diagnosis using agency forms - Evaluates clients' outcomes and revises plan of care in an acute care setting using agency forms - Integrates research findings to provide safe nursing care for adult clients with actual or potential health findings.
Simulation Expected -- S -Act with integrity, consistency, and respect for differing views -Assume the role of team member or team leader based on the situation -Integrate the contributions of others who play a role in helping patient / family achieve goals - Solicit input from other team members to improve individual, as well as team performance - Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care	**Caring Interventions Expected – S** - Supports the adult client and the family in the dying process. - Maintains a caring and therapeutic relationship with clients and families in an acute care setting - Appraises opportunities to serve as a client/family advocate- Delivers care in a non-judgmental, non-discriminating manner that is sensitive to the client's cultural diversity - Implement s an individualized, multi-disciplinary plan of care for 2 adult clients with actual or potential health problems - Integrates complex nursing skills safely with increased autonomy for 2 adult clients: a) passes medications safely, b) Correlates lab values, medications, and signs/symptoms with clients' clinical diagnosis and c) Notes changes in the clients' conditions, reports and intervenes as indicated

HAMPTON UNIVERSITY
School of Nursing

Clinical Hour Tabulation and Grade Recording Sheet

Name: _____Course Number: _____ Semester/Year: _____

CLINICAL Performance 75%
(Grade: S= Satisfactory NG= Needs Guidance, U=Unsatisfactory)

Number	Date	Hours	Grade
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
CS/CA	___/___/___	_____	_____
Total		_____	_____

***CS = Clinical Simulation, CA= Clinical Agency**

Nursing Care Plans 5 %

	Date	Grade
Weight _5_ %		_____
NCP (1)	_____/_____/_____	_____
NCP (2)	_____/_____/_____	_____
Average		_____

Dosage Calculation Test 5%
(Dosage Calc, Pre-Clinical, Final Evaluation)
Weight __5_ % _____

1st DC*	_____/_____/_____	_____
Repeat	_____/_____/_____	_____
Repeat	_____/_____/_____	_____

*Only 1st dosage calculation attempt is considered

Clinical Test 5%

_____/_____/_____	_____
_____/_____/_____	_____
Average	_____

Assignments (SIMChart, Projects) _____
Weight __10_ %

_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
_____/_____/_____	_____
Average	_____

Clinical Agency: List all clinical agencies with appropriate abbreviation for documentation of clinical area concentration.

HAMPTON UNIVERSITY
School of Nursing

Summative Evaluation Tool

Level _____

Student Name: _____ Instructor: _____ Facility: _____

Date: _____/___/_____ Course: NUR (V) _____ Direct Client Care Hours: _____ Score: _____

Grade: _____

Rating Key			
S = Satisfactory	**NG = Needs Guidance** (Only for midterm)	**U = Unsatisfactory** (Requires Comment)	**NA = Not Applicable**

ESSENTIAL COMPETENCIES	MIDTERM	FINAL	COMMENTS
Client Needs			
SAFE AND EFFECTIVE CARE ENVIRONMENT			
Management of Care			
1. Collaborates with multi-disciplinary health team members in the management of clients with actual or potential health problems.			
2. Utilizes current technology to assess and provide care.			
3. Plans, organizes, directs and evaluates delivery of nursing care to 2 adult clients with complex health care needs in a variety of acute care settings.			
a. Applies principles of time management.			
b. Prioritizes tasks.			
c. Conducts rounds to identify changes in clients' status.			
4. Maintains client rights.			
5. Maintains client confidentiality and privacy.			
6. Participates in continuity of care.			
7. Identifies *priorities.*			
8. Incorporates ethical and legal principles.			
9. Maintains safe client care environment.			
HEALTH PROMOTION AND MAINTENANCE	**MIDTERM**	**FINAL**	**COMMENTS**
1. Incorporates the clients developmental stage and chronological stage into client care.			
2. Identifies health Screening re: primary prevention and secondary prevention.			
3. Performs physical assessment according to School and agency standards.			

4. Incorporates lifestyle choices in care of clients.			
PSYCHOSOCIAL INTEGRITY			
Collects, analyzes, and prioritizes relevant physical, developmental, psychosocial, cultural, spiritual, and functional assessment data to provide individualized patient care			
1. Integrates client coping mechanisms.			
2. Integrates client support systems into the plan of care.			
3. Demonstrates respect for cultural diversity.			
4. Supports client in situations of grief and loss.			
5. Incorporates client spiritual and religious needs in the plan of care.			
6. Incorporates principles of stress management into client care.			
PHYSIOLOGICAL INTEGRITY			
Basic Care and Comfort	**MIDTERM**	**FINAL**	**COMMENTS**
Plans, Implements, and evaluates care inclusive of clients basic care and comfort needs.			
Pharmacological Therapies			
Calculates medication dosages accurately.			
Teaches client about prescribed medications			
Administers medications safely per agency and School policy			
Manages intravenous infusions according to agency policy			
Evaluates medication reconciliation as necessary			
Reduction of Risk Potential			
Incorporates client laboratory and diagnostic outcomes into client care			
Plans client care specific to diagnostic tests, procedures and surgery			
Reports changes/abnormalities in client status to faculty and staff			
Performs therapeutic procedures according to standards of care			
Performs focused assessments based on client status			
Physiological Adaptation			
Plans and implements care for clients experiencing stable acute and chronic alterations in body systems function			
Participates in planning and implementing care for clients experiencing unstable acute and chronic alterations in body systems function/unexpected therapeutic responses			

Integrated Processes

NURSING PROCESS	MIDTERM	FINAL	COMMENTS
Utilizes the, critical thinking, nursing process evidence-based information, and knowledge from the arts and Sciences to support sound clinical decisions			
1. Evaluates normal vs. abnormal assessment findings utilizing critical thinking skills.			
2. Analyzes comprehensive assessment data to develop a plan of care using agency forms.			
3. Prioritizes nursing diagnoses.			
4. Develops individualized expected outcomes based on nursing diagnosis using agency forms.			
5. Evaluates clients' outcomes and revises plan of care in an acute care setting using agency forms.			
6. Integrates research findings to provide safe nursing care for adult clients with actual or potential health findings.			
CARING INTERVENTIONS	**MIDTERM**	**FINAL**	**COMMENTS**
Plan and implement nursing care in a safe, compassionate, culturally sensitive manner that preserves human dignity and promotes growth of individuals and families			
1. Supports the adult client and the family in the dying process.			
2. Maintains a caring and therapeutic relationship with clients and families in an acute care setting.			
3. Appraises opportunities to serve as a client/family advocate.			
4. Delivers care in a non-judgmental, non-discriminating manner that is sensitive to the client's cultural diversity.			
5. Implements an individualized, multi-disciplinary plan of care for 2 adult clients with actual or potential health problems.			
6. Integrates complex nursing skills safely with increased autonomy for 2 adult clients.			
a. Passes medications safely.			
b. Correlates lab values, medications, and signs/symptoms with clients' clinical diagnosis.			
c. Notes changes in the clients' conditions, reports and intervenes as indicated.			
COMMUNICATIONS AND DOCUMENTATION			
Collaborate with individuals, families, and healthcare team members in providing comprehensive, individualized patient care			
Communicates effectively through verbal, nonverbal, written, and technological means with individuals, families, and healthcare team members			
1. Discriminates and thoroughly documents assessment data on agency forms.			
2. Initiates care plans using agency forms when appropriate.			
3. Independently documents the clients' responses to the expected outcomes.			
4. Role models professional communication in all interactions.			
5. Selects appropriate professional communication skills to manage care for clients and families.			

a. Communicates with physicians and other health care personnel to address client's needs.			
b. Assists the RN in the interpretation and transcription of physician's orders.			
c. Delivers a comprehensive change of shift report.			
d. Communicates effectively via telephone, fax or computer.			
e. Interacts with clients' families to provide information and support.			
f. Handles conflict appropriately.			
TEACHING/LEARNING	**MIDTERM**	**FINAL**	**COMMENTS**
Utilize teaching and learning processes to protect, promote, and maintain health for individuals and families across the healthcare continuum			
1. Evaluates and provides for the educational needs of adult clients with complex health care needs and their families.			
2. Participate in activities that promote professional development and personal growth.			
3. Pursues the role of the nurse as a change agent.			
4. Participates in on-going educational activities to maintain competency.			
5. Seeks new learning experiences.			
6. Participates in clinical conferences.			
SIMULATIONS	**MIDTERM**	**FINAL**	**COMMENTS**
Identify interdisciplinary teamwork in professional practice utilizing the nursing process. Include ethical and safe care, problem solving and critical thinking. Verbal participation during pre- and post-simulation experience during debriefing			
1. Act with integrity, consistency, and respect for differing views.			
2. Assume the role of team member or team leader based on the situation.			
3. Integrate the contributions of others who play a role in helping patient / family achieve goals.			
4. Solicit input from other team members to improve individual, as well as team performance.			
5. Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care.			

HAMPTON UNIVERSITY
School of Nursing

Mid-Term Clinical Evaluation

Student Name: _____

Student ID Number: _____

Clinical Instructor: _____

Agency: _____

Overall Score: _____

Directions: The student is to complete sections A–C; the clinical faculty will complete sections D–E. Students and clinical faculty will meet to discuss and sign the Mid-Term Clinical Evaluation. Any student who is unsuccessful at mid-term will develop a remediation plan in collaboration with the clinical faculty. A list of detailed recommendations for student improvement can be found on the "Faculty-Student Consultation Record".

Student's Self-Evaluation

A. Identify areas of strength:

B. Identify areas which require improvement:

C. Number of and reasons for absences (include dates):

Instructor's evaluation of student performance

D. Required areas of improvement in order to be successful in clinical course:

E. Description of remediation plan, if applicable:

Instructor's Signature: _____

Student's Signature: _____

HAMPTON UNIVERSITY
School of Nursing

Final Clinical Evaluation

Student Name: _____

Student ID Number: _____

Clinical Instructor: _____

Agency: _____

Overall Score: _____

Clinical Summary:

Student's Comments: (optional)

Number of clinical absences: _____ Dates of Clinical absences: _____

This student has/has not satisfactory completed the clinical component of NUR(V)-____

Faculty Signature: _____ Date: _____

Student's Signature: _____ Date: _____

1. **Risk Management Procedure (accident, injury, etc.)**
2. **Clinical Incident Report**
3. **Faculty-Student Consultation Record**
4. **Confidentiality Statement (Students must sign and submit to Clinical Faculty)**

FOR EXTREME INJURY PLEASE REPORT TO THE EMERGENCY DEPARTMENT

Risk Management Procedure

Definition: Risk Management is a process to be followed when accident/injury or potential exposure to infectious diseases occurs. The following algorithm has been created as a procedure for students who experience an injury during clinical hours, or experience a potential exposure to infectious disease. Follow institutional policies on meticulous use of personal protective devices. See below for steps to follow. **Student health insurance is mandatory. Student must carry proof of insurance at all times while attending clinical, and provide it when necessary.** ***Hampton University School of Nursing will not be held liable for any expenses incurred by such an incident.***

Potential Infection Exposure	Injury During Clinical
Examples • TB • HIV • Hep C • Hep A	Examples • Soft tissue injury (burns, cuts, etc) • Skeletal/neurological injuries • Exposure to chemicals/toxic exposure • Assault/physical or emotional • Needles sticks

Procedures:

HAMPTON UNIVERSITY
School of Nursing

Clinical Incident Report

DATE: _____ TIME: _____

PLACE: _____

Person(s) involved: _____

_____

DECSRIPTION: _____

_____

_____

WITNESSES: _____

_____

Circumstances contributing to or involved in the incident: _____

_____

_____

Additional Comments: _____

_____

_____

Signature: _____ Title: _____ Date: _____

ADMINISTRATIVE USE ONLY / DO NOT WRITE BELOW THIS LINE

Investigation Comments: _____

_____

_____

Final Signature: _____ Title: _____ Date: _____

Hampton University
Health Center

55 East Tyler Street
Hampton, VA 23668
757-727-5315

Hours of Operation:
Monday-Friday
8:00am-5:00pm

NOTE: Copy to Health Center and Student Records.

HAMPTON UNIVERSITY
School of Nursing

Faculty-Student Consultation Record

Date: _____

Student Name: _____ ID#: _____

Faculty: _____ Course & Section: _____

Nature of Concern (Circle): Theory Clinical Personal Referral

Describe Concern:

_____

_____

Referral/Recommendation(s):

	Attend class/clinical regularly		Develop study Schedule
	Punctual to class/clinical		Increase quality study time
	Participate in class/clinical discussions		Actively participate in study group
	Refer to class/course objectives/syllabus		Consider decreasing personal activities
	Use active listening skills		Consider working fewer hours
	Take notes effectively		Use stress reduction techniques
	Complete reading/assignments before class		Decrease test anxiety
	Prepare questions for lecturer		Use "Success Book" study guide
	Use NCLEX study guide questions		Utilize faculty office hours
	Use math tutor, Student Support Srvcs		Return to skills lab for tutoring
	Use writing tutor, Student Support Srvcs		Review clinical & critical behaviors
	Use of software testing packages (ATI, HESI)		Appointment with Theory Instructor
	Develop clinical organizational chart		Appointment with Clinical Instructor
	Submit practice care plan		Appointment with Nursing Administrator
	Refer to Student Handbook		Exit Interview
	Review Video(s) Name:		Other:

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

This concern/issue has been satisfactorily resolved.

Faculty Date Student Date

HAMPTON UNIVERSITY
School of Nursing

Clinical Student Agreement (Confidentiality Statement)

This Student Agreement is effective semester of 20_____, between Hampton University School of Nursing and (student) who is currently enrolled in Nur (V) and assigned clinical agency.
Student agrees to the following:

1. Confidentiality - Student acknowledges that as a result of the clinical learning activities, Student will have access to confidential information of the Facility, including patient health information. Student will hold confidential all patients and Facility information obtained as a participant in these activities and will not to disclose any personal, medical, related information, or any other confidential information to third parties, family members, or other students and teachers, except as permitted in this Agreement or as required by law. Student is committed to protecting and safeguarding from any oral and written disclosure all confidential patient and Facility information that Student comes in contact with. Student shall not copy surgery Schedules, patient medical records, or other Facility information. Except as permitted or required by this Agreement or by law, Student will not use or disclose patient information in a manner that would violate the laws of the Commonwealth of Virginia or the requirements of any federal law, including, for example, the Privacy and Security Standards contained in the Health Insurance Portability and Accountability Act of 1996 (45 CFR §§ l60 through 164). Student expressly agrees to comply with state and federal law in all respects, and to implement of all necessary safeguards to prevent such disclosure. Student acknowledges that any breach of confidentiality or misuse of information will result in termination of Student's clinical activities at Facility, as well as the potential termination of the Facility's relationship with Student's School or legal action. Unauthorized disclosure may give rise to irreparable injury to the patient or the owner of the confidential information and accordingly, the patient or owner of such information may seek legal remedies against the Student.

2. Compliance with Policies and Rules - While participating in clinical activities at Facility, Student will abide by all applicable Facility rules, policies, procedures and instructions, whether verbal or written, including the Hampton University School of Nursing Code of Conduct. Student shall review the Facility's Administrative Policy Manual which includes information regarding blood borne pathogens, hazardous chemicals, TB prevention, fire safety, electrical safety, and emergency preparedness. Student will wear appropriate attire, including an identification badge identifying him/her as a student, as requested by Facility and student School of Nursing dress code.

3. Release and Professional Liability Insurance - Student will hold harmless the Facility, its parents, officers, directors, employees, members, and any and all of their affiliates, subsidiaries, employees, agents and insurers (collectively "Facility"), from any and all liability of whatsoever nature and from injuries, sickness or other damages, physical as well as emotional, suffered by Student during participation in the clinical activities. Student acknowledges that Student is covered by Student's own (or Student's School's) professional liability insurance coverage and agrees to furnish proof of such coverage to Facility.

4. Limitation - Student understands that by signing this Agreement, Student is not guaranteed participation in any clinical activities at Facility. Eligibility of participation shall be determined exclusively by Facility, in its sole discretion.

5. Withdrawal of Student - Facility may require the Student to immediately withdraw from the clinical activities in the event Facility determines, in its sole discretion, that Student's conduct, demeanor or cooperation is unsatisfactory or that Student has violated Facility policies or rules, including, but not limited to, breach of confidentiality.

6. Student Status - Student understands that Student is not and will not be considered an employee of Facility or any of its subsidiaries or affiliates by virtue of Student's participation in the clinical learning activities and shall not as a result of Student's participation in the clinical activities, be entitled to compensation, remuneration or benefits of any kind.

Student Signature:	Date Date:
Instructor:	Date Date:

1. **Time Assessment Grid (Can be used as a daily assessment guide)**
2. **Report Sheet (For use during Shift Report)**
3. **Time Management Grid (May be used to assist with Time Management)**
4. **Unit Orientation (Scavenger Hunt)**
5. **Nursing Student Report Sheet**

NOTE: Use of these forms may be required by faculty! Some forms may be used at the discretion of the student. Duplicate as necessary.

HAMPTON UNIVERSITY
School of Nursing

Time Assessment Grid

Student Nurse:_____ **Date:**_____

Condition:

Room #:	**Patient:**	**Age/Sex:**	**Date Admit:**
Dr.:	**Resident:**	**Allergies:**	
Dx:			
Med. Hx:		**CODE STATUS:**	
FYI:		**PRECAUTIONS:**	
Activity Level: **ADL's:**		**Tests & Procedures**	
I&O: qs Strict **Drainage(s)**		**Specimens:**	**Urine** _____ **Stool** _____ **Sputum** _____ **Other** _____
V/S: q4h, qs, qd, other:_____ **HR & Rhythm**		**Labs:**	
IV:		**BMP:** **Na:** **CL:** **BUN:** **GI** **Mg:** **K+** **CO_2** **Cr** **CA^+:** **Phos:**	
O_2:	**Resp. T_x:**		
Diet	**TF:** _____ **Resid.** _____		
BCBGM: ac/hs. Other_____**:**	**Flushes**_____		
Skin Integrity:	**Skin care** **Dressings** **Restraints** **Cal. Count**	**CBC:** **RBC** **Hg** **Hct** **Plt** **WBC:** **PT:** **INR:** **PTT:** **Other**	
To Do:	**Notes:**		

HAMPTON UNIVERSITY
School of Nursing

Report Sheet

REPORT SHEET **Date**_____

Room #_____ Name_____ Age_____
Service_____ Isolation_____ Allergies_____
Adm. Date_____ Diagnosis_____

History:

Vital Signs: T: P: R: BP: F/S:

Pain Score PCA / Epidural

Pain Meds

Labs:

IV Access:
IV Fluids:

PCA:

Neuro:

Cardiovascular: **Activity**

Respiratory: **Pulse Ox:**

GI: **Diet:**

GU:

Skin:
Incisions:
Wounds:
Drains:
Prevention

Time Management Grid

0730-0800	0800-0830	0830-0900	0900-1000	1030-1100	1100-1130	1130-1200
Check charts for: • New Orders • New entries on physician's and nurses' progress notes • New lab results • Check Medications Records for early medication and for any changes • Check the med drawer for missing meds Obtain Report from Staff Nurse Finger stick value (for Diabetics)= Administer 0730, 0800 Meds Check patient Schedules for PT, special procedures. Give report to instructor.	Mini-Assessment : • Patient OK • IV • Solution _____ • Add. _____ • Drip rate: _____ • LIB _____ Take and record Vital Signs: T_____ P_____ AP_____ R_____ BP_____ Check O_2 Flow rate_____ Check: Tubes_____ • Foley • Feeding Tubes • Drains Dressings_____ Safety Bedrails_____ Brakes_____ Early A.M. Care: Mouth Care_____ Weight_____ Setup breakfast Assist/feed_____ Report abnormal to Instructor	Check IV site and drip rate_____ Record I & O_____ A.M. CARE: Gather material: (1) Bed Linen (2) Towels, wash clothes, a.m. care (3) Clean gown Bathe patient Skin Assess_____ ROM_____ O_2 Care_____ (for O_2 users) Pericare_____ Complete system assessment Treatments/tests: _____ _____ _____ _____ _____	Check IV site and drip rate _____ 0900_____ 0930_____ 1000_____ A.M. meds: Record I & O_____ Make bed_____ Clean/Straighten room _____ Treatments/tests: _____ _____ _____ _____ _____ _____ _____	Check IV site and drip rate _____ 1030_____ 1100_____ A.M. meds: Record I & O_____ Complete flow-sheets _____ Complete progress notes_____ Treatments/tests: _____ _____ _____ _____ _____ _____ _____	Take and record Vital Signs: T_____ P_____ AP_____ R_____ BP_____ Check IV site and drip rate _____ (final entry) Lunch: Set up patient for meal or feed Administer 1200 meds	Record I&O Final Patient Check Patient_____ IV_____ O_2_____ Dressings_____ Drainage tubes_____ Clean/Straighten room_____ Safety check Bed rails up_____ Brakes on _____ Goodbye to patient and family_____ Report off to staff nurse_____ Instructor review of completed hospital forms

HAMPTON UNIVERSITY
School of Nursing

Scavenger Hunt Acute Care Setting

Date: _____

ITEM	LOCATION
Code Cart	
Workstation on Wheels	
Staff and Student Schedules	
Chart and Chart Forms	
Policy and Procedure Manuals	
Medical Dictionary, Reference material	
PDR	
BP Cuff	
Flashlight	
Clean Water Pitcher	
Ice	
Nourishment for Patients	
Soiled Linen Disposal	
Glass disposal	
Red bags and Biohazards waste	
Medication Carts/controlled substances	
Medication Carts/controlled substances	
Thermometer	
Wheelchairs	
Stretchers	
suture/staple removers	
Foley catheters	
suction equipment	
oxygen equipment	
exam and sterile gloves	
hemacult supplies (guaiac)	
Blood Glucose Monitoring Equipment	
IV equipment (solutions, pumps, poles)	
Lotions/Shampoo	
Bed pans/urinals	
Wash Basins	
Soap	
Clean linen	
Dressing supplies	
Specimen Containers	
Tape	
Blue pads/diapers	
facial tissue	

enema kits	
sharps container	
Spill kit/chemo spill kit	
Combs/hairbrushes	
Tube feeding equipment	
fire extinguishers	
Restraints	
standing and Chair Scales	
Bed Scale	
Treatment Cart	
Medication administration record	
Linen bags	
Codes specific to facility (code blue, red, brown, green, ect)	
FIND THE FOLLOWING	
Central supply	
Dietary	
Physical Therapy	
Cardiopulmonary	
Medical Records	
Restrooms	
Visitors lounge	
Smoking area	
Chapel	
Employees lounge	
Laundry	
Kitchen	
Conference/Classroom	
Surgery	
Administration	
Endoscopy	
Staff Development	

HAMPTON UNIVERSITY
School of Nursing

Nursing Student Report Sheet

Patient Room #	
Precautions/History Diagnosis: History: Allergies: Fall Risk? ☐Yes ☐ No Restraints? ☐Yes ☐ No Isolation? ☐Yes ☐ No Code Status: **Plan of Care** Pending procedures/tests: Results of procedures/tests: Standards of care: Education needs:	**Systems Assessment** Vital Signs & Weight ____ BP ____ BP P P T T R R Sat% Sat% **Systems Assessment** <u>Neurological:</u> <u>Respiratory:</u> <u>Cardiovascular:</u> <u>Gastrointestinal:</u>

Smoking status: Vaccination status: **Purpose/Desired Outcome** Anticipated discharge date: Discharge destination:	<u>Endocrine:</u> <u>Blood Sugar:</u> Genitourinary: Integumentary: Musculoskeletal: Psychosocial: Pain:

SECTION 4 - END OF CLINICAL EXPERIENCE EVALUATION FORMS

1. **Clinical Faculty Evaluation**
2. **Clinical Site Evaluation**
3. **Staff Evaluation of Clinical Experiences**
4. **Student Evaluation of Clinical Experiences**

HAMPTON UNIVERSITY
School of Nursing

Clinical Faculty Evaluation

Faculty Name: _____ Semester: _____ Year: _____Course: _____

Mark the box that most accurately reflects your thoughts about your clinical experience this semester. Once all evaluations have been completed, designate one student to collect all forms and place them in the provided envelope. Return the sealed envelope to the Office of Undergraduate Nursing Education.

		Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
1.	The faculty member was accessible to the student during clinical sessions.					
2.	Pre-conferences were structured and prepared the student for clinical sessions.					
3.	Post-conferences were effective in analyzing the relationship between theory and clinical practice.					
4.	Clinical objectives were reviewed during the clinical sessions and guided the pre- and post- conference discussions.					
5.	The faculty member provided an appropriate level of supervision during the clinical sessions.					
6.	The faculty member encouraged critical thinking and effective problem solving skills.					
7.	Constructive feedback, both oral and written, was provided during clinical sessions and on the Clinical Progress Record.					
8.	Written clinical evaluations were reviewed with the student in a timely fashion.					
9.	Nursing Care Plans and other required written assignments were reviews by the clinical faculty and constructive feedback was provided to the student.					
10	The faculty member fostered an environment conducive to learning.					
11	The faculty member demonstrated interest in the learning needs of the student.					

Comments:

HAMPTON UNIVERSITY
School of Nursing

Clinical Site Evaluation

Course Title & Number NUR(V) –_____
Clinical Site _____
Clinical Faculty _____
Semester/Year _____

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
1. The clinical site was conducive to achieving the overall objectives of the course.					
2. Clinical experiences were available to meet the learning needs of the student.					
3. Resources were available to support student learning.					
4. Staff members (nursing and others) were supportive and receptive to student learning.					
5. I (we) recommend continued use of this clinical site.					

6. Comments:

_____
_____

7. What aspects of the clinical site promote clinical learning?

_____
_____

8. What aspects of the clinical site limit clinical learning?

_____
_____

9. What additional resources are needed to improve the experience at this clinical site?

_____
_____

HAMPTON UNIVERSITY
School of Nursing

Staff Evaluation of Clinical Experiences

(Provide a copy to as many Agency Staff as possible)

Facility: _____
Unit: _____
Date: _____
Semester: _____

We want to thank you for your time and efforts in working with students during their clinical rotation at your facility. Knowing that the students of today will be the expert caregiver of tomorrow, we hope you appreciate the importance of your input into their clinical growth and development. We are interested in your comments and feedback about your experiences with the students on your unit. Please take a few minutes to complete the following questionnaire and return it to the HUSON Clinical Faculty. Your feedback is important to us. **Thank you!**

1. Were the students able to articulate their learning needs?
   - Yes
   - No

   Comments:

2. Were the students adequately prepared for clinical activities/responsibilities?
   - Yes
   - No

   Comments:

3. Did the faculty provide you with information regarding student competencies?
   - Yes
   - No

   Comments:

4. Was faculty available to student/staff when needed?
   - Yes
   - No

   Comments:

5. Did students display initiative and professionalism during clinical experience?
   - Yes
   - No

   Comments:

6. Recommendations to improve clinical experiences for students and staff:

7. Other Comments.

HAMPTON UNIVERSITY
School of Nursing

Student Evaluation of Clinical Experiences

We want to thank you for your time and efforts in providing care to our patients during your clinical rotation. We hope this experience exceeded your expectations and provided you with a great learning experience. We are interested in your comments and feedback about your rotation here. Please take a few minutes and complete the following questionnaire. Your feedback is important to us. **Thank You!**

Course Title: _____ **Semester and Year:** _____
Hospital: _____ UNIT: _____ SHIFT: _____

Please evaluate the individual unit to which you were assigned with regard to the following criteria using a check ☑ in the box that reflects your opinion of this rotation.	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
Factors	**1**	**2**	**3**	**4**	**5**
Unit operations were organized. **Comments:**					
Resources were readily available **Comments:**					
Personnel were friendly. **Comments:**					
Personnel were eager to assist. **Comments:**					
The experience obtained was beneficial to my education. **Comments:**					
Level of patient care required was appropriate to my level of ability. **Comments:**					

Would you consider this institution as a future employer? __Yes ___No
If no please explain: _____
_____
_____

Comments:
_____
_____

1. **Guidelines for Use of Clinical Skills Checklist**
2. **Clinical Skills Checklist Across the Curriculum (Forms)**

Guidelines for Using the Clinical Skills Checklist

1. Clinical skills checklist will be distributed in the Nursing Foundations: Practicum (NUR (V) 216) Course.

2. Student will be responsible for keeping track of the clinical skills checklist throughout the semester. Students are required to bring their skills checklist to each lab/clinical experience.

3. At the end of each nursing clinical course each student will submit the clinical skills checklist to their clinical faculty; the clinical faculty will submit the skills checklist to the lead faculty of the course.

4. The lead faculty member for each clinical course will place the skills checklist in a designated folder housed in the clinical skills lab.

5. At the beginning of each new clinical course, the lead faculty member will retrieve the clinical skills checklist from the designated folder and distribute them to each student.

6. Only faculty, adjunct faculty, and HUSON approved preceptors can sign students off on clinical skills.

7. In order for the clinical skill to be marked as complete, the faculty, adjunct faculty, or HUSON approved preceptors must date, and initial the specified block for each skill completed.

8. Faculty, adjunct faculty, or HUSON approved preceptors must also initial, print, and sign the last page of the clinical skills checklist.

9. Each student must receive two satisfactory performances on all required skills in the clinical lab prior to performing the skill in the clinical setting.

10. Students who do not satisfactorily complete a required clinical skill in the clinical lab are required to complete remediation. Self-remediation will be completed using one of the following: media, practice, or reading. Once remediation has been completed, the student must re-demonstrate the skill to the nursing faculty member, and perform the skill satisfactorily. If the student is unsatisfactory the second time, one-on-one remediation with designated faculty is required.

Clinical Skills Checklist Across the Curriculum (Forms)

Name: _____

Start Date: _____

CLINICAL NURSING SKILLS	1st Performance Lab date/initial	2nd Performance Lab date/initial	3rd Clinical site date/initial	Remediation	Media	Practice	Reading	Date/initial	COMMENTS
Vital Signs									
• Blood pressure (manual & electronic)									
• Temperature (oral, axillary, rectal)									
• Pulse (apical, radial)									
• Respirations (rate, type)									
• Pulse oximetry									
• Blood Sugar (glucometer)									
• Pain assessment									
Assisting with collection of cultures and cytologic tests									
Hygiene									
• Complete bath									
• Partial bath									
• Shower, Tub									
• Oral hygiene, care of dentures									
• Hair care									
• Shaving									
• Peri care									

CLINICAL NURSING SKILLS	1st Performance Lab date/initial	2nd Performance Lab date/initial	3rd Clinical site date/initial	Remediation	Media	Practice	Reading	Date/initial	COMMENTS
• Care of prostheses									
Bed Making									
• Unoccupied									
• Occupied									
Body mechanics									
• Establish/maintain body alignment									
• Turn to side lying position									
• Turn to prone position									
• Moving patient up in bed									
• Dangling at bedside									
• Moving from bed to chair									
• Moving bed to stretcher									
Asepsis				Remediation					
• Hand washing technique									
Weight									
• Standing									
• Lying (bed)									
Transfer techniques									

CLINICAL NURSING SKILLS	1st Performance Lab date/initial	2nd Performance Lab date/initial	3rd Clinical site date/initial	Remediation	Media	Practice	Reading	Date/initial	COMMENTS
• Moving from bed to chair; chair to bed									
• Bed to stretcher; stretcher to bed									
• Bed to wheelchair; wheelchair to bed									
• Chair to walker; walker to chair									
Ambulation									
• Ambulate as one assistant									
Safety									
• Call light									
• Side rails									
• Use of restraints									
Administration of medications									
• Oral medication • Non- parental medications(topical, eye, ear, nasal instillations)									
• Parental Medications									
○ Selecting correct syringe/needle/site									
○ Medications in ampule									
○ Medications in vial									
• IM injections									
○ Ventrogluteal									

CLINICAL NURSING SKILLS	1st Performance Lab date/initial	2nd Performance Lab date/initial	3rd Clinical site date/initial	Remediation	Media	Practice	Reading	Date/initial	COMMENTS
○ Deltoid				Remediation					
○ Vastus Lateralis									
○ Z tract method									
• Subcutaneous injections									
• Intradermal injections									
• Proper disposal of syringes and medications									
• Intravenous solutions & medications									
• Change primary IV bag									
○ Piggy bag									
○ Additives									
○ IV flush									
○ Discontinuance of IV fluid									
○ Electronic infusion pump									
• Topical Medications									
○ Applying ointments and salve									
○ Applying transdermal medications									
• Nasogastric tube/gastrointestinal tube medication administration									
Accurate Documentation and Dosage Calculations									

CLINICAL NURSING SKILLS	1st Performance Lab date/initial	2nd Performance Lab date/initial	3rd Clinical site date/initial	Remediation	Media	Practice	Reading	Date/initial	COMMENTS
Musculoskeletal System									
• Joint range of motion: active vs. passive									
Respiratory System									
• Assess respirations/breathing pattern									
• Respiratory rate									
• Character of respirations									
• Use of accessory muscles/respiratory effort									
• Assess cough and ability to clear secretions/manage airway, noting amount, color, consistency of sputum									
Cardiovascular System				Remediation					
• Inspect and palpate skin, noting color, moisture, temperature, turgor and capillary refill									
• Palpate the following pulses noting quality and symmetry:									
o Radial									
o Dorsalis Pedis									
o Posterior tibial									
o Apical									
o Popliteal									
o Brachial									

CLINICAL NURSING SKILLS	1st Performance Lab date/initial	2nd Performance Lab date/initial	3rd Clinical site date/initial	Remediation	Media	Practice	Reading	Date/initial	COMMENTS
○ Femoral									
○ Temporal									
Neuromuscular System									
• Assess patient's level of consciousness (verbal, motor, eye)									
• Assess patient's orientation to person, place, time									
Gastrointestinal System									
• Inspect abdomen for distention									
• Assess bowel habits, bowel sounds									
• Genitourinary System									
• Calculate accurate intake and output									
• Assess bladder habits									
• Assist with pelvic exam				Remediation					
• Assess for presence of perineum odor/discharge									
• Catheter insertion: straight, indwelling									
Integumentary System									
• Inspect skin, noting skin integrity and presence of rashes, bruising, presence of tubes/drains									
• Nail care; hair care									

CLINICAL NURSING SKILLS	1st Performance Lab date/initial	2nd Performance Lab date/initial	3rd Clinical site date/initial	Remediation	Media	Practice	Reading	Date/initial	COMMENTS
• Temperature: oral, axillary, rectal									
Psychosocial Assessment • General appearance and behavior									
• Affect and mood relative to the situation									
• Speech									
• Identify verbalization or gestures that may indicate patient's intention to harm self or others									
• Identify signs of potential physical or emotional abuse									
Maternal Health				Remediation					
• Bottle feeding									
• Breast feeding									
• Epidural monitoring									
• Fetal presentation position									
• Fundal assessment with FHT's									
• Labor breathing/relaxation									
• Leopold's maneuvers									
• Neonatal medication administration									
• Neonatal vital signs assessments									
• Newborn delivery care									

CLINICAL NURSING SKILLS	1st Performance Lab date/initial	2nd Performance Lab date/initial	3rd Clinical site date/initial	Remediation	Media	Practice	Reading	Date/initial	COMMENTS
• Oral suctioning									
• Pelvic measurements									
• Postpartum assessment									
• Postural drainage/ CHEST PT									
• Prenatal urine Screen									
• Relaxation techniques including Lamaze childbirth techniques									
• Clove hitch									
• Mummy									
• Weighing diapers									
• Foley catheter insertion (Adult)									
PEDIATRICS									
• Cast care-including hip spica for peds clients									
• IV Therapy for pediatric clients (maintenance)				Remediation					
• Gavage feedings									
• Assessment of development of children									
• Physical (Circumference, percentile charts)									
• Psychological									
• Social									

CLINICAL NURSING SKILLS	1st Performance Lab date/initial	2nd Performance Lab date/initial	3rd Clinical site date/initial	Remediation	Media	Practice	Reading	Date/initial	COMMENTS
• Functional									
• Chest PT									
• Nebulizer therapy									
• Pediatric measurements									
○ Weight-lbs.									
○ Weight-kg									
○ Length/height, head and chest									
• Medication administration									
• Urine collection									
• Vital signs									
• Suctioning child									
• Mist tent therapy									
MENTAL HEALTH/PSYCHIATRY									
• Risk assessment (Ideation/Plan/Means/Intent/risk factors)									
• Safety precautions (suicide, withdrawal, assault)									
• Abuse assessment (physical, economic, emotional)				Remediation					
• Mental Status Assessment									
○ Appearance									

CLINICAL NURSING SKILLS	1st Performance Lab date/initial	2nd Performance Lab date/initial	3rd Clinical site date/initial	Remediation	Media	Practice	Reading	Date/initial	COMMENTS
○ Affect/Mood/Behavior									
○ Speech									
○ Thought process/thought content									
○ Insight									
○ Judgment									
○ Memory									
• Assessment of Extrapyramidal Side Effects									
MEDICAL/SURGICAL SKILLS									
• Administration of blood (simulation)									
• Chest tube care									
• Dialysis									
○ Hemodialysis									
○ Peritoneal Dialysis									
• Initiation of IV Fluid									
• IVPB									
• IV push									
• Stoma care									
• Nasotracheal suctioning									

CLINICAL NURSING SKILLS	1st Performance Lab date/initial	2nd Performance Lab date/initial	3rd Clinical site date/initial	Remediation	Media	Practice	Reading	Date/initial	COMMENTS
• Tracheostomy suctioning									
• Total parental nutrition									
• PCA monitoring									
• Wet to dry dressings									
• Tracheostomy care				Remediation					
• Foley insertion									
○ Male									
○ Female									
• Straight Catheter									
• Apply Condom Catheter									
• Chest Tube Management									
• Gastroccult									
• Hemaccult									
• Nasogastric tube insertion									

CLINICAL NURSING SKILLS	1st Performance Lab date/initial	2nd Performance Lab date/initial	3rd Clinical site date/initial	Remediation	Media	Practice	Reading	Date/initial	COMMENTS
Initial/Printed name ____/_____ ____/_____ ____/_____ ____/ _____ ____/_____ ____/_____ ____/_____ ____/_____ ____/_____ ____/_____ ____/_____ ____/_____									

SECTION 6 - PRECEPTED/OBSERVATION EXPERIENCE

1. **Purpose of the Preceptorship**
2. **Definition**
3. **Objectives**
4. **Methodology**
5. **Accountability**
6. **Student Responsibilities**
7. **Preceptor Responsibilities**
8. **Faculty Responsibilities**
9. **Preceptor Evaluation of Precepted/Observation Experience**

A preceptorship is an individualized teaching/learning method in which a student is assigned to a particular preceptor/facility to experience day to day practice with a role model and resource person immediately available with the clinical setting. (*Virginia Board of Nursing Education Advisory Committee, 1996*). Preceptorship programs have been recognized as valid clinical teaching models in the United States since the 1960s.

Purpose of the Preceptorship

1. Facilitate students' application of theory to practice under the supervision of a licensed registered nurse.
2. Expose students to the reality of the work environment of the registered nurse.
3. Facilitate development of appropriate deductive reasoning skills and time management.
4. Assist in the development of a partnership between education and community health facilities.

Definition

Preceptor: A licensed health care provider, who is employed in a clinical setting, serves as a resource person and role model, and is present with the nursing student in that setting. *(18VAC90-20-90; 18VAC90-20-95; 18VAC90-20-96)*.

Virginia Board of Nursing Regulations *(18 VAC 90-20-95)* state the following:

A. *Clinical preceptors may be used to augment the faculty and enhance the clinical learning experience. The clinical preceptor shall be licensed at or above the level for which the student is preparing.*
B. *When giving direct care to patients, students shall be supervised by faculty or preceptors as designated by faculty. In utilizing preceptors to supervise students, the ratio shall not exceed two students to one preceptor at any given time.*
C. *Faculty shall be responsible for the designation of a preceptor for each student and shall communicate such assignment with the preceptor. A preceptor may not further delegate the duties of the preceptorship.*
D. *Preceptorship shall include:*
    1. *Written objectives, methodology, and evaluation procedures for a specified period of time;*
    2. *An orientation program for faculty, preceptors, and students;*
    3. *The performance of skills for which the student has had faculty-supervised clinical and didactic preparation; and the overall coordination by faculty who assume ultimate responsibility for implementation, periodic monitoring, and evaluation.*
    4. *The overall coordination by faculty who assume ultimate responsibility for implementation, periodic monitoring, and evaluation*

Objectives

1. Apply theoretical knowledge by utilizing critical thinking skills, and clinical judgment in meeting health care needs of human beings.
2. Apply informed ethical decision-making skills to serve as an effective client advocate within a contemporary multicultural health care environment.
3. Utilize nursing knowledge in a variety of settings to assist culturally and developmentally diverse populations in the healthcare setting.
4. Utilize verbal and written communication skills while engaging in interdisciplinary collaboration to provide safe and effective care.
5. Demonstrate responsibility, accountability and professionalism for nursing practice decisions while utilizing the nursing process to improve patient outcomes.

Methodology

9. Precepted experience will be arranged by the faculty/clinical coordinator and educator/designee of the respective agency.
10. Orientation of the facility will be facilitated by the course faculty per agency guidelines.
11. Orientation to the unit/department will be guided by the clinical faculty/preceptor.

12. Precepted observational experience includes various units within a health care agency and the community.
13. Preceptor to student ratio shall not exceed two students to one preceptor at any given time (18VAC90-20-95).
14. Faculty/clinical coordinator will make periodic visits to the site during the precepted experience.
15. Students will review the *Clinical Skills Checklist Across the Curriculum* form with the preceptor at the beginning of the precepted/observation experience.
16. Students will be evaluated by the preceptor at the end of the precepted experience. Based on Evaluation ratings used are as follows: **S= Satisfactory**-Functions as expected for the Clinical Level, **NG=Needs Guidance**-Is unable to perform skills or has knowledge deficit in areas expected for clinical level. Self identifies weaknesses and practices safely with guidance, and **U=Unsatisfactory**- Is unable to identify weaknesses or areas of knowledge deficit. Performs unsafe practice

Accountability

Student-preceptor relationship

1. The student does not work on the preceptor's license. No one works under another's license
2. The student is exempt by law to practice nursing incidental to the educational process *(54.1-30001 Code of Virginia; Regulation 18 VAC 90-20-96. Clinical practice of students*). The standard of care must be the same as rendered by the RN.
3. The preceptor has the responsibility to delegate according to the student's abilities and to supply adequate supervision.
4. Under the law, each person is responsible for his/her own actions.

Student Responsibilities

During the precepted/observation experience, the student will:

a. Participate in an agency and unit orientation.
b. Comply with agency/university policies regarding matters of professionalism and confidentiality.
c. Provide safe and effective care to assigned clients.
    1. The student does not work on the preceptor's license. No one works under another's license
    2. The student is exempt by law to practice nursing incidental to the educational process *(54.1-30001 Code of Virginia; Regulation 18 VAC 90-20-96. Clinical practice of students*). The standard of care must be the same as rendered by the RN.
    3. The preceptor has the responsibility to delegate according to the student's abilities and to supply adequate supervision.
    4. Under the law, each person is responsible for his/her own actions.
d. Utilize the chain of command and communicate with preceptor and faculty any concerns that may arise.

Preceptor Responsibilities

The preceptor agrees to:

a. Participate in an orientation to the precepted/observation experience;
b. Provide learning experiences for the student in the following areas: provision of quality care, leadership, and management;
c. Provide direct supervision and learning experiences for the student to meet objectives in order to develop knowledge, skills and abilities in the role of the registered nurse.;
d. Provide an environment of support, feedback and inquiry;
e. Maintain open communication between student, preceptor and faculty;
f. Provide evaluation of the student's performance at the end of the precepted/observation experience.

Faculty Responsibilities

Faculty will:

a. Provide an orientation which includes: written objectives, methodology, and evaluation procedures for a specified period of time.
b. Assure orientation is completed by preceptor and student;
c. Be available to answer questions, problem identification and resolution;
d. Seek feedback throughout precepted/observation experience;
e. Make site visit to precepted/observation experience;
f. Collect evaluations at the end of the precepted/observation experience;
g. Notify lead faculty of student who have unsatisfactory performance;

HAMPTON UNIVERSITY
School of Nursing

Preceptor Evaluation of Precepted/Observation Experience

Student: _____ Course: NUR(V)_____
Date: _____/_____/_____ Time: _____ to _____
Facility:_____Unit: _____
Preceptor: _____

Mark the box that most accurately reflects your thoughts about the students precepted/observation experience today. Your honest and candid feedback is essential to the students' success. Return the evaluation tool to the clinical faculty in a sealed envelope at the end of the experience.

Legend:
Satisfactory - Functions as expected for the clinical level.
Needs Guidance - Is unable to perform skills or has knowledge deficit in areas expected for clinical level. Self identifies weaknesses and practices safely with guidance.
Unsatisfactory - Is unable to identify weaknesses or areas of knowledge deficit. Performs unsafe practice

		S	NG	U
1.	Apply theoretical knowledge by utilizing critical thinking skills, and clinical judgment in meeting health care needs of human beings			
2	Apply informed ethical decision-making skills to serve as an effective client advocate within a contemporary multicultural health care environment.			
3.	Utilize nursing knowledge in a variety of settings to assist culturally and developmentally diverse populations in the healthcare setting.			
4.	Utilize verbal and written communication skills while engaging in interdisciplinary collaboration to provide safe and effective care.			
5.	Demonstrate responsibility, accountability and professionalism for nursing practice decisions while utilizing the nursing process to improve patient outcomes.			

Comments:

I have read and understand the above listed information.

_____	_____
Student	Date
_____	_____
Preceptor	Date
_____	_____
Faculty	Date

HAMPTON UNIVERSITY
School of Nursing

Acknowledgment of Receipt of Guidelines for the Clinical Experience: Manual and Forms Packet

PLEASE SIGN AND RETURN THIS FORM TO:

- your assigned Clinical Faculty Instructor (students)
- or Lead Faculty Member (Clinical Faculty)

The *Guidelines for the Clinical Experience: Manual and Forms Packet* is available online through the Hampton University School of Nursing website forms page.
(nursing.hamptonu.edu/page/Forms-and-Booklets)

My signature below acknowledges that I have received the *Guidelines for the Clinical Experience: Manual and Forms Packet* as of this date. I have read the entire Manual and Forms Packet and have had all of my questions answered. I agree that I will fully understand the Manual and Forms Packet before I begin my practicum. If I have any questions I agree that I will contact my assigned instructor or the program clinical coordinator and have my questions answered before taking any action. I further agree to complete and return this form before beginning my practicum.

I fully understand that the Manual and Forms Packet contains information that I will need during my time as a nursing student (faculty) at HUSON. I accept responsibility:

- For information contained in the manual and forms packet;
- Understand that I will be held accountable for my behavior and be subject to any questions regarding the manual and forms packet.

Course Name & Number

Faculty HUID#	**Student HUID#**
Faculty Name (PRINTED)	**Student Name (PRINTED)**
Faculty Signature	**Student Signature**
Date	**Date**

GUIDELINES FOR THE CLINICAL EXPERIENCE MANUAL & FORMS PACKET

Hampton University
School of Nursing
William Freeman Hall
Hampton, Virginia 23668
Phone 757.727.5251 • Fax 727.757.5423

Hampton University - College of Virginia Beach
School of Nursing
253 Town Center Drive, Suite 1035
Virginia Beach, Virginia 23462
Phone 757.637.2200 • Fax 727.227.5979

Deborah E. Jones, PhD, RN, CNE
Dean