

**SAINT JOSEPH'S COLLEGE
DEPARTMENT OF NURSING**

Course: NU 420 -C -- Nursing Internship Clinical

Credits: 2 credits

Clinical: 150 hours clinical

Placement: Second Semester Senior Year

Course Coordinators:

Gail Marchigiano, CCRN, MSN, ANP

Office 305 Mercy Hall, 207 893-7959

E-mail: gmarchig@sjcme.edu Pager # 471-1983

Sharon Martin, MSN, APRN, BC

Office 317 Mercy Hall 207 893-7966,

E-mail: smartin@sjcme.edu Pager # 851-0283

Clinical Faculty: Sarah Vreeland, RN, MS, ONC and Louise Geary, RN

COURSE DESCRIPTION:

The internship clinical portion provides an intensive 150-hour clinical experience that affords the opportunity to refine the roles and incorporate the functions of the professional nurse. The course emphasizes the integration of the multiple roles of nursing in the delivery of patient care and serves as a vehicle for enhancing safe, effective nursing care, communication skills, critical thinking, holistic caring, and professionalism. The course helps students to build self-confidence, to increase nursing competency with the delivery of evidence-based care, and to perform the professional role. To the degree possible, students request an internship site consistent with their area of special interest and are guided by a staff registered nurse preceptor in collaboration with an SJC faculty member.

STUDENT OUTCOMES:

By the end of the internship the student must demonstrate proficiency in all of the SJC program outcomes including:

1. Professional behavior in appearance, demeanor, use of legal/ethical principles, accountability, in the various nursing roles, and as an independent learner.
2. Holistic caring of clients.
3. Communicating effectively and professionally verbally, non-verbally, in writing, and via computer.
4. Critical thinking focusing on effective clinical reasoning, problem solving, and use of the nursing process.
5. Safe, effective care throughout the life span based upon accepted principles and standards of nursing, evidence-based practice, and cultural competence.

STATEMENT OF STUDENT GOALS RE SJC MISSION:

Saint Joseph's College is committed to the development of every student through a process of lifelong learning. To that end, members of the college community are encouraged to pursue the following goals in accordance with the Mission of Saint Joseph's College as a Catholic liberal arts college:

- pursue knowledge and understanding of the arts, humanities, and sciences through disciplined learning and discourse in the search for permanent truths;
- develop a sense of self and a capacity for independent action, based on universal human values;
- promote an understanding of individual, social, civic and environmental responsibilities;
- develop critical thinking by focusing on organization, synthesis and analysis, maintaining intellectual independence and an attitude of healthy criticism;
- develop interactive oral and written communication skills.

NU 420 strives to meet Saint Joseph's College student goals through a culminating intensive clinical experience. The course is designed to foster, nurture, and facilitate the transition to the role of a licensed professional nurse.

TEACHING METHODS:

Students will provide documentation of having completed 150 hrs of clinical time (form attached). Clinical time will be spent with a nurse preceptor or the preceptor's designate in the clinical site.

DEPARTMENT OF NURSING POLICY:

A passing grade of 78 or better is required in all nursing courses.

INTERNSHIP POLICIES:

1. A clinical average of 78 or better (with no 1s or 2s on the Outcome Evaluation Tool at the end of the semester) is required to pass. However, in the event a student earns any 1 or 2 on the final clinical evaluation the student fails clinical even if the overall clinical average is above 78.
2. **Students must activate and use the SJC E-mail address and Web-CT, which will be an important mode of communication between faculty and student. Students must have daily access to a computer in order to send and read regular E-mail regarding the internship.**
3. Students who request and are assigned to Special Care Units are **required** to register for and complete the Special Care Course, NU 410. All seniors are welcome and encouraged to enroll in this course as the content is included in the NCLEX-RN exam.
4. Students will participate in **one** assigned clinical intravenous therapy lab during the beginning of the semester. You will need to sign up for one of the labs offered in January from 0800 to 1430.
5. Students must pass both a general and an IV medication administration test at 100% (two attempts). The general math test does not include any new information and must be passed by January 26, 2009. Anyone unable to pass at 100% by Jan. 26 will be *required* to participate in regular math tutoring/practice at least weekly until an acceptable level of proficiency is demonstrated with math and medication calculation. The IV math test includes previously learned computations as well as new information from the *Math For Meds* text specifically IV drug dosage titrations based on a dose/kg/min. Homework to master this material must be done before your scheduled IV lab. The IV math test must be completed at 100% no later than February 1, 2009. Anyone unable to pass at 100% by February 1 will be *required* to participate in regular math tutoring/practice at least weekly until an acceptable level of proficiency is demonstrated with math and medication calculation. *Internship will not begin until the student has passed the math quiz at 100% or has begun regular math tutoring/practice and is deemed to be safe in the internship setting.* The start of internship clinical hours may be delayed or restrictions may be placed on medication administration activities while the student participates in math/tutoring/practice.
6. Internship clinical hours will not begin until the student provides evidence of having met the health, health insurance, CPR, and malpractice requirements outlined in the SJC Catalog. If any of the above lapses during the semester clinical internship hours will cease until the requirement is met.

INTERNSHIP GRADING:

The clinical evaluation constitutes the entire grading criteria for this course.

To successfully pass NU 420C the student must earn at least a 78 or better (with no 1s or 2s on the Outcome Evaluation Tool at the end of the semester) to pass. In the event a student earns any 1 or 2 on the final clinical evaluation the student fails clinical even if the overall clinical average is above 78.

INTERNSHIP TEXTS:

All nursing textbook are required for use in this practicum. Students are also expected to integrate systematic reviews, evidence-based guidelines, and research articles into their clinical practice.

DUE DATES:

Clinical completion (150 hours) no later than **May 1, 2009.**

Successfully completion of the scheduled IV Therapy lab

CLINICAL JOURNAL REQUIREMENTS:

An ongoing student journal is required in addition to Outcome Evaluation Tool documentation. The journal is a narrative used to explore clinical, personal, and professional growth and entries (or E-mail) are made after each clinical day and sent to your clinical faculty. Journals are professional correspondence, therefore, should be written with correct grammar and spelling. **A running total of clinical hours must be noted at the top of each journal entry.** The journal is used to document specific examples of:

- integration and synthesis of relevant theories and research
- differentiation of pathophysiological changes

organization of nursing care
demonstration of critical thinking
application of decision making skills and judgment
delegation as appropriate
application of knowledge and principles of communication
designation of client education
consultation and collaboration with other health disciplines
implementation of professional standards of practice
achievement of competencies in areas identified for clinical learning goals

When writing the journal entry for your clinical day, please discuss your clinical decision making in relation to a clinical experience. A sample journal is available on Web-CT

1. Describe the clinical situation.
2. Detail the nursing interventions performed by yourself or another.
3. Describe what you would do differently, if anything, if a similar incident occurred.
4. Relate parts of the clinical incident to the whole. What was going on in the situation and what were your cues?
5. Apply previous knowledge from classroom or past experience. Did it help you or not? What resources did you use?
6. Describe your areas of strengths and weaknesses in regard to this situation; include your thoughts, perceptions, and feelings.
7. Discuss agency standards of practice and policies and procedures relating how research evidence is translated into clinical recommendations.
8. Faculty will return clinical logs with questions. Students are expected to answer the questions in a timely manner.

NURSING INTERNSHIP AGREEMENT

On or before the first day of clinical the student shall review and complete the NU 420C Nursing Internship Agreement (ATTACHED) with the preceptor, the original to be returned to the clinical faculty. A duplicate is attached for the student and preceptor.

CLINICAL EVALUATION:

Student clinical performance for the internship is graded. Students must meet criteria outlined on the Department of Nursing Outcome Evaluation Tool designed for NU 420C. The faculty member, with preceptor input, will evaluate student clinical performance at the clinical mid term and at the end of the 150 required hours. The preceptor will also complete the form entitled, "*Preceptor Evaluation of Student Performance*" (ATTACHED) at the end of the 150 required hours and this becomes part of the final evaluation. Numerical grades will be calculated utilizing the Outcome Evaluation Tool at the end of the semester.

**SAINT JOSEPH'S COLLEGE DEPARTMENT OF NURSING
NU 420C Nursing Internship Agreement**

Student Nurse Responsibilities:

The student nurse will:

1. Identify and discuss own learning needs and establish learning goals by the first clinical experience and communicate these with the preceptor and clinical instructor.
2. Apply theoretical knowledge and nursing research to patient care.
3. Follow unit/agency policies and procedures as well as professional ethics.
4. Complete a total of 150 hours in a clinical practicum.
5. Notify preceptor and faculty of schedule changes or absence.
6. Self-evaluate clinical experience related to attainment of course and personal learning goals.
7. Perform invasive procedures only under direct supervision of RN preceptor or preceptor designee.
8. Perform only those nursing actions that the student is competent in and that are within the student's scope of practice.
9. Completes journal assignments as required

Faculty Responsibilities:

The faculty will:

1. Assist the College and community agency in establishing a contractual agreement between the facilities.
2. Serve as a liaison between the facility and College
3. Provide as needed to the agency verification that the student meets agency requirements including, but not limited to CPR certification, immunizations, background checks, HIPAA requirements.
4. Provide and review with the preceptor the expectations of the clinical experience including the course syllabus, objectives, and evaluation criteria.
5. Provide a means by which preceptor can contact faculty in the event of a problem or question
6. Serve as a resource to student and preceptor while helping to meet learning needs identified by the preceptor for self or the student.
7. Establish method and frequency of collaboration with preceptor and student regarding performance and progress.
8. Complete the student's midterm and final evaluation based on input from student and preceptor

Preceptor Responsibilities:

The preceptor agrees to:

1. Provide clinical supervision, guidance, and role modeling for the student nurse while providing constructive feedback.
2. Serve as a resource to the student.
3. Orient the student to administrative policies, physical facilities, and standards of clinical and professional practice.
4. Assist the student in the attainment of learning goals.
5. Complete the attached evaluation form with the student at the end of the semester with participation in the student's summative evaluation.
6. Notify the student and faculty of student performance that is less than expected immediately and confers with the faculty member regarding the student's performance and progress.
7. Designate a substitute preceptor of similar qualifications to work with student in her/his absence.
8. Directly supervise or arrange for another qualified person to directly supervise the student performing any invasive procedure or IV bolus medication throughout the semester.
9. Discovers and follows agency policy and procedures concerning a student performing an invasive procedure. (SJC nursing faculty reserve the right to restrict invasive procedures that a student may perform)

Qualifications of Staff Nurse Preceptors:

The preceptor must:

1. Have a current license as a Registered Nurse.
2. Have a minimum of one year of full-time nursing experience.
3. Voluntarily participate as a preceptor in the student's clinical internship experience.
4. Be able to give constructive feedback.
5. Enjoy working with a student.

STUDENT _____

PRECEPTOR _____

FACULTY _____

DATE _____

**SAINT JOSEPH’S COLLEGE DEPARTMENT OF NURSING
NU 420C Nursing Internship Agreement**

The student nurse will:

1. Identify and discuss own learning needs and establish learning goals by the first clinical experience and communicate these with the preceptor and clinical instructor.
2. Apply theoretical knowledge and nursing research to patient care.
3. Follow unit/agency policies and procedures as well as professional ethics.
4. Complete a total of 150 hours in a clinical practicum.
5. Notify preceptor and faculty of schedule changes or absence.
6. Self-evaluate clinical experience related to attainment of course and personal learning goals.
7. Perform invasive procedures only under direct supervision of RN preceptor or preceptor designee.
8. Perform only those nursing actions that the student is competent in and that are within the student’s scope of practice.
9. Completes journal assignments as required

Faculty Responsibilities:

The faculty will:

1. Assist the College and community agency in establishing a contractual agreement between the facilities.
2. Serve as a liaison between the facility and College
3. Provide as needed to the agency verification that the student meets agency requirements including, but not limited to CPR certification, immunizations, background checks, HIPAA requirements.
4. Provide and review with the preceptor the expectations of the clinical experience including the course syllabus, objectives, and evaluation criteria.
5. Provide a means by which preceptor can contact faculty in the event of a problem or question
6. Serve as a resource to student and preceptor while helping to meet learning needs identified by the preceptor for self or the student.
7. Establish method and frequency of collaboration with preceptor and student regarding performance and progress.
8. Complete the student's midterm and final evaluation based on input from student and preceptor

Preceptor Responsibilities:

The preceptor agrees to:

1. Provide clinical supervision, guidance, and role modeling for the student nurse while providing constructive feedback.
2. Serve as a resource to the student.
3. Orient the student to administrative policies, physical facilities, and standards of clinical and professional practice.
4. Assist the student in the attainment of learning goals.
5. Complete the attached evaluation form with the student at the end of the semester with participation in the student’s summative evaluation.
6. Notify the student and faculty of student performance that is less than expected immediately and confers with the faculty member regarding the student’s performance and progress.
7. Designate a substitute preceptor of similar qualifications to work with student in her/his absence.
8. Directly supervise or arrange for another qualified person to directly supervise the student performing any invasive procedure or IV bolus medication throughout the semester.
9. Discovers and follows agency policy and procedures concerning a student performing an invasive procedure. (SJC nursing faculty reserve the right to restrict invasive procedures that a student may perform)

Qualifications of Staff Nurse Preceptors:

The preceptor must:

1. Have a current license as a Registered Nurse.
2. Have a minimum of one year of full-time nursing experience.
3. Voluntarily participate as a preceptor in the student’s clinical internship experience.
4. Be able to give constructive feedback.
5. Enjoy working with a student.

STUDENT _____

PRECEPTOR _____

FACULTY _____

DATE _____

**SAINT JOSEPH'S COLLEGE
DEPARTMENT OF NURSING
NU 420C Nursing Internship**

PRECEPTOR EVALUATION OF STUDENT PERFORMANCE
(Completed by preceptor + student at the end of the internship experience)

STUDENT _____ PRECEPTOR _____

CLINICAL AGENCY _____ FACULTY _____

CLINICAL HOURS COMPLETED: _____

ADHERED TO UNIT AND INSTITUTION POLICIES AND PROCEDURES: _____

DEMONSTRATED CONTINUED PROGRESS IN LEARNING SKILLS AND THEORY:
EXAMPLES: _____

DEMONSTRATED INCREASING ABILITY TO PERFORM NURSE ROLE
INDEPENDENTLY INCLUDING THE DELIVERY OF SAFE NURSING CARE, THE USE OF
EFFECTIVE COMMUNICATION, AND THE INTEGRATION OF LEADERSHIP
BEHAVIORS:
EXAMPLES: _____

RECOMMENDATIONS OF PRECEPTOR FOR FUTURE STUDENT GOALS/LEARNING:

STUDENT _____ PRECEPTOR _____

FACULTY _____ DATE _____

INTRAVENOUS THERAPY POLICY

CANNULA POLICY

POLICY – *Students must follow the agency policy and procedure regarding I.V. insertion. After meeting the agency requirements, this policy applies to all SJC nursing students who have successfully completed the IV insertion lab*

Cannulas are placed for definitive therapeutic and/or diagnostic indications. The smallest gauge, shortest length cannula capable of accomplishing the prescribed therapy shall be used. The supervising R.N. and hospital policy will determine adult patient selection. The student will be limited to two attempts per patient, if the patient is willing.

Based on standards of the Infusion Nurses Society (INS), “The placement of catheters shall be in accordance with the state Nurse Practice Act. The catheter selected shall be the smallest gauge and shortest length that will accommodate the prescribed therapy. Aseptic technique shall be used and standard precautions observed during catheter placement. Only one catheter shall be used for each cannulation attempt” (Phillips, L. 2005. Manual of I.V. Therapeutics)

COMPETENCY CRITERIA: Initiation of Peripheral I.V. Therapy following the Phillips 15 Steps.
(Phillips, 2005. *Manual of I.V. Therapeutics*)

COMPETENCY STATEMENT: Competent I.V. nurses will be able to perform venipuncture technique for support of peripheral I.V. therapy.

NOTE: The cognitive (knowledge) information that is embedded within this performance-based competency includes aseptic technique, manufacturer recommendation for use of equipment, venous anatomy and physiology, fluid and electrolyte balance.

This competency links to the competency of infection control, management of I.V. equipment, and parenteral solutions.

CRITICAL ACTION STATEMENTS

1. Verifies appropriate physician’s order.
2. Washes hands for 15 to 20 seconds.
3. Performs inspection of I.V. equipment to ensure product integrity.
4. Informs patient of procedure, and interviews regarding previous experiences with I.V.s. Assesses the desire for the administration of local analgesia and obtains a physician order as appropriate. Some agency and unit-based policies include the use of a local anesthetic. In this case, a physician order is not necessary.
5. Examines both arms for appropriate site to support I.V. therapy and institutes appropriate method for vein dilation.
6. Chooses appropriate size catheter. Rewashes hands.

7. Uses gloves before site preparation.
8. Performs preparation of site using 70% alcohol in a circular motion working from the center outward to a diameter of 2-3 inches, followed by a 20-second scrub with povidone-iodine or chlorhexidine. Let these dry. Do not remove. If the patient is allergic to iodine, use alcohol for a 30-min scrub. Note: Hair should only be removed with scissors.
9. Performs venipuncture technique:
 - A. Indirect or direct stick
 - B. Angle of 30 to 45 degrees to enter skin. (May require 10-20 degree angle in older adult)
 - C. Lowers angle of cannula after cannula is through skin. Lower angle of catheter and stylet as one unit.
 - D. Establishes blood return (flashback) before threading catheter. Cautiously advance the cannula into the vein lumen (one-handed technique preferred or two-handed technique)
 - E. While the stylet is still partially inside the catheter, release the tourniquet
 - F. Remove the stylet
 - G. Connects hub of catheter to locking device or administration set
 - H. Stabilize the catheter hub with a chevron taping method followed by 2X2 inch gauze with all edges taped or transparent film (TSM).
10. Postcannula insertion
 - A. Label the insertion site with cannula size, date, time, and initials
 - B. Dispose equipment using OSHA and JACHO standards.
 - C. Teach patient limitations
11. Calculates rate accurately if applicable. Labels tubing and IV solution, if applicable
12. Documents initiation of peripheral I.V. therapy based on institution policy and procedures.
 - A. Assessment of site
 - A. Size and length of cannula
 - B. Number of attempts
 - C. Location of catheter (specify vein)
 - D. Use of equipment (electronic infusion devices, inline filters, extension sets, sealable lock).
 - E. Solution infusing and rate.
 - B. How the patient tolerated procedure

EVALUATION CRITERIA

1. Observation of initiation of I.V. therapy on patient or simulation on manikin.
2. Observation and review of documentation.
3. Calculation problems.

IV Insertion Day – NU 420



Learning Objectives:

The student will:

1. Relate the Saint Joseph's College Policy on intravenous therapy.
2. Indicate the anatomy and physiology of the peripheral venous system of the upper extremities.
3. Specify factors that affect site selection.
4. Demonstrate Phillips' 15-Step approach for initiating IV therapy.
5. Comprehensively document the initiation of IV therapy.
6. Relate the CDC guidelines for placement of intravascular catheters in adults and children.
7. Calculate dosage and flow rates for drug infusions including infusions based on kilogram body weight.
8. Identify complications of IV therapy.
9. Relate safety measures when performing IV therapy.

Reading:

Phillips (2005): Chapter 7: Techniques for Peripheral Intravenous Therapy pp. 257 - 322 (see key points p.303). Reflect on the critical thinking questions on p. 304. Identify the hand or arm veins on p. 305. This anatomy is a vital component of your documentation.

Review Chapter 9: Complications of IV Therapy pp. 356-405 (from NU 301) .

Curran, A. & Munday, L. (2005). *Math for Meds*. San Diego: W. I. Publications, Inc. Chapter 18 pp. 257-274 . Review CH 19.

Centers for Disease Control and Prevention. (2002, August 9). Guidelines for the prevention of intravascular catheter-related infections. *MMWR*, 51, p. 1-29 (Special emphasis on Recommendations for placement of intravascular catheters in adults and children). pp. 13-15 This document may be accessed online at <http://www.cdc.gov/mmwr/PDF/rr/rr5110.pdf>

IV Insertion Day Continued:

Saint Joseph's College Medication Calculations found in *A Guide for the Journey*

Assignment:

Phillips (*Manual of IV Therapy* 4th Ed.) – p. 304 critical thinking case, p. 305 worksheet, feel free to review calc questions pp.308-310 and pp. 314-316, post test pp. 320-321

Curran and Munday (*Math for Meds* 9th Ed.) – Please complete practice problems p. 260, pp. 262-263, pp. 264-265, pp. 270, pp.271-274.

Nursing Lab:

9:00 – 10:30 - IV Calculations for drug infusions ordered per kilogram weight, and titration of infusions.

10:45 – 11:45 – IV insertion guidelines and standards based on the INS, CDC, and SJC policy.

12:00 – 12:30 – Lunch

12:30-1:00 - IV Jeopardy

1:15 – 3:00 – IV insertion skill practice

Revised 8/2001; 11/2005
(deptdoc/Blood Borne Pathogens Policy.doc)

**SAINT JOSEPH'S COLLEGE
DEPARTMENT OF NURSING
Blood-Borne Pathogens Policies**

Department of Nursing Policies Regarding Human Immunodeficiency Virus
(HIV) and Hepatitis B and C Viruses (HBV and HCV):

A. HBV Immunization Policies

1. All nursing majors are required to demonstrate immunity to Hepatitis B virus prior to beginning their first clinical course. Beginning with fall registration for spring 2002 courses, any student not meeting immunization policies will not be allowed to register for courses until they have met requirements. Students who for reasons of health refuse the vaccine must sign a waiver form available through the College's Student Health Services.
2. All nursing faculty members who have assignments requiring direct clinical supervision of students will be provided an opportunity to receive the Hepatitis B vaccine as a Saint Joseph's College employee. If a faculty member chooses not to receive the vaccine he/she will be asked to sign a waiver. Faculty members who have received Hepatitis B vaccines through another source will be asked to provide written documentation for their personnel files.

B. Standard and Universal Precautions

Saint Joseph's College Department of Nursing conforms to the requirements of local, state, and federal laws and the Centers for Disease Control guidelines for preventing of HIV/HBV/HCV, as well as those of the parent institution and clinical site facilities. The following precautions are introduced in NU 190, Foundations of Nursing I and reinforced in NU 204, Foundations of Nursing II according to the recommendations set forth by the Centers for Disease Control and Prevention (CDC).

Since medical history and examinations cannot reliably identify all patients infected with HIV or other blood-borne pathogens, blood and body fluid precautions should be consistently used for all patients. This approach, previously recommended by the CDC, and referred to as "universal blood and body fluid precautions" or "universal precautions", should be used in the care of all patients, especially including those in emergency care settings in which the risk of blood exposure is increased and the infection status of the patient is usually unknown.

1. All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. Masks and protective eye wear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns and aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.

2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
3. All health-care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needle stick injuries, needles should not be recapped, purposely bent, broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal; the puncture-resistant containers should be located as close as practical to the use area. (Large-bore reusable needles should be placed in puncture-resistant container for transport to the reprocessing area.)
4. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
5. Health care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.
6. Pregnant health care workers are not known to be at greater risk of contracting HIV or HBV/HCV infections than health care workers who are not pregnant; however, if a health care worker develops HIV infection or Hep B during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV and Hep B transmission.

C. Policies Related to Accidental Exposures to Blood/Body Fluids

Students who experience an exposure in the clinical setting of any kind (splash, contact, airborne, sharps-related) must inform their clinical faculty person immediately. The Department Chair will be notified of the exposure by the clinical faculty person. The student will be encouraged to report the exposure to Saint Joseph's College Student Health Services.

If the agency at which the exposure occurred has a post-exposure policy/procedure that meets or exceeds the most current CDC guidelines particularly for HIV, Hepatitis B & C, the student shall be encouraged to immediately take full benefit of all services offered. If the clinical agency does not have a policy/procedure that at least meets current CDC guidelines, students will be instructed to seek immediate care through the nearest facility that does offer such care and to then seek additional care through the facility of their choice. Students are responsible for costs not covered by the clinical facility in which the exposure occurred. All full and part time students in the Department of Nursing must maintain/obtain medical insurance privately (to at least \$10,000 per incident) or purchase at least Health Insurance Plan 2 offered by Saint Joseph's College before engaging in clinical experiences.

Each student shall attend a training session at the beginning of each year with a clinical component during which standard precautions, which include Universal Precautions from the CDC, are clearly and fully explained. Session attendance is mandatory and documented.

Procedure

Procedure in the event of an exposure, particularly a sharps-related incident:

1. Student immediately washes exposed site with soap and water or flushes eyes with water.
2. Report the exposure immediately to faculty and facility representative and change clothes soiled with blood or body fluids.
3. Student completes all incident reports and faculty reviews agency exposure protocols.
4. Faculty seeks students written permission to call parents or a significant other.
5. Student seeks care at the closest ER that uses CDC accepted guidelines for post-exposure prophylactic care. We encourage students to take advantage of services offered by the agency at which the incident occurred.
6. When feasible and desired by the student, faculty may accompany the student to attain care.
7. Faculty notifies Department Chair of the incident and student is encouraged to report the incident to Saint Joseph's College Student Health Services so that the injury/exposure and treatment may be noted in the health record.

D. Annual Review

All nursing majors enrolled in clinical courses and nursing faculty members will review these policies annually. Students and faculty members will also review universal precautions on an annual basis. Copies of evidence that faculty and students have reviewed these policies will be placed in a special file in the Nursing Office.

AIDS National Hot Line: 1-800-342-2437

Maine Hot Line: 1-800-851-2437

Resources:

Updated U.S. Public health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis. (September 30 2005). MMWR 54(RR09), 1-17.

Updated U.S. Public health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis. (June 29, 2001). MMWR 50(RR11), 1-42

SAINT JOSEPH'S COLLEGE DEPARTMENT OF NURSING OUTCOME EVALUATION TOOL

Student Name _____ **Date** _____ **Faculty** _____

The clinical evaluation tool is used throughout the semester to document student progress towards meeting outcomes and it becomes a permanent part of the student file at the end of the semester. The clinical component is graded using a numerical scale. The student must meet outcomes for the current level and for all previous levels. The student is expected to regularly document his/her clinical behaviors on the Clinical Evaluation Tool. This documentation provides supporting evidence as to the student's level of performance in meeting the outcomes.

RATING SCALE - The 1-5 rating scale is used to document student progress towards meeting each outcome. In addition, the student is expected to demonstrate all outcomes from *previous levels*. Therefore, an outcome from a *previous level also will be noted when the student has failed to demonstrate continued mastery*.

1. Student unable to meet outcome or demonstrates unsafe or ineffective practice - A rating of 1 requires a written remediation plan developed by the instructor and student as soon as the behavior is identified. Any rating of 1 at the end of the semester results in a clinical fail.

2. Student performance needs improvement to meet outcome - This is an area of student weakness and requires a written remediation developed by the instructor and student. Any rating of 2 at the end of the semester results in a clinical failure.

3. Student performance meets outcome

4. Student performance exceeds outcome - This level describes a student's area of strength. A student may have no, one or several areas of strength. Examples of strengths must be clearly documented by the student.

5. Student performance is exceptional, outstanding - This level could be attained by a few students in a few areas. An **exemplar** (see below) written by the student describing behavior over time or in a single extraordinary instance that shows *behavior decidedly beyond that which would be expected* must be attached to the Outcome Tool.

What is an exemplar? An exemplar is an action worth copying, an excellent model, not just an action that demonstrates that you have met an outcome. Exemplars describe ideal actions worthy of imitation, ideal behaviors that serve as a pattern for others.

EVALUATION - Evaluation of student clinical performance using this rating scale and evaluation tool will be done at the clinical mid term and at the end of the semester. The faculty member will conduct the evaluation with the student. Each outcome has an identification number and there is a rating scale number (1, 2, 3, 4 or 5) assigned to each, based on student performance.

NARRATIVE NOTES - Notes are written by faculty and students to objectively describe the behaviors of the student, which indicate progress toward meeting the outcome. **Instructors** write notes when a student has shown *exceptional behavior or a behavior that needs improvement or demonstrates unsafe or ineffective practice*. **Students** are expected to write notes *each clinical day* describing *behaviors* that demonstrate they are meeting outcomes. Subjective statements such as, "I think I am doing well," should be avoided. The student will rarely be able to address *all* of the outcomes in a single clinical day, but it is expected that *all* outcomes will have significant documentation no later than clinical mid term.

REMEDICATION PLANS - Remediation plans may be initiated at any time in the semester, are attached to this tool, and will become a permanent part of the record. The purpose of the remediation plan is to identify behaviors that are currently below expected levels of performance, and to mutually develop a plan by which the student may meet outcomes.

PASSING CRITERIA - By the end of the semester the student must achieve a rating of 3, 4 or 5 on **each** of the outcomes for the level in order to "PASS" the clinical course. A rating of 1 or 2 in any outcome at the end of the semester results in clinical 'FAIL'. The assumption is made that the student is meeting outcomes from previous levels unless noted otherwise by written comment or rating.

GRADE COMPUTATION - The rating scale average that is achieved at the completion of the course will be converted to a numerical grade ranging from an average of 3.0 (78) to 5.0 (100). An average less than 78 results in clinical fail.

Clinical Grade Computation: $100 - [11 \times (5 - \text{your average})]$

Outcome 1 Professionalism Defined: Demonstrates professional behaviors in appearance and demeanor: uses legal and ethical principles; acts accountable in role as: advocate, collaborator, teacher, team member and leader; integrates research into practice; and becomes an independent learner.

Demonstrate the following by the end of the senior year	
Course	Clinical
<ul style="list-style-type: none"> - Develops contract with advisor based on learning needs in preparation for NCLEX and follow through with plan. - Attends 90% of NCLEX review classes. - Attends Career Day in appropriate dress, demonstrating appropriate demeanor. - Completes resume with sign off by Career Services and NU 420 Faculty. - Demonstrates accountability (Adheres to all course due dates and requirements without reminder.) 	<p>4.1 Integrates research into practice. (Locates research articles, systematic reviews and/or evidenced based guidelines on relevant practice issues and brings to clinical for discussion/compare to unit policies)</p> <p>4.2 Identifies research topics in clinical practice. (Records in journal or at faculty meetings.)</p> <p>4.3 Demonstrates accountability with groups and community. (Sets and adheres to schedules. Follows through with all aspects of care. Follows through with NCLEX contract.)</p> <p>4.4 Implements professional standards of nursing practice. (unit documentation, journals, faculty/preceptor evaluations.)</p>

<i>Outcome Number</i>	<i>Mid Term Evaluation (1-5)</i>	<i>End of Semester Evaluation (1-5)</i>

NARRATIVE(date and sign all entries)

Outcome 2 Holistic Care Defined: Demonstrates holistic caring behaviors to: clients and recognizes the importance of holistic self-care; community; colleagues; including health promotion and illness prevention.

Demonstrate the following by the end of the senior year	
Course	Clinical
Identifies and presents holistic aspects of care in the oral seminar presentation.	<p>4.1 Delivers safe care and recognizes at least the physical, psychosocial and spiritual aspects of patient care (journals, evaluation tool evidence, documentation on unit).</p> <p>4.2 Practices therapeutic use of self. (journals, evaluation tool.)</p>

<i>Outcome Number</i>	<i>Mid Term Evaluation (1-5)</i>	<i>End of Semester Evaluation (1-5)</i>

NARRATIVE(date and sign all entries)

Outcome 3 Communication Defined: Communicates effectively and professionally: verbally, nonverbally, in writing and using computer technology.

Demonstrate the following by the end of the senior year	
Course	Clinical
- Develops a professional presentation that may incorporate the use of technology.	4.1 Independently demonstrates appropriate communication both verbal and non verbal with health care team, community, family and/or individuals (journal, documentation, preceptor and faculty observation, evaluation tool). 4.2 Identifies with unit staff or the unit management team clinical questions that merit research.

<i>Outcome Number</i>	<i>Mid Term Evaluation (1-5)</i>	<i>End of Semester Evaluation (1-5)</i>

NARRATIVE(date and sign all entries)

Outcome 4 Critical Thinking Defined: Demonstrates critical thinking focusing on: clinical reasoning, problem solving and effective use of the nursing process.

Demonstrate the following by the end of the senior year	
Course	Clinical
Demonstrates synthesis of information in the oral seminar presentation.	4.1 Uses critical thinking in collecting, organizing, analyzing, and synthesizing information to guide nursing action (preceptor and faculty observation, evaluation tool, journals). 4.2 Demonstrates a critical appraisal of the most relevant evidence in making decisions about nursing care (journals, evaluation tool, clinical meetings) . 4.3 Engages in self-reflection (journals, evaluation tool). 4.4 Engages in collegial dialogue about practice (journals, attends staff meetings and participates, attends unit activity, Magnet meetings, attends conferences). 4.5 Evaluates individuals, families and community outcomes (unit care plans, documentation forms). 4.6 Synthesizes pathophysiological changes in the client (s) relating the disease process to therapeutic management. (journals, preceptor and faculty interactions.)

<i>Outcome Number</i>	<i>Mid Term Evaluation (1-5)</i>	<i>End of Semester Evaluation (1-5)</i>

NARRATIVE(date and sign all entries)

Outcome 5 Safe, Effective Care Defined: Demonstrates safe, effective care throughout the life span (and at the end of life) that is based on accepted principles and standards of nursing practice, reflects evidenced-based care and culturally competent.

Demonstrate the following by the end of the senior year	
Course	Clinical
<ul style="list-style-type: none"> - Attends IV Lab with completion of homework and IV insertion practice (certificate given) - Passes IV med test 100% by required date. - Passes general med test 100% by required date. - Engages in math tutoring/practice if necessary until mastery achieved. - Complies with any restrictions placed on practice while in math tutoring/practice. 	<p>4.1 Independently provides safe care. 4.2 Relates skills and activities that are appropriate to delegate. 4.3 Identifies problems and promptly notifies appropriate health care member. 4.4 Discusses ethical dilemma (s) with appropriate health care member. 4.5 Recognizes situations with legal ramifications and take appropriate action (wasting narcotics, restraints, informed consent, discharge teaching, interpreter services). 4.6 Analyzes efficacy of pharmacologic and parenteral therapy and can relate dosage adverse effects and nursing considerations. 4.7 Follows through with safety and infection control measures. 4.8 Reduces risk potential for client (procedural sedation, diagnostic tests) 4.9 Implements health promotion, disease prevention strategies into patient care. 4.10 Recognizes unexpected responses/unmet outcomes and revises care. (journals, preceptor and faculty interactions, evaluation tool documentation, documentation on unit)</p>

<i>Outcome Number</i>	<i>Mid Term Evaluation (1-5)</i>	<i>End of Semester Evaluation (1-5)</i>

SELF, EFFECTIVE CARE NARRATIVE (date and sign all entries)

