Wegmans School of Nursing
St. John Fisher College

Clinical Faculty Handbook
Guidelines and Information
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Introduction

This handbook will serve as a guide to undergraduate clinical faculty for the Wegmans School of Nursing (WSON) at St. John Fisher College (SJFC). Contact the clinical course coordinator or Associate Dean with any questions. All relevant documents for clinical as well as this handbook will be posted on the WSON website in the undergraduate clinical faculty tab: http://www.sjfc.edu/academics/nursing/clinical/clinical-faculty.dot

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

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

We use a salary model that contracts for you time on a designated day of the week for the entire semester (14 weeks). Course Coordinators will work with instructors re: assigned activities and dates. All activities for a clinical instructor to perform the required duties are covered by the salary @ $3000/credit hour (courses vary from 1-3 credits depending on specialty):

- WSON annual orientation (August)
- TeamSTEPPS® training (August)
- Agency orientation (date and format varies by hospital)
- Time meeting competencies required by unit/agency
- On-line SJFC sexual harassment training *new starting fall 2014 (required on initial employment and periodically as required by the college)
- Unit orientation (instructor contacts nurse manager directly)
- Mid/final semester faculty meeting with clinical course coordinator
- Mid/final evaluation with students (after clinical day or on campus)
- End of semester clinical instructor 360 evaluation
- Weekly review and feedback for all required student written work and clinical assignments
- Time spent on unit doing selection and matching of patients with students before each assigned clinical day

College contracts are sent by the Provost’s office at the beginning of the semester. New instructors: Return these promptly--SJFC email access and BB access cannot be authorized until all HR paperwork is completed.

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

**Instructor Clinical Compliance**
All clinical instructors must be in compliance with NYSDOH and agency requirements before the beginning of the semester. All adjunct faculty are expected to have personal health insurance coverage. Carolyn Martin tracks WSON clinical faculty compliance ([cmartin@sjfc.edu](mailto:cmartin@sjfc.edu) or 385-8468). The following documents must be on file for each instructor and be current for the semester:
  - Annual history and physical with subsequent annual health update
  - Current BLS-CPR from AHA or ARC
  - Documentation of annual PPD and CXR results if positive reaction
  - Immunization documentation including Hepatitis B series
  - Annual flu shot
  - Current resume
  - Current NYS RN license
  - Medication Administration competency (from practice site or available at WSON) e.g. CNET or NLN med test
  - Completion of TeamSTEPPS® training
  - Documentation of Mandatory Review packet post-test if assigned clinical is not at home institution

**Clinical Schedules**
Clinical instructors are contracted to be available for assigned clinical day(s) of the week over the 14 week semester. Many courses start with on campus labs on the assigned clinical days for the first one to three weeks of the semester.
- When on campus labs occur on the instructor’s regularly scheduled day, the instructor is responsible to be on campus with the students to assist the course coordinator. These lab hours are factored into the student and instructor clinical time. Your course coordinator will let you know the specific dates and times for these labs.
- You may be asked by your course coordinator to present on a selected topics in the classroom and/or lab setting. The content you will be asked to present is prepped and will be given to you in advance so that you can familiarize yourself with the material.
- **Makeup days may be scheduled in advance by the Course Coordinator and may be on different days than the regular clinical. You will be notified in advance so you can adjust your work schedule accordingly.**
The purpose of the lab days is to ensure that students have reviewed the new content and skills for each course when they reach clinical.

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

- NURS 300 Foundations, NURS 317 Adult Health/Older I (M/S) & NURS 423 Adult Health/Older II (M/S) are 3 credit clinical → 9 hour clinical days (126 hours)
- NURS 445 Peds & OB (S2), NURS 323 OB (J2), NURS 431 Peds (S1) and NURS 403 Psych are 2 credit clinical days → 6hr/wk. over 14 weeks or 8-9 hr. days for shorter rotations (84 hours)
- NURS 421 Community (S1) 1 credit (42 hours); starting spring 2015: NURS 429 Community 2 credit (84 hours)
- Clinical instructors and students are expected to be at the clinical site for the full assigned hours/day each week—early dismissal is not an option.

Clinical Hour Requirements
Clinical faculty are expected to adhere to the clinical hours scheduled by the course coordinator. Students should be at the clinical site for the entire scheduled clinical period and instructors must be on the unit at all times when students are providing care.
- Pre and post-conference, lunch and breaks can be scheduled to best meet the learning needs of the students and the needs of the patients on the unit.
- Any change or variation from the normal clinical schedule must be communicated to the course coordinator in advance for approval.

Clinical Orientation Day
Clinical site orientation is usually scheduled as a full clinical day. Clinical faculty should structure this time carefully. Suggested activities include:
- tour of the unit including mandated review of emergency & fire exits & equipment
- complete the attestation form required for each clinical group each semester on the first clinical day and returned to the Director of Education/Staff Development by the instructor. This form is available on the Clinical Instructor drop down on the website. [http://www.sjfc.edu/academics/nursing/clinical/clinical-faculty.dot](http://www.sjfc.edu/academics/nursing/clinical/clinical-faculty.dot)
- introduction to charge nurses and unit managers
- review unit specific documentation
- orient to the patient records, MAR, EMR, clinical care maps/care planning tools
- find necessary supplies for patient care
• review the course specific clinical evaluation tool and discuss expectations for daily patient care, professional behavior and appearance, post-conference, arrival and departure times
• due dates for weekly written work and agreement on method of communication i.e. hard copies or electronic
• complete registration for agency parking if needed

Faculty and students should exchange contact information including email and phone numbers, and establish the preferred method of being in contact. This will facilitate exchange of assignments and timely communication between students and clinical instructors.

Any experience the students have where they leave the unit for observation should include specific learning outcomes that the student addresses in writing as part of their documentation for the day.

**Key Competencies That Need Reinforcement in All Settings**

• Professional appearance & behavior
• Arrive on time & prepared
• Communication with faculty & staff
• Use of SBAR and other TeamSTEPPS® strategies
• “Eyeball” patient **immediately** after report
• Basic comprehensive care at **all levels**
• ADLs, glasses, dentures, mouth care, hair, skin care, nutrition, hydration, elimination, I & O, documentation
• Report on & off: concise, relevant, prioritized
• Format for presenting a patient:
  o Patient’s name and age
  o Admission diagnosis(es)
  o Relevant medical/surgical history
  o Relevant labs, test results
  o Current priorities of care
  o Risk assessment: answer this question for each patient → if this patient is going to develop complications today (or “crash”)—what is the most likely cause and what are the first signs and symptoms that the student/nurse should be assessing for?

Do not tell students that they are practicing *on your license*—this is not true. Students have an exemption under the NYS Nurse Practice Act that allows them to do nursing functions as long as they are supervised by an RN. **Your responsibility is appropriate supervision.**
Patient Assignments for Students
Clinical adjuncts will visit the unit before the students’ clinical day to plan the assignments and document/attach them to the staff nurse assignment roster. It is not appropriate to call the unit the evening before and have a member of the staff select patients for the students the next day. It is usually a good idea to check in with the charge nurse the evening/morning before when you are on the unit to ask if there are any patients that should not be assigned to students for e.g.

- a patient who will be off the unit for most of the day for dialysis or other treatment/procedure (unless the student will accompany the patient);
- a patient who will be in the OR (unless pre-op experience is the learning outcome and they have additional patients or will go to the OR with the patient);
- a patient that has a particularly difficult family that the unit staff has had problem/issues with;
- a patient who is very unstable.

Confirm the following with your course coordinator:
Juniors are notified of the patients’ diagnosis and medications by e-mail early in the evening before clinical (if it is a day clinical rotation). For evening clinical rotations, assignments will be made the day of clinical.

Seniors will receive their assignments when they arrive at clinical. Clinical faculty are expected to be fully prepared to supervise care of these patients which will require adequate knowledge of each patient. For further guidance on making out student assignments, contact your course coordinator.

Written/Portfolio Assignments – see clinical syllabus or guidelines on Bb for each specific course.

Specific Clinical Guideline Reminders

All medication administration by students must be directly supervised by SJFC clinical faculty. This cannot be delegated to staff. If students are late doing medication administration, clinical instructors may decide to return the responsibility for medication administration to the assigned staff nurse on the unit, Communication must be direct, specific and detail if all scheduled medications are being delegated or just those in specific time frame.

Based on consensus between all area hospitals and schools of nursing, undergraduate nursing students are NOT allowed to do the following:

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

All SJFC clinical instructors and students must be clearly identified by patients, families and staff by their St. John Fisher College ID i.e. they are not agency employees. SJFC name tags must be worn in all settings. Clinical faculty with agency ID must keep that in a pocket and have SJFC ID clearly visible.

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

**Cell Phones and Computer Use**
Students and clinical faculty should review the WSON Social Media Policy (Appendix B).
Please follow agency policy:
- No use of unit phones for personal calls.
- No use of cell phones on units for personal calls while providing care. Any cell phone use must be in break or conference rooms or other designated area.
- All cell phones must be silenced or set on vibrate while in patient care or common areas.
- No use of unit computers for personal activities (email, Facebook etc.).
- Do not download any patient specific information onto PDAs or other personal electronic device.
- Do not post any information about clinical assignments, experiences, patients, students or instructors on any internet or social networking sites.

**Ideas for Post-Conference Topics**

Weekly expectations:
- Student leader gives sample “change of shift or hand off” report (3 pts) with critique by self, peers, faculty
- Student leader gives brief feedback to the group based on leader observations that day
- Student leader does 15-20 min. presentation
- Students share significant patients, events, learning experiences including what they learned the “hard” way and clinical “pearls” (aha’s or insights) they want to share

Suggestions:
1. Remember the students are encouraged to look beyond the patients’ immediate needs
   - What events preceded the patient’s admission
     - Significant issues with self-care ➞ any learning needs?
Access to care barriers
Problems getting Rx meds, insurance coverage/issues
Lack of support at home

Do any of these have implications for nursing care on the in-patient unit?
Will they be facing similar issues on discharge?
What resources need to be mobilized to prevent a recurrence?
In what condition & where do they expect the patient to be 1 week/1 month after discharge?

2. The students are in a leadership & management course at the same time.
  鼓励他们做出关于该单位的观察
   o What is care delivery organization on the unit?
   o Who does assignments?
   o What principles are followed?
   o Are all staff RNs or are there LPNs? How does this affect staffing patterns?

3. Invite the nurse manager in to talk about
   o discipline issues—how does she handle these
   o hiring/discharge responsibilities
   o annual performance reviews
   o challenges she sees new grads facing
   o scheduling of staff
   o staff turnover

4. Invite in any advanced practice nurses who are on the unit or you know e.g. wound care specialists, psych nurse consultants, CNS, NP who can talk about their role in the setting, their background, challenges, goals.

5. If they are having problems using journals in a reflective way—pose a question each week for they to respond to
   o what examples of caring did they see—by whom and why did it get their attention?
   o what examples of formal leadership did they see?
   o what examples of bedside leadership did they see?
   o how would they describe the “culture” of the unit as far as a working environment?
   o if they were the nurse manager –are there any changes in how the unit operates that they would make?
   o Select a role model on the unit and explain why this person was selected.
   o Write their thoughts of the day in a poem or capture it in a sketch.
**Clinical Practice Incident Policy**

For any event that requires an incident report at the hospital or health care agency, the clinical faculty should complete the WSON Clinical Incident Form to document the event. The form is available on the WSON website: [http://www.sjfc.edu/academics/nursing/clinical/clinical-faculty.dot](http://www.sjfc.edu/academics/nursing/clinical/clinical-faculty.dot)

The completed form should be returned to the Clinical Course Coordinator ASAP.

For follow-up related to an acute event involving student injury or accident, refer to the Management of Clinic Incidents guide for all area hospitals. [http://www.sjfc.edu/academics/nursing/clinical/clinical-faculty.dot](http://www.sjfc.edu/academics/nursing/clinical/clinical-faculty.dot)

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

**Clinical Course Coordinator Role**

The clinical course coordinator is a full time faculty member responsible for teaching a clinical course; coordination and supervision of clinical faculty assigned to the course; and, final evaluation and progression decisions for students in collaboration with clinical instructors.

The Clinical Course Coordinator Responsibilities for Clinical Courses:

1. Develops and manages clinical component of clinical courses
2. Develops clinical/laboratory requirements, including objectives, assignments, evaluation tools, and schedules.
3. Assigns students to clinical/laboratory groups.
4. Works with Simulation Center Director, Learning Resource Center Director and Coordinator to plan, schedule and staff laboratory learning experiences.
5. Orientes and supervises clinical faculty who teach in the clinical and laboratory settings.
6. Recommends suitable settings for clinical learning and works with the Undergraduate Clinical Resources Coordinator to complete clinical requests each semester.
7. Meets with clinical faculty at the scheduled clinical adjunct meetings at the beginning, mid and end of the semester.
8. Supports clinical adjunct faculty through weekly communication by phone, email or site visits.
9. Assists students and clinical faculty with problem solving in the clinical area.
10. Performs or delegates an on-site clinical assessment of students identified “at risk” by fulltime faculty.
11. Evaluates clinical faculty at the end of the semester/academic year.
Clinical Coordinator Site Visits

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

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

Students:
- Students are meeting the professional appearance and behavior guidelines of the WSON (see UG Student handbook)
- Students are working effectively with the clinical instructor and staff/providers.
- Students are progressing toward meeting the clinical learning outcomes.
- Students have the opportunity to let the course coordinator know if there are any issues that they want to address related to the instructor, staff or unit.

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

In-Hospital Clinical Visits

1. The clinical coordinator will visit each clinical site/instructor/group a minimum of 1 time during the course of the specific clinical when there is an experienced instructor (>1 year experience teaching for SJFC) and there are no student issues that warrant more frequent visits. Timing of the visits will be at the discretion of the clinical coordinator with consideration for instructor experience, duration of clinical, and concerns.
2. Clinical coordinators will use their discretion related to the need to visit new clinical instructors (first time teaching clinical) more than 1 time during clinical when there are no concerns.

3. Clinical coordinators are required to visit a clinical instructor/group/site more than one time when there are specific concerns about a student brought to the attention of the coordinator by the clinical adjunct or when there are student concerns regarding a clinical instructor. The number of visits will be determined by the need for coaching/mentoring of the adjunct or by the need for more observation of the student. Visits should be documented with specific interventions/observations and outcomes.

**Effective Communication with Clinical Site Staff**

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

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

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

Mid-Semester

- Schedule by the midpoint of the clinical rotation
- Meet with students outside of clinical hours
- Preferably meet on campus
- Evaluation form is on Bb and website
  http://www.sjfc.edu/academics/nursing/clinical/clinical-faculty.dot
- Instructor and student sign and date the form

There is adjunct office space that you can reserve for evaluations--contact Judy Martz at 385-8241. Students should fill out their own self evaluations, (same form that instructors use) and bring them to their evaluations. These meetings take about 15 minutes per student. Encourage students to reflect objectively on their learning experiences and set relevant and challenging goals for themselves. This evaluation is an important opportunity to sit with each student and identify strengths and areas for improvement. If a student is not meeting expectations, the assigned grade is “at risk”. The clinical instructor notifies the course coordinator and fill out At Risk Clinical Performance Documentation

At Risk Status means that the student is not meeting clinical expectations. The student must show improvement in the areas identified if to receive a satisfactory final clinical evaluation and progress in the nursing program. This assures that students have time to work on areas that need improvement. If the clinical instructor has questions about whether a student should be placed at risk, she should contact the clinical course coordinator.

Any student that a clinical faculty has concerns about progression or professional behavior should be discussed and evaluated by the clinical course coordinator as soon as issues are identified. Course coordinators will make site visits to assess students who are still at risk in the second half of the clinical rotation. The clinical instructor should have the course coordinator sit in on the final evaluation of any student who is not progressing to the next clinical course.

The Final Evaluation uses the same form as the mid-semester evaluation. This appointment should be scheduled outside of clinical hours, preferably at the WSON. There should not be any ‘surprises’ at the final evaluation, that is, students should not hear about any weaknesses or issues at the final evaluation that they have not already been identified. Problem areas should be addressed as the semester progresses and not presented to the student only at the end.

Please do a narrative summary on the final evaluation (see example below). Note the student’s progress related to:
the type of unit/patient population
patient load
time management/organizational skills
communication skills
knowledge base
readiness to progress to the next level clinical course(s)
competency in medication administration safety (anyone who is not safe with med administration—should not be progressing)

Sample final evaluation narrative:
M. Smith provided high quality care to a 2-3 patient assignment of acutely ill patients on 5-3600 (orthopedics) at SMH
- Demonstrated safe medication administration
- Time management and organizational skills improved over the semester
- Works well with student team, instructor and other health care providers on the unit
- Continue to focus on integration of knowledge of drugs, labs and pathophysiology while determining priorities of care and effective nursing interventions
- Demonstrated clinical curiosity and seeks new learning experiences
- Treats patients and families with respect and works effectively with those from diverse backgrounds
- Demonstrates readiness to progress to the senior level clinical courses

Clinical Instructor Evaluation
The detailed job description for clinical faculty is in Appendix B. To support your professional development and assure that students are having the best learning experiences clinical faculty participate in a 360 evaluation process. Each course coordinator is responsible for ongoing performance evaluation and mentoring of adjunct faculty. All evaluations are Qualtrics surveys available on the Bb course.

- Students complete an evaluation form for the instructor (Appendix D) and clinical site each semester.
- Clinical Instructors complete the site evaluation for the unit/hospital they are assigned to each semester.
- Clinical faculty will forward 2-3 Peer Evaluation forms to charge nurses, nurse managers and other staff (Appendix E).
- Results of the evaluations are reviewed by the UG chairperson, the course coordinator and emailed to the instructors.

Each semester your assigned course coordinator will make an appointment to meet with you at the end of the semester to a) review your students’ evaluations; b review the peer evaluation
form from the clinical agency; and c) review the instructor evaluation forms completed by the clinical instructor and course coordinator (Appendix F).

If evaluations indicate an area for improvement, the clinical course coordinator will review and discuss strategies and expectations with the instructor. We are committed to your ongoing professional development and satisfaction in the clinical adjunct role.

Clinical instructors with questions about the evaluation process or results should make an appointment to meet with the Associate Dean.

**Challenging Situations**

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

**FAQs Given to Students**

**Are clinical days ever cancelled?**

- If the college closes because of a snow day—it is on the college website and announced on local radio/TV stations
  - If you are already at the clinical agency, it is safer to stay there and complete the clinical day. Travel home later in the day is usually safer.
- You need to use common sense—do not travel if your safety is at stake.
- Make-up clinical days may already be part of the schedule-discuss this with your course coordinator.
- Contact students in your group if the college is closed and you will not be at clinical.

**Students will ask you if they need a note from a health care provider if they miss clinical.**
They should be communicating with the course coordinator about missed clinical time.

- One clinical day missed due to illness ➔ NO
- More than one clinical week missed due to illness ➔ YES
• Updated medical clearance is needed for health issues that develop after enrollment in the nursing program i.e. illness, injury, surgery, prior to, or during the clinical experience
  o Submit written medical approval from a health care provider to Julie Vilinsky WSON 220 in order to return to clinical practice.
  o The note must document student's ability to function as a student nurse, at full capacity, in the acute care or community health setting.
• For injury sustained after medical form done → need medical clearance

When do I stay home from clinical if I am sick?
You need to use your best judgment and common sense to determine if you are too ill to attend clinical experiences. Remember, patients in the hospital often have weakened immune systems and your first responsibility is patient safety. The following guidelines will help you with this decision making process.
• You should notify your clinical instructor and leave a message with the unit where you are scheduled as soon as you make the determination that you are too ill to attend clinical.
• Make sure the first day of clinical that you have contact information for your clinical instructor and the unit at the hospital or agency you are assigned to.
• It will help if you have a thermometer on hand to check your temperature if you are feeling ill.

Students may need help determining if they are “sick enough” to stay home from clinical. Students should not attend clinical if they:
• Have a fever (temperature above 100 F or 38 C)
  o Students should be free of fever for a full 24 hours--without medications that lower temperature like acetaminophen (Tylenol) or ibuprofen (Advil) --before returning to clinical
• Have an open wound
  o Students in OB cannot attend clinical if they have any cold sores or other herpes infections that are exposed
• Have vomiting &/or diarrhea
• Have an undiagnosed rash on exposed skin
• Are on medications that cause significant drowsiness or make them unsafe to drive
• Have been on antibiotics for less than 24 hours for a communicable bacterial infection

How do I know if I have the flu?
Students who suspect they have the flu should not attend clinical. If they have the flu (see below) they need to stay home from clinical and class for at least five days after the symptoms start or after the symptoms have subsided and they have no fever for at least 24 hours. From CDC website:  http://www.cdc.gov/flu/professionals/acipclinical.htm#signs
The typical incubation period for influenza is 1-4 days (average: 2 days). Adults shed influenza virus from the day before symptoms begin through 5-10 days after illness onset. However, the amount of virus shed, and presumably infectivity, decreases rapidly by 3-5 days after onset.

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

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

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

**Professional Appearance**
Each student signs the WSON attestation regarding professional appearance and uniform requirements prior to attending clinical (Appendix G). Please be familiar with the guidelines in the Undergraduate Handbook on the web page. If issues arise that are not immediately corrected by the student, contact the course coordinator.

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

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

**Engagement**

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

**Professionalism and Respect**

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

**Clinical Faculty Illness**

To fulfill the graduation requirements for the WSON, the students are required to complete the designated number of clinical hours throughout the program. For this reason, it is of the utmost importance that students attend every hour of clinical that is scheduled. Should clinical faculty miss their clinical hours, for any reason, it is the responsibility of the faculty to:

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

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

**Using Webmail and Your Fisher Network Account**

For instructions for campus & off site access to Fisher email: [http://www.sjfc.edu/campus-services/oit/services/tags.dot?tag=email](http://www.sjfc.edu/campus-services/oit/services/tags.dot?tag=email)

Sending an E-mail to Students from Blackboard

The Communication link on the menu has many choices. You may find the Send E-mail feature useful. Click on Send E-mail, and you see a list of options. Click on Select Users. Find the student(s) name(s) in the list, select the student(s) from the roster in the box, and click on the right arrow. Compose the message and send. REMEMBER that all students in your group may not be in the same section, so you will have to go into the other Blackboard sections and repeat the message. The email message goes to the student’s Fisher account only, so urge your students to monitor their Fisher accounts daily.

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

Job Title: Clinical Adjunct Faculty
Revision Date: July 30, 2014
Department: Nursing
FLSA Status: Exempt
Division: Wegmans School of Nursing
Reports To: Associate Dean

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

Competencies/Skills:
The clinical adjunct instructor must demonstrate:

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

- Attend WSON clinical adjunct faculty orientation and all updates as needed to remain current with WSON requirements.
- Attend all on campus clinical adjunct meetings with course coordinator during semester.
- Review clinical adjunct handbook each semester.
- Submit contractual agreement prior to the beginning of each semester.
- Actively participate on clinically assigned day as scheduled.
- Coordinate student orientation to health care setting and unit.
- Provide a safe and supportive learning environment for nursing students to encourage creative and new strategies in critical thinking.
- Collaborate with course coordinators to assist students in meeting course outcomes and clinical objectives.
- Plan for, arrange, organize, and manage patient clinical assignments for students taking into consideration student level/competency, patient acuity, clinical course objectives, and facility staff input prior to student arrival as per course objectives.
- Coordinate and evaluate all off-unit clinical experiences.
- Be present at all times when students are on the unit.
- Demonstrate flexibility in meeting changing priorities and faculty/student needs.
- Participate in educational planning for the clinical component of the course.
- Assure faculty/student orientation is completed and faculty/student compliance is met and documented for agency orientation requirements.
- Continually monitor student progress and provide coaching and constructive feedback as needed in both verbal and written formats.
- Provide timely feedback to students for all written assignments, online journals, and other assignments per the course clinical objectives.
- Evaluate student performance using the course clinical evaluation tool.
- Review, sign-off and date all skills completed while in the clinical setting.
- Apply the QSEN and TeamSTEPPS principles and tools in clinical instruction.
- Plan and conduct pre- and post-clinical conferences as outlined by the course coordinator.
- Complete clinical incident reports for the agency and the WSON as needed and notify the course coordinator of any clinical incidents.
- Consult with the course coordinate for any recommendations for student remediation or unsafe practice. Follow up with documentation on the Clinical Progress Sheet.
- Follow the accepted standards, laws, and rules regulating the practice of nursing, while functioning within the scope of nursing practice.
- Demonstrate responsibility and accountability for professional practice based on, and limited to, the scope of the instructor’s education, demonstrated competency, and nursing experience.
- Maintain weekly communication with course coordinator throughout semester.
- Obtain instruction, supervision and consultation as necessary before implementing new or unfamiliar skills, equipment, techniques, or practices.
- Complete a 360 evaluation with the course coordinator at the completion of the semester.
- Attend TeamSTEPPS and Sexual Harassment training per contract.
• Communicate continuously with the course coordinator regarding any personal or student concerns, absences, and identified learning needs.

Education/Experience:

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

Supervision of other Employees:
• None

Relations to other Employees:
Inside College: Nursing faculty and all campus offices
Outside College: Regional Health Care and Nursing Education Community

Work Environment

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

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

Equipment To Be Used:
- MS Office Suite (Excel, Word, Outlook, PowerPoint),
- Fax
- Printer
- Copier
- Telephone
- Computer hardware, software applications and other technologies used with documentation and grading of assignments
Clinical technology appropriate for clinical setting, scope of practice, and competency

Evaluation:
Reviewed By: Marilyn L. Dollinger
Approved By:
Date: 7/30/14
Appendix B

Use of Technology and Social Media

Policy: Nursing students may not post any material that could potentially violate patient confidentiality on social media sites. Students may be subject to disciplinary action within the school for comments that are either unprofessional or violate patient privacy. HIPAA regulations apply to comments made on social networking sites, and violators are subject to the same prosecution as with other HIPAA violations.

Guidelines:

1. Social media includes but are not limited to blogs, podcasts, discussion forums, online collaborative information and publishing systems that are accessible to internal and external audiences (e.g. Wikis), RSS feeds, video sharing, and social networks like Myspace, Twitter, and Facebook.

2. Postings on social networking sites are subject to the same professional standards as any other personal interactions. The permanence, worldwide access, and written nature of these postings make them even more subject to scrutiny than most other forms of communication.

3. Restricted postings include but is not limited to protected health information – individually identifiable information (oral, written, or electronic) about a patient’s physical or mental health, the receipt of health care, or payment for that care.

4. Online postings or discussions of specific patients should be avoided, even if all identifying information is excluded. It is possible that someone could recognize the patient to which you are referring based on the context. Remember, if you wouldn’t want YOUR own health information being posted to the internet, do not post that of anyone else.

5. Under no circumstances should photos or videos of patients or photos depicting the body parts of patients be taken or displayed online.

6. Statements made by you within online networks will be treated as if you verbally made the statement in a public place.

Electronic communication and information devices are a part of everyday life for most people today. However, learning to be a professional nurse includes discriminating when, where and how technologies are to be appropriately utilized. Student should use hospital or agency computers for patient care related tasks only. Students are not allowed to use hospital computers for face book, personal email or any other use. Staff use always take priority over student use of the computers. It is important to clarify what access the students will have to the computers.
with the manager and staff of the clinical site where your students are placed. Discuss this with the clinical unit manager prior to the students’ arrival. This may vary from setting to setting.

Students are **not allowed to use electronic devices for personal reasons** while in the clinical setting. They may only use their phones on lunch or dinner break, or by special arrangement with the clinical instructor. PDAs can be used to look up information but no patient-specific information can be down loaded. Bring any violations to the attention of the course coordinator immediately.
Appendix C
Sample Communication with Unit Staff

To: Staff on 2800
From: Marilyn Dollinger FNP APRN RN
St. John Fisher College
Clinical Faculty

Senior baccalaureate nursing students from St. John Fisher will be on your unit every Wednesday starting 9/15 until 12/1 for the fall 20XX. The first orientation day (9/15) they will be there from 12:30 p.m. - 4 p.m. -- every other day will be 7 a.m. - 4 p.m.

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

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

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

You can help make this a great learning experience by:
- Dealing patiently with the students’ questions and encouraging them to think through the problems rather than automatically giving them the answers
- Letting the students and/or the faculty know if a procedure or learning opportunity is available for them to participate in or observe
- Sharing your enthusiasm about nursing

Please feel free to contact me while I am on the unit or at my office 385-8476 or mdollinger@sjfc.edu —if you have any concerns or questions. Thanks for your cooperation and support.
**Appendix D**  
**Student Evaluation of Clinical Instructor**

Questions on the Site Evaluation:  
I was oriented to the unit / agency with respect to the following items:

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Responses</th>
<th>Mean</th>
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<tbody>
<tr>
<td>1</td>
<td>Physical environment</td>
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<td>2</td>
<td>Supplies &amp; equipment</td>
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<td>3</td>
<td>Client care / routines</td>
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<td>Members of the health care team</td>
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<td>5</td>
<td>Documentation</td>
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The staff:

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Responses</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Greeted me openly and were friendly.</td>
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<td>2</td>
<td>Were aware of student learning objectives.</td>
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<td>3</td>
<td>Supported the achievement of learning objectives.</td>
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<td>4</td>
<td>Were available for assistance when needed.</td>
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</table>
Were helpful when assistance was needed.

Demonstrated professional competence in communications.

Demonstrated professional competence in therapeutic interventions.

The clinical setting:

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Responses</th>
<th>Mean</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Offered a variety of learning experiences.</td>
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<td>2</td>
<td>Provided me with the opportunity to gain new knowledge and skills.</td>
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<td>3</td>
<td>Supported meeting the learning objectives of this course.</td>
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The following resources were available or adequate:

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<tr>
<th>#</th>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Responses</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Parking.</td>
<td></td>
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<td>2</td>
<td>Conference rooms.</td>
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<td>3</td>
<td>Cafeteria.</td>
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</table>
Overall I was satisfied with this experience.

Questions on the Instructor Evaluation:

The Instructor:

- Communicated learning objectives clearly.
- Provided me with a variety of learning experiences to help meet clinical objectives.
- Demonstrated professional competence in the clinical area.
- Recognized and/or responded to different learning styles, stress factors and critical thinking abilities.
- Used appropriate teaching methods based on students' learning styles.
- Was an effective teacher in the clinical area.
- Was available for assistance when needed.
- Was helpful when assistance was needed.
- Communicated evaluation procedures clearly.
- Provided me with sufficient feedback about my clinical performance.
- Promoted a learning environment where questions, and different points of view, ideas and methods, were encouraged.
- Promoted a humane, supportive and mutually respectful learning environment.
- Facilitated my awareness of clinical resources, policies and procedures.

<table>
<thead>
<tr>
<th>#</th>
<th>Answer</th>
<th>Response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Strongly Disagree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Disagree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Neither Agree nor Disagree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Agree</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>Strongly Agree</td>
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Appendix E
St. John Fisher College Clinical Instructor Evaluation

Name ___________________________ Date ___________________________
Unit: ____________________________

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

<table>
<thead>
<tr>
<th>This Clinical Faculty consistently:</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates critical thinking skills by reacting quickly and calmly to urgent situations.</td>
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<tr>
<td>Responds to multiple request/demands/assignments in a timely, organized and confident manner.</td>
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<tr>
<td>Communicates patient information or other information accurately and completely to staff nurse and or charge nurse as indicated.</td>
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<tr>
<td>Demonstrates continued safety practices by adhering to guidelines, policies, practice standards and precautions and patient safety standards according to unit policy.</td>
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<tr>
<td>Provides patient care in a safe, competent and efficient manner.</td>
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<tr>
<td>Demonstrates the ability to work well with staff nurses, patient care technicians and other members of the healthcare team.</td>
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<tr>
<td>Shows respect and uses effective communication with patients and their families and members of the healthcare team.</td>
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<tr>
<td>Provides clear directions to student and staff for clinical assignments</td>
<td></td>
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<tr>
<td>Maintains a professional demeanor</td>
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<tr>
<td>Uses open, honest communication with co-workers and does not engage in behaviors that create negative effects on team work or harms the work environment.</td>
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<td>Demonstrates the ability to accept feedback as a learning tool to improve future skills.</td>
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<tr>
<td>Fulfills the needs of the unit/department by being flexible and accommodating.</td>
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8466

Comments:

Evaluator Signature:
Appendix F
Clinical Course Coordinator Evaluation of Adjunct Clinical Instructor

St. John Fisher College Clinical Instructor Evaluation

<table>
<thead>
<tr>
<th>Name_______________________________________</th>
<th>Date________________________</th>
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<tbody>
<tr>
<td>Unit______________________________</td>
<td>______________________________</td>
</tr>
</tbody>
</table>

| 4 | Exceeds Standards | Performs in a manner that exceeds expected performance standards |
| 3 | Meets Standards* | Consistently performs in a manner that meets expected performance standards |
| 2 | Needs Improvement | Performs in a manner that needs improvement – identified area for growth |
| 1 | Unsatisfactory/Does not meet | Performs in a manner that does not meet expected performance standards |

This Clinical Faculty consistently:

<table>
<thead>
<tr>
<th>*Was present for all required clinical experiences. (Clinical, lab, and simulation)</th>
<th>Self Rating</th>
<th>Evaluator Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicated effectively with students within their clinical group.</td>
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<tr>
<td>Utilized available resources to create meaningful clinical experiences.</td>
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<tr>
<td>Created a challenging intellectual environment for their students.</td>
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<tr>
<td>Was approachable and available to students during clinical experience.</td>
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<tr>
<td>Provided a descriptive account and assessment of student’s strengths and weaknesses as documented in mid-term and final evaluations.</td>
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<tr>
<td>Returned all written assignments in a timely manner with adequate feedback.</td>
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<td>Facilitated a structured post-conference.</td>
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<td>Incorporated tools from Team STEPPS training.</td>
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<tr>
<td>Utilizes clinical faculty colleagues to enhance clinical experience.</td>
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</table>

<table>
<thead>
<tr>
<th>*Participated in all mandatory professional development requirements (pre-semester meeting, follow-up meetings (1-2) during semester, &amp; post-semester debriefing)</th>
<th>Self Rating</th>
<th>Evaluator Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addressed “at risk” student performance and developed appropriate clinical contract with student in collaboration with Course Coordinator</td>
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</table>

| Assignment matrix confirms that each student participated in a variety of clinical experiences (medication administration, leadership role, etc.) | | |
| The course coordinator received all necessary paperwork at the end of semester including signed final evaluations and completed skills checklists. | | |
| Assessment from site visit supports an organized and efficiently run clinical experience. | | |
| *All documents required for compliance were submitted in a timely fashion. | | |
Appendix G
Program Attestation for Undergraduate Nursing Students

By signing this attestation form, I acknowledge:

- The SJFC Wegmans School of Nursing (WSON) Undergraduate Handbook is available online on the WSON website under Documents & Forms

- It is my responsibility to read and understand the contents of this handbook including grading, appeal and progression policies (two failures i.e. less than a grade of C in “NURS” course(s), results in dismissal from the WSON).

- I have read and understand the Social Media Policy, Simulation Experience Attendance Policy, Professional Appearance Guidelines and Uniform Policy of the WSON found in the WSON Undergraduate Handbook and listed below and I accept responsibility for observing these guidelines.

- I have personal health insurance coverage for the duration of the nursing program (required by clinical agencies).

- I have the responsibility to notify Dr. Miner, Dean, immediately in writing if I am arrested or convicted of a crime any time after my acceptance to the WSON until graduation.

- Any questions can be directed to Dr. Dianne Cooney Miner, Dean or Dr. Marilyn Dollinger, Associate Dean.

Printed Student Name (with middle initial: need for e-record training list):

_________________________________________________________________

Student Signature:
_________________________________________________________________

Date: _____________________

Updated Contact Information:
Student cell phone: ( ) ____________________
Student SJFC email address __/__/__/__/__/__/__/__@students.sjfc.edu

Emergency Contact Name: __________________ Relationship: ________________
Contact’s Daytime Phone: ( ) ____________________
Contact’s Cell Phone: ( ) ____________________

This attestation form will be filed in the student folder.

6/17/14 MLD
Wegmans School of Nursing
Social Media Policy

Nursing students may not post any material that could potentially violate patient confidentiality or professional behavior guidelines on social media sites. Although Blackboard and other online tools used in a nursing course are not considered social media sites, students are expected to observe professional standards for communication in all interactions. Students may be subject to disciplinary action by the school and the clinical agency for comments that are either unprofessional or violate patient privacy. HIPAA regulations apply to comments made on social networking sites and Blackboard or other online tools, and violators are subject to the same prosecution as with other HIPAA violations.

Guidelines:
7. Social media include but are not limited to blogs, podcasts, discussion forums, online collaborative information and publishing systems that are accessible to internal and external audiences (e.g., Wikis) through RSS feeds, video sharing, and social networks like Myspace, Twitter, and Facebook.
8. Postings on social networking sites are subject to the same professional standards as any other personal interactions. The permanence, worldwide access, and written and visual nature of these postings make them even more subject to scrutiny than most other forms of communication.
9. Restricted postings include but are not limited to protected health information – individually identifiable information (oral, written, or electronic) about a patient’s physical or mental health, the receipt of health care, or payment for that care.
10. Online postings or discussions of specific patients should be avoided, even if all identifying information is excluded. It is possible that someone could recognize the patient to which you are referring based on the context. Remember, if you would not want YOUR own health information being posted to the Internet, do not post that of anyone else.
11. Under no circumstances should photos or videos of patients or photos depicting the body parts of patients be taken or displayed online.
12. Statements made by you within online networks will be treated as if you verbally made the statement in a public place.

Professional Appearance Guidelines

Students are responsible for following these guidelines in ALL Professional Settings.
1. Jewelry:
   a. No rings except a single wedding band.
   b. One pair of small earrings or earring posts only.
   c. No other jewelry i.e. bracelets, necklaces, chains.
   d. No facial or tongue piercing.
2. Any offensive tattoo that is visible while the student is in uniform or professional dress must be covered during all clinical experiences.
3. NO scrub pants, denim, jeans, sweat pants, stretch pants, tight-fitting, low cut, bare midriff or torn clothing*.
4. NO open toes or sling-back shoes, crocs or clogs**.
5. Personal grooming:
   a. Hair should be traditional/natural color(s) only, clean, neat, and short or secured above the collar.
   b. Men must be clean shaven or have a mustache/beard that is groomed and trimmed to a short length.
c. Nails must be clean and trimmed to prevent injury to clients. No nail polish or artificial nails per hospital policy.
d. Any makeup should be minimal and conservative.
e. Strict personal hygiene is expected. (No perfumes, colognes or scented after shave lotion should be used. Many people have allergies to fragrances.)
f. No gum chewing (inappropriate in any professional setting).

6. Students must follow the clinical facility’s no smoking policies during clinical assignments. Student’s uniforms must be free of odor of tobacco smoke.
7. Consumption of alcohol while in the St. John Fisher College student nurse uniform is strictly forbidden.

**Uniform Policy**

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

1. White uniform top with SJFC logo on the left sleeve.
2. Standardized name pin that is ordered with the uniform top.
3. Only all white shirts may be worn under the uniform.
4. White or maroon uniform pants or skirts (acceptable length for care activities. (See * above for details).
5. Clean white shoes with adequate support should be part of the uniform and not for every day wear. (See ** above for details)
6. Skin tone or white stockings or white socks are required.
7. A plain white or navy blue sweater or white lab coat may be worn over the uniform shirt.
8. Students should carry a note pad, pen, stethoscope and bandage scissors with them.
9. A watch with a second hand should be worn.

**Community Health Uniform**

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

**NAME PIN**
- Placement: Worn on the front right side opposite the chest pocket.

**Simulation Experience Attendance**

It is expected that every student attend their scheduled simulation session prepared and in full uniform as indicated in the syllabus. If a simulation is missed, it is at the discretion of the Simulation Lab Staff to decide if extraordinary circumstances presented by the student will merit any exceptions to this policy.
1. Notification
   a. **Prior notification** to the Simulation Director and Course Coordinator is required if a simulation will be missed in order for exceptions to be considered.
   b. Range of possible extraordinary circumstances include but are not limited to:
      - Death in family
      - Hospitalization
      - Personal illness
      - Family illness
      - Serious injury

2. Rescheduling
   a. If an exception is made due to extraordinary circumstances, it is the expectation that the student will be rescheduled at the discretion of the Simulation Director.
   b. A no call/no show to simulation is identified on the student’s clinical evaluation as a missed clinical day.

3. Student Fees
   a. Simulations missed due to incomplete uniform, scheduled vacations, appointments, oversleeping, interviews, shadowing, or work-related commitments will result in the student being charged a fee of $50.00. This fee is to cover the rescheduling of the missed simulation.
   b. The $50.00 fee will be added to the student’s college bill. The student will have a hold placed on their account that could prevent him/her from registering for classes or graduating until the fee is paid. The student will then be rescheduled at the discretion of the Simulation Director to one of the course’s simulation make-up days. Students will not have the opportunity to independently join another simulation session.

4. Documentation of Absence
   a. All communication related to a missed simulation must be documented in an email and a copy placed in the student’s file.
   b. The Wellness Center at St. John Fisher College will not provide documentation of illness/injury unless the student is seen in the Wellness Center for that illness/injury.