

ADJUNCT FACULTY HANDBOOK

NURSING DEPARTMENT

2010-2011

Dear Faculty Member,

Welcome to our nursing department and thank you for your commitment to becoming an educator. Educating our nursing students is of primary importance to us and we appreciate your assistance and dedication to this process. Presently many factors such as the IOM reports and recommendations, the Quality and Safety Initiatives, the integration of technology into health care, and the application of evidence-based practice exert influences on how and what we teach to our nursing students. As an educator in the didactic and/or clinical environment, it is important that you keep current with these issues and maintain expertise and excellence as a nursing professional. A major part of your role as an educator will be to incorporate the recommendations and competencies into your students' learning experiences.

The role of the nurse educator is to facilitate this process through using adult learning theories. It is important to recognize that not all students learn the same way and at the same rate. Some need more time than others in order to achieve mastery. However students learn best when actively involved in the learning process. Learning for nursing students occurs in the cognitive, affective and psychomotor domains. As a nurse educator it is important for you to integrate these three domains into the classroom and/or clinical experiences and adapt your teaching style to meet the learning styles of your students.

We are here to assist you in anyway possible, and hope you find this faculty handbook helpful. Please let us know if you need further information or have additional questions.

JOB DESCRIPTION

Nursing is a practice discipline requiring cognitive, sensory, affective and psychomotor performance requirements. The registered nurse is responsible for the assessment, planning, implementation, and evaluation of clients in a variety of health care settings. An adjunct faculty or clinical faculty with an adjunct appointment is a part-time faculty member who is expected to provide significant instructional, research and/or service to the University, teaching major portions of a course or entire course(s) with responsibility for assigning grades.

Adjunct faculty and clinical faculty with adjunct appointments possess qualifications for appointment as instructor or higher. Appointments are made through academic departments and colleges in accordance with the educational institution policy. Terms and conditions of adjunct faculty and clinical faculty with adjunct appointments are governed by their individual appointment letters and/or contracts.

The clinical educator is expected to conduct the clinical component of the course and correlates the classroom content to the clinical setting. Clinical educators facilitate students' achievement of course objectives and prepares the students to master skill sets to move forward throughout the program. Didactic adjunct faculty work closely with full time faculty and the program director to ensure that the standards and quality of the nursing curricula are met and maintained.

POSITION REQUIREMENTS

A. Education

1. Graduate of an accredited nursing program with a Master of Science Degree in Nursing
2. Registered Nursing State licensure
3. Certifications for specified clinical sites or experiences
4. Theoretical or experiential learning appropriate for the assigned course or courses.

NEW ADJUNCT FACULTY

There are some necessary procedures for all new faculty to follow before teaching a didactic or clinical course for the Nursing Department. If you have questions or need further clarification, please call the director of the program.

Complete the required adjunct faculty packet and submit the required documentation. Please bring the completed packet to the appropriate personnel in the nursing department.

All information must be submitted in order for faculty to be entered into the system in order to begin receiving payment.

Every adjunct faculty member or clinical faculty with adjunct appointments will provide the employing center with a(n) official transcript(s) of graduate degrees and an updated curriculum vitae prior to the issuance of an adjunct faculty contract. Materials are then forwarded to the Office of Human Resources.

In order to maintain communication with clinical faculty please submit the following information to Nursing Department:

- Home address and phone number
- Cell phone number
- Work address and phone number
- Current email address

Payment

When selected for employment, adjunct faculty or clinical faculty with adjunct appointments will be paid according to the policies and procedures of the hiring division, center, or program. Adjunct faculty will be expected to complete a timesheet each pay period to ensure payment for worked clinical hours. Please submit the appropriate forms and copies of voided checks in order to receive automatic deposit.

FACULTY EXPECTATIONS

Since the quality of the students' education depends on the University's ability to address their individual academic needs, didactic and clinical faculty are expected to be available for students to consult with them on a reasonable basis. Adjunct faculty are expected to make arrangements for students to contact them outside of the classroom or clinical during the duration of the course. This communication may take many different forms, e.g. in-person exchanges on campus, and before or after class or clinical, telephone, or email. For faculty teaching online courses, students should have contact numbers in order to discuss any course concerns. Virtual office hours may also be appropriate in some programs and/or courses.

Your cooperation and participation is important for the success of our program. There are responsibilities expected of adjunct faculty members:

Clinical Course Faculty:

- Review and adhere to the policy and procedures of the Nursing Department
- Attend faculty meetings and scheduled faculty development programs as requested.
- Remain timely in regard to submission of paperwork.
- Use principles of Adult Education in determining teaching strategies and learning activities.
- Work with lead faculty to plan, implement and evaluate each course offering to maintain quality and effectiveness.
- Attend scheduled meetings the first week with the lead course faculty and all adjuncts teaching in the course. Information regarding the clinical site, policies and procedures for the specific program, clinical institution, course syllabi, established pre and post conference activities, clinical course objectives and class rosters, will be reviewed and distributed at this time.
- Contact course lead faculty on a weekly basis to keep him/her informed of student progress or any issues that occur in the clinical setting.
- Contact the course lead faculty and program director immediately of unusual circumstances and/or problems.
- Obtain phone numbers and email addresses of students on first day.
- Act as a role model for students:
 - Present yourself the way you expect students to present themselves
 - Speak with students the way you want them to speak to you
 - Maintain appropriate communication with staff members and form positive relationships with the staff
 - Maintain punctuality
 - Know your own strengths and weaknesses

- Learn new technology before you need to use it. Ask staff for assistance.
- Maintain standards of professional nursing practice this includes professional dress. Clinical faculty are expected to wear clean uniforms with the school lab coat, ID badge required by the clinical institution and may also be required to wear the ID badge of the educational institution. Hair, fingernail length and polish, and jewelry should follow the same standards set for the students.
- Contact the course lead faculty and program director immediately of unusual

Didactic Course Faculty:

- Review and adhere to the policy and procedures of the Nursing Department
- Attend faculty meetings and scheduled faculty development programs as requested.
- Remain timely in regard to submission of paperwork.
- Use principles of Adult Education in determining teaching strategies and learning activities.
- Work with lead faculty to plan, implement and evaluate each course offering to maintain quality and effectiveness.
- Attend scheduled meetings the first week with the program director and/or lead course faculty and all adjuncts teaching in the course. Information regarding policies and procedures for the specific program, course syllabi, course objectives and class rosters, will be reviewed and distributed at this time.
- Obtain phone numbers and email addresses of students on first day.
- Act as a role model for students:
- Present yourself the way you expect students to present themselves
- Speak with students the way you want them to speak to you
- Maintain punctuality
- Know your own strengths and weaknesses

POLICIES

A. Parking Permit

All adjunct faculty should have a parking permit in order to park on campus. Forms are available from the department or online.

B. Hospital Parking

Each clinical institution has guidelines for student and faculty parking. This information will be given to you by the lead course faculty. Please adhere to the parking requests of the institution and ensure that students also follow these policies.

C. School Closures

School closures and suspension of classes are at the discretion of the educational institution administration. If classes are suspended due to weather or emergency situations, students do not report to clinical sites or classes. Students enrolled in online classes may or may not have access to the necessary technology or NSU website. Please be cognizant of this and keep abreast of all school closures and locations. This information may be found on the NSU website: www.nova.edu

1. Hurricanes

Hurricane season is generally considered to be that period from June 1 to November 30.

Hurricane Watch

Administrators will be monitoring weather conditions and will pass on the information to all employees. Keep your radio tuned to a local radio station for announcements. President or highest-ranking administrative officer will announce when the college will close.

Hurricane Warning

Once a hurricane warning is declared, the highest ranking administrative officer will suspend classes. Clinical classes will be cancelled. Students already in clinical settings are to be dismissed from the clinical site.

D. Clinical Faculty Absences

Should a clinical faculty member find it necessary to miss a clinical day, she/he should contact the Program Director as far in advance as possible so that adequate coverage may be provided for the clinical group. Only approved personnel may be paid to substitute for instructors and only authorized personnel may assign substitutes. Unauthorized substitutes cannot be paid. **Classes cannot be dismissed except by authorized personnel such as the program director, associate dean, etc.** Clinical faculty are expected to be timely to the clinical area. PLEASE DO NOT CHANGE HOURS of a scheduled clinical day without prior approval.

E. Didactic Faculty Absences

Should a faculty member find it necessary to miss a class day, she/he should contact the Program Director as far in advance as possible so that adequate coverage may be provided for the class. Faculty teaching online classes should notify the Program Director and the students if she/he will not be active in the course and give students the contact information for the Program Director.

F. Adjunct Faculty Evaluation

Adjunct faculty are evaluated by students at the end of each course. These evaluations are available to you through your program director.

G. Injuries

If a student becomes injured at the clinical site, call the Program Director and follow the instructions based on the hospital protocol. Please familiarize yourself with the institutional policies of the clinical site. An incident report will need to be filed with the educational institution and a copy placed in the student's file. If a student is injured or becomes ill in the classroom, notify NSU security immediately. Security will call EMS or other appropriate services as needed. Call the Program Director and follow the NSU guidelines for reporting the incident.

COURSE RESPONSIBILITIES

A. Faculty

The adjunct didactic faculty member is expected to manage the classroom, provide students with the course syllabus, activities and assignments, and any other additional course information. The faculty member is expected to work

with other faculty teaching the same course and maintain contact with the Program Director.

Faculty teaching online/hybrid courses:

Faculty teaching in online courses or courses with an online component are expected to participate a minimum of four days/week. Faculty participation must be substantive and presented in a manner that promotes further dialogue, analysis and synthesis of the material. Faculty should respond to all students' initial postings no later than Friday 12 midnight EST.

Online faculty members should be reasonably accessible to students. This does not mean 14/7 accessibility. Faculty are expected to respond to course related student emails within 48 hours during the week (except holidays). Faculty contact information and accessibility should be provided in the course syllabus. Online grades must be posted within seven days of the last day of the course.

B. Discipline Problems

The faculty are not expected to jeopardize the progress of the other students in the classroom by permitting the continued presence of any student whose behavior could adversely affect the class. Please notify the program director immediately when confronted with a discipline problem. Student issues should only be discussed with NSU nursing faculty and administrators. Any student issues included absences for longer than seven days in an online course, emergencies, inappropriate postings or statements made in the traditional classroom setting, and/or pending failure/incomplete grades should immediately be brought to the attention of the program director.

C. Documentation of Student Progress

All didactic faculty are expected to provide feedback to students in a timely fashion. Faculty members are to return written assignments with seven business days of the assignments' due dates. In addition to a grade, written, formative feedback must be provided.

Faculty teaching in online courses are expected to send weekly summaries of the grades including feedback related to discussion postings no later than Wednesday of the following week.

CLINICAL RESPONSIBILITIES

A. Faculty

Lead Faculty: Each course has **full** time faculty who manage the classroom didactic component and establish the clinical instructional activities which are based on the clinical objectives. This faculty will assist in your orientation and will be your contact for any questions. Keep him/her informed of any problems. The lead faculty member will provide you with his/her contact numbers and email.

B. Orientation to the Clinical Area

The lead faculty will give you the name of the contact person at your assigned clinical agency. Contact that person at least one week prior to your first clinical day to introduce yourself. Provide the clinical unit with a contact phone number and email for you in case you need to be reached. Please make sure that you adhere to all policies for orientation required by the clinical facility. Make certain you: a) make arrangements for conference room space; b) understand where you and students are to park; and c) have discussed mutual responsibilities between agency and the educational institution.

C. Student Clinical Group

The lead faculty for the course will have a copy of your student roster (class list) and provide this to you. On the first clinical day students need to provide a phone number and email address where they may be reached on a regular basis. The department verifies student health records, HIPAA requirements, and CPR certifications and provides this information to the clinical institution. If any questions arise regarding these issues contact the lead faculty and program director.

D. Discipline Problems

The clinical faculty is not expected to jeopardize the progress of the other students in the clinical group by permitting the continued presence of any student whose behavior could adversely affect the group. Please notify the lead course faculty member and program director immediately when confronted with a discipline problem. Student issues should only be discussed with NSU nurse faculty and administrators.

E. Patient Assignments in Clinical Area

Prior to the student's arrival in the clinical area, you need to review the patient census and select patient(s) for each student that relate to the course objectives and level of the course within the program. Make sure that you understand patient needs prior to assigning the patient to the student. The names of the patients you assign to the students should be posted on the clinical unit in the location your unit staff has directed. Use only the educational institution assignment sheets. Students may not make their own assignments.

F. Clinical Hours

- Clinical hours may vary. The established time for a clinical experience is determined by the program director and the clinical institution. A term consists of sixteen weeks with one to two clinical days per week. The schedule may range from a 12 hour day to 7-1/2 hour day' Students must be given 1/2 hour for lunch or dinner per Board of Nursing requirement. Meals may not be skipped in order to provide for an early dismissal. Some clinical institutions set hours during which students may have access to the cafeteria for lunch and/or dinner. Please adhere to these policies and plan the clinical day accordingly.
- Pre-conferences and post-conferences are required per Florida Board of Nursing rules and regulations. The amount of time for conferences may vary depending on individual clinical situations. In general, students should spend a minimum of 5.5 hours in patient contact on most clinical days. Pre-conference should not preclude students from receiving report with the oncoming shift.
- The actual starting and ending time for the clinical shift may vary from one clinical location to another as long as the overall clinical hour requirement is met. Most clinical institutions request that students receive report with the oncoming shift staff. This is an integral experience for students as they socialize into the professional role. Please make sure that you are aware of the time when report occurs and have students on the unit, with their assignments in order to receive report.

G. Documentation of Student Progress

Student Counseling Forms: In most situations if concerns arise regarding a student, contact the lead faculty member for guidance on preparing a student counseling form. This form should be written to document your discussion of the concern with the student. Such situations might include; incidents of tardiness/absence lack of preparation for their clinical assignment, failure to perform a previously learned skill. These should be done at the time of the

situation prior to the student leaving the clinical area. If this is not feasible (i.e. student is absent) the student form must be shared with the student prior or on the next clinical day. Counseling forms should be used to assist students in remediating areas of concern. The lead faculty and/or program director must be notified immediately of any counseling form issued and the student counseling forms must be filed in the students' folder at their campuses. (See section on Counseling Students at the end of the handbook).

H. Clinical Evaluation

Students are learning skills necessary to function in the role of the registered nurse. Evaluation is an important part of this learning. Two types of evaluation are used in the clinical environment: a) formative and b) summative. As a clinical faculty member, it is important to provide students with objective and non-judgmental evaluation of their progress and offer ways to improve clinical performance. It is expected that clinical faculty will provide constructive feedback to students privately and in a caring manner that indicates positive regard for them as students. Always focus on student strengths.

Formative evaluation: Formative evaluations are conducted at midterm. This evaluation provides the student with his/her areas of strengths and areas needing further development. Students not performing well at midterm should have received interim anecdotal counseling sessions. If a student is to receive an unsatisfactory performance evaluation at midterm, the clinical faculty must contact the lead faculty and/or program director to discuss the student's progress prior to meeting with the student. A developmental plan outlining the steps the student needs to take to improve his/her performance must be given to the student.

Summative Evaluation: Summative evaluations are given to students at the end of the term. Students not receiving a satisfactory summative evaluation must have received interim anecdotal counseling, a developmental plan outlining steps to improve areas for development and a reassessment of his/her performance. The clinical faculty must meet with the lead faculty and the program director prior to giving a student an unsatisfactory grade for the summative evaluation.

Each student's evaluation must be filed in his or her folder at the end of the semester. Any student with less than a passing grade must have a counseling form completed and must make an appointment with the program director. Midterm evaluation is to be done as part of a regular clinical day. Final evaluations should be completed at the clinical facility on the last day of the clinical experience.

I. Nursing Lab

Students may receive a remediation plan which requires them to go to the nursing lab. Prior to completing a remediation plan, the clinical faculty must contact the lead faculty to discuss the plan. The clinical lab instructor will assist the student in the remediation process and provide feedback to both the lead faculty and the clinical faculty.

J. Simulation

Clinical simulation experiences for all clinical groups will be scheduled by the lead faculty. Clinical faculty are expected to accompany their groups to the scheduled simulation and remain throughout the entire simulation experience. During this time, clinical faculty may assume several roles, such as facilitator and/or observer. Clinical faculty will participate in the de-briefing period. Information gained regarding student performance during simulation should be used to provide assignments to assist students master skills in the clinical environment.

CONFERENCES

Pre-conference

The purpose of the pre-conference is to discuss the objectives for the day and clarify expectations. This time is to be used to select the key points that students need to focus on for the day. Clinical faculty should emphasize the importance of correlating assessment data including laboratory values, to medication administration and the pathophysiology of the patient's disorder. During this time clinical faculty should focus on the quality and safety indicators that may pertain to the students' patient assignments and ways to address these indicators.

Post-Conference

Post conferences are a structured clinical learning activity. The lead faculty will provide a guide and designated topics for the clinical post conferences for each week of the course. These activities include evidence-based practice standards are designed to assist students in making the connections between the didactic components of the course to the clinical setting. During post conference clinical faculty should again focus on the quality indicators and have students identify ways in which they addressed these initiatives. Clinical faculty who need assistance with facilitating these activities should contact the lead faculty member for assistance.

Many of our clinical facilities are tight on space. Discuss with administration or education where they would like you to meet for pre and post conference. Remember--Confidentiality is important in discussing your patients.

PLANNING THE CLINICAL DAY

The clinical day should be planned around the objectives. Clinical faculty should meet with staff prior to the beginning of the clinical rotation and give an outline of the clinical objectives and the activities that will be provided to assist students in meeting these objectives.

A. Clinical faculty responsibilities in planning the day

- Be aware of all medications and procedures for each patient assigned to students
- Limit off unit experiences. All off unit observations and experiences must be related to clinical course objectives. The lead faculty for the course will designate which off unit experiences are to be integrated into the clinical course. Clinical faculty may not send students to off unit experiences that have not been previously discussed with the lead faculty member.
- Keep a grid of students, patients, and patient needs
- Build in time to supervise each student performing a total health assessment several times during a term

B. Supervision of students

- Direct Supervision
Direct supervision is direct observation by the clinical faculty member. The following should always be directly supervised:
 - ALL medication administration
 - Treatments
 - Invasive skills
 - Documentation
- Indirect supervision
The student is supervised by someone other than the clinical faculty member. This should only occur in off-unit experiences.

C. Student and Patient Safety

- Familiarize yourself and students with institutional policies
- Follow educational institution guidelines and health care institutional policies without exception
- Know where students are at all times

D. The Unsafe Student

An unsafe student is always a concern to faculty, administration, staff and other students. If as a clinical faculty you determine that a student is unsafe in the area it is important to immediately contact the lead faculty and program director.

- Be sure to have specific incidents and anecdotal notes, not just a “feeling.”
- Remove the student from direct patient care, but do not send the student home. Sending the student home does not afford the student an opportunity for learning. Give the student a learning opportunity related to the safety issue.
- Document the incident objectively, clearly and concisely. (See the section on Counseling Students included in at the end of the handbook.)
- Devise a developmental plan to address the safety issue.

If you have any questions at any time regarding the expected role of a clinical faculty member, clinical experiences, or policies of the educational institution please do not hesitate to contact your lead faculty or program director for guidance.

The following pages include ways to facilitate student learning in the clinical environment.

Key Points in Counseling Students

1. Always remember the FERPA law when counseling students. Any information regarding student progress and/or behaviors is to be discussed only with the lead faculty in the didactic course and the program director.
2. Students should be aware of their progress. They should not be surprised at their formative and summative evaluations.
3. Prior to meeting with the student plan the conversation and consider the key points that need to be addressed.
4. Locate a private area to discuss any issues with students.
5. Focus your comments on the behaviors and performance, not the person.
6. Some students are more personable than others. The counseling and evaluation process is not personal. Make sure:
 - a. That concerns are valid and based on objectives, safety, and follow the evaluation criteria for the course etc.
 - b. That you would counsel **all** students regarding these concerns
 - c. To remain fair
 - d. To avoid statements like: "You should have learned that in..." or "I know you were taught this..."
7. Remember, no student is "all bad." Always begin with a positive statement:
 - a. "I liked the way..."
 - b. "I was impressed with..."
 - c. "I noticed that you have a very nice way with..."
8. Once identifying positive behaviors, ask the student how he/she feels they are performing in the clinical setting. If students are unrealistic go back to the positive statement and then add:
 - a. "Here are some of the issues that I see..."
 - b. "I have some concerns regarding..."

9. Documentation should be clear, concise, identify the specific objective or objectives and be free of emotional and/or subjective terms. Include a developmental plan.
 - a. State what the student needs to do to demonstrate improvement.
 - b. Describe where this remediation will occur.
 - c. Give a reasonable time frame for remediation.
 - d. Allow for demonstration of mastery and when this will occur.
 - e. Inform the student of the outcomes if he/she is unable to master the skill or remediate satisfactorily.

10. Both student and clinical faculty sign the counseling form.

Nursing Department
Clinical Evaluation Tool
Advanced Concepts of Adult Nursing

Student: _____

Student #: _____

Term: _____

Clinical Faculty: _____

Pass/Fail: _____

The evaluation form will be reviewed with students by the clinical faculty. Students will meet with their clinical faculty at intervals throughout the course, including mid-term and at the end of the course to evaluate their progress towards meeting the objectives. **Students must meet all clinical objectives** by the end of the course to receive a passing grade in the clinical setting.

Failure to meet expected behaviors may result in a failing clinical grade or withdrawal from the program. Faculty will provide written documentation to the student during the week when unsatisfactory behavior occurs, with suggestions for improvement. All students are required to adhere to the following professional behaviors throughout the nursing program:

Professional Behaviors: The actions expected of all nurses and nursing students, which reflect the values, rules, and practices of nursing. These must be demonstrated throughout each course and throughout the program. Deviations will result in the reduction of a grade in the clinical course, a failing clinical grade, and/or withdrawal from the program. All students are expected to:

1. Follow the policies and guidelines of the University, College of Allied Health and Nursing, the Nursing Department, and the affiliating agency;
2. Treat others with respect.
3. Provide client care **only** when the faculty is on the premises.
4. Maintain personal appearance according to program policies.
5. Report promptly to the clinical area and clinical conferences.
6. Notify the faculty and unit personnel prior to lateness or absence.
7. Attend all clinical sessions.
8. Report to faculty and assigned staff member when coming on and leaving the clinical area;
9. Prepare for clinical experiences by collecting client data and researching and developing a concept map.
10. Submit completed required course assignments when due.

11. Cooperate with others on the health care team.
12. Report all pertinent information, including abnormal findings, to the clinical faculty and staff member or designated person.
13. Participate in pre- and post-conference and share learning experiences with others;
14. Accept responsibility for assignment (e.g. complete assignment, complete own work, perform ongoing chart review for changes).
15. Seek faculty's guidance before performing new or invasive procedures, administering a medication, or when changes occur in the client's status.
16. Apply knowledge from pre-requisite and co-requisite courses.

Safety: Uses correct body mechanics to ensure own safety. Prevents injury to clients, raises siderails appropriately, and keeps environment free from potentially harm. In addition, the student must provide for the client's safety by:

Preventing Medical Errors - Ensuring that prescribed care is provided to the correct client. Administering medications according to the "six rights." Ensuring equipment is functioning properly prior to use.

Using Standard Precautions - Practices hand washing and uses Personal Protective Equipment (PPE), gloves, mask, gowns, and/or goggles to protect against contamination by potentially harmful microorganisms. Blood and Body secretions are always considered to be contaminated regardless of the client's diagnosis.

Medication Administration Competency: A Medication Administration Competency Exam will be administered during the first month of the course. Students need to achieve a score of 90% to demonstrate medication administration competency. Students who do not achieve a score of 90% will be required to remediate prior to re-testing. There will be three opportunities to demonstrate competency during testing. Students will not be permitted to administer medications in the clinical area until they have achieved a score of 90% on the Medication Administration Competency Exam. Students who do not achieve the required score on the third test will receive a grade of "F" in the course.

Confidentiality: Maintaining confidentiality by:

1. Carefully protecting client information of a sensitive private nature;
2. Sharing information only with team members directly involved in client's care;
3. Treating client and family with dignity and maintaining their physical and emotional privacy;
4. Adhering to the HIPAA guidelines;

5. Adhering to institutional policies that control the manner in which client information is shared.

Rating Scale

Satisfactory Progress at Midterm Evaluation & Met at Final Evaluation:

Consistently meets the identified behavior

Understands rationale and steps required to meet behaviors

Demonstrates increasing ability to be self-directed

Seeks supervision when necessary

Provides safe, competent nursing care that meets basic needs without jeopardizing the client's physical or psychological status

Needs Improvement at Midterm Evaluation:

Demonstrates inconsistency in meeting the identified behavior

Demonstrates beginning ability to be self-directed

Inconsistently recognizes common client problems

Requires frequent assistance in identifying the need for supervision

Inconsistently provides competent nursing care to assigned clients

Unmet at Final Evaluation:

Seldom meets the identified behavior

Requires constant direction and supervision to meet behaviors at a minimal level

Demonstrates limited ability for self-direction

Often fails to recognize problems in nursing judgment

Seldom seeks appropriate decision

Jeopardizes the client's physical or psychological status

	MIDTERM		FINAL	
	N/I	SATISFACTORY PROGRESS	UNMET	MET
<p align="center">Quality of Practice</p> <p>Provides quality nursing care to clients by:</p> <ol style="list-style-type: none"> 1. performing a head-to-toe assessment on selected clients and accurately recording findings on the agency documentation record. 2. assessing the client with respect to the psychological, sociocultural, physiological, spiritual, and developmental variables 3. collaborating with the client/family in setting goals. 4. prioritizing possible client outcomes based on client needs. 5. utilizing client assessment data as a basis for establishing prioritized nursing diagnoses, goals, and outcomes 6. selecting appropriate interventions that assist the client to attain, maintain, and/or retain an optimal state of wellness 7. evaluating the effectiveness of nursing care in the critical care setting towards meeting identified client outcomes 8. using equipment in the clinical setting consistent with its purpose 9. explaining importance of and adhering to institutional policy in the areas of risk management, legal and ethical issues 10. applying ethical and legal principles related to client care. 11. delivering nursing care consistent with the scope of nursing practice 				

within the State of Florida				
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	N/I	SATISFACTORY PROGRESS	UNMET	MET
<p align="center">Communication</p> <p>Communicates effectively with other health care professionals within the clinical setting by:</p> <ol style="list-style-type: none"> 1. utilizing therapeutic communication with individuals, families and other health care professionals 2. analyzing information regarding assigned client(s) during clinical conferences. 3. obtaining report from the Registered Nurse for assigned client(s) and reporting all pertinent data to the Clinical Faculty and RN in a timely manner 4. updating client assessment data, based on client priorities 5. documenting pertinent and accurate information according to the policy of NSU and the health care institution 6. utilizing computer technology in the management of information for improving client care. 7. attending client care conferences, discharge planning, case management as appropriate to the care of clients and families 8. initiating communication with members of the health team regarding client care as applicable 				
<p align="center">Diversity</p> <p>Demonstrates awareness in implementing nursing interventions by:</p> <ol style="list-style-type: none"> 1. demonstrating sensitivity and cultural awareness when caring for diverse clients incorporating cultural considerations into the plan of care 				

<ul style="list-style-type: none"> 2. formulating culturally sensitive health promotion activities based on individual client-specific needs 3. incorporating knowledge of diversity as a basis for individualizing client care 				
	N/I	SATISFACTORY PROGRESS	UNMET	MET
<p style="text-align: center;">Prioritization</p> <p>Incorporates principles of prioritization, delegation, & time management by:</p> <ul style="list-style-type: none"> 1. applying organizational and time management skills when providing care for assigned client(s). 2. incorporating delegation principles based on knowledge of roles of assistive personnel in a critical care setting 3. analyzing prioritized needs of assigned client(s). 				
<p style="text-align: center;">Research/Evidence Based Practice</p> <p>Provides care consistent with evidence-based practice by:</p> <ul style="list-style-type: none"> 1. analyzing scholarly resources to support the selection of nursing interventions (primary, secondary, tertiary) 2. selecting appropriate articles documenting evidence-based research as the basis for selecting nursing interventions for clients with alterations in multiple systems requiring complex nursing interventions 				

Midterm Evaluation

Medication Administration Competency Exam: Passed (Date : _____)

Absences: _____ **Lateness:** _____

Comments:

Student Signature: _____ *Date:* _____

Comments:

Clinical Faculty Signature: _____ *Date:* _____

Final Evaluation

Absences: _____ **Lateness:** _____

Comments:

Student Signature: _____ *Date:* _____

Comments:

Clinical Faculty Signature: _____ *Date:* _____

MEDICATION ADMINISTRATION

All medications are expected to be administered safely, through use of the SIX RIGHTS. They are to be administered in a timely manner and are to be documented accurately. It is understood that most health care institutions use automated medication dispensing systems such as PYXIS and that passwords are required to access these systems. If the institution does not issue clinical faculty access passwords, it is the responsibility of the clinical faculty to accompany the student and assigned nurse when obtaining medications. Once the appropriate medication is selected the clinical faculty will proceed with direct supervision of the medication administration process.

REQUIREMENTS:

1. At the beginning of each shift, the student will check the medication record to determine which medications are to be administered that shift and their respective times of administration.
2. Medications will be prepared for administration **within 30 minutes** of the actual written time of administration, except for extenuating circumstances (patient off floor, patient NPO, missing meds., etc.)
3. Oral medications will remain in their unit dose package until delivered to the patient for administration.
4. All medications are to be checked by clinical faculty. Any incorrect medication, set up by the student, at the time they are checked by the clinical faculty will be considered to be and will be classified as a medication error and managed accordingly. Students enrolled in the practicum experience will have all medications verified by the preceptor prior to administration. The clinical preceptor is to accompany students and directly supervise medication administration.
5. Asepsis (medical and/or surgical) must be maintained during the entire medication procedure.
6. **PATIENT NAMEBANDS MUST BE CHECKED (AND SCANNED WHERE BARCODE TECHNOLOGY IS USED) PRIOR TO MEDICATION ADMINISTRATION. FAILURE TO DO SO WILL BE CONSIDERED A MEDICATION ERROR AND WILL BE DOCUMENTED AS SUCH.**
7. **PRIOR** to check by the instructor, the student will be knowledgeable about:
 - Drug action / type (ex.; antihypertensive - type: ace inhibitor)
 - Major side effects and incompatibilities
 - Amount of time to push an IV push medication and if dilution is necessary.
 - Correlate pathophysiology of disease process to expected medication effects
 - Necessary assessment data such as vital signs or lab values and pharmacokinetics

- Correct IV drop rate or ml/hr. IV pump rate for IV meds.
 - The correct medication dosage: ex., if tablet must be halved, if a fraction of the medication is to be used, and/or if more than one tablet, vial etc. needs to be used.
 - Proper needle/syringe size; appropriate site selection and amounts of medications allowed at each site.
 - CVC and saline flush procedures
 - Safe dose ranges
8. The student will be knowledgeable of normal ranges and/or therapeutic ranges and of inappropriate vital signs and/or levels (based on the normal and/or therapeutic ranges) that will cause a medication to be held and will state these to the clinical faculty at the time of medication check.
 9. The student will demonstrate skill proficiency in all medication administration.
 10. All students must have with them at ALL clinicals: a working watch with second hand , a stethoscope, and access to current drug information.
 11. All medications must be documented immediately **FOLLOWING** medication administration and no more than 10 minutes following unless a special circumstance has prevented this.

Questions to ask students regarding medication administration:

1. "Tell me the rationale behind your patient receiving this medication."
2. "What assessments might you want to gather prior to giving this medication?"
3. "What decisions might you make based on your assessment?"
4. "What lab values are pertinent to have prior to giving this medication?"
5. "How might your assessment data and laboratory data influence your nursing judgment regarding administration of the medication?"
6. "How do you plan to assess your client's response to the medication?"

Integrating the IOM Recommendations and the QSEN into the Clinical Environment

Pre-conferences and post-conferences are ideal times to discuss and integrate the IOM recommendations and QSEN competencies into the clinical learning environment. Case studies addressing the QSEN competencies will be supplied by the lead faculty of your courses. These should also act as guides for conducting pre-conferences and post-conferences.

Questions to ask students:

1. "What did you do (or What will you do) to ensure the safety of your patient today?"
2. "How did you (or How will you) prevent your patient from contracting a nosocomial infection?"
3. "Let's look at all the patients we have as a group. What tasks or skill sets do you think could be safely delegated to an LPN or UAP? What criteria did you use to make these decisions?"
4. "Let's talk about your patient as an example for looking at the best practices for nursing care. Identify the nursing interventions you used today that support these best practices?"
5. "How did you implement SBAR communication techniques today?"