

**Wegmans School of Nursing  
St. John Fisher University**

**Clinical Instructor Handbook  
Guidelines and Information**

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## **Introduction**

This handbook will serve as a guide to undergraduate clinical instructors for the Wegmans School of Nursing (WSN) at St. John Fisher University (SJF). Contact the clinical course coordinator or Executive Associate Dean with any questions. Relevant documents needed for clinical instructors, as well as this handbook, will be posted on the WSN website in the Undergraduate Clinical Instructor Documents, Forms and Tools tab:

<https://www.sjf.edu/schools/school-of-nursing/clinicalpreceptor-resources/>

Our goal is to have a consistent group of expert and competent clinical instructors who work with students each semester. This consistency promotes excellence by allowing the instructor to be familiar with the program standards, course outcomes, clinical expectations, WSN faculty and students.

- Clinical instructors should contact the relevant clinical course coordinator with their availability for the semester.
- An email notice is sent before the semester starts for a specific clinical teaching assignment from the WSN Undergraduate Clinical Coordinator.

A salary model is used that contracts for your time on a designated day of the week for the entire semester (10-14 weeks dependent on the clinical course specialty). This schedule will include an additional make up day for clinical. Clinical course coordinators will work with clinical instructors regarding assigned activities, responsibilities, and schedule.

### **Requirements include:**

- Attending the WSN annual clinical instructor orientation (August)
- Completing the:
  - TeamSTEPPS® training at your agency or at the WSN sessions – scheduled in September for fall starts and February for spring starts
  - Clinical agency orientation (date and format varies by hospital)
  - Competencies required by agency and unit
  - Online SJF sexual harassment training (required on initial employment and as indicated by the University)
  - Unit orientation (the clinical instructor must contact the unit’s nurse manager directly to schedule the unit orientation)
  - Demonstration of clinical skills competencies as determined by course coordinator

- Meeting with the clinical course coordinator at the beginning of the semester, end of the semester, and as needed throughout the semester
- Conducting mid-term and final evaluations with students (scheduled after a clinical day or on campus-evaluations are to be completed outside of clinical hours)
- Completing an annual clinical instructor 360 evaluation with the clinical course coordinator
- Providing weekly review and feedback for all required student written work and clinical assignments for the clinical course
- Ongoing communication as determined by the Clinical Course Coordinator
- Tracking weekly anecdotal notes on student progress
- Selecting appropriate patient assignments for students before each assigned clinical day
- Submitting compliance documents to the Undergraduate Clinical Coordinator (Julie Vilinsky).

University contracts are sent by the Provost's office at the beginning of the semester. New instructors: **Return these promptly**--SJF email access and Bright Space access is not authorized until all Human Resources (HR) paperwork is completed.

- Once HR paperwork is completed, clinical instructors can visit the Security office in Haffey Hall to get an SJF ID (for library access) and parking stickers (free).
- Instructors are paid every two weeks during the semester once they meet clinical compliance requirements.
- Clinical course coordinators will give all clinical instructors in their course access to the learning resources on the Bright Space site for the course.
- The clinical instructor job description is in Appendix A.

### **Instructor Clinical Compliance**

All clinical instructors must be in compliance with NYSDOH and agency requirements *before the beginning of the semester*. All clinical instructors must have personal health insurance coverage. The WSON Undergraduate Clinical Coordinator tracks WSON clinical instructor compliance ([jvilinsky@sjf.edu](mailto:jvilinsky@sjf.edu) or 385-7230). The following documents must be on file for each instructor and current for the semester:

- History and physical with subsequent annual health update
- Current BLS-CPR from AHA or ARC
- Documentation of annual PPD and CXR results if a positive reaction
- Immunization documentation including Hepatitis B series
- Annual flu shot
- Current resume
- Current NYS RN license
- Medication Administration competency (from practice site or available at WSON - e.g. CNET or NLN med test)
- Completion of TeamSTEPPS® training

- Documentation of Mandatory Review packet post-test if assigned clinical is not at home institution

### **Clinical Schedules**

Clinical instructors are contracted to be available for assigned clinical day(s) of the week and a make-up day over the 10 to 14 week semester. The number of clinical days is dependent on credit hours assigned for clinical according to the clinical course. Many courses start with on campus labs on the assigned clinical days for the first one to three weeks of the semester.

- When on campus labs occur on the clinical instructor's regularly scheduled day, the clinical instructor is responsible to be on campus with the students to assist the clinical course coordinator. These lab hours are factored into the students' and clinical instructor's clinical time. Your clinical course coordinator will let you know the specific dates and times for these labs.
- You may be asked by the clinical course coordinator to present on a selected topics in the classroom and/or lab setting. The content you will be asked to present is prepped and will be given to you in advance so that you can familiarize yourself with the material.
- **Makeup days may be scheduled in advance by the clinical course coordinator and may be on different days than the regular clinical. You will be notified in advance so you can adjust your work schedule accordingly.**

The purpose of the lab days is to ensure that students have reviewed the new content and skills for each course when they reach clinical.

Lab day responsibilities are to assist the students with skill development, answer questions, and help manage the practice sessions. This is also a great time for you to begin to develop relationships with the students in your clinical group. It may be helpful to review parking and shuttle information (if applicable) before the first clinical day.

### **Course Clinical Hours**

Course clinical hours may include a combination of time with students in simulation, lab, and practice at an assigned clinical agency.

- NURS 300 Foundations are 3 credit clinical → 9 hour clinical days (126 hours)
- NURS 317 Adult Health/Older I (M/S) are 3 credit clinical → 9 hour clinical days (126 hours)
- NURS 423 Adult Health/Older II (M/S) are 3 credit clinical → 9 hour clinical days (126 hours)
- NURS 323 OB (J2) are 2 credit clinical days → 6hr/wk. over 14 weeks or 8-9 hr. days for shorter rotations (84 hours)
- NURS 403 Psych (S1) are 2 credit clinical days → 6hr/wk. over 14 weeks or 8-9 hr. days for shorter rotations (84 hours)

- NURS 431 Peds (S2) are 2 credit clinical days → 6hr/wk. over 14 weeks or 8-9 hr. days for shorter rotations (84 hours)
- NURS 429 Community (S2) 2 credits (84 hours)
- **Clinical instructors and students are expected to be at the clinical site for the full assigned hours/day each week—early dismissal is not an option.**

### **Clinical Hour Requirements**

Clinical instructors are expected to adhere to the clinical hours scheduled by the clinical course coordinator. Students should be at the clinical site for the entire scheduled clinical period and instructors must provide oversight at all times.

- Pre and post-conference, lunch (30 minutes) and breaks can be scheduled to best meet the learning needs of the students and the needs of the patients on the unit.
- Any change or variation from the normal clinical schedule must be communicated to the clinical course coordinator in advance for approval.

### **Clinical Orientation Day**

Clinical site orientation can range from half a day to a **full clinical day**. Clinical instructors should structure this time carefully. Suggested activities include:

- tour of the unit including mandated review of emergency & fire exits & equipment
- **complete the attestation form required for each clinical group each semester on the first clinical day and return to the agency's Director of Education/Staff Development by the clinical instructor.** This form is available on the *Undergraduate Clinical Instructor Documents, Forms, and Tools* drop down on the website - Healthcare Organization Orientation - Acknowledgment Statement for Affiliating Students and Non-Employed Professionals at: <https://www.sjf.edu/schools/school-of-nursing/clinicalpreceptor-resources/>
- introduction to charge nurse and unit manager
- review unit specific documentation
- orient to the patient records, MAR, EMR, clinical care maps/care planning tools
- find necessary supplies for patient care
- review the course specific clinical evaluation tool and discuss expectations for daily patient care, professional behavior and appearance, post-conference, arrival and departure times
- due dates for weekly written work and agreement on method of communication (e.g., hard copies or electronic)
- complete registration for agency parking if needed

Clinical instructors and students should exchange contact information including email and phone numbers, and establish the preferred method of being in contact on the first day of lab or clinical.

This will facilitate exchange of assignments and timely communication between students and clinical instructors.

**Any scheduled experiences students have where they leave the unit for observation should include specific learning outcomes that the student addresses in writing as part of their documentation for the day.** NURS 403-students describe the presentation in the post-conference.

### **Key Competencies That Need Reinforcement in All Settings \*may not apply to all clinical settings**

- Professional appearance & behavior
- Arriving on time & being prepared to care for assigned clients
- Appropriate and clear professional communication with clinical instructor, patients/families, and health care team
- Use of SBAR and other TeamSTEPPS® strategies
- Rounding on patient(s) **immediately** after report\*
- Basic comprehensive care at all levels - ADLs, glasses, dentures, mouth care, hair, skin care, nutrition, hydration, elimination, I & O, documentation
- Patient report for on & off shift: concise, relevant, prioritized
- Format for presenting a patient: \*
  - Patient's name and age
  - Admission diagnosis(es)
  - Relevant medical/surgical/psychiatric history
  - Relevant labs, test results
  - Current priorities of care
  - Medications/potential side effects
  - Risk assessment: answer this question for each patient → if this patient is going to develop complications today (or “crash”)—what is the most likely cause and what are the first signs and symptoms that the student/nurse should be assessing for?

Do not tell students that they are practicing *on your license*—this is not true. Students have an exemption under the NYS Nurse Practice Act that allows them to do nursing functions as long as they are supervised by an RN. Your responsibility is appropriate supervision.

### **Patient Assignments for Students**

Clinical instructors will plan clinical assignments and document/attach them to the staff nurse assignment roster prior to student arrival at clinical. Examples of patients that students should not be assigned to include:

- a patient who will be off the unit for most of the day for dialysis or other treatment/procedure (unless the student will accompany the patient);

- a patient who will be in the OR (unless pre-op experience is the learning outcome and they have additional patients or will go to the OR with the patient);
- a patient that has a particularly difficult family that the unit staff has had problem/issues with;
- A patient who is very unstable.
- A patient who has active respiratory TB or who is being ruled out for respiratory TB

### **Specific Clinical Guideline Reminders**

**All medication administration by students must be directly supervised by SJF clinical instructor. This cannot be delegated to staff nurses, unless on a DEU or in the senior preceptorship.** If students are late doing medication administration, clinical instructors may decide to return the responsibility for medication administration to the assigned staff nurse on the unit. Communication must be direct and specific with the staff nurse(s) if all scheduled medications are being delegated or just those within a specific time frame.

**Based on consensus between all area hospitals and schools of nursing, undergraduate nursing students are restricted as to the skills they may or may not do in the clinical agency. To access the most current document outlining the area hospital restrictions, *Skills Guidelines for RN Student Clinical Experiences*, go to the WSON website at:**

**[https://www.sjf.edu/media/schools/nursing/documents/undergraduate-clinical-instructors/RASON-Skills-Guidelines-rev\\_5-30-19.pdf](https://www.sjf.edu/media/schools/nursing/documents/undergraduate-clinical-instructors/RASON-Skills-Guidelines-rev_5-30-19.pdf)**

**In addition to the restrictions listed in the document, students are NEVER allowed to do the following in any setting:**

- Administer any blood products
- Administer medications by IV push
- Administer chemotherapeutic agents of any kind
- Start IVs
- Perform venipuncture

**All SJF clinical instructors and students must be clearly identified by patients, families and staff by their St. John Fisher University ID to delineate they are not agency employees. SJF name tags must be worn in all settings. Clinical instructors employed by the agency who have an agency ID cannot wear the agency name badge and must have their SJF ID clearly visible.**

**Student patient assignments should be designated on a separate assignment sheet and left as part of the unit record. The assignment sheet must include student and clinical instructor first and last names, clinical instructor contact information and information about patient assignments, student hours of care and which assignments include medication administration.**



**Cell Phone, Mobile Device, and Computer Use:** Students and clinical instructors must review the WSON Social Media and Technology Policy (see Appendix B).

Please follow agency policy:

- No use of unit phones for personal calls.
- No use of unit computers for personal activities (email, Facebook, etc.).
- Do not download any patient specific information onto personal electronic devices.
- Do not post any information about clinical assignments, experiences, patients, students or instructors on any cell phones, mobile devices, Internet or social networking sites.
- No pictures, video or audio are to be taken in clinical agencies.

### **Clinical Practice Incident Policy**

For any event that requires an incident/occurrence report at the hospital or health care agency, the clinical instructor should contact the clinical course coordinator the day of the incident and complete the WSON Clinical Incident Form to document the event. The form is available on the WSON website. The completed form should be immediately returned to the Executive Associate Dean.

For follow-up related to an acute event involving student injury or accident, refer to the Management of Clinic Incidents guide for all area hospitals located at:

<https://www.sjf.edu/schools/school-of-nursing/clinicalpreceptor-resources/>

Students all have personal health insurance and should be referred to their own health care provider or the SJF Wellness Center for follow-up care.

### **Undergraduate Clinical Course Coordinator Role**

1. Revise and update the course syllabus including teaching and evaluation strategies, content, and learning resources in conjunction with the course description and learning outcomes approved by the Undergraduate (UG) Curriculum Committee.
  - a. Course description and learning outcomes cannot be changed without approval of the Committee.
  - b. Changes in textbooks must be discussed with the Committee.
2. Develop and manage the Bright Space course materials.
3. Coordinate content sequencing with concurrent courses to promote effective student learning.
4. Collaborate to schedule test and assignment due dates with other course coordinators in the same semester to the same student cohort.
5. Evaluate student achievement using all designated evaluation strategies outlined in the course syllabus.
6. Calculate and enter final grades for each student on FishRNet.
7. Evaluate each course offering according to the format designated by the UG Curriculum Committee.

- a. Course evaluations must be completed at the conclusion of each semester and posted to the Course Evaluation folder in the UG section on the School of Nursing confidential section of Citadel.
- b. Present the course evaluations and recommendations for improvement annually to the UG Curriculum Committee.

### **Clinical Course Coordinator Site Visits**

Clinical course coordinators will visit each clinical group in their courses to assess that the site is appropriate to meet the students' learning needs and the student/clinical instructor relationships, communication, and expectations are appropriate to meet the learning outcomes of the clinical course.

#### **Site:**

- The staff are supportive and collaborate with the clinical instructors and students to meet the learning needs of the student
  - Sufficient numbers/variety of patients in the setting to accommodate student learning needs.
  - Sufficient numbers of RN staff (BS preferred) to work with students
  - Instructors introduce themselves to the unit nurse manager and obtain feedback throughout the clinical to immediately address actual or potential issues and broaden networks for future collaboration.

#### **Students:**

- Meet the professional appearance and behavior guidelines of the WSON
- Work effectively with the clinical instructor and staff/providers.
- Progress toward meeting the clinical learning outcomes.
- Have the opportunity to let the clinical course coordinator know if there are any issues that they want to address related to the clinical instructor, staff, or unit.

#### **Instructor:**

- Answer any questions and provide coaching and mentoring to support the professional development of the clinical instructors.
- Validate that the clinical instructors' expectations of student performance are appropriate and consistent across all groups in the same course.
- Validate that guidelines for clinical days are being followed by the clinical instructor (e.g., students are administering medications on a regular basis, assignments and written work follow the expectations in the syllabus, students are completing the required hours for each clinical day, sufficient rigor is required for students in the daily presentation of patients/debriefing to stimulate and assess critical thinking).

## **In-Hospital Clinical Visits**

Clinical course coordinators will support clinical adjunct faculty through frequent communication and site visits:

- a. 1 visit per semester for each experience (adjuncts with more than 2 previous clinical groups)
- b. 2 visits per semester for each new clinical instructor (less than 2 previous clinical groups)
- c. 2 or more visits per semester for any issues with instructors, students, staff nurses, etc.

The number of visits will be determined by the need for coaching/mentoring of the clinical instructor or by the need for more observation of the student. Visits should be documented with specific interventions/observations and outcomes.

### **Effective Communication with Nursing Staff and Health Care Team**

It is important that the students see clinical instructor role model effective communication with the clinical site staff. One of the keys to success with your clinical experience is to establish rapport with clinical site staff at the outset. Many sites have several student groups over the course of a week and semester. This can lead to confusion on the part of the staff about which tasks the students will be performing, if meds will be passed, and what documentation they will be responsible for.

Clinical course coordinators should communicate specific clinical group information to the clinical site nurse manager before the semester begins: clinical instructor name and contact information, dates and times of student rotation, goals and learning outcomes of the clinical experience (usually first page of clinical syllabus), and level of care skills the students will be practicing while they are there (Appendix C).

*Each clinical instructor should attend the hospital instructor orientation and schedule a unit-orientation day for themselves prior to the beginning of clinical. This provides an opportunity to talk with managers, charge nurses, care managers and CNS staff. Inviting some of these leaders to meet and talk with the students during their orientation day encourages positive working relationships. Students appreciate meeting staff they may be seeing regularly on the unit, and it will familiarize key unit staff with your clinical group and the goals of the clinical rotation. Establishing clear lines of communication with key unit staff prevents miscommunication and ensures a positive clinical experience. *If issues do arise, please notify the clinical course coordinator immediately to determine if follow-up is needed.**

## Student Evaluations

### Formal Mid-Semester Evaluation

- Schedule by the midpoint of the clinical rotation
- Meet with students **outside** of clinical hours
- Meet on campus or a designated area at the clinical site
- Complete the evaluation form found on the course Brightspace or WSON website. The clinical instructor **and** student sign and date the form. The student's Skills Checklist must be updated.

If you need to reserve a room on campus for student evaluations, contact the Administrative Assistant at 385-8241. Students should fill out their own self evaluations, (same form that instructors use) and bring them to their evaluations. These meetings take about 15 minutes per student.

Encourage students to reflect objectively on their learning experiences and set relevant and challenging goals for themselves. This evaluation is an important opportunity to sit with each student and identify strengths and areas for improvement. If a student is not meeting expectations, the assigned grade is "at risk". The clinical instructor notifies the clinical course coordinator and fills out *At Risk Clinical Performance Documentation*

**At Risk Status** means that the student is not meeting professional expectations and/or clinical competencies. If the clinical instructor has questions about whether a student should be placed at risk, she/he should contact the clinical course coordinator for a consultation. Using the *At Risk Clinical Performance Documentation*, a behavioral contract will be established with the student that clearly outlines in measureable terms any areas that require improvement. This is reviewed by the clinical course coordinator prior to discussing the risk form with the student. The student must demonstrate improvement in these areas identified to receive a satisfactory final clinical evaluation and progress in the nursing program. The clinical instructor can consult with the clinical course coordinator to identify any remediation opportunities to refer the student (e.g., Learning Resource Center, additional readings, additional assignments, etc.). Remediation is important to ensure that students at risk have time to work on identified areas that need improvement.

Any student that a clinical instructor has concerns about meeting expected performance, competencies, or professional behaviors should be discussed with the clinical course coordinator as soon as issues are identified for further evaluation. Clinical course coordinators will make site visits to assess students who remain at risk in the second half of the clinical rotation. The clinical instructor should have the clinical course coordinator sit in on the final evaluation of any student who is not progressing to the next clinical course.

The **Final Clinical Evaluation** uses the same form as the mid-semester clinical evaluation. The final clinical evaluation appointment should be scheduled outside of clinical hours, preferably at the WSON. Students should not hear about any weaknesses or issues at the final

evaluation that have not already been identified. Problem areas should be addressed as the semester progresses and not presented to the student only at the end of the clinical rotation. The student's Skills Checklist must be updated.

Complete a narrative summary on the final evaluation (see example below). Note the student's progress related to:

- the type of unit/patient population
- patient load
- time management/organizational skills
- communication skills
- knowledge base, skills, attitudes, behaviors expected for the appropriate student level
- readiness to progress to the next level clinical course(s)
- competency in medication administration safety (**anyone who is not safe with medication administration—should not be progressing**)
- professionalism and presentation

Sample final evaluation narrative:

M. Smith provided high quality care to a 2-3 patient assignment of acutely ill patients on 5-3600 (orthopedics) at SMH

- Demonstrated safe medication administration
- Demonstrated skills as identified in the Skills Checklist
- Improved in time management and organizational skills over the semester
- Worked well with student team, instructor and other health care providers on the unit
- Demonstrated clinical curiosity and sought new learning experiences
- Treated patients and families with respect and worked effectively with those from diverse backgrounds
- Continue to focus on integration of knowledge of drugs, labs and pathophysiology while determining priorities of care and effective nursing interventions
- Demonstrates readiness to progress to the senior level clinical courses

### **Clinical Instructor Evaluation**

A detailed job description for clinical instructors is in Appendix A. To support your professional development and ensure that students are having high quality learning experiences, an annual evaluation process with the clinical course coordinator will occur that incorporates performance evaluation, feedback from students, and a staff member. All evaluations are Qualtrics surveys available on the course Bright Space site.

Process:

- Students complete an evaluation form for the clinical instructor in Qualtrics (Appendix D). The aggregate data is emailed to the clinical instructor at the end of the semester.

- Clinical instructors will forward one Peer Evaluation form to a charge nurse, nurse manager or other staff (Appendix E).
- Results of the evaluations are reviewed by the clinical course coordinator and incorporated into a formal evaluation that is reviewed with the clinical instructor at the WSON.
- Each year your assigned clinical course coordinator will make an appointment to meet with you at the end of the semester to a) review your evaluations of students; b) review the peer evaluation form from the clinical agency; and c) review the instructor evaluation forms completed by the students and clinical course coordinator (Appendix F).
- If evaluations indicate an area for improvement, the clinical course coordinator will review and discuss strategies and expectations with the instructor. We are committed to your ongoing professional development and satisfaction in the clinical instructor role.
- Clinical instructors with questions about the evaluation process or results should make an appointment to meet with the Executive Associate Dean.
- In addition, students and clinical instructors complete the hospital generated site evaluation for the unit/hospital they are assigned to each semester by email.

## **Challenging Situations**

### **Attendance**

There is little time during the semester to make up missed clinical hours. Each class has a designated number of clinical hours required based on credit hours. Therefore, it is extremely important that students attend all clinical days. Absences for any reason other than illness are not acceptable. A clinical course coordinator will schedule makeup clinical days near the end of the semester. If makeup clinical days are not available, the clinical course coordinator will determine if students who miss clinical time will be given a written assignment to complete or the student may be required to make up missed clinical hours in the simulation lab at the end of the semester. Students must also understand that they should not come to clinical if they are truly ill or injured in such a way that they cannot participate at clinical.

### **FAQs Given to Students**

#### **Are clinical days ever cancelled?**

- Contact students in your clinical team and the agency unit if the University is closed. All clinicals are cancelled when the University is closed.
- If the University closes because of a snow day—it is on the University website and announced on local radio/TV stations
  - If you are already at the clinical agency, it is safer to stay there and complete the clinical day. Travel later in the day is usually safer.
- Use common sense—do not travel if your safety or student’s safety is at stake.

- Make-up clinical days are part of the schedule-discuss this with your clinical course coordinator.

**Students will ask you if they need a note from a health care provider if they miss clinical.**

They should be communicating with the clinical course coordinator about missed clinical time.

- One clinical day missed due to illness → NO note needed
- More than one clinical week missed due to illness → YES note needed
- Updated medical clearance is needed for health issues that develop after enrollment in the nursing program. For example, illness, injury, or surgery prior to or during the clinical experience
  - Submit written medical approval from a health care provider to Julie Vilinsky WSON 220 in order to return to clinical practice.
  - The note must document the student's ability to function as a student nurse, at full capacity, in the acute care or community health setting.
- For injury sustained after medical form completed → requires medical clearance. Students cannot perform clinical duties if they are not cleared by a medical provider to return to full capacity.

**When do I stay home from clinical if I am sick? (students)**

You need to use your best judgment and common sense to determine if you are too ill to attend clinical experiences. Remember, patients in the hospital often have weakened immune systems and your first responsibility is patient safety. The following guidelines will help you with this decision making process.

- *You should notify your clinical instructor **and** leave a message with the unit where you are scheduled as soon as you make the determination that you are too ill to attend clinical.*
- *Make sure that you have contact information for your clinical instructor and the unit at the hospital or agency you are assigned to from the first day of clinical.*
- *Have a thermometer to check your temperature if you are feeling ill.*

Students may need help determining if they are “sick enough” to stay home from clinical.

Students should not attend clinical if they:

- Have a fever (temperature above 100 F or 38 C)
  - Students should be free of fever for a full 24 hours--without medications that lower temperature like acetaminophen (Tylenol) or ibuprofen (Advil) --before returning to clinical
- Have an open wound
  - Students in OB cannot attend clinical if they have any cold sores or herpes infections that are exposed
- Have vomiting &/or diarrhea

- Have an undiagnosed rash on exposed skin
- Are on medications that cause significant drowsiness or make them unsafe to drive
- Have been on antibiotics for less than 24 hours for a communicable bacterial infection

### **How do I know if I have the flu?**

Students who suspect they have the flu should not attend clinical. If they have the flu (see below) they need to stay home from clinical and class for at least five days after the symptoms start or after the symptoms have subsided and they have no fever for at least 24 hours.

From CDC website:

The typical incubation period for influenza is 1-4 days (average: 2 days). Adults shed influenza virus from the day before symptoms begin through 5-10 days after illness onset. However, the amount of virus shed, and presumably infectivity, decreases rapidly by 3-5 days after onset.

Uncomplicated influenza illness is characterized by the abrupt onset of constitutional and respiratory signs and symptoms

- fever
- myalgia
- headache
- malaise
- nonproductive cough
- sore throat
- rhinitis
- Also otitis media, nausea, and vomiting also are commonly reported with influenza illness.

Uncomplicated influenza illness typically resolves after 3-7 days for the majority of persons, although cough and malaise can persist for >2 weeks. However, influenza virus infections can cause primary influenza viral pneumonia; exacerbate underlying medical conditions (e.g., pulmonary or cardiac disease); lead to secondary bacterial pneumonia, sinusitis, or otitis media; or contribute to co-infections with other viral or bacterial pathogens.

### **Professional Appearance**

Each student signs the WSON attestation regarding professional appearance and uniform requirements prior to attending clinical (Appendix G). Please be familiar with the guidelines in the WSON Student Nurse Handbook at:

<https://www.sjf.edu/media/schools/nursing/documents/handbooks/NursingHandbook.pdf>

If issues arise that are not immediately corrected by the student, contact the clinical course coordinator.



### **Preparation for Clinical**

Many problems can be avoided by clearly communicating expectations for clinical preparation. Changing expectations through the semester creates confusion. If a student demonstrates a pattern of being unprepared, the student should be notified that he/she is “at risk” due to lack of professional accountability, and the mid-semester evaluation should reflect this. Be specific in your documentation of how the student is unprepared and what needs to be improved. Being unprepared can mean a variety of things such as not being familiar with medications at the time they are due, not having completed an assignment due that day of clinical, or telling you that they are ready to perform a procedure without having assembled the necessary equipment.

### **Emotional or Psychological Fitness for Clinical**

One of the most challenging situations for the clinical instructor is student behavior which might represent emotional or psychological instability. Clinical practice provokes anxiety for most students and the demands of the nursing program are rigorous. Clinical instructors may have students who express emotions through tears, or some type of emotional outburst. The clinical instructor needs to determine how this is best handled. Sometimes a short break away from the clinical setting is enough for a student to regain perspective and composure. If the student is not able to refocus on the clinical expectations in a professional manner, after support from the clinical instructor, the student may need to go home for the day. The clinical course coordinator should be made aware of this immediately. The clinical course coordinator will meet with student to determine what supports, such as counseling through the University Wellness Center, may be necessary. It is important to document these situations and forward this to the clinical course coordinator.

### **Engagement**

Unfortunately, not all students arrive at clinical with enthusiasm and clear goals established. Some appear to be “lost” and don’t know what to do next. These students will need more coaching from the instructor. With this extra help, there should be less of this behavior seen as the semester progresses. If the student does not demonstrate increased self-direction, a meeting outside of clinical with the clinical course coordinator may be required to help determine issues and strategies to deal with the apparent lack of motivation and direction. Some students may need to reevaluate whether this is the correct career choice, other students may be distracted by stressful life situations. In any situation, early identification and intervention will best support student success.

### **Professionalism and Respect**

Any actions witnessed which indicate unprofessional behavior or lack of respect for patients, staff, or environment must be addressed immediately with the student(s) involved and the clinical course coordinator must be informed. One of the best ways to instill professional behavior and respect for others is through role-modeling. Clinical instructors should discuss any

incidents of this nature with the clinical course coordinator immediately. Examples of lack of professionalism and respect are outlined in Appendix I.

### **Clinical Instructor Illness**

To fulfill the graduation requirements for the WSON, the students are required to meet competency for all clinical learning outcomes throughout the program. For this reason, it is of the utmost importance that students attend every hour of clinical that is scheduled. Should a clinical instructor miss their clinical hours, for any reason, it is the responsibility of the clinical instructor to:

- Communicate immediately with the students and the clinical site to cancel the clinical day
- Communicate immediately with the clinical course coordinator so that alternative plans may be made to fulfill clinical hour requirements.
- Be available on the scheduled makeup clinical days.

Alternatives may include finding a replacement clinical instructor or having the students report to the WSON for a Simulation Day. ***This must be done in collaboration with the clinical course coordinator.*** Any prior arrangements to have another clinical instructor, who is properly oriented with the facility, fill in for them on the day they must miss must be approved by the clinical course coordinator and the Executive Associate Dean in advance. On rare occasions, it may be possible to reschedule the clinical day, but that should be coordinated through the clinical course coordinator. Due to the large number of clinical groups, and the time restrictions of students' schedules, it is extremely challenging to make up clinical hours. *Any changes should be clearly communicated to the clinical course coordinator well in advance.*

### **Using Webmail and Your Fisher Network Account**

For instructions for campus & off site access to Fisher email:

<https://www.sjf.edu/services/oit/webmail/>

Sending an E-mail to Students from BrightSpace

The Communication link on the menu has many choices. You may find the Send E-mail feature useful.

An alternative way to facilitate email messages to students in your clinical group is to make a Distribution List using Microsoft Outlook.

## Appendix A

**Job Title:** Clinical Instructor  
**Revision Date:** May 15, 2017  
**Department:** Nursing  
**FLSA Status:** Exempt  
**Division:** Wegmans School of Nursing  
**Reports To:** Executive Associate Dean

### Overview:

The clinical instructor works in collaboration with the clinical course coordinator to provide a safe and supportive learning environment that assists students in the integration of knowledge, effective communication, interprofessional collaboration, role, professional values, and praxis in the clinical practice setting. A clinical instructor in the nursing program is directly responsible and accountable for ensuring the fulfillment of program outcomes and educational goals and objectives of the Wegmans School of Nursing and ensuring program compliance with the New York State Education Department Office of the Professions.

### Competencies/Skills:

The clinical instructor must demonstrate:

- The requisite knowledge, skills, attitudes, and technical competencies associated with the provision of safe quality nursing care for the patient population assigned to work with student groups.
- Familiarity with the principles of teaching/learning, student assessment/evaluation, and clinical teaching strategies.
- An awareness of the requirements for nursing program accreditation related to clinical instruction to achieve program outcomes.
- Effective communication, organization, clinical instruction coordination, collaboration, negotiation, professional role modeling, coaching, and advocacy skills.
- Proficient computer skills needed to electronically review students' clinical written assignments.
- Proficient computer skills necessary to assist in the documentation of patient information in the clinical setting's Electronic Health Record.
- Knowledge of patient medications, treatments, nursing process, and nursing diagnoses in order to transfer these aspects to patient care to support problem-solving, critical thinking, and decision-making skill development in the student(s).
- Effective leadership qualities, organizational skills, and management of any difficult and delicate clinical, student, or other situations.
- Effective communication and negotiation skills to resolve problems with faculty, students, and facility staff regarding problems in the clinical area.
- Effective interprofessional collaboration with all members of the care team.
- Professional competence and compliance with all required agency regulatory requirements, policies, protocols, and other practice guidelines.

## **Job Responsibilities:**

- Attend WSON clinical instructor orientation and all updates as needed to remain current with WSON requirements.
- Attend all on campus clinical meetings with clinical course coordinator during semester.
- Review clinical instructor handbook each semester.
- Complete Clinical Instructor Bright Space Orientation upon hire.
- Submit contractual agreement prior to the beginning of each semester.
- Actively participate on assigned clinical day as scheduled.
- Coordinate student orientation to health care setting and unit.
- Provide a safe and supportive learning environment for nursing students to encourage critical thinking and reasoning.
- Collaborate with clinical course coordinators to assist students in meeting course outcomes and clinical objectives.
- Plan for, arrange, organize, and manage patient clinical assignments for students taking into consideration student level/competency, patient acuity, clinical course objectives, and facility staff input prior to student arrival as per course objectives.
- Coordinate and evaluate all off-unit clinical experiences.
- Be present at all times when students are on the unit (may not be applicable for psych units).
- Demonstrate flexibility in meeting changing priorities and clinical instructor/student needs.
- Participate in educational planning for the clinical component of the course.
- Assure clinical instructor/student orientation is completed and clinical instructor/student compliance is met and documented for agency orientation requirements.
- Continually monitor student progress and provide coaching and constructive feedback as needed in both verbal and written formats.
- Provide timely feedback to students for all written assignments, online journals, and other assignments per the course clinical objectives.
- Evaluate student performance using the course clinical evaluation tool and Skills Checklist.
- Review, sign-off and date all skills completed while in the clinical setting.
- Apply the QSEN and TeamSTEPPS® principles and tools in clinical instruction.
- Plan and conduct pre- and post-clinical conferences as outlined by the clinical course coordinator.
- Complete clinical incident reports for the agency and the WSON as needed and notify the clinical course coordinator of any clinical incidents.
- Consult with the clinical course coordinator for any recommendations for student remediation or unsafe practice. Follow up with appropriate documentation.
- Follow the accepted standards, laws, and rules regulating the practice of nursing, while functioning within the scope of nursing practice.
- Demonstrate responsibility and accountability for professional practice based on, and limited to, the scope of the instructor's education, demonstrated competency, and nursing experience.
- Maintain weekly communication with clinical course coordinator throughout semester.

- Obtain instruction, supervision and consultation as necessary before implementing new or unfamiliar skills, equipment, techniques, or practices.
- Complete a 360 evaluation with the clinical course coordinator annually.
- Attend TeamSTEPPS® and Sexual Harassment training per contract.
- Communicate with the clinical course coordinator regarding any personal or student concerns, absences, and identified learning needs.
- Communicate with the clinical course coordinator and simulation and/or lab directors for any needed student remediation.

**Education/Experience:**

- Master’s degree in Advanced Practice Nursing (e.g., CNS, NP, or Nursing Education) with current acute care clinical practice experience preferred
- Licensed as a Registered Nurse in New York State
- Current clinical experience in applicable care setting
- Experience in baccalaureate and graduate nursing education settings preferred

**Supervision of other Employees:**

- None

**Relations to other Employees:**

Inside University: Nursing faculty and all campus offices

Outside University: Regional Health Care and Nursing Education Community

**Work Environment**

**Physical Demands:**

- Normal sitting, standing, and walking throughout the course of a clinical day.
- Lifting and moving patient and or equipment weighing up to 50 lbs.
- Periods of computer and telephone usage.
- Requires dexterity and data entry skills.
- Requires familiarity with health care technology.

**Mental Demands:**

- Ability to strategize and process changing priorities and circumstances.
- Maintain professional attitude and demeanor in competitive and challenging environment.
- Ability to multitask in a very busy academic and clinical environment.
- Exercise sound judgment.
- Maintain high level of student and patient confidentiality per FERPA and HIPAA standards.
- Ability to be creative and negotiate effectively to create high quality clinical teaching strategies and learning experiences for undergraduate students.

**Equipment To Be Used:**

- MS Office Suite (Excel, Word, Outlook, PowerPoint)
- Fax
- Printer

- Copier
- Telephone
- Computer hardware, software applications and other technologies used with documentation and grading of assignments

Clinical technology appropriate for clinical setting, scope of practice, and competency

## Appendix B

### *2.6 Social Media and Technology Policy*

**Policy:** The transmission of electronic data and communication via computer, phone, or other electronic devices provides students with opportunities to share knowledge, experiences, and express ideas through academic, professional, and social venues (e.g., Facebook, blogs, Twitter). However, the sharing of electronic information also has the potential to cause grave harm and compromise to confidentiality. Therefore, students are responsible and accountable to protect personal and professional reputations of themselves and others, and to avoid exposing private, slanderous, libelous, sensitive, and protected health information - particularly when transmitting electronic data and communications that are susceptible to public dissemination.

All types of communication (electronic, verbal, or written) should be in compliance with standards, guidelines, and policies set forth by the:

- American Nurses Association
- National Council of State Boards of Nursing
- U.S. Department of Health and Human Services, Office for Civil Rights - Health Insurance Portability and Accountability Act (HIPAA)
- Healthcare facilities and agencies used as clinical sites
- The Rochester Area Mandatory Hospital Packet to be completed and signed each year prior to beginning clinical placements
- St. John Fisher University (SJF) and the Wegmans School of Nursing (WSN) Student Code of Conduct policies and University-wide (see OIT policies at <https://www.sjf.edu/media/services/human-resources/documents/EmployeeHandbook.pdf>)
- and school specific technology policies

Nursing students may not post any material, pictures, or information that could potentially violate patient privacy and confidentiality on social media sites. Students may be subject to disciplinary action within the school and clinical agency for behaviors that are either unprofessional or violate patient privacy. HIPAA regulations apply to postings made on social networking sites, and violators are subject to the same prosecution/sanctions as other HIPAA violations.

When using an electronic venue of any sort, any transmission of information or communication which can cause actual or potential harm or violate the privacy of any person the student encounters, will be grounds for dismissal from the nursing program. Electronic venues include (but are not limited to) text messages, emails, photographs, and postings to websites that may be academic, professional, or social in nature. Persons the student may encounter include (but are not limited to) peers, faculty, health care workers, and health care consumers/patients and their families and friends. Students are required to promptly report any discovery of a breach in this policy to the Chair of the Undergraduate Program or Graduate Program Director.

Students are expected to review and follow the American Nurses Association's (ANA) and National Council of State Boards of Nursing's (NCSBN) guidelines on social networking. These guidelines apply to both nurses and nursing students. (American Nurses Association, 2011, National Council of State Boards of Nursing, 2011).

### **Resources:**

American Nurses Association's *Social Networking Principles Toolkit* at

<http://www.nursingworld.org/FunctionalMenuCategories/AboutANA/Social-Media/Social-Networking-Principles-Toolkit>

American Nurses Association's *Principles for Social Networking*

<http://www.nursingworld.org/functionalmenucategories/aboutana/social-media/social-networking-principles-toolkit/6-tips-for-nurses-using-social-media-poster.pdf>

American Nurses Association's *Fact Sheet – Navigating the World of Social Media*

<http://www.nursingworld.org/FunctionalMenuCategories/AboutANA/Social-Media/Social-Networking-Principles-Toolkit/Fact-Sheet-Navigating-the-World-of-Social-Media.pdf>

National Council of State Boards of Nursing's *Social Media Guidelines* website resources: *NCSBN White Paper: A Nurse's Guide to the Use of Social Media*

[https://www.ncsbn.org/Social\\_Media.pdf](https://www.ncsbn.org/Social_Media.pdf)

*NCSBN - A Nurse's Guide to the Use of Social Media - pamphlet*

[https://www.ncsbn.org/NCSBN\\_SocialMedia.pdf](https://www.ncsbn.org/NCSBN_SocialMedia.pdf)

*NCSBN - Social Media Guidelines for Nurses – video* <https://www.ncsbn.org/347.htm>

### **Procedures:**

1. Comply with all applicable federal and state laws, University policies, and clinical facility/agency policies for the use of technology and social media.
2. Examples of such regulations include, but are not limited to, HIPAA and other privacy protection laws, copyright protection laws, the Computer Fraud and Abuse Act, and the Electronic Communications Privacy Act, among others. Users are responsible for understanding and complying with the laws, rules, and policies applicable to use of technology and mobile devices.
3. Comply with all policies, rules and regulations established by St. John Fisher University, the WSON, and clinical facility/agency partners, including network access rules and security programs.
4. Comply with all SJF technology policies, the SJF and WSON Student Codes of Conduct and the WSON Nursing Student Handbook concerning security, privacy protection, and the use of social media.
5. Engage in safe computing practices by establishing appropriate access restrictions to devices.
6. Failure to abide by the professional behavior set by this policy and institution will lead to disciplinary action, up to and including dismissal from the WSON.

### **Social Media:**

1. Social media includes but is not limited to blogs, podcasts, discussion forums, online collaborative information, and publishing systems that are accessible to internal and external audiences. Examples include, but are not limited to, Wikis, RSS feeds, video sharing, and social networks such as Instagram, Yik Yak, Snapchat, Twitter, YouTube, and Facebook.



2. Transmission of electronic communication and/or postings on social networking sites are subject to the same professional standards as any other personal interactions. The permanence, worldwide access, and written nature of these postings make them even more subject to scrutiny than most other forms of communication.
3. Restricted postings include, but are not limited to, protected health information – individually identifiable information (oral, written, or electronic) about a patient’s physical or mental health, the receipt of health care, or payment for that care.
4. Online postings or any discussions of patients or events are strictly prohibited, even if all identifying information is excluded.
5. Under no circumstances should photos or videos of patients or photos depicting the body parts of patients be taken or displayed online.
6. Statements made by you within online networks will be treated as if you verbally made the statement in a public place.
7. Students must recognize that all electronic communications are considered public, not private, and therefore subject to discovery in legal matters, and can be made available to the general public.
8. Patient data, patient identifiers, and other sensitive personal health information must not be transmitted electronically.
9. Students cannot post any information related to patient care or clinical work anywhere online. This includes direct identifiers of healthcare facilities/agencies/units, providers, patients, and events, as well as any indirect comments that, when combined with other information available online such as place of work, may lead to identification of patients. This also includes comments regarding patient status, behavior or activity that does not include identifying information.
10. Students who choose to participate in an online community or other form of public media should do so with the understanding that they are accountable for any content posted online.

### **Mobile Devices:**

In order to increase the quality and accessibility of current, evidence-based resources available to students, students are required to obtain a wireless pocket-sized Internet accessible mobile device used to download the required nursing applications used for academic purposes. This device is not required to be a smartphone, but a mobile device with Internet access and ability to navigate web pages may be used.

1. Care and purchase of the device used to download the required nursing applications will be the sole responsibility of the student.
2. Required web-based resources for download on portable devices are determined by faculty and involve costs similar to textbook purchases.
3. The purchase of the required web-based resources **must** be made through the SJF Bookstore in order to access all the required resources and to ensure an appropriate subscription to cover access to the resources through the entire nursing program. Neither the correct subscription nor all the necessary resources needed for the nursing curriculum are available if purchased individually through the vendor.
4. Use of these mobile devices in classrooms, simulation, labs and clinical settings will comply with course, school, and/or healthcare facility/clinical agency policies where they are used, as well as the individual expectations set forth by each professor or clinical instructor.

5. The clinical instructor will communicate with the unit manager at the clinical site to establish an acceptable place on the clinical unit where students may use their mobile devices. Students **cannot** access or display the devices in front of patients, families, or visitors within the clinical unit. NOTE: Some units in a healthcare facility/agency may have specific policies regarding no use of mobile devices/phones on a particular unit.
6. In the clinical setting (including pre- and post-conferences), the camera and phone mechanisms in these devices **will** be turned off. Students may use their phone for personal use during breaks, but only in designated break areas in the healthcare facility/agency/unit for this purpose.
7. Students in the clinical setting can access information from the required nursing applications via the web using the clinical site's computers. Accessing information in the clinical setting other than the selected web-based clinical resources approved by the WSON faculty are subject to disciplinary action up to and including termination from the program.
8. Audio and still/video photography may not be used to capture any patient data or patient identifiers (including lab settings) patient images, or conversations.
9. Devices must have a passcode or security-question to prevent unauthorized use.
10. Devices must follow institution infection control practices in the settings in which they are used.

## Appendix C Sample Communication with Unit Staff

To: Staff on 2800  
From: Name of Clinical Course Coordinator  
St. John Fisher University  
Name of Clinical Instructor

Senior baccalaureate nursing students from St. John Fisher University will be on your unit every Wednesday starting 9/15 until 12/1 for the fall 20XX semester. The first orientation day (9/15) students will be on your unit from 12:30 p.m. - 4 p.m. – the rest of the semester students will be on your unit from 7 a.m. - 4 p.m. We have a pre-conference from xxxx to xxxx and a post-conference from xxxx to xxxx.

The students will be assigned to a patient(s) with a staff member but will be closely supervised by the clinical instructor. The clinical instructor will be on the unit to make assignments on Tuesday evenings.

Students will:

- Provide complete patient care
- After the first few weeks, administer all meds except IV push (per RGH policy) for their assigned patients
- Complete documentation for the patient. All student documentation will be countersigned by the clinical instructor.
- **The clinical instructor will directly supervise ALL MEDS**---staff are not to supervise student drug administration.
- After the first few weeks a student will be assigned as the team leader each week to do “charge responsibilities” with the student group.
- Student assignments will be written on a student assignment sheet attached to the staff assignment board.
- The objectives for this Med/Surg course, the clinical rotation and the leadership experience are available from the nurse manager.

According to RGH Policy

- Students are not permitted to take verbal orders or transcribe written orders, hang blood/blood products or give any drug IV push.

You can help make this a great learning experience by:

- Dealing patiently with the students’ questions and encouraging them to think through the problems rather than automatically giving them the answers
- Letting the students and/or the clinical instructor know if a procedure or learning opportunity is available for them to participate in or observe
- Sharing your enthusiasm about nursing

Please feel free to contact me while I am on the unit or at my office Name **clinical course coordinator/clinical instructor**—if you have any concerns or questions. Thanks for your cooperation and support.

**Appendix D**  
**Student Evaluation of Clinical Instructor**

Questions on the Site Evaluation:

I was oriented to the unit / agency with respect to the following items:

#	Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Responses	Mean
1	Physical environment							
2	Supplies & equipment							
3	Client care / routines							
4	Members of the health care team							
5	Documentation							

The staff:

#	Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Responses	Mean
1	Greeted me openly and were friendly.							
2	Were aware of student learning objectives.							
3	Supported the achievement of learning objectives.							
4	Were available for assistance when needed.							
5	Were helpful when assistance was needed.							

6	Demonstrated professional competence in communications.							
7	Demonstrated professional competence in therapeutic interventions.							

The clinical setting:

#	Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Responses	Mean
1	Offered a variety of learning experiences.							
2	Provided me with the opportunity to gain new knowledge and skills.							
3	Supported meeting the learning objectives of this course.							

The following resources were available or adequate:

#	Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Responses	Mean
1	Parking.							
2	Conference rooms.							
3	Cafeteria.							

Overall I was satisfied with this experience.

#	Answer	Response	%
1	Strongly Disagree		

Questions on the Instructor Evaluation:  
The Instructor:

communicated learning objectives clearly.

provided me with a variety of learning experiences to help meet clinical objectives.

demonstrated professional competence in the clinical area.

recognized and or responded to different learning styles, stress factors and critical thinking abilities.

used appropriate teaching methods based on students' learning styles.

was an effective teacher in the clinical area.

was available for assistance when needed.

was helpful when assistance was needed.

communicated evaluation procedures clearly.

provided me with sufficient feedback about my clinical performance.

promoted a learning environment where questions, and different points of view, ideas and methods, were encouraged.

promoted a humane, supportive and mutually respectful learning environment.

facilitated my awareness of clinical resources, policies and procedures.

2	Strongly Disagree Disagree			
3	Neither Agree nor Disagree			
4	Agree			
5	Strongly Agree			

**Appendix E**  
**Clinical Site Peer Evaluation of Clinical Instructor**

Name \_\_\_\_\_ Date \_\_\_\_\_

\*To be completed by the nurse manager, nurse leader, or charge nurse of the unit that the clinical instructor is working on. Please fax completed evaluation to Attention: **Administrative Assistant (585) 385-8466**

<b>4</b>	<b>Exceeds Standards</b>	Performed in a manner that exceeds expected performance standards
<b>3</b>	<b>Meets Standards</b>	Consistently performed in a manner that meets expected performance standards
<b>2</b>	<b>Needs Improvement</b>	Performed in a manner that needs improvement – identified area for growth
<b>1</b>	<b>Unsatisfactory/Does not meet</b>	Performed in a manner that does not meet expected performance standards

<b>The Clinical Instructor member named above consistently:</b>		<b>Rating</b>
	Demonstrated critical thinking skills by reacting quickly and calmly to urgent situations.	
	Responded to multiple request/demands/assignments in a timely, organized and confident manner.	
	Communicated patient information or other information accurately and completely to staff nurse and or charge nurse as indicated.	
	Demonstrated continued safety practices by adhering to guidelines, policies, practice standards and precautions and patient safety standards according to unit policy.	
	Provided patient care in a safe, competent and efficient manner.	
	Demonstrated the ability to work well with staff nurses, patient care technicians and other members of the healthcare team.	
	Showed respect and used effective communication with patients and their families and members of the healthcare team.	
	Provided clear directions to student and staff for clinical assignments.	
	Maintained a professional demeanor.	
	Used open, honest communication with co-workers and did not engage in behaviors that create negative effects on team work or harms the work environment.	
	Demonstrated the ability to accept feedback as a learning tool to improve future skills.	



Fulfilled the needs of the unit/department by being flexible and accommodating.	
---------------------------------------------------------------------------------	--

**Comments:**

**Evaluator Signature:**

**Appendix F:  
St. John Fisher University Clinical Instructor Evaluation**

Name \_\_\_\_\_ Date \_\_\_\_\_

Unit \_\_\_\_\_

<b>4</b>	<b>Exceeds Standards</b>	Performed in a manner that exceeds expected performance standards
<b>3</b>	<b>Meets Standards</b>	Consistently performed in a manner that meets expected performance standards
<b>2</b>	<b>Needs Improvement</b>	Performed in a manner that needs improvement – identified area for growth
<b>1</b>	<b>Unsatisfactory/Does not meet</b>	Performed in a manner that does not meet expected performance standards

<b>The Clinical Instructor member named above consistently:</b>	<b>Self Rating</b>	<b>Evaluator Rating</b>
<b>*Was present for all required clinical experiences. (Clinical, lab, and simulation)</b>		
Communicated effectively with students within their clinical group.		
Utilized available resources to create meaningful clinical experiences.		
Created a challenging intellectual environment for their students.		
Was approachable and available to students during clinical experience.		
Provided a descriptive account and assessment of students' strengths and weaknesses as documented in mid-term and final evaluations.		
Returned all written assignments in a timely manner with adequate feedback.		
Facilitated a structured post-conference.		
Incorporated tools from Team STEPPS training.		
Utilizes clinical instructor colleagues to enhance clinical experience.		
<b>*Participated in all mandatory professional development requirements (pre-semester meeting, follow-up meetings (1-2) during semester, &amp; post-semester debriefing)</b>		
Addressed "at risk" student performance and developed appropriate clinical contract with student in collaboration with clinical course coordinator		
Assignment matrix confirms that each student participated in a variety of clinical experiences (medication administration, leadership role, etc.)		
The clinical course coordinator received all necessary paperwork at the end of semester including signed final evaluations and completed skills checklists.		
Assessment from site visit supports an organized and efficiently run clinical experience.		
<b>*All documents required for compliance were submitted in a timely fashion.</b>		

**Comments:**

**Evaluator Signature:**

## Appendix G

### Program Attestation for Undergraduate Nursing Students

#### 2022-2023 Program Attestation for Undergraduate Nursing Students

By signing this attestation form, I acknowledge:

- The SJF Wegmans School of Nursing (WSN) Student Handbook is available online on the WSN website under Documents & Forms.
- It is my responsibility to read and understand the contents of this handbook including grading, appeal and progression policies (two failures, less than a grade of C in “NURS” course(s), results in dismissal from the WSN).
- I am responsible for reading and understanding the Social Media and Technology Policy, Students Suspected to be impaired by Alcohol or Drugs, Attendance Policy for Simulation, Nursing Student-Driven Contract to Uphold the Code of Ethics, Professional Appearance Guidelines, Uniform Policy, Classroom Testing Policy, and Course Examination Policy of the WSN found in the *WSN Nursing Student Handbook* and listed below. **I accept responsibility for reviewing and observing these guidelines.**
- Failure to follow the policies will result in disciplinary action up to and including dismissal from the WSN program at St. John Fisher University.
- **I have completed the required COVID PPE training as required to participate in lab and clinical experiences.**
- **I have personal health insurance coverage for the duration of the nursing program (required by clinical agencies). If you do not. Make an appointment to meet with Dr. Lori Dambaugh Associate Dean immediately.**
- **I have the responsibility to notify Dr. Lori Dambaugh, Associate Dean, immediately in writing if I am arrested or convicted of a crime any time after my acceptance to the WSN until graduation.**
- Any questions can be directed to Dr. Lori Dambaugh, Associate Dean (WSN 201D) or [ldambaugh@sjf.edu](mailto:ldambaugh@sjf.edu).

**Print Student Name** (with middle initial): \_\_\_\_\_

**Student E-Signature or initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Updated Contact Information:**

Student cell phone: (    ) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact's Daytime Phone: (    ) \_\_\_\_\_

Contact's Cell Phone: (    ) \_\_\_\_\_

## Appendix H

### Uniform Policies

#### Professional Appearance

Students in all programs are expected to present themselves in a professional manner in both appearance & behavior and follow all agency guidelines. Undergraduate students have a specific uniform policy (see Undergraduate specific information). RN/BS and graduate students are expected to be in site appropriate uniforms/dress (i.e., uniform or business casual with a lab coat).

All students must wear a WSON ID badge holder and ID card. Students purchase the WSON ID badge holder from the administrative assistant in the Dean's Suite. There is a \$5 fee. Graduate students purchase the ID badge holder prior to the first clinical course.

#### **Professional Appearance Guidelines**

Students are responsible for following these guidelines in **ALL Professional Settings**.

1. Jewelry:

- a. No rings except a single wedding band
- b. One pair of small earrings or earring posts only
- c. No other jewelry (e.g., bracelets, necklaces, chains)
- d. No facial or tongue piercing, nose rings should be removed and a clear plug may be put in place regardless of masking status
- e. Gauges in the ear must be capped off and closed with a clear plug when in uniform

2. Any offensive tattoo that is visible while the student is in uniform or professional dress must be covered during all clinical experiences

3. Personal grooming:

- a. Hair should be clean, neat, and short or secured above the collar. Headbands may be worn, if they are solid white, navy or black.
- b. Men must be clean shaven or have a mustache/beard that is groomed and trimmed to a short length
- c. Nails must be clean and trimmed to prevent injury to clients. **No nail polish or artificial nails per hospital policy**
- d. Any makeup should be minimal and conservative
- e. Strict personal hygiene is expected. No perfumes, colognes or scented after shave lotion should be used. (Many people have allergies to fragrances)
- f. No gum chewing (inappropriate in any professional setting)

4. Students must follow the clinical facility's no smoking policies during clinical assignments. Students' uniforms must be free of odor of tobacco/marijuana smoke

5. Consumption of alcohol and/or marijuana while in the St. John Fisher University student nurse uniform is strictly forbidden.

#### **Uniform Policy for all Clinical Settings**

Please note that the nursing student uniform is a uniform only and no part of this uniform should be worn for any purpose that is not related to clinical. The student uniform is expected to be clean, pressed and professional in appearance at all times.

1. All *Professional Appearance Guidelines* as noted above
2. White uniform top with SJF logo on the left sleeve. These are available through the SJF bookstore
3. Wegmans School of Nursing ID retractable badge holder with alligator clip and a clear badge holder for the SJF student ID
4. Only all white shirts may be worn under the uniform
5. Cardinal red uniform pants. These are available through the SJF bookstore
6. Clean white or black shoes with adequate support should be part of the uniform and not for every day wear. NO open toes, sling-back shoes, or crocs
8. Students should carry a pen and stethoscope and bandage scissors with them
9. A watch to time patient vital signs should be worn.

### **Community Health Setting Appearance Guidelines**

1. All *Professional Appearance Guidelines* as noted above.
2. WSON identification badge must be worn at all times; you must be clearly identified as a nursing student.
3. Professional attire (attire that you would wear to a professional interview) and identification badge should be worn
  - a. Dress pants or business style skirts only (e.g., no short/tight/miniskirts, jeans, leggings, denims or cargo pants)
  - b. Collared shirt. No logos, no graphics, no T-shirts, no low cut, sleeveless or revealing shirts (e.g., no tank tops, camisoles)
  - c. Flat footwear (e.g., no high heels, sandals, flip flops)
4. Students are expected to adhere to the WSON dress code.

## Appendix I

### Unsafe Behavior Policy

#### General Policies

1. The nursing faculty is responsible for upholding the standards of the: Wegmans School of Nursing, New York State Board of Nursing, Code of Ethics for Nurses (ANA), Nursing's Social Policy Statement (ANA), Nursing: Scope and Standards of Practice (ANA), and the requirements of the discipline of nursing. Therefore, the faculty reserves the right to deny progression at any point in the curriculum to a student, who in the faculty's judgment, fails to meet professional nursing standards or safe clinical behaviors.
2. The WSON faculty recognize the importance of safety in all areas of nursing practice. Faculty also acknowledge that nursing students are learning. However, it is expected that students will practice without violating safety or quality in the classroom, clinical, laboratory or simulation setting.
3. The intent of this policy is to address unsafe behavior, not minor offenses that occur during learning, and to provide opportunities for remediation and successful completion of the course. Remediation activities are to be completed within the time frame established by the clinical instructor in consultation with the clinical course coordinator. In the event that a situation is serious enough to warrant immediate removal and/or failure from the clinical course, additional time will not be considered for remediation.
4. Clinical instructors evaluate progress in learning and achievement of clinical objectives throughout the semester. Student and clinical instructor interactions about a particular aspect of care will initially focus on teaching and coaching, and then move toward evaluation of learning and competencies as the student gains more experience in a clinical area. Expected level of performance for any one behavior, such as medication administration or patient teaching, differs as the student advances in the curriculum. Clinical instructors notify/counsel students about any observed lack of progress or about a specific behavior, and assist the student in formulating a plan to reach learning or competency goals (See section on critical clinical behaviors below).

#### Satisfactory/Unsatisfactory Grading

The clinical component includes clinical experiences in various sites and/or laboratory and simulation experiences. Clinical achievement is graded on a satisfactory/unsatisfactory basis. In courses, which contain both classroom and clinical components, the student must pass both components in order to receive a passing grade for the course. To pass a clinical nursing course, the student must earn a grade of 75 or C in classroom evaluation requirements and receive a *satisfactory* evaluation on the Clinical Evaluation Tool associated with each clinical course.

- If a student receives a grade of C or higher in the course and an unsatisfactory in clinical, the student's final course grade will be C-.
- If a student receives a grade less than C in the course and an unsatisfactory in clinical, the student's final course grade will be the actual grade earned in the course.

Clinical evaluation instruments are designed to give student specific behaviors that are expected of students enrolled in the clinical courses. Students use the evaluation instrument to engage in self-evaluation at mid-term and again at the end of each clinical course. Clinical instructors will evaluate each student at mid-term and at the end of the course, and meet with the student to discuss student achievement in relation to clinical goals. A grade of Satisfactory or Unsatisfactory is based on the guidelines included in the evaluation instrument.

### **“Critical” Clinical Behaviors**

The Clinical Course Coordinator will indicate on each course evaluation (in bold type) those criteria that are related to safety and professional behavior, and are therefore, “critical”, i.e., must be achieved to pass the course.

### **Clinical Expectations:**

Safety of patients/families, students, peers, faculty, and other members of the health care team is a priority. Unsafe clinical practice is defined as: any act by the student that is harmful or potentially harmful to the patient, the student, or other health care personnel (Luhanga, Younge, Myrick, 2008). Unsafe student performance will be immediately addressed by the clinical instructor and reported to the clinical course coordinator and may require the student to complete remediation. Certain behaviors may result in immediate removal from the clinical facility and could result in failure from the course. Unsafe behaviors can include, but are not limited to, knowledge and skills, interprofessional communication, and professional image.

Expectations of students in their clinical rotations include the following (but are not limited to):

1. Students must arrive on time and be ready to receive their assignment per the clinical start time established by the clinical instructor.
2. Students must follow the dress code and demonstrate professional behavior and communication at all times as per the WSON handbook.
3. Students should frequently update the clinical instructor and RN assigned to his/her patient(s) and immediately notify each of any significant change in the patient’s condition.
4. It is the responsibility of the student to know all medications that will be administered and to monitor, report, and document the patient’s response to the medication. Students must look up anything that they are not familiar with and be prepared to discuss the patient’s medications in relation to their diagnosis and lab findings.
5. Students should be familiar with the patient status and information in the medical record **as appropriate for the student level** (e.g., safety precautions, diets, labs, diagnostic tests, H&P’s, provider orders, diagnoses, vital signs, treatments, DNR code, etc.) (Chunta, 2016).



## Unsafe Behaviors

**Definition:** An **unsafe behavior** is an event or situation in which the student demonstrates behavior or makes decisions which actually or potentially harm a patient or violate standards of professional conduct. Although faculty attempt to prevent actual harm, designating the behavior as unsafe and putting the student at risk, emphasizes the seriousness of the behavior.

The unsafe behavior is documented in writing- on the WSON *Documentation of at Risk Clinical Performance* form- discussed, and signed by the clinical instructor, the clinical course coordinator, and student. The clinical course coordinator is given a verbal and written report of the incident as soon as possible by the clinical instructor, and is responsible for notifying the Wegmans School of Nursing Undergraduate Chairperson and filing the report in the student's advising folder. The student, clinical instructor, and clinical course coordinator collaborate to develop specific plans for remediation and a timeframe to complete the activities on the form.

The clinical instructor will send a written notice to the Learning Resource Center (LRC) Director if the student requires supervised remediation or additional practice in a psychomotor skill. **It is the student's responsibility to make an appointment with the LRC Director for this practice.**

### Examples of Unsafe or Unprofessional Behaviors

The following list of unsafe behaviors is not exhaustive. If a student engages in unsafe or unprofessional behaviors that are not on this list, the student will be held accountable.

- Performing skills that are outside the student's competency level, scope of practice, and/or WSON or agency policy
- Failure to complete a timely patient assessment after receiving a patient hand-off
- Leaving the side rails down on an infant's crib
- Error in administration of medication (6 "rights")
- Inaccurate recording or failure to record medication administration
- Inaccurate IV calculation, dosing, rate of administration, compatibility, medication dilution
- Engaging in bullying, physical/lateral/horizontal violence, incivility
- Failure to report changes in a patient's condition or plan of care
- Inappropriate handling or touching of patients
- Coming to clinical under the influence of alcohol or other drugs
- Possession of a weapon at the clinical site
- Failure to observe isolation procedures and/or use appropriate personal protective equipment (PPE) and infection control measures
- Failure to adequately document and/or report nursing care given
- Inadequate preparation for assuming responsibility for patient care
- Breach of confidentiality and HIPAA requirements
- Sharing passwords
- Unprofessional conduct such as swearing or making verbal or nonverbal reference to another's race, religion, or sexuality in a condescending, inappropriate and disparaging manner

- Not arriving to clinical on time or absence from clinical without notifying faculty prior to the beginning of the shift
- Leaving the clinical area without notifying faculty and the assigned RN and without taking action to ensure patient safety in the student's absence by providing a complete patient hand-off
- Using a personal mobile device, such as a cell phone, in a clinical setting
- Use of agency computers for personal business such as, but not limited to, checking email or accessing a social networking site
- Noncompliance with the Social Media/Technology policy for the WSON or agency policies.
- No photos can be taken in any clinical setting/agency and no photos or information of any kind can be posted on social networking sites related to patients, a patient's family, or agency reference (this includes group photos of clinical teams within the agency)
- Failure to engage in all aspects of the clinical day, such as, but not limited to, pre-shift briefs, team huddles, post-conference discussions and debriefs, and supporting the patient/family and the health care team

### Sample Clinical Evaluation

Student Name: \_\_\_\_\_  
\_\_\_\_\_

Semester/Year: \_\_\_\_\_

Clinical Course: \_\_\_\_\_  
\_\_\_\_\_

Agency/Unit: \_\_\_\_\_

Date(s) of Absences (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Make-up Date for Absences: \_\_\_\_\_

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**Mid-Term Clinical Evaluation:**

**Meets Criteria:** \_\_\_\_\_

**At Risk:** \_\_\_\_\_ (*See comment page*)

Clinical Instructor Print Name: \_\_\_\_\_

Clinical Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Print Name: \_\_\_\_\_

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

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**Final Clinical Evaluation:**

**Meets Criteria:** \_\_\_\_\_

**Unsatisfactory:** \_\_\_\_\_ (*See comment page*)

Clinical Instructor Print Name: \_\_\_\_\_

Clinical Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Print Name: \_\_\_\_\_

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

- In order to **PASS** the clinical component of the course, the student must demonstrate Satisfactory Clinical Performance by the **Final Evaluation** on **ALL** behavioral criteria in **Bold**

- Unsatisfactory Clinical Performance is receiving a Needs Improvement or Unsatisfactory (2 or 1) on **ANY** of the Behavioral Criteria in **Bold** by the **Final Evaluation**.
- An evaluation of Needs Improvement or Unsatisfactory (2 or 1) on the final evaluation **requires** that the student must repeat the course (theory and clinical) in order to successfully progress to the next clinical course.
- Evidence of unsafe or unprofessional behavior (see policy 2.9 Unsafe Behavior Policy), **requires** that the student repeat the course (theory and clinical) in order to successfully progress to the next clinical course.

Grading Scale      **\*Comment required**

4 =      Exceeds\*

3 =      Meets

2 =      Needs Improvement\*

1 =      Unsatisfactory\*

N/A = No opportunity to Meet Behavioral Criteria

<b>Complete the following for QSEN Core Competencies &amp; Behavioral Criteria:</b>	<b>Midterm (score)</b>		<b>Final (score)</b>	
<b><i>Provides Patient-Centered Care (Encompasses elements of Program Outcomes #1, 2, 3, 5, 8)</i></b>	Student Midterm	Instructor Midterm	Student Final	Instructor Final
<b>Identifies opportunities for teaching health promotion, risk reduction and disease prevention; and incorporates patient education into the patient’s plan of care. Examples include:</b> - Articulates patient education in the plan of care and/or changes to the plan of care				
<b>Practices therapeutic communication in developing a trusting nurse-patient relationship. Examples include:</b> - Demonstrates active listening, nonjudgemental attitude, empathy, and attention to nonverbal communication. - Uses direct, open, respectful and honest assertive communication techniques - Establishes professional boundaries in the care of patients - Identifies patient barriers to effective communication (e.g., sensory deficit, developmental, language, cultural, cognitive, and/or psychosocial barriers).				
<b>Integrates holistic care and ethical principles that are sensitive and compassionate into to the care of patients and families.</b>				
<b>Demonstrates sensitivity to cultural influences on the individual’s reactions to the illness.</b>				
Incorporates trauma informed care into the plan of care for patients as applicable				
Advocates for and empowers the patient/family as partners in the care process and supports their right to safe, compassionate, and holistic nursing care				
<b><i>Clinical Instructor Section Summary Midterm:</i></b>				

***Clinical Instructor Section Summary Final:***

<b>Complete the following for QSEN Core Competencies &amp; Behavioral Criteria:</b>	<b>Midterm (score)</b>		<b>Final (score)</b>	
<i>Exhibits Professionalism, Teamwork and Collaboration (Program Outcomes # 3, 4, 7)</i>	<b>Student Midterm</b>	<b>Instructor Midterm</b>	<b>Student Final</b>	<b>Instructor Final</b>
<p><b>Demonstrates professional collaboration with members of the interdisciplinary health care team to improve patient outcomes. Examples include:</b></p> <ul style="list-style-type: none"> <li>- Identifies the roles and responsibilities for patient care team members (e.g., primary care provider, nurse, unlicensed assistive personnel, pharmacist, social worker, respiratory therapy, PT/OT, case manager, utilization review, hospitalist, residents, etc.)</li> <li>- Utilizes the EMR to foster interdisciplinary communication for consistency in patient care and patient safety</li> <li>- Participates in interprofessional rounding</li> </ul>				
<p>Provides assistance to peers and the healthcare team to support teamwork and reduce or avoid errors. Examples include:</p> <ul style="list-style-type: none"> <li>- Provides mutual support</li> <li>- Demonstrates situational awareness</li> <li>- Delegates as appropriate to team members within their scope of practice</li> <li>- Models IMSAFE behaviors as outlined in TeamSTEPPS</li> </ul>				
<p><b>Communicates professionally with patients/families, healthcare team, and peers. Examples include:</b></p> <ul style="list-style-type: none"> <li>- Manages conflict effectively</li> <li>- Provides timely constructive feedback and advocacy when indicated to promote safe patient care</li> <li>- Participates in post-conferences and supports peers in civil discourse</li> </ul>				

<ul style="list-style-type: none"> <li>- Applies TeamSTEPPS communication tools to clinical situations as appropriate (e.g., CUS, Two Challenge Rule, Assertiveness, Call-Outs, SBAR, Check-Back, etc.)</li> </ul>				
<b>Clinical Instructor Section Summary Midterm:</b>				
<b>Clinical Instructor Section Summary Final:</b>				
<b>Complete the following for QSEN Core Competencies &amp; Behavioral Criteria:</b>	<b>Midterm (score)</b>		<b>Final (score)</b>	
<i>Incorporates Evidence-Based Practice. (Program Outcomes # 3, 7)</i>	Student Midterm	Instructor Midterm	Student Final	Instructor Final
<b>Integrates evidence-based practice in patient care delivery to support safe, quality patient care. Examples include:</b> <ul style="list-style-type: none"> <li>- Gathers credible, accurate, and current research/publications related to clinical practice topics that lead to patient safety and quality outcomes.</li> <li>- Actively seeks appropriate resources to answer clinical questions</li> </ul>				
Integrates best current evidence with clinical expertise, clinical data, and patient/family preferences and values for delivery of optimal health care. Examples include: <ul style="list-style-type: none"> <li>- Incorporates patient preference in addition to evidenced-based information, clinical data, and clinical experience to inform decision-making</li> <li>- Applies essential patient/family information in the plan of care or teaching plan.</li> <li>- Demonstrates knowledge of and adheres to evidence-based standards of care/policies/protocols for the institution.</li> </ul>				

<i>Clinical Instructor Section Summary Midterm:</i>				
<i>Clinical Instructor Section Summary Final:</i>				
<b>Complete the following for QSEN Core Competencies &amp; Behavioral Criteria:</b>	<b>Midterm (score)</b>		<b>Final (score)</b>	
<i>Applies Quality Improvement Methods (Program Outcomes # 2, 6, 7)</i>	Student Midterm	Instructor Midterm	Student Final	Instructor Final
Demonstrates awareness of and actively participates in the unit's quality improvement program. Examples include: <ul style="list-style-type: none"> <li>- Handwashing</li> <li>- Bedside rounding</li> <li>- Alarm Fatigue</li> <li>- Noise reduction</li> <li>- Patient satisfaction</li> <li>- Infection prevention</li> <li>- Falls reduction</li> <li>- Patient identification</li> <li>- Medication safety</li> </ul>				
Identifies practice gaps and opportunities for improvement within the clinical site/organization. Examples include: <ul style="list-style-type: none"> <li>- Describes strategies for improving outcomes of care in the setting in which one is engaged in clinical practice</li> <li>- Analyzes the impact of factors such as access, cost, or team functioning on patient safety and quality improvement project efforts</li> </ul>				



<i>Clinical Instructor Section Summary Midterm:</i>				
<i>Clinical Instructor Section Summary Final:</i>				
<b>Complete the following for QSEN Core Competencies &amp; Behavioral Criteria:</b>	<b>Midterm (score)</b>		<b>Final (score)</b>	
<i>Promotes confidentiality safety, and safe patient handling (Program Outcomes # 1, 3, 4, 7)</i>	Student Midterm	Instructor Midterm	Student Final	Instructor Final
<b>Protects patient privacy and confidentiality in all communications (verbal, written, electronic). Examples include:</b> <ul style="list-style-type: none"> <li>- Adheres to HIPAA requirements and agency policies to maintain privacy and confidentiality of protected health information</li> <li>- Protects EMR access (closes the computer window and does not share login password)</li> <li>- Obtains EMR login to meet agency documentation requirements</li> </ul>				
<b>Uses proper PPE and adheres to infection control procedures and policies.</b>				
<b>Demonstrates proper hand hygiene technique.</b>				
<b>Demonstrates competent use of medical devices in the care of patient. Examples include:</b> <ul style="list-style-type: none"> <li>- Completes orientation to unit equipment</li> <li>- Uses equipment per standards for safe patient assessment and monitoring</li> <li>- Identifies personal gaps in knowledge and skill and seeks help</li> <li>- Uses proper body mechanics and assistive devices to promote safe patient handling and to avoid personal injury</li> </ul>				
<b>Adheres to 2.6 Social Media and Technology Policy</b>				

<p><b>Demonstrates safe medication administration. Examples include:</b></p> <ul style="list-style-type: none"> <li>- Is prepared to discuss the patient’s medication(s) in relation to the patient’s diagnosis and lab findings as appropriate for the level of competency</li> <li>- Uses credible resources for researching medication information</li> <li>- Accurately records medication administration and monitors, reports, and documents the patient’s response to the medication</li> <li>- Initially calculates correct dose, and IV rate of administration prior to then using pump technology, or other technology as a safety check</li> <li>- Identifies IV compatibility and medication dilution</li> <li>- Describes the indication, action, and side effects of medications</li> <li>- Provides appropriate patient education on medications and medication safety to the patient/family</li> </ul>				
<p><i>Clinical Instructor Section Summary Midterm:</i></p>				
<p><i>Clinical Instructor Section Summary Final:</i></p>				
<p><b>Complete the following for QSEN Core Competencies &amp; Behavioral Criteria:</b></p>	<p>Midterm (score)</p>		<p>Final (score)</p>	
<p><i>Applies the Nursing Process:</i></p>	<p>Student Midterm</p>	<p>Instructor Midterm</p>	<p>Student Final</p>	<p>Instructor Final</p>
<p>Assesses, manages and anticipates physical, psychological, social and spiritual symptoms/issues and or complications related to a disease process</p>				
<p><b>Competently applies each step of the nursing process from assessment to evaluation in patient care.</b></p>				
<p><b>Assessment. Examples Include:</b></p> <ul style="list-style-type: none"> <li>- Demonstrates competency with physical assessments</li> </ul>				

<ul style="list-style-type: none"> <li>- Collects patient data using a variety of sources (e.g., patient/family interview, EMR, health care team)</li> <li>- Documents patient care according to unit standards and timeframe</li> </ul>				
<p><b>Diagnose. Examples Include:</b></p> <ul style="list-style-type: none"> <li>- Identifies priority patient problems</li> <li>- Selects appropriate nursing diagnoses according to patient presentation and assessment data</li> </ul>				
<p><b>Plan. Examples Include:</b></p> <ul style="list-style-type: none"> <li>- Formulates a plan of care for the patient based on assessment data and evidence-based practice interventions</li> <li>- Incorporates appropriate resources (e.g., PT/OT, Respiratory Therapy, Pastoral Care, Policies) into the plan of care</li> <li>- Uses clinical reasoning in the selection of and planning of therapeutic interventions</li> <li>- Establishes realistic and measureable outcomes of care in partnership with the patient/family and health care team</li> </ul>				
<p><b>Implement. Examples Include:</b></p> <ul style="list-style-type: none"> <li>- Implements the identified plan of care</li> <li>- Accurately demonstrates clinical skills according to standards of care</li> <li>- Verbalizes the pathophysiology of disease processes and its impact on patient care and outcomes</li> </ul>				
<p><b>Evaluate. Examples Include:</b></p> <ul style="list-style-type: none"> <li>- Monitors the patient’s response to treatment</li> <li>- Identifies if the patient met the established outcomes</li> <li>- Reevaluates the plan of care to adjust outcomes as necessary</li> </ul>				
<p><b>Documentation. Examples Include:</b></p> <ul style="list-style-type: none"> <li>- Documents patient data, interventions, and patient outcomes within a timely manner</li> <li>- Documents according to unit standards and legal requirements</li> <li>- Accurately documents patient data, interventions, and nursing notes in EMR</li> </ul>				
<p><b>Reporting. Examples Include:</b></p>				

<ul style="list-style-type: none"> <li>- Promptly notifies primary nurse/clinical instructor of assessment findings that require follow-up</li> <li>- Uses a standardized handoff format (e.g., SBAR, I PASS the BATON, etc.) for handoff communications</li> <li>- Reports a near miss or patient/family/staff occurrence using the appropriate agency event reporting system as directed by the clinical instructor</li> </ul>				
<b><i>Clinical Instructor Section Summary Midterm:</i></b>				
<b><i>Clinical Instructor Section Summary Final:</i></b>				
<b>Complete the following for QSEN Core Competencies &amp; Behavioral Criteria:</b>	<b>Midterm (score)</b>		<b>Final (score)</b>	
<i>Personal Knowledge, Skills &amp; Attitude (KSA's) (Program Outcomes # 1-9)</i>	Student Midterm	Instructor Midterm	Student Final	Instructor Final
<b>Applies the American Nurses Association's Code of Ethics for Nurses and Nursing: Scope &amp; Standards of Practice in clinical practice</b>				
<b>Adheres to the SJF Student Code of Conduct and WSON Nursing Student-Driven Contract to Uphold the Code of Ethics</b>				
<b>Demonstrates accountability and responsibility for one's own ongoing education, professional behavior, civility, and safe clinical practice</b>				
<b>Adheres to WSON uniform policy and agency requirements</b>				
<b>Recognizes personal strengths and limitations as a team member.</b> <b>Examples include:</b> <ul style="list-style-type: none"> <li>- Asks for assistance as needed to ensure one's own safety and/or patient safety</li> </ul>				

<ul style="list-style-type: none"> <li>- Demonstrates intellectual curiosity and qualities of a motivated and engaged learner</li> <li>- Assumes a leadership role within one's scope of practice</li> </ul>				
<b>Submits accurate quality written work on time to meet learning outcomes</b>				
<b>Supports a culture of civility and a learning environment</b>				
<b>Safely provides care and administers medications to a group of patients according to course expectations</b>				
<b>Participates in self, peer, and faculty evaluation process</b> <ul style="list-style-type: none"> <li>- Actively seeks feedback to improve on one's clinical performance</li> <li>- Responsive to feedback to improve on one's knowledge, attitudes, and skills</li> <li>- Identifies areas for growth, or opportunities for improvement</li> <li>- Provides constructive feedback to others</li> </ul>				
<b><i>Clinical Instructor Section Summary Midterm:</i></b>				
<b><i>Clinical Instructor Section Summary Final:</i></b>				

<b>Student and Clinical instructor have reviewed and completed the <span style="color: red;">Clinical Skills Checklist</span> at midterm and final evaluation</b>	
<b>Student signature (mid-term):</b>	<b>Date:</b>
<b>Clinical instructor signature (mid-term):</b>	<b>Date:</b>
<b>Student signature (final):</b>	<b>Date:</b>
<b>Clinical instructor signature (final):</b>	<b>Date:</b>

<b>Student Midterm Reflective Summary:</b>	<b>Student Final Reflective Summary:</b>
--------------------------------------------	------------------------------------------

<p>Skills demonstrated: Knowledge gained: Attitudes developed:</p>	<p>Skills demonstrated: Knowledge gained: Attitudes developed:</p>
<p>Areas of strength: Areas for improvement: Plan for success:</p>	<p>Areas of strength: Areas for improvement: Plan for success:</p>

Faculty Midterm Evaluation Summary:

- *Care experiences:*
- *Student strengths:*
- *Areas for improvement:*

Faculty Final Evaluation Summary:

- *Care experiences:*
- *Student strengths:*
- *Areas for improvement:*



*St. John Fisher University Wegmans School of Nursing  
Bachelors of Science Degree in Nursing Program Outcomes*

*Upon completion of the Bachelor of Science Degree in Nursing, the graduate will be prepared to:*

<b>Program Outcome 1/Domain 1 Knowledge for Nursing Practice</b> - Integrate, translate, synthesize, and apply knowledge from nursing, liberal arts, natural and social sciences, and related disciplines to distinguish the practice of professional nursing and form the basis for clinical judgment and innovation in nursing practice.
<b>Program Outcome 2/Domain 2 Person-Centered Care-</b> Deliver person-centered, compassionate, developmentally appropriate, coordinated, evidence-based, and holistic care that builds on a scientific body of knowledge, empowers the individual, and is adapted to the priorities and values of the individual within complex and diverse settings and systems.
<b>Program Outcome 3/Domain 3 Population Health</b> - Improve equitable population health outcomes spanning the healthcare delivery continuum from public health prevention to disease management of populations through innovative clinical and non-clinical partnerships.
<b>Program Outcome 4/Domain 4 Scholarship for Nursing Discipline</b> - Synthesize, translate, apply, and disseminate evidence-based nursing knowledge to improve health, promote wellness across the lifespan, and transform health care.
<b>Program Outcomes 5/Domain 5 Quality and Safety</b> - Employ established and emerging principles of safety and improvement science, acknowledging quality and safety as core values of nursing practice, to enhance system effectiveness and individual performance.
<b>Program Outcomes 6/Domain 6 Interprofessional Partnerships</b> - Collaborate across professions and with care team members, patients, families, communities, and key stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.
<b>Program Outcome 7/Domain 7 Systems-based Practice</b> - Lead and respond to the changing needs within complex health care systems to effectively and proactively coordinate resources to provide safe, quality, equitable care for diverse populations.
<b>Program Outcome 8/Domain 8 Informatics and Healthcare Technologies-</b> Use informatics processes, communication, and healthcare technologies to expand knowledge and wisdom for practice by gathering data and interpreting information to drive decision making to deliver safe, high quality, efficient, and evidence-based healthcare services in accordance with professional and regulatory standards.
<b>Program Outcome 9/Domain 9 Professionalism</b> - Demonstrate and cultivate a professional nursing identity with the characteristics of accountability, collaborative disposition, and comportment that reflects the values, advocacy, and legal and ethical principles essential to nursing practice.-
<b>Program Outcome 10/Domain 10 Personal, Professional, and Leadership Development</b> - Engage in activities and self-reflection that foster personal health, resilience, well-being, and lifelong learning to support the acquisition of nursing expertise, leadership, and promotes the advancement of the art and science of nursing.

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