Clinical Teacher Handbook

Nursing 591
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UNC-CH School of Nursing  
Information for Clinical Teachers  
N591- Nursing Care of Adults with Major Health Problems II

Thank you for agreeing to become an active partner in the education of a senior student as he or she prepares for professional nursing practice. The one-to-one relationship you create with your student has a major, positive impact in the development of his or her clinical competence as a new nurse.

The purpose of this packet is to introduce you to the course, explain the expectations for the student’s clinical performance, and the role of the clinical faculty who serves as the liaison between you, the student, and the School.

Your clinical faculty is available to answer any questions about your student’s clinical experience or about the course. In addition, please feel free to contact the course coordinator, if needed. Although the primary focus of faculty is the education of the student, client safety and quality of care are equally important concerns. We encourage you to use your professional judgment about the performance of the student under your supervision and allow the student to engage only in those activities for which you are confident he or she has the necessary understanding, preparation, and skill.

Course Information

This course focuses on applying critical thinking, clinical decision making, and evidence-based practice to complex health problems of adults. Unique health needs of older adults are addressed.

Course objectives:

1. Integrate use of nursing process, professional behavior, and evidence-based practice in the delivery of patient-centered, holistic care to adults with complex health problems.
2. Synthesize concepts of caring, critical thinking, and clinical decision making as foundational in the care of acutely ill adults.
3. Analyze the relationship among disease process, clinical presentation, and nursing management of patients with selected major adult health problems.
4. Apply knowledge of the nursing management of selected, complex adult health problems, incorporating best practice guidelines, across the continuum of care.
5. Integrate knowledge of the needs of older adults into the plan of care.

Basic course details:

- This is an 8 credit course with 3 hours of class and 16-24 hours of clinical weekly. It is the final clinical course before graduation.
• Clinical is divided into two 7 week rotations on two separate units, giving the student an opportunity to work with two different patient populations.

• Clinical is graded as pass/fail. The student must pass each rotation.

• The student is expected to deliver care to 2-3 patients (or 1 ICU patient) with complex needs by the end of the semester in order to pass the course.

• In addition to clinical learning, the student has to complete the following assignments:
  - A critical incident paper
  - Article critiques in which the student applies information from the nursing literature to plan and implement care
  - A diversity assignment in which the student shares a reflection about a clinical experience
  - Problem-based case studies
  - Human patient simulator case studies

• Course content
  - Musculoskeletal problems
  - Neurological problems
  - Gastrointestinal problems
  - Burns
  - Renal problems
  - Endocrine disorders
  - Shock, SIRS, MODS
  - Basic arrhythmias
  - ABG interpretation/respiratory failure/mechanical ventilation
  - Genitourinary disorders
  - HIV/AIDS

  **Nuts and Bolts**

**Important information:**

• Required clinical hours:
  - Rotation I – 96 hours
  - Rotation II – 96 hours

  Students will work 2 twelve-hour shifts per week according to the clinical teacher’s schedule.
  Students may arrange clinical on any non-class day (including weekends) according to the clinical teacher’s schedule. Students may not work after 8:00 p.m. when they have a class scheduled for the following day.
Evaluation of Clinical Performance:

- Evaluation of clinical performance in Nursing 591 is ongoing and will be reviewed at each visit by the clinical faculty.
- A mid-term (end of first rotation) and end-of-term evaluation will be completed by the faculty with input from the clinical teacher.
- Any areas of performance needing remediation/improvement are to be identified through data collection by the clinical teacher and clinical faculty and reviewed with the student on a timely basis along with appropriate recommendations for how to change performance to meet expectations.

Roles of clinical teacher, clinical faculty, UNC student

Clinical Teacher Responsibilities

- Accept a 1:1 professional relationship with a senior for the clinical rotation.
- Provide an average of 24 hours per week of clinical experience for students.
- Ensure that patients assigned to the student are at an appropriate level of care for the student and will facilitate meeting clinical objectives.
- Accept responsibility for the safety and well-being of the senior’s patients including the provision of adequate supervision of psychomotor skills until safety and competency are demonstrated.
- Provide guidance for additional clinical experiences, prerequisite learning activities, or alternative, interdisciplinary, learning activities, which contribute to the senior’s acquisition of essential content and skills.
- Evaluate and countersign student documentation.
- Provide the senior and clinical faculty with regular feedback about the senior’s performance in meeting the course objectives, senior’s personal objectives, and unit competency standards of professional nursing practice.
- Provide evaluative data to the clinical faculty about the senior’s performance with regard to the course objectives and participate in end of rotation evaluation (via written or verbal feedback).
- Support the senior as a learner throughout the clinical experience; advocate for the senior in the learner role.
• Foster the senior’s professional behavior in interactions with clients, family, and other members of the health care team. Supports collaboration with the health care team.
• Call the faculty in a timely way for any questions or concerns regarding student performance. Notify the faculty immediately if any safety concerns arise.
• Participate in clinical teacher development and evaluative activities.
• Serve as a role model in all aspects of professional nursing.

**UNC Faculty Responsibilities**

• Facilitate the clinical application of course content from the current semester as well as applicable content from courses previously taken in the program.
• Engage the senior in critical thinking with the integration of theory and research into practice
• Assist the student to examine the professional practice of self and of peers, and evaluate standards of care.
• Encourage the senior to examine and refine his/her caring behaviors, being sensitive to clients’ needs.
• Serve as a colleague with the senior as the senior considers plans for career development and job search.
• Ensure the integrity of senior clinical experiences with regard to Nursing 591 objectives
• Collaborate with nursing management in a shared goal of optimal care of clients and quality educational experiences for seniors, with support of the nursing unit.
• Maintain an awareness of professional, agency, and health care issues.
• Communicate on a regular basis with clinical teachers, unit managers and seniors.
• Lead regularly scheduled evaluations of senior performance.
• Serve as a mentor and work with clinical teachers to promote their professional development.
**UNC Student Responsibilities**

- Orient to the unit and follow the clinical faculty and clinical teacher guidelines for clinical preparation prior to starting clinical.
- Establish and maintain a professional relationship with the clinical teacher.
- Arrange a mutually agreed on clinical schedule with the clinical teacher and communicate this schedule in writing to the clinical teacher and clinical faculty.
- Provide patient care for two 12-hour shift/week for five weeks for each rotation
  - Rotation I – 96 hours
  - Rotation II – 96 hours
- Focus on meeting clinical objectives through direct patient care, interactions with families, and learning staff and leadership responsibilities
- Seek learning experiences based on unit needs, self-assessment of learning needs, and recommendations of the clinical teacher. Use current nursing literature to facilitate professional development and promote quality patient outcomes.
- Seek opportunities for collaboration with other members of the health care team.
- Communicate with the clinical teacher and clinical faculty in a professional manner.
- Progress toward providing comprehensive care for 2-3 patients (or 1 ICU patient) with complex needs.
- Complete Clinical Focus and Progress Tool and submit to clinical teacher and clinical faculty for comments weekly.
- Practice professional behaviors in interactions with patients, staff, clinical teacher and clinical faculty.

**N591 Plan for Students Having Problems in Clinical**

The following guidelines are to be used if a student is having problems in clinical:

Safety issues call for immediate action and remediation. The nature of the problem will dictate the course of action.

The clinical agency’s policy regarding actions by staff nurses that require completion of a variance report will be applied to the student’s behavior.
The completion of the variance report should be done jointly by the student, clinical faculty, and clinical teacher as a learning activity (versus punitive action).

The senior who is considered unsafe to practice by the clinical teacher and clinical faculty within the course objectives and given clinical setting may be immediately removed from clinical.

The course coordinator and undergraduate program coordinator are to be notified of all episodes in which variance reports are required because of a student’s actions/inactions.

The identification of patterns of behavior by the student that are not consistent with standards of care may take longer to identify and require more complex plans for remediation.

Based on the judgment of the clinical faculty as to the potential seriousness of the unsafe behavior, the student may fail the clinical component of the course and therefore the entire course.

The primary responsibility for a plan of remediation is with the UNC-CH School of Nursing faculty.

The student should receive direct verbal feedback from the clinical faculty and the clinical teacher at the earliest possible time following student demonstration of unsafe behavior.

A 3-4 way conference involving the student, clinical faculty, clinical teacher and course coordinator (if no clinical teacher or as requested by any participant) should occur as soon as possible.

The purpose of this conference is to discuss and document the nature of the problem, with a clear written description of the behavior (or lack thereof) which constitutes the basis of the problem and a plan of remediation which describes the behaviors to be implemented by the student, clinical teacher and clinical faculty. All participants in the 3-4 way conference are to sign and receive a copy of the documentation.

A student who feels that he/she is having difficulty in meeting the Nursing 591 course and clinical objectives is responsible for requesting a 3-4 way conference with the clinical faculty and clinical teacher as soon as possible. The student may also contact the course coordinator directly.

The remediation plan will be incorporated as part of the course evaluation, and weekly progress reports will be held among the student, clinical faculty, and clinical teacher. The clinical faculty will keep the course coordinator informed as to the student’s progress. UNC faculty will take primary responsibility for calling conferences to discuss student problems and progress.
**Student Responsibilities for Clinical**

1. **Safety**
   The student is required to practice nursing safely in all client-centered situations. Safe behavior is defined as behavior which does not place the client at risk of physical and/or psychosocial harm. The student is subject to receiving an F in the course and to being dismissed from the program if safe behavior is not consistently demonstrated.

   Safe behavior includes but is not limited to:

   a. Adequate preparation for an knowledge of skills with performance in the clinical setting only under the direct supervision of the clinical teacher or faculty. Adequate preparation includes knowledge of the rationale, procedure, monitoring required and contraindications for the skill. Adequate preparation also requires that the skill has been practiced in the skills lab.

   b. Limiting skills to only those that are within the scope of practice for an RN as defined by the NC Board of Nursing Advisory Statement. All skills are to be performed under clinical supervision by the clinical teacher or clinical faculty.

   c. Demonstrating an awareness of limitations in knowledge and skills and actively seeking opportunities to reinforce and expand knowledge for competent practice.

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**Review of Steps**

**Students with a Clinical Problem**

1) Identify the problem quickly

2) Communicate with student and seek validation

3) Initiate a 3-4 way conference involving the student, clinical faculty, clinical teacher and course coordinator
   a. Describe and document the performance problem
   b. Develop a reasonable plan for remediation
   c. Document the plan in writing and attain signatures for all involved
   d. Provide student and course coordinator with copy of plan
   e. Notify the nurse manager of actions taken regarding student performance

4) Implement the remediation plan with the student
   a. Include written evaluative notes
   b. Discuss and update notes on a weekly basis for the remainder of the clinical experience
   c. Meet on a regular basis with the student, clinical faculty, clinical teacher and course coordinator to update student progress
d. Recognizing that effective communication and collaboration with other health care providers contributes to safe patient care and optimal patient care outcomes.

2. Provides holistic care for adults with complex health problems at various points in the trajectory of an illness.
   a. Identifies priority nursing problems and implements and evaluates an appropriate plan of care using evidence-based practice.
   b. Submits written plans of care to faculty if required.
   c. Explains modifications needed in the plan of care based on patient progress toward expected outcomes.
   d. Seeks opportunities to perform advanced interventions with appropriate preparation and supervision.
   e. Documents care accurately and in a timely manner. Documentation is comprehensive and reflects the plan of care.
   f. Admits and discharges patients and communicates care based on findings.
   g. Care reflects an understanding of the needs of older adults.
   h. Provides care for a minimum of two patients/families (one patient in an ICU setting).

3. Care experiences reflect patient diversity with respect to, for example, developmental stage, culture, ethnicity and socioeconomic status.

4. Demonstrates professional role behavior
   a. Communicates appropriately with patients, staff, other disciplines, and faculty.
   b. Presents self as a representation of the profession and of the UNC School of Nursing through appearance and conduct.
   c. Recognizes that collaboration and communication with other disciplines ensure an integrated plan of care and optimize patient outcomes.
   d. Values advocacy and communicates with the health care team to see that patients’ care needs are met.
N591 Prohibited Skills for Students
UNC- CH School of Nursing

In regard to what skills senior N591 nursing students can do the rule is:
“Students can do what they have had content, practice, and check-off for and those skills that are consistent with the expectation for performance of a new RN hire on the particular unit”. If you have questions about such cases, please ask the assigned UNC faculty member.

Additionally, The North Carolina Board of Nursing (BON) “Advisory Statements” require further training and competency validation. Since they require further training and competency validation, these “Advisory Statements” or skills are not considered entry level practice. Students are not to actively participate in these skills per the BON.

The following skills are **NOT** to be performed by students in the N591 clinical experience, even under the direct supervision of a preceptor.

Students are **NOT** to perform the following:
1) **Arterial Lines:**
   - draw blood from existing arterial line
   - remove an existing arterial line
   - arterial punctures for blood collection or line insertion
   - hold pressure after arterial line removal
2) **Hemodynamic monitoring:**
   - inflate a Swan balloon (or assist with insertion)
   - wedge a Swan
   - manipulate a Swan catheter
   - obtain blood from the PA port for SVO2 calibration or mixed-venous blood gas
   - inject fluid for a cardiac output measurement
3) **IVs:**
   - remove a central line
   - hold pressure after removal of a central line
   - cannulate a femoral, jugular, or central vein
   - insert or remove a PIC or PICC line
   - *** students **MAY** withdraw blood from an existing central line
   - *** students **MAY** perform peripheral venous sticks for blood draw or IV insertion
4) **Administration of medications:**
   - IV Pitocin
   - Prostaglandin suppositories
   - Thrombolytic agents
   - IV Chemotherapy
   - epidural analgesia or remove an epidural catheter
   - intraventricular medication through a reservoir
• administer pharmaceutical agents via an existing access device directly into a body organ or cavity

5) **Orders/consents**
• take verbal or phone orders
• obtain phone or in-person consents

*******Additionally preceptors should NOT give students their computer passwords/IDs.

**OTHER SKILLS PROHIBITED**

**Artificial Insemination** - performance of donor sperm insemination

**Bimanual Exam** - Performance of bimanual pelvic and rectal exam for health screening

**Breast Assessment** - Performance of breast assessment for health screening/referral purposes

**Debridement** - Debridement of wounds, including surgical debridement,

**Defibrillation** - Defibrillation under protocol

**Endotracheal Intubation** - Endotracheal intubation

**Enteral Feeding Tubes** - Insertion of enteral feeding tubes and other tubes with mercurial bulbs

**Epicardial Pacing Wires** - Removal of epicardial pacing wires

**External Temporary Pacemaker** - Non-invasive external temporary pacemaker therapy

**Flexible Sigmoidoscopy** - Performance of flexible sigmoidoscopy

**Gastrostomy/Suprapubic** - Reinsertion of gastrostomy/and suprapubic tubes/catheters

**PAP Smear** - Obtaining a Papanicolaou smear

**Pericardial Fluid** - Aspiration of pericardial fluid via an existing catheter

**Pneumothorax** - Needle aspiration of pneumothorax

**Pronouncement of Death** - Pronouncement of death of an individual

**Prostate Screening** - Performance of prostate screening for health screening and referral purposes

**Surgical First Assist** – Performance of first assistant activities in the perioperative arena

**Suturing** - Stapling and/or suturing of superficial wounds after assessment by the physician

**Thoracotomy Tubes** - Removal of thoracotomy tubes

**Umbilical Catheters** - Insertion of umbilical catheters
**Weekly Clinical Focus and Progress Tool**

Nursing student: _______________ Clinical teacher: _______________ Unit: _______

Complete before each week by establishing your clinical focus either independently or after consultation with the preceptor. Incorporate clinical focus into selection of patient assignment/care activities.

Observations should be completed at the end of the week by both student and preceptor and could include: Completion of clinical foci; organizations skills, ability to set priorities; communication skills; critical thinking and caring skills; ability to assess, plan, implement and evaluate patient care; use of rationale for care; documentation skills.

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<tr>
<th>Clinical Focus</th>
<th>Student’s Self Evaluation</th>
<th>Preceptor’s Observations</th>
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