## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Coordinator List</td>
<td>3</td>
</tr>
<tr>
<td>Introduction: Mission Statement</td>
<td>4</td>
</tr>
<tr>
<td>Nursing Program Student Outcomes</td>
<td>4</td>
</tr>
<tr>
<td>Role of the Educator</td>
<td>5</td>
</tr>
<tr>
<td>Planning the Clinical Day</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Guidelines</td>
<td>9</td>
</tr>
<tr>
<td>Guidelines for Clinical Evaluation</td>
<td>12</td>
</tr>
<tr>
<td>Evaluation in the Clinical Setting</td>
<td>13</td>
</tr>
<tr>
<td>Unsatisfactory Clinical Behavior</td>
<td>15</td>
</tr>
<tr>
<td>General Information</td>
<td>21</td>
</tr>
<tr>
<td>Required Documentation</td>
<td>22</td>
</tr>
<tr>
<td>Counseling Note</td>
<td>23</td>
</tr>
<tr>
<td>Technical Standards</td>
<td>26</td>
</tr>
<tr>
<td>Benchmarks</td>
<td>29</td>
</tr>
<tr>
<td>Signature Pages (to be returned to the Nursing Department office asap)</td>
<td>34</td>
</tr>
</tbody>
</table>
**Course Coordinators**

The coordinators for clinical courses are:

NURS 1910 – Introduction to Professional Nursing Practice  
Mrs. Rebecca Morgan  
(678) 359-5327*

NURS 1903 – Psych/Mental Health Nursing  
Ms. Cathy Hammond  
(678) 359-5245*

NURS 1904 – Maternal/Newborn Nursing  
Mrs. Patricia Stewart  
(678) 359-5305*

NURS 2903 – Secondary Prevention  
Mrs. Samantha Bishop  
(678) 359-5278*

NURS 2904 – Tertiary Prevention  
Dr. Anne Purvis  
(678) 359-5085*

**School Staff**

Nursing Lab Coordinator  
Mrs. Belinda Shaw  
(678) 359-5276*

Dean  
Dr. Anne Purvis  
(678) 359-5085*

Academic Aide/Advisor  
Mrs. Darlene O’Baner  
(678) 359-5338*

Clinical Coordinator  
Mrs. Missy Parker  
(678) 359-5582*

*These are personal extension numbers and are for your use only. Please do not share these numbers. Students need to call the main number for the Division. Thank you.

**School of Nursing & Health Sciences**
Main Number: (678) 359-5197  
Fax Number: (678) 359-5064
INTRODUCTION

Mission Statement

The vision of Gordon State College is: Gordon State College …where students flourish! The mission of Gordon State College is to provide an exceptional education through innovative teaching and engaged learning for the benefit of the world in which we live.

Nursing Program Student Outcomes

Upon graduation, the associate degree nurse: (NURS 1903, 1904, 2903, 2904)

A. Integrates principles and theories from the humanities, natural and social sciences, and nursing into culturally competent nursing care in a variety of health care settings.

B. Communicates and collaborates effectively in the therapeutic nurse-client relationship as well as in other professional relationships.

C. Utilizes the nursing process as a basis for determining client outcomes with the goal of facilitating optimal health for the individual, family or group.

D. Practices within the legal and ethical framework of the profession.

E. Incorporates political, economical, and societal forces into the practice of nursing.

F. Coordinates the management of client outcomes with a commitment to caring.

G. Utilizes critical thought in situations of ambiguity and risk to provide quality nursing care.

For students starting in NURS 1910 and 1905, the following are the established nursing outcomes.

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

A. Promote and enhance human flourishing for patients, families, communities, and themselves through:
   1. Advocating for patients, families, and communities to provide culturally competent and holistic care across the lifespan with the goal of facilitating self-determination, integrity, and ongoing growth as human beings.
   2. Recognizing the patient or designee as the source of control and a full partner in providing compassionate and coordinate care based on respect for the patient’s preferences, values, and needs.
   3. Advocating for disease prevention and health promotion for diverse patient populations.

B. Demonstrate sound nursing judgment by the following:
   1. Making critical judgments in practice substantiated by the nursing process and evidence-based practice to provide safe, quality patient-centered care in diverse healthcare settings.
   2. Minimizing risk of harm to patients and providers through system effectiveness and individual performance.
   3. Using information and technology to communicate, manage knowledge, mitigate error, and support decision making.
4. Applying technological knowledge in the clinical setting to communicate and support safe decision making processes.

C. Develop professional identity continually by:
1. Practicing within legal and ethical standards through communication, collaboration, and teamwork to effectively foster the therapeutic nurse-patient relationship, as well as inter-professional relationships.
2. Functioning effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision making to achieve quality patient care.
3. Participating in management strategies and shared decision making and displaying leadership qualities within the clinical setting.

D. Maintain a spirit of inquiry through:
1. Acculturating lifelong learning practices that promote examination of evidence that offers new insights to improve the quality of care and outcomes for patients, families, and communities.
2. Integrates best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
3. Developing and maintaining a spirit of inquiry that nurtures the desire for lifelong learning and facilitates continual educational advancement.
4. Valuing the importance of quality improvement in relation to safety and patient outcomes within the healthcare environment.

**ROLE OF THE CLINICAL INSTRUCTOR**

Clinical nursing instructors

Effective clinical instructors help students become independent critical thinkers and competent clinicians. They are knowledgeable and enthusiastic about their specialty area and instruct students in the clinical area by using various teaching strategies according to the topic or situation at hand. They evaluate fairly and interact well and equably with students. Faculty knowledge and experience in clinical teaching are demonstrated by the exhibition of confidence in the practice setting; teaching effectiveness is evident when an instructor uses his or her skills to enhance learning in the clinical course and shares his or her own experiences of developing as a nurse. In addition, instructors must give students feedback about their clinical performance—what they do well, as well as what they need to improve.

Both clinical instructors and students are evaluated in the clinical setting. Nursing students have the opportunity to evaluate the effectiveness of their clinical instructors each semester with a program generated evaluation form. Clinical instructors will also be evaluated by the course coordinator each semester. Clinical instructors will receive feedback from these evaluations from the Clinical Coordinator at the end of each semester. The clinical facilities, particularly the unit(s) where students are assigned, are also given an opportunity to evaluation the experience. Clinical instructors provide feedback about the specific unit on which they had students, to the students, and to the course coordinator about student performance.

Clinical instructors must use their professional clinical judgment when evaluating students’ ability to perform safe and competent nursing care. Evaluations in clinical settings include assessing student nurses’ ability to apply classroom theory to their care of clients in the clinical setting. Maintaining currency in clinical practice assists clinical instructors in evaluating students and affords them enhanced credibility from students, who respect the expertise of a working professional nurse. Clinical instructors are required to complete a Faculty Qualification Record annually, indicating any change in their educational/practice status. Although this information is no longer sent to the Georgia Board of Nursing each year, the information has to be available to the accrediting agencies if requeste.

**Supervision**

Instructors are charged with the difficult balancing act of supervising their students while ensuring client safety. Supervision of nursing students varies according to the student’s level in the program and
personal abilities and the client’s needs and vulnerability. Students, even in the same clinical course, demonstrate different levels of competence in caring for clients. The instructor, who must ensure that students have adequate clinical experiences, must closely supervise students who demonstrate an inability to provide safe patient care and perform clinical procedures effectively. To avoid giving the remaining students short shrift, the instructor must use savvy time management techniques while ensuring that patients receive appropriate care. Students who continue to have problems in the clinical area need to be discussed with the course coordinator to determine a plan of action for assisting the student in meeting the clinical requirements for that course.

Student Relations
Clinical instructors must also initiate an environment conducive to learning nursing skills and applying theory to practice. Faculty who behave in a more considerate and caring manner—those who treat their students equally, believe that their students can become successful nurses, and behave as though they enjoy teaching—create a clinical environment in which student nurses can more easily become practicing nurses. Remember that nursing students invest huge amounts of time, energy, and money into their education and expect a good return on the investment in the form of a supportive, productive clinical environment.

Work with Staff Nurses
Changes in the health care environment have resulted in increased staff nurse demands as they care for an increasingly ill patient population. Staff nurses are an integral part of student learning, and clinical instructors rely on staff nurses to support the nursing students who train in their facilities. Clinical instructors are therefore strongly advised to cultivate these symbiotic relationships by ensuring that staff nurses have all the information they need to perform their clinical responsibilities while assisting students.

PLANNING THE CLINICAL DAY

Introduction
Clinical rotations can be chaotic for both instructors and students. Instructors experience time constraints and the resulting organizational headaches, and students—particularly those early in their nursing education—experience significant anxiety and may encounter conflicts involving their lack of experience with both patients and clinical organization. Still, with appropriate preparation and organization, each clinical day can proceed smoothly and can impart the necessary clinical knowledge to students while also ensuring correct patient care.

Preparation –Orientation
If the agency where students will be observed is unknown to the instructor, it is advisable for the clinical instructor to visit this agency before the clinical rotation. During this visit, the instructor tours the institution, meets the nursing staff, and informs agency personnel about the students who are coming to the unit. Clinical expectations and students responsibilities are shared with the unit staff at this time. Some facilities require that the clinical instructor come to orientation classes and/or spend time on the unit shadowing a staff nurse. These expectations will be given to the clinical instructor by the Clinical Coordinator prior to the start of the clinical experience.

Inpatient Hospital Clinical Orientation
Students who enter the clinical setting for the first time initially experience significant anxiety, which is exacerbated by an unfamiliar environment. Although a clinical orientation can take many forms, the information typically includes:

A. Course objectives and benchmarks
B. Clinical hour requirements and unit routines
C. Use of policy manual, procedure manual, and other unit reference books
D. Explanation of charting (detailed instructions on how to complete charting)
E. Names of key personnel on the unit
F. Demonstration of the common equipment used on the unit
G. Parking requirements
H. Clinical dress code
I. Instructor expectations and clinical routine, i.e. where and when assignments will be posted; time and place to meet in the clinical area; what the student is expected to bring, or not bring, to the clinical area

**Preclinical Student Assignments**

Student learning is enhanced when students prepare for their clinical assignments before reporting for duty. Depending on the course where the clinical instructor is assigned, students may be required to have clinical assignments made the day before the clinical rotation. If this is the case, the expectation is that the students can get their clinical assignments so that they can preplan for the clinical experience. Guidelines for what information the student needs to have completed prior to the clinical assignment is course specific.

Preclinical conferences are appropriate times to discuss the students’ plans for caring for their patient that day. Performing basic hygiene needs should be part of this plan. We are hearing from several of our facilities that new graduates are coming to the facilities with little preparation for performing basic nursing care skills.

**Preclinical Faculty Preparation**

Clinical instructors use different strategies to manage student clinical groups. The level of supervision required depends on the level and previous clinical experiences of the student. Using a worksheet, an instructor can list the students’ names, patient assignments, and all medications and treatments that will be administered during the clinical day. This micromanagement system allows the instructor to anticipate student needs, thereby preventing medication and treatment errors due to omissions. It is most beneficial to gather this information in the early morning before the students enter the unit because it allows for the instructor to make student/patient assignment changes when needed. Patients are often discharged or transferred to other units after the initial patient assignments have been made. In such cases, students who receive a new patient assignment are given time before assuming patient care duties to complete care-planning activities. Instructors plan preclinical conferences as a time to answer questions, check completed preclinical care planning activities required by the specific clinical course, and provide any additional information about the clinical day.

**Patient Consent**

In recent years, patient consent issues have become more important; therefore, there is increased emphasis on allowing patients to consent or decline to being cared for by nursing or other allied health students. Some agencies include this informed consent on the initial admission paperwork. When consent is not obtained before admission, the clinical instructor should obtain the patient's consent as part of the student assignment process.

**Student Practice Limitations**

Students are to function only within the limits of their knowledge and as directed in the State’s Nurse Practice Act. In clinical settings, students may find themselves asked to do things beyond their education and training. Students may find it difficult to refuse these requests, and the instructor may need to mediate between students and staff nurses. In addition, instructors must emphasize that students are to limit their practice to skills in which they have demonstrated proficiency. Students should know to refuse a request or to seek assistance with anything beyond their level of knowledge and experience. Students who hold other healthcare certifications or licenses must be cautioned that, in the education environment, they are student nurses and must function as student nurses.
Professional Behavior Expectations

Students and clinical instructors are expected to demonstrate professional behaviors in the clinical area. To require that students exhibit these professional behaviors in order to successfully pass a clinical course, it is necessary to associate these behaviors with mastery of clinical course objectives and to clearly articulate these behavior expectations.

Making Student/Patient Assignments

Clinical instructors must be familiar with course objectives and benchmarks in order to select appropriate patients and designate which students are to care for which patients. The clinical setting is a learning laboratory for nursing students, and instructors are responsible for selecting student assignments that will provide the best learning environment.

Depending on the clinical course, patient assignments may be made the day before students enter the clinical setting. This allows the student to visit the hospital to meet the patient and to gather information and complete all preclinical assignments before reporting for duty. HIPAA (Health Insurance Portability and Accountability Act) confidentiality standards must be considered when any information is distributed in this manner, and such information should not include client identifiers.

Criteria that nursing instructors use for the selection of patients include the needs of the patient, the clinical course objectives and benchmarks, and the student’s current learning needs. Student/patient assignments should ideally be made according to whether the nursing needs of the patient will meet the learning needs of the student. Charge nurses or staff nurses can also assist students as they select their patients and gather information, if this is allowable by the particular facility/unit.
CLINICAL GUIDELINES

1. Schedule clinical assignments according to student needs and to the clinical learning outcomes and benchmarks for the course. Make assignments as outlined in the specific nursing course.

2. Be on time for the clinical experience.

3. If the clinical instructor must be absent from clinical, notify the clinical agency, the students, and the clinical coordinator and/or course coordinator as soon as possible.

4. If a student must be absent from a clinical experience, the student must personally notify the clinical instructor prior to the scheduled clinical experience. The instructor should provide the students a means of contact. The clinical instructor should notify the clinical coordinator of the absence. Make–up clinical experiences are arranged by the clinical instructor, the course coordinator and the clinical coordinator collaboratively.

5. Students who arrive for clinical and have a fever, are taking medications that cause drowsiness, or are unprepared to care for the assigned client are to be sent home. Report the absence to the clinical coordinator or course coordinator that day.

6. A student who is pregnant and in the third trimester or who has had a baby recently must provide documentation from the physician that it is safe for her to attend clinical. The course coordinator will notify the clinical instructor that the student has submitted the appropriate documentation.

7. At the beginning of the shift, check all required clinical documentation to ensure that it has been completed adequately. If the student has not adequately completed the preclinical requirements and the missing work can be completed within 15 minutes, allow the student to stay for the clinical day but a counseling note must be written. If the work cannot be completed within 15 minutes, send the student home and assign a clinical unsatisfactory for the day. If the student is unprepared a second time during the clinical rotation, a second clinical unsatisfactory should be given to the student. The course coordinator should be notified if a student is sent home from clinical. A time to make up the clinical day will be arranged for the student by the course coordinator and clinical coordinator. If this is a recurring problem, the student can be dismissed from the program.

8. Check the student’s Self Evaluation form for what the student wants to learn that day. If the student has not completed this section of the form, have them do so before they begin client care.

9. Students must be supervised at all times in the clinical area. Be available and accessible to the students.

10. Blood pressures must be taken using a manual cuff. If the unit does not have one, a cuff may be checked out from the nursing lab but must be returned at the end of the semester. Manual cuffs are not used on pediatric clients.

11. Supervision is required for all medication preparation and administration and performance of invasive procedures. Nursing students may administer medications and perform nursing skills for which they have demonstrated proficiency under close supervision and within agency policies.

12. Students may give IV push medications once the clinical instructor has received notification that the student has checked off on this skill. The medication is given at the discretion of the instructor, under close supervision of the instructor, and within agency policies. Generally, cardiac drugs, including Dilantin, should NOT be given IV push by students.
Clinical instructors will receive notification that a student has successfully checked off on medication administration skills before the student is able to administer any medications in the clinical area. All medication administration is at the discretion of the instructor, under close supervision, and within the agency policies.

13. Students may initiate IV therapy with close supervision after the clinical instructor has been notified that the student has checked-off on this skill.

14. Seek learning experiences for students. With guidance, students may be able to participate in other unit activities, such as routine or special physical examinations or procedures. They may also accompany the assigned client off the unit for a special procedure as an observational experience only. Clinical experiences are not to end before the designated time. Post-Conference counts as part of the clinical hours.

15. Confirm the documentation of nursing skills that the student lists on the weekly self-evaluation form. Help them remember that physical assessment, communication, and documentation are very pertinent skills. Make pertinent, substantive comments on the evaluation forms to provide the students appropriate feedback about their performance. The students and the course coordinator depend on your honest and thoughtful review of student performance.

16. Visit and assess all of the students’ clients early in the shift and continue scheduled and/or spot surveillance during the day. The amount of time the instructor spends on this depends on the level of student, the observed abilities of the student, and the client needs.

17. Maintain professional interactions with the students and staff.

18. Follow the dress code as set for the students, i.e. clean shoes and stockings, no dangling earrings, hair off collar.


20. Students should not eat or drink at the nurses’ station.

21. Check, and co-sign as indicated, all charts for which students have been responsible during the clinical experience: graphs, nurse’s notes, flow sheets, doctor’s orders, medication record. If the student is not allowed to chart through the Electronic Health Care Record at a particular facility, have students document on paper or in Docucare so that they maintain documentation skills. The instructor can critique the documentation and give feedback.

22. Listen to students’ report to staff at the end of the clinical experience. Make sure the student is prepared to sign off to the primary nurse.

23. Prepare a post conference for each clinical day. The conference may be student or instructor led. Remember to teach related to the situation and the clinical outcomes for the course. It is also a good time for the students to discuss what they have done/learned during clinical that day, discuss any unusual or disturbing occurrences, allow students to vent feelings associated with the clinical, etc..

24. Students are to have electronic devices on silent for emergency use only while in clinical. Students cannot use electronic devices on the clinical area except for emergency situations. It is up to the clinical instructor and facility guidelines about use of these devices when the student is on break or at lunch.
25. Deal with clinically unsatisfactory behaviors in the following manner:

   A. Document in detail on a Counseling Note unsatisfactory clinical performance. Keep memos for the record, with date and specific information, about any incidences that might lead up to a clinical unsatisfactory performance, as well as any plan of action that was identified with the student for improving performance.

   B. Report a student with unsatisfactory clinical performance to the course coordinator on the day of the incident. If the course coordinator is unavailable, the incident should be reported to the Clinical Coordinator and/or the Dean.

   C. As soon as possible, but no later than the week following the incident, counsel the student with unsatisfactory clinical performance. The course coordinator should be involved in this meeting. See sample counseling notes in this handbook. At the time of the counseling, a contract for the required change in behavior to receive a satisfactory clinical evaluation must be presented in writing and signed by both the student and instructors present.

   D. When deemed necessary, the student may be reassigned to another clinical group.

26. A student does not have to receive a clinical unsatisfactory to receive a counseling note. Any time you have concerns with student performance or behaviors, a counseling note is appropriate. Make sure you are clear about what the infractions are that warranted a counseling note, that a means of improving performance is provided, and that the student is aware of the counseling note and implications if the behavior continues, i.e. clinical unsatisfactory, moving to another clinical group, dismissal from the program with a clinical failure.

27. Evaluate clinical materials (Care Maps, documentation) and return to students promptly (within one week) so that students will have feedback before completing the next materials.

28. Review and return Weekly Self Evaluation within one week of submission. Promptly schedule a counseling meeting with the student if there is a problem area.

29. Students will have an "Educational Competencies for Graduates of the Associate Degree in Nursing Program" packet that needs to be completed at the end of each semester by the clinical instructor. Observations each week will form the basis for this evaluation. This form should be returned to the course coordinator once completed.

30. Conduct final clinical evaluations the last week you are with each student. This date may occur before the end of the semester. This date may be different for each student in your group. The evaluation is to be held at the clinical site or at Gordon State College. Final evaluations are conducted face-to-face. The written component must include:

   A. a summary of the student’s experiences with you;

   B. a list of the student’s strengths;

   C. a list of areas in which the student needs to make improvement;

   D. suggestions for improvement of clinical performance.
The clinical instructor should document this information on the student’s final clinical evaluation so a clear picture of this student’s clinical performance is given to the course coordinator and subsequent clinical instructors.

**Guidelines for Clinical Evaluation**

It is essential that the clinical instructor evaluate nursing students in a fair and consistent manner. Faculty must be familiar with the policies published in the *Nursing Student Handbook*. In the evaluation consider:

**Skills – basic and new**

By the time students begin the first semester clinical experiences, they have been checked off on all basic skills. Skills are threaded throughout the new curriculum, but clinical instructors should be provided a list of skills the students are able to perform. Evaluation of basic skills includes observation of the correctness of the implementation of the skill, as well as observation of the student’s abilities to apply theory to practice. Any concerns (along with specific examples) should be documented on the evaluation form and discussed with the student.

Students are expected to build on basic skills as they move through the program; therefore, skills learned in previous courses should be performed safely and accurately in each succeeding clinical experience. If a student’s performance of a skill is less than satisfactory, the clinical instructor may require the student to attend skills lab for remediation on the skill prior to returning to clinical and to bring documentation that this has been done. The instructor should contact the course coordinator if the remediation is needed.

A student should not be penalized for hesitancy in the performance of a new skill. Faculty may need to talk the student through the skill the first time in the clinical area. If subsequent attempts at the same skill require similar interventions, that is a problem and should be noted on the clinical evaluation form and in a counseling note with remediation outlined.

**Charting**

Clinical instructors should critique charting for appropriateness, accuracy, spelling, and grammar. A student whose charting is unacceptable should be provided feedback and given recommendations to improve their documentation. If this problem persists, the course coordinator should be informed.

**Medication Administration**

Students should be able to prepare and appropriately administer the medications. Nervousness is expected. The inability to calculate dosages, contamination of supplies, or omission of any of the “Six Rights” of medication administration is unacceptable and must be noted. If the student prepares and distributes medications safely only after significant intervention by the faculty, that should also be noted. Continued inappropriate behavior will result in a clinical unsatisfactory.

Students should know the medications they are giving in the clinical area. They should be able to articulate what medication they are giving, why that specific patient is receiving the medication, how to evaluate the effectiveness of the medication, any precautions prior to giving the medication, side effects and adverse reactions, etc. Students should be quizzed about the medications they are giving prior to giving them to the patient. If they do not know the requested information, they should look it up prior to giving the medication.
EVALUATION IN THE CLINICAL SETTING

How Clinical Evaluation is Done

Common clinical behaviors that clinical instructors observe during the evaluation process include using the nursing process, acquiring psychomotor skills, organizing patient care activities, maintaining patient safety, providing the correct rationale for nursing care, individualizing care plans, using therapeutic nursing interventions, documenting care appropriately, working within a professional team, and behaving professionally. Professional behaviors that students must demonstrate include reporting to the clinical unit prepared and on time, following nursing school policies related to professional dress, accepting responsibility for their actions or inactions, adhering to agency policies and procedures, maintaining confidentiality, and adhering to the ANA code of ethics. In addition to clinical behavior evaluations, nursing students also submit clinical forms, i.e. Care Maps and clinical evaluation forms, as part of their clinical performance.

Student Performance—Clinical Expectations

Instructors who take students into clinical settings to care for vulnerable patients expect these students to have acquired enough competence in basic clinical skills that they will be able to practice safety in these initial clinical experiences. It is important to inform students what previous clinical knowledge they will be expected to demonstrate during each clinical rotation. As students advance through the nursing program, they will be expected to demonstrate more practice independence and will care for patients with more complex conditions while maintaining the clinical knowledge and skills that they have previously learned. Early clinical performance expectations can include the following:

- Knowledge of normal vital signs for a patient’s age and what nursing interventions are appropriate when vital signs are abnormal.
- Ability to correctly calculate and administer medication (although the skill of administering medications may not have been mastered, students should know landmarks and correct techniques for administering medications)
- Correct use of infection control procedures and personal protective equipment.
- Ability to recognize significant changes in a patient’s condition and to report these changes to the instructor, the primary nurse, or both.

However, because student clinical assignments will necessarily vary, allowances should be made in clinical performance expectations if the students’ assignment includes new or unusual experiences. The clinical instructor will be provided clinical learning outcomes and clinical benchmarks for the course(s) in which he/she has clinical students. Clinical instructors should ensure that these outcomes are met during the clinical rotation.

Stress and Anxiety

Nursing students experience significant anxiety during their clinical education. Giving students time to practice decision making and skills related to nursing performance expectations enables them to gain confidence that may help to decrease their anxiety and allow them to perform adequately when they are evaluated.

Feedback

Students need feedback about their clinical performance. Ideally, feedback and recommendations for student improvement are completed weekly and returned to students with their clinical assignments; clinical instructors retain copies of these notes. Positive feedback demonstrates growth as students progress during their clinical experiences. Corrective feedback is an objective picture of clinical behaviors. Feedback must be specific and clear: it should list the nature of the observed clinical behaviors (who, what, where, when, and how) and the instructor’s perception of the student's clinical performance. The student and clinical instructor should discuss their, sometimes different, perceptions of the clinical performance. The instructor may allow the
student to articulate how these behaviors will be corrected, again being very concrete and time limited.

**Etiquette for clinical:**
The following behaviors are expected during clinical experiences:

1. Be on time and prepared.
2. Be dressed appropriately – see dress code.
3. No gum chewing or smoking during clinical. If you smoke, be sure your clothes and breath do not smell strongly of smoke. This odor is often very offensive to clients.
4. No use of electronic devices in the clinical area unless an emergency. With permission of instructor and based on facility guidelines, they may be used on breaks or at lunch.
5. Treat peers, staff, and faculty with respect. No crude or rude remarks are appropriate.
6. Do not assume that you will always have a break, go to lunch on time, or complete the clinical at the designated time.

**Unprofessional conduct:** avoid saying negative things about the clinical instructor, clinical site, or staff.

**Compliance with the Policies of the Host Facility:**

Gordon College is privileged to maintain memoranda of understanding with clinical facilities across Georgia. The students and faculty are guests in these facilities and must abide by their rules and regulations. Failure to comply with any of these rules and regulations may lead to dismissal from the nursing program. When present in a host facility, a student must:

- follow the administrative policies, standards, and practices of that facility;
- provide the necessary and appropriate uniforms and supplies where not provided by the facility;
- report to the facility on time;
- conform to the standards and practices established by the College while in the facility;
- keep in confidence all medical and health information pertaining to particular patients;
- not publish any material that identifies patients, facilities, or institution without specific permission from the appropriate parties. Do not discuss patients, families, facilities or any other confidential information on any social network; and
- be courteous and attentive.

**Deficiency Issues and Right to Appeal**

When students are informed that they have clinical performance deficiencies, they need specific information about these problems and what they need to do to demonstrate remediation of these problematic behaviors. In addition, the student should understand the consequences if these behaviors are not rectified satisfactorily.

Because clinical evaluations are often subjective and because the consequences of a student failure are significant, students have a right to question or appeal a clinical unsatisfactory or a clinical failure. They also have the right to question clinical evaluations and should be allowed to respond to these evaluations. In such situations, the clinical instructor and course coordinator must be congruent in their approach to the student and the situation. The course coordinator will be responsible for informing the student about the basis for and mechanism of appeal.

**Faculty Responsibilities—New Faculty Difficulties with Clinical Evaluation Decisions**

Although many clinical instructors find evaluating clinical performance of students a difficult part of clinical teaching, this is especially problematic for new clinical instructors. It is common for new clinical instructors to doubt their decisions regarding clinical course failures and to blame themselves because they
believe they have not done enough to help students succeed. The most significant concern is that an instructor may judge a student’s performance according to how an average nurse should perform as opposed to how an average nursing student at this level should perform: new clinical instructors should guard against this tendency.

**Patterns of student performance must be documented.** Instructors who follow several students in clinical settings cannot always remember every student in every clinical rotation. Complete documentation should ideally include anecdotal notes for every student in the clinical group. If an instructor documents the clinical behaviors of only marginal or unsafe students, then these students can allege that they have been unfairly treated. Anecdotal notes should be objective “snapshots” of clinical observations and should include the student’s name, nonidentifying patient information (such as age or sex), significant patient conditions, description of patient care and student provision of care, and any issues potentially influencing the provision of care.

**Unsatisfactory Clinical Behavior**

Unsatisfactory behavior is any behavior jeopardizing the patient’s physical or psychological wellbeing. It may also include inappropriate behaviors with a patient, staff member, peer, or faculty member.

Unsatisfactory clinical behaviors include but are not limited to:

1. inadequate preparation for clinical assignment;
2. not identifying the patient for medication administration and/or procedures;
3. administration of medication or performance of an invasive procedure without proper observation;
4. leaving side rails down on a non-ambulatory patient;
5. providing no means of communication for the patient;
6. failing to follow Standard Precautions;
7. demonstrating a lack of preparation to administer medications (must know what the drug is for in this particular patient, how to evaluate effectiveness of medication, usual dose, major side effects, and any pre-administration and/or post-administration observations that need to be made);
8. failing to administer medications properly;
9. demonstrating a lack of progress in performance;
10. demonstrating an inability to apply theory to practice;
11. criticizing patients/families/staff/facility, especially where others can hear;
12. communicating negative value judgments to patients;
13. failing to provide for privacy;
14. breaching confidentiality, including photocopying any part of a patient record;
15. demonstrating incompetence or lack of preparation in patient’s presence;
16. appearing in a clinical area under the influence of mind-altering drugs (to include but not limited to alcohol). Also includes prescription drugs that may affect the Central Nervous System.

**Counseling Notes**

It is imperative that good counseling notes be kept. It is not necessary for a student to receive a clinical unsatisfactory to receive a Counseling Note. It is a record that you talked with the student about a deficiency in behavior or performance and provided suggestions for a course of action.

If you have real concerns about the performance of the student, especially in the clinical area, you should consider a contract with a student about expected behaviors. This might precede a clinical unsatisfactory grade. (Please see the sample Counseling Notes that follow. They are intended as a guide only).
**Criteria for Dismissal from the Nursing Program**

The following criteria may be used for the immediate dismissal of any nursing student:

1. **Unprofessional conduct that may include, but is not limited to:**
   a. performing acts beyond the limits of practice for that particular level of student;
   b. assuming duties and responsibilities without adequate preparation or where competency has not been evaluated and/or achieved;
   c. diverting supplies, equipment, or medications for personal or other unauthorized use;
   d. falsifying or otherwise altering patient or agency records;
   e. abusing, neglecting, or abandoning patients;
   f. exhibiting conduct unbecoming a nursing student or detrimental or dangerous to the health and welfare of patients or the public; and
   g. demonstrating an inability to progress and/or master the clinical skills and competencies as evaluated by the clinical instructor on a recurring basis

2. **Willful commission of any act that is a felony under the laws of the State or of the United States or any act which is a misdemeanor under such laws and involves moral turpitude.**

3. **Excessive absences, excused or unexcused, and/or failure to abide by the Gordon State College School of Nursing and Health Sciences’ policies.**

4. **Inability to practice student nursing with reasonable skill and safety to patients by reason of illness; excessive use of alcohol, drugs, chemicals, or other materials that alter mental status or cognition; or as the result of any mental or physical condition that prevents the student from adequately and safely performing student nursing responsibilities and requirements. (This includes sleep deprivation)**

**Criteria for Immediate Clinical Unsatisfactory**

These include but are not limited to:

1. **Preparing or giving any medication without supervision of the clinical instructor and/or per agency policy.**
2. **Administering any IV push medication or administering a saline flush, based on level of student, without clinical instructor supervision and/or against agency policy. No IV push cardiac medications can be given by any level of nursing student.**
3. **Being unprepared for clinical that cannot be remedied within 15 minutes and sent home for that reason.**
## Clinical Guidelines

<table>
<thead>
<tr>
<th>Counseling Note</th>
<th>Clinical Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Unacceptable behavior</td>
<td>1. Anytime there’s a second ‘offense’ for anything warranting a counseling note</td>
</tr>
<tr>
<td>2. Being disrespectful to instructor, staff, other students, client/client’s family</td>
<td>2. Recapping dirty needles</td>
</tr>
<tr>
<td>3. Safety Issues</td>
<td>3. Major safety issues (Ex. Medication administration/errors without presence of instructor, leaving a client unattended with the bed in the high position)</td>
</tr>
<tr>
<td>4. Tardiness</td>
<td>4. Not showing up for clinical</td>
</tr>
<tr>
<td>5. Paperwork incomplete, but able to complete it within 15 minutes of start of clinical</td>
<td>5. Paperwork incomplete and unable to complete within 15 minutes of start of clinical and student will be sent home. Clinical hours must be made up by the student (probably simulation lab with the course coordinator)</td>
</tr>
<tr>
<td>6. Unprepared for medication administration (not knowing action or pre-assessments or major side effects of medication)</td>
<td>6. Not adhering to hospital policy (Ex. Not obtaining a facility name badge)</td>
</tr>
<tr>
<td>7. Not coming to instructor when medications are due to be given</td>
<td>7. Not being dressed appropriately and cannot ‘remedy’ problem immediately and student will be sent home.</td>
</tr>
<tr>
<td>8. Not performing skills accurately</td>
<td>8. Discussion of patient on social network, email, or other means of communication (may also result in immediate dismissal from the program)</td>
</tr>
<tr>
<td>9. Not being dressed appropriately but can “remedy” the problem immediately</td>
<td></td>
</tr>
<tr>
<td>10. Not reporting any abnormal vital sign to instructor</td>
<td>This List is NOT all inclusive</td>
</tr>
<tr>
<td>11. Not reporting any abnormal assessment to instructor</td>
<td></td>
</tr>
<tr>
<td>12. Not keeping up with Intake and Output</td>
<td></td>
</tr>
<tr>
<td>13. Cell phone use in the clinical area</td>
<td></td>
</tr>
<tr>
<td>14. Failure to provide satisfactory am care</td>
<td></td>
</tr>
<tr>
<td>15. Late medications</td>
<td></td>
</tr>
</tbody>
</table>

This List is NOT all inclusive
Recognition of Student Problems

Clinical instructors are constantly aware of time limitations because of the student/faculty ratios required in clinical settings. Even in early clinical courses, when students only have one patient, nurse educators must manage six to eight students and their patients. In addition, the instructor must observe or follow agency policy for all invasive procedures and technical tasks performed by their students. Even so, it is the faculty’s responsibility to prepare student nurses to be safe and competent practitioners. The following suggested guidelines outline how to address these problems:

1. Inform students in clinical courses of course expectations. Students commonly believe that clinical course grading is subjective; to counteract this belief, instructors should be aware of the course expectations of a student in clinical. Clinical instructors should also make clear to the students, prior to the start of clinical, what the instructor’s expectations are for the student. Finally, documentation of student attendance is required.

2. Keep anecdotal notes as documentation and validation of student performance for each nursing student. Notes should specifically address how all students in the clinical area are meeting course objectives and should include both positive and negative student behaviors. These notes must be objective and should include information related to patient diagnosis, student learning experiences, specific student problems, student strengths, and student weaknesses. If negative behaviors are identified and instructor counseling has been necessary, then these notes should document faculty and student discussions and how the student responded to the counseling sessions. Notes should not include information or comments that are not appropriate for others to review. Clinical evaluation notes are considered the personal property of the instructor; however, during grade disputes or court actions, the notes may be opened to external examination and should not include statements that may be personally offensive to the student. As with other confidential records, anecdotal notes are kept in a secure location.

   A. A sick student should be sent home to protect patients from potential infection.

   B. If chemical impairment is suspected in a student at the clinical site, release the student from the clinical but have him/her stay in the facility while notifying the course/clinical coordinator for any further instructions.

   C. When a student’s clinical performance is problematic, an instructor may believe that it is necessary to remove that student from the clinical setting. Discussion with the course coordinator about the problems experienced should be ongoing. Don’t wait until the problem is out of control before something is said to the course coordinator and/or the student. Course failure documentation should show a pattern of unsatisfactory clinical performance and should not result from a single problem or a single behavior in the clinical practice setting. Serial anecdotal notes must demonstrate these patterns. Although patterns of unsafe behaviors—rather than a single event—are usually required to document a student failure, student course failure may be warranted when one event is significant enough to be considered a sentinel event.

3. Arrange a faculty/student conference to review clinical behaviors that are problematic and how the student’s performance must change to demonstrate competency in the clinical setting. The clinical instructor should articulate that the student must continue to demonstrate satisfactory clinical growth in addition to remediation activities. As part of the student’s academic record, the student and instructor should sign and date this remediation plan.
The meeting is often emotional for everyone, and an additional faculty member, usually the course coordinator, must be available to support the student and the clinical instructor. If the student has requested that a friend or faculty member accompany him or her to the meeting, then completion of a privacy release form addressing the student’s FERPA rights is indicated. Anecdotal notes are kept on the remaining clinical experiences and will address both the student’s progress toward meeting course objectives and the remediation plan. In clinical rotations where only one instructor is evaluating each student group, a second instructor may be asked to evaluate this student during the remediation period or the student may be moved to another clinical group. This benefits the student, who may experience less anxiety with a different instructor and, thereby, perform better. As an added benefit, this arrangement may also validate the first clinical instructor’s evaluation and, when indicated, support a clinical failure.

4. Provide timely and specific feedback weekly. Feedback should also be given on the weekly student evaluation forms, as well as on the final evaluation. Anecdotal notes may be attached to support feedback on the evaluation forms.

**Interpersonal Relationships**

Confidentiality has been stressed repeatedly. This includes the photocopying of any part of the clients’ record. **This is absolutely prohibited.** Students who violate the confidentiality standard purposely or with a casual remark should be made aware of their behavior and the behavior noted on the clinical evaluation form. Repeat violations will result in a clinical unsatisfactory and possible expulsion from the program. HIPPA requirements make confidentiality more important than ever. There are strong legal implications if confidentiality is breached. Students should not post on social media any information about the clinical instructor, patients cared for in the clinical area, hospital, or staff of the hospital.

Interactions with patients, staff, instructors, and peers are a very important part of the clinical experience. Behavior that is inappropriate must be brought to the student’s attention and noted on the evaluation form.

**Dress code**

Students must comply with the policy found in the Nursing Policies. Faculty must document any violations of the dress code. Student appearance in the clinical area is a reflection on the quality of the nursing program. Students are expected to present themselves in a professional manner at all times.

**Professional Attire**

All students will wear the **student uniform** unless otherwise instructed. Uniforms are to be clean, neat, and well-fitting. Dresses are worn no shorter than two inches (2") above the knee. Females are to wear white **stockings**; males will wear white socks. Students will wear white leather shoes. Shoes and laces are to be kept clean. Appropriate under garments are expected. **Name tags** must be worn in the clinical areas at all times.

All students will have a **watch** capable of counting seconds, bandage **scissors**, **stethoscope**, and ballpoint **pen** with black ink. Professional street clothes are appropriate for **psychiatric** clinical experiences and for **visiting** the clinical area to obtain assignments only. Denim, jogging apparel, miniskirts or dresses, shorts, overly loose clothing, capri pants, flip-flops, wooden sandals, mid-drift or low-cut shirts are not allowed while in clinical or for retrieving clinical assignments. Shirts must cover the mid-drift and abdomen when arms are raised and the mid-drift and abdomen are to remain covered at all times. Clothing must have appropriate neckline, **no cleavage** must be showing. **Tight and/or form fitting** clothing are not appropriate for clinical areas. White **lab coats** with the school insignia must be worn over professional business casual clothing in the clinical area when visiting to obtain an assignment. Only white sweaters may be worn over the student uniform.
General Appearance

**Makeup** may be used in moderation. **Hair** is to be clean, neat, and above the neckline and free of any unnatural color (i.e. neon colors). Students cannot wear any ornate bows, scarves, or barrettes. It is preferred that men are clean-shaven. Any sideburns, beards, or mustaches must be short and neatly trimmed. **Fingernails** should be clean, smooth, and short. No polish or **artificial nails** will be worn. Wedding bands and one set of post or small stud earrings according to agency policy are the only **jewelry** permitted. **Chewing gum** and **tobacco** are prohibited in the clinical facility. Avoid breath and body **odors** (tobacco, perfume) that may be offensive to co-workers and clients. No **tattoos** are to be visible. **Body Piercing** may not be worn in any visible pierced body part except the ears (this includes but is not limited to tongue piercing).

Students will be sent home for failure to follow the dress code. This will be considered a clinical absence.

**Other**

It is vitally important that students receive positive feedback when it is genuine. “Clinical Outstanding” should be awarded as appropriate. Students need to know when they have done well.

Written student evaluations must be accurate, complete, and comprehensive. Each week’s notes **MUST** include substantive comments that will allow the student to improve performance, and will give faculty information to make decisions about clinical placement. All clinical instructor notes must be followed by the instructor’s name or initials.

Any concerns about a student’s clinical performance should be communicated that day to the course coordinator.
GENERAL INFORMATION

Use of Textbooks

Clinical faculty may borrow the course textbooks and other materials from the administrative office. These materials must be returned at the end of each semester before a final paycheck can be issued.

Payment

Gordon College pays part-time nursing clinical instructors assigned to the clinical setting at the rate of $38.00 per hour. The College contracts for a clinical day. This day is the clinical hour component of the particular course. The clinical day includes making assignments, counseling with students, grading papers, and conducting weekly and final evaluations. These activities are not calculated as separate hours for payment purposes. If the clinical instructor attends orientation with the students, the instructor will be paid for an additional four hours at the clinical rate. The total payment for the semester will be calculated based on the hours allowed, and that total will be divided into four equal payments during the semester. Payments are received at the end of the month. If there are any adjustments that need to be made in the payment, i.e. missing clinical time, that adjustment will be made on the final payment of the semester.

Part-time faculty is responsible for sending to the Dean of the School of Nursing and Health Sciences the Affordable Care Act form for documenting hours worked in the ADP system. These hours are for the ACA only, not for clinical pay. Faculty members are paid only if their files in the personnel office are complete. The file must contain a faculty personnel record, official transcripts from all colleges attended, and a signed statement verifying that the faculty member has viewed the “Right To Know” video. Faculty must return any borrowed books before the final paycheck will be released. Deductions will be made as indicated by Human Resources.

Criminal Background Check

All new clinical instructors must complete the background check and drug screen through Student Advantage before clinical begins. Payment verification needs to be turned in to the clinical coordinator so reimbursement can be made.
**INSTRUCTOR POLICIES**

**Required Documentation**

**Licensure and identification**
Clinical instructors must hold a current license as a registered nurse in the State of Georgia. The School of Nursing and Health Sciences must be able to verify this on the Georgia Board of Nursing website through your license number. You must provide the clinical coordinator with your license number upon hire. Ensure that you have a name tag identifying you as an RN and as a clinical instructor.

**Immunizations**
Clinical instructors must meet the minimum immunization requirements of the facility in which they supervise students. This usually includes information on tuberculosis skin testing, immunity to rubella, vaccination against Hepatitis B, and a decennial tetanus toxoid booster. Clinical instructors must adhere to the requirements of the agency where clinical experiences are coordinated. Annual PPD results and flu vaccination must be submitted to the nursing office.

**CPR**
A minimum certification of Healthcare Provider Course is required for all clinical instructors. A copy of the current CPR card must be on file in the nursing office.

**Professional liability insurance**
Clinical instructors must have adequate liability coverage. Gordon College purchases liability coverage for students through Marsh Group. This policy covers nursing faculty working with the Gordon College students while in the clinical experience. Faculty is encouraged to have personal liability insurance in addition to this coverage.

**Dress code**
Clinical instructors are expected to dress appropriately for the unit to which they are assigned and should serve as role models for the students.

**Facility orientation**
If the clinical instructor does not work at the agency where the clinical instruction is to occur, attendance at orientation and securing of proper identification is mandatory. All instructors must follow the policies of the agency.

**Current Agreement**
Clinical Instructors must have a current “Agreement Concerning Faculty Supervision of Educational Training Program” on file. This must be renewed yearly.
DIVISION OF NURSING AND HEALTH SCIENCES
COUNSELING NOTE

Name of Student: Gordon, Bubba

ID # 000000000  Semester/Course: Fall 2012, NURS 2903

Clinical Instructor / Site: Sue Doe/Gordon College Hospital

Date of Counseling: 2/16/12

Issue: ACADEMIC: CLINICAL: X

Student was late to clinical two out of three clinical days and had to have time to complete the required paper work before starting clinical each day. During day three, he misread a B/P as 120/80 (actual reading was 180/96), did not check a heart rate before administering digoxin, contaminated his gloves and did not recognize it while changing a dressing, and was rude to the nurses on the unit. These behaviors were observed by the instructor.

Comments:
Student states he was late due to car trouble x 1 and traffic x2. Stated he was not sure how to complete the required paperwork even though it was reviewed with the student each clinical day. He states that he has difficulty hearing but that is not documented any place on his medical record nor did he indicate that on the technical standard policy statement that he signed. Failure to check the pulse and contamination show lack of applying theory to practice and critical thinking. Interpersonal skills are required in nursing practice.

Recommendations:
Will receive 2 Clinical Unsatisfactories for today’s experience. One is for third late (see counseling note 2/11/05 and 2/4/05) and one for rudeness to staff. See attached contract.

Student Signature
Faculty Signature
Faculty Signature
Date

NOTE: Two faculty members must be present during a student's clinical performance conference if conference may result in a clinical unsatisfactory grade.

The student will receive a copy of this form, one copy will be placed in the student's record, and one copy will go to the faculty member who initiated the conference.

FORM 103-220
The following behaviors are expected of the student during clinical experiences:

1. The student will be on time and prepared for the clinical day without need of extra time to complete the required paperwork.

2. Blood pressures will be checked with the instructor using a double stethoscope and will be correct (+ or – 4 points) with each check. If the student believes he has a hearing deficit, he must have his hearing checked within one week and bring documentation of that finding. If he has true hearing deficit that cannot be corrected, the conflict with the technical standards must be addressed.

3. Medication and the pre-administration assessments must be completed without prompting on all medications administered. To not do so demonstrates a lack of critical thinking and medication administration preparation. This is a serious patient safety issue and must be corrected immediately.

4. Sterile procedures will be completed without contamination of gloves or sterile field. Student should go back to the Skills Lab to practice these procedures before the next clinical day. The ability to perform learned skills is a part of the clinical learning outcomes and clinical benchmarks for this course and must be followed in order to successfully complete the clinical portion of the course.

5. The student will demonstrate appropriate interactions and communication skills with all staff, faculty, and peers during the clinical experience. Inability to do so violates technical standards related to interpersonal skills and communication ability.

If the student is not able to abide by this contract in the next clinical experience and all subsequent ones this semester, he will be dismissed from the nursing program and will receive an “F” in the course.

Student: __________________________

Faculty: __________________________

Faculty: __________________________

Date: __________________________
Name of Student: Gordon, Bubbette

ID # 111111111 Semester/Course: Fall 2012, NURS 1902

Clinical Instructor / Site: Pat Brown

Date of Counseling: 02/08/2012

Issue: ACADEMIC: CLINICAL: X

Ms. Gordon had difficulty organizing her day to provide care for two clients during the clinical rotation. At 2:45 one of her clients (1 day post c-section) had not had AM care or a linen change. This was not at the client’s request. In addition, Ms. Gordon had difficulty assessing a pulse. She states that her fingers have decreased sensitivity due to her diabetes.

Comments:
Admission physical does not indicate decreased acuity in fingers nor did she ask for special consideration when signing the Technical Standards policy. She was able to check off on pulse collection in the Skill Lab. This inability violates the technical standard related to tactile ability. The inability to organize her day to provide timely care is in violation of Benchmark for week 4 as well as the Technical Standards related to Critical Thinking.

Recommendations:
Ms. Gordon has received one Clinical Unsatisfactory for today’s experience.

Next week in clinical she must be able to accurately assess a radial pulse (+ or – 2) on at least 5 attempts with instructor verification. In addition she must be able to provide care for two clients in a timely manner. Inability to fulfill either of these requirements will result in an additional clinical unsatisfactory for each not met. Two additional clinical unsatisfactories will result in a clinical failure and a grade of “F” in the course.

Student Signature

Faculty Signature

Faculty Signature

Date

NOTE: Two faculty members must be present during a student's clinical performance conference if conference may result in a clinical unsatisfactory grade.

The student will receive a copy of this form, one copy will be placed in the student's record, and one copy will go to the faculty member who initiated the conference.

FORM 103-220
Core Performance Standards

All potential and enrolled students in the Division of Nursing and Health Sciences must meet intellectual, physical, and social competencies required to provide safe patient care.

<table>
<thead>
<tr>
<th>Issues</th>
<th>Standard</th>
<th>Examples of Activities</th>
</tr>
</thead>
</table>
| Critical Thinking Ability/Clinical Judgment | Critical thinking ability sufficient for clinical judgment and decision making | (1) Use short and long term memory  
(2) Transfer knowledge from one situation to another  
(3) Process information, evaluate outcomes, problem-solve and prioritize care  
(4) Identify cause-effect relationships in clinical situations  
(5) Exhibit competency in reading, understanding, and performing calculations for computing medication dosages  
(6) Develop nursing care plans, evaluate the plan of care and revise as appropriate |
| Interpersonal Skills | Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds | (1) Negotiate successful conflict resolution  
(2) Respect cultural diversity and the rights of others  
(3) Establish rapport with patients and colleagues  
(4) Maintain therapeutic relationships with patients/colleagues  
(5) Work effectively in small groups  
(6) Demonstrate verbal and non-verbal therapeutic communication |
| Communication Ability | Communication abilities sufficient for interaction with others in verbal, written, and electronic form. | (1) Write and speak English effectively so as to be understood by the general public  
(2) Explain health conditions, diagnostic and treatment procedures and initiate health teaching based on assessed needs, available resources, age, lifestyle and cultural considerations  
(3) Interpret and document patient responses to health status through verbal communication, along with nonverbal cues and behaviors  
(4) Document patient information accurately, completely, and legibly through written, oral, and electronic reports  
(5) Understand and accurately use medical terminology |
| Mobility | Physical abilities sufficient to move from room to room and maneuver in small spaces and maintain physical tolerance for repetitive movements and demands of the work shift. | (1) Move within confined spaces  
(2) Sit or stand and maintain balance  
(3) Reach above shoulders and below waist  
(3) Twist, bend, stoop, climb on stool or stairs, and move quickly in response to potential emergencies  
(4) Push, pull, lift or support up to 50 pounds. Use upper body strength.  
(5) Administer rescue procedures, i.e. cardiopulmonary resuscitation |
<table>
<thead>
<tr>
<th>Issues</th>
<th>Standard</th>
<th>Examples of Activities</th>
</tr>
</thead>
</table>
| Motor Skills    | Gross and fine motor skills sufficient to provide safe, effective nursing care.                        | (1) Grasp small objects with hands  
(2) Manipulate small objects with fingers (IV tubing, pencil/pen) - Pinch/pick (manipulate a syringe, eyedropper, etc), twist (turn objects)  
(3) Perform physical activities necessary to do basic nursing skills such as putting on sterile gloves, donning mask and gown, operating a manual and/or electronic blood pressure cuff and other essential skills  
(4) Provide or assist patient with activities of daily living  
(5) Manipulate instruments, supplies, and equipment with speed, dexterity, precision, and adequate eye-hand coordination  
(6) Perform electronic keyboarding/documentation and/or extensive writing with a pen  
(7) Calibrate and use equipment (syringes, vials, ampoules, medication packages, manual blood pressure cuff, etc.)  
(8) Position patients correctly and efficiently |
| Hearing Ability | Auditory ability sufficient to monitor and assess health needs.                      | (1) Hear auditory alarms such as monitors, fire alarms, and call bells  
(2) Ability to discern auscultation sounds and cries for help  
(3) Ability to accurately take orders over the telephone |
| Visual Skills   | Visual ability sufficient for observation and assessment necessary for safe patient care. | (1) Perform basic nursing skills such as inserting an IV, counting respirations, preparing and administering medications  
(2) Observe patient’s condition and responses to treatment  
(3) Read small print, gauges, thermometers, measuring cups, syringes, and other equipment  
(4) Discriminate colors, changes in color, size, and continuity of body parts (skin color changes, color of drainage)  
(5) Identify, prepare, and administer medications accurately  
(6) Identify hazards in the environment  
(7) Visualize written words and information on paper and on a computer screen correctly |
| Tactile Ability | Tactile ability sufficient for physical assessment | (1) Feel vibrations to detect pulses, etc.  
(2) Detect temperature  
(3) Feel differences in sizes and shapes and detect surface characteristics |
<table>
<thead>
<tr>
<th>Issues</th>
<th>Standard</th>
<th>Examples of Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>Emotional stability sufficient to tolerate rapidly changing conditions and environmental stress.</td>
<td>(1) Establish therapeutic interpersonal boundaries</td>
</tr>
<tr>
<td>Stability</td>
<td></td>
<td>(2) Provide patients with emotional support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) Adapt to changing environment and stress while maintaining professional conduct and standards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(4) Focus attention on task</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(5) Perform multiple tasks concurrently</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(6) Handle strong emotions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(7) Use appropriate coping strategies</td>
</tr>
<tr>
<td>Professional</td>
<td>Respect the nursing profession and behave in a respectful, ethical, and professional manner with others in the class, laboratory, or clinical area</td>
<td>(1) Interact respectfully and appropriately with peers, faculty/facility staff, and patients</td>
</tr>
<tr>
<td>Behavior</td>
<td></td>
<td>(2) Engage in self-evaluation of behaviors and practice performance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) Collaborate effectively with patients/families, interdisciplinary teams</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(4) Integrate ethical behavior in nursing practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(5) Incorporate the standards of the profession into behaviors and actions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(6) Respect and adhere to the policies and procedures of the School of Nursing and Health Sciences and clinical agencies</td>
</tr>
</tbody>
</table>

Revised 7/1/14
# NURS 1903

**PSYCHIATRIC NURSING BENCHMARKS**

<table>
<thead>
<tr>
<th>Weeks 1 – 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Status Assessment</td>
</tr>
<tr>
<td>Psychiatric Nursing Assessment</td>
</tr>
<tr>
<td>Process Concept Map</td>
</tr>
<tr>
<td>Interpersonal Process Recording utilizing therapeutic communication</td>
</tr>
<tr>
<td>Assessment of the alcohol withdrawal client</td>
</tr>
<tr>
<td>Assessment of the suicidal client</td>
</tr>
<tr>
<td>Assessment of the agitated client</td>
</tr>
<tr>
<td>Implementing stress management teaching</td>
</tr>
<tr>
<td>Group Dynamics</td>
</tr>
</tbody>
</table>

* Clinical benchmarks must be met in order to successfully pass clinical.*
<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Weeks 5-7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Objective</td>
<td>Clinical Objective</td>
<td>Clinical Objective</td>
<td>Clinical Objective</td>
<td>Clinical Objective</td>
<td>Clinical Objective</td>
</tr>
<tr>
<td>Skills Activities</td>
<td>Skills Activities</td>
<td>Skills Activities</td>
<td>Skills Activities</td>
<td>Skills Activities</td>
<td>Skills Activities</td>
</tr>
<tr>
<td>Concept Seminar 1 &amp; 2 activities:</td>
<td>Psych Simulation/Skills I</td>
<td>Psych Simulation/Skills II activities:</td>
<td>Psych Simulation/Skills III</td>
<td>Improving skills demonstrated in weeks 1-3</td>
<td>Improving skills demonstrated in weeks 1-5</td>
</tr>
<tr>
<td>Concept Mapping, develop a concept map</td>
<td>Implements a focused mental status exam</td>
<td>Identify types of stress</td>
<td>Implements a focused MSE on the agitated client</td>
<td>Orient to mental health facility</td>
<td>1:1 patient interaction utilizing therapeutic techniques</td>
</tr>
<tr>
<td>Self-Awareness</td>
<td>Recognizes signs and symptoms of alcohol withdrawal</td>
<td>Identify group roles</td>
<td>Identifies risk factors of potential violent client</td>
<td>1:1 patient interaction utilizing therapeutic techniques</td>
<td>Performs a mental status exam</td>
</tr>
<tr>
<td>Identification of Professional Relationship</td>
<td>Recalls indications, contra-indications, and potential adverse effects of prescribed medications</td>
<td>Participates effectively as a group member</td>
<td>Recognizes signs of escalating aggression</td>
<td>Performs a mental status exam</td>
<td>Performs an Interpersonal Process Recording</td>
</tr>
<tr>
<td>Identify the DSM-IV TR multiaxial system</td>
<td>Performs a CIWA assessment and implements appropriate medical intervention</td>
<td>Effectively teaches stress management techniques or therapy to group</td>
<td>Performs verbal intervention techniques</td>
<td>Performs an Interpersonal Process Recording</td>
<td>Concept Map</td>
</tr>
<tr>
<td>Identify Mental Status Exam components</td>
<td>Performs appropriate nursing interventions for a client in alcohol withdrawal</td>
<td></td>
<td>Identifies appropriate protocol for use of restraints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform MSE</td>
<td>Interviews a depressed and suicidal client</td>
<td></td>
<td>Recalls indications, contra-indications, and potential adverse effects of prescribed medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identification of therapeutic communication techniques</td>
<td>Performs a focused mental status exam</td>
<td></td>
<td>Communicates effectively with the treatment team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify components of Interpersonal Process Recording (IPR)</td>
<td>Conducts a suicide assessment</td>
<td></td>
<td>Documents appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Institutes suicide precautions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conducts personal belongings search</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Communicates effectively with the treatment team</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Documents properly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Highlight & date each specific benchmark when completed.*
### NURS 1904
**MATERNITY – NEWBORN BENCHMARKS**

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Weeks 2 - 4</th>
<th>Week 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Objectives</strong></td>
<td><strong>Clinical Objectives</strong></td>
<td><strong>Clinical Objectives</strong></td>
</tr>
<tr>
<td><strong>Skills Objectives:</strong></td>
<td><strong>Skills Objectives:</strong></td>
<td><strong>Skills Objectives:</strong></td>
</tr>
<tr>
<td>✓ All Clinical Skills in 1901/1921</td>
<td><strong>Required Concept Maps</strong></td>
<td>✓ If all 3 required Concept Maps are completed and are All Satisfactory, the student only needs to submit a Weekly Evaluation Sheet and concept map with nursing intervention pages and pathophysiology at the clinical instructor’s discretion.</td>
</tr>
<tr>
<td>✓ OB Simulation Clinical</td>
<td>✓ Labor and Delivery</td>
<td>✓ If students have not completed all 3 Concept Maps which are satisfactory, they must complete a full concept map with a client assigned by the instructor.</td>
</tr>
<tr>
<td>• Labor &amp; Delivery Assessment</td>
<td>✓ Newborn Assessment</td>
<td>✓ Seek out opportunities for students who have not done an IV start, Foley Catheter insertion, or IM injection of the newborn or adult to do these skills.</td>
</tr>
<tr>
<td>• Newborn Assessment</td>
<td>✓ Post Partum – Vaginal Birth</td>
<td></td>
</tr>
<tr>
<td>• Post Partum Assessment</td>
<td>✓ Post Partum – C-Section Birth</td>
<td></td>
</tr>
<tr>
<td>Skills during OB Simulation Clinical</td>
<td>Skills</td>
<td></td>
</tr>
<tr>
<td>• IV fluid administration and IV antibiotic meds administration, except IV push meds</td>
<td>✓ Time Management</td>
<td></td>
</tr>
<tr>
<td>• D/C IV and convert to INT</td>
<td>✓ Prioritization of Tasks</td>
<td></td>
</tr>
<tr>
<td>• Foley catheter insertion and D/C</td>
<td>✓ Start IV, IV fluid administration, D/C IV and convert to INT</td>
<td></td>
</tr>
<tr>
<td>• IM injections for the adult and newborn</td>
<td>✓ Foley Catheter Insertion and D/C</td>
<td></td>
</tr>
<tr>
<td>• Infant heel sticks (Blood Glucose)</td>
<td>✓ IM and Sub Q administration (adult and newborn)</td>
<td></td>
</tr>
<tr>
<td>• Fetal Heart Rate Monitoring</td>
<td>✓ IV fluid administration, D/C IV and convert to INT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Secondary IV line for Antibiotics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Fetal Heart Rate and uterine contraction monitoring</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Infant heel sticks (Blood Glucose)</td>
<td></td>
</tr>
</tbody>
</table>
## COURSE 1904
### PEDIATRIC BENCHMARKS

<table>
<thead>
<tr>
<th>Pediatric Clinical Day 1</th>
<th>Pediatric Clinical Day 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ 1 patient-head to toe assessment</td>
<td>✓ 1 patient-head to toe assessment</td>
</tr>
<tr>
<td></td>
<td>✓ Compare and contrast pediatric growth and development</td>
</tr>
<tr>
<td></td>
<td>✓ Perform previously validated skills including PO &amp; IV medication administration when appropriate with supervision</td>
</tr>
<tr>
<td></td>
<td>✓ Complete Assigned Pediatric Concept Map and Pediatric Weekly Evaluation</td>
</tr>
</tbody>
</table>
**Clinical Benchmarks – NURS 2903**

Benchmarks for clinical performances have been identified for each clinical Nursing course. Students must be able to reach those identified benchmarks in each course to receive a satisfactory clinical grade for that course.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6 – 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care of 1 client</td>
<td>All of week 1 activities and skills</td>
<td>All week 1 and 2 activities and skills</td>
<td>All of weeks 1-3 activities and skills</td>
<td>Improving upon activities and skills demonstrated in weeks 1-5</td>
<td></td>
</tr>
<tr>
<td>AM care, VS to include manual B/P’s and pain assessments</td>
<td>Sterile technique:</td>
<td>Care of 1 – 2 clients depending on acuity</td>
<td>All of weeks 1-4 activities and skills</td>
<td>Improving upon time management and prioritization with (2) clients</td>
<td></td>
</tr>
<tr>
<td>Ambulating client to assess mobility and ROM</td>
<td>Dressing changes, foley care or insertion, suctioning (trach and/or nasopharyngeal if opportunity is available)</td>
<td>Preparation of one complete Concept Map and/or one abbreviated Concept Map</td>
<td>Increasing competence and prioritization with skills and assessments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focusing on client safety regarding all procedures</td>
<td>INT assessment including saline flush if unable to attempt to start an IV</td>
<td>Prioritization of care including management of (2) clients</td>
<td>Familiarity with diagnostic tests and procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral medications</td>
<td>Administration of parenteral medications, including insulin, and/or Heparin and Lovenox</td>
<td>Specialty diets</td>
<td>Knowledge of labs and implications for abnormal values</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chart review</td>
<td>IV management:</td>
<td>Respiratory management including suctioning type skills and procedures and pertinent respiratory assessments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation of one complete Concept Map</td>
<td>INT, TLC, portacath, midline PICC line, Groshong Catheter (assessment only)</td>
<td>Respiratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparation of drug cards and knowledge of all medications administered</td>
<td>Administration of primary/secondary IV medications and IV push meds including pain medicines</td>
<td>Enteral feedings – familiarity with equipment, type of tube and feeding pump</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All of weeks 1 activities and skills</td>
<td>Enteral feedings – familiarity with equipment, type of tube and feeding pump</td>
<td>Surgical experience and paper as assigned in rotation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head to Toe physical assessment</td>
<td>Surgical experience and paper as assigned in rotation</td>
<td>Surgical experience and paper as assigned in rotation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of assessment, care, treatments, medications (scheduled and prn) and shift report to the client’s nurse</td>
<td>Surgical experience and paper as assigned in rotation</td>
<td>Surgical experience and paper as assigned in rotation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood glucose monitoring and management</td>
<td>Surgical experience and paper as assigned in rotation</td>
<td>Surgical experience and paper as assigned in rotation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collection of specimens</td>
<td>Surgical experience and paper as assigned in rotation</td>
<td>Surgical experience and paper as assigned in rotation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost effective practice</td>
<td>Surgical experience and paper as assigned in rotation</td>
<td>Surgical experience and paper as assigned in rotation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of care of 1 client in a timely and effective manner</td>
<td>Surgical experience and paper as assigned in rotation</td>
<td>Surgical experience and paper as assigned in rotation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***PEDIATRIC BENCHMARKS NURS 2903***

Pediatric Benchmarks will be based on the assigned student experience which will be determined by the number of students in the current course, the number and type of available pediatric clinical sites and the number of available clinical instructors. These factors may not be determined until after the printing of this course book.

Students should complete ALL of their Pediatric Clinical Learning Outcomes (p.20-21) by the end of this semester (third semester) and should have a minimum of 1 day Pediatric Hospital Experience. Total Pediatric Clinical Experience over the course of 4 semesters, including seminars and simulation/observation experience should be equivalent to 60 Pediatric Clinical hours.
This is to acknowledge that ________________________________ received a copy of the
(Clinical Instructor)

_____________________________________________________
Signature of Course Coordinator

Material included in this packet:

- ★ Clinical Instructor Manual
- ★ Applied Learning Experience Agreement
- ★ Exemplary Clinical Performance
- ★ Clinical Follow-Up
- ★ Special Incident Appraisal
- ★ Faculty Qualification Record
- ★ Outstanding Clinical Performance
- ★ Counseling Note
- ★ Coursebook

Return to Nursing Office for Filing
Gordon College
Division of Nursing and Health Science

I have read the Clinical Instructors Manual paying special attention to “Clinical Guidelines”, “Counseling Notes”, “Benchmarks”, ”Guidelines for Clinical Evaluation”, and “Required Documentation” and agree to abide by the policies as stated.

Further, I understand that I am responsible for utilizing the ADP electronic payroll system and will enter my hours worked in a timely manner as instructed by Human Resources at Gordon College.

Printed Name__________________________________________

Signed:_______________________________________________

Date:__________________________________