

# **GEORGE MASON UNIVERSITY**

## **NURSING 467: Community Health Clinical**

### **COURSE SYLLABUS**

**SPRING 2008**

**Course has a WebCT site with sample papers**

**Community Health Coordinator: Dr. Douglas, [cdouglas@gmu.edu](mailto:cdouglas@gmu.edu)  
Ms. Welsh, Ms. Hooker, Ms. Maloney, Ms. Meachum**

**A student must achieve a minimum grade of C (2.0) in both performance behaviors and assignments in order to pass the course section, regardless of the average of the two. If a student fails to make a grade of C (2.0) in either performance behaviors or assignments, a grade of F will be assigned for the course section as well as the course.**

**"If you are a student with a disability and you need academic accommodations, please see Debbie Wyne and contact the Disability Resource Center (DRC) at (703) 993-2427. All academic accommodations must be arranged through the DRC."**

GEORGE MASON UNIVERSITY

**Course Number:** NURS 467 Clinical

**Course Title:** Nursing as a Health Service III (5:0:15)

**Placement in Curriculum:** Senior Year: Pre or co-requisites NURS 436, NURS 466; Co-requisite NURS442

**Catalog Description:** Clinical experience with a focus on collaborative nursing care with individuals, families and large groups in the community. Emphasis is on health promotion and disease prevention for well populations and community-based care for individuals and families with acute and chronic illnesses.

**Course Objectives:** Upon completion of this course, the student will:

1. Apply principles of public health to populations.
2. Explain how the political process affects public health policy.
3. Implement principles of teaching and learning that address the health of populations.
4. Implement strategies for providing culturally appropriate health care for populations.
5. Apply epidemiological principles to major health problems of vulnerable populations.
6. Utilize principles of primary, secondary, and tertiary prevention that are appropriate for populations at risk.
7. Apply the nursing process to community health.
8. Recognize alterations in mental health status in a community-based population and identify appropriate community resources.

**Topical Outline and Strategies:** Clinical conference with instructor as arranged.

**Evaluation Methods:**

Clinical Evaluation	80%
Health Promotion Project (Paper and Project)	20%

Journal Entries  
Conference Participation

**Recommended Text:** Publication Manual of the American Psychological Association (APA) (5<sup>th</sup> Ed., 2001). Washington, D.C.: APA.

**Required Text:** None

## GUIDELINES FOR WRITTEN JOURNALS:

Journals are to be written weekly and reflect what you did and learned in/after clinical. The purpose is to facilitate LEARNING, sharpen critical thinking skills, and help me evaluate how you are doing (as I can't be in 8 different places at the same time). You don't need to chronicle everything you do – pick 1 or more interesting experiences and then explore these issues/topics in greater depth.

For example, in clinic – write about what you saw, what problems the patients in the clinic had, what meds/immunizations/screenings they received? If the patient presented for immunizations - what are some of the implications of immunizations? Side effects? What kind of teaching would you do? What is the Healthy People 2010 goal for immunizations?

If the patient presented for lead level screening, tell me about lead toxicity, environmental/dietary interventions to reduce lead.

If you go on a Tb home visit or have Tb clients in clinic – you can write about the patho of TB, how the patient is classified, risk factors, prevalence of TB in Fairfax county, meds patient is on, side effects of these med.

If you do vision/hearing screening, tell me about these screening tests, objectives of the screening program, protocol for screening, insights for dealing with a pediatric population in a large screening program.

If you go on a post-partum home visit – what assessments did you make and teaching you did, e.g. safety, breastfeeding, etc. Are there interesting cultural factors at play? Tell me about recommendations for feeding, screenings, what should infant be doing at this point, Denver Developmental II exam. Even if you didn't do the teaching, tell me what you might do during a future visit (once you have had some time to think).

If you go on a school visit – what did you do, what cases did you see – pick an interesting child and research his illness, treatments, etc.

For the adult day health center, you might pick an interesting patient and explore what conditions he/she has, and interesting experience (e.g. visit to Adult Protective Services) or tell me about the mini-mental (its history, why it is used, what the scores mean) – and what kinds of scores you have seen in the clients, how this relates to their ability to function at ADHC.

Please turn in the journals **each week by Sunday at 12 midnight.**

\*I will review the first journal with you in person – to make sure you are on track.

### IMPORTANT CONSIDERATIONS FOR THE COMMUNITY CLINICAL EXPERIENCE

- Failure to be in the clinical area at a scheduled time (without prior notification) is grounds for dismissal from the course.

## **Memorandum defining self-safety responsibilities for faculty and students during clinical experiences.**

### **I. Faculty Responsibilities**

- A. Provide for adequate student orientation to the agency.
- B. Select appropriate cases for students.
- C. Provide for adequate conference time, either individual or in groups, to share anxieties and concerns of students and cover clinical content.
- D. Be available to students as needed.

### **II. Student Responsibilities**

- A. A health physical report on file in student folder, with up- to-date immunizations including Hepatitis B. Current CPR certification is required. **A copy of these documents must be on file in the College of Nursing & Health Science.**
- B. Professional and ethical behavior is expected at all times.
- C. Carry GMU identification card and wear student name tag at all times during clinical activities.
- D. Wear appropriate clothing. No jeans, no leggings, no open toed shoes, no exposed tattoos, no low-rise pants or exposed abdominal skin, or underwear. If ears have multiple piercings, please wear only one stud earring. No jewelry in any other exposed piercing including tongue, eyebrow, naval or nose. Consider not wearing expensive jewelry in the clinical setting, but large costume jewelry and excessive make-up are not considered appropriate.
- E. Report on and off to the clinical instructor. Punctuality is an expectation. If you expect to be absent for any reason, discuss this with your clinical instructor. If you are ill on a clinical day, contact the instructor or the agency in the early morning. Students absent or consistently late will be required to do make-up work.
- F. When making home visits, it may be appropriate to leave purses in the office or put in the trunk of the car before leaving the office. It is best to carry change for telephone calls in your pocket at all times.
- G. Avoid basements, secluded stairwells and elevators, and other secluded areas.
- H. A student knocking on a door that is answered by a person with questionable dress or behavior is asked to use discretion.
- I. If approached on the street by any person requesting a home visit, the student is to give client the office telephone number and refer the request to the staff. Students do not make visits in such a case.
- J. Any situation provoking anxiety or infringing on the safety of the student shall be brought to the attention of the instructor without delay.
- K. A lab coat may be needed in the actual clinics; please have one available for use.
- G. **Students are NOT to transport clients for any reason.**

## **GROUND RULES FOR CLINICAL CONFERENCE**

1. We will respect others' opinions and ideas and be open minded. That means we will try not to be judgmental and dogmatic when we speak. We all come from many different perspectives and walks of life, and we need to feel that others are not passing judgment on us for our opinions or our lives. We will demonstrate respect for others' opinions without belittling or demeaning them.
2. If we feel that someone is being inappropriate or insensitive, we will challenge the ideas, not the person, and we will do so in an adult manner. We realize that many of these issues are ones we feel passionate about, and that there will be moments when feelings are hurt or tempers flare. We agree that we will try to deal with those issues in the classroom or, if necessary, in meetings beyond the classroom. We will not let anger lead to outbursts or name-calling.
3. We will listen carefully to each other without interrupting, especially when we have a "quick comeback" for an opposing idea. We recognize that growth comes through the creative process of working through issues, and listening is a key ingredient.
4. We will encourage the strong silent types to speak and too offer their opinions. We recognize that many of the quieter, shy types have very strong ideas and feelings that the class or group could benefit from, and we want to make it easier for those people to speak.
5. We will treat each person with dignity and respect, recognizing that we are seeing only a small portion of each person's life. We do not know what issues each of us copes with out of the classroom or what horrors and terrors have taken place that very day.
6. We will keep personal information and names inside the class. We will strive to create a safe zone of confidentiality in this classroom. Although we know that we will all talk about the class in general, but we will honor the vulnerability of any person who shares information with the group or class by keeping that information confidential. Period. No ifs, and or buts.
7. We will work together to make this class an exciting, friendly and intellectually stimulating work environment for all of us.

## Sample Journal Entry

I am beginning to feel like I belong at The Senior Center. I like the people I work with and really enjoy the seniors. I spoke to the seniors today on safety issues, concentrating on the prevention of falls. My talk was scheduled so I did not feel the sense of urgency I previously felt to deliver the discussion in as short a time as possible. I began the talk by asking them if any had sustained a fall, and then informed them that one in three people over the age of 65 will at some time in their lives seek medical help related to a fall. This seems to be a huge number, and I believe they were as surprised as I was to learn this fact. We discussed the physical changes that occur with aging that increases the risks for falling in the elderly. I then detailed some of the preventative measures that they can take: at home, at the grocery store, or wherever they may be, to optimize their safety. I opened up the discussion to get their input and was rewarded with great participation. I thanked them for their time and asked that they let me know if there is any other topic they would like me to research and bring to the table.

Another situation that has me very anxious (and somewhat uncomfortable) is that of a woman of Asian descent, who is possibly being physically abused by her husband. The situation is complicated by the fact that she does not speak English and so this information is coming second-hand from a Chinese woman who also speaks this woman's language, and is passing the story on. She has been beaten over a period of many years (she has been married for 45 years), even before she and her husband moved to the United States. The Chinese translator has advised her not to tolerate this type of abuse and to notify the authorities should it occur again. Two days ago, the woman did exactly this, locking herself in her bedroom and calling the police when her husband tried to hit her. This took a great deal of courage. Coming from a paternalistic culture, she does not feel it her right to undermine her husband's authority. She is afraid, and yet she believes he will change after this last time when the police came to the home.

I called the number for Elder Abuse Prevention to get some advice. I wanted to make sure that the client would be able to speak to someone in her own language instead of having to go through a third person. I was assured that there are many counselors who speak her language who would be able to help her. I gave her the telephone number and had her friend explain the availability of assistance. I encouraged her to call immediately and even offered to make the connection for her so I would be able to get someone on the line who could speak her language. Despite much encouragement however, she refused to make the call. She wishes to wait another week because she believes so strongly that her husband will change. Through her translator, I told her that without help this situation is unlikely to become any different, and that she should seek help as soon as possible. She is insisting on waiting a week! Having survived for 45 years with this man I am hoping, and praying, that she will be safe. Even if her husband does not beat her within the next week it will happen the next time the precipitating factor occurs, whatever that may be. She refuses to see this, and I could not press the point any further for risk of losing the tenuous connection we have at present. My plan for this situation is to inform the director of the center, on Monday, of what has transpired. Both she and the assistant director were absent today for off-site meetings. I hope that we will both be able to follow-up with Ling and her friend as to any further happenings, and that we should still continue to encourage her seeking help from the Elder Abuse Prevention Center. Rosemary Lowenkron, RN, Spring 2004

## HEALTH PROMOTION PAPER

The paper is a formal, research paper with a literature review. This is the only place in the curriculum where students write a formal paper, in the style of a publishable article. Do not use the first person “I”; a formal paper is written in the objective third person. Read the editorial page of a major newspaper, or the review the language in the articles that you will use to see this formal style of writing. Imagine yourself writing an article to a group of professional peers, your opinion will never be used.

Only refereed journal articles are to be used for the “Review of the Literature”; Internet sources may be used in the “Statement of the Problem.”. Refereed refers to research journals or professional journals where articles are peer reviewed by an expert panel before publication. If students are unfamiliar with refereed journals, use the campus data base entitled “Health References - Academic” and click the circle entitled “refereed”. You **MUST** use **at least 3 Peer Reviewed articles**.

**Text books** are **unacceptable** sources for the research paper. Part of the exercise is to familiarize students with professional research journals.

Internet sources often provide the epidemiological data (extent of the problem in the U.S. and/or local population, rates etc.) needed for the first section of the paper. Internet sources may also be used as the basis for the content outline (teaching) material. The “Review of the Literature” should reflect the student’s exploration of the research literature focused on the teaching subject matter.

### Grading for Health Promotion Paper

Statement of the Problem	10 Points
Review of the Literature	15 Points
Objectives	10 Points
Content Outline	10 Points
Significance of Project	5 Points
Innovation of Project	5 Points
Evaluation	10 Points
Grammar/Spelling/Writing Style	10 Points
Source Material	5 Points
Content Development	5 Points
APA Citation Format	15 Points

If writing is a challenge, please seek assistance from the Writing Center in Robinson A114. You can schedule an appointment at <http://writingcenter.gmu.edu>

Health education teaching opportunities will vary by clinical placement areas. Faculty will make every effort to provide teaching opportunities for students.

## GUIDELINES FOR PAPER

Paper is to be typewritten, double spaced, and written using American Psychological Association (APA) manual guidelines. Final paper should not exceed ten (10) pages. Sample papers are available on the WebCT course page. Consult with instructor as needed for direction and clarification. The use of headings as specified below will help you organize your thoughts and the paper. **Use this guideline.**

### Step 1: State of Problem (10 POINTS)

- State clearly what the topic is and why it is important in the community you serve or in the nation
- Give epidemiological data regarding the incidence or prevalence of the condition or situation. Epidemiological data can be found on the general Internet and in Healthy People 2010 (see below).
- Describe your target audience, demographic description of who will be taught and why
- Give the Healthy People 2010 goal related to your project. Scroll to the bottom of the following website to view all of the subject areas, click on a format to get a summary of your area and give the goal (with the number) that you are addressing in your project. No grant is funded in the U.S. without this data. <http://www.health.gov/healthypeople/document/tableofcontents.htm>

### Step 2: Review of the Literature (15 POINTS)

- No Internet sources, pamphlet information or text books are to be used in this section
- Include at least three (3) current articles from research / professional journals
- It may be helpful to use your Objectives (Step 3) as an outline to organize this section
- Use this information to discuss the topic with a professional peer as your audience. Incorporate this information in narrative form; this section should NOT be a string of abstracts or in outline form

### Step 3: Project Objectives (10 POINTS)

- **List** specific behavioral objectives that your target population will achieve or learn.
- 3-4 Objectives are sufficient
- These are **client** outcomes, not what you will do in your role as teacher.
- Objectives should be **SMART**: Specific, Measurable, Attainable, Realistic, and Time-referenced (ex. By the end of this teaching session, ...)

### Step 4: Content Outline and Implementation (10 POINTS)

- Write the content outline of what you will teach
- Implementation includes the teaching method and activities that you would use

### Step 5: Significance of Project (5 POINTS)

- State why the project is important and the impact it will have on the target population.

### Step 6: Ways in Which Project is Innovative (5 POINTS)

- State how project is unique or different. What makes it special?

### Step 7: Evaluation Methods (10 POINTS)

- It is important to remember that the **OBJECTIVES** are to be evaluated
- Discuss your evaluation plan, a group response, a group activity, a spoken or written post-test (as appropriate), or a written pre and post test (as appropriate).

### Step 8: Reference List

**NURS 467**  
**CLINICAL PERFORMANCE EVALUATION**  
**Community Health Clinical**

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

Faculty \_\_\_\_\_ Clinical Site \_\_\_\_\_

Clinical #: \_\_\_\_\_ Final Score \_\_\_\_\_ Final Letter Grade \_\_\_\_\_

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**ASSIGNMENT GRADE BREAKDOWN**

**Health Promotion Paper**

**Grade Earned**

\_\_\_\_\_

\_\_\_\_\_

**Non-graded Clinical Assignments**

Journal entries and participation in and preparation for post-clinical conferences exhibiting critical thinking:

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Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**\*\* A student must achieve a minimum grade of C in order to pass the course section.\*\***

**George Mason University  
School of Nursing  
Clinical Evaluation Tool**

Total number of clinical sessions \_\_\_\_\_

Number of Absences \_\_\_\_\_ Number of Times Late \_\_\_\_\_

\_\_\_\_\_  
Student signature /Date

\_\_\_\_\_  
Faculty signature/ Date

**\*\*Comments must be made in each of the competencies and scores of 1 and 3 must documented with specific behaviors.**

***Rating Scale \****

- 3. Exceptional performance - consistently exceeds expectation
- 2. Performs as expected for this level
- 1. Needs Improvement
- 0. Unsafe clinical practice (Student was placed on written contract-see attached)
- N/A Not applicable

**Total Clinical Score\_\_\_\_\_%**

**(Sum of score of all applicable items / possible highest score (excluding N/A)) X 100  
Possible highest score = number of items (excluding N/A) X 3**

**George Mason University  
College of Health and Human Services  
School of Nursing**

**Clinical Evaluation grading guidelines**

To calculate the final grade:

1. Performance Criteria:

Score Earned \_\_\_\_\_  
(Total score of all criteria)

Highest possible score \_\_\_\_\_  
(76 minus the NA items = \_\_\_\_\_ X 3 = \_\_\_\_\_)

2. Calculate the performance grade:  $\frac{\text{Score Earned}}{\text{Highest Possible Score}} \times 100 = \text{Performance Grade}$

3. Clinical performance Grade \_\_\_\_\_ X 80 % (.8) = \_\_\_\_\_  
Clinical assignments grade average \_\_\_\_\_ X 20% (.2) = \_\_\_\_\_

**Final score** (add the two scores together): \_\_\_\_\_

4. Look at the grading guideline below to find the **final letter grade** \_\_\_\_\_.

**Note: A student must achieve a minimum grade of C in order to pass the course section.**

**Final Combined Grading Guideline (%):**

	A+	A	A-	B+	B	B-	C+	C	C-	D
<b>Junior Year</b>										
Clinical 1	74.2	70.8	67.6	64.6	61.4	58.4	55.4	52.2	49.2	44.8
Clinical 2	75.8	72.4	69.2	66.2	63.0	60.0	57.0	53.8	50.8	46.4
Clinical 3	77.4	74.0	70.8	67.8	64.6	61.6	58.6	55.4	52.4	48.0
Clinical 4	79.0	75.6	72.4	69.4	66.2	63.2	60.2	57.0	54.0	49.6
<b>Senior Year</b>										
Clinical 5	87.8	84.4	81.2	78.2	75.0	72.0	69.0	65.8	62.8	58.4
Clinical 6	90.2	86.8	83.6	80.6	77.4	74.4	71.4	68.2	65.2	60.8
Clinical 7	92.6	89.2	86.0	83.0	79.8	76.8	73.8	70.6	67.6	63.2

**George Mason University  
School of Nursing  
Clinical Evaluation Tool**

Student \_\_\_\_\_

Date \_\_\_\_\_

Clinical Site \_\_\_\_\_ Clinical # \_\_\_\_\_ Total Score \_\_\_\_\_

<b>1. Competency: Demonstrate professional and ethical behaviors</b>						
<b>Performance Criteria:</b>						
<b>Adheres to professional conduct</b>						
1	Adheres to professional dress code including hair, makeup, jewelry, and nails	3	2	1	0	N/A
2	Protects and advocates for patient rights (privacy, autonomy, confidentiality)	3	2	1	0	N/A
3	Addresses all individuals with dignity and respect without regard to age, developmental level, disability, and/or culture	3	2	1	0	N/A
<b>Assumes responsibility for own behavior</b>						
4	Complies with agency and school policies, state laws, and regulations	3	2	1	0	N/A
5	Adheres to syllabus guidelines	3	2	1	0	N/A
6	Accepts and acts appropriately upon constructive feedback	3	2	1	0	N/A
7	Reports on time and is accountable for notification of illness	3	2	1	0	N/A
<b>Maintains professional student nurse role(s)</b>						
8	Follows instructions given by instructor/staff	3	2	1	0	N/A
9	Accepts responsibility and is able to demonstrate preparation for assigned patient care	3	2	1	0	N/A
10	Submits written materials and other course requirements on time and in proper format	3	2	1	0	N/A
11	Consistently prepares for and participates in conferences/IBLs	3	2	1	0	N/A
12	Reports errors promptly and responds appropriately	3	2	1	0	N/A
13	Actively seeks opportunities for learning	3	2	1	0	N/A
14	Contributes to group/team activities	3	2	1	0	N/A
<b>Develops leadership skills</b>						
15	Leads by example and takes initiative based on principles of leadership and management	3	2	1	0	N/A
16	Uses evidence-based practice findings to enhance patient care	3	2	1	0	N/A
<b>Total score _____</b>		<b>Number of items (excluding items with N/A answers) _____</b>				
<b>Comments:</b>						

<b>2. Competency: Gather and analyze comprehensive patient assessment data</b>						
<b>Performance Criteria:</b>						
1	Introduces self to patient and family/support person; establishes a working relationship	3	2	1	0	N/A
2	Completes patient(s) assessment within established time frames (agency guidelines, instructor requirements, etc.)	3	2	1	0	N/A
3	Demonstrates effective interview techniques in data collection	3	2	1	0	N/A
4	Demonstrates correct techniques for physical assessment	3	2	1	0	N/A
5	Adapts assessment techniques based on patient characteristics (e.g., age, culture, development, illness, mental state, spirituality)	3	2	1	0	N/A
6	Seeks appropriate sources in collecting data	3	2	1	0	N/A
7	Incorporates information from team members and other sources	3	2	1	0	N/A
8	Gathers and analyzes relevant laboratory and diagnostic test results	3	2	1	0	N/A
9	Clusters data to identify patient/nursing problems	3	2	1	0	N/A
10	Relates pathophysiology of disease(s) to patients' assessment findings, medications, laboratory and diagnostic test results, and medical and nursing information	3	2	1	0	N/A
11	Discusses conclusions of patient assessment with instructor/preceptor, giving specific examples	3	2	1	0	N/A
12	Anticipates patients' needs based on assessments	3	2	1	0	N/A
13	Develops a plan of care based on findings	3	2	1	0	N/A
<b>Total score ____</b>		<b>Number of items (excluding items with N/A answers) _____</b>				
<b>Comments:</b>						

<b>3. Competency: Provide individualized patient care and outcome evaluation</b>						
<b>Performance Criteria:</b>						
<b>Nursing Intervention and Outcome Evaluation</b>						
1	Determines and supports patient preferences	3	2	1	0	N/A
2	Establishes priorities of care in meeting identified needs of patients	3	2	1	0	N/A
3	Uses critical thinking strategies in decision-making, planning, and provision of care	3	2	1	0	N/A
4	Demonstrates caring behavior towards patients and families	3	2	1	0	N/A
5	Prepares patients for interventions	3	2	1	0	N/A
6	Considers patients' family and community when developing and implementing the plan of care	3	2	1	0	N/A
7	Reports abnormal data and changes in patient condition to the instructor or appropriate health care professional	3	2	1	0	N/A
8	Ensures patient care is completed within time framework established by agency/instructor	3	2	1	0	N/A
9	Evaluates patient outcomes	3	2	1	0	N/A
10	Revises and modifies patient care as indicated by the evaluation outcomes	3	2	1	0	N/A
<b>Proficiency in nursing skills</b>						
11	Performs nursing skills competently	3	2	1	0	N/A
12	Demonstrates competency in performing nursing technologies	3	2	1	0	N/A
13	Recognizes and assesses own limitations in performing a particular technology and take appropriate steps to improve skill	3	2	1	0	N/A
14	Responds appropriately to patients in distress	3	2	1	0	N/A
15	Provides complex nursing care for more than one patient	3	2	1	0	N/A
16	Demonstrates flexibility in adapting to changing situations	3	2	1	0	N/A
<b>Teaching</b>						
17	Assesses patient/family understanding of the health care situation	3	2	1	0	N/A
18	Develops and implements a teaching plan according to assessment findings	3	2	1	0	N/A
19	Presents information in a clear, professional manner	3	2	1	0	N/A
20	Evaluates patients' attainment of learning outcomes	3	2	1	0	N/A
21	Revises the teaching plan as indicated by the evaluation	3	2	1	0	N/A
<b>Teamwork and Leadership</b>						
22	Delegates tasks appropriately	3	2	1	0	N/A
23	Ensures that delegated acts are completed	3	2	1	0	N/A
<b>Total score _____</b>		<b>Number of items (excluding items with N/A answers) _____</b>				
<b>Comments:</b>						

<b>4. Competency: Adhere to principles of safety and infection control (medication/procedures/interventions, etc.)</b>						
<b>Performance Criteria:</b>						
1	Performs appropriate assessments prior to, during, and after medication administration	3	2	1	0	N/A
2	Reports and documents medication effects	3	2	1	0	N/A
3	Obtains patient medication information including classification, indication, action, dosage, side effects, interactions, and nursing implications	3	2	1	0	N/A
4	Correlates patients' medications to their health status	3	2	1	0	N/A
5	Calculates medication dosages and IV rates correctly	3	2	1	0	N/A
6	Follows correct procedures in preparing and administering medications	3	2	1	0	N/A
7	Checks <u>nine</u> rights and patient identifiers prior to medication administration	3	2	1	0	N/A
8	Administers medications within the agency-allotted timeframe	3	2	1	0	N/A
9	Uses universal/standard precautions (washing hands, wearing appropriate personal protective equipment, avoiding needlesticks)	3	2	1	0	N/A
10	Completes patient rounds according to agency and/or instructor guidelines	3	2	1	0	N/A
11	Checks for patient ID and correct procedures at all times	3	2	1	0	N/A
12	Maintains an environment free from hazards, etc.	3	2	1	0	N/A
13	Requests assistance when needed	3	2	1	0	N/A
<b>Total score _____</b>		<b>Number of items (excluding items with N/A answers) _____</b>				
<b>Comments:</b>						

<b>5. Competency:</b> Communicate and collaborate effectively with colleagues, patients, and families						
<b>Performance Criteria:</b>						
<b>Communication with clients</b>						
1	Uses appropriate verbal and non-verbal communication strategies	3	2	1	0	N/A
2	Adapts communication strategies based on patients' age, developmental level, disability, and/or culture	3	2	1	0	N/A
3	Evaluates the effectiveness of therapeutic interactions	3	2	1	0	N/A
4	Uses appropriate channels of communication	3	2	1	0	N/A
5	Provides accurate information to patients, families, and the health care team—including instructor	3	2	1	0	N/A
<b>Communication with other health care professionals</b>						
6	Conveys mutual respect, trust, support, and appreciation for other members of the health care team, patients, families, instructor, classmates	3	2	1	0	N/A
7	Confers with other health care team members regarding patient care needs	3	2	1	0	N/A
8	Applies conflict resolution and problem solving skills as appropriate	3	2	1	0	N/A
<b>Total score</b> _____		<b>Number of items (excluding items with N/A answers)</b> _____				
<b>Comments:</b>						

**6. Competency: Document effectively****Performance Criteria:**

1	Uses appropriate terminology, spelling, and grammar in written communications	3	2	1	0	N/A
2	Documents accurate, complete, and pertinent information in a timely manner	3	2	1	0	N/A
3	Completes documentation according to agency guidelines (format, timing, abbreviations, etc.)	3	2	1	0	N/A
<b>Total score</b> ____		<b>Number of items (excluding items with N/A answers)</b> _____				

**Comments:**

## **Rating Scale Descriptions:**

**You will demonstrate your competence in a clinical experience with guidance from an experienced RN or Instructor**

**Circle the appropriate score for each criteria based on the descriptions below.**

### **3 – Exceptional performance – consistently exceeds expectations at all times**

- Consistently safe and accurate at **all** times
- Use of time: completes all patient care assignments on time
- Requires minimal instructor guidance and prompting
- Consistently demonstrates improvement in efficiency, coordination of care, and confidence throughout the clinical experience
- Demonstrates independence in thought and action
- Assignments are turned in on or before the due date
- All areas of assignments are addressed in a complete and thorough manner, information is accurate and presentation of material is professional in appearance
- Accountable for nursing actions at all times

### **2 – Performs as expected for this level**

- Safe and accurate most of the time
- Requires some prompting and support
- Demonstrates improvement in efficiency, coordination of care, and confidence
- Uses instructor guidance and supervision appropriately
- Prepared for clinical experience
- Presents a professional image (appropriately dressed, attitude, and demeanor)
- Assignments turned in on due date, and material is professional in appearance

### **1 – Needs Improvement**

- Unskilled and inefficient, continuous verbal and/or physical direction required
- Lacks accountability for own practice
- Requires continuous instructor prompting and support
- Lacks confidence
- Assignments are turned in after the due date
- Information on assignments is missing or not factual
- Obvious gaps are noted in information
- Lack of professional appearance and/or demeanor

## 0 - Unsafe or Inappropriate Clinical Practice

Unsafe or inappropriate clinical practice is any act, practice or omission during clinical practice that fails to conform to the accepted standards of the nursing profession. Unsafe clinical practice may directly or indirectly cause physiological and/or emotional harm to others.

Unsafe or inappropriate clinical performance may include, but is **not limited** to the following behaviors:

1. Fails to prepare for clinical assignments by not obtaining sufficient data as to patient's diagnosis, needs, and nursing care
2. Fails to accurately assess, determine significance of, and/or promptly report changes in patient's physical and/or emotional status to appropriate resource people
3. Fails to provide nursing care, which may be required to stabilize a patient's condition or prevent complications, congruous with knowledge base derived from previous and current learning
4. Fails to provide clear, accurate, and complete written documentation regarding a patient's condition, treatment, and nursing care according to the agency policy
5. Fails to administer medications and/or treatment in a safe, responsible manner
6. Fails to demonstrate the application of previously learned skills and principles in providing nursing care
7. Practices beyond educational level, experience, or responsibilities within the role of the student nurse
8. Fails to follow instructions given by the instructor
9. Fails to accept responsibility for own actions
10. Fails to correct previously identified failing behaviors identified in the written contract created by the instructor and reviewed with the student

Students will be placed on written contract for the unsafe or inappropriate behavior at any time during the clinical rotation. Unsafe or inappropriate clinical practice **in any one of the performance criteria** on the final evaluation will result in failure of the clinical nursing course. The written contract must be attached. Students who fail a clinical course at the end of the semester **cannot** continue to attend future clinical sessions.

**N/A – Performance Criteria not appropriate for this clinical setting.**