



Nursing Faculty Clinical Handbook 2017 - 2018

Chandler-Gilbert Community College
Estrella Mountain Community College
GateWay Community College
Glendale Community College
Mesa Community College
Paradise Valley Community College
Phoenix College
Scottsdale Community College

Table of Contents

Employment Considerations.....	2
Load.....	2
Assignment Changes.....	2
Health Insurance Portability and Accountability Act (HIPAA).....	2
Maintaining Student Privacy (FERPA).....	3
Professional Boundaries.....	3
Instructor Attire.....	4
Attendance Requirements.....	4
Faculty Evaluation.....	4
Safe Practice.....	4
Essential Skills and Functional Abilities.....	4
Change in Health Status.....	4
Faculty Drug Screening.....	5
“For Cause” Drug Testing.....	5
Medical Marijuana.....	6
Pre-Clinical Requirements/mCE/Castle Branch/Certified Profile.....	7
The Clinical Experience.....	7
Preparing for Clinical.....	7
Clinical Rotation Schedule.....	7
Clinical Instruction.....	8
Laboratory Days/Alternative Clinical Experiences/Simulation.....	8
Use of Photography or Digital Recording.....	8
Textbook Desk Copies.....	8
Skill Performance Guidelines.....	9
What students can and cannot do.....	9
Medication Administration Guidelines.....	10
General Guidelines.....	10
Clinical Performance Expectations.....	10
Evaluating Student Clinical Performance.....	10
Clinical Performance Issues.....	10
Student Conference Form.....	11
Electronic Communication/Social Media.....	11
Exposure Guidelines.....	11
Student “For Cause” Drug Testing.....	12
Refusal of “For Cause” Testing.....	13
Readmission Guidelines Related to Substance Abuse.....	13
Appendices.....	14
MaricopaNursing 2015 Curriculum.....	15
Suggestions for Pre/Post Clinical Conferences.....	15
Student Conference Form.....	17
Sample Student Conference Form.....	18
Student Evaluation of Clinical Instructor.....	19
Student Evaluation of Clinical Agency.....	20
Functional Abilities Essential for Nursing Practice.....	21
Clinical Rotation Template.....	25
Student Learning Contract.....	26

The clinical component of the MaricopaNursing curriculum plays an important role in preparing nursing students for practice, licensure, and employment as registered nurses. This handbook was created as a resource for all nursing faculty that work in the clinical setting and should be used in conjunction with the MaricopaNursing and GateWay Fast Track Practical Nursing (FTPN) Student Handbooks, and Nurse Assistant (NA) handbook. All nursing faculty should familiarize themselves with all documents, which are updated annually.

EMPLOYMENT CONSIDERATIONS for CLINICAL ADJUNCT FACULTY

MaricopaNursing clinical adjunct faculty are valued members of our education team. Attendance at campus orientations and regular communication with campus faculty members will assist clinical adjunct faculty to remain current about changes in policies and guidelines. Campus department chairs and block coordinators/leads are available as needed for support and information, and clinical adjunct instructors are encouraged to contact campus faculty or staff regarding any questions or concerns.

In order to ensure compliance with accreditation standards and clinical agency requirements, required documentation must be provided to campus personnel in order to initiate and maintain employment at Maricopa Community Colleges. This includes current resume, official transcripts, employment application, employment verifications as requested, and all health and safety documentation such as immunization status, CPR, background check, etc. Details regarding required documentation are provided to all faculty members upon hire and is subject to change depending on agency and college requirements.

Employment at any Maricopa Community College provides faculty members eligibility to teach at any of the colleges which offer nursing courses. After initial hire, additional onboarding is required by Human Resources departments at other Maricopa colleges.

Load

Most faculty are paid per “load” hour, as outlined in the Adjunct Faculty Policy Manual, found online at <http://www.maricopa.edu/employees/divisions/hr/files/managing/policy/adjfachandbook.pdf>. Pay per load hour is \$863.00 (subject to change). The department chair or HR department will advise the faculty member of the load for any assignment. Assignment load is paid over the duration of the clinical and not paid per hour on paychecks.

Load from any and all MaricopaNursing assignments is counted in the total load for any one semester (Fall, Spring, or Summer). It is the responsibility of the individual instructor to notify the nursing department chair if they have accepted teaching assignments at multiple MaricopaNursing locations. Total load from all assignments should not exceed 9.0 load, exceptions to this rule require campus approval. There is a maximum load limit of 12.

Assignment Changes

Due to the unpredictable scheduling and agency cancellations for clinical, it is not always possible to guarantee a schedule for adjunct instructors. It is important that the faculty member maintain open communication with the course faculty and clinical coordinator/department chair to remain updated about clinical assignments.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

All verbal, electronic, and written information relating to patients and contracted agencies is considered confidential and is not to be copied or discussed with anyone. Information may be disclosed only as defined in HIPAA guidelines for educational purposes. All nursing faculty are required to complete this HIPAA tutorial: <https://hceweb.maricopa.edu/cfide/docs/hcies/hipaa/index.cfm>.

MAINTAINING STUDENT PRIVACY (FERPA)

The Family Educational Rights and Privacy Act, known as “FERPA”, was enacted by Congress to protect students’ rights to privacy, inclusive of grades, academic records, and demographic information. All employees are required to complete the FERPA tutorial before access to the Student Information System (SIS) is given. Please see FERPA link : <http://www.maricopa.edu/legal/ferpa/index.htm>. A printed copy of the FERPA tutorial completion may be requested by campus personnel for your records.

To avoid violations of FERPA rules, please **DO NOT**:

- Use student social security or Maricopa Student ID number in any posting or attendance roster.
- Return graded materials for students to pick up by sorting through papers of all students.
- Discuss the progress of any student with anyone other than the student (including parents or spouse) without the consent of the student.
- Give constructive feedback to any student in a public area; ensure privacy.
- Provide information regarding student schedules except as required at the clinical facilities.
- Share student email addresses, phone numbers or home addresses.
- If in doubt, do not release student information. Refer the request to the appropriate person at the college.

PROFESSIONAL BOUNDARIES

Nursing students must learn the importance of establishing and maintaining professional boundaries. Boundary violations occur when professional lines of behavior are crossed. Violations may be inadvertent, purposeful, or thoughtless, and may occur when there is misunderstanding of the needs of the nurse and student and/or the patient. Professional boundary violations occur when there is role reversal, secrecy, or excessive disclosure of personal information. It is the responsibility of the clinical instructor to ensure that professional boundaries are maintained in student/instructor and student/patient interactions.

Faculty and Student

- Faculty and students will maintain a professional relationship.
- Avoid discussions of personal issues with students. Faculty should not act as a personal counselor or therapist. Students should be referred to college counseling services as needed.
- Do not discuss other instructors with students; maintain a professional relationship at all times. If students express concerns about instructors, they should be encouraged to follow Student Handbook/campus policies and guidelines for resolution.
- Faculty should NOT join an individual, group, or class in social situations or participate in student social networking sites.
- Faculty should not accept gifts or money as gratitude for instruction.

Student and Patients

- Students should maintain a professional nurse-patient relationship.
- Students must treat all patients, as well as other health care providers, professionally and should work within the zone of patient-centered care.
- Students should abstain from obtaining personal gain at the patient’s expense and refrain from inappropriate involvement in the patient’s personal relationships.

Source: National Council of State Boards of Nursing. (2014). *A nurse’s guide to professional boundaries*, [Brochure]. Chicago: Author.

INSTRUCTOR ATTIRE

As representatives of MaricopaNursing, faculty are expected to role model professionalism in behavior, practice, and appearance. Therefore, the following dress code guidelines are recommended to present a professional image to our clinical partners and to promote and encourage professionalism in our nursing students. Please refer to the Nursing Student Handbook for additional information regarding student dress code guidelines.

Clinical faculty are expected to wear a uniform in clinical and lab settings. A **white lab coat** with either a solid color or subtle print uniform worn under the lab coat is appropriate. A college identification badge is required at all times in the clinical and lab setting. Street clothes are not suitable during patient care experiences, but some exceptions may exist in specialty rotations. Clinical faculty are asked to refrain from wearing jeans, shorts, tank tops, tight/revealing clothing, or exercise attire while on campus or at the clinical site.

ATTENDANCE REQUIREMENTS

Faculty are required to conduct the clinical during the scheduled hours for **the full instructional time**, and must remain in the clinical agency with students at all times during scheduled clinical hours. It is never appropriate to cancel any part of the clinical day, begin clinical late, or to dismiss students from clinical before the scheduled end of the experience. If it is necessary to cancel clinical hours, change clinical times, or change the class location, the instructor must notify the appropriate person at the college in advance. In case of illness or emergency, it is imperative that the clinical instructor notify the Nursing Division as soon as possible. A substitute may be found or the clinical day may have to be cancelled. Consequences for releasing students early may include, but are not limited to: pay reduction for hours not worked, instructor not used for future clinical rotations, and/or disciplinary action by the AZ State Board of Nursing.

FACULTY EVALUATION

All faculty (full time, part time, and adjunct) will be evaluated by the college Nursing Director or designee per rules of the Arizona Nurse Practice Act and current Maricopa Community College faculty policies. At the end of the clinical experience, students will evaluate clinical faculty, in written format, online or by scantron evaluations. Please check with the Nursing Director or Clinical Coordinator for further information regarding evaluations.

SAFE PRACTICE

Essential Skills and Functional Abilities for Nursing Students/Clinical Faculty - MaricopaNursing students and clinical faculty must be able to perform essential skills. If a person believes that he/she cannot meet the standards without accommodations, the nursing program must determine on an individual basis, whether reasonable accommodation can be made. The ultimate determination regarding reasonable accommodations will be based on the preservation of patient safety. Refer to the Appendix for complete information regarding the essential skills and functional abilities needed for nursing students and faculty.

Change in Health Status - Faculty or students who have a change in health status due to injury, surgical procedures, illness, or pregnancy will be required to submit a health care return to work or school release from the primary healthcare provider prior to returning. All costs related to obtaining the release are the sole responsibility of the faculty member or student. Faculty or students may be required by the Nursing Director to submit a completed Functional Abilities Essential for Nursing Practice form if behavioral and/or performance changes are demonstrated which may indicate a change in health status.

Faculty Drug Screening

1. All faculty who provide nursing instruction are required to complete a urine drug screen. (May include nicotine, alcohol and fentanyl testing.)
2. The selected laboratory will conduct the urine screening and results will be obtained by the college Human Resource department and shared with the Nursing Director.
3. If a faculty member tests positive, the lab will contact the Medical Review Officer (MRO). The faculty will be contacted to ascertain any prescription drug usage and the Nursing Director will check the report after the MRO review is completed.
4. Only faculty receiving negative drug screens (except for nicotine) as reported by the MRO can continue as clinical nursing faculty. Reports from the MRO of safety sensitive issues/concerns related to the drug profile will require further evaluation.
5. Any faculty with a positive test result will not be permitted to perform nursing faculty duties until an investigation has been completed and resolution has been achieved. For residential faculty, the investigative review process will follow the guidelines of the AZ State Board of Nursing and of Maricopa Community College District policies.
6. All positive urine drug screen results (except for nicotine and alcohol) will be reported to the Arizona State Board of Nursing.

“For Cause” Drug Testing

This policy refers to symptoms of impairment while on duty in any health care facility, school, or other work locations as a representative of the Nursing Program. In most instances symptoms of impairment are not intended to be looked at as isolated incidences but as a pattern of repeated behaviors. It should be noted the severity of the symptoms of impairment will dictate actions. Examples of impairment may include, but are not limited to:

- Unrealistic excuses for lowered work quality.
 - An excessive number of mistakes or errors of judgment.
 - A pattern of lateness for class or clinical.
 - Repeated absences.
 - Mood swings from stability to irritability and unexplained outbursts.
 - Difficulty in concentration and increased agitation or nervousness.
 - Diminished alertness, confusion, memory lapses, sleeping on the job.
 - Decrease in problem solving ability and/or priority setting.
 - Unwillingness to cooperate with co-workers or inability to compromise.
 - Avoids contact with supervisor.
 - Overreaction to real or imagined criticism; inability to accept criticism.
1. If a faculty in an assigned work area is suspected to be impaired, the following steps will be taken:
 - a. Every effort should be made to validate and document the perception of impairment with an additional licensed person. This would include the Nursing Director, members of the Nursing Leadership Council, and/or another nursing faculty member. It is understood this is not always possible depending on the location and circumstance.
 - b. The faculty will be removed from the location and another faculty member will be assigned.

- c. The Nursing Director or designee will contact a transportation service and arrange for transport to a medical service/laboratory facility. The faculty member will not be allowed to transport him/herself for safety precautions.
 - d. After testing, the instructor may call the transportation service or a friend/family member for transport home.
 - e. If the faculty member admits to alcohol or drug use, he/she will still be required to complete the drug screening for confirmation.
2. If the results of the test(s) are negative, the faculty shall meet with the Nursing Director within 24-72 hours of receipt of the test results to discuss the circumstances surrounding the impaired behavior.
 - a. If the indicator was behavioral, consideration will be given to a possible medical condition being responsible for the symptoms. A medical referral for evaluation by a neuropsychologist may be required to assess fitness of faculty to supervise/facilitate students and provide client care.
 - b. Based on the information provided and further medical evaluations if warranted, the Nursing Director, in collaboration with the Nursing Leadership Council and college administration will make a decision regarding return to the educational setting.
 3. If the test results are positive, the Nursing Director or designee will remove the faculty from the educational location. The faculty will pay for all costs associated with the for-cause screening test(s).
 4. The results of the positive test or the documented symptoms of impairment will be reported to the AZ State Board of Nursing. The nursing faculty will be subject to MCCCCD and campus-specific disciplinary actions related to employment standards.
 5. If a faculty member refuses “For Cause” Testing:
 - a. The Nursing Director or designee will remove the faculty from the location pending a full investigation.
 - b. The Nursing Director or designee will contact college safety (if at the college site) or a transportation service to request that the instructor be transported for safety precautions.
 - c. The Nursing Director or designee will accommodate all students affected by the removal of the instructor.

Medical Marijuana

Maricopa Community Colleges prohibit the possession and use of marijuana on all of its campuses and in all off campus student activities, including internships and clinical learning experiences in health programs. This policy is dictated by law. Arizona Revised Statutes § 15-108 prohibits any person, including a medical marijuana cardholder, from possessing or using marijuana on the campus of any public university, college, community college or post-secondary education institution. Federal legislation prohibits any institution of higher education that receives federal funding from allowing the possession and use of marijuana. Maricopa Community College receives federal funds through grants and financial aid.

MCCCCD continues to enforce its current policies regarding controlled substances and any students or employees who violate university policy prohibiting the use or possession of illegal drugs on campus or in student activities - including educational internships - will be subject to disciplinary action and criminal prosecution.

Urine drug screens are required of faculty. Medical Marijuana, or its metabolite, is not an accepted substance in urine drug screens and will result in a positive urine drug screen. Faculty with a prescription for medical marijuana will not be considered exempt from urine drug screening.

PRE-CLINICAL REQUIREMENTS - myClinicalExchange (mCE)/CastleBranch/Certified Profile

MaricopaNursing clinical faculty and students must meet all clinical agency requirements before the clinical experience begins. Most clinical agencies require submission of these requirements two to three weeks prior to the first day of the clinical rotation. The online platform, myClinicalExchange (mCE), specifies dates, times, and names of the students and instructor who will be in the facility. Health and safety requirements (proof of immunizations and/or titers; TB skin test, CPR, Level One FCC, background check, drug screen) and completion of regulatory modules must be met before faculty and/or students can enter a clinical agency. Some agencies require agency-specific background checks and clearance documents weeks ahead of the start date.

All students and faculty must upload all health and safety documents and be approved by the agency prior to the rotation. CastleBranch/Certified Profile is an online health and safety document tracker which will interface with mCE to acknowledge the timely upload and currency of all health and safety documentation. There are online tutorials, classes, and one-on-one help available for students and faculty on all of these systems.

THE CLINICAL EXPERIENCE

Preparing for Clinical

It is the responsibility of the instructor to orient to the clinical agency and to obtain clinical contact information from the college and/or in mCE. During the agency orientation for clinical faculty, it is important to note unit routines, staffing, location where student assignments are posted, procedure for obtaining lab work and test results, medication routines, unit documentation practices, location of supplies/linens, etc. An orientation to agency electronic documentation system may be required. In some facilities, the instructor is expected to obtain this training and to orient the students. Information regarding parking requirements for students and faculty can be found in mCE; also, determine if the agency requires students and/or instructors to obtain a facility ID badge to be worn in addition to the college nursing ID badge.

It is the instructor's responsibility to identify additional agency requirements and to orient students to requirements that are not in mCE. Questions regarding student health and safety documents should be directed to the appropriate person at the college. Instructors and students should have their Fingerprint Clearance Card with them at all times.

Clinical Rotation Schedule

Obtain a roster of student names from the Lead Instructor/Block Coordinator. If a student does not show up on the first day or if a student shows up who is not on the list, notify the appropriate person at the college. Clinical instructors are not required to call the student; the college will follow-up with the individuals. Developing a telephone tree/email list are suggestions to quickly get information to students concerning changes for the clinical. It is important that this information remain confidential.

Clinical instructors create student rotation schedules to ensure that students rotate through each available area and/or experience. It is important to list student names, units, dates, time of clinical, level of student, and school. A sample student rotation template (Appendix) may be used and can be modified by the clinical instructor as desired. The college may provide an alternative form. A copy of the rotation should be provided to the school, lead instructor for the block, agency educator/student coordinator, and all units where students are assigned. Most facilities require this form at least 2 weeks before the clinical experience begins. Staff in the clinical agency are encouraged to complete an evaluation of the clinical experience. Agency personnel should be informed that Maricopa clinical instructors can be evaluated via a brief survey and any questions or concerns should be communicated directly to the college Chair or lead instructor.

Clinical Instruction

Faculty members are expected to actively supervise students and to guide their learning throughout the clinical time. The instructor must be available to students at all times with their pager/cell phone. Students are responsible for notifying instructors of opportunities to perform activities which require instructor supervision. Students should listen to report on their unit if permitted by the clinical agency. After report, the instructor should regularly round on all students. When not actively assisting or supervising a student, the instructor should continue to make rounds on all students throughout the clinical day.

It is important to note that students do NOT work “under the license” of their instructor. Per the AZ Nurse Practice Act, nursing students are exempt from licensure requirements; however, they are accountable for their actions and behaviors to patients and their instructor and are expected to follow the policies of the nursing program and the clinical agency. Nursing instructors are accountable for their decisions and actions, including making student assignments, providing student orientation and ongoing support, monitoring of clinical performance, and timely intervention whenever patient safety could be compromised. Although student nurses are assigned patients and provide patient care, agency nursing personnel are ultimately responsible for their patients.

In addition, faculty members are not required to “co-sign” for procedures or medication administration that they do not actually witness/supervise. Co-signing for a procedure or a medication indicates that the instructor is accepting responsibility that the procedure was performed correctly or the medication was accurately administered. In case of a lawsuit being filed against a student, all involved parties – student, instructor, staff nurse, school, facility, physician, may be included.

The instructor is responsible for:

- Observing or assisting students with skills and therapies for the first experience and then as needed
- Assessing medication knowledge and monitoring medication calculation and administration
- Reviewing documentation and following facility guidelines for student documentation
- Coaching students to develop and enhance critical reasoning
- Helping identify student strengths/areas for improvement and goal setting
- Role modeling professional behaviors and standards
- Evaluating and grading care plans, care mapping, presentations and other projects
- Completing all student evaluations, including the final formative/summative evaluation
- Consulting with faculty lead for questions/concerns about student performance

Laboratory Days/Alternative Clinical Experiences/Simulation

Nursing courses include didactic and clinical components. Course and student clinical learning outcomes can be achieved in a variety of ways, including skills practice and mastery, high and low fidelity simulation lab experiences, case studies, “virtual” clinicals, IV simulations, community based clinical assignments, and other instructor-facilitated, instructor-evaluated activities.

Clinical faculty teaching assignments may include facilitation of student skills proficiency by assisting during practice time and demonstration of skill competency, participation in simulation lab experiences, facilitating group projects, or overseeing students in community settings. Clinical instructors should clarify load, required hours, and expectations prior to beginning the assignment.

Use of Photography or Digital Recording

MaricopaNursing offers simulation experiences for students which may include use of task trainers, standardized patients, human patient simulators (computerized manikins), hybrid experiences (a blending of two or more simulation methodologies), and skill demonstrations. These experiences may be digitally recorded for evaluation,

feedback and mentoring purposes. Recordings of student performances are generally discarded at the end of each semester.

Confidentiality is an essential component of the learning process with simulation and skill performance. Students are instructed not to discuss events of simulation(s) or debriefing(s) with other students. Students are not allowed to take pictures or video recordings in nursing labs, even if all parties involved give consent. For complete information about information management/technology guidelines, see the Nursing Student Handbook.

Textbook Desk Copies

Publishers limit the number of texts provided to classroom faculty. Adjunct clinical instructors are expected to return desk copies of textbooks provided for use during the clinical rotation.

SKILL PERFORMANCE GUIDELINES

Students CAN:

Refer to the student skill list, student handbook, and the facility's policy and procedure manuals for guidelines relating to student skill performance including medication administration. The skill list indicates skills that may be performed during each block. On the first day of the clinical rotation, the instructor will review the skill list with students to determine current proficiency level. The student is responsible to have their skills list available during each clinical experience and to have clinical faculty or designee validate successful skill performance by signing the skills list.

It is the responsibility of the nursing instructor to observe the student the first time he/she performs a procedure or treatment. Before beginning the procedure, the instructor is responsible for ensuring student competence to perform. If necessary, the student may be required to review the procedure in a skills manual, textbook, or the facility's policy and procedure manual. Please note that it is the sole prerogative of the instructor to observe **any** procedure or medication administration until confident in the student's competence.

Students CANNOT*:

- Phone Orders
Students cannot take verbal or telephone orders, or sign off orders.
- Central Lines
Students cannot insert, remove, manipulate, or calibrate central lines (Pulmonary artery, implanted ports, or peripherally inserted central line catheters – PICC lines, arterial lines, or pacemaker wires.)
- Monitors
Students are not responsible for ECG or fetal monitor interpretations.
- Specialized Skills
Students cannot perform any clinical skills that would require specialized or advanced training or certification.
- Witness Consent Forms/Blood Administration Forms/Chemotherapeutic Agent Forms
Students may not sign as witnesses to consents for procedures, treatments, blood products, or medications such as chemotherapeutic agents.

*Not meant to be a complete list of exclusions; instructors should consider MaricopaNursing policies, individual student competency, and clinical agency policies.

MEDICATION ADMINISTRATION GUIDELINES

Student performance expectations are based on learning outcomes in each block, performance of medication administration skills competency check-offs, and observed proficiency. Students are accountable to demonstrate competencies of previously learned content. Before any medication is administered, students and instructors are responsible to review and comply with agency medication administration policies. Clinical instructors are responsible for knowledge of and adherence to block-specific medication guidelines in the Nursing Student Handbook. The following general medication administration guidelines should be observed:

- Students must follow principles of safe medication administration.
- Students must follow agency policies and procedures for medication administration.
- Students must demonstrate competency in calculating medications prior to medication administration.
- Students unable to accurately calculate medications must remediate. Clinical warning/probation related to unsafe clinical practice may be indicated.
- Students must report any medication error to the instructor immediately.
- The instructor reserves the right to prohibit student medication administration due to deficient knowledge.
- Some clinical agencies may require direct instructor supervision for student medication administration.

CLINICAL PERFORMANCE EXPECTATIONS

Evaluating Student Clinical Performance

Students are expected to bring the Formative/Summative Clinical Evaluation to every clinical experience. The lead faculty/coordinator will instruct the clinical instructor in the use of this tool; some faculty require student self-assessment and instructor validation. The formative assessment should be used by the clinical instructor to provide ongoing feedback to assist students in identification of strengths and weaknesses and to target areas of needed growth. This evaluation is completed weekly or as indicated by the specialty area/clinical assignment. If student performance is deficient, the clinical instructor should meet with the student to discuss the issue and to document the need for improvement on the evaluation tool to assist the student to remediate any deficiencies during the clinical rotation if possible. The summative evaluation needs to be completed at the end of the rotation and discussed individually with each student. The class syllabus provides additional information relating to clinical performance.

It is the responsibility of the clinical instructor to be familiar with guidelines and policies of the Nursing Student Handbook regarding expected clinical behaviors, attendance guidelines, and other student expectations. All concerns regarding student clinical performance or behaviors should be communicated to the Block Coordinator/Lead Instructor for guidance regarding best practice for intervention. If a serious clinical issue occurs, notify the Block Coordinator/Lead Instructor immediately for assistance.

Clinical Performance Issues

Clinical performance issues which may require problem-solving by the instructor and student include, but are not limited to: failure to follow standard precautions, inappropriate communication, breach of confidentiality, unprofessional conduct, repeated need for remediation of previously learned skills, errors in medication administration, academic dishonesty, missed clinical time, inadequate preparation for clinical, and unsafe practice.

When a student performance issue which may impede progression in the nursing program is identified by the clinical instructor, the instructor should meet with the student to discuss and identify the problem and to develop a plan to remedy the issue, which may include recommended or required remediation. The goal of remediation is to provide support in the process of early recognition and timely intervention for the student who is struggling with skill performance or other deficiencies.

Clinical instructors may recommend remediation for students who demonstrate some skill proficiency but need review or practice to enhance proficiency. If a serious deficiency which is directly related to patient safety and which places the student at risk for not meeting course objectives is identified, the instructor will mandate student remediation. The remediation plan should be developed by the clinical instructor and discussed with the student. The student is responsible for contacting the lab coordinator for assistance with remediation activities. The student will not be permitted to perform the skill in the clinical setting until the skill is successfully demonstrated in the laboratory or simulation setting. The clinical instructor should document student issues on the Formative/Summative Evaluation Form and should document resolution or continued problematic behaviors. In some cases, a Student Conference Form is indicated.

Student Conference Form

Clinical performance issues require timely, concise documentation to make students aware of the need for improvement and to ensure recommended/required remediation and requirements for improvement are clear. Clinical performance issues should be discussed with the Block Coordinator/ lead instructor. If indicated, a student conference and documentation on a Student Conference Form, may be recommended. The issue determines whether the conference warrants an occurrence, warning, or probation, but in all cases should include specific requirements for improvement. Documentation must be timely, concise, objective, factual, and must be provided in written form to the student. The requirements for improvement should address the underlying cause of the problem and should be relevant, reasonable, and realistic. The target date for achievement of requirements should be noted, along with consequences for failure to resolve the issue. Refer to the Nursing Student Handbook for guidelines regarding student behavioral and clinical expectations.

Student participation is essential during the process of identification of issue(s), requirements for improvement, and consequences of failure to resolve the problem. Students should be encouraged to document their comments on the Student Conference Form in the space provided. Students need to have clear instructions for remediation and whenever possible, the student must have time to demonstrate improvement. The instructor should document if a student refuses to acknowledge the problem, offer suggestions for improvement, or to sign the Conference Form. The student should be given a copy of the Student Conference Form and the original, signed document needs to be returned to the lead instructor by the adjunct instructor. The form is retained in the student file. See Appendix for Student Conference Form and sample of completed form.

ELECTRONIC COMMUNICATION/SOCIAL MEDIA

Electronic communication methods, including computers, phones, hand-held electronic devices, fax machines, and voice mail, enhance communication and education in many ways. MaricopaNursing students frequently use these forms of media for completion of assignments, to communicate with instructors, to access the internet and intranet during clinical rotations. It is essential that students recognize the potential risks of violation of patient privacy and confidentiality when using electronic communication, including social media. Criteria for use of mobile devices during classroom and clinical rotations are outlined in the Nursing Student Handbook and by NCSBN. Clinical instructors are expected to familiarize themselves with policies of MaricopaNursing and clinical agencies and to ensure that these policies are understood and followed at all times.

Guidelines Regarding Exposure to Infectious Diseases/Body Fluids

All nurses, including nursing students, are professionally and ethically obligated to provide patient care with compassion and respect for human dignity and therefore may not ethically refuse to care for patients due to the risk of contracting an infectious disease such as HIV, AIDS, HBV, etc. In addition:

1. Standard precautions, which are intended to reduce the risk of pathogen transmission, are the basic level of infection control. Students are expected to follow hand hygiene, personal protective equipment (PPE), respiratory hygiene, and linen and waste disposal guidelines recommended by the World Health Organization Standard precautions in health care:
http://www.who.int/csr/resources/publications/EPR_AM2_E7.pdf
2. All blood and body fluids are considered potentially infectious and are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.
3. MaricopaNursing students are **not** permitted to care for clients with active/suspected tuberculosis, measles, or chickenpox or any client in airborne isolation/precautions.

Nursing students who are directly exposed to body fluids must immediately notify the clinical instructor.

Students exposed to body fluids shall follow this protocol:

1. Immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available; for eye splashes rinse the area with clean water.
2. Report the incident to the clinical instructor.
3. The student may go to an Emergency Department, Employee Health (if available), or Urgent Care for assessment/treatment. The student is responsible for all costs related to exposure, triage, and treatment.
4. The clinical instructor will notify the agency department supervisor and Nursing Director.
5. The student will complete an agency site incident report as directed by the facility.
6. The student will complete the college student accident report. This form may be located in Public Safety or Student Life. Check with your home campus to verify this process.

Source: U.S Department of Labor, Occupational Safety & Health Administration. (OSHA). *Bloodborne pathogens and needlestick prevention*. <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>

STUDENT “FOR CAUSE” DRUG TESTING

If the clinical instructor/clinical site supervisor perceives the odor of alcohol or Marijuana or observes behaviors such as, but not limited to, slurred speech, unsteady gait, confusion, and/or lethargy, and these behaviors cause the faculty/clinical instructor to suspect the student is impaired by alcohol or drugs, the following steps are taken after removing the student from the patient care or assigned work area and notifying the Director, lead instructor, or designated college personnel. Notify the unit the student will not be returning that day.

1. Upon student’s verbal consent, the instructor will contact the transportation service and arrange for student transport (**Transport-Total Transit 602-200-2077 account 2003**; urine drug screen provider LabCorp; requisition available at Concentra Testing site)

All materials for the For Cause Process and Forms are located in the Nursing Faculty Clinical Handbook in the appendices

- Fill out Concentra Authorization for Examination or Treatment-See how to fill out Authorization on SAMPLE form in Canvas
- Email the Healthcare Education Dept., healthcare@domail.maricopa.edu.
- Subject line title: **For Cause Drug Screen**
 - the date and time student was sent
 - Student Name
 - Health Program (Nursing, block 1, 2, 3, 4, PN program, etc.)
 - College or Skill Center the student is attending
- Give Student the completed Authorization for Examination or Treatment. Refer to Sample located in CANVAS and in the nursing faculty clinical handbook

- The Chain of Custody Form – will be available at the site, and LabCorp will complete the testing.
 - Inform Cab Driver from Total Transit to transport **the student to the Concentra Lab Airport site**; 1818 East Sky Harbor Cir. North; Building 2, Suite 150; Phoenix, AZ 85034; phone 602.224.9543. (The airport location is open 24/7)
 - a) The student is to have a picture ID in his/her possession.
 - b) After testing, the student may call the transportation service contracted by Maricopa Community Colleges for transport home. (**Total Transit 602-200-2077 account 2003**)
 - c) If the student admits to alcohol or drug use, he/she will still require drug screening.
2. If the results of the test(s) are negative for drugs, alcohol, or other illegal substances, or for non-prescribed legal substances, the student shall meet with the Program Director within 24 hours of the test results to discuss the circumstances surrounding the impaired clinical behavior.
- a) If the indicator for the test was behavioral, consideration must be given to a medical condition being responsible for the symptoms. A medical referral for evaluation may be indicated.
 - b) Based on the information provided and further medical evaluations if warranted; the Program Director will make a decision regarding return to the clinical setting.
3. If the results of the test(s) are positive for alcohol or other illegal substances or for non-prescribed legal substances,
- a) The Nursing Director will withdraw the student from all nursing courses
 - b) The student will pay for all costs associated with the for-cause drug-screening test.
 - c) If the student with positive results holds a certificate or license in a health profession, the test result will be reported to the applicable Board.

If a Student refuses “for-cause” testing:

1. The instructor will remove the student from the clinical or laboratory/simulation setting pending a full investigation.
2. The instructor will document the incident fully on a conference form and have the student sign it. The original, signed form will need to be delivered to the Nursing Director at the college.
3. The instructor will contact the transportation service contracted by Maricopa Community Colleges to request that the student be transported home. (see above)
4. Failure to comply with any aspect of this policy will result in student withdrawal from the program. In the event there is a withdrawal from classes the student may invoke their rights under the MCCC Student Conduct Code.

Readmission Guidelines Related to Substance Abuse

Students withdrawn from Nursing/Allied Health programs for reasons related to substance abuse will:

1. Submit a letter to the Nursing Director requesting readmission to the Nursing/Allied Health Program. Detail the circumstances surrounding the substance abuse issue.
2. Include documentation (if available) from a therapist specializing in addiction behaviors indicating status of abuse, addiction, or recovery and/or documented rehabilitation related to the illness.
3. Include documentation of compliance of a treatment program as identified by the therapist or healthcare provider.
4. A urine drug screen will be required at some point prior to readmission and/or prior to clinical attendance. The Nursing Director or designee will provide the date and chain of custody form.
5. If a student, after being re-admitted to the Nursing/Allied Health program, has positive results on an alcohol/drug screen, the student will receive permanent dismissal from the Nursing Program.

APPENDICES

The 2015 curriculum is reflective of contemporary nursing practice and integrates Quality and Safety Education for Nurses (QSEN) and Nurse of the Future competencies in both didactic and clinical courses. It also aligns with the 2013 changes to the Arizona State Board of Nursing curriculum expectations (see Nurse Practice Act Rules R4-19-206), and Accrediting Commission for Education in Nursing (ACEN) Standard and Criteria for Curriculum.

SUGGESTIONS FOR PRE/POST CLINICAL CONFERENCES

Fundamentals (Block 1, PN semester I, *NA)

- Nursing Process/Care planning
- Patient assessment - head to toe
- Client advocacy
- Patient Safety*
- Hospice care*
- Various oxygen modalities*

Medical Surgical (Basic, Block 2, PN semester II)

- IV techniques/management
- Documentation skills
- Medication calculation
- Review fundamental skills
- Chest tube management
- Lab values

Medical Surgical (Intermediate, Block 3)

- TPN/PPN
- Central Line management
- Blood Administration
- Delegation and Leadership topics
- Epidural management
- NG tubes

Medical Surgical (Complex care, Block 4)

- Hemodynamics
- Ventilator management
- Emergency procedures/medications
- ECG monitoring
- Leadership concepts
- Multisystem Care

Pediatrics

- Pediatric medication administration
- Age appropriate toys/games - Child Life
- Adolescent drug abuse/child abuse issues
- Assessment techniques for children
- Child abuse issues
- RSV

Obstetrics

- Ante/intra/postpartum assessment
- Breast feeding
- Preterm labor and PIH
- Perinatal grief and Loss
- Stages of Labor & Labor Support
- Fetal monitoring
- Gestational diabetes
- Cultural aspects of childbirth

Psychiatric

- Therapeutic communication
- Group therapy
- Depression
- Psych medications
- Mental illness/family impact
- Coping

All levels

- Delegation
- Scope of practice
- Patient Safety
- Culture in healthcare
- Evidence-based practice
- Conflict resolution

STUDENT CONFERENCE FORM*

Student Name _____ Date _____

_____ Occurrence/Incident _____ Clinical Warning _____ Clinical Probation

**Please note that these three indicators do not imply a “step process.” The issue determines whether the conference warrants an occurrence, warning, or probation.*

Requirements for Improvement:

Student Comments:

Faculty Signature _____ Date _____

Student Signature _____ Date _____

STUDENT CONFERENCE FORM ***Student Name:** Sample_Student **Date:** __________ **Occurrence/Incident** _____ **Clinical Warning** X **Probation**

On July 11, 2016, the student stated that a blood pressure of 108/56 was “high” and that there would be no problem administering 2 different anti-hypertensive medications.

Throughout the clinical day the student was unable to provide timely nursing care to three clients, including inability to perform head-to-toe assessments on all of her patients before beginning to pass scheduled medications, inability to document care, and excessive length of time required to obtain a manual blood pressure.

Competencies not met:

- Interpret data to make appropriate decisions
- Manage a group of clients under the direction of a registered nurse utilizing delegation, time management, and organization skills
- Document head to toe assessment and client status and outcomes accurately
- Apply pharmacodynamic and pharmacotherapeutic principles to safely administer medications to clients

Requirements for Improvement:

- Make appropriate use of time (write out list of priorities to accomplish)
- BP assessments to be done only with a manual cuff in order to practice technique
- In college skills lab, practice manual BP assessment and demonstrate ability to accurately take BP
- Review and verbalize knowledge of normal BP ranges
- In college skills lab, practice preparing and administering PO meds
- Prepare and give PO meds with instructor only for the remainder of the semester.

Failure to meet the above criteria no later than _____ may result in failure of the clinical components of the course.

Student Comments:

Faculty Signature _____ Date _____

Student Signature _____ Date _____

* Note: A **Student Learning Contract** (found on the last page of this handbook) will be phased in to replace the Student Conference Form. Check with the lead faculty at your college to see which is currently in use.

Concentra[®]

(Patient Must Present Photo ID at Time of Service)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: _____ Date of Birth: _____

Street Address: _____ Location Number: _____

Temporary Staffing Agency: _____

Work Related Injury Illness

Physical Examination

Date of Injury _____ Preplacement Baseline Annual Exit

Substance Abuse Testing* (check all that apply)

DOT Physical Examination

Regulated drug screen Breath alcohol

Preplacement Recertification

Collection only Hair collect

Special Examination

Non-regulated drug screen Rapid drug screen Asbestos Respirator Audiogram

Drug Free Workplace

Human Performance Evaluation*

Other _____

HAZMAT Medical Surveillance

Type of Substance Abuse Testing

Other _____

Preplacement Reasonable cause

Billing (check if applicable)

Post-accident Random

Employee to pay charges

Follow-up

Special instructions/comments: _____

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Authorized by: _____
Please print

Title: _____

Phone: (_____) _____

Date

Concentra now offers urgent/immediate medical care services for non-work related illness and injury.
We accept many insurance plans.

(Copies of this form are available at www.concentra.com)

Student Evaluation of Clinical Instructor

Instructor: _____ **Block:** ____ **Semester** ____ **Year** _____

Directions: Read each statement and place a checkmark by the letter that best represents your level of agreement or disagreement with the statement. The purpose of this evaluation is to provide anonymous feedback about your unique clinical experience to the clinical instructor.

The instructor:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
1. Demonstrates clinical expertise					
2. Demonstrates theoretical knowledge					
3. Facilitates student learning					
4. Provides meaningful learning opportunities to meet the clinical objectives					
5. Allows student the appropriate balance of independence and supervision					
6. Motivates the student to seek learning opportunities					
7. Provides useful and appropriate verbal feedback, including positive reinforcement and areas for improvement					
8. Evaluates and grades written assignments in a timely manner with useful written feedback.					
9. Encourages the student to use critical thinking in the nursing process					
10. Demonstrates the dress, behaviors, and verbal/nonverbal communication skills of the professional nurse					
11. Facilitates meaningful learning experiences in clinical conferences					
12. Demonstrates enthusiasm for nursing and teaching					

Comments:

Student Evaluation of Clinical Agency

Clinical Agency: _____ **Block:** ____ **Semester** _____ **Year** _____

Directions: Read each statement and place a checkmark by the letter that best represents your level of agreement or disagreement with the statement. The purpose of this evaluation is to provide anonymous feedback about your unique clinical experience to the clinical agency. If using a scantron sheet, completely fill in each bubble.

In the clinical facility:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
1. I felt welcomed in the clinical areas.					
2. The attitude of the staff contributed to a supportive learning environment					
3. Clinical assignment provided me with adequate opportunities to learn/practice skills to meet course objectives					
4. Client availability was sufficient to meet course objectives					
5. The variety of learning opportunities was sufficient to meet the course objectives					
6. The staff provided positive examples of nursing professionalism.					
7. Resources (equipment and supplies) were sufficient to meet client needs.					
8. I would consider a staff position in this facility.					

What did you like most about this agency?

What did you like least about this agency?

If the agency could make changes to improve your experiences, what would you recommend?

MaricopaNursing Clinical Faculty Functional Abilities Essential for Nursing Practice

Faculty or students may be required by the Nursing Director to submit a completed Functional Abilities Essential for Nursing Practice form if behavioral and/or performance changes are demonstrated which may indicate a change in health status.

Name: _____

Address: _____ Phone: _____

Email: _____ College: _____

I, _____ have this day given the above named individual a physical
Physician/DO/NP/PA Name Printed

examination and found him/her in satisfactory health. I believe the physical and mental health of this individual

WILL _____

WILL NOT _____

enable him/her to perform the Essential Functions for Nursing Practice (see attached) necessary in the Nursing Program. If not, please explain:

Licensed Care Provider Printed Name: _____

Licensed Care Provider Signature: _____

Date: _____

PUBLIC NOTICE OF NON-DISCRIMINATION: The College does not discriminate on the basis of race, color, national origin, religion, marital status, gender, age or disability in admission or access to, or treatment or employment in its educational programs or activities.

Functional Ability	Standard	Examples Of Required Activities
Motor Abilities	Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care.	Mobility sufficient to carry out patient care procedures such as assisting with ambulation of clients, administering CPR, assisting with turning and lifting patients, providing care in confined spaces such as treatment room or operating suite.
Manual Dexterity	Demonstrate fine motor skills sufficient for providing safe nursing care.	Motor skills sufficient to handle small equipment such as insulin syringe and administer medications by all routes, perform tracheotomy suctioning, insert urinary catheter.
Perceptual/ Sensory Ability	Sensory/perceptual ability to monitor and assess clients.	Sensory abilities sufficient to hear alarms, auscultatory sounds, cries for help, etc. Visual acuity to read calibrations on 1 cc syringe, assess color (cyanosis, pallor, etc.). Tactile ability to feel pulses, temperature, palpate veins, etc. Olfactory ability to detect smoke, odor, etc.
Behavioral/ Interpersonal/ Emotional	<p>Ability to relate to colleagues, staff and patients with honesty, civility, integrity and nondiscrimination. Capacity for development of mature, sensitive and effective therapeutic relationships.</p> <p>Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds.</p> <p>Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism.</p> <p>Negotiate interpersonal conflict</p> <p>Capacity to demonstrate ethical behavior, including adherence to the professional nursing and student honor codes.</p>	<p>Establish rapport with patients/clients and colleagues.</p> <p>Work with teams and workgroups.</p> <p>Emotional skills sufficient to remain calm in an emergency situation.</p> <p>Behavioral skills sufficient to demonstrate the exercise of good judgment and prompt completion of all responsibilities attendant to the diagnosis and care of patients.</p> <p>Adapt rapidly to environmental changes and multiple task demands.</p> <p>Maintain behavioral decorum in stressful situations.</p>
Safe environment for patients, families and co-workers	<p>Ability to accurately identify patients.</p> <p>Ability to effectively communicate with other caregivers.</p> <p>Ability to administer medications safely and accurately.</p> <p>Ability to operate equipment safely in the clinical area.</p> <p>Ability to recognize and minimize hazards that could increase healthcare associated infections.</p>	<p>Prioritizes tasks to ensure patient safety and standard of care.</p> <p>Maintains adequate concentration and attention in patient care settings.</p> <p>Seeks assistance when clinical situation requires a higher level or expertise/experience.</p> <p>Responds to monitor alarms, emergency signals, call bells from patients, and orders in a rapid and effective manner.</p>

Functional Ability	Standard	Examples Of Required Activities
	<p>Ability to recognize and minimize accident hazards in the clinical setting including hazards that contribute to patient, family and co-worker falls.</p>	
<p>Communication</p>	<p>Ability to communicate in English with accuracy, clarity and efficiency with patients, families and other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language).</p> <p>Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy.</p> <p>Communicate professionally and civilly to the healthcare team including peers, instructors, and preceptors.</p>	<p>Gives verbal directions to or follows verbal directions from other members of the healthcare team and participates in health care team discussions of patient care.</p> <p>Elicits and records information about health history, current health state and responses to treatment from patients or family members.</p> <p>Conveys information to clients and others to teach, direct and counsel individuals in an accurate, effective and timely manner.</p> <p>Establishes and maintain effective working relations with patients and co-workers.</p> <p>Recognizes and reports critical patient information to other caregivers.</p>
<p>Cognitive/ Conceptual/ Quantitative Abilities</p>	<p>Ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis.</p> <p>Ability to gather data, to develop a plan of action, establish priorities and monitor and evaluate treatment plans and modalities.</p> <p>Ability to comprehend three-dimensional and spatial relationships.</p> <p>Ability to react effectively in an emergency situation.</p>	<p>Calculates appropriate medication dosage given specific patient parameters.</p> <p>Analyze and synthesize data and develop an appropriate plan of care.</p> <p>Collects data, prioritize needs and anticipate reactions.</p> <p>Comprehend spatial relationships adequate to properly administer injections, start intravenous lines or assess wounds of varying depths.</p> <p>Recognizes an emergency situation and responds effectively to safeguard the patient and other caregivers.</p> <p>Transfers knowledge from one situation to another.</p> <p>Accurately processes information on medication container, physicians' orders, and monitor and equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records and policy and procedure manuals.</p>
<p>Punctuality/ work habits</p>	<p>Ability to adhere to all policies, procedures and requirements as described in the Student Nurse</p>	<p>Attends class and clinical assignments punctually.</p>

Functional Ability	Standard	Examples Of Required Activities
	<p>Handbook, college catalog and student handbook and course syllabus.</p> <p>Ability to complete classroom and clinical assignments and submit assignments at the required time.</p> <p>Ability to adhere to classroom and clinical schedules.</p>	<p>Reads, understands and adheres to all policies related to classroom and clinical experiences.</p> <p>Contacts instructor in advance of any absence or late arrival.</p> <p>Understands and completes classroom and clinical assignments by due date and time.</p>
Environment	<p>Recognize the personal risk for exposure to health hazards.</p> <p>Use equipment in laboratory or clinical settings needed to provide patient care.</p> <p>Tolerate exposure to allergens (latex, chemical, etc.)</p> <p>Tolerate wearing protective equipment (e.g. mask, gown, gloves)</p>	<p>Takes appropriate precautions for possible exposures such as communicable disease, blood borne pathogens, and latex.</p> <p>Uses person protective equipment (PPE) appropriately.</p>

CLINICAL ROTATION TEMPLATE

College: _____

Block: _____

Rotation Dates: _____

Times: _____

Student Name	Dates								

- Floor assignments are subject to change at the discretion of the clinical instructor and/or unit needs.

Clinical Instructor: _____ **Contact number:** _____

Clinical agency personnel are encouraged to evaluate clinical instructors by completing a short online survey at:
<https://hceweb2.maricopa.edu/CFIDE/docs/hcies/clinical/clinic1.cfm>

STUDENT LEARNING CONTRACT

Student Name: _____ Date Initiated: _____ Course/Block: NUR _____

Opportunities for Performance Improvement	Reflection from Student Handbook, Student Learning Outcomes and/or KSAs	Action Plan for Improvement (include dates for achievement)	Date of Expected Achievement	Student's Self-Improvement Plan	Outcome

Instructor Signature: _____

Date: _____

Student Signature _____

Date _____

Date(s) of Follow-Up Conference: _____

A student learning contract can be initiated when performance improvement is needed in classroom, lab, simulation or clinical experiences. Attach the original signed copy of the Student Learning Contract to the Formative Evaluation Tool.