The policies contained within this manual may be revised at anytime after notifying the student.
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Dear Student:

Welcome to the Walters State Community College Nursing Program. The faculty and staff wish you much academic success in progressing through the program. Upon completion of the Associate of Applied Science (AAS) degree, you will be eligible to apply to take the NCLEX exam to apply for state licensure as a registered nurse (RN).

Each of you enters WSCC with a unique set of experiences and backgrounds. We hope you will share that diversity with us and your classmates, learn to respect differences, and use this opportunity to learn more about others and the profession of nursing.

Your academic success in the nursing program depends upon you! We will provide you with qualified faculty, resources and experiences, which will direct your program. Each of you must take responsibility to attend classes, follow your course syllabi, complete required readings prior to class, and come to class and clinical with assignments prepared.

We look forward to meeting each of you and again, wish you much success in your nursing program.

Sincerely,

Cheryl McCall, PhD, RN
Director of Nursing

Marty Rucker, MSN, RN
Dean of Health Programs
PREFACE

This handbook for the Associate of Applied Science Degree in Nursing at Walters State Community College has been developed to assist the student during enrollment.

The student is responsible for reading and abiding by the policies in this handbook and the WSCC College catalog and will be required to sign the consent forms included (Appendix D, E, K, L, M).

ACCREDITATION

The WSCC Nursing Program is accredited by the Accreditation Commission for Education in Nursing (ACEN).

Accreditation Commission for Education in Nursing (ACEN)
3343 Peachtree Road, Suite 850
Atlanta, GA 30326
404-975-5000
www.acenursing.org

The Tennessee State Board of Nursing reviews and approves the nursing program annually. WSCC is a member of the Council on Collegiate Education for Nursing, an affiliate of the Southern Regional Education Board.

FINANCIAL AID

Walters State Community College, as required by the U. S. Department of Education, has established a Satisfactory Progress Standard for all recipients of financial assistance through any Title IV program. The standards are both qualitative (requiring a certain grade point average) and quantitative (completion of course work per semester). The Satisfactory Progress Standards are published and available upon request from the Financial Aid Department.

LEGAL LIMITATIONS FOR LICENSURE

Graduates of the program will be eligible to apply to take the licensure exam to become a registered nurse. However, individuals who have been convicted of a crime other than a minor traffic violation could be ineligible for registered nurse licensure in the State of Tennessee, even though they have successfully completed the nursing program. A graduate’s eligibility for licensure is determined on an individual basis by the Tennessee Board of Nursing.
I. PROGRAM OVERVIEW

Walters State Community College

PHILOSOPHY AND CONCEPTUAL FRAMEWORK OF THE NURSING DEPARTMENT

The Walters State Community College Department of Nursing shares the Vision and Mission of the College and supports the Campus Compact. The philosophy of the nursing program provides the foundation for the curriculum, reflects the beliefs of the faculty, and supports achievement of division student learning outcomes.

Mission/Purpose
The purpose of the Program is to provide an affordable, high quality nursing educational opportunity for the residents of East Tennessee. The program will prepare individuals to:

- Complete the requirements for an Associate of Applied Science Degree in Nursing
- Complete successfully the National Council Licensing Exam for Registered Nurses (NCLEX-RN).
- Provide safe and effective care for diverse populations.
- Promote improvement in the quality of life for East Tennessee residents.
- Maintain a spirit of inquiry through lifelong learning.
- Access other educational institutions for higher education in nursing

Program Outcomes
The goals of the Associate of Applied Science Degree in Nursing at Walters State Community College are summarized in the four broad program outcomes identified by the NLN (National League for Nursing, 2010). Nurses must:

- Promote and enhance human flourishing for patients, families, communities, and themselves.
- Show sound nursing judgment.
- Continually develop their professional identity.
- Maintain a spirit of inquiry as they move into the world of nursing practice and beyond.

In addition, the following program outcomes will be measured:

1. Graduation rate of 65% or higher for students within 150% of time from admission to the clinical nursing program as measured by WSCC Graduation Rate Report.
2. Licensure rate of first-time NCLEX-RN test writers within 6 months of graduation that meets or exceeds 85% as reported by the Tennessee Board of Nursing. The program three (3) year mean for licensure exam pass rate will be at or above the national mean for the same three (3) year period.
3. Job placement rate within one year of graduation of 90% or higher among graduates seeking employment as reported by the Placement Office.
4. Program satisfaction rate of 90% or higher expressed by graduates.
The Practice of Associate Degree Nursing

The Associate Degree Nurse is prepared for entry level practice as a registered nurse. To achieve the outcomes of the program, graduates will demonstrate relationship-centered care based on national standards set forth by the National League for Nursing (NLN, 2010) and the Quality and Safety Education for Nurses initiative (QSEN, 2011).

<table>
<thead>
<tr>
<th>Broad Program Outcomes (National League for Nursing, 2010)</th>
<th>WSCC Graduate Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human Flourishing</strong> “Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings” (p. 38).</td>
<td>1. Demonstrate holistic patient assessment across the life span.</td>
</tr>
<tr>
<td><strong>Nursing Judgment</strong> “Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and promote the health of patients within a family and community context” (p. 38).</td>
<td>2. Communicate effectively with patients, families, and communities.</td>
</tr>
<tr>
<td><strong>Professional Identity</strong> “Implement one’s role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context” (p. 38).</td>
<td>3. Promote holistic health of patients within a family and community context across the lifespan.</td>
</tr>
<tr>
<td><strong>Spirit of Inquiry</strong> “Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities” (p. 38).</td>
<td>4. Advocate for patients and families.</td>
</tr>
<tr>
<td></td>
<td>5. Provide safe, quality care across the wellness continuum.</td>
</tr>
<tr>
<td></td>
<td>6. Demonstrate sound nursing judgment in clinical decision making.</td>
</tr>
<tr>
<td></td>
<td>7. Implement caring behaviors and interventions substantiated with evidence.</td>
</tr>
<tr>
<td></td>
<td>8. Adhere to legal and ethical principles that guide professional nursing practice.</td>
</tr>
<tr>
<td></td>
<td>9. Manage care for diverse populations through effective use of prioritization, delegation, informatics, and resources.</td>
</tr>
<tr>
<td></td>
<td>10. Demonstrate professional behaviors.</td>
</tr>
<tr>
<td></td>
<td>11. Collaborate with other health care professionals.</td>
</tr>
<tr>
<td></td>
<td>12. Maintain a spirit of inquiry through lifelong learning.</td>
</tr>
</tbody>
</table>

Inherent in the program and graduate outcomes are the core components and competencies basic to the practice of nursing as identified by the National League for Nursing (2000) and the quality and safety competencies identified by QSEN.

Core components and competencies:

- Professional behaviors
- Communication
• Assessment
• Clinical decision making
• Caring Interventions
• Teaching/Learning
• Collaboration
• Managing care

Quality and safety competencies:

• Patient-centered care
• Teamwork and collaboration
• Evidence based practice
• Quality improvement
• Safety
• Informatics

**Education**

The Walters State Community College nursing program promotes excellence in the teaching and preparation of students for life-long learning. Each student is valued as a unique person and is guided toward development of individual potential as a contributing member of the nursing profession and as a citizen in a democratic society.

The faculty believe that learning takes place within the learner; therefore, self awareness and self evaluation are emphasized. Faculty acknowledge that learners bring a variety of life experiences, learning styles, and personal goals to the education setting. Further, faculty believe learning is:

• Meaningful, when there are goals and objectives.
• Enhanced, when the climate is non-judgmental.
• Meaningful and lasting, when there is opportunity for application.
• Enhanced, when the learner is motivated by an awareness of his or her own needs.
• Progressive from the familiar to the new and from the simple to the complex.
• Enhanced, when the learner is involved in the learning process.

To prepare an adaptable generalist, nursing education is best accomplished in an institution of higher learning through a curriculum which incorporates knowledge from a variety of disciplines. These disciplines include the natural sciences, social and behavioral sciences, humanities and mathematics as well as the incorporation of oral, written, and technological communication.

The combination of general and nursing education courses provides learning experiences that prepare the student to function with intellectual and technical competence, utilizing critical thinking skills in the application of the nursing process.
The nursing faculty endeavors to provide the guidance that will enable each individual to apply his or her potential in the field of nursing. The nursing faculty facilitates learning for the students while functioning as nursing experts, teachers, mentors, and nurturers.

**Philosophy**

The philosophy of the Nursing Program is a belief system held by the faculty regarding person, environment, health, and nursing. These defining concepts are interrelated and exist in a dynamic relationship.

**PERSON** is defined as a human being worthy of respect and dignity. Accepting Maslow’s theory, each individual has a hierarchy of needs from physiologic to self-actualization. Each person makes decisions and choices based on knowledge, cultural background, experience, perceptions, values, and goals. Changes in the person occur throughout the lifespan. Each person interacts with and responds to changes in the internal and external environment. The concept of person may include individuals, families, communities, and groups.

**ENVIRONMENT** refers to the total of all factors and processes, internal and external, continuously impacting on the person.

**HEALTH** is a dynamic state of being resulting from the adaptation to the interaction of person and environment. Health is a subjective and individual perception existing on a continuum from optimal wellness through end of life.

**NURSING** is an applied discipline of knowledge and skills based on research. Nursing functions are dependent, independent, and collaborative. The nurse interacts with the person in the environment to promote health. As a stakeholder in the community, nursing has a responsibility to provide fiscally sound, quality care that promotes health, prevents illness, restores health, and facilitates coping across the lifespan. Nursing occurs in a variety of settings.

Nursing process is a systematic method that uses critical thinking to provide structure to nursing practice toward the achievement of positive outcomes. Through the use of nursing process, nurses diagnose and treat the person’s response to actual and potential health problems. The practice of nursing includes provision for a safe effective care environment, measures to achieve physiological and psychosocial integrity, and promotion and maintenance of health.
The Conceptual Model for this associate degree program depicts the interrelationship between the central concepts of person, environment, health, and nursing. The outer circle reflects the external environment. The broken lines of the two inner circles illustrate the continuous open interaction between the internal and external environments. The inner circles, representing person and nursing, overlap to depict the role of nursing as it interacts to promote health, prevent illness, restore health, and facilitate coping. The straight line intersecting person depicts the health continuum on which each person exists.
II. ADMISSION AND PROGRESSION POLICIES

A. GENERAL ADMISSION REQUIREMENTS

Any student desiring to pursue an Associate Degree in Nursing must:

1. Apply, meet admission requirements and be accepted by Walters State Community College.
2. Indicate Nursing as the desired major on the WSCC application form.
3. Follow college policy for advising prior to registration.
4. Successfully complete all required learning support courses prior to the selection process. (note: Career Mobility students see Career Mobility Section for requirement deadlines.)
5. Complete BIOL 2010 and 2011, BIOL 2020 and 2021 prior to the selection process. A grade of “C” or better must be achieved in all science courses. Biological science courses previously taken must have been completed within the last ten (10) years. (note: Career Mobility students see Career Mobility Section for requirement deadlines.)
6. Complete computer competency requirement
7. Students cannot audit any nursing course without the approval of the Dean of Health Programs /Director of Nursing and/or chair of the Nursing Admission and Progression Committee.

Any exceptions to the above admission policies must be approved by the Admission and Progression Committee.

B. CLINICAL NURSING PROGRAM APPLICATION REQUIREMENTS

A student who has completed the pre-clinical requirements and has maintained an overall 2.5 GPA, excluding learning support courses, is eligible to apply for admission to the clinical nursing program. To apply for admission into the clinical nursing program, the student must complete and submit a request for admission into clinical nursing form to the nursing department prior to the designated deadline (Fall admission - January 31st; Spring admission - October 1st; Career Mobility - January 31st). The student must submit a current transcript of all college courses taken.

C. SELECTION TO THE CLINICAL NURSING PROGRAM

1. Selection of each class will be made by the Admission and Progression Committee whose membership consists of:
   a. Dean of Health Programs
   b. Director of Nursing
   c. Four nursing faculty (rotating)
   d. Vice President for Academic Affairs (ex officio)

The Admission and Progression Committee will rank each student on the basis of predetermined criteria. The criteria include but are not limited to:
   (a) first grades received in the required Biology courses; (b) number of successfully completed courses beyond those required for admission to the clinical nursing program, and (c) overall grade point average in required
college courses excluding support course grades. Additional ranking points can be obtained for either (1) ACT/ACT Residual score of greater than 19, or (2) A defined score on a pre-nursing assessment exam (specific exam information is available on the nursing web page, in the health programs office, or on the clinical nursing application). All tests scores must be less than 3 years old*. The committee may also require a personal interview and conduct reference checks. The top ranked applicants will be selected for each class. Decisions made by the committee are final.

2. Transfer Students - Individuals who have attended other colleges and desire to transfer into the WSCC clinical nursing program will be considered on an individual basis. Transfer requests should be submitted to the Director of Nursing. Transfer students must meet the same standards and criteria as others desiring to pursue an associate degree in nursing at WSCC. A student may be required to audit a designated nursing course.

3. Transfer and Returning Students - Credit for nursing courses must have been earned within the past five years to be considered. Credit for biology courses must have been earned within the past ten years to be considered.

4. WSCC and transfer students selected for admission will be notified in writing.

5. Students notified of admission into the clinical nursing program must return the following by the date specified on the form: (A) a signed and dated acknowledgment of the Drug / Alcohol Abuse Policy and consent forms, and (B) a comprehensive health exam with complete hepatitis series. Students who do not respond or who do not plan to attend will have their positions filled by other applicants selected by the Director of Nursing from the list recommended by the Admission and Progression Committee.

6. Students not selected for admission may reapply for admission.

7. Contact the Director of Nursing, Tech 106D for additional information.

*ACT RESIDUAL and pre-nursing assessment exams can be scheduled through the Counseling and Testing office at WSCC.

D. PROGRESSION/RETENTION POLICIES

To remain in good standing once admitted to the clinical nursing program, the student must:

1. Adhere to all WSCC, nursing department, and clinical agencies policies.
2. Earn a “C” or better in each required nursing and biology course and maintain a minimum GPA of 2.0.
3. Satisfactorily complete the theory, clinical and/or skills requirements of each nursing course. A grade of “D” or “F” in theory will result in a grade of “F” for clinical. An unsatisfactory in clinical will result in a grade of “F” for the entire course.
4. Exhibit safe clinical behavior.
5. Demonstrate professional, ethical and legal conduct.
6. Maintain professional liability insurance.
7. Maintain current professional CPR course completion card (healthcare provider).
8. Complete BIOL 2230 and BIOL 2231 (Introduction to Microbiology and Introduction to Microbiology Lab) with a minimum grade of “C” before progressing into the third semester of clinical nursing.
9. Submit to a drug test if requested. Refer to the Allied Health and Nursing Program Drug and Alcohol Policy and the Walters State Community College Drug Free Campus/Workplace Policy.
10. Individuals convicted of a crime other than a minor traffic violation could be ineligible for registered nurse licensure in the state of Tennessee, even though they have successfully completed the nursing program.
11. Have a comprehensive health exam and submit the required form to the Director of Nursing by the designated date.

E. **READMISSION POLICIES**

A student who has received a “D” or “F” in a clinical nursing course or who has withdrawn from the clinical nursing program may apply for readmission. The readmission policies are:

1. A student must schedule an appointment with their faculty advisor or with the director of nursing and complete the exit interview process. Failure to complete the exit interview process may render the student ineligible to pursue readmission.
2. A student must request in writing to the Director of Nursing to be considered by the Admission and Progression Committee.
3. A student is eligible to appear before the Admission and Progression Committee two times. If readmission is not granted after the second application, the student becomes ineligible for readmission.
4. The Committee may allow a student to be readmitted without an interview under the following circumstances: obvious physical illness/disability necessitating the student’s withdrawal or student physical or psychological problems with physician documentation.
5. Only one readmission to the clinical nursing program is permitted.
6. If a student elects to apply for readmission, auditing a designated nursing course may be required to increase the probability of success.
7. A student who fails Nursing 1180/1181 (Transition to Nursing) may request admission into the first semester of nursing. No readmission to Nursing 1180/1181 will be allowed.
8. A student with previous unsatisfactory clinical performance must be evaluated and recommended for readmission by a consensus of the nursing faculty.
9. A student who has received two grades of “D” or below in clinical nursing courses will not be eligible for readmission.
10. A student must have a cumulative 2.0 GPA or higher to be considered for readmission.
11. A student repeating a clinical nursing course must repeat both the theory and clinical components of the course.
12. A student may be readmitted only if space is available.
13. Any exceptions to the above policies must be approved by the Admission and Progression Committee.

F. HEALTH AND PHYSICAL CONSIDERATIONS FOR NURSING STUDENTS
Because the College seeks to provide as much as possible a reasonably safe environment for its health career students and their patients, a student may be required, during the course of the program, to demonstrate their physical and/or emotional fitness to meet the essential requirements of the program. Such essential requirements may include freedom from communicable diseases, the ability to perform certain physical tasks, and suitable emotional fitness. Any appraisal measures used to determine such physical and/or emotional fitness will be in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, so as not to discriminate against any individual on the basis of disability.

All Tennessee Board of Regents Nursing programs have adopted the following core performance standards. Admission to and progression in nursing programs is not based on these standards but should be used to assist the student in determining whether accommodations or modifications are necessary. The standards are:

1. Critical thinking ability sufficient for clinical judgment.
2. Interpersonal abilities sufficient to effectively interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
3. Communication abilities sufficient for interaction with others in verbal and written form.
4. Physical abilities sufficient to move from room to room and maneuver in small places.
5. Gross and fine motor abilities sufficient to provide safe and effective nursing care.
6. Auditory abilities sufficient to monitor and assess health needs.
8. Tactile ability sufficient for physical assessment.

If a student believes that one or more of the standards cannot be met without accommodation or modification, the nursing program will determine whether or not accommodations or modification can be reasonably made. A student should contact the Director of Nursing for assistance.
G.  NURSING PROGRAM CURRICULUM

General Education Requirements (17 hours)

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td><strong>Communication</strong></td>
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<td></td>
</tr>
<tr>
<td>ENGL 1010</td>
<td>Composition I</td>
<td>3</td>
</tr>
<tr>
<td><strong>Humanities and/or Fine Arts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approved Humanities/Fine Arts General Education Elective¹</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td><strong>Behavioral/Social Sciences</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC 1030 (formerly PSYC 1310)</td>
<td>General Psychology or an approved General Education Psychology Course¹</td>
<td>3</td>
</tr>
<tr>
<td><strong>Natural Science/Mathematics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 2010²</td>
<td>Human Anatomy and Physiology I</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2011²</td>
<td>Human Anatomy and Physiology I Lab</td>
<td>1</td>
</tr>
<tr>
<td>BIOL 2020²</td>
<td>Human Anatomy and Physiology II</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2021²</td>
<td>Human Anatomy and Physiology II Lab</td>
<td>1</td>
</tr>
</tbody>
</table>

Area of Emphasis Requirements (48 hours)

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPCH 1010 (formerly SPCH 2010)</td>
<td>Fundamentals of Speech Communication</td>
<td>3</td>
</tr>
<tr>
<td>MATH 1530</td>
<td>Probability and Statistics or an approved General Education Math Course¹</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2230</td>
<td>Introduction to Microbiology</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2231</td>
<td>Introduction to Microbiology Lab</td>
<td>1</td>
</tr>
<tr>
<td>NURS 1100</td>
<td>Nursing Concepts and Processes</td>
<td>1</td>
</tr>
<tr>
<td>NURS 1130</td>
<td>Pharmacology</td>
<td>3</td>
</tr>
<tr>
<td>NURS 1150</td>
<td>Nursing Skills</td>
<td>1</td>
</tr>
<tr>
<td>NURS 1160/1161</td>
<td>Introduction to Nursing Process</td>
<td>4</td>
</tr>
<tr>
<td>NURS 2600/2601</td>
<td>Nursing Process I</td>
<td>10</td>
</tr>
<tr>
<td>NURS 2610/2611</td>
<td>Nursing Process II</td>
<td>10</td>
</tr>
<tr>
<td>NURS 2620/2621</td>
<td>Nursing Process III</td>
<td>5</td>
</tr>
<tr>
<td>NURS 2630/2611</td>
<td>Nursing Process IV</td>
<td>4</td>
</tr>
</tbody>
</table>

Total Credit Hours: 65

¹General Education Electives in each category must be chosen from approved courses listed in the General Education program.
²These courses are pre-clinical nursing requirements.

Notes
- Students are required to meet computer competency during the first 30 hours of coursework and before applying for progression to clinical nursing. For additional information, visit www.ws.edu and click on the Computer Competency page.
- Learning support courses must be taken every semester until completed.

Programs with limited enrollment give priority to permanent Tennessee residents eligible for admission, then eligible U.S. citizens who are out-of-state residents, and then to eligible international students.

The applicant must meet WSCC General Education and learning support requirements. Upon admission to the clinical nursing courses, the program requires four academic semesters.
H. CAREER MOBILITY PROGRAM

The Career Mobility Program is an accelerated curriculum track for the licensed practical nurse (LPN) which recognizes the knowledge and skills of the LPN. Individuals seeking admission to the program must meet college admission requirements, be a graduate of a practical nursing program, and meet the same academic requirements in the pre-clinical, science, and general education courses as students admitted under the regular nursing program. Applicants must be a recent graduate of an LPN program (one year) or have a total of one or more year’s work experience as an LPN within the last three (3) years. All required learning support courses, BIOL 2010/2011, BIOL 2020/2021, and computer competency must be successfully completed by January 31st of the year that the student elects to participate in the selection process. Upon completion of NURS 1180/1181 with a grade of “C” or higher, credit will be awarded for NURS 1170 (Nursing Process - CM) and the student will then be admitted into the second year of the clinical nursing program.
I. CAREER MOBILITY PROGRAM CURRICULUM

General Education Requirements (17 hours)

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGL 1010</td>
<td>Composition 1</td>
<td>3</td>
</tr>
<tr>
<td>PSYC 1030</td>
<td>General Psychology or an approved General Education Psychology Course¹</td>
<td>3</td>
</tr>
</tbody>
</table>

Humanities and/or Fine Arts

Approved Humanities/Fine Arts General Education Elective¹

Behavioral/Social Sciences

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 2010²</td>
<td>Human Anatomy and Physiology I</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2011²</td>
<td>Human Anatomy and Physiology I Lab</td>
<td>1</td>
</tr>
<tr>
<td>BIOL 2020²</td>
<td>Human Anatomy and Physiology II</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2021²</td>
<td>Human Anatomy and Physiology II Lab</td>
<td>1</td>
</tr>
</tbody>
</table>

Natural Science/Mathematics

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 2230</td>
<td>Introduction to Microbiology</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2231</td>
<td>Introduction to Microbiology Lab</td>
<td>1</td>
</tr>
<tr>
<td>NURS 1170</td>
<td>Nursing Process – CM (Transition Credit)</td>
<td>13</td>
</tr>
<tr>
<td>NURS 1180/1181</td>
<td>Transition to Nursing</td>
<td>6</td>
</tr>
</tbody>
</table>

Area of Emphasis Requirements (48 hours)

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPCH 1010 (formerly SPCH 2010)</td>
<td>Fundamentals of Speech Communication</td>
<td>3</td>
</tr>
<tr>
<td>MATH 1530</td>
<td>Probability and Statistics or an approved General Education Math Course¹</td>
<td>3</td>
</tr>
<tr>
<td>NURS 2610/2611</td>
<td>Nursing Process II</td>
<td>10</td>
</tr>
<tr>
<td>NURS 2620/2621</td>
<td>Nursing Process III</td>
<td>5</td>
</tr>
<tr>
<td>NURS 2630/2611</td>
<td>Nursing Process IV</td>
<td>4</td>
</tr>
</tbody>
</table>

Total Credit Hours: 65

¹General Education Electives in each category must be chosen from approved courses listed in the General Education program.

²These courses are pre-clinical nursing requirements.

Notes

- Students are required to meet computer competency during the first 30 hours of coursework and before applying for progression to clinical nursing. For additional information, visit [www.ws.edu](http://www.ws.edu) and click on the Computer Competency page.
- Learning support courses must be taken every semester until completed.

Programs with limited enrollment give priority to permanent Tennessee residents eligible for admission, then eligible U.S. citizens who are out-of-state residents, and then to eligible international students.

The applicant must meetWSCC General Education and learning support requirements. Upon admission to the clinical nursing courses, the program requires three academic semesters.
III. GENERAL NURSING PROGRAM POLICIES AND GUIDELINES

All students must:

A. Maintain a personal file. The file should contain a personal photograph, a copy of health forms, CPR completion and liability insurance. This information must be made available to each clinical instructor.

B. Complete comprehensive health examination upon admission to the program. (see appendix A).

C. Submit annual TB screening results.

D. Submit any updates to immunization profile or physical status as indicated.

E. Purchase and maintain professional liability insurance through NSO. The student will be required to purchase the insurance upon admission to the clinical nursing courses.

F. Present verification of current CPR course completion (Healthcare Provider). CPR courses designed for training the lay public are not acceptable. Current CPR completion must be maintained throughout the nursing program. CPR completion may be obtained through the American Heart Association.

G. Submit documentation of MMR, Varicella, and Hepatitis B immunizations or titers.

H. Estimated Expenses (Excluding tuition and maintenance fees)

(These prices are approximate and may vary based on current cost)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Textbooks (approximate cost for nursing books only)</td>
<td>$850.00</td>
</tr>
<tr>
<td>Comprehensive Testing Program</td>
<td>$400.00</td>
</tr>
<tr>
<td>Professional Liability Insurance (for both years)***</td>
<td>$80.00</td>
</tr>
<tr>
<td>Clinical Uniforms (1 uniform &amp; 1 lab coat) &amp; shoes</td>
<td>$125.00</td>
</tr>
<tr>
<td>Background Check and Drug Screen for Clinical</td>
<td>$148.00</td>
</tr>
<tr>
<td>(Some clinical facilities may require students to repeat during program.)</td>
<td></td>
</tr>
<tr>
<td>Community Clinical Uniform (1 WSCC Nsg Polo and Khaki Pants) price varies</td>
<td></td>
</tr>
<tr>
<td>Skills Lab Kit</td>
<td>$60.00</td>
</tr>
<tr>
<td>Physical Exam (approximate cost)</td>
<td>$200.00</td>
</tr>
<tr>
<td>Hepatitis B vaccination (3 doses)</td>
<td>$150.00</td>
</tr>
<tr>
<td>Graduate nurse pin</td>
<td>price varies</td>
</tr>
<tr>
<td>Pictures for State Board Exam ID</td>
<td>$40.00</td>
</tr>
<tr>
<td>State Board Application Fee</td>
<td>$100.00</td>
</tr>
<tr>
<td>Background Check for Licensure</td>
<td>$45.00</td>
</tr>
<tr>
<td>NCLEX - RN fee</td>
<td>$200.00</td>
</tr>
<tr>
<td>CPR</td>
<td>price varies</td>
</tr>
<tr>
<td>TNF (Tennessee Nurses Foundation)</td>
<td>$10.00</td>
</tr>
<tr>
<td>Flu shot</td>
<td>price varies</td>
</tr>
<tr>
<td>Clinical supplies</td>
<td>price varies</td>
</tr>
<tr>
<td>Comprehensive Review Program (recommended)</td>
<td>$400.00</td>
</tr>
</tbody>
</table>

*** Price of Professional Liability Insurance may vary based on additional license /certification

I. Notification of Department of NCLEX-RN Results

Graduates are requested to notify the WSCC Nursing Department as soon as they receive information from the State Board of Nursing about granting of the RN license. Failure to do so could result in the delay of recommendations for employment and may reflect on the individual’s professional commitment. Graduates who are unsuccessful in achieving a passing score on the NCLEX-RN exam will be informed of resources available for review of nursing content and preparation for retesting.
J.

**Housing and Transportation**
The college does not provide housing facilities for students either on or off campus. Students must provide their own transportation to and from clinical sites.

K.

**Student Ethical and Professional Behavior**
Student behavior will reflect both professional and ethical practices.

1. **Student Code of Ethics**

   Nursing students of WSCC are expected to subscribe and conform to the ANA Code of Ethics. In addition, all students are expected to be honest and honorable in all academic and professional endeavors. It is further expected that they will refrain from any activity that might impair the image of the College or the nursing profession.

   The Health Programs Division has an agreement for student conduct all students are required to sign (Appendix K). Signature will indicate acceptance/understanding/compliance of this policy throughout enrollment in the WSCC Nursing Program.

   Nursing encompasses the promotion and restoration of health, the prevention of illness, and the alleviation of suffering. The statements of the ANA Code and their interpretation provide guidance for conduct and relationships in carrying out nursing responsibilities consistent with the ethical obligations of the profession and quality in nursing care. The nurse provides services with respect for human dignity and the uniqueness of the patient, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

   Enrolled nursing students certified/registered or licensed in a health care field must have an unencumbered credential to maintain enrollment in the nursing program. If the health care license of the student becomes encumbered (probation, suspension, revocation) during program enrollment the student must immediately notify the Dean of Health Programs and/or Director of Nursing. Students with an encumbered license will be administratively withdrawn from the nursing program.

2. **Academic Misconduct**

   All students are expected to refrain from acts of academic misconduct including but not limited to:

   a. plagiarism.
   b. giving or falsifying of academic documents or materials.
   c. cheating.
      i. giving or receiving unauthorized aid in tests, examinations, or other assigned work.
      ii. attempting to gain advance information on examination questions from any source.
      iii. sharing information about exam questions.

   Plagiarism will result in a “0” for the paper/exam/presentation plus all items under
General Regulations on Student Conduct and Disciplinary Sanctions in WSCC Catalog/Student Handbook apply.

Falsification of documents will result in administrative withdrawal from the program.

Cheating – students are subject to sanctions as outlined in the General Regulations on Student Conduct and Disciplinary Sanctions, WSCC College Catalog/Student Handbook.

3. Student Employment

There is no policy limiting the number of hours a student enrolled in the Nursing Program may be employed, since the ability to handle combined responsibilities of college, employment and home are individual. However, students are advised not to exceed a total of forty (40) clock hours per week including employment, class and clinical schedules. The student is expected to arrive on time and remain until dismissed by the instructor. Students who fail to meet the established academic standards in the Nursing Program due to employment will not receive special consideration. Therefore, students who need to work to pay for college expenses should discuss this with their advisor or the Financial Aid Office before they are in academic jeopardy.

4. Allied Health and Nursing Program Drug and Alcohol Policy

Tennessee Board of Regents allied health and nursing programs must maintain a safe, efficient academic environment for students and must provide for the safe and effective care of patients while students are in a clinical setting. The presence or use of substances, lawful or otherwise, which interferes with the judgment or motor coordination of allied health and/or nursing students in this setting poses an unacceptable risk for patients, colleagues, the institution, and the clinical affiliate. Therefore, the unlawful use, possession, distribution, sale or manufacture, of alcoholic beverages, any drug or controlled substance (including any stimulant, depressant, narcotic, or hallucinogenic, drug or substance, or marijuana), being under the influence of any drug or controlled substance, or the misuse of legally prescribed or “over the counter” drugs or public intoxication on property owned or controlled by the institution; at an institution-sponsored event; on property owned or controlled by an affiliated clinical site; or in violation of any term of the Walters State Community College Drug-Free Campus/Workplace Policy (see appendix C) or the General Regulations on Student Conduct and Disciplinary Sanctions in the WSCC Student Handbook while engaged in any clinical experience poses an unacceptable risk for patients, colleagues, the institution, and the clinical affiliate and is strictly prohibited.

One responsibility of students enrolled in postsecondary education is knowledge of and compliance with Walters State Community College Drug-Free Campus/Workplace Policy (see appendix C) as required by the Drug-Free Schools and Communities Act Amendment of 1989. All students are subject to this policy and to applicable federal, state and local laws related to this matter (General Regulations on Student Conduct and Disciplinary Sanctions, WSCC Student Handbook).

Students enrolled in allied health and nursing postsecondary educational programs have placed themselves into a relationship where there is a special concern relative to the possession or use of drugs, alcohol or controlled substances. If a student in an allied
health and/or nursing program appears to be under the influence of alcohol or drugs, functioning in any impaired manner, exhibiting inappropriate behavior in the classroom or clinical, or demonstrating any unprofessional conduct or negligence, the faculty or clinical affiliate representative responsible for that student, using professional judgment, will remove the student, document the circumstances and report the alleged violation immediately to the vice president of Student Affairs.

Due to the safety and security of patients, colleagues, clinical affiliates, students and the sensitive nature of allied health and nursing programs, it is not discriminatory to require drug testing. Drug and Alcohol testing may be requested by a clinical affiliate or the Office of Student Affairs may require testing based on reasonable suspicion. Refusal to submit to Drug and Alcohol testing and/or a positive test will subject a student to Disciplinary Sanction (General Regulation on Student Conduct and Disciplinary Sanctions,WSCC Student Handbook).

The drug/alcohol test will be accomplished through a breathalyzer or blood/urine laboratory test, at the option of the institution. The tests will be performed by the Tennessee Professional Assistance Program, a third party administrator or the laboratory used by the clinical affiliate. The list of substances which will be tested will be the current list as required by the Tennessee Nurses Foundation.

The time required of the student to be away from the clinical rotation in order to undergo required drug/alcohol testing will be considered and evaluated on an individual basis. All clinical absences must be made up before the student can achieve satisfactory for clinical performance. The attendance policy listed in each allied health or nursing student handbook will be followed. If more than one week of clinical time is missed, it may be impossible to receive a passing clinical grade. Written verification of health status permitting the student to return to clinical may be required.

Licensed health related students in violation of the Drug-Free Campus/Workplace Policy will be reported to the state boards. Full reinstatement of licensure will be required for an unrestricted return to the educational program.

All allied health and nursing students are required to: 1) sign a Consent to Drug/Alcohol Testing Statement of Acknowledgment and Understanding Release of Liability (see appendix D); and 2) participate in the Tennessee Nurses Foundation (TNF) for $5.00 per year.

IV. NURSING PROGRAM ACADEMIC POLICIES AND GUIDELINES

A. Academic Advising

All students within the Department of Nursing should meet with a faculty advisor prior to registration each semester and periodically throughout the school year. Students are encouraged to see an advisor to develop semester plans and help insure completion of required courses. An appointment can be made by calling the Health Programs Division at 423-585-6981 or by calling a faculty advisor’s office number (see Appendix B) directly during specified office hours.

Students who are experiencing academic difficulties are encouraged to contact a faculty advisor for information about resources to promote success. Students who need to change schedules add or drop classes or withdraw from the program, should see an advisor about the correct procedure and to discuss the impact on their overall academic program. Referral may be made to the
WSCC Counseling/Testing Department at the discretion of the faculty. Students are strongly encouraged to follow up with the Counseling Department when directed.

**B. Chain of Communication**
Nursing students will use the following communication ladder:

- Instructor
- Course Coordinator
- Director of Nursing
- Dean of Health Programs
- Vice President of Academic Affairs
- President of WSCC

**C. Attendance**
Education is a process in which both faculty and students share the responsibility for the learning experience. Punctual attendance is expected for each lecture, campus lab and clinical experience. There may be times when a student will be unable to attend class for reasons beyond his/her control. In such cases it is the student’s responsibility to see the appropriate instructor for assistance in obtaining information, handouts, etc. for the missed content.

Students will receive course specific attendance policies during orientation.

**D. Cancellation of Classes Due to Inclement Weather**
In the event of inclement weather, the Department of Nursing will abide by the policy stated in the WSCC Catalog. Notification of cancellation of classes for the WSCC campus due to hazardous weather conditions will be aired over area TV/radio stations and InfoConnect line. Because of distance and the early time involved, each student is expected to exercise individual judgment regarding the risk of traveling to clinical or campus.

**E. Academic Continuity in the Event of Pandemic, Inclement Weather, or Other College Declared Critical Event**

For information related to the cancellation of classes due to inclement weather or other events, please check the college’s Web site at [www.ws.edu](http://www.ws.edu), the college’s Facebook and Twitter pages, the Senators Emergency Text system, or call the college’s student information line, 1-800-225-4770, option 1; the Sevier County Campus, (865) 774-5800, option 7; the Greeneville/Greene County Campus (423) 798-7940, option 7; or the Claiborne County Campus, 423-636-6200, option 7. Also, please monitor local TV and radio stations for further announcements.

When an event or disaster interrupts the scheduled operations of the college and the ability to proceed with the academic course activities as planned, the college and your instructor may alter the course plan outlined in the syllabus. Should an event occur, students should refer to their course e-Learn pages and/or class materials previously delivered to receive guidance from their instructor. Students should continue to monitor the official college channels of communication listed in the above paragraph.
F. Grading/Test Policy
1. Grading Scale:
   A 92% - 100%
   B 83% - 91%
   C 78% - 82%
   D 70% - 77%
   F 69% or below

2. A specific number of exams will be administered in each course. A score of 78% is considered passing for each exam and course.

3. Caps, hats, and sunglasses may not be worn during exams or exam reviews. No books, papers, backpacks, or other personal belongings are allowed at the student desk or on their person during exams or exam reviews. Only calculators and pencils provided by the faculty are permissible. Calculators may not be shared during exams. Digital devices (cell phones, smart watches, smart glasses, smart necklaces) must be turned off and placed at the front of the room during exams and must remain at the front of the room until completion of exam review. Decisions regarding digital devices is at the discretion of the faculty. Once the student turns in their exam, they must exit the classroom until the review begins. No personal belongings or papers may be at student desks during exam review.
   Students possessing digital devices during paper exams, electronic exams, or test reviews will receive a grade of zero “0” for the exam. Students may not retrieve digital devices until test review is finished and all exams have been collected.

4. Absences on an Exam Day: If a student is absent on the day of an exam, the course coordinator must be notified via phone to the Health Programs Division (423 585-6981) at least 30 minutes prior to testing. Failure to do so will result in deducting 2 percentage points from the final course average.

Possible make-up exam point deductions for students who are absent on the scheduled exam day will be as follows:

Excused absence – 3 percentage points may be deducted from the student’s possible exam score.

Excused absences include:
   □ Personal illness or illness of household member with MD/FNP excuse.
   □ Funeral of immediate family member (spouse, child, parent, sibling, grandparent, mother or father-in-law).
   □ Mandated Court Appearance
   □ Other special circumstances with approval of course coordinator or director.

Unexcused absence – 10 percentage points may be deducted from the student’s possible exam score.

Format for make-up exams is at the discretion of the instructor.
5. It is the student’s responsibility to contact the course coordinator within one week to schedule a make-up exam. Failure to take a make-up exam as scheduled will result in a zero (0) grade for that exam. The format of makeup exams is at the discretion of the instructors.

6. Late on exam day:
In the event a student experiences an unavoidable delay on exam day, the student should notify the Health Programs Division (423 585-6981) at least 30 minutes prior to testing. No student will be allowed to begin testing once any student has completed the exam. In this event, the absence policy will apply.

If allowed to begin late, the student may be required to relocate to complete the exam. Due to time limitations, the student may not be able to attend the test review.

7. Late on quiz day:
The student must be present by the time a quiz is distributed to be eligible to take the quiz. Quiz make-up policies are defined in each course syllabus.

8. The exam review is a part of the learning process. An environment conducive to learning will be maintained. These guidelines will be followed:
   a. All students are expected to attend exam reviews.
   b. Exam reviews will begin and end on time. Digital devices must remain at the front of the classroom on a silent manner during the review.
   c. No tape recording or note taking of exam reviews is allowed.
   d. No one will be admitted to the classroom after the exam review has begun without faculty approval.
   e. No one will be allowed to exit the classroom after the exam review has begun.
   f. Students may review only their own individual exam.
   g. The exam review will not conclude and students may not exit the room until all exams are returned and counted by the faculty. A student will receive a grade of zero for that exam if his/her test booklet is not returned.
   h. Exam reviews outside of the scheduled time are at the faculty’s discretion.
   i. The method of exam review is at the faculty’s discretion.

9. Test scores will be available on the course management system. Test scores will be available within one week of the examination. Test scores will not be given via the telephone. Exam and quiz scores may be reviewed one week after grades are posted. If you suspect an error in your posted score, please notify a nursing advisor in writing. After one week, all grades are final.

10. A student may not progress to the next nursing course until the minimum semester grade of “C” is achieved.

11. Clinical performance must be rated as satisfactory according to the clinical evaluation tool in order to pass the course regardless of the test scores.

12. A grade of incomplete will be given only in extenuating circumstances after consulting with and consent of the faculty.
13. Students with academic difficulty are encouraged to seek academic counseling from a faculty member as needed. A student who is at risk for academic failure before the withdrawal deadline will receive academic counseling by a faculty member.

14. Students considering withdrawal from a nursing course or the program must have an exit interview with the assigned nursing advisor and/or the Director of Nursing who will assist them in the withdrawal process so as to avoid damage to their college record and grade point average. At the exit interview the faculty member will assist withdrawing students with the readmission process if desired or change the major course of study.

G. Grade Appeal Procedure
When a student believes there are circumstances which warrant the appeal of a grade received for other than academic misconduct, the student may appeal the grade. Please refer to Walters State Catalog/Student Handbook for policy and procedure.

H. Classroom Policies
1. Children and pets will not be allowed in classroom, clinical, or lab setting.
2. Cell phones, beepers, and pagers must be turned off or silenced during class, lab, or clinical.
3. Class Attendance Regulations
   Students must attend the first day of class or contact the instructor prior to the first class if they intend to remain in the class. If this procedure is not followed, the student may be administratively dropped from the class, and other students will be allowed to take their positions. Students who are withdrawn from classes under this policy will receive a drop form marked “attendance withdrawal.” Attendance at classes and other official appointments is required. A student’s schedule is considered a contract and constitutes a series of obligated appointments. Absences are counted from the first scheduled meeting of the class. An explanation for the cause of all absences should be given each instructor. If possible, students should inform their instructor in advance of planned absences.

IMPORTANT:
Non-attendance does not constitute a withdrawal from classes or from the college. Procedures to formally drop a course or to withdraw from the college must be followed. Following these procedures may prevent the student from receiving an “F” on his/her transcript.

4. Assignments
   a. A list of unit/clinical objectives, required reading assignments, and other assignments for each unit of instruction will be available at the beginning of each semester.
   b. The required course syllabus will be available on eLearn prior to the first day of class.
   c. All written assignments will be typed using accepted standards for college level papers.
   d. Written assignments will be turned in to the instructor in a closed folder or envelope.
   e. Nursing care plans or clinical assignments should be written in black ink unless otherwise specified by instructor.
5. Taping of Lectures

Students are to consider the lecture material as an important source of learning in addition to reading and viewing materials assigned and/or suggested by the faculty. Lecture materials are presented by faculty members responsible for the course or by guest lecturers. Students are not to assume the privilege of taping presentations of either guest lecturers or faculty members in the program since there are many legal and ethical considerations to be addressed. Any student admitted to the nursing program who has a need for test-taking or note-taking accommodations, should contact the Department of Services for Individuals with Disabilities as early as possible to discuss the need.

Procedure And Qualifications For Gaining Permission To Tape:

If a student feels he/she has a disability and requires the use of a tape recorder in class, he/she should request permission to tape from the Department of Services for Individuals with Disabilities. Upon verification of the disability (medical documentation or verification from vocational rehabilitation service is required), an Educational Support Plan will be completed and sent to the Dean of Health Programs or Director of Nursing. Taping may begin only after this procedure has been completed. The student may tape lectures for the duration of the disability, but permission is only granted one semester at a time. Lectures may not be taped for a student who is absent. Tapes are exclusively for the use of the permitted student and are not to be copied or shared. Abuse of the permission will result in cancellation of the permission to tape.

I. Instructional Resources

Instructional resources have been chosen to supplement the basic units of learning. The student should independently refer to current audio-visual materials, nursing textbooks, and professional journals for additional information or clarification concerning related class and clinical topics.

1. Skills Lab
   Throughout the nursing program the student is introduced to clinical/technical skills which will progress from simple to complex. The nursing skills lab provides a safe environment for the student to practice these skills prior to performing them in a clinical setting. Skills are taught using a variety of techniques such as demonstrations, return demonstrations, videos, role-playing, and critical thinking activities. Supervised practice is provided with opportunities for independent practice. Skills labs are considered to be a clinical experience. Rules that apply to clinical experiences also apply to skills lab.

2. Computer Lab
   Computer-Assisted Instruction (CAI) programs are frequently assigned as a learning activity for a unit of study to provide additional information and to reinforce content presented in lecture. They may also be used for independent study, as an alternate activity for a clinical lab absence, and as an aide to preparation for the licensing exam after graduation. A schedule of the hours the computer lab is available will be posted on the door. Computers may be used for Internet research once a student account and password has been obtained. Students may also use them for word processing of class-related papers. A computer lab is available at the off-campus sites where nursing courses are offered. Specific instructions for the use of computers is included in Appendix I.
3. College Library
Current Audio-visual materials, textbooks, and periodicals pertaining to Nursing are available in the WSCC Library for student use. Students may be required to view video programs on their own time. Computers are available for Internet research. Instructions are similar to the ones for the Tech lab found in Appendix I. Please refer to the WSCC Catalog and Student Handbook for Library hours and policies.

4. Distance Education
Nursing classes may utilize distance learning instruction.

J. Comprehensive Assessment and Review Program Policy
Achievement exams will be administered as designated by each nursing course. Refer to individual course syllabi for specific information on achievement tests. These exams may be scheduled outside of the normal lecture/clinical times. Scores on these exams may be included as part of a student’s nursing course grade and be used to evaluate the student’s understanding of theory content. A student who is identified as having a deficiency by scoring below the designated level on the standardized assessment test(s) given during each nursing course is encouraged to meet with his/her advisor to establish a plan of remediation prior to progressing to the next clinical nursing course in the curriculum. Remediation may include completion of suggested computer-based practice tests or CAI programs or use of written review materials with practice questions or instructor-developed materials. Failure to meet with the advisor will be documented in the student’s Health Program record.

Students who score below the designated level on the initial external test taken at the end of the course of study (Nursing Program) will receive a grade for the final nursing course and be allowed to graduate. However, they will not be recommended to the Tennessee Board of Nursing or any other state board or be allowed to take the NCLEX-RN licensing exam until they have:

1. met with the faculty advisor
2. developed a plan of study

The plan of study may include, but is not limited to, independent, tutorial, review materials, computer-based practice tests, commercial review course at the student’s expense, or other method approved by the Director.

3. repeated the standardized test at their expense
4. achieved the designated score.

A student who scores below the designated level on the external test on the second attempt will be required to complete a recommended commercial review course at his/her expense and then take the test a third time. A student may not attempt the test for the third time less than six (6) weeks after the second attempt to allow time for additional study and review.

Any student who, after completing additional study activities and review, is unable to achieve the designated level on the external test on the third attempt will be allowed to sit for the NCLEX-RN at his/her own risk.
The cost of each exam will be announced and must be paid by the student prior to testing. The purpose of the achievement exams is to:

1. evaluate the student’s knowledge of a specific subject area. 
2. compare a student’s knowledge with that of other nursing students both institutionally and nationally.
3. evaluate the probability of the student’s passing the NCLEX-RN licensing exam.
4. provide computer adaptive testing experience for the student.

**Failure to take the required achievement exams may result in the grade (I) Incomplete being given for the course.**

**Academic dishonesty/cheating on any standardized exam will result in dismissal from the program and a grade of F in the enrolled course.**

### K. Drug Dosage Calculation

Accurate calculation of drug dosages is critical to the provision of safe nursing care and satisfactory clinical performance. Following completion of pharmacology NURS 1130 drug dosage calculation problems may appear on any future exams throughout the curriculum.

### V. CLINICAL POLICIES

#### A. Student Confidentiality/Non-Disclosure Acknowledgement

Before students can participate in clinical, they must agree to the conditions in the Student Confidentiality/Non-Disclosure Acknowledgement and sign the agreement. A copy of this form may be found as **Appendix L**.

#### B. Clinical Placement

1. In order to prepare students to practice in the current health care system, students will be offered a variety of clinical experiences. Clinical facilities will include but are not limited to acute care facilities, long term care facilities, home health agencies, out-patient facilities, and community agencies. The Health Programs faculty strongly discourages clinical placement of students on a unit where they are employed. Arrangements for clinical placement of students are made by the course coordinator in collaboration with clinical facilities.

2. Students are expected to provide their own transportation to clinical facilities. Although car pooling is encouraged, it is not possible to arrange student clinical schedules to accommodate established car pool arrangements.

3. Students are NOT to work the immediate 8 hours prior to patient care clinical.
4. Clinical agencies are not liable for injuries a student may sustain, or for the diagnosis or treatment of any illness a student may contract while in the agency for clinical experiences. Neither WSCC nor the clinical agencies are liable for injuries sustained by students or loss of student property. Students are encouraged to carry health insurance. Students should leave valuables at home and bring only the amount of cash needed. Students are not considered as employees of the clinical agencies during the times assigned for clinical experiences.

5. Criminal Background checks may be a requirement for training at some affiliated clinical sites.* Based on the results of these checks, an affiliated clinical site may determine to not allow your presence at a facility. Additionally, a criminal background may preclude licensure or employment. If you are assigned to a clinical affiliate requiring a criminal background check, you will be required to provide the requested information. Acceptance of you as a student in the clinical facility will be at the clinical affiliate’s discretion. As a student, you will be responsible for the cost of any required background checks.

If a clinical denies your presence in the facility, you will not be able to complete the clinical experience and you will be withdrawn from the program.

All students are required to notify the Dean of the Health Programs Division at any time any criminal charges or convictions occur within 5 days of their occurrence as it may impact practice.

The specifications for the background check are at the discretion of the clinical affiliate. Should the affiliate not require a specific vendor for the check, the program director will provide a list of available vendors to purchase the required criminal background check. The cost of the criminal background check will average $50.00-$100.00. The exact amount may vary based on the affiliate specifications and individual student differences. As a student you will not be allowed access to a clinical facility for any student experience until the clinical facility has authorized your presence.

* Students will be given further instructions at course orientation.

Please see consent forms in Appendix M.

6. Drug Screen – Students may be required to complete a drug screen. This will be at the student’s expense if required by the clinical facility the student is assigned.

C. Clinical Orientation

Students are required to complete a general orientation and facility orientation for each clinical facility attended. Failure to complete the mandatory orientation for a specific clinical facility may result in reassignment as space permits. If placement is not available, the student will not be allowed to progress in the clinical component of the course. This orientation will include the expectations of the assigned clinical instructor as well as the clinical facilities. This orientation may include infection control, hazardous materials, fire safety, clinical agency guidelines and department of nursing policies. To accommodate schedules of our host facilities, it may be necessary for students to attend a clinical orientation outside their assigned clinical schedule. Orientation material may also be assigned to be completed on the student’s personal scheduled time.
D. Clinical Attendance Policy

1. Attendance and punctuality in the clinical setting is required.

2. If a clinical absence is unavoidable, the student should notify the facility or the faculty member one half hour prior to the scheduled experience. When notifying the facility of an absence ask for the unit to which you are assigned and the person’s name who accepts the call. You will be given specific directions in clinical orientation on how to report a clinical absence. **Failure to call either the faculty member or the facility will result in 2 percentage points being deducted from the final course average.** A clinical makeup day will be required to validate attainment of the clinical objectives. Skills labs are considered to be a clinical experience. Rules that apply to clinical experience also apply to these skills labs. If a skills lab absence is unavoidable, the student should notify his/her instructor at least one half hour prior to the scheduled experience or at a time designated by the instructor.

3. All clinical absences must be made up promptly. It is the student’s responsibility to contact the instructor to determine how this will be accomplished. Makeup for absences will be at the discretion of the instructor. All clinical absences must be made up before the student can achieve satisfactory for clinical performance. Individual and extenuating circumstances will be evaluated by the faculty. **If more than one week of clinical time is missed, it may be impossible to receive a passing clinical grade.** The course coordinator will be informed and a conference may be arranged. Written verification of health status permitting the student to return to clinical may be required.

4. If a student is late to the assigned clinical area due to extenuating circumstances, the instructor must be notified as soon as possible prior to the start of clinical. **Failure to do so may result in 2 percentage points being deducted from the final course average.** Repeated tardiness will result in a clinical failure.

5. The snow policy for Nursing classes and clinical labs will normally follow the Walters State policy. The cancellation of classes will be announced on radio and television. Cancellation of clinical lab due to hazardous weather conditions may be determined by the Nursing Department. At all times students are encouraged to use judgment and not travel when they feel conditions are hazardous. However, students must call the clinical facility as outlined for other absences.

E. Clinical Guidelines

1. Students must be prepared to show evidence of current CPR completion, liability insurance coverage, and general health status to any clinical faculty upon request.

2. Each student is required to be on the assigned unit at the appropriate time in full uniform with advanced preparation completed.

3. One instructor will be assigned to each student group. All papers, assignments, etc., will be handed in to this instructor. All written assignments will be submitted by the scheduled date.
4. Standard Precautions will be used at all times in clinical facilities.

5. Medication administration policies of affiliating agencies will be observed. No medications may be administered by students without having first been checked by a licensed nurse. Any medication errors must be reported to the clinical instructor. Medication errors will be documented according to the specific clinical facility.

6. Students must demonstrate safe technique in performing certain technical skills before being permitted to function in the hospital setting.

F. Cell Phones
1. Communication with faculty will not be conducted via text messaging unless otherwise instructed per individual faculty.

2. Cell phones must be on silent or vibrate during clinical hours and used only in emergencies and in designated areas.

3. No pictures or videos via cell phone or camera are allowed at any time in the clinical area.

G. Portable Electronic Devices
1. Use of portable electronic devices in clinical is regulated by clinical agencies, local, state, and federal regulations and laws.

2. Portable electronic device usage must be approved by faculty prior to use.

3. Portable electronic devices, when approved for use, may only be used to access preloaded nursing/medical software. These devices may not be used to take pictures, access or record patient information, access the internet, use telephone function, text message, or e-mail.

4. Portable electronic device telephone and camera functions must be turned off during clinical and lab sessions by placing device in “Airplane” mode.

5. Students are responsible for following HIPAA guidelines when using portable electronic devices in clinical or other settings.

6. Infection control guidelines must be maintained when using portable electronic devices in patient care areas.

7. Inappropriate portable electronic device use (telephone function, taking pictures, accessing or recording patient information, accessing internet, text messaging, accessing or sending e-mail) will result in termination from the WSCC Nursing Program.

8. Violation of HIPAA through use of a portable electronic device will result in termination from the WSCC Nursing Program.
H. **Professional Dress Requirement**
A professional image must be conveyed through appropriate dress and behavior. Students must wear the appropriate attire and follow agency guidelines when in the clinical area. Additional guidelines will be dependent on specific clinical areas. Any time that a student is inappropriately dressed, she/he will be asked by the faculty to leave the clinical area.

1. **Hygiene**
   a. Good hygiene is essential.
   b. No perfumes/colognes are allowed.
   c. Hair must be neat, clean, worn off the collar, and styled to convey a professional image. Long hair must be secured so that it does not interfere with procedures and patient/student safety. Flowers, ribbons, and decorative combs or clasps are not allowed.
   d. Sideburns, beards, and mustaches must be clean and short-trimmed.
   e. Make-up should be neat and not excessive.
   f. Elaborate jewelry may harbor microorganisms and be a safety hazard. Therefore, jewelry worn with the uniform should be limited to wedding rings and inconspicuous stud earrings. The only body piercing jewelry worn in clinical will be one pair of inconspicuous earrings that match in the earlobe.
   g. No facial or tongue rings. No spacers, or clear studs, or wicks.
   h. Tattoos will be covered during clinical.
   i. Nails
      (1) All students providing direct patient care will maintain short, clean, well-manicured nails.
      (2) If nail polish is worn, it must be a “neutral color” and free of cracks, chips, or peeling.
      (3) Artificial nails will not be worn.
*Artificial nails are defined as substances or devices applied to the natural nail to augment or enhance the nails. They include, but are not limited to bonding, tips, wrapping and tapes.*
*Adapted from the University of Tennessee Memorial Hospital Management Manual.*

2. **Clinical Uniforms**
   a. The student uniform is worn only while functioning in the role of WSCC student.
   b. Uniform must be neat, clean, well-pressed and of appropriate fit. Students will wear a white top, navy blue scrub pants, and a white lab coat and/or other uniform at instructor’s discretion.
   c. Clean and polished white professional closed-toe shoes or leather athletic shoes if solid white with inconspicuous logo and white socks.

3. **Community Uniforms**
   a. Students will wear a WSCC Nursing polo shirt and khaki pants or khaki skirt during community clinical experiences. This uniform with lab coat may also be worn during pre-clinical activities.
   b. No cropped pants, capri pants, or leggings are allowed.
   c. Clean closed-toe heel flat, neutral colored business casual shoes or clinical uniform shoes.
   d. Uniform must be neat, clean, well-pressed and of appropriate fit.
4. WSCC Nursing Photo ID and Insignia
   a. The WSCC nursing photo ID must always be visible on uniform. The photo ID will be issued to the student prior to first semester clinicals and will expire after the fourth semester. If the photo identification badge is lost or if there is a name change, it is the student’s responsibility to notify the health programs office so a replacement may be obtained. The student may incur a fee for a replacement ID.
   b. The WSCC insignia patch must always be visible on uniform, lab coat, or sweater centered on the left sleeve at the top shoulder. Patches are only available from the Bookstore.

5. Equipment
   a. Watch with second hand or seconds indicator
   b. Black ball-point pen (no erasable ink)
   c. Small note pad
   d. Bandage scissors
   e. Stethoscope
   f. Pen light
   g. Hemostat - optional
   h. Sphygmomanometer – optional

I. Clinical Evaluations
1. Clinical performance must be rated as satisfactory according to the clinical evaluation tool in order to pass the course regardless of the test scores. (See Appendix H for evaluation tools.) Semester grading will be on a pass/fail basis.

2. A student who performs at an unsatisfactory level during clinical or campus lab will be notified. All unsatisfactory performances will be documented.

3. A student in danger of a clinically unsatisfactory evaluation will be notified by the instructor so that performance can be improved to a satisfactory level by the end of the semester. If the student’s performance is not subsequently raised to a satisfactory level, the student will receive a failing grade for the clinical lab course. A blatant demonstration of unsafe behavior toward a patient or staff will result in removal of the student from the clinical facility and the nursing program.

4. Students must demonstrate competency in technical skills in the clinical area. If there are deficiencies, which can be corrected in the skills lab, the student will be required to do remedial lab work.

5. Each instructor will schedule clinical evaluation conferences at the end of a rotation. Students have the option to request an evaluation conference at any time during the semester. A student must sign his/her clinical evaluation form for each rotation.

6. To achieve a satisfactory evaluation for the clinical lab course and progress to the next nursing course, at least 78% of the items on the clinical evaluation tool should be evaluated at the satisfactory level. Unsatisfactory performance on any item designated as critical (starred on the evaluation tool) will result in an unsatisfactory evaluation for the clinical course and the student will not be allowed to progress in the program.

7. A student who does not pass the clinical requirements will be assigned the grade of “F”
for both theory and clinical courses. A “W” may be given to any student who withdraws by the official college-wide withdrawal date (see college calendar).

8. A grade of Incomplete will be given only in extenuating circumstances after consultation with and consent of the faculty and the Director of Nursing.

9. A student must receive a satisfactory evaluation regarding interpersonal relations. Attitude is an item pertaining to interpersonal relations. If a student receives an unsatisfactory evaluation for interpersonal skills, clinical failure may result. Clinical failure may result if interpersonal relations are the only items needing improvement regardless of other performance items.

VI. NURSING ORGANIZATIONS

A. WSCC Nursing Organization

The official student nurse organization for Walters State Community College is the Walters State Community College (WSCC) Student Nurse Association (SNA). The SNA is a registered, co-curricular student activities organization of Walters State Community College with oversight by the vice-president of Student Affairs.

The purpose of this association is to serve as a pre-professional nursing student organization that supports pre-nursing and nursing students in their educational and professional development. SNA works with on-campus and community resources in providing access to professional activities, opportunities to improve public health, and activities to develop leadership opportunities. Students requesting membership must be enrolled in WSCC as a declared pre-nursing or nursing major.

Student Nurse Association members will select a president, vice president, secretary, treasurer, Student Government Association representative (SGA), and representatives from each of the Greeneville, Morristown, and Sevierville campuses annually. Officers may be selected from the Level 2 and Level 3 curriculum and may serve for three (3) semesters, or until graduation.

Pre-nursing and nursing students may choose to join the National Student Nurses’ Association (NSNA). This is a national organization whose purpose is to assume responsibility for contributing to nursing education in order to provide for the highest quality health care, to provide programs representative of fundamental and current professional interest and concerns, and to aid in the development of the whole person, his/her professional role, and his/her responsibility for the health care of people in all walks of life. The Tennessee Association of Student Nurses (TASN) is the state association and affiliate of the NSNA.

B. WSCC Nursing Alumni

The proposed purpose of the WSCC Nursing Alumni Association is:

1. To foster loyalty to the Nursing Program and WSCC
2. To help facilitate the goals of the Nursing Program and of the National Alumni Association of WSCC
3. To promote the professional development of its members.

Active membership is made up of graduates of the WSCC Associate Degree, and faculty
VII. GRADUATION ACTIVITIES

A. Honors Day
Honors Day is held each Spring. During this college-wide ceremony, outstanding students and faculty members are recognized. An Outstanding Nursing Student Award is given to the graduating student who has shown outstanding achievement in both academic and clinical work. The recipient of this award is chosen by faculty vote.

B. Pinning Ceremony
The Nurses’ Pinning Ceremony signifies fulfillment of the requirements of the nursing program.

C. Graduation
Nursing students participate in WSCC college-wide graduation ceremony at the end of spring and fall semesters. For additional information concerning degree requirements, forms and fees pertaining to graduation, refer to the WSCC Catalog and the Student Handbook.

D. Licensure Verification
After completing the NCLEX-RN, you may check results at the Tennessee Board of Nursing website.
WALTERS STATE COMMUNITY COLLEGE

HEALTH PROGRAMS

BLUE OR BLACK INK ONLY

Medical History and Physical Examination Report of Applicant

**APPLICANT IS TO COMPLETE THE FOLLOWING SECTIONS:**

Name: ______________________ Date of Birth: __________ Social Security No. ______________________

Address: ________________________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Telephone: (Cell) ______________________ (Home) ______________________ (Work) ______________________

In case of emergency notify:

Name: ______________________

Address: ________________________________________________________________

Telephone: ______________________ Relationship ______________________

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DATE/EXPLANATION</th>
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Are you currently under treatment for any medical illness? If so, explain. If not, state “no” below.

________________________________________________________________________

List emotional or chemical dependency problems (past and or present) and treatment for such.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of student: ______________________

Date: ______________________
**Physician or Nurse Practitioner Report**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>1st Injection Date</th>
<th>2nd Injection Date</th>
<th>3rd Injection Date</th>
<th>Flu Vaccine (Annual*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR</td>
<td>Mo/Day/Yr</td>
<td>Mo/Day/Yr</td>
<td>Mo/Day/Yr</td>
<td>If student received vaccine elsewhere, attach documentation.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Mo/Day/Yr</td>
<td>Mo/Day/Yr</td>
<td>Mo/Day/Yr</td>
<td>Date: Mo/Day/Yr</td>
</tr>
<tr>
<td>Varicella (chicken pox)</td>
<td>Mo/Day/Yr</td>
<td>Mo/Day/Yr</td>
<td>Mo/Day/Yr</td>
<td>If dates for Varicella vaccine are unavailable, positive titer must be attached.</td>
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<tr>
<th>Test</th>
<th>1st Placement Date</th>
<th>Date Read/Reaction</th>
<th>2nd Placement Date</th>
<th>Date Read/Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-Step TB Skin Test (Annual*)</td>
<td>Mo/Day/Yr</td>
<td>+/ -</td>
<td>Mo/Day/Yr</td>
<td>+/ -</td>
</tr>
<tr>
<td>Chest X-Ray</td>
<td>X-Ray Date</td>
<td>Result:</td>
<td></td>
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<tr>
<td>Only required if TB positive.</td>
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</table>

**Medical Conditions Currently Being Treated:** (List all. Include vaccine allergies if applicable.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Current Medications:** (List all)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

By signing this form, the health care provider attests to having performed a physical on the student and affirms the student is capable of performing all duties of a health care provider without restriction.

**HEALTH CARE PROVIDER SIGNATURE**

**HEALTH CARE FACILITY**

**HEALTH CARE PROVIDER PRINTED NAME**

**FACILITY ADDRESS**

**DATE**

**FACILITY PHONE**

Revised 2/2017
Due to your potential risk for exposure to blood or other potentially infectious materials, you may be at risk of acquiring Hepatitis B Virus (HBV) infection, measles, mumps, rubella, or varicella (chicken pox). Health Programs students must provide documentation of complete vaccinations or titers from their healthcare provider.

**Indicate one choice of action to each vaccination listed below.**

**I. Hepatitis B (HBV): * **
- _____Documentation of three (3) shot dates.
- _____Titer showing immunity status to Hepatitis B.**
- _____Documentation from my health care provider stating reason for contraindication.***
- _____Signed written statement affirmed under penalty of perjury stating conflict with religious beliefs.***

**II. MMR (Measles, Mumps, Rubella): * **
- _____Documentation of two (2) shot dates.
- _____Titers showing immunity status to rubella, rubeola and mumps.**
- _____Documentation from my health care provider stating reason for contraindication.***
- _____Signed written statement affirmed under penalty of perjury stating conflict with religious beliefs.***

**III. Varicella (Chicken Pox): * **
- _____Documentation of two (2) shot dates.
- _____Titer showing immunity status to varicella.**
- _____Documentation from my health care provider stating reason for contraindication.***
- _____Signed written statement affirmed under penalty of perjury stating conflict with religious beliefs.***

A student may be exempt from this requirement under one of the following circumstances: *

1) The vaccine is contraindicated for the individual based on guidelines established by manufacturer or Center for Disease Control
2) Physician judgment based on the individual’s medical condition and history – (risk of harm outweighs benefit)
3) Religious belief or practice – (individual must provide written statement affirmed under penalty of perjury).

**I have read and understand this information. I have made a selection for each vaccination.**

____________________________________  ___________________________________
SIGNATURE                              DATE

* Acceptance of you as a student in a clinical facility will be at the clinical affiliate’s discretion. If a clinical affiliate denies your presence, you will not be able to complete the clinical/practicum and you will be withdrawn from the program.

**Students who provide titers with laboratory values inconsistent with immunity are encouraged to get the vaccinations.

***Student must submit documentation for medical or religious contraindications.
WALTERS STATE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
VERIFICATION OF HEALTH INSURANCE FORM

I, ______________________________, understand that Clinical
(Printed Student Name)

Affiliates may require students carry health insurance. I understand I must adhere
to the requirements of the Clinical Affiliates I am assigned to as a Walters State
Clinical Student. I understand that I am responsible for all costs incurred related to
health problems or accidents that may occur while functioning in the role of a
student.

Check one:

□ I have health insurance.

□ I do not have health insurance.

____________________________________  __________________________________
Student Signature                      Date
<table>
<thead>
<tr>
<th><strong>Dean of Health Programs</strong></th>
<th><strong>Office</strong></th>
<th><strong>Phone</strong></th>
<th><strong>E-Mail Address</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Marty Rucker, MSN, RN</td>
<td>104A TECH</td>
<td>423-585-6983</td>
<td><a href="mailto:Marty.Rucker@ws.edu">Marty.Rucker@ws.edu</a></td>
</tr>
<tr>
<td>Associate Professor of Nursing</td>
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<tr>
<th><strong>Director of Nursing</strong></th>
<th><strong>Office</strong></th>
<th><strong>Phone</strong></th>
<th><strong>E-Mail Address</strong></th>
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<tbody>
<tr>
<td>Cheryl McCall, PhD, RN</td>
<td>106D TECH</td>
<td>423-585-6993</td>
<td><a href="mailto:Cheryl.McCall@ws.edu">Cheryl.McCall@ws.edu</a></td>
</tr>
<tr>
<td>Professor of Nursing</td>
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<tr>
<th><strong>Nursing Faculty</strong></th>
<th><strong>Office</strong></th>
<th><strong>Phone</strong></th>
<th><strong>E-Mail Address</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Academic Dean of Health Programs</td>
<td>156 TECH</td>
<td>423-585-6821</td>
<td><a href="mailto:Staci.Boruff@ws.edu">Staci.Boruff@ws.edu</a></td>
</tr>
<tr>
<td>Staci Boruff, PhD, RN</td>
<td>106F TECH</td>
<td>423-585-6987</td>
<td><a href="mailto:Cherylynn.Bradeen@ws.edu">Cherylynn.Bradeen@ws.edu</a></td>
</tr>
<tr>
<td>Professor of Nursing</td>
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<tr>
<td>Cherylynn Bradeen, MSN, RN</td>
<td>124 MMH</td>
<td>865-908-5460</td>
<td><a href="mailto:Kathy.Brewer@ws.edu">Kathy.Brewer@ws.edu</a></td>
</tr>
<tr>
<td>Assistant Professor of Nursing</td>
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<tr>
<td>Kathy Brewer, MSN, RN</td>
<td>259 TECH</td>
<td>423-585-6854</td>
<td><a href="mailto:Kelly.Craft@ws.edu">Kelly.Craft@ws.edu</a></td>
</tr>
<tr>
<td>Assistant Professor of Nursing</td>
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<tr>
<td>Kelly Craft, MSN, RN</td>
<td>118C TECH</td>
<td>423-318-2752</td>
<td><a href="mailto:Beth.Cruz@ws.edu">Beth.Cruz@ws.edu</a></td>
</tr>
<tr>
<td>Associate Professor of Nursing</td>
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<tr>
<td>Elizabeth Dobbins, PhD, RN</td>
<td>106H TECH</td>
<td>423-585-6751</td>
<td><a href="mailto:Elizabeth.Dobbins@ws.edu">Elizabeth.Dobbins@ws.edu</a></td>
</tr>
<tr>
<td>Professor of Nursing</td>
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<tr>
<td>Jerri Helton, MSN, RN</td>
<td>435 WSGC</td>
<td>423-798-7984</td>
<td><a href="mailto:Jerri.Helton@ws.edu">Jerri.Helton@ws.edu</a></td>
</tr>
<tr>
<td>Instructor of Nursing</td>
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<tr>
<td>Kathleen Jones, MSN, RN</td>
<td>436 WSGC</td>
<td>423-798-7985</td>
<td><a href="mailto:Kathleen.Jones@ws.edu">Kathleen.Jones@ws.edu</a></td>
</tr>
<tr>
<td>Associate Professor of Nursing</td>
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<tr>
<td>Kimberley Lee Long, MSN, RN</td>
<td>106A TECH</td>
<td>423-585-6918</td>
<td><a href="mailto:Kimberley.Long@ws.edu">Kimberley.Long@ws.edu</a></td>
</tr>
<tr>
<td>Assistant Professor of Nursing</td>
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<tr>
<td>Assistant Professor of Nursing</td>
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| **Adjunct Faculty** | | | |
|---------------------| | | |
| Adjunct Faculty List will be provided at the beginning of each semester. | | | |

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<th><strong>Administrative Assistants</strong></th>
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<th><strong>Phone</strong></th>
<th><strong>E-Mail Address</strong></th>
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<tr>
<td>Patricia Ottinger, Executive Secretary</td>
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APPENDIX C

Summary of Drug-Free Campus/Workplace Policy

The following summary of Walters State Community College’s policy and penalties relative to controlled substances (illicit drugs) and alcohol, as required by the Drug-Free Schools and Communities Act Amendments of 1989, is being provided to each student enrolled at the college. As a student of Walters State, you are required to be knowledgeable of and comply with the Drug-Free Campus/Workplace Policy, the applicable provisions of which are summarized below:

Standards Of Conduct

Walters State Community College employees and students are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, use or being under the influence of illegal drugs or alcohol on the college campus, at off-campus facilities owned or controlled by the college or as a part of college sponsored activities. All categories of employees and students are subject to this policy and to applicable federal, state and local laws related to this matter.

Legal Sanctions Under Local, State, And Federal Law

Various federal, state and local statutes make it unlawful to manufacture, distribute, dispense, deliver, sell or possess with intent to manufacture, distribute, dispense, deliver or sell, controlled substances. The penalty imposed depends upon many factors which include the type and amount of controlled substance involved, the number of prior offenses, if any, whether death or serious bodily injury resulted from the use of such substance, and whether any other crimes were committed in connection with the use of the controlled substance. Possible maximum penalties for a first-time violation include imprisonment for any period of time up to a term of life imprisonment, a fine of up to $4,000,000 if an individual, supervised release, any combination of the above, or all three. These sanctions are doubled when the offense involves either: 1) distribution or possession at or near a school or college campus, or 2.) distribution to persons under 21 years of age. Repeat offenders may be punished to a greater extent as provided by statute. Further, a civil penalty of up to $10,000 may be assessed for simple possession of “personal use amounts” of certain specified substances under federal law. Under state law, the offense of possession or casual exchange is punishable as a Class A misdemeanor; if there is an exchange between a minor and an adult at least two years the minor’s senior, and the adult knew that the person was a minor, the offense is classified a felony as provided in T.C.A. S39-17-417. (21 U.S.C. S801, et. seq.; T.C.A. S39-17-417)

It is unlawful for any person under the age of twenty-one (21) to buy, possess, transport (unless in the course of his employment), or consume alcoholic beverages, wine, or beer, such offenses being classified Class A misdemeanors punishable by imprisonment for not more than 11 months, 29 days, or a fine of not more than $2,500, or both. (T.C.A. SS1-3-113, 57-5-301). It is further an offense to provide alcoholic beverages to any person under the age of twenty-one (21), such offense being classified as a Class A misdemeanor. (T.C.A. S39-15-404. The offense of public intoxication is a Class C misdemeanor punishable by imprisonment of not more than 30 days or a fine of not more than $50, or both. (T.C.A. S39-17-310)
Health Risks Associated With the Use of Illicit Drugs and/or Abuse of Alcohol

Every drug, including alcohol, is a potential poison which may cause disability and death if it is taken incorrectly into the body, consumed in wrong amounts or mixed indiscriminately with other drugs. Drugs cause physical and emotional dependence. Drugs and their harmful side effects can remain in the body long after use has stopped. The extent to which a drug is retained in the body depends on the drug’s chemical composition, that is whether or not it is fat-soluble. Fat-soluble drugs such as marijuana, phencyclidine (PCP), and lyseric acid (LSD) seek out and settle in the fatty tissues. As a result, they build up in the fatty parts of the body such as the brain and reproductive system. Such accumulations of drugs and their slow release over time may cause delayed effects weeks, months, and even years after drug use has stopped.

There are many health risks associated with the use of illicit drugs and the abuse of alcohol including organic damage; impairment of brain activity, digestion, and blood circulation; impairment of physiological processes and mental functioning; and, physical and psychological dependence. Such use during pregnancy may cause spontaneous abortion, various birth defects or fetal alcohol syndrome. Additionally, the illicit use of drugs increases the risk of contracting hepatitis, AIDS and other infections. If used excessively, the use of alcohol or drugs singly or in certain combinations may cause death.

Penalties and Sanctions

Appropriate action shall be taken in all cases in which faculty members, students or staff employees are determined to be in violation of the Drug-Free Schools and Communities Act Amendments of 1989 as implemented by this policy. Any alleged violation of the Act by a student of the college shall be reported to the vice president for Student Affairs. The circumstances surrounding the offense and the facts as determined by appropriate investigation will be fully reviewed prior to a decision on the action to be taken. Possible disciplinary sanctions for failure to comply with the provisions of this policy may include one or a combination of the following:

1. Probation;
2. Mandatory participation in, and satisfactory completion of a drug/alcohol abuse program, or rehabilitation program;
3. Suspension;
4. Referrals for prosecution;
5. Expulsion;
6. Other appropriate disciplinary action.

Questions

If you have questions or desire additional information concerning the provisions of this policy, please contact the vice president for Student Affairs.
Pursuant to Tennessee legislation (HB 4088), parents of a student under 21 will be notified if the student “has committed a disciplinary violation with respect to the use or possession of alcohol or a controlled substance that is in violation of any federal, state, or local law, or of any rule or policy of the institution, except as prohibited by (FERPA).” Notification will occur when; 1) a plea of guilty to the applicable code of conduct violation, or 2) a final finding of guilt pursuant to disciplinary procedures, including completion of an appeal.
APPENDIX D

Consent to Drug/Alcohol Testing
Statement of Acknowledgment and Understanding
Release of Liability

I, __________________________ am enrolled in the Allied Health and/or Nursing program at Walters State Community College. I acknowledge receipt and understanding of the institutional policy with regard to drug and alcohol testing, and the potential disciplinary sanctions which may be imposed for violation of such policy as stated in the Walters State Community College Student Handbook.

I understand the purpose of this policy is to provide a safe working and learning environment for patients, students, clinical and institutional staff; and property. Accordingly, I understand that prior to participation in the clinical experience, I may be required to undergo drug/alcohol testing of my blood or urine. I further understand that I am also subject to testing based on reasonable suspicion that I am using or am under the influence of drugs or alcohol.

I acknowledge and understand the intention to test for drugs and/or alcohol and agree to be bound by this policy. I hereby consent to such testing and understand that refusal to submit to testing or a positive result of the testing may affect my ability to participate in a clinical experience, and may also result in disciplinary action up to and including dismissal from Walters State Community College.

If I am a licensed health profession, I understand that the state licensing agency will be contacted if I refuse to submit to testing or if my test results is positive. Full reinstatement of my license would be required for unrestricted return to the Walters State Community College Allied Health and/or Nursing Program.

My signature below indicates that:

1.) I consent to drug/alcohol testing as required by clinical agencies or as directed by the Office of Student Affairs.
2.) I authorize the release of all information and records, including test results relating to the screening or testing of my blood/urine specimen, to the Office of Student Affairs, the Director of the Allied Health and/or Nursing Program, and others deemed to have a need to know.
3.) I understand that I am subject to the terms of the general regulation on student conduct and disciplinary sanctions of Walters State Community College, and the Drug-Free Campus/Workplace Policy of Walters State Community College, as well as, federal, state and local laws regarding drugs and alcohol.
4.) I hereby release and agree to hold harmless Walters State Community College and the Tennessee Board of Regents, their officers, employees and agents from any and all action, claim, demand, damages, or costs arising from such test(s), in connection with, but not limited to, the testing procedure, analysis, the accuracy of the analysis, and the disclosure of the results.

My signature indicated that I have read and understand this consent and release, and that I have signed it voluntarily in consideration of enrollment in the Allied Health and/or Nursing Program at Walters State Community College.

_________________________________________________  ______________________________
Student’s Signature                                  Date
WALTERS STATE COMMUNITY COLLEGE
DEPARTMENT OF NURSING
APPENDIX E
CONSENT FORM

I, __________________________ am enrolled in the Nursing program at Walters State Community College (WSCC). I acknowledge receipt and understanding of the Walters State Community College Nursing Program Student Handbook. My signature indicates that I have read and understood this consent and release, and I have signed it voluntarily in consideration of enrollment in the Nursing Program at Walters State Community college.

Place initials beside each section.

I. _____ I have obtained a copy of the WSCC Nursing Program Student Handbook and catalog and agree to abide by the policies within.

II. _____ I hereby give permission for the WSCC Department of Nursing to release information regarding my malpractice insurance policy and Basic Life Support course Completion to the clinical agency where I am assigned.

III. _____ I hereby give permission for a copy of my current Health History and Physical or information from that document to be submitted to clinical facilities or their designees where I am assigned. I understand that this information will be released only by request of the clinical facility(s).

IV. _____ I hereby give my permission for photocopying of my written work. I understand that this material is to be utilized by the faculty for curriculum evaluation and development. I understand that my name will not appear on the copy.

V. _____ I give my permission to WSCC to release personal identifiable information to the clinical facilities for the purpose of clinical education.

VI. _____ I have read the Standard Precautions Procedure. I agree by my signature to abide by the contents within.

VII. _____ I understand that WSCC strongly recommends every student to carry health insurance and that I am responsible for all costs incurred related to health problems or accidents should these occur while functioning in the role of a student.

VIII. _____ I hereby give my permission for the Walters State Community College Nursing Program to use (and/or reproduce) my image (photograph, video, etc.) for educational purposes only. The images that I allow relate directly to activities of the Nursing Program and will be used only to enhance my learning, the learning of other students, and assessment by faculty, curriculum evaluation and development, and publicity. These images will be retained by Walters State Community College.

I hereby acknowledge by my signature below that I accept and understand the policies with which I must comply throughout my enrollment in the WSCC Nursing Program. I further acknowledge that I will comply with all policies outlined in this document and policies that are made known to me in other WSCC or clinical affiliate site documentation, including handbooks and syllabi. I acknowledge that I affirmatively agree to each of the provisions of this document as indicated by my initials beside each section of this Consent Form.

_________________________________  ____________________________
Student’s Signature                    Date

_________________________________
Student’s Name (Print)
Walters State Community College
Health Programs Division
Student Communication Form

Student Name ___________________________ Faculty __________________

Date _____________________________

I. List the purpose of this meeting/discussion:

II. List specific topics addressed during meeting/discussion:

III. List conclusions of meeting/discussion:

IV. List actions, if any, to be taken by student or instructor as a result of meeting/discussion.

V. List any follow-up measures needed to reassess the situation:

Signature indicates that the above was discussed with me and I have received a copy.

Student ___________________________ Date ___________________________

Faculty ___________________________ Date ___________________________

New Form – 6/28/99 – replacing student counseling report form for all Health Programs departments
Exposure

Policy Regarding Exposure of a WSCC Health Programs Student During a Clinical Experience

Students should be familiar with all pertinent policies and procedures of the assigned clinical. If an exposure incident occurs during a student’s clinical experience, the student will follow the clinical site’s policies and procedures. Any medical procedures required will be at the student’s expense.

Policy Regarding Student Exposure on Campus

If an exposure incident occurs on campus, the campus police department will be contacted and WSCC post exposure policies and procedures will be initiated.
CLINICAL EVALUATION POLICY

The clinical evaluation categories, **satisfactory, needs improvement, unsatisfactory** and **not observed**, are defined below. These terms will be utilized in the clinical courses throughout the nursing program.

**Definition of Evaluation Categories:**

**Satisfactory** - Performance is satisfactory. Most performance standards are consistently achieved; deficiencies are typically not serious and usually corrected with moderate follow-up; requires frequent direction when presented with unusual and/or non-routine conditions.

**Needs Improvement** - Performance is less than satisfactory. The student routinely performs below standards; requires close and constant direction when presented with most unusual and many routine conditions.

**Unsatisfactory** - Performance is unacceptable. Student is unable to perform with instructor direction and supervision; refuses to perform as directed or; unsafe nontherapeutic care is observed under routine conditions.

**Not Observed** - No opportunity for student to demonstrate defined criteria or instructor to observe student performance.

At least 78% of the items must be evaluated at the satisfactory level. Any item evaluated at less than “Satisfactory” level must be documented.

An “Unsatisfactory” evaluation on any critical item (*) constitutes a clinical failure. Refer to each clinical evaluation form to note critical items (*). Unsatisfactory performances on these items (*) are considered major deficiencies leading to failure. The deadline to improve any “Needs improvement” items will be at the end of the subsequent clinical rotation. Failure to improve the “Needs improvement” items may result in clinical failure.

An evaluation guide is available for each evaluation tool. The guide defines and or lists specific behaviors that correspond to the evaluation criteria. The guide list examples of behaviors, therefore not all student behaviors for each are noted.
To achieve a satisfactory evaluation for the clinical lab component of Nursing 1160 and progress to Nursing 2600 or 2610, the student should exhibit the following behaviors.

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*S* denotes critical category, see guide for examples of specific behaviors.
### IV. Clinical Decision Making

* 1. Practices within the parameters of individual knowledge and experience.

* 2. Begins to make sound clinical judgments and decisions with consultation/supervision to ensure safe and effective care.

* 3. Recognizes hazards to patient and takes appropriate action to maintain a safe environment.

* 4. Identifies and reports patient deviations from normal to instructor and/or staff in a timely and efficient manner.

### V. Caring Interventions

* 1. Applies principles of infection control and standard precautions.

  2. Demonstrates caring behaviors towards the patient, significant others and members of the health care team.

* 3. Performs basic nursing care competently in diverse settings.

  4. Provides for the patient’s nutritional needs.

  5. Demonstrates understanding of assigned patients medications.

* 6. Calculates medication dosages correctly.

* 7. Administers and documents medications correctly.

  8. Evaluates medication effectiveness.

* 9. Provides a safe environment for the patient.

  10. Adapts care in consideration of the patient’s values, customs, culture and/or habits.

  11. Supports the patient and significant others appropriately during end of life experiences.

### VI. Teaching and Learning

  1. Begins to identify, develop, implement, evaluate and revise an individualized teaching plan based on assessed needs.

### VII. Collaboration

  1. Works cooperatively with others to achieve patient outcomes.

  2. Identifies and distinguishes between the roles of members of the healthcare team and interacts appropriately.

  3. Identifies the need for referrals.

### VIII. Managing Care Across the Health Continuum

  1. Begins to prioritize and coordinate the implementation of individualized plans of care.

  2. Begins to facilitate the continuity of care within and across healthcare settings.

  3. Begins to identify and implement nursing strategies to provide cost effective care.

This is a satisfactory clinical evaluation

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__________________________
Student/Date

__________________________
Clinical Instructor/Clinical Focus
Clinical Evaluation Guide 1161

*Bold, Italicized statement denotes a critical category*

I. **Professional Behaviors**

1. **Demonstrates professional accountability in clinical practice.**

   Follows college and institutional policies.
   Abides by the Student Conduct Agreement signed on admission to the nursing program.
   Arrives on time for clinical day with required preparation completed as directed.
   Notifies agency according to guidelines in the Nursing student handbook if late or absent.
   Accepts constructive criticism.
   Demonstrates accountability for nursing care delivered by self.
   Adheres to dress code policy.
   Demonstrates self-awareness of the stress response in adapting to the clinical environment.
   Takes responsibility for self-initiated learning.
   Seeks new learning experiences.
   Completes and submits written assignments on time.

2. **Identifies and maintains professional boundaries in the nurse-patient relationship.**

   Discusses patient information only with appropriate individual and in the appropriate setting.
   Interacts with patients in a way that indicates awareness of the nurse’s role as distinct from a social role.
   Focuses on needs of patient rather than needs of the nurse / self.
   Uses self-disclosure only when beneficial to the patient.

3. **Practices within the ethical, legal, and regulatory frameworks of nursing and standards of professional nursing practice.**

   Performs nursing care in a reliable, honest, and trustworthy manner.
   Practices according to the ANA nursing code of ethics.
   Asks for assistance appropriately from instructor/staff.
   Follows through with assignments and directions from instructor/staff.
   Performs tasks / skills within legal scope / definition of nursing practice.
   Performance is within profession’s standard of care.

4. **Demonstrates an understanding of the legal / ethical implications of the patient’s medical record.**

   Maintains patient / data confidentiality.
   Reviews only assigned chart to increase professional knowledge.
   Documents all data appropriately.
   Ensures confidentiality of protected health information in electronic health records.
5. **Demonstrates leadership in the clinical area.**

Seeks information / assistance from appropriate member of the health care team and / or instructor.
Displays respect for the role of each team member and the instructor.
Serves as a positive role model.
Understands the chain of command and uses it appropriately.
Understands the role of advocate for patient rights.
Recognizes the contributions of healthcare professionals to the systems of care and care processes that affect patient and family care outcomes.
Demonstrates a beginning understanding of quality improvement projects in the care setting.

II. **Communication**

1. Utilizes beginning therapeutic communication skills when interacting with staff, patient’s and significant others.
   Identifies patient by name
   Identifies obvious verbal cues to patient problems.
   Assesses for nonverbal cues to patient problems.
   Recognizes blocks to therapeutic communication i.e., giving advice, interrupting, interrogating, belittling.
   Uses attentive listening skills when communicating with patients.
   Practices skills of silence, touch, eye contact, using open-ended questions, reflection, clarification, validation.
   Focuses on patient needs rather than on self needs.
   Demonstrates assertive communication skills.
   Demonstrates beginning proficiency with information technology systems, including patient care technologies, information systems, and communication devices that support safe nursing practice.

2. Communicates relevant, accurate, and complete information in a concise and clear manner.

   Distinguishes among the roles of the health care team members.
   Receives report from and gives report to the appropriate person.
   Documents pertinent data using appropriate terminology, spelling, and abbreviations.
   Dates, times, and signs all data entries per policy.
   Participates in clinical conferences.
   Demonstrates appropriate telephone skills.
   Demonstrates beginning proficiency with information technology systems.

3. Communicates with appropriate consideration of a patient’s physical status and developmental, emotional, cultural and spiritual influences.

   Displays an attitude of respect for the patient as a unique human being.
   Incorporates patient’s physical status and developmental, emotional, cultural, and spiritual influences into nursing care plan.
Identifies and utilizes translation resources for non-English speaking patients and families.
Identifies alternate methods of communication with patients having special needs and begins steps to implement.

4. Recognizes feelings, attitudes and values of self and others and is cognizant of the implications in the clinical setting.

Identifies the uniqueness of the nurse-patient relationship.
Provides non-judgmental care to patients with lifestyles different from their own.
Respects and supports patient’s decisions regarding treatment options.
Evaluates feelings, attitudes, and values of self and their influence in providing nonjudgmental patient care.

III. **Assessment / Nursing Process**

1. Performs basic ongoing physical and psychosocial assessments of patients, with consideration of developmental, emotional, cultural and spiritual influences.

Completes a nursing assessment by collecting information about assigned patient for data base.
Collects subjective data by interviewing the patient.
Demonstrates increased competency in the skills of physical assessment including inspections, auscultation, percussion, and palpation to collect objective data.
Begins to validate congruency of subjective and objective data.
Begins to investigate incongruent data.
Performs a chart review in a timely manner.
Demonstrates beginning competence in navigation of the electronic health record to collect patient information.
Provides for the comfort, safety, and privacy of the patient during performance of the nursing assessment.
Performs assessments when preplanning, beginning of the shift, and prn according to patient’s condition.
Data base completed.

2. Establishes, implements and evaluates the plan of care for assigned patients.

Derives appropriate nursing diagnoses from collected data.
Clusters assessment data to support the nursing diagnoses.
Selects the appropriate nursing diagnoses based on assessment data.
Writes the nursing diagnosis statement correctly.
Differentiates between medical and nursing diagnosis in clinical practice.
Plans nursing care for assigned patient appropriately.
Documents goals and outcome criteria related to the nursing diagnosis statement correctly.
Selects nursing actions that are relevant and specific to the nursing diagnosis.
Nursing actions reflect the independent, dependent, and interdependent roles of the nurse.
Documents scientific rationale that is accurate and relates specifically to actions.
Incorporates critical thinking into the nursing care plan.
The care plan reflects adaptation to and planning for changes in the patient’s condition.
Completes evaluation of patient response to planned care.
Analyzes and evaluates the effectiveness of the nursing care plan.
Completes the evaluation of the nursing care given.
Provides a verbal evaluation of the nursing care given.

3. Documents pertinent information using appropriate terminology in an accurate, complete, concise manner

Documents care in a relevant, concise, logical and legal manner.
Uses correct spelling, terms, and approved abbreviations.
Handles errors according to agency policy.
Dates, times, and signs all entries per agency policy.
Completes charting in a timely manner.
Documents changes in patient condition, nursing action and reassessment.

IV. Clinical Decision Making

1. Practices within the parameters of individual knowledge and experience.

Comes to clinical with adequate preparation.
Seeks guidance as necessary from appropriate resource.
Performs nursing activities only as instructed/directed by appropriate resource.
Utilizes available resources to increase / supplement knowledge.
Identifies the importance of evidence-based practice in delivering the best clinical care.

2. Begins to make sound clinical judgements and decisions with consultation / supervision to ensure safe and effective care.

Follows policies and procedures of institution.
Uses correct body mechanics, transfer and ambulation techniques.
Maintains current BLS completion.
Demonstrates knowledge of emergency codes, procedures, location of fire extinguishers, personal protection gear, exit routes.
Identifies technology and information management systems as tools to improve patient outcomes and create a safe care environment.

3. Recognizes hazards to patient and takes appropriate action to maintain a safe environment.

Ensures patient safety keeping side rails up as needed, areas free of clutter, cleaning spills appropriately and promptly, and checking equipment for proper functioning.
Promptly reports to appropriate person potential hazards in the clinical environment.
Begins to recognize hazardous materials and demonstrates techniques to decrease exposure according to OSHA guidelines.
4. **Identifies and reports patient deviations from normal to instructor and / or staff in a timely and efficient manner.**

Reports abnormal, unsafe patient data to appropriate person (instructor and / or staff) in a timely manner i.e., abnormal VS, lab, patient behaviors, pharmacologic adverse effects.

V. **Caring Interventions**

1. **Applies principles of infection control and standard precautions.**

Performs nursing activities according to OSHA guidelines i.e., washes hands, follows standard precaution guidelines, adheres to isolation protocols. Follows the infection control policy of the agency.

2. Demonstrates caring behaviors towards the patient, significant others and members of the health care team.

   Treats and respects each patient as an unique individual.
   Identifies and honors the emotional, cultural, and spiritual influences on the patient’s health.
   Promotes and protects the patient’s dignity.
   Demonstrates a nurturing, protective, compassionate attitude when delivering nursing care.

3. **Performs basic nursing care competently in diverse settings.**

Demonstrates competence in delivering basic nursing care i.e., promotes comfort and personal hygiene, reduces the hazards of immobility, and demonstrates aseptic techniques.
Prepares for clinical assignment by defining the medical diagnosis, developing a plan of care utilizing scientific principles, and reviewing skills required to deliver basic nursing care.
Organizes nursing care with moderate guidance.

4. Provides for patient’s nutritional needs.

Identifies a balanced diet.
Defines patient diet and understands its purpose.
Provides personal assistance as needed during meal time.
Uses special techniques (PEG, NG) to feed patient correctly and safely.
Plans treatments not to interfere with mealtime when possible.
Recognizes that illness affects the patient’s nutritional needs and incorporates those needs into the plan of care.

5. Demonstrates understanding of assigned patient’s medication.

Communicates the classification, action, correct dose, interaction, side/adverse effects and indications for use of assigned patient’s medication i.e., drug cards, drug book, computer notes.
Utilizes appropriate resources to obtain medication information.
6. **Calculates medication dosage correctly.**

Calculates medication dosages correctly.

7. **Administers and documents medications correctly.**

Follows the 6 rights and 3 checks of medication administration.
Notes and verifies medication allergies on patient record.
Administers only medications prepared by self.
Administers medications in a timely manner with supervision.
Administers medication by the correct route with supervision.
Follows controlled substance policies of the agency.
Documents promptly and correctly on the MAR.

8. Evaluates medication effectiveness.

Begins to obtain accurate information from the patient and / or chart regarding a medication’s effectiveness.

9. **Provides a safe environment for the patient.**

Maintains a clean, orderly environment.
Identifies patient by identi-bands.
Keeps call light within reach.
Maintains bed in low locked position.
Side rails up as necessary.

10. Adapts care in consideration of the patient’s values, customs, culture and / or habits.

Displays respect regarding a patient’s values, customs, culture and / or habits.
Does not judge or criticize patients for values, customs, culture, and / or habits different from the nurse / self.
Includes modifications in the nursing care plan.

11. Supports the patient and significant others appropriately during end of life experiences.

Uses appropriate communication techniques when interacting with a grieving patient.
Displays respect for patient and family whose end of life / healthcare decisions may differ from nurse’s / self.
Seeks appropriate guidance from instructor / staff in dealing with ethical issues / decision making.
Understands the role of patient advocate.
Begins to identify the grief stages in the patient and / or family and respond to their needs with guidance.
VI. Teaching and Learning

1. Begins to identify, develop, implement evaluate and revise an individualized teaching plan based on assessed needs.

   Identifies learning needs of the patient and family.
   Incorporates learning needs and appropriate nursing interventions into the plan of care.
   Identifies and teaches measures to prevent complications as well as to promote health.
   Begins to evaluate effectiveness of the teaching plan.
   Identifies resources available to the patient / family.

VII. Collaboration

1. Works cooperatively with others to achieve patient outcomes.

   Uses therapeutic communication skills when interacting with the health care team.
   Avoids interrupting others.
   Identifies self and purpose to patient, family, and members of the healthcare team.
   Considers patient needs and priorities when discussing plan of care with others.
   Behaves in an appropriate, professional manner among health care team members.

2. Identifies and distinguishes between the roles of members of the healthcare team and interacts appropriately.

   Respects the role of each team member.
   Addresses each by name.
   Utilizes chain of command appropriately.
   Requests assistance from appropriate team member.
   Reports observations and activities to appropriate team member.

3. Identifies the need for referrals

   Begins to use / include referrals to other members of the healthcare team as appropriate.
   Identifies patient needs that may be met more appropriately by others members of the healthcare team.
   Recognizes limitations of team members roles.

VIII. Managing Care Across the Health Continuum

1. Begins to prioritize and coordinate the implementation of individualized plans of care.

   Communicates to the patient the activities planned for the day.
   Begins to identify ways to coordinate health delivery by eliminating unnecessary steps and promoting timely provision of care.
2. Begins to facilitate the continuity of care within and across healthcare settings.

   Completes discharge forms and preparations to facilitate continuity of care.
   Discuss with the patient/family changes in plan of care.
   Communicates patient/family needs to other members of the health care team to
   maximize outcomes.

3. Begins to identify and implement nursing strategies to provide cost effective care.

   Performs nursing activities in a timely and organized manner.
   Is mindful and conscientious of cost of supplies and equipment, and uses them
   wisely.
To achieve a satisfactory evaluation for the clinical lab component of Nursing 1180 and progress in nursing clinical, the student should exhibit the following behaviors.

S - Satisfactory
NI - Needs Improvement
U - Unsatisfactory
NO - Not Observed

*denotes critical category, see guide for specific critical behaviors.

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<thead>
<tr>
<th>BEHAVIOR</th>
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<tr>
<td>I. Professional Behaviors</td>
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<tr>
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<td>*4. Demonstrates an understanding of the legal/ethical implications of the patient’s medical record.</td>
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<td>5. Demonstrates leadership in the clinical area.</td>
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<td>II. Communication</td>
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<td>4. Recognizes feelings, attitudes and values of self and others and is cognizant of the implications in the clinical setting.</td>
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<tr>
<td>III. Assessment/Nursing Process</td>
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<tr>
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<td>2. Establishes, implements, evaluates and revises as needed the plan of care for assigned patients.</td>
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<td>3. Documents pertinent information using appropriate terminology in an accurate, complete, concise manner.</td>
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### IV. Clinical Decision Making

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<td>4.</td>
<td>Identifies and reports patient deviations from normal to instructor and/or staff in a timely and efficient manner.</td>
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### V. Caring Interventions

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### VI. Teaching and Learning

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### VII. Collaboration

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### VIII. Managing Care Across the Health Continuum

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This is a satisfactory clinical evaluation  YES    NO

______________________________  ________________________
Student/Date          Clinical Instructor/Clinical Focus
Clinical Evaluation Guide 1181

*Bold, Italicized statement denotes critical item*

I. **Professional Behaviors**

1. **Demonstrates professional accountability in clinical practice.**

   Follows college and institutional policies.
   Abides by the Student Conduct Agreement signed on admission to the nursing program.
   Arrives on time for clinical day with required preparation completed as directed.
   Notifies agency according to guidelines in the Nursing student handbook if late or absent.
   Adheres to dress code policy.
   Accepts constructive criticism.
   Demonstrates accountability for nursing care delivered by self.
   Demonstrates self-awareness of the stress response in adapting to the clinical environment.
   Recognizes and describe anxiety in self/others.
   Displays positive coping mechanisms to decrease anxiety.
   Collaborates and communicates with instructor to identify learning needs.
   Develops and takes responsibility for meeting personal clinical objectives.
   Follows through on feedback from clinical instructor to meet clinical objectives.
   Takes responsibility for self initiated learning.
   Seeks new learning experiences.
   Completes and submits written assignments on time.

2. **Identifies and maintains professional boundaries in the nurse-patient relationship.**

   Interacts with patients in a way that indicates awareness of the nurse’s role as distinct from a social role.
   Focuses on needs of patient rather than needs of the nurse / self.
   Discusses patient information only with appropriate individual and in the appropriate setting.
   Uses self-disclosure only when beneficial to the patient.
   Terminates the nurse-patient relationship appropriately.

3. **Practices within the ethical, legal, and regulatory frameworks of nursing and standards of professional nursing practice.**

   Performs nursing care in a reliable, honest, and trustworthy manner.
   Asks for assistance appropriately.
   Practices according to the ANA nursing code of ethics.
   Follows through with assignments and directions from instructor / staff.
   Performs tasks / skills within legal scope / definition of nursing practice and profession’s standard of care.
   Identifies areas of potential liability and ways to minimize individual risks.
   Recognizes ethical/legal conflicts in healthcare practice and intervenes appropriately with assistance.
Describes the purpose of informed consents and works with the health care team to obtain informed consent.
Demonstrates knowledge of the ethical/legal implications of the following: Americans with Disabilities Act, Good Samaritan Act, Patient Bill of Rights, Living Wills, Power of Attorney for Healthcare, and chemically impaired nurses and Healthcare Information Portability and Accountability Act (HIPAA).

4. **Demonstrates an understanding of the legal / ethical implications of the patient’s medical record.**

Maintains patient / data confidentiality.
Identifies the various types of psychiatric admissions.
Reviews only assigned chart to increase professional knowledge.
Documents all data appropriately in a timely manner.
Ensures confidentiality of protected health information in electronic health records.

5. **Demonstrates leadership in the clinical area.**

Seeks information / assistance from appropriate member of the health care team and / or instructor.
Displays respect for the role of each team member and the instructor.
Serves as a positive role model and representative of WSCC.
Understands the chain of command and uses it appropriately.
Practices the role of patient advocate.
Demonstrates flexibility / adaptation to differences in agency policies.
Organizes clinical time to attend available inservices.
Recognizes the contributions of healthcare professionals (including students) to the systems of care and care processes that affect patient and family care outcomes.
Identifies quality improvement projects in the care setting.

II. **Communication**

1. Utilizes therapeutic communication skills when interacting with staff, patient’s and significant others.

Identifies patient by name.
Identifies obvious verbal cues to patient problems.
Assesses for nonverbal cues to patient problems.
Recognizes blocks to therapeutic communication (giving advice, interrupting, interrogating, belittling) and corrects appropriately.
Displays attending behaviors when communicating with patients.
Uses attentive listening skills when communicating with patients.
Practices skills of silence, touch, eye contact, using open ended questions, reflection, clarification, validation, confrontation.
Demonstrates an understanding of proxemics when interacting with individuals.
Focuses on patient needs rather than on self needs.
Demonstrates assertive communication skills.
Observes and contributes appropriately to the interactions between patient and family.
Formulates strategies to promote patient / family coping skills.

2. Communicates relevant, accurate, and complete information in a concise and clear manner.

Distinguishes among the roles of the health care team members.
Receives report from and gives report to the appropriate person.
Documents pertinent data using appropriate terminology, spelling, and abbreviations.
Dates, times, and signs all data entries per policy.
Participates in clinical conferences, making meaningful contributions.
Demonstrates appropriate telephone skills.
Demonstrates proficiency with information technology systems, including patient care technologies, information systems, and communication devices that support safe nursing practice.

3. Communicates with appropriate consideration of a patient’s developmental, emotional, cultural and spiritual influences.

Approaches patients in a kind, gentle manner.
Displays an attitude of respect for the patient as an unique human being.
Incorporates patient’s developmental, emotional, cultural, and spiritual influences into nursing care plan.
Identifies and utilizes translation resources for non-English speaking patients and families.
Implements alternate methods of communication with patient’s having special needs.

4. Recognizes feelings, attitudes and values of self and others and is cognizant of the implications in the clinical setting.

Identifies the uniqueness of the nurse-patient relationship.
Provides non-judgmental care to patients with lifestyles different from their own.
Respects and supports patient’s decisions regarding treatment options.
Evaluates feelings, attitudes, and values of self and their influence in providing nonjudgmental patient care.
Focuses on patient needs rather than needs of nurse / self.

III. Assessment / Nursing Process

1. Performs comprehensive ongoing physical and psychosocial assessments of patients and families, with consideration of physical status developmental, emotional, cultural and spiritual influences.

Provides for the comfort, safety, and privacy of the patient during performance of the nursing assessment.
Completes a nursing assessment by collecting information about assigned patient for data base.
Makes reliable observations.
Utilizes effective interview skills to collect a patient database.
Utilizes available resources to collect patient database information, i.e., patient, family, electronic health records, members of the healthcare team, literature. Data base completed.
Demonstrates increased competency in the skills of physical assessment including inspections, auscultation, percussion, and palpation to collect objective data. Validates congruency of subjective and objective data.
Investigates incongruent data.
Performs a chart review in a timely manner.
Performs assessments prior to, during, and after performance of patient care, and prn according to patient’s condition.
Performs accurate psychosocial assessments i.e.: mental status exams, geriatric/adult depression scales, anxiety scales, AIMS.
Utilizes diagnostic equipment safely and correctly.
Interprets diagnostic data correctly, with assistance.

2. Establishes, implements, evaluates and revises the plan of care for assigned patients.

Analyzes data accurately, finding patterns and relationships among cues. Makes appropriate inferences. Selects and develops appropriate nursing diagnoses from collected data. Clusters assessment data to support the nursing diagnoses. Develops a written plan of care for each assigned patient. Includes developmental strengths of the patient in plan of care. Differentiates between medical and nursing diagnosis in clinical practice. Transfers knowledge accurately from one setting to another. Plans nursing care for assigned patient/patient’s appropriately. Prioritizes patient needs in written plan of care. Develops patient centered goals and outcome criteria related to the nursing diagnosis that are measurable and achievable. Selects nursing actions that are relevant and specific to the nursing diagnosis and facilitate goal achievement. Nursing actions reflect the independent, dependent, and interdependent roles of the nurse. Verbalizes scientific rationale that is accurate and relates specifically to actions. Incorporates critical thinking into the nursing care plan. Recognizes and reports promptly deterioration or potential deterioration in patient condition. Determines personal need for assistance. Plan of care reflects adaptation to and planning for changes in the patient’s condition. Evaluates patient response to nursing care and revises plan of care appropriately. Demonstrates effective problem solving skills. Effectively contributes to agency generated individual plan of care.

3. Documents pertinent information using appropriate terminology in an accurate, complete, concise manner.

Documents care in a relevant, concise, logical and legal manner. Uses correct spelling, terms, and approved abbreviations. Handles errors according to agency policy.
Dates, times, and signs all entries per agency policy.
Completes charting in a timely and correct manner.
Documents changes in patient condition, nursing action and reassessment data.

IV. **Clinical Decision Making**

1. *Practices within the parameters of individual knowledge and experience.*

   Comes to clinical with adequate preparation.
   Seeks guidance as necessary from appropriate resource.
   Provides rationale for actions.
   Utilizes reliable sources of information to increase/supplement knowledge, including evidence-based reports and clinical practice guidelines.
   Values the concept of evidence-based practice as integral to determining best clinical practice.

2. *Makes sound clinical judgments and decisions with assistance to ensure safe and effective care.*

   Follows policies and procedures of institution.
   Uses correct body mechanics, transfer and ambulation techniques.
   Maintains current BLS certification.
   Demonstrates knowledge of emergency codes, procedures, location of fire extinguishers, personal protection gear, exit routes.
   Applies technology and information management systems as tools to improve patient outcomes and create a safe care environment.

3. *Recognizes hazards to patient and takes appropriate action to maintain a safe environment.*

   Ensures patient safety keeping side rails up as needed, areas free of clutter, cleaning spills appropriately and promptly, and checking equipment for proper functioning.
   Identifies and promptly reports to appropriate person potential hazards in the clinical environment.
   Recognizes hazardous materials and demonstrates techniques to decrease exposure according to OSHA guidelines.
   Knows location of OSHA HAZ-MAT in each agency.
   Utilizes restraints according to agency policy and patient needs.
   Provides education for patients, family, visitors and other healthcare team members regarding safety hazards.
   Responds appropriately to emergency situations.
   Identifies and describes the purpose of various emergency equipment in the maternal-newborn areas.
   Adheres to agency policies regarding suicide precautions, elopement precautions, LOS, and escalating behaviors.
4. **Identifies and reports patient deviations from normal to instructor and / or staff in a timely and efficient manner.**

Reports abnormal, unsafe patient data to appropriate person (instructor and / or staff) in a timely manner i.e., abnormal VS, lab, patient behaviors, pharmacologic adverse effects. Identifies the causes, signs and symptoms, treatment and nursing care of the patient experiencing critical complications.

V. **Caring Interventions**

1. **Applies principles of infection control and standard precautions.**

Performs nursing activities according to OSHA guidelines i.e., washes hands, follows standard precaution guidelines, adheres to isolation protocols. Follows the infection control policy of the agency. Identifies patients at risk for acquiring or transmitting infections through assessments and interpretation of diagnostic data. Recognizes the need for implementing isolation protocols. Demonstrates isolation techniques correctly. Provides psychosocial care to patients in isolation.

2. Demonstrates caring behaviors towards the patient, significant others and members of the health care team.

Respects and treats each patient as an unique individual. Identifies and honors the emotional, cultural, and spiritual influences on the patient’s health. Promotes and protects the patient’s dignity. Demonstrates a nurturing, protective, compassionate attitude when delivering nursing care.

3. **Performs comprehensive nursing care competently in diverse setting.**

Demonstrates increased competence in delivering basic nursing care. Prepares for clinical assignment by defining the medical diagnosis, developing a plan of care utilizing scientific principles, and reviewing skills required to deliver comprehensive nursing care. Organizes time to effectively provide nursing care to assigned patient/patients. Obtains informed consent when applicable before performing invasive procedures. Obtains assistance as needed to perform clinical skills competently and safety. Provides for patient comfort, privacy, and safety in performing clinical skills. Assesses patient tolerance during performance of clinical skills and revises care of plan as needed. Organizes and prioritizes nursing care in a timely, logical and safe manner. Explains nursing care to patient / family with consideration of developmental/education level. Demonstrates competency in using technical equipment.
4. Applies concepts of nutrition appropriately in order to maintain or improve the nutritional status of the patient.

Assesses the nutritional status of patient and identifies clinical signs of nutritional deficiencies.
Assesses patient food preferences.
Provides patient with diet appropriate for condition and inclusive of dietary preferences.
Assesses tolerance to diet and makes revisions as necessary with appropriate collaboration.
Analyzes laboratory data pertinent to patient’s nutritional status and collaborates with appropriate members of the healthcare team.
Alters diet to avoid food-drug interactions.
Provides personal assistance as needed during meal time.
Uses special techniques (PEG, NG) to feed patient correctly and safely.
Plans treatments not to interfere with mealtime when possible.
Provides teaching to patient and family regarding diet / nutritional needs.
Recognizes that illness affects the patient’s nutritional needs and incorporates those needs into the NCP.

5. Demonstrates understanding of assigned patient’s medications

Communicates the classification, action, correct dose, interaction, side/adverse effects and indications for use of assigned patient’s medication i.e., drug cards, drug book, computer notes.
Utilizes appropriate resources to obtain medication information.
Identifies anesthesia used in obstetrics for effectiveness and adverse SE.
Identifies potential hazards to mother and fetus with induction of labor.

6. Performs medication calculations correctly.

Calculates medication dosages correctly.

7. Administers and documents medications correctly.

Follows the 6 rights and 3 checks of medication administration.
Notes and verifies medication allergies on patient record.
Administers only medications prepared by self.
Administers medications in a timely manner with supervision.
Administers medication by the correct route with supervision.
Follows controlled substance policies of the agency.
Documents promptly and correctly on the MAR.

8. Evaluates medication effectiveness.

Obtains accurate information from the patient and / or chart regarding a medication's effectiveness.
9. **Provides a safe environment for the patient.**

Identifies patient by identi-bands.
Keeps call light within reach.
Maintains bed in low locked position.
Side rails up as necessary.
Maintains a clean, orderly environment.

10. Adapts care in consideration of the patient’s developmental needs values, customs, culture and / or habits.

Displays respect regarding a patient’s values, customs, culture and / or habits.
Does not judge or criticize patient’s for values, customs, culture, and / or habits different from the nurse / self.
Assists patient to plan for anticipated life changes.
Includes modifications in the nursing care plan.
Recognizes abnormal psychological and responds appropriately.

11. Supports the patient and significant others appropriately during end of life experiences.

Uses appropriate communication techniques when interacting with a grieving patient/family.
Displays respect for patient and family whose end of life / healthcare decisions may differ from nurse’s / self.
Assist patient to cope with losses associated with developmental processes.
Seeks appropriate guidance from instructor / staff in dealing with ethical issues / decision making.
Acts as patient advocate.
Identifies the stages of the grieving process in the patient and / or family and responds to their needs with guidance.
Refers patient/family to spiritual leader of choice to assist in end of life/healthcare decision making.

VI. **Teaching and Learning**

1. Identifies, develops, implements, evaluates and revises as needed individualized teaching plans based on assessed needs.

Identifies learning needs of the patient and family and establishes learning outcomes.
 Develops and implements an individualized teaching plan for patient/family.
Selects appropriate learning materials for patient/family.
Evaluates the effectiveness of the teaching plan and revises as necessary.
Identifies and provides resources available to the patient/family.
Identifies and teaches measures to prevent complications as well as to promote health.
Provides health teaching for patients, families and /or groups based on identified needs, available resources, age, lifestyle, developmental and cultural considerations.
Promotes wellness behaviors.
Develops a teaching plan for the post partum patient including self care and care of the newborn.
Develop a presentation based on assessed community needs.

VII. Collaboration

1. Works cooperatively with others to achieve patient outcomes.

   Uses therapeutic communication skills when interacting with the health care team.
   Avoids interrupting others.
   Identifies self and purpose to patient, family, and members of the healthcare team.
   Considers patient needs and priorities when discussing plan of care with others.
   Behaves in an appropriate, professional manner among health care team members.
   Coordinates discharge plans with other members of the healthcare team.
   Begins to demonstrate active participation in group process.

2. Identifies and distinguishes between the roles of members of the healthcare team and interacts appropriately.

   Respects the role of each team member.
   Addresses each by name.
   Utilizes chain of command appropriately.
   Requests assistance from appropriate team member.
   Reports observations and activities to appropriate team member.
   Assist the patient in utilizing the role of each member of the healthcare team.

3. Begins to collaborate with other healthcare team members/families to develop, implement, and evaluate and revise the plan of care.

   Contributes relevant data to nursing rounds, report.
   Attends patient care conferences / treatment teams and contributes appropriately.
   Includes family, significant other in plan of care.

4. Identifies the need for referrals

   Makes referrals with guidance based on patient needs to other members of the healthcare team.
   Identifies patient needs that may be met more appropriately by others members of the healthcare team.
   Recognizes limitations of team members roles.

VIII. Managing Care Across the Health Continuum

1. Begins to prioritize and coordinate the implementation of individualized plans of care.

   Functions as a team leader with assistance from instructor.
   Begins to assess ability of ancillary staff/peers to safely perform and complete assigned tasks.
   Begins to assign care to a group of patients with regard to personnel available.
Completes discharge forms and preparations to facilitate continuity of care with assistance. Facilitates patients care conferences with members of the healthcare team with assistance.

2. Begins to delegate appropriately aspects of patient care to qualified assistive personnel.

Demonstrates understanding of the legal roles of the healthcare team members (licensed and unlicensed) Identifies tasks to be assigned to other members of the healthcare team. Delegates with assistance appropriate tasks to appropriate healthcare team member. Gives directions for nursing care in clear and thorough manner to the appropriate team member.

3. Begins to identify and implement nursing strategies to provide cost effective care.

Performs nursing activities in a timely and organized manner. Is mindful and conscientious of cost of supplies and equipment, and uses them wisely.
To achieve a satisfactory evaluation for the clinical lab component of Nursing 2600 and progress in nursing clinicals, the student should exhibit the following behaviors.

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**IV. Clinical Decision Making**

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<td>Makes sound clinical judgments and decisions to ensure safe and effective care.</td>
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**V. Caring Interventions**

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<td>Performs comprehensive nursing care competently in diverse settings.</td>
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<td>Applies concepts of nutrition appropriately in order to maintain or improve the nutritional status of the patient.</td>
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**VI. Teaching and Learning**

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**VII. Collaboration**

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This is a satisfactory clinical evaluation      YES      NO

__________________________  __________________________
Student/Date                  Clinical Instructor/Clinical Focus
I. Professional Behaviors

1. Demonstrates professional accountability in clinical practice.

   Follows college and institutional policies.
   Abides by the Student Conduct Agreement signed on admission to the nursing program.
   Arrives on time for clinical day with required preparation completed as directed.
   Notifies agency according to guidelines in the Nursing student handbook if late or absent.
   Adheres to dress code policy.
   Accepts constructive criticism.
   Demonstrates accountability for nursing care delivered by self.
   Demonstrates self-awareness of the stress response in adapting to the clinical environment.
   Recognizes and describes anxiety in self/others.
   Displays positive coping mechanisms to decrease anxiety.
   Collaborates and communicates with instructor to identify learning needs.
   Develops and takes responsibility for meeting personal clinical objectives.
   Follows through on feedback from clinical instructor to meet clinical objectives.
   Takes responsibility for self-initiated learning.
   Seeks new learning experiences.
   Completes and submits written assignments on time.

2. Identifies and maintains professional boundaries in the nurse-patient relationship.

   Discusses patient information only with appropriate individual and in the appropriate setting.
   Interacts with patients in a way that indicates awareness of the nurse’s role as distinct from a social role.
  Focuses on needs of patient rather than needs of the nurse / self.
   Uses self-disclosure only when beneficial to the patient.
   Terminates the nurse-patient relationship appropriately.

3. Practices within the ethical, legal, and regulatory frameworks of nursing and standards of professional nursing practice.

   Performs nursing care in a reliable, honest, and trustworthy manner.
   Practices according to the ANA nursing code of ethics.
   Asks for assistance appropriately.
   Follows through with assignments and directions from instructor / staff.
   Performs tasks / skills within legal scope / definition of nursing practice and profession’s standard of care.
   Identifies areas of potential liability and ways to minimize individual risks.
   Recognizes ethical/legal conflicts in healthcare practice and intervenes appropriately with assistance.
Describes the purpose of informed consent and works with the health care team to obtain informed consent. Demonstrates knowledge of the ethical/legal implications of the following: Americans with Disabilities Act, Good Samaritan Act, Patient Bill of Rights, Living Wills, Power of Attorney for Healthcare, chemically impaired nurses, and Healthcare Information Portability and Accountability Act (HIPAA).

4. **Demonstrates an understanding of the legal / ethical implications of the patient’s medical record.**

Maintains patient / data confidentiality. Reviews only assigned chart to increase professional knowledge. Documents all data appropriately in a timely manner. Ensures confidentiality of protected health information in electronic health records.

5. Demonstrates leadership in the clinical area.

Seeks information / assistance from appropriate member of the health care team and / or instructor. Displays respect for the role of each team member and the instructor. Serves as a positive role model and representative of WSCC. Understands the chain of command and uses it appropriately. Practices the role of patient advocate. Demonstrates flexibility / adaptation to differences in agency policies. Organizes clinical time to attend available inservices. Recognizes the contributions of healthcare professionals (including students) to the systems of care and care processes that affect patient and family care outcomes. Identifies quality improvement projects in the care setting.

**II. Communication**

1. Utilizes therapeutic communication skills when interacting with staff, patients and significant others.

Identifies patient by name. Identifies obvious verbal cues to patient problems. Assesses for nonverbal cues to patient problems. Recognizes blocks to therapeutic communication (giving advice, interrupting, interrogating, belittling) and corrects appropriately. Displays attending behaviors when communicating with patients. Uses attentive listening skills when communicating with patients. Practices skills of silence, touch, eye contact, using open ended questions, reflection, clarification and validation. Demonstrates an understanding of proxemics when interacting with individuals. Focuses on patient needs rather than on self needs. Demonstrates assertive communication skills. Observes and contributes appropriately to the interactions between patient and family. Formulates strategies to promote patient / family coping skills.
2. Communicates relevant, accurate, and complete information in a concise and clear manner.

Distinguishes among the roles of the health care team members.
Receives report from and gives report to the appropriate person.
Documents pertinent data using appropriate terminology, spelling, and abbreviations.
Dates, times, and signs all data entries per policy.
Participates in clinical conferences, making meaningful contributions.
Demonstrates appropriate telephone skills.
Demonstrates proficiency with information technology systems, including patient care technologies, information systems, and communication devices that support safe nursing practice.

3. Communicates with appropriate consideration of a patient’s physical status, emotional, developmental, cultural and spiritual influences.

Approaches patients in a kind, gentle manner.
Displays an attitude of respect for the patient as an unique human being.
Incorporates patient’s physical status, developmental, emotional, cultural, and spiritual influences into the nursing care plan.
Identifies and utilizes translation resources for non-English speaking patients and families.
Implements alternate methods of communication with patients having special needs.

4. Recognizes feelings, attitudes and values of self and others and is cognizant of the implications in the clinical setting.

Identifies the uniqueness of the nurse-patient relationship.
Provides non-judgmental care to patients with lifestyles different from their own.
Respects and supports patient’s decisions regarding treatment options.
Evaluates feelings, attitudes, and values of self and their influence in providing nonjudgmental patient care.
Focuses on patient needs rather than needs of nurse / self.

III. Assessment / Nursing Process

1. Performs comprehensive ongoing physical and psychosocial assessments of patients with consideration of developmental, emotional, cultural and spiritual influences.

Provides for the comfort, safety, and privacy of the patient during performance of the nursing assessment.
Completes a nursing assessment by collecting information about assigned patient for data base.
Makes reliable observations.
Utilizes effective interview skills to collect a patient database.
Utilizes available resources to collect patient database information, i.e., patient, family, electronic health records, members of the healthcare team, literature.
Data base completed.
Demonstrates increased competency in the skills of physical assessment including inspections, auscultation, percussion, and palpation to collect objective data. Validates congruency of subjective and objective data. Investigates incongruent data. Performs a chart review in a timely manner. Performs assessments prior to, during, and after performance of patient care, and prn according to patient’s condition. Utilizes diagnostic equipment safely and correctly. Interprets diagnostic data correctly, with assistance.

2. Establishes, implements, evaluates and revises as needed the plan of care for assigned patients.

Analyzes data accurately, finding patterns and relationships among cues. Makes appropriate inferences. Selects and develops appropriate nursing diagnoses from collected data. Clusters assessment data to support the nursing diagnoses. Develops a written plan of care for each assigned patient. Includes developmental strengths of the patient in plan of care. Differentiates between medical and nursing diagnosis in clinical practice. Transfers knowledge accurately from one setting to another. Plans nursing care for assigned patient/patients appropriately. Prioritizes patient needs in written plan of care. Develops patient centered goals and outcome criteria related to the nursing diagnosis that are measurable and achievable. Selects nursing actions that are relevant and specific to the nursing diagnosis and facilitate goal achievement. Nursing actions reflect the independent, dependent, and interdependent roles of the nurse. Verbalizes scientific rationale that is accurate and relates specifically to actions. Incorporates critical thinking into the nursing care plan. Recognizes and reports promptly deterioration or potential deterioration in the patient’s condition. Determines personal need for assistance. Plan of care reflects adaptation to and planning for changes in the patient’s condition. Evaluates patient response to nursing care and revises plan of care appropriately. Demonstrates effective problem solving skills. Effectively contributes to agency generated individual plan of care.

3. Documents pertinent information using appropriate terminology in an accurate, complete, and concise manner.

Documents care in a relevant, concise, logical and legal manner. Uses correct spelling, terms, and approved abbreviations. Handles errors according to agency policy. Dates, times, and signs all entries per agency policy. Completes charting in a timely and correct manner. Documents changes in patient condition, nursing action and reassessment data.
IV. Clinical Decision Making

1. Practices within the parameters of individual knowledge and experience.

- Comes to clinical with adequate preparation.
- Seeks guidance as necessary from appropriate resource.
- Provides rationale for actions.
- Utilizes reliable sources of information to increase/supplement knowledge, including evidence-based reports and clinical practice guidelines.
- Values the concept of evidence-based practice as integral to determining best clinical practice.

2. Makes sound clinical judgments and decisions to ensure safe and effective care.

- Follows policies and procedures of institution.
- Uses correct body mechanics, transfer and ambulation techniques.
- Maintains current BLS completion.
- Demonstrates knowledge of emergency codes, procedures, location of fire extinguishers, personal protection gear and exit routes.
- Applies technology and information management systems as tools to improve patient outcomes and create a safe care environment.

3. Recognizes hazards to patient and takes appropriate action to maintain a safe environment.

- Ensures patient safety keeping side rails up as needed, areas free of clutter, cleaning spills appropriately and promptly, and checking equipment for proper functioning.
- Identifies and promptly reports to appropriate person potential hazards in the clinical environment.
- Recognizes hazardous materials and demonstrates techniques to decrease exposure according to OSHA guidelines.
- Knows location of OSHA HAZ-MAT in each agency.
- Utilizes restraints according to agency policy and patient needs.
- Provides education for patients, family, visitors and other healthcare team members regarding safety hazards.
- Responds appropriately to emergency situations.
- Provides care to patients undergoing radiation, chemotherapy, or nuclear medicine to minimize risk of exposure to self/others.

4. Identifies and reports patient deviations from normal to instructor and / or staff in a timely and efficient manner.

- Reports abnormal, unsafe patient data to appropriate person (instructor and / or staff) in a timely manner i.e., abnormal VS, lab, patient behaviors, pharmacologic adverse effects.
V. Caring Interventions

1. Applies principles of infection control and standard precautions.

Performs nursing activities according to OSHA guidelines i.e., washes hands, follows standard precaution guidelines, adheres to isolation protocols. Follows the infection control policy of the agency. Identifies patients at risk for acquiring or transmitting infections through assessments and interpretation of diagnostic data. Recognizes the need for implementing isolation protocols. Demonstrates isolation techniques correctly. Provides psychosocial care to patients in isolation.

2. Demonstrates caring behaviors towards the patient, significant others and members of the health care team.

Respects and treats each patient as an unique individual. Identifies and honors the emotional, cultural, and spiritual influences on the patient’s health. Promotes and protects the patient’s dignity. Demonstrates a nurturing, protective and compassionate attitude when delivering nursing care.

3. Performs comprehensive nursing care competently in diverse settings.

Demonstrates increased competence in delivering basic nursing care. Demonstrates increased competence in the performance of technical skills. Prepares for clinical assignment by defining the medical diagnosis, developing a plan of care utilizing scientific principles, and reviewing skills required to deliver comprehensive nursing care. Organizes time to effectively provide nursing care to assigned patient/patients. Obtains assistance as needed to perform technical skills competently and safety. Provides for patient comfort, privacy, and safety in performing technical skills. Assesses patient tolerance during performance of technical skills and revises plan of care as needed. Organizes and prioritizes nursing care in a timely, logical and safe manner. Explains nursing care to patient/family with consideration of developmental/educational level. Demonstrates competency in using technical equipment. Participates in obtaining informed consent.

4. Applies concepts of nutrition appropriately in order to maintain or improve the nutritional status of the patient.

Assesses the nutritional status of patient and identifies clinical signs of nutritional deficiencies. Assesses patient food preferences. Provides patient with diet appropriate for condition and inclusive of dietary preferences.
Assesses tolerance to diet and makes revisions as necessary with appropriate collaboration.
Analyzes laboratory data pertinent to patient’s nutritional status and collaborates with appropriate members of the healthcare team.
Alters diet to avoid food-drug interactions.
Provides personal assistance as needed during meal time.
Uses special techniques (PEG, NG) to feed patient correctly and safely.
Plans treatments not to interfere with mealtime when possible.
Provides teaching to patient and family regarding diet / nutritional needs.
Recognizes that illness affects the patient’s nutritional needs and incorporates those needs into the NCP.

5. Demonstrates understanding of assigned patient’s medications

Communicates the classification, action, correct dose, interaction, side/adverse effects and indications for use of assigned patient’s medication i.e., drug cards, drug book and computer notes.
Utilizes appropriate resources to obtain medication information.

6. **Performs medication calculations correctly.**

Calculates medication dosages correctly.

7. **Administers and documents medications correctly.**

Follows the 6 rights and 3 checks of medication administration.
Notes and verifies medication allergies on patient record.
Administers only medications prepared by self.
Administers medications in a timely manner with supervision.
Administers medication by the correct route with supervision.
Follows controlled substance policies of the agency.
Documents promptly and correctly on the MAR.

8. Evaluates medication effectiveness.

 Begins to obtain accurate information from the patient and / or chart regarding a medication’s effectiveness.

9. **Provides a safe environment for the patient.**

Maintains a clean, orderly environment.
Identifies patient by identi-bands.
Keeps call light within reach.
Maintains bed in low locked position.
Side rails up as necessary.

10. Adapts care in consideration of the patient’s developmental needs, values, customs, culture and / or habits.

Displays respect regarding a patient’s values, customs, culture and / or habits.
Does not judge or criticize patients for values, customs, culture, and/or habits different from the nurse/self.
Assists patient to plan for anticipated life changes.
Includes modifications in the nursing care plan.

11. Supports the patient and significant others appropriately during end of life experiences.

Uses appropriate communication techniques when interacting with a grieving patient/family.
Displays respect for patient and family whose end of life/healthcare decisions may differ from nurse’s/self.
Assist patient to cope with losses associated with developmental processes.
Seeks appropriate guidance from instructor/staff in dealing with ethical issues/decision making.
 Begins to act as patient advocate.
Identifies the stages of the grieving process in the patient and/or family and responds to their needs with guidance.
Refers patient/family to spiritual leader of choice to assist in end of life/healthcare decision making.

VI. Teaching and Learning

1. Identifies, develops, implements, evaluates and revises as needed individualized teaching plans based on assessed needs.
Identifies learning needs of the patient and family and establishes learning outcomes.
Develops and implements an individualized teaching plan for patient/family.
Selects appropriate learning materials for patient/family.
Evaluates the effectiveness of the teaching plan and revises as necessary.
Identifies and provides resources available to the patient/family.
Identifies and teaches measures to prevent complications as well as to promote health.
Provides health teaching for patients, families and/or groups based on identified needs, available resources, age, lifestyle, developmental and cultural considerations.
Promotes wellness behaviors.

VII. Collaboration

1. Works cooperatively with others to achieve patient outcomes.

Uses therapeutic communication skills when interacting with the health care team.
Avoids interrupting others.
Identifies self and purpose to patient, family, and members of the healthcare team.
Considers patient needs and priorities when discussing plan of care with others.
Behaves in an appropriate, professional manner among health care team members.
Coordinates discharge plans with other members of the healthcare team with assistance.
Begins to demonstrate active participation in group process.
2. Identifies and distinguishes between the roles of members of the healthcare team and interacts appropriately.

   Respects the role of each team member.
   Addresses each by name.
   Utilizes chain of command appropriately.
   Requests assistance from appropriate team member.
   Reports observations and activities to appropriate team member.
   Assists the patient in utilizing the role of each member of the healthcare team.

3. Begins to collaborate with other healthcare team members to develop, implement, evaluate, and revise the plan of care.

   Contributes relevant data to nursing rounds and report.
   Attends patient care conferences / treatment teams and contributes appropriately.
   Includes family/significant other in plan of care.

4. Identifies the need for referrals.

   Makes referrals with guidance based on patient needs to other members of the healthcare team.
   Identifies patient needs that may be met more appropriately by other members of the healthcare team.
   Recognizes limitations of team members roles.

VIII. Managing Care Across the Health Continuum

1. Begins to prioritize and coordinate the implementation of individualized plans of care.

   Begins to assess ability of ancillary staff/peers to safely perform and complete assigned tasks.
   Completes discharge forms and preparations to facilitate continuity of care with assistance.
   Facilitates patient care conferences with members of the healthcare team with assistance.

2. Begins to delegate appropriately aspects of patient care to qualified assistive personnel.

   Demonstrates understanding of the legal roles of the healthcare team members (licensed and unlicensed)
   Identifies tasks to be assigned to other members of the healthcare team.
   Delegates with assistance appropriate tasks to appropriate healthcare team member.
   Gives directions for nursing care in clear and thorough manner to the appropriate team member.
3. Begins to identify and implement nursing strategies to provide cost effective care. Performs nursing activities in a timely and organized manner. Is mindful and conscientious of cost of supplies and equipment, and uses them wisely.
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<td>2. Communicates relevant, accurate, and complete information in a concise and clear manner.</td>
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<td>3. Communicates with appropriate consideration of a patient’s physical status, developmental, emotional, cultural and spiritual influences.</td>
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<td>4. Recognizes feelings, attitudes and values of self and others and is cognizant of the implications in the clinical setting.</td>
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<tr>
<td>III. Assessment/Nursing Process</td>
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<tr>
<td>1. Performs comprehensive ongoing physical and psychosocial assessments of patients, with consideration of developmental, emotional, cultural and spiritual influences</td>
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<tr>
<td>2. Establishes, implements, evaluates and revises as needed the plan of care for assigned patients.</td>
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<td>3. Documents pertinent information using appropriate terminology in an accurate, complete, concise manner.</td>
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### IV. Clinical Decision Making

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<tr>
<td><strong>1.</strong></td>
<td>Practices within the parameters of individual knowledge and experience.</td>
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<td><strong>2.</strong></td>
<td>Makes sound clinical judgments and decisions to ensure safe and effective care.</td>
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<td><strong>3.</strong></td>
<td>Recognizes hazards to patient and takes appropriate action to maintain a safe environment.</td>
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<td><strong>4.</strong></td>
<td>Identifies and reports patient deviations from normal to instructor and/or staff in a timely and efficient manner.</td>
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### V. Caring Interventions

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<td><strong>1.</strong></td>
<td>Applies principles of infection control and standard precautions.</td>
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<td><strong>2.</strong></td>
<td>Demonstrates caring behaviors towards the patient, significant others and members of the health care team.</td>
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<td><strong>3.</strong></td>
<td>Performs comprehensive nursing care competently in diverse settings.</td>
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<td><strong>4.</strong></td>
<td>Applies concepts of nutrition appropriately in order to maintain or improve the nutritional status of the patient.</td>
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<td><strong>5.</strong></td>
<td>Demonstrates understanding of assigned patient’s medications.</td>
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<td><strong>6.</strong></td>
<td>Performs medication calculations correctly.</td>
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<td><strong>7.</strong></td>
<td>Administers and documents medications correctly.</td>
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<td><strong>8.</strong></td>
<td>Evaluates medication effectiveness.</td>
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<td><strong>9.</strong></td>
<td>Provides for a safe environment for the patient.</td>
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<td><strong>10.</strong></td>
<td>Adapts care in consideration of the patient’s developmental needs, values, customs, culture and/or habits.</td>
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<td><strong>11.</strong></td>
<td>Supports the patient and significant others appropriately during end of life experiences.</td>
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### VI. Teaching and Learning

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<td><strong>1.</strong></td>
<td>Identifies, develops, implements, evaluates and revises as needed individualized teaching plans based on assessed needs.</td>
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### VII. Collaboration

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<td><strong>1.</strong></td>
<td>Works cooperatively with others to achieve patient outcomes.</td>
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<td><strong>2.</strong></td>
<td>Identifies and distinguishes between the roles of members of the healthcare team and interacts appropriately.</td>
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<td><strong>3.</strong></td>
<td>Begins to collaborate with other health care team members to develop, implement, evaluate and revise the plan of care.</td>
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<td><strong>4.</strong></td>
<td>Identifies the need for referrals.</td>
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### VIII. Managing Care Across the Health Continuum

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<td><strong>1.</strong></td>
<td>Prioritizes and coordinates the implementation of individualized plans of care.</td>
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<td><strong>2.</strong></td>
<td>Begins to delegate appropriately aspects of patient care to qualified assistive personnel.</td>
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<td><strong>3.</strong></td>
<td>Identifies and implements nursing strategies to provide cost effective care.</td>
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This is a satisfactory clinical evaluation   YES   NO

__________________________  ________________________
Student/Date                 Clinical Instructor/Clinical Focus
I. **Professional Behaviors**

### 1. **Demonstrates professional accountability in clinical practice.**

- Follows college and institutional policies.
- Abides by the Student Conduct Agreement signed on admission to the nursing program.
- Arrives on time for clinical day with required preparation completed as directed.
- Notifies agency according to guidelines in the Nursing student handbook if late or absent.
- Adheres to dress code policy.
- Accepts constructive criticism.
- Demonstrates accountability for nursing care delivered by self.
- Demonstrates self-awareness of the stress response in adapting to the clinical environment.
- Recognizes and describes anxiety in self/others.
- Displays positive coping mechanisms to decrease anxiety.
- Collaborates and communicates with instructor to identify learning needs.
- Develops and takes responsibility for meeting personal clinical objectives.
- Follows through on feedback from clinical instructor to meet clinical objectives.
- Takes responsibility for self-initiated learning.
- Seeks new learning experiences.
- Completes and submits written assignments on time.

### 2. **Identifies and maintains professional boundaries in the nurse-patient relationship.**

- Discusses patient information only with appropriate individual and in the appropriate setting.
- Interacts with patients in a way that indicates awareness of the nurse’s role as distinct from a social role.
- Focuses on needs of patient rather than needs of the nurse/self.
- Uses self-disclosure only when beneficial to the patient.
- Terminates the nurse-patient relationship appropriately.

### 3. **Practices within the ethical, legal, and regulatory frameworks of nursing and standards of professional nursing practice.**

- Performs nursing care in a reliable, honest, and trustworthy manner.
- Practices according to the ANA nursing code of ethics.
- Asks for assistance appropriately.
- Follows through with assignments and directions from instructor/staff.
- Performs tasks/skills within legal scope/definition of nursing practice and profession’s standard of care.
- Identifies areas of potential liability and ways to minimize individual risks.
- Recognizes ethical/legal conflicts in healthcare practice and intervenes appropriately with assistance.
Describes the purpose of informed consent and works with the health care team to obtain informed consent.
Demonstrates knowledge of the ethical/legal implications of the following: Americans with Disabilities Act, Good Samaritan Act, Patient Bill of Rights, Living Wills, Power of Attorney for Healthcare, chemically impaired nurses, and Healthcare Information Portability and Accountability Act (HIPAA).

4. **Demonstrates an understanding of the legal / ethical implications of the patient’s medical record.**

- Maintains patient / data confidentiality.
- Reviews only assigned chart to increase professional knowledge.
- Documents all data appropriately in a timely manner.
- Ensures confidentiality of protected health information in electronic health records.

5. Demonstrates leadership in the clinical area.

- Seeks information / assistance from appropriate member of the health care team and / or instructor.
- Displays respect for the role of each team member and the instructor.
- Serves as a positive role model and representative of WSCC.
- Understands the chain of command and uses it appropriately.
- Practices the role of patient advocate.
- Demonstrates flexibility / adaptation to differences in agency policies.
- Organizes clinical time to attend available inservices.
- Recognizes the contributions of healthcare professionals (including students) to the systems of care and care processes that affect patient and family care outcomes.
- Identifies quality improvement projects in the care setting.

II. **Communication**

1. Utilizes therapeutic communication skills when interacting with staff, patients and significant others.

- Identifies patient by name.
- Identifies obvious verbal cues to patient problems.
- Assesses for nonverbal cues to patient problems.
- Recognizes blocks to therapeutic communication (giving advice, interrupting, interrogating, belittling) and corrects appropriately.
- Displays attending behaviors when communicating with patients.
- Uses attentive listening skills when communicating with patients.
- Practices skills of silence, touch, eye contact, using open ended questions, reflection, clarification and validation.
- Demonstrates an understanding of proxemics when interacting with individuals.
- Focuses on patient needs rather than on self needs.
- Demonstrates assertive communication skills.
- Observes and contributes appropriately to the interactions between patient and family.
- Formulates strategies to promote patient / family coping skills.
2. Communicates relevant, accurate, and complete information in a concise and clear manner.

Distinguishes among the roles of the health care team members.
Receives report from and gives report to the appropriate person.
Documents pertinent data using appropriate terminology, spelling, and abbreviations.
Dates, times, and signs all data entries per policy.
Participates in clinical conferences, making meaningful contributions.
Demonstrates appropriate telephone skills.
Demonstrates proficiency with information technology systems, including patient care technologies, information systems, and communication devices that support safe nursing practice.

3. Communicates with appropriate consideration of a patient’s physical status, developmental, physical, emotional, cultural and spiritual influences.

Approaches patients in a kind, gentle manner.
Displays an attitude of respect for the patient as an unique human being.
Incorporates patient’s physical status, developmental, emotional, cultural, and spiritual influences into the nursing care plan.
Identifies and utilizes translation resources for non-English speaking patients and families.
Implements alternate methods of communication with patients having special needs.

4. Recognizes feelings, attitudes and values of self and others and is cognizant of the implications in the clinical setting.

Identifies the uniqueness of the nurse-patient relationship.
Provides non-judgmental care to patients with lifestyles different from their own.
Respects and supports patient’s decisions regarding treatment options.
Evaluates feelings, attitudes, and values of self and their influence in providing nonjudgmental patient care.
Focuses on patient needs rather than needs of nurse / self.

III. Assessment / Nursing Process

1. Performs comprehensive ongoing physical and psychosocial assessments of patients with consideration of developmental, emotional, cultural and spiritual influences.

Provides for the comfort, safety, and privacy of the patient during performance of the nursing assessment.
Completes a nursing assessment by collecting information about assigned patient for data base.
Makes reliable observations.
Utilizes effective interview skills to collect a patient database.
Utilizes available resources to collect patient database information, i.e., patient, family, electronic health records, members of the healthcare team, literature. Database completed.
Demonstrates increased competency in the skills of physical assessment including inspections, auscultation, percussion, and palpation to collect objective data. Validates congruency of subjective and objective data.
Investigates incongruent data.
Performs a chart review in a timely manner.
Performs assessments prior to, during, and after performance of patient care, and prn according to patient’s condition.
Utilizes diagnostic equipment safely and correctly.
Interprets diagnostic data correctly, with assistance.

2. Establishes, implements, evaluates and revises as needed the plan of care for assigned patients.

Analyzes data accurately, finding patterns and relationships among cues.
Makes appropriate inferences.
Selects and develops appropriate nursing diagnoses from collected data.
Clusters assessment data to support the nursing diagnoses.
Develops a written plan of care for each assigned patient.
Includes developmental strengths of the patient in plan of care.
Differentiates between medical and nursing diagnosis in clinical practice.
Transfers knowledge accurately from one setting to another.
Plans nursing care for assigned patient/patients appropriately.
Prioritizes patient needs in written plan of care.
Develops patient centered goals and outcome criteria related to the nursing diagnosis that are measurable and achievable.
Selects nursing actions that are relevant and specific to the nursing diagnosis and facilitate goal achievement.
Nursing actions reflect the independent, dependent, and interdependent roles of the nurse.
Verbalizes scientific rationale that is accurate and relates specifically to actions.
Incorporates critical thinking into the nursing care plan.
Recognizes and reports promptly deterioration or potential deterioration in the patient’s condition.
Determines personal need for assistance.
Plan of care reflects adaptation to and planning for changes in the patient’s condition.
Evaluates patient response to nursing care and revises plan of care appropriately.
Demonstrates effective problem solving skills.
Effectively contributes to agency generated individual plan of care.

3. Documents pertinent information using appropriate terminology in an accurate, complete, and concise manner.

Documents care in a relevant, concise, logical and legal manner.
Uses correct spelling, terms, and approved abbreviations.
Handles errors according to agency policy.
Dates, times, and signs all entries per agency policy.
Completes charting in a timely and correct manner.
Documents changes in patient condition, nursing action and reassessment data.

IV. Clinical Decision Making

1. Practices within the parameters of individual knowledge and experience.

Comes to clinical with adequate preparation.  
Seeks guidance as necessary from appropriate resource.  
Provides rationale for actions.  
Utilizes reliable sources of information to increase/supplement knowledge, including evidence-based reports and clinical practice guidelines.  
Values the concept of evidence-based practice as integral to determining best clinical practice.

2. Makes sound clinical judgments and decisions to ensure safe and effective care.

Follows policies and procedures of institution.  
Uses correct body mechanics, transfer and ambulation techniques.  
Maintains current BLS completion.  
Demonstrates knowledge of emergency codes, procedures, location of fire extinguishers, personal protection gear and exit routes.  
Applies technology and information management systems as tools to improve patient outcomes and create a safe care environment.

3. Recognizes hazards to patient and takes appropriate action to maintain a safe environment.

Ensures patient safety keeping side rails up as needed, areas free of clutter, cleaning spills appropriately and promptly, and checking equipment for proper functioning.  
Identifies and promptly reports to appropriate person potential hazards in the clinical environment.  
Recognizes hazardous materials and demonstrates techniques to decrease exposure according to OSHA guidelines.  
Knows location of OSHA HAZ-MAT in each agency.  
Utilizes restraints according to agency policy and patient needs.  
Provides education for patients, family, visitors and other healthcare team members regarding safety hazards.  
Responds appropriately to emergency situations.  
Provides care to patients undergoing radiation, chemotherapy, or nuclear medicine to minimize risks of exposure to self/others.

4. Identifies and reports patient deviations from normal to instructor and / or staff in a timely and efficient manner.

Reports abnormal, unsafe patient data to appropriate person (instructor and / or staff) in a timely manner i.e., abnormal VS, lab, patient behaviors, pharmacologic adverse effects.
V. **Caring Interventions**

1. **Applies principles of infection control and standard precautions.**
   
   Performs nursing activities according to OSHA guidelines i.e., washes hands, follows standard precaution guidelines, adheres to isolation protocols. Follows the infection control policy of the agency. Identifies patients at risk for acquiring or transmitting infections through assessments and interpretation of diagnostic data. Recognizes the need for implementing isolation protocols. Demonstrates isolation techniques correctly. Provides psychosocial care to patients in isolation.

2. Demonstrates caring behaviors towards the patient, significant others and members of the health care team.
   
   Respects and treats each patient as an unique individual. Identifies and honors the emotional, cultural, and spiritual influences on the patient’s health. Promotes and protects the patient’s dignity. Demonstrates a nurturing, protective and compassionate attitude when delivering nursing care.

3. **Performs comprehensive nursing care competently in diverse settings.**
   
   Demonstrates increased competence in delivering basic nursing care. Demonstrates increased competence in the performance of technical skills. Prepares for clinical assignment by defining the medical diagnosis, developing a plan of care utilizing scientific principles, and reviewing skills required to deliver comprehensive nursing care. Organizes time to effectively provide nursing care to assigned patient/ patients. Obtains assistance as needed to perform technical skills competently and safety. Provides for patient comfort, privacy, and safety in performing technical skills. Assesses patient tolerance during performance of technical skills and revises plan of care as needed. Organizes and prioritizes nursing care in a timely, logical and safe manner. Explains nursing care to patient / family with consideration of developmental/educational level. Demonstrates competency in using technical equipment. Participates in obtaining informed consent.

4. Applies concepts of nutrition appropriately in order to maintain or improve the nutritional status of the patient.
   
   Assesses the nutritional status of patient and identifies clinical signs of nutritional deficiencies. Assesses patient food preferences. Provides patient with diet appropriate for condition and inclusive of dietary preferences.
Assesses tolerance to diet and makes revisions as necessary with appropriate collaboration.
Analyzes laboratory data pertinent to patient’s nutritional status and collaborates with appropriate members of the healthcare team.
Alters diet to avoid food-drug interactions.
Provides personal assistance as needed during meal time.
Uses special techniques (PEG, NG) to feed patient correctly and safely.
Plans treatments not to interfere with mealtime when possible.
Provides teaching to patient and family regarding diet / nutritional needs.
Recognizes that illness affects the patient’s nutritional needs and incorporates those needs into the NCP.

5. Demonstrates understanding of assigned patient’s medications

Communicates the classification, action, correct dose, interaction, side/adverse effects and indications for use of assigned patient’s medication i.e., drug cards, drug book and computer notes.
Utilizes appropriate resources to obtain medication information.

6. **Performs medication calculations correctly.**

Calculates medication dosages correctly

7. **Administers and documents medications correctly.**

Follows the 6 rights and 3 checks of medication administration.
Notes and verifies medication allergies on patient record.
Administers only medications prepared by self.
Administers medications in a timely manner with supervision.
Administers medication by the correct route with supervision.
Follows controlled substance policies of the agency.
Documents promptly and correctly on the MAR.

8. Evaluates medication effectiveness.

Begins to obtain accurate information from the patient and / or chart regarding a medications effectiveness.

9. **Provides a safe environment for the patient.**

Maintains a clean, orderly environment.
Identifies patient by identi-bands.
Keeps call light within reach.
Maintains bed in low locked position.
Side rails up as necessary.

10. Adapts care in consideration of the patient’s developmental needs, values, customs, culture and / or habits.

Displays respect regarding a patient’s values, customs, culture and / or habits.
Does not judge or criticize patients for values, customs, culture, and / or habits
different from the nurse / self.
Assists patient to plan for anticipated life changes.
Includes modifications in the nursing care plan.

11. Supports the patient and significant others appropriately during end of life
experiences.

Uses appropriate communication techniques when interacting with a grieving
patient/family.
Displays respect for patient and family whose end of life / healthcare decisions
may differ from nurse’s / self.
Assist patient to cope with losses associated with developmental processes.
Seeks appropriate guidance from instructor / staff in dealing with ethical issues /
decision making.
Begins to act as patient advocate.
Identifies the stages of the grieving process in the patient and / or family and
responds to their needs with guidance.
Refers patient/family to spiritual leader of choice to assist in end of life/healthcare
decision making.

VI. Teaching and Learning

1. Identifies, develops, implements, evaluates and revises as needed individualized
teaching plans based on assessed needs.

Identifies learning needs of the patient and family and establishes learning
outcomes.
Develops and implements an individualized teaching plan for patient/family.
Selects appropriate learning materials for patient/family.
Evaluates the effectiveness of the teaching plan and revises as necessary.
Identifies and provides resources available to the patient/family.
Identifies and teaches measures to prevent complications as well as to promote
health.
Provides health teaching for patients, families and /or groups based on identified
needs, available resources, age, lifestyle, developmental and cultural
considerations.
Promotes wellness behaviors.

VII. Collaboration

1. Works cooperatively with others to achieve patient outcomes.

Uses therapeutic communication skills when interacting with the health care team.
Avoids interrupting others.
Identifies self and purpose to patient, family, and members of the healthcare team.
Considers patient needs and priorities when discussing plan of care with others.
Behaves in an appropriate, professional manner among health care team members.
Coordinates discharge plans with other members of the healthcare team with
assistance.
Begins to demonstrate active participation in group process.
2. Identifies and distinguishes between the roles of members of the healthcare team and interacts appropriately.

Respects the role of each team member.
Addresses each by name.
Utilizes chain of command appropriately.
Requests assistance from appropriate team member.
Reports observations and activities to appropriate team member.
Assists the patient in utilizing the role of each member of the healthcare team.

3. Begins to collaborate with other healthcare team members to develop, implement, evaluate, and revise the plan of care.

Contributes relevant data to nursing rounds and report.
Attends patient care conferences / treatment teams and contributes appropriately.
Includes family/significant other in plan of care.

4. Identifies the need for referrals.

Makes referrals with guidance based on patient needs to other members of the healthcare team.
Identifies patient needs that may be met more appropriately by other members of the healthcare team.
Recognizes limitations of team members roles.

VIII. Managing Care Across the Health Continuum

1. Begins to prioritize and coordinate the implementation of individualized plans of care.

Begins to assess ability of ancillary staff/peers to safely perform and complete assigned tasks.
Completes discharge forms and preparations to facilitate continuity of care with assistance.
Facilitates patient care conferences with members of the healthcare team with assistance.

2. Begins to delegate appropriately aspects of patient care to qualified assistive personnel.

Demonstrates understanding of the legal roles of the healthcare team members (licensed and unlicensed)
Identifies tasks to be assigned to other members of the healthcare team.
Delegates with assistance appropriate tasks to appropriate healthcare team member.
Gives directions for nursing care in clear and thorough manner to the appropriate team member.
3. Begins to identify and implement nursing strategies to provide cost effective care.

Performs nursing activities in a timely and organized manner.
Is mindful and conscientious of cost of supplies and equipment, and uses them wisely.
To achieve a satisfactory evaluation for the clinical lab component of Nursing 2620 and progress in nursing clinicals, the student should exhibit the following behaviors.

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<td><strong>I. Professional Behaviors</strong></td>
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<td>*1. Demonstrates professional accountability in clinical practice.</td>
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<td>*2. Identifies and maintains professional boundaries in the nurse-patient relationship.</td>
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<td>*3. Practices within the ethical, legal, and regulatory frameworks of nursing and standards of professional nursing practice.</td>
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<td>*4. Demonstrates an understanding of the legal/ethical implications of the patient’s medical record.</td>
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<td>5. Demonstrates leadership in the clinical area.</td>
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<td><strong>II. Communication</strong></td>
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<tr>
<td>1. Utilizes therapeutic communication skills when interacting with staff, patients and significant others.</td>
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1. Identifies, develops, implements, evaluates and revises as needed individualized teaching plans based on assessed needs.

### VII. Collaboration

1. Works cooperatively with others to achieve patient outcomes.
2. Identifies and distinguishes between the roles of members of the healthcare team and interacts appropriately.
3. Begins to collaborate with other health care team members to develop, implement, evaluate and revise as needed the plan of care.
4. Identifies the need for referrals.

### VIII. Managing Care Across the Health Continuum

1. Begins to prioritize and coordinates the implementation of individualized plans of care.
2. Begins to delegate appropriately aspects of patient care to qualified assistive personnel.
3. Begins to identify and implement nursing strategies to provide cost effective care.

This is a satisfactory clinical evaluation  

YES  NO

__________________________  
Student/Date

_______________________________  
Clinical Instructor/Clinical Focus
Clinical Evaluation Guide 2621

**Bold, Italicized statement denotes a critical category**

I. **Professional Behaviors**

1. *Demonstrates professional accountability in clinical practice.*

   Follows college and institutional policies.
   Abides by the Student Conduct Agreement signed on admission to the nursing program.
   Arrives on time for clinical day with required preparation completed as directed.
   Notifies agency according to guidelines in the Nursing student handbook if late or absent.
   Adheres to dress code policy.
   Accepts constructive criticism.
   Demonstrates accountability for nursing care delivered by self.
   Demonstrates self-awareness of the stress response in adapting to the clinical environment.
   Recognizes and describes anxiety in self/others.
   Displays positive coping mechanisms to decrease anxiety.
   Collaborates and communicates with instructor to identify learning needs.
   Develops and takes responsibility for meeting personal clinical objectives.
   Follows through on feedback from clinical instructor to meet clinical objectives.
   Takes responsibility for self-initiated learning.
   Seeks new learning experiences.
   Completes and submits written assignments on time.

2. *Identifies and maintains professional boundaries in the nurse-patient relationship.*

   Interacts with patients in a way that indicates awareness of the nurse’s role as distinct from a social role.
   Focuses on needs of patient rather than needs of the nurse/self.
   Discusses patient information only with appropriate individual and in the appropriate setting.
   Uses self-disclosure only when beneficial to the patient.
   Terminates the nurse-patient relationship appropriately.


   Performs nursing care in a reliable, honest, and trustworthy manner.
   Asks for assistance appropriately.
   Practices according to the ANA nursing code of ethics.
   Follows through with assignments and directions from instructor/staff.
   Performance of nursing care is within legal scope/definition of nursing practice and profession’s standard of care.
   Identifies areas of potential liability and ways to minimize individual risks.
   Recognizes ethical/legal conflicts in healthcare practice and intervenes appropriately with assistance.
Describes the purpose of informed consents and works with the health care team to obtain informed consent.
Demonstrates knowledge of the ethical/legal implications of the following: Americans with Disabilities Act, Good Samaritan Act, Patient Bill of Rights, Living wills, Power of Attorney for Healthcare, and chemically impaired nurses. Participates as a health team member in the ethical decision making process, i.e.: organ donation, abortion, withholding of food and fluids.

4. **Demonstrates an understanding of the legal / ethical implications of the patient’s medical record.**

Maintains patient / data confidentiality.
Reviews only assigned chart to increase professional knowledge.
Documents all data appropriately in a timely manner.
Ensures confidentiality of protected health information in electronic health records.

5. Demonstrates leadership in the clinical area.

Seeks information / assistance from appropriate member of the health care team and/or instructor.
Displays respect for the role of each team member and the instructor.
Serves as a positive role model and representative of WSCC.
Understands the chain of command and uses it appropriately.
Practices the role of patient advocate.
Demonstrates flexibility / adaptation to differences in agency policies.
Organizes clinical time to attend available inservices.
Uses conflict resolution skills with assistance to solve problems and build teams.
Exhibits self-direction in the provision of holistic nursing care.
Recognizes the contributions of healthcare professionals (including students) to the systems of care and care processes that affect patient and family care outcomes.
Identifies quality improvement projects in the care setting.
Appreciates that continuous quality improvement is an essential part of the daily work of all healthcare professionals.

II. **Communication**

1. Utilizes therapeutic communication skills when interacting with staff, patient’s and significant others.

Identifies patient by name.
Identifies obvious verbal cues to patient problems.
Assesses for nonverbal cues to patient problems.
Recognizes blocks to therapeutic communication i.e., giving advice, interrupting, interrogating, belittling and corrects appropriately.
Displays attending behaviors when communicating with patients.
Uses attentive listening skills when communicating with patients.
Practices skills of silence, touch, eye contact, using open ended questions, reflection, clarification, validation, confrontation.
Demonstrates an understanding of proxemics when interacting with individuals.
Focuses on patient needs rather than on self needs. Demonstrates assertive communication skills.

2. Communicates relevant, accurate, and complete information in a concise and clear manner.

Distinguishes among the roles of the health care team members.
Receives report from and gives report to the appropriate person.
Documents pertinent data using appropriate terminology, spelling, and abbreviations.
Dates, times, and signs all data entries per policy.
Participates in clinical conferences, making meaningful contributions.
Demonstrates appropriate telephone skills identifies self, patient, unit etc.
Demonstrates proficiency with information technology systems, including patient care technologies, information systems, and communication devices that support safe nursing practice.

3. Communicates with appropriate consideration of a patient’s developmental, emotional, cultural and spiritual influences.

Approaches patients in a kind, gentle manner.
Displays an attitude of respect for the patient as an unique human being.
Incorporates patient’s developmental, emotional, cultural, and spiritual influences into nursing care plan.
Identifies and utilizes translation resources for non-English speaking patients and families.
Implements alternate methods of communication with patient’s having special needs.

4. Recognizes feelings, attitudes and values of self and others and is cognizant of the implications in the delivery of patient care.

Identifies the uniqueness of the nurse-patient relationship.
Provides non-judgmental care to patients with lifestyles different from their own.
Respects and supports patient’s decisions regarding treatment options.
Evaluates feelings, attitudes, and values of self and their influence in providing nonjudgmental patient care.
Focuses on patient needs rather than needs of nurse / self.

III. Assessment / Nursing Process

1. Performs comprehensive ongoing physical and psychosocial assessments of patients, with consideration of developmental, emotional, cultural and spiritual influences.

Completes a nursing assessment by collecting information about assigned patient for data base.
Makes reliable observations.
Utilizes effective interview skills to collect a patient database.
Utilizes available resources to collect patient database information, i.e., patient, family, electronic health records, members of the healthcare team, literature.
Data base completed.
Demonstrates competency in the skills of physical assessment including inspections, auscultation, percussion, and palpation to collect objective data.
Validates congruency of subjective and objective data.
Investigates incongruent data.
Performs a chart review in a timely manner.
Provides for the comfort, safety, and privacy of the patient during performance of the nursing assessment.
Performs assessments prior to, during, and after performance of patient care, and prn according to patient’s condition.
Utilizes diagnostic equipment safely and correctly.
Interprets diagnostic data correctly, with assistance.

2. Establishes, implements, evaluates and revises as needed the plan of care for assigned patients.

Analyzes data accurately, finding patterns and relationships among cues.
Makes appropriate inferences.
Selects and develops appropriate nursing diagnoses from collected data.
Clusters assessment data to support the nursing diagnoses.
Develops a written plan of care for each assigned patient.
Includes developmental strengths of the patient in plan of care.
Differentiates between medical and nursing diagnosis in clinical practice.
Transfers knowledge accurately from one setting to another.
Plans nursing care for assigned patient/patient’s appropriately.
Prioritizes patient needs in written plan of care.
Develops patient centered goals and outcome criteria related to the nursing diagnosis that are measurable and achievable.
Selects nursing actions that are relevant and specific to the nursing diagnosis and facilitate goal achievement.
Nursing actions reflect the independent, dependent, and interdependent roles of the nurse.
Verbalizes scientific rationale that is accurate and relates specifically to actions.
Incorporates critical thinking into the nursing care plan.
Recognizes and reports promptly deterioration or potential deterioration in patient condition.
Determines personal need for assistance.
Plan of care reflects adaptation to and planning for changes in the patient’s condition.
Evaluates patient response to nursing care and revises plan of care appropriately.
Demonstrates effective problem solving skills.
Effectively contributes to agency generated individual plan of care.

3. Documents pertinent information using appropriate terminology in an accurate, complete, concise manner.

Documents care in a relevant, concise, logical and legal manner.
Uses correct spelling, terms, and approved abbreviations.
Handles errors according to agency policy.
Dates, times, and signs all entries per agency policy.
Completes charting in a timely and correct manner.
Documents changes in patient condition, nursing action and reassessment data.

IV. **Clinical Decision Making**

1. **Practices within the parameters of individual knowledge and experience.**

   Comes to clinical with adequate preparation.
   Seeks guidance as necessary from appropriate resource.
   Provides rationale for actions.
   Utilizes reliable sources of information to increase/supplement knowledge, including evidence-based reports and clinical practice guidelines.
   Values the concept of evidence-based practice as integral to determining best clinical practice.

2. **Makes sound clinical judgments and decisions to ensure safe and effective care.**

   Follows policies and procedures of institution.
   Uses correct body mechanics, transfer and ambulation techniques.
   Maintains current BLS certification.
   Demonstrates knowledge of emergency codes, procedures, location of fire extinguishers, personal protection gear, exit routes.
   Recognizes complex bio-psycho-social-spiritual problems, making sound clinical decisions with minimal assistance.
   Applies technology and information management systems as tools to improve patient outcomes and create a safe care environment.

3. **Recognizes hazards to patient and takes appropriate action to maintain a safe environment.**

   Ensures patient safety keeping side rails up as needed, areas free of clutter, cleaning spills appropriately and promptly, and checking equipment for proper functioning.
   Identifies and promptly reports to appropriate person potential hazards in the clinical environment.
   Recognizes hazardous materials and demonstrates techniques to decrease exposure according to OSHA guidelines.
   Knows location of OSHA HAZ-MAT in each agency.
   Utilizes restraints according to agency policy and patient needs.
   Provides care to patients undergoing radiation, chemotherapy or nuclear medicine to minimize risks of exposure to self/others.
   Provides education for patients, family, visitors and other healthcare team members regarding safety hazards.
   Responds appropriately to emergency situations.

4. **Identifies and reports patient deviations from normal to instructor and / or staff in a timely and efficient manner.**

   Reports abnormal, unsafe patient data to appropriate person (instructor and / or staff) in a timely manner i.e., abnormal VS, lab, patient behaviors, pharmacologic adverse effects.
V. Caring Interventions

1. **Applies principles of infection control and standard precautions.**

   Performs nursing activities according to OSHA guidelines i.e., washes hands, follows standard precaution guidelines, adheres to isolation protocols. Follows the infection control policy of the agency. Identifies patients at risk for acquiring or transmitting infections through assessments and interpretation of diagnostic data. Recognizes the need for implementing isolation protocols. Demonstrates isolation techniques correctly. Provides psychosocial care to patients in isolation.

2. Demonstrates caring behaviors towards the patient, significant others and members of the health care team.

   Respects and treats each patient as an unique individual. Identifies and honors the emotional, cultural, and spiritual influences on the patient’s health. Promotes and protects the patient’s dignity. Demonstrates a nurturing, protective, compassionate attitude when delivering nursing care.

3. **Performs comprehensive nursing care competently in diverse setting.**

   Prepares for clinical assignment by defining the medical diagnosis, developing a plan of care utilizing scientific principles, and reviewing skills required to deliver comprehensive nursing care. Organizes time to effectively provide nursing care to assigned patient/ patients. Demonstrates competence in delivering comprehensive nursing care. Obtains informed consent when applicable before performing invasive procedures. Obtains assistance as needed to perform technical skills competently and safety. Provides for patient comfort, privacy, and safety in performing technical skills. Assesses patient tolerance during performance of technical skills and revises plan of care as needed. Organizes and prioritizes nursing care in a timely, logical and safe manner. Explains nursing care to patient / family with consideration of developmental/education level. Demonstrates competency in using technical equipment.

4. Applies concepts of nutrition appropriately in order to maintain or improve the nutritional status of the patient.

   Assesses the nutritional status of patient and identifies clinical signs of nutritional deficiencies. Assesses patient food preferences. Provides patient with diet appropriate for condition and inclusive of dietary preferences. Assesses tolerance to diet and makes revisions as necessary with appropriate collaboration.
Analyzes laboratory data pertinent to patient’s nutritional status and collaborates with appropriate members of the healthcare team.
Alters diet to avoid food-drug interactions.
Provides personal assistance as needed during meal time.
Uses special techniques (PEG, NG) to feed patient correctly and safely.
Plans treatments not to interfere with mealtime when possible.
Provides teaching to patient and family regarding diet / nutritional needs.
Recognizes that illness affects the patient’s nutritional needs and incorporates those needs into the plan of care.
Evaluates side effects/adverse effects of patient’s tube feeding and intervenes appropriately.

5. Demonstrates understanding of assigned patient’s medications
Communicates the classification, action, correct dose, interaction, side/adverse effects and indications for use of assigned patient’s medication i.e., drug cards, drug book, computer notes.
Utilizes appropriate resources to obtain medication information.

6. **Performs complex medication calculations correctly.**
Calculates complex medication dosages correctly.

7. **Administers and documents medications correctly.**
Follows the 6 rights and 3 checks of medication administration.
Notes and verifies medication allergies on patient record.
Administers only medications prepared by self.
Administers medications in a timely manner with minimal supervision.
Administers medication by the correct route with minimal supervision.
Follows controlled substance policies of the agency.
Documents promptly and correctly on the MAR.

8. Evaluates medication effectiveness.
Analyzes information from the patient and/or chart regarding a medications effectiveness.

9. **Provides a safe environment for the patient.**
Maintains a clean, orderly environment.
Identifies patient by identi-bands.
Keeps call light within reach.
Maintains bed in low locked position.
Side rails up as necessary.

10. Adapts care in consideration of the patient’s developmental needs, values, customs, culture and/or habits.
Displays respect regarding a patient’s values, customs, culture and/or habits.
Does not judge or criticize patient’s for values, customs, culture, and/or habits different from the nurse/self.
Assists patient to plan for anticipated life changes.
Includes modifications in the nursing care plan.

11. Supports the patient and significant others appropriately during end of life experiences.

Uses appropriate communication techniques when interacting with a grieving patient/family.
Displays respect for patient and family whose end of life / healthcare decisions may differ from nurse’s / self.
Assist patient to cope with losses associated with developmental processes.
Seeks appropriate guidance from instructor / staff in dealing with ethical issues / decision making.
Acts as patient advocate.
Identifies the stages of the grieving process in the patient and / or family and responds to their needs with guidance.
Refers patient/family to spiritual leader of choice to assist in end of life/healthcare decision making.

VI. Teaching and Learning

1. Identifies, develops, implements, evaluates and revises as needed individualized teaching plans based on assessed needs.

Identifies learning needs of the patient and family and establishes learning outcomes.
Develops and implements an individualized teaching plan for patient/family.
Selects appropriate learning materials for patient/family.
Evaluates the effectiveness of the teaching plan and revises as necessary.
Identifies and provides resources available to the patient/family.
Identifies and teaches measures to prevent complications as well as to promote health.
Provides health teaching for patients, families and /or groups based on identified needs, available resources, age, lifestyle, and cultural considerations.
Promotes wellness behaviors.

VII. Collaboration

1. Works cooperatively with others to achieve patient outcomes.

Uses therapeutic communication skills when interacting with the health care team.
Avoids interrupting others.
Identifies self and purpose to patient, family, and members of the healthcare team.
Considers patient needs and priorities when discussing plan of care with others.
Behaves in an appropriate, professional manner among health care team members.
Coordinates discharge plans with other members of the healthcare team.
Demonstrates active participation in group process.
Facilitates in patient care and multidisciplinary conferences

2. Identifies and distinguishes between the roles of members of the healthcare team and interacts appropriately.
Respects the role of each team member.
Addresses each by name.
Utilizes chain of command appropriately.
Requests assistance from appropriate team member.
Reports observations and activities to appropriate team member.
Assist the patient in utilizing the role of each member of the healthcare team.

3. Collaborates with other healthcare team members to develop, implement, and evaluate and revise as needed the plan of care.
   
Contributes relevant data to nursing rounds, report.
Attends patient care conferences/treatment teams and contributes appropriately
Includes family, significant other in plan of care.

4. Identifies the need for referrals

Makes referrals based on patient needs to other members of the healthcare team.
Identifies patient needs that may be met more appropriately by other members of the healthcare team.
Recognizes limitations of team members roles.

VIII. Managing Care Across the Health Continuum

1. Prioritizes and coordinates the implementation of individualized plans of care.

Functions as a team leader with assistance from instructor.
Assesses the ability of ancillary staff/peers to safely perform and complete assigned tasks.
Assigns care to a group of patients with regard to personnel available.
Completes discharge forms and preparations to facilitate continuity of care with minimal assistance.
Facilitates patients care conferences with members of the healthcare team with minimal assistance.

2. Delegates appropriately aspects of patient care to qualified assistive personnel.

Demonstrates understanding of the legal roles of the healthcare team members (licensed and unlicensed)
Identifies tasks to be assigned to other members of the healthcare team.
Delegates appropriate tasks to appropriate healthcare team member.
Gives directions for nursing care in clear and thorough manner to the appropriate team member.
 Begins to provide evaluation, both positive and negative, to subordinate team members as indicated for performance of delegated tasks.
Reports deficiency of ancillary team members to instructor or appropriate staff member according to agency policy and chain of command.
3. Identifies and implements nursing strategies to provide cost effective care.

Performs nursing activities in a timely and organized manner.
Is mindful and conscientious of cost of supplies and equipment, and uses them wisely.
WALTERS STATE COMMUNITY COLLEGE  
ASSOCIATE OF APPLIED SCIENCE DEGREE IN NURSING  
NURS 2631 Nursing Process IV  
CLINICAL EVALUATION

To achieve a satisfactory evaluation for the clinical lab component of Nursing 2630 and progress, the student should exhibit the following behaviors.

S - Satisfactory  
NI - Needs Improvement  
U - Unsatisfactory  
NO - Not Observed

*denotes critical category, see guide for examples of behaviors.

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<td>Identifies and distinguishes between the roles of members of the healthcare team and interacts appropriately.</td>
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<td>3.</td>
<td>Collaborates with other health care team members to develop, implement, evaluate and revise as needed the plan of care.</td>
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<td>Identifies the need for referrals.</td>
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# VIII. Managing Care Across the Health Continuum

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<td>1.</td>
<td>Prioritizes and coordinates the implementation of individualized plans of care.</td>
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<td>Delegates appropriately aspects of patient care to qualified assistive personnel.</td>
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<td>3.</td>
<td>Identifies and implements nursing strategies to provide cost effective care.</td>
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This is a satisfactory clinical evaluation YES NO

____________________________  ______________________
Student/Date                Clinical Instructor/Clinical Focus
I. **Professional Behaviors**

1. **Demonstrates professional accountability in clinical practice.**

   Follows college and institutional policies.
   Abides by the Student Conduct Agreement signed on admission to the nursing program.
   Arrives on time for clinical day with required preparation completed as directed.
   Notifies agency according to guidelines in the Nursing student handbook if late or absent.
   Adheres to dress code policy.
   Accepts constructive criticism.
   Demonstrates accountability for nursing care delivered by self.
   Demonstrates self-awareness of the stress response in adapting to the clinical environment.
   Recognizes and describes anxiety in self/others.
   Displays positive coping mechanisms to decrease anxiety.
   Collaborates and communicates with instructor to identify learning needs.
   Develops and takes responsibility for meeting personal clinical objectives.
   Follows through on feedback from clinical instructor to meet clinical objectives.
   Takes responsibility for self-initiated learning.
   Seeks new learning experiences.
   Completes and submits written assignments on time.

2. **Identifies and maintains professional boundaries in the nurse-patient relationship.**

   Interacts with patients in a way that indicates awareness of the nurse’s role as distinct from a social role.
   Focuses on needs of patient rather than needs of the nurse/self.
   Discusses patient information only with appropriate individual and in the appropriate setting.
   Uses self-disclosure only when beneficial to the patient.
   Terminates the nurse-patient relationship appropriately.

3. **Practices within the ethical, legal, and regulatory frameworks of nursing and standards of professional nursing practice.**

   Performs nursing care in a reliable, honest, and trustworthy manner.
   Practices according to the ANA nursing code of ethics.
   Asks for assistance appropriately.
   Follows through with assignments and directions from instructor/staff.
   Performance of nursing care is within legal scope/definition of nursing practice and profession’s standard of care.
Identifies areas of potential liability and ways to minimize individual risks. Recognizes ethical/legal conflicts in healthcare practice and intervenes appropriately with assistance. Describes the purpose of informed consents and works with the health care team to obtain informed consent. Demonstrates knowledge of the ethical/legal implications of the following: Americans with Disabilities Act, Good Samaritan Act, Patient Bill of Rights, Living Wills, Power of Attorney for Healthcare, and chemically impaired nurses, and Healthcare Information Portability and Accountability Act (HIPAA) Participates as a health team member in the ethical decision making process, i.e.: organ donation, abortion, withholding of food and fluids.

4. **Demonstrates an understanding of the legal / ethical implications of the patient’s medical record.**

Maintains patient / data confidentiality. Reviews only assigned chart to increase professional knowledge. Documents all data appropriately in a timely manner. Ensures confidentiality of protected health information in electronic health records.

5. Demonstrates leadership in the clinical area.

Seeks information / assistance from appropriate member of the health care team and/or instructor. Displays respect for the role of each team member and the instructor. Serves as a positive role model and representative of WSCC. Understands the chain of command and uses it appropriately. Practices the role of patient advocate. Demonstrates flexibility / adaptation to differences in agency policies. Organizes clinical time to attend available inservices. Uses conflict resolution skills with assistance to solve problems and build teams. Exhibits self-direction in the provision of holistic nursing care. Recognizes the contributions of healthcare professionals (including students) to the systems of care and care processes that affect patient and family care outcomes. Identifies quality improvement projects in the care setting. Appreciates that continuous quality improvement is an essential part of the daily work of all healthcare professionals.

II. **Communication**

1. Utilizes therapeutic communication skills when interacting with staff, patient’s and significant others.

Identifies patient by name. Identifies obvious verbal cues to patient problems.
Assesses for nonverbal cues to patient problems.
Recognizes blocks to therapeutic communication (giving advice, interrupting,
interrogating, belittling) and corrects appropriately.
Displays attending behaviors when communicating with patients.
Uses attentive listening skills when communicating with patients.
Practices skills of silence, touch, eye contact, using open ended questions,
reflection, clarification, validation and confrontation.
Demonstrates an understanding of proxemics when interacting with individuals.
Focuses on patient needs rather than on self needs.
Demonstrates assertive communication skills.

2. Communicates relevant, accurate, and complete information in a concise and clear manner.

Distinguishes among the roles of the health care team members.
Receives report from and gives report to the appropriate person.
Documents pertinent data using appropriate terminology, spelling, and abbreviations.
Dates, times, and signs all data entries per policy.
Participates in clinical conferences, making meaningful contributions.
Demonstrates appropriate telephone skills identifies self, patient, unit etc.
Demonstrates proficiency with information technology systems, including patient care technologies, information systems, and communication devices that support safe nursing practice.

3. Communicates with appropriate consideration of a patient’s physical status
developmental, emotional, cultural and spiritual influences.

Approaches patients in a kind, gentle manner.
Displays an attitude of respect for the patient as an unique human being.
Incorporates patient’s physical status and developmental, emotional, cultural, and spiritual influences into the nursing care plan.
Identifies and utilizes translation resources for non-English speaking patients and families.
Implements alternate methods of communication with patient’s having special need.

4. Recognizes personal feelings, attitudes and values of self and others and is
cognizant of the implications in the clinical setting.

Identifies the uniqueness of the nurse-patient relationship.
Provides non-judgmental care to patients with lifestyles different from their own.
Respects and supports patient’s decisions regarding treatment options.
Evaluates feelings, attitudes, and values of self and their influence in providing nonjudgmental patient care.
Focuses on patient needs rather than needs of nurse / self.
III. Assessment / Nursing Process

1. Performs comprehensive ongoing physical and psychosocial assessments of consideration of developmental, emotional, cultural and spiritual influences.

   Provides for the comfort, safety, and privacy of the patient during performance of the nursing assessment.
   Completes a nursing assessment by collecting information about assigned patient for data base.
   Makes reliable observations.
   Utilizes effective interview skills to collect a patient database.
   Utilizes available resources to collect patient database information, i.e., patient, family, electronic health records, members of the healthcare team, literature.
   Data base completed.
   Validates congruency of subjective and objective data.
   Investigates incongruent data.
   Performs a chart review in a timely manner.
   Performs assessments prior to, during, and after performance of patient care, and prn according to patient’s condition.
   Utilizes diagnostic equipment safely and correctly.
   Interprets diagnostic data correctly.
   Demonstrates competency in the skills of physical assessment including inspections, auscultation, percussion, and palpation to collect objective data.

2. Establishes, implements, evaluates and revises as needed the plan of care for assigned patients.

   Analyzes data accurately, finding patterns and relationships among cues.
   Makes appropriate inferences.
   Clusters assessment data to support the nursing diagnoses.
   Develops and implements a written plan of care for each assigned patient.
   Includes developmental strengths of the patient in plan of care.
   Differentiates between medical and nursing diagnosis in clinical practice.
   Transfers knowledge accurately from one setting to another.
   Develops patient centered goals and outcome criteria related to the nursing diagnosis that are measurable and achievable.
   Selects nursing actions that are relevant and specific to the nursing diagnosis and facilitate goal achievement.
   Nursing actions reflect the independent, dependent, and interdependent roles of the nurse.
   Verbalizes scientific rationale that is accurate and relates specifically to actions.
   Incorporates critical thinking into the nursing care plan.
   Recognizes and reports promptly deterioration or potential deterioration in patient condition.
   Determines personal need for assistance.
Plan of care reflects adaptation to and planning for changes in the patient’s condition.
Evaluates patient response to nursing care and revises plan of care appropriately.
Demonstrates effective problem solving skills.
Effectively contributes to agency generated individual plan of care.

3. Documents pertinent information using appropriate terminology in an accurate, complete, concise manner.

Documents care in a relevant, concise, logical and legal manner.
Uses correct spelling, terms, and approved abbreviations.
Handles errors according to agency policy.
Dates, times, and signs all entries per agency policy.
Completes charting in a timely and correct manner.
Documents changes in patient condition, nursing action and reassessment data.

IV. Clinical Decision Making

1. Practices within the parameters of individual knowledge and experience.

Comes to clinical with adequate preparation.
Seeks guidance as necessary from appropriate resource.
Provides rationale for actions.
Utilizes available resources to increase / supplement knowledge.

2. Makes sound clinical judgments and decisions to ensure safe and effective care.

Follows policies and procedures of institution.
Uses correct body mechanics, transfer and ambulation techniques.
Maintains current BLS completion.
Demonstrates knowledge of emergency codes, procedures, location of fire extinguishers, personal protection gear, exit routes.
Recognizes complex bio-psycho-social-spiritual problems, making sound clinical decisions with minimal assistance.
Uses clinical decision making/critical thinking for interventions r/t informed consent.
Applies technology and information management systems as tools to improve patient outcomes and create a safe care environment.

3. Recognizes hazards to patient and takes appropriate action to maintain a safety environment.

Ensures patient safety keeping side rails up as needed, areas free of clutter, cleaning spills appropriately and promptly, and checking equipment for proper functioning.
Identifies and promptly reports to appropriate person potential hazards in the clinical environment.
Recognizes hazardous materials and demonstrates techniques to decrease exposure according to OSHA guidelines.
Knows location of OSHA HAZ-MAT in each agency.
Utilizes restraints according to agency policy and patient needs.
Provides care to patients undergoing radiation, chemotherapy or nuclear medicine to minimize risks of exposure to self/others.
Provides education for patients, family, visitors and other healthcare team members regarding safety hazards.
Responds appropriately to emergency situations.

4. **Identifies and reports patient deviations from normal to instructor and / or staff in a timely and efficient manner.**

Reports abnormal, unsafe patient data to appropriate person (instructor and / or staff) in a timely manner i.e., abnormal VS, lab, patient behaviors, pharmacologic adverse effects.

V. **Caring Interventions**

1. **Applies principles of infection control and standard precautions.**

Performs nursing activities according to OSHA guidelines i.e., washes hands, follows standard precaution guidelines, adheres to isolation protocols.
Follows the infection control policy of the agency.
Identifies patients at risk for acquiring or transmitting infections through assessments and interpretation of diagnostic data.
Recognizes the need for implementing isolation protocols.
Utilizes isolation techniques correctly.
Provides psychosocial care to patients in isolation.

2. **Demonstrates caring behaviors towards the patient, significant others and members of the health care team.**

Respects and treats each patient as an unique individual.
Identifies and honors the emotional, cultural, and spiritual influences on the patient’s health.
Promotes and protects the patient’s dignity.
Demonstrates a nurturing, protective, compassionate attitude when delivering nursing care.
3. **Performs comprehensive nursing care competently in diverse setting.**

Prepares for clinical assignment by defining the medical diagnosis, developing a plan of care utilizing scientific principles, and reviewing skills required to deliver comprehensive nursing care. 
Organizes time to effectively provide nursing care to assigned patient/patients. 
Demonstrates competence in delivering comprehensive nursing care. 
Obtains assistance as needed to perform technical skills competently and safely. 
Provides for patient comfort, privacy, and safety in performing technical skills. 
Assesses patient tolerance during performance of technical skills and revises care of plan as needed. 
Organizes and prioritizes nursing care in a timely, logical and safe manner. 
Explains nursing care to patient/family with consideration of developmental/education level. 
Demonstrates competency in using technical equipment. 
Participates in obtaining informed consent. 
Evaluates that informed consent was obtained appropriately prior to procedure.

4. Applies concepts of nutrition appropriately in order to maintain or improve the nutritional status of the patient.

Assesses the nutritional status of patient and identifies clinical signs of nutritional deficiencies. 
Assesses patient food preferences. 
Provides patient with diet appropriate for condition and inclusive of dietary preferences. 
Assesses tolerance to diet and makes revisions as necessary with appropriate collaboration. 
Analyzes laboratory data pertinent to patient’s nutritional status and collaborates with appropriate members of the healthcare team. 
Alters diet to avoid food-drug interactions. 
Provides personal assistance as needed during meal time. 
Uses special techniques (PEG, NG) to feed patient correctly and safely. 
Plans treatments not to interfere with mealtime when possible. 
Provides teaching to patient and family regarding diet/nutritional needs. 
Recognizes that illness affects the patient’s nutritional needs and incorporates those needs into the plan of care. 
Evaluates side effects/adverse effects of patient’s tube feedings and intervenes appropriately.

5. Demonstrates understanding of assigned patient’s medications

Communicates the classification, action, correct dose, interaction, side/adverse effects and indications for use of assigned patient’s medication i.e., drug cards, drug book, computer notes. 
Utilizes appropriate resources to obtain medication information.
6. **Performs complex medication calculations correctly.**

Calculates complex medication dosages correctly.

7. **Administers and documents medications correctly.**

Follows the 6 rights and 3 checks of medication administration.
Notes and verifies medication allergies on patient record.
Administers only medications prepared by self.
Administers medications in a timely manner with minimal supervision.
Administers medication by the correct route with minimal supervision.
Follows controlled substance policies of the agency.
Documents promptly and correctly on the MAR.

8. Evaluates medication effectiveness.

Analyzes information from the patient and / or chart regarding a medications effectiveness.

9. **Provides a safe environment for the patient.**

Maintains a clean, orderly environment.
Identifies patient by identi-bands.
Keeps call light within reach.
Maintains bed in low locked position.
Side rails up as necessary.

10. Adapts care in consideration of the patient’s developmental needs, values, customs, culture and / or habits.

Displays respect regarding a patient’s values, customs, culture and / or habits.
Does not judge or criticize patient’s for values, customs, culture, and / or habits different from the nurse / self.
Assists patient to plan for anticipated life changes.
Implements plan of care modifications.

11. Supports the patient and significant others appropriately during end of life experiences.

Uses appropriate communication techniques when interacting with a grieving patient/family.
Displays respect for patient and family whose end of life / healthcare decisions may differ from nurse’s / self.
Assists patient to cope with losses associated with developmental processes.
Seeks appropriate guidance from instructor / staff in dealing with ethical issues / decision making.
Acts as patient advocate.
Identifies the stages of the grieving process in the patient and / or family and responds to their needs with guidance.
Refers patient/family to spiritual leader of choice to assist in end of life/healthcare decision making.

VI. Teaching and Learning

1. Identifies, develops, implements, evaluates and revises as needed individualized teaching plans based on assessed needs.

   Identifies learning needs of the patient and family and establishes learning outcomes.
   Develops and implements an individualized teaching plan for patient/family.
   Selects appropriate learning materials for patient/family.
   Evaluates the effectiveness of the teaching plan and revises as necessary.
   Identifies and provides resources available to the patient/family.
   Identifies and teaches measures to prevent complications as well as to promote health.
   Provides health teaching for patients, families and/or groups based on identified needs, available resources, age, lifestyle, and cultural considerations.
   Promotes wellness behaviors.

VII. Collaboration

1. Works cooperatively with others to achieve patient outcomes.

   Uses therapeutic communication skills when interacting with the health care team.
   Avoids interrupting others.
   Identifies self and purpose to patient, family, and members of the healthcare team.
   Considers patient needs and priorities when discussing plan of care with others.
   Behaves in an appropriate, professional manner among health care team members.
   Coordinates discharge plans with other members of the healthcare team.
   Demonstrates active participation in group process.

2. Identifies and distinguishes between the roles of members of the healthcare team and interacts appropriately.

   Respects the role of each team member.
   Addresses each by name.
   Utilizes chain of command appropriately.
   Requests assistance from appropriate team member.
   Reports observations and activities to appropriate team member.
   Assist the patient in utilizing the role of each member of the healthcare team.
3. Collaborates with other healthcare team members to develop, implement, evaluate and revise as needed the plan of care.

Contributes relevant data to nursing rounds, report.
Attends patient care conferences.
Includes family, significant other in plan of care.

4. Identifies the need for referrals

Makes referrals based on patient needs to other members of the healthcare team.
Identifies patient needs that may be met more appropriately by others members of the healthcare team.
Recognizes limitations of team members roles.

VIII. Managing Care Across the Health Continuum

1. Prioritizes and coordinates the implementation of individualized plans of care.

Functions as a team leader with minimal assistance from instructor.
Assesses the ability of ancillary staff/peers to safely perform and complete assigned tasks.
Assigns care to a group of patients with regard to personnel available.
Completes discharge forms and preparations to facilitate continuity of care with minimal assistance.
Facilitates patients care conferences with members of the healthcare team with minimal assistance.

2. Delegates appropriately aspects of patient care to qualified assistive personnel.

Demonstrates understanding of the legal roles of the healthcare team members (licensed and unlicensed)
Identifies tasks to be assigned to other members of the healthcare team.
Delegates appropriate tasks to appropriate healthcare team member.
Gives directions for nursing care in clear and thorough manner to the appropriate team member.
Provides feedback / evaluation, both positive and negative, to subordinate team members as indicated for performance of delegated tasks.
Reports deficiency of ancillary team members to instructor or appropriate staff member according to agency policy and chain of command.

3. Identifies and implements nursing strategies to provide cost effective care.

Performs nursing activities in a timely and organized manner.
Is mindful and conscientious of cost of supplies and equipment, and uses them wisely.
APPENDIX I

COMPUTER LAB POLICY AND INSTRUCTIONS

1. The Computer Lab is for study purposes only. Anyone disturbing others will be asked to leave.
2. Students may work alone at a computer or in small groups, so long as conversation does not disturb other learners.
3. Neither food nor drinks are permitted in the Computer Lab.
4. The Lab is shared with other students. Student access is on a space available basis. If there are students waiting to work on assigned computer programs, Internet use for activity not directly class-related will be curtailed.
5. To operate computers and use computer-assisted instruction programs, follow these instructions:
   A. Turn on the computer and monitor. Login in with your student account (user name) and password as set at the beginning of each semester. Domain must be Student. Click on the HEALTH PROGRAMS folder, then the program group desired.
   B. Follow the instructions that appear on the screen as the program continues.
   C. If a printed copy of scores or other information is desired, follow the program instructions as each is a little different. All computers are connected to printers.
   D. Please complete the program or follow program instructions to abort and get back to the original screen. If there are no instructions for quitting early, such as press F10 key, simultaneously press CTRL, ALT, and DELETE keys to restart the computer.
   E. Be sure to log off so others cannot work at the computer using your password and account. Leave the computer on.
6. All the computers are connected to the WSCC network and have Internet capability. Students must obtain an account allowing them access to the Internet and all programs. Follow these instructions https://www.ws.edu/account/activatepassword.aspx and put your W# (Starnet ID; if unknown there is a link to the left on this page to look it up) in the first blank, your first name in the second blank, your last name in the third blank, and your date of birth in the fourth blank. Lastly, enter a password that is at least 8 characters in the last 2 blanks. Then SUBMIT. You must remember your password. If you need assistance logging in, please call extension 2742 on the computer lab phone.
7. Instructions are essentially the same for Computer Labs on all Walters State campuses.
Nursing Software

- EGDT
- MEDCOM
AGREEMENT FOR STUDENTS IN THE HEALTH PROGRAMS AT WSCC REGARDING
STUDENT CONDUCT

The WSCC Health Program student agrees to conduct himself or herself in a professional,
honorable, and ethical manner.

I. Professional Behaviors
   A. Actively participates and accepts responsibility for learning
   B. Effectively communicates
   C. Demonstrates dependability
   D. Demonstrates appropriate adaptability
   E. Appropriately utilizes resources
   F. Maintains acceptable level of personal appearance

II. Honorable and Ethical Behaviors
   A. Demonstrates accountability for all actions
   B. Demonstrates respect in all situations
   C. Demonstrates ethical behavior in all situations

By accepting admission to the health programs as WSCC you are voluntarily agreeing to abide
by the Student Conduct Agreement.

This in no way negates or limits policies and procedures in program specific material.

Signature of student _______________________________ Date __________
APPENDIX L

WALTERS STATE COMMUNITY COLLEGE
NURSING PROGRAM
Student Confidentiality/Non-Disclosure Acknowledgement

Student _________________________________________________________________

As a student in the Nursing Program, I understand that I will be working with medical records and confidential information for patients at various healthcare facilities.

I understand that healthcare facilities remind their employees and volunteers of their confidentiality obligations on a periodic basis to help ensure compliance, due to the significance of this issue.

The healthcare facility/facilities that I may be assigned to have a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In the course of my assignment at any healthcare facility that is an Affiliate of Walters State Community College, I may come into possession of confidential patient information.

Medical records are confidential, legal, personal documents. The contents of individual patient’s medical records are to be kept strictly confidential. As a condition of my assignment, I hereby agree that, unless directed by my instructor, I will not at any time during or after my assignment with the Affiliate healthcare facility disclose any patient information to any person whatsoever or permit any person whatsoever to examine or make copies of any patient reports or other documents prepared by me, coming into my possession, or under my control, or use patient information, other that as necessary in the course of my assignment. When patient information must be discussed with other health care practitioners in the course of my work, I will use discretion to assure that such conversations cannot be overheard by others who are not involved in the patient’s care.

Nursing students must also treat as confidential all information relating to the personal, financial, and business affairs of the healthcare facility and its employees.

I pledge not to discuss the contents of any patient’s medical record or any confidential information which comes to my knowledge except when such discussion is relative to the learning experience. I further agree to abide by the Health Insurance Portability and Accountability Act (HIPAA) guidelines in effect at the individual healthcare facility to which I am assigned. I understand that a violation of confidentiality in any of the above-described areas may be grounds for dismissal from the Nursing Program. I also understand that I may be in violation of the regulations of the Health Insurance Portability and Accountability Act of 1996 as effective April 14, 2003.

__________________________________________________________________________

Student’s signature __________________________ Date __________________________
WALTERS STATE COMMUNITY COLLEGE
AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION AND ACKNOWLEDGEMENT

I, _________________________ hereby authorize Walters State Community College, (“Institution”) including all employees, agents, and other persons professionally affiliated with Institution having information related to the results of my background check and credential check(s) as these terms are generically used by background check agencies, hospitals, clinics and similar medical treatment facilities, to disclose the same to such facilities and the appropriate institutional administrators and faculty providing clinical instruction at such facilities, waiving all legal rights to confidentiality and privacy.

I expressly authorize disclosure of this information, and expressly release Institution, its agents, employees, and representatives from any and all liability in connection with any statement made, documents produced, or information disclosed concerning the same.

I understand that a hospital, clinic, or similar medical treatment facility may exclude me from clinical placement on the basis of a background check. I further understand that if I am excluded from clinical placement, I will not be able to meet course requirements and/or the requirements for graduation. I release Institution and its agents and employees from any and all liability in connection with any exclusion that results from information contained in a background check.

Any hospital, clinic or similar medical treatment facility to which I am assigned may be required by the Joint Commission on Accreditation of Healthcare Organizations’ policy to conduct an annual compliance audit of five percent (5%) or a minimum of thirty (30) background investigation files. I agree that, upon request from a hospital, clinic or similar medical treatment facility to which I am assigned, I will provide the results of my background check to be used for audit purposes only.

________________________________
Student Signature

________________________________
Print Name

________________________________
Date
IX. WSCC NONDISCRIMINATION STATEMENT

Walters State is one of 46 institutions in the Tennessee Board of Regents system, the sixth largest system of higher education in the nation. The Tennessee Board of Regents is the governing board for this system which is comprised of six universities, 13 community colleges, and 27 colleges of applied technology, providing programs in 90 of Tennessee’s 95 counties to more than 200,000 students.

Walters State Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (1866 Southern Lane, Decatur, Georgia 30033-4097; telephone number 404-679-4500) to award the associate degree. SACSCOC should be contacted regarding only questions about the accreditation status of the institution, to file a third-party comment at the time of the institution’s formal, scheduled review, or to file a complaint against the institution for alleged non-compliance with a standard or requirement. Normal inquiries about Walters State such as admission requirements, financial aid, educational programs, etc. should be addressed directly to the institution and not to SACSCOC.

Walters State Community College does not discriminate on the basis of race, sex, sexual orientation, gender identity, color, religion, national origin, age, disability or veteran status in provision of educational programs and services or employment opportunities and benefits pursuant to the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and the Age Discrimination in Employment Act of 1967 (ADEA). Inquiries and charges of violations of any of the above referenced policies should be directed to the Assistant Vice President for Human Resources/Affirmative Action Officer, 500 S. Davy Crockett Pkwy., Morristown, TN 37813-6899, 423-585-6845 or email: tammy.goode@ws.edu. Requests for accommodation of a disability should be directed to Office of Disability Services at Walters State, 500 S. Davy Crockett Pkwy., Morristown, TN 37813-6899.