

Guidebook for Undergraduate Clinical Faculty

2014-2016

*Nursing at Northeastern:
“Making a difference through innovative, experiential, urban
education and scholarship in a changing world.”*

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WELCOME

Welcome to Northeastern University (NU) School of Nursing. If this is your first time teaching with us, thank you for joining our faculty. If you have taught at NU before, thank you for returning. Thank you for your commitment to our students and future nurses.

The School of Nursing epitomizes Northeastern University's commitment to experiential, innovative, urban education. We have earned distinction through our successful cooperative education program and our strong community-based curriculum. In addition to the co-op program, we offer students an array of experiential learning opportunities, such as participation in research with faculty and international study. Our curriculum is designed so that students progress in their learning from wellness to illness. Throughout the program students have many experiences in community settings. This enables them to consider how clients are cared for across the health care continuum and to learn the relationships among care that is delivered in varied settings. Our students are intellectually curious and eager to apply their knowledge and skills to improve the health of the clients with whom they interact.

Your role as clinical faculty is to help our students apply their classroom learning in the clinical setting and appreciate the significant impact they can have on the health of not only individuals and their families, but also of communities and our society. As a teacher and guide, you will help them translate their learning and current research into practice. You will be a role model who helps them understand the values, responsibilities, and accountability that professional nurses hold. You will give them constructive feedback, both clinical and professional, and help them appreciate the centrality of life-long learning. You will provide them support when they are challenged or anxious and celebrate with them their achievements. Through all of this, remember that we appreciate all you are doing for them as they prepare to enter our exciting profession.

This Guidebook serves as a source of information about the School of Nursing policies and procedures, faculty roles and responsibilities, and campus resources. It also presents our mission, philosophy of nursing, and an overview of the BSN/prelicensure/ RN to BSN courses. Resource information about clinical teaching in the School of Nursing is also presented. We hope it will be helpful to you. If you have questions or suggestions, please contact your course coordinator or Maria Sorensen, Director of the Clinical Placement Office (617-373-3247), 103 Robinson Hall, Northeastern University School of Nursing, 360 Huntington Avenue, Boston, MA, 02115.

We look forward to working with you as we prepare the nurses of the future. On behalf of the full-time faculty and staff, thank you and have a successful term.

Pamela Burke, PhD, RN, FNP, PNP, FSAHM, FAAN
Clinical Professor, Interim Dean
School of Nursing
Northeastern University

MISSION OF THE SCHOOL OF NURSING

The mission of the Northeastern School of Nursing is to educate our students to provide evidence-based, culturally and linguistically competent, ethical healthcare that is high quality, safe, and accessible to diverse local, national and global communities. Our programs prepare students to become leaders as nurse clinicians, educators, scholars, and researchers. *September, 2012*

Philosophy

The philosophy of the School of Nursing emanates from the mission statement of the University that expresses commitment to educate students for a life of fulfillment and accomplishment and to create and translate knowledge to meet global and societal needs. The School of Nursing supports these aspirations in the community-based focus of the curriculum with a strong commitment to meeting the health needs of urban populations. The clinical teaching and learning programs give life to the practice-based educational focus, amplified and advanced by the strong bonds with Cooperative Education. The nature of nursing practice is independent, interdependent and emphasizes interprofessional collaboration, problem solving and patient care planning. The faculty is committed in providing the foundation for our students to meet urban and national health needs of the people, to promote nursing science and research, to provide service to the community and foster the continued development of nursing practice.

Baccalaureate education provides the foundation for professional nursing by integrating the arts, sciences, humanities, and components of the professional nursing role to prepare graduated for entry into practice. Baccalaureate education fosters the development of values, attitudes, personal qualities, and professional behaviors that lead students to a sense of commitment and social justice. Cultural sensitivity and responsiveness to the diversity of human need, along with responsibility for self and one's actions are the hallmarks of the profession. The program of study prepares graduated to apply essential knowledge within specific decision-making contexts; engage in a broad range of health promotion and teaching activities; provide and coordinate safe, humanistic care to clients in a variety of settings; and demonstrate ethical behavior. Cooperative education enriches undergraduate learning by providing students an opportunity for experiential application of their academic study within the world of practice.

Master's education builds upon the general knowledge base and practice experience of professional nurses. Critical inquiry and independent thinking characterize graduate study. Masters education prepares nurses for advanced practice by providing an in-depth knowledge base and advanced clinical skills in an area of specialization. This program of study enables the graduate to practice as a nurse practitioner, clinical specialist, nurse anesthetist, and nurse administrator. Graduates manage complex clinical problems, participate in research endeavors, and interact collaboratively with colleagues in other disciplines. And assume leadership positions in the delivery of health care services.

The Doctor of Nursing Practice (DNP) is a practice-oriented doctoral degree designed to prepare advanced nurses at the highest level. This change was driven by evolving nursing roles in an increasing complex health care system, new scientific knowledge and ongoing concerns about the quality and outcomes of patient care. Keeping pace with the demands of today's changing health care environment requires clinical experts who have the knowledge and skills to be effective and practical change agents. Graduates of DNP programs across the country are assuming clinical and leadership positions as advanced nurses in a variety of roles, including faculty, nurse executives and community leaders.

The Doctor of Philosophy builds upon the foundational knowledge in the bachelors and masters levels if a post master's student or bachelors with coursework taken along the way for the BSN to PhD student. A student in the PhD in Nursing program will gain the knowledge and skills needed to identify and examine health problems that impact urban and underserved populations. Upon graduation, will be able to assume the role of researcher, educator and scholar in a school of nursing, clinical agency, research center, or other setting. The graduate will provide leadership for the profession and developing new knowledge that will influence nursing practice and improve health outcomes for all individuals.

The pillars for our curricula at all levels are: leadership, critical thinking/clinical reasoning, evidence-based practice, quality care, cultural and linguistic competence, interprofessional collaboration, and informatics/technology.

This faculty believes that the focus of professional nursing practice is promoting, preserving and restoring the health of individuals, families and communities, and supporting the terminally ill to a peaceful death. Nursing's knowledge base evolves from nursing theories and research, the humanities, and biological, physical, social, behavioral sciences. Professional nursing practice is an interactive practice, which promotes health and well being and assists patient/clients in adapting to changing environment.

The faculty believes that human beings have biological, psychological, social, cultural and spiritual characteristics. Health is a dynamic state of being, resulting in a personal view of quality of life. Health occurs along a continuum on many different axes as individuals, families, and communities interact with their environment to adapt to changes through all phases of the life span. The clients' health is influenced by multiple factors in the environment, as well as many variables related to access to quality care. The faculty believes that patients/clients individuals, families and communities have the right to health care with respects to their uniqueness, personal dignity, cultural and ethnic values, and which maximizes their potential for positive quality of life.

The faculty believes that professional education is a lifelong process. Eclectic approaches to teaching reflect the faculty beliefs about the learning process. Learning is a process in which each individual brings unique qualities, influenced by his/her abilities, career goals, and prior education and life experiences. The School of Nursing is committed to expanding the diversity of its faculty and student body by facilitating access to educational opportunities. Active participation and interaction between faculty and students stimulates mutual learning through the sharing of ideas and engaging in critical inquiry. Students and faculty are encouraged to

strengthen and develop their critical thinking abilities, problem-solving skills, and creative powers in an environment that supports scholarship and collegiality. The School of Nursing is committed to academic freedom that allows both students and faculty to reflect upon issues and clarify personal and professional values. Principles of adult learning foster recognition of learning needs and promote flexible ways to achieve scholastic excellence.

Curriculum Organizing Framework

Based on the mission and the philosophy the faculty identified the following Curriculum Organizing Concepts that were approved by the faculty on October 15, 2012.

- **Leadership**
Leadership encompasses the ability to listen, translate, decide, take action and inspire others. Leaders have the vision to set direction, engage the stakeholders towards a common goal, and have the competency to create and cultivate open, trusting and caring relationships with others.
(Based on O'Connor, M. (2008). The dimensions of leadership. A foundation for caring competency. *Nursing Administration Quarterly*, 32 (1), 21-26.)
- **Critical Thinking/Clinical Reasoning:**
Critical thinking is a reflective process based on creative, intuitive, logical, and inferential thought patterns. Clinical reasoning is the ability to think critically about health care decisions related to patients, families, and communities.
(Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses. A call for radical transformation*. San Francisco: Jossey-Bass.)
- **Evidence-Based Practice:**
An integration of the best evidence available, nursing expertise, and the values and preferences of the individuals, families and communities who are served. This assumes that optimal nursing care is provided when nurses and health care decision-makers have access to a synthesis of the latest research, a consensus of expert opinion, and are thus able to exercise their judgment as they plan and provide care that takes into account cultural and personal values and preferences. This approach to nursing care bridges the gap between the best evidence available and the most appropriate nursing care of individuals, groups and populations with varied needs.
(Sigma Theta Tau International. (2005). Evidence-based practice position statement, Indianapolis, IN: Author.)
- **Quality Care:**
Quality is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Quality care is safe, effective, patient-centered, timely, efficient, and equitable.

(Institute of Medicine. (2001). *Crossing the quality chasm*. Washington, D.C.: The National Academies Press.)

- **Cultural and Linguistic Competence:**

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations that value and incorporate the cultural differences of diverse populations. It promotes evaluation of one's own health-related values and beliefs, health care organizations, and health care providers, and responds appropriately to, and directly serves the unique needs of populations whose cultures may be different from the prevailing culture.

(Adapted from: National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report. (March, 2001). Washington, DC: OMH, DHHS)

- **Interprofessional Collaboration:**

A situation wherein multiple healthcare workers from different professional backgrounds work together with patient's families, care givers and communities to deliver the highest quality of care.

(Interprofessional Educational Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice. Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.)

- **Informatics/Technology:**

Utilize informatics to communicate, manage knowledge, mitigate error, and support decision-making using information technology.

(Institute of Medicine. (2003). *Health professions education. A bridge to quality*. Washington, D.C.: National Academies Press.)

When the student is in the clinical setting it is important to ensure that these pillars are integrated into the clinical experience and to ensure that the following student outcomes are considered in the clinical experiences.

Northeastern University Baccalaureate Nursing Graduate Terminal Objectives

The graduate from the baccalaureate program in nursing will:

1. Integrate best evidence, clinical expertise, and patient values and preferences in the implementation of patient centered care

Collaborate effectively with individuals, families, and interprofessional teams in delivery of quality patient care.

Provide high quality patient centered care through application of practice improvements.

Apply leadership concepts and skills in the provision of patient centered care.

Use patient care technology, information systems, and communication devices to provide patient centered care.

Expected Student Learning Outcomes (Baccalaureate)	Expected Student Learning Outcomes (Master's)	Expected Student Learning Outcomes (DNP)
Integrate best evidence, clinical expertise, and patient values and preferences in the implementation of patient centered care.	Implement and evaluate best available evidence into clinical practice.	Translate evidence to develop new models for nursing practice that will transform care.
Collaborate effectively with individuals, families, and interprofessional teams in delivery of quality patient care.	Partner with colleagues across multiple professions to meet healthcare needs of patients, families, communities, and systems of care.	Lead and diffuse interprofessional care coordination teams and collaborative efforts.
Provide high quality patient centered care through application of practice improvements.	Evaluate patient care systems and clinical outcomes in order to implement strategies to reduce risk and improve the quality of care.	Direct the development and implementation of social, economic, political, and health policy initiatives to ensure the quality of health care.
Apply leadership concepts and skills in the provision of patient centered care.	Lead change to advance healthcare for individuals and communities.	Lead the design, implementation, evaluation, and dissemination of evidence-based practice improvement initiatives.
Use patient care technology, information systems, and communication devices to provide patient centered care.	Maximize use of health information technology to communicate among providers, consumers, government agencies, and insurers.	Evaluate the impact of health information technology on organizations and nursing practice.

BOUVÉ COLLEGE OF HEALTH SCIENCES ORGANIZATION OF THE COLLEGE

The Bouvé College of Health Sciences is composed of three schools: School of Health Professions, School of Nursing, and School of Pharmacy. Bouvé College is the second largest college at the University. Having all health professions programs within one college brings attention and momentum to the increasing emphasis in health care on interdisciplinary work and practice. Faculty and staff in the College continually strive to enhance and foster interdisciplinary study, research, and clinical practice. The College has integrated student services at both the undergraduate and graduate levels.

College Leadership

The Dean of the Bouvé College of Health Sciences is Dr. Terry Fulmer and her office is located in 215 Behrakis Health Sciences Center. The Interim Dean of the School of Pharmacy is Dr. Dave Zgarrick. In the School of Health Professions individual departments are led by Department Chairs. The Interim Dean of Nursing, Dr. Pamela Burke, provides leadership for the nursing academic and research programs. Dr. Burke's office is located at 102 Robinson Hall and she can be reached at (617) 373-3649, or pj.burke@neu.edu. The main phone number to the School of Nursing is (617) 373-3102. A fax machine is located in 102 Robinson. The number is (617) 373-8675. Jeanine Mount, PhD, RPh serves as the Associate Dean of Undergraduate Education.

Undergraduate Office of Student Services (OSS)

The Undergraduate Office of Student Services is located at 120 Behrakis Health Sciences Center with Christine Letzeiser serving as Assistant Dean of Enrollment and Student Services. Christine Muller and are the academic advisors for nursing students. Ms. Letzeiser, Ms. Muller or Ms O'Flynn can be reached at (617) 373-3320. Additionally, Ms. Muller can be reached at (617) 373-7786 or c.muller@neu.edu. and Ms. O'Flynn can be reached at 617 373 5733 or email j.oflynn@neu.edu

Graduate Office of Student Services

The Graduate Office of Student Services is located at 123 Behrakis Health Science Center. Tom Olson PhD, serves as the Associate Dean of the Bouvé Graduate School. All of the services for graduate students in the health sciences are under his direction. Molly Schnabel is the Director of Graduate Student Services. Both Dr. Olson and Mrs. Schnabel can be reached at (617) 373-2708.

Academic Calendar by year are available on line at
<http://www.northeastern.edu/registrar/calendars.html>

Please check with the School of Nursing Course Coordinator to determine the dates for starting and ending the clinical experience in the community or hospital.

**BOUVÉ COLLEGE OF HEALTH SCIENCES
SCHOOL OF NURSING
ADMINISTRATION AND FACULTY LEADERSHIP**

College Administration

Dean of Bouvé College of Health Sciences – Terry Fulmer
Associate Dean for Undergraduate Programs - Jeanine Mount
Associate Dean of Bouvé Graduate School – Tom Olson

School of Nursing Administration

Interim Dean, School of Nursing – Pamela Burke
Assistant Dean, Baccalaureate Programs – TBA
Assistant Dean, Graduate Program – Janet Rico
Senior Research Advisor– Rachael Jones
Clinical Coordination Director – Maria Sorensen
Clinical Placement Program Manager-Khrystal DeHate
Administrative Program Support- Lolita Hampton-Frisby (undergraduate, RN to
BSN, and Direct Entry on ground)
Susan McDonald (graduate,)
Academic Program Support-Courtney Oliver (online Direct Entry)
Nursing Laboratory Coordinator – Brenda Douglas

Bouvé College of Health Sciences Student Services
Undergraduate-Jennifer O’Flynn, Christine Muller
Graduate-Margaret Schnabel

Baccalaureate Curriculum

Sample Undergraduate Curriculum available at
<http://www.northeastern.edu/bouve/nursing/programs/bsn.html>

Please note that the Bouve/SON websites are in the process of being redesigned and links will be changed. The current links will be set to redirect you to the new webpages.

Course Descriptions

Detailed course descriptions can be found on the registrar site at
<http://www.northeastern.edu/registrar/ref-udc-reg-ugd.html>

SCHOOL OF NURSING PROGRAM GUIDE

The School of Nursing offers a Bachelor of Science in Nursing Program designed to prepare students to become professional nurses for practice in a variety of health-care settings, such as hospitals, community health centers, schools and homes. The School aims to provide all students – including those with diverse backgrounds and changing career goals – with a broad-based education that will foster ongoing personal and professional growth. The School also offers a RN-BSN program for those nurses who have either a diploma or Associate Degree in Nursing.

Nursing is both a science-based process and a caring art. The curriculum offers instruction in the sciences with some requirements in the humanities. Since nursing practice focuses on promoting, preserving, and restoring the health and well-being of individuals, families, groups, and communities across the life span, the curriculum emphasizes a community-based primary care approach, which starts in the freshman year and builds throughout the program. This approach requires knowledge, skills, and attitudes related to healthcare that is comprehensive, culturally sensitive, continuous, effective, compassionate, and collaborative. Because the vast majority of people's lives are spent in the community, a significant part of the clinical program takes place in the community where people live, work, eat, rest, play, vote and pray. Recognizing the equally important need to prepare nurses to care for ill clients in institutions, the program provides ample opportunities for nursing practice in hospitals, rehabilitation centers, and long-term care facilities. The program also allows for some opportunity to have interprofessional education and practice. The curriculum is capped by courses that enable students to put leadership and management skills into action and to synthesize the complete role of the professional nurse in a clinical practicum.

In addition to completing academic coursework, students must meet the cooperative education requirement, which gives them the opportunity to integrate the theory and practice of nursing in selected settings. Through more than seventy community and institutional healthcare agencies in Greater Boston, and across the country, students gain experience in providing nursing care to a variety of clients and families. Students learn that nurses have major roles in wellness and health promotion, acute care, and long-term care.

The baccalaureate nursing program provides the educational background needed for graduate study in nursing specialties. Successful completion of the baccalaureate program allows our graduates to take the national council Licensing Examination (NCLEX-RN) to become registered nurses.

The program is accredited by the American Association of Colleges of Nursing and approved by the Board of Registration in Nursing of the Commonwealth of Massachusetts. Accreditation and approval indicate that the program meets educational standards for faculty, curriculum design, student quality, and overall University support. The school subscribes to the standards established by the American Association of Colleges of Nursing, and the National League for Nursing of which it is a member.

Refer to <http://www.northeastern.edu/bouve/nursing/programs/bsn.html> for School of Nursing Programs

DEPARTMENT OF COOPERATIVE EDUCATION NURSING CO-OP PROGRAM

Cooperative education is work-based learning in which work experience is a structured part of the curriculum. Students alternate periods of classroom study with planned, career-related work experience. In the work setting, students are expected to be paid, full time, productive employees. Supervised and evaluated by the employer, students are active participants in the employing organization. The cooperative education program seeks to provide experiences designed to effect change and growth in all three learning domains: cognitive, affective, and behavioral [Cooperative Education Curriculum, 1993]. The Cooperative Education Curriculum can be found at <http://www.northeastern.edu/bouve/experiential/coop.html>

- The baccalaureate nursing program is planned to include cooperative education experiences which provide students with nursing work experience prior to graduation.
- It also provides for some simulated experiences

However, co-op or simulation does not replace clinical practice. Nursing faculty provide all classroom, laboratory, and clinical instruction during academic semesters. Students participate in faculty-supervised clinical practice as part of nursing courses after freshman year.

The co-op job description is regulated by state laws regarding nursing practice, the policies of the employing institution, and the institutional job description. By law, nursing students must work under the supervision of a registered nurse when providing nursing care of clients or patients, and they may not administer medications. However, with permission of the cooperating employer and the supervising registered nurse, students may work in a nursing assistant role with more responsibilities than nurses' aides.

Successful completion of each cooperative education experience is recognized by a grade of *satisfactory* and experiential learning/co-op credit on your academic transcript. Students earn a satisfactory grade and co-op credit when they successfully complete the three components of the cooperative education learning curriculum: **preparation, activity, reflection**. To receive a satisfactory grade and credit for co-op experience, students must meet certain requirements.

The Difference between Co-op and Clinical Practice

Adapted from: Kramer, M. & Schmalenberg, C. (1977). **Path to biculturalism**. Rockville, MD: Aspen. (classic)

A student's role as an **employee** during a co-op semester is different from a student's role as a **student** in school, even though clinical practice in nursing courses, students are consumers of a service. They pay tuition in exchange for the expertise of faculty. Students are primarily *learners*.

As an employee during a co-op semester, students are providing a service to the employer. They get paid for their work. Therefore, the work is more important than their learning needs.

Although students can expect to learn while on co-op, they need to think of themselves as workers who learn incidentally [nursing assistant role] instead of learners who work incidentally [student nurse role].

Goals of the Nursing Co-op Program

Adapted from R.R. Tillman

The cooperative education program for baccalaureate nursing students has been designed to help students to:

- clarify immediate and future personal, educational, and career goals;
- explore jobs in nursing or in other fields to confirm nursing as a career choice;
- explore jobs in nursing to try nursing specialties;
- test values, interests, abilities, and lifestyle against the realities of a nursing career;
- develop job-finding, job-survival and career management skills;
- develop and practice nursing skills;
- connect what students are studying in school to work by applying what they learn in school to work and then what they do at work to their classroom activity;
- increase understanding of the world of work;
- develop a professional nursing identity by working with nurses as role models;
- prepare for the change from student nurse to professional nurse by gradually improving nursing skills;
- improve job opportunities for after graduation by developing useful employer contacts, by testing employment choices as an undergraduate, and by gaining marketable experience;
- meet financial responsibilities.

The nursing co-op program has been designed also to:

- promote collaboration between education and service by involving practicing nurses in the education of students;
- help employers to meet routine or special employment needs with high quality employees;
- help employers to recruit graduates;
- enhance the relationship between the University and the community.

For More Information

If you have questions or would like more information about the nursing co-op program at Northeastern University, please call:

Jacqueline Diani, Med
Senior Coordinator for Cooperative Education
203 Robinson
(617) 373-3438
(617) 373-3437/fax
j.diani@neu.edu

Mary Carney, RN, CS
Assistant Coordinator for Cooperative Education
203 Robinson
(617) 373-3416
(617) 373-3437/fax
m.carney@neu.edu

UNDERGRADUATE CLINICAL FACULTY

The responsibilities of the undergraduate clinical faculty include, but are not limited to:

1. Abiding by assigned clinical agency policies.
2. Providing student orientation to clinical agency.
3. Assigning of students to patients and or learning experiences in clinical setting.
4. Collaborating with personnel in clinical setting relative to students educational experiences as required by the course syllabus.
5. Using pre-conferences to guide the practice for the clinical experience.
6. Organizing and leading post-conferences with students.
7. Supervising the safe practice of students in the clinical setting.
8. Providing ongoing feedback to students regarding their clinical performance on an individual basis.
9. Evaluating students in clinical setting using clinical evaluation profile and course objectives/expected student outcomes.
10. Conducting clinical conferences on a regular basis.
11. Evaluating assignments prepared by students that include specific feedback for improvement.
12. Providing guidance to student led seminars.
13. Conducting seminar and evaluating student performance.
14. Writing an evaluation of each student using the SON clinical evaluation tool and actively engaging the student in self-evaluation.
15. Conducting end of semester evaluation conference with each student.
16. Communicating with course coordinator and when necessary the Assistant Dean for Undergraduate Programs regarding any concerns relative to student performance or course offering.
17. Attending course meetings as scheduled by course faculty.
18. Grading of clinical related assignments as required.
19. Submitting student grades to course coordinator.

Clinical Faculty should collaborate with course coordinator to discuss these responsibilities as they apply to specific course. They should follow the course syllabus and schedule provided by the course coordinator. It is important to discuss the syllabus and student and faculty expectations prior to the course beginning and then as need during the semester. The course syllabus serves as our contract with our students.

Instructor Absence Policy

Clinical faculty must be present for the specified clinical days in the semester in which they have signed an official contract with the School of Nursing.

If an instructor becomes ill and cannot physically be present for a clinical day he/she is should call the coordinator of the course, clinical placement coordinator, and all students in the assigned clinical group (hospital and community health agency) to let each know of the possible absence and what plans are to be followed in light of this event. The instructor's contact at the clinical agency should also be contacted. If this is an emergency situation and allows for communication, ask a designated person to call the course coordinator or Assistant Dean.

In the event of a campus closure, which will be sent through NU Alerts, clinical instructors should communicate with their assigned clinical site to discuss implications of students not attending clinical and other related issues. Clinical instructors should have access to their student contact information in case they need to communicate with the clinical group (email, telephone).

Onsite Clinical Responsibilities

All clinical instructors are expected to be in the clinical agency when students are present for clinical experiences unless specific arrangements have been made in collaboration with the course coordinator. Clinical instructors are critical to providing effective guidance to each student and this requires instructor engagement in the clinical experiences. If students are assigned observation experiences instructors may not be present; however, instructors must provide the student clear directions as to the location, staff contact, time period for the observation, purpose of the observation, and expectations and which qualified nurse is supervising the experience. Clinical instructors should follow up with students after the observation experience.

Evaluation of Written Assignments

Clinical instructors are expected to follow all course evaluation requirements found in the course syllabus. When students submit written assignments, which may be done in hard copy or electronically, the instructor is expected to review the assignment and provide clear, specific evaluation feedback on the assignment and return to the student in a reasonable time. For most assignments this would be no more than a week, but students need to be told the expected date for return of assignment. When oral assignments are required, then the instructor should provide written feedback to the student. Instructors are to communicate within a reasonable one week period to all assignments requested of the students and give feedback regarding overall performance before the end of the semester. This will allow student to redirect efforts or set new goals as appropriate to facilitate their success.

Documentation

Clinical instructors need to keep copies of all student written assignments and evaluation feedback and grades. Provide evaluation information to course coordinators as required.

UNDERGRADUATE CLINICAL PLACEMENTS

Orientation

There are two components to orientation:

- All clinical undergraduate faculty should communicate with the Office of Clinical Operations to determine the plan of orientation as scheduled with a clinical agency. In addition, a contact person's name with whom contact is to be made by the faculty with that individual for the initiation of orientation. Orientation to the assigned unit as well as the institution in general should be completed at least 2 weeks prior to the beginning of clinical experience. Annual re-credentialing is the responsibility of the clinical faculty.
- Students must be oriented by the assigned faculty to the physical facility and type of institution, the types of patients they will be caring for and their responsibilities as students in a specific agency. Students should be told where policy and procedures are located either physically or electronically, so that they may become familiar with the specific policies in the agency. Students should be oriented to locker areas and appropriate places to keep personal belongings during clinical hours. Orientation to specific documentation protocols of each agency is required. It is imperative that requirements for weekly assignments be explained thoroughly so that students are clear on what is expected. The clinical or course objectives/expected student outcomes should be discussed at the orientation meeting with students in an assigned agency. In addition, faculty and student responsibilities should be discussed. Students need to be clear about communication methods, when to contact faculty and the agency, and any other requirements related to meeting clinical expectations. Establish communication methods with students, and get individual student contact information (email, telephone). Inform students how they should contact the instructor.

Patient Assignment

Patient assignments should be chosen by the clinical faculty after consultation with the appropriate nursing resource professional on the unit. Patient assignments should enable students to achieve clinical objectives/expected student outcomes. The nurse in charge should be informed of each student's patient assignment and the level of care and type of nursing responsibilities that the student will undertake for that patient. Faculty need to consider the student's competencies and make adjustments as required during the clinical experience. Students need to understand why clinical assignments are made and how these relate to their competencies and clinical expectations. This approach supports ongoing student clinical evaluation.

Objectives/Expected Student Outcomes

The objectives of a given clinical day should be outlined and discussed with the students during the pre-conference and reviewed during post-conference as needed. Necessary skills, treatments, or other practice issues to be performed by students on patients that day should also be reviewed by the clinical instructor. The majority of the basic fundamental nursing skills are taught to the

students in courses NRS 220, NRS 221, NRS 323, and NRS 324. (Please speak with either the course coordinator and or students to determine if and when these were completed) All students are responsible for achieving competence in certain procedures and skills prior to performing these skills in the clinical setting. The student is responsible for informing the clinical faculty if he/she is not competent in a certain skill or procedure before performing such procedure in the clinical setting.

The Clinical Day

The clinical faculty meets students on the specified clinical unit or area. A pre-conference or report is given to students concerning their patients' conditions at a designated time. This pre-conference should be interactive with the student and faculty to determine best approaches for practice during the scheduled clinical experience. Students present a nursing care plan on the assigned patient to the faculty for discussion. Appropriate supervision should be provided for nursing procedures performed and administration of medications to patients by nursing students. At the end of the clinical day, students will report to the staff nurse responsible for an assigned patient, or patients, and provide them with an update on their status, treatments done, medications given, and any other pertinent changes related to the patient's care. Students should prepare proper documentation for the patient record. *Faculty should review the students' documentation prior to it being written in the patient record.*

A post-conference provides the faculty with the opportunity to review student care plans and discuss issues related to patient care administered that day. This is a critical, required component of our clinical experiences for students. At the end of each clinical day, the faculty member should write a progress note on each student's performance for that clinical session based on expected behaviors, standards of care, and the objectives/ expected student outcomes for the course. This evaluation should be shared over the semester to ensure that evaluation is ongoing with the student.

Evaluations

A Clinical Warning Form/ FACT is to be completed on any student whose performance is unsatisfactory at the midpoint of the semester. FACT reporting is available electronically through the individual course or on Blackboard or Angel platform.

A final evaluation of the student's performance is due the last week of the clinical course. The standard SON Student Clinical evaluation form is to be used. Faculty must meet with each student to present, review and discuss the evaluation at the end of the semester.

A nursing student may be placed on clinical warning at any time during the semester for the following reasons:

- Not meeting clinical objectives at a satisfactory level.
- Failing to demonstrate safe practice.

Conditions

- Students on clinical warning must develop an academic plan with the clinical instructor to address clinical performance.
- Students are expected to improve clinical performance by adhering to the plan.

- Failure to adhere to the terms of the plan will result in the student failing the course and being placed on academic probation. All conditions of academic probation will then apply.

Notification

- The clinical instructor should *first* talk with the course coordinator. If at any time during this process the clinical instructor has questions or concerns, the instructor should contact the course coordinator.
- The clinical instructor will issue the student a Clinical Warning identifying the problem, a plan for remediation, and the expected timeframe for improvement. This can also be done using the FACT report.
- The student and the instructor then will develop a plan together to address the deficiency, and this information is to be documented in their academic file.

Advisor

- This is an administrative warning and will not be posted on the transcript.
- Instructors should ask their course coordinators about the F.A.C.T. system in use for course warnings

NORTHEASTERN UNIVERSITY SCHOOL OF NURSING

CLINICAL EVALUATION FORM

Student: _____
 Semester: _____ Instructor: _____
 Clinical Agency: _____ Unit: _____
 Absences: _____ Tardy: _____

The behaviors listed below under each competency are statements that demonstrate the student's application of theory to practice, decision making ability, skills (psychomotor, communication, interpersonal, relations, etc.), and professional behavior and development during clinical practice. It is assumed that each student will take responsibility for her/his own professional growth and on-going development of a personal philosophy of nursing practice; thus, student weekly growth is expected and course expectations will rise accordingly.

- A - Competency met. Objectives met consistently and with minimal assistance.
- B - Competency met. Objectives met with some assistance; showed great improvement over semester.
- C - Competency met. Objectives met with much assistance; still room for improvement by end of semester.
- D - Competency not met or met at an inconsistent level.

Competency 1 – Demonstrate professional behavior.	Comments for each objective
1. Takes responsibility for own learning by <u>initiating</u> questions with respect to clarification and/or elaboration of preparation for clinical practice.	
2. Discusses own learning needs with faculty and asks for advice on ways to improve planning and implementing nursing care, and for specific experiences to meet identified learning needs.	
3. Recognizes impact of self in provision of nursing care and is committed to self-growth.	
4. Constructively uses extra time during clinical practice.	
5. Articulates an appreciation of the impact of the patient's illness and hospitalization on the family.	
6. Critically analyzes and applies evidenced base practice and/or nursing literature findings to clinical practice.	
7. Takes responsibility and accountability in all areas of nursing care and interactions with children, families, faculty, peers, members of the health care team, and personnel in other disciplines.	
8. Practices within the legal ethical frameworks of nursing.	
9. Protects patient's/ client's rights under the law (Privacy, autonomy, confidentiality)	
10. Advocates for patient/family and/or community.	

Competency 1 grade	A	B	C	D	E
Competency 2 – Gather appropriate patient/family and/or community data.	Comments for each objective				
1. Uses appropriate interview techniques in assessment.					
2. Identifies community resources.					
3. Adapts assessment techniques based on patient characteristics (e.g. age, culture, development, etc...).					
4. Uses a family-centered approach to gather assessment data on assigned patient and family.					
5. Engages in ongoing assessment (biophysical, psychosocial, developmental, spiritual, and cultural), noting the patient's status and describing any changes from baseline.					
6. Assesses the patient's physiologic response to illness and to the treatment plan.					
7. Assesses the patient's and family's coping strategies in response to the diagnosis, hospitalization and treatment plan and/or community care.					
8. Identifies health related concerns of patient and/or family.					
Competency 2 grade	A	B	C	D	E
Competency 3 – Analyze comprehensive data to plan patient/family and/or community care.	Comments for each objective				
1. Correctly analyzes data by comparing them to theoretical and scientific norms and identifying deviations.					
2. Uses data to formulate and prioritize appropriate, individualized patient problems relevant to nursing.					
3. Demonstrates critical thinking in explaining the relationship between patient problems and their etiology.					
4. Applies theory to state comprehensive goals in objective patient and/or family centered terms that are realistic, measurable behaviors.					
Competency 3 grade	A	B	C	D	E
Competency 4 – Provide appropriate, nonjudgmental care to patient/family and/or community.	Comments for each objective				
1. Writes nursing orders that are clear, specific, and reflect nursing literature.					
2. Implements nursing interventions designed in response to stated goals, and individualized to the unique characteristics of the patient and family, providing patient-centered care.					
3. Adapts nursing interventions to patient's level of development in order to be effectively implemented using clinical reasoning and judgment.					
4. Determines priorities and organizes care accordingly.					
5. Performs previously learned treatments and procedures skillfully.					
6. Administers medications on time and in a knowledgeable and safe manner.					
7. Demonstrates knowledge of own limitations and asks for assistance appropriately.					
8. Incorporates therapeutic play into nursing care.					

9. Integrates principles of teaching and learning into nursing care.	
10. Demonstrates knowledge and participates in discharge planning, including provision of anticipatory guidance and continuing care arrangements.	
11. Consider family and community when implementing care as needed.	
12. Protects patients from injury, infection, and harm ensuring quality improvement.	
13. Uses available technology in accordance with agency policies and procedure.	
14. Requests assistance as necessary.	
15. Maintains a safe, effective care environment.	
Competency 4 grade	A B C D E
Competency 5 – Evaluate patient/family and/or community care.	Comments for each objective
1. Uses outcome statements to objectively evaluate patient/family/community response to nursing care.	
2. Revises plan of care as needed based on alterations in patient/family/community health status.	
Competency 5 grade	A B C D E
Competency 6 – Communicate effectively.	Comments for each objective
1. Reports pertinent information to faculty and appropriate health team members.	
2. Shows sensitivity to sociocultural needs of patient/family and/or community.	
3. Documents patient/family data in a concise and timely manner, integrating electronic documentation are required.	
4. Is an active listener and uses therapeutic communication when interacting (verbally and nonverbally) with patient and/or family.	
5. Collaborates with patient/family in planning and implementing nursing care.	
6. Actively intervenes to support coping strategies of patient and family experiencing stress (including referrals).	
7. Actively interacts with staff in decision making relevant to planning and/or revising nursing care for patient and family, working effectively on the interprofessional team.	
8. Accepts and profits from constructive criticism demonstrating openness to new ideas.	
9. Contributes to own and group's learning by actively participating during clinical conferences.	
Competency 6 grade	A B C D E

ALTHOUGH PATTERNS OF BEHAVIOR ARE THE PRIMARY BASIS FOR GRADE DECISIONS, CERTAIN CRITICAL INCIDENTS MAY RESULT IN CLINICAL FAILURE, THUS RESULTING IN FAILURE OF THE COURSE.

In addition, Northeastern University faculty has identified the following conduct as critical and the student is expected to demonstrate these each week. Failure to do so will result in a percentage deduction of the total grade; amount of deduction will be at discretion of clinical instructor and course coordinator.

1. Reports to clinical experiences on time, and is professional in dress, appearance, and behavior.
2. Demonstrates accountability for clinical practice by completing and submitting assignments by the specified deadlines.

Describe student's strengths:

Describe student's future learning needs:

Student comments:

Remediation Plan Instituted (and attached)

Faculty Signature: _____ Date: _____

Student Signature: _____ Date: _____

This form will be distributed by course coordinators and is posted on the course platform Blackboard or Angel

ROLES AND RESPONSIBILITIES OF PRECEPTORS FOR THE UNDERGRADUATE PROGRAM

The responsibilities of the undergraduate Preceptors are similar to that of the clinical instructors, but are not limited to ensuring the student: (Please note there is a separate handbook, but below is a brief summary).

1. Abide by assigned clinical agency policies.
2. Provide student orientation to clinical agency.
3. Assign students to patients and or learning experiences in clinical setting.
4. Assist student with collaborating with personnel in clinical setting relative to patient care
5. Use debriefing moments to guide the practice for the clinical experience.
6. Assist student with organizing their shift.
7. Supervise the safe practice of student in the clinical setting.
8. Provide ongoing feedback to students regarding their clinical performance
9. Evaluate student in clinical setting using course objectives and student goals.
10. Evaluate student's performance on an ongoing basis and provide constructive feedback
12. Write an evaluation of the student using the SON preceptor evaluation tool and actively engage the student in self-evaluation.
13. Conduct end of semester evaluation conference with each student.
14. Communicating with course coordinator and when necessary the Assistant Dean for Undergraduate Programs regarding any concerns relative to student performance or course offering.

Preceptor should communicate with Clinical Instructor Faculty and/or course coordinator to discuss these responsibilities as they apply to the specific course. It is important to discuss the syllabus and student and faculty expectations prior to the course beginning and then as need during the semester. The course syllabus serves as our contract with our students.

Clinical Practice Course

In the last year of the undergraduate program, students participate in a concentrated clinical practice course (NRS 4995 Comprehensive Nursing Practicum). The purpose of this practicum experience is to facilitate the student's transition to professional nursing practice. Students are assigned to a clinical nurse preceptor who guides them in the synthesizing nursing knowledge and skills in providing nursing care to clients with complex health problems. Students are in the clinical area for 16 hours per week. They also attend a 1 hour seminar weekly; this seminar is facilitated by the clinical faculty.

Criteria for Clinical Preceptors

1. Licensed to practice nursing in the state in which they are employed.
2. Hold a baccalaureate degree in nursing.
3. Knowledge of the purpose and objectives/expected student outcomes of the undergraduate nursing program.

UNDERGRADUATE CLINICAL COORDINATOR RESPONSIBILITIES

1. Initiates communication on a regular basis with the Assistant Dean of Undergraduate Programs regarding course needs and concerns.
2. Submits the syllabus for electronic storage to the administrative secretary one month prior to the semester the course will be taught using the correct template.
3. Selects textbook(s), with input from course faculty, sends for desk copies, and submits textbook requisition forms to the Bookstore one semester prior to when the course will be taught.
4. In collaboration with the Clinical Placement Coordinator, make special assigns students request to clinical placement manager at least four to six week prior to the beginning of the semester. (Note that clearance for students in the clinical agency and registrar documentation is complicated when these request are made later than recommended).
5. Makes periodic visits to assigned clinical sites.
6. Participates in the formal orientation of faculty to the curriculum and policies of the College.
7. Ensures that clinical instructors have copies of the syllabus, handouts, and textbook(s). In addition, provides the clinical instructors with the syllabus for the didactic course so that the instructors are aware of content and then encouraged to connect didactic content with clinical experiences.
8. Coordinates course faculty and clinical learning activities to help students meet the course goals and objectives.
9. Works with faculty to manage difficulties and resolve student problems as they arise.
10. Initiates communication on a regular basis with agency providers and staff regarding schedules, learning experiences, and other activities related to the course.
11. Oversees students' evaluation of the course, faculty, and clinical agency as specified by the policies of the School of Nursing.
12. Engages the course faculty in a formative evaluation process and transmits a written overall assessment and recommendations for improvement or change to the Assistant Dean for Undergraduate Programs
13. Prioritizes preferred clinical placements for student experiences on the basis of yearly evaluation.
14. Participates in Undergraduate Coordinator's Meetings as schedule.
15. Provides clinical instructors with communication methods to get in touch with the course coordinator when needed.

GENERAL INFORMATION STUDENT RESPONSIBILITIES

Clinical experience in health care settings is introduced after completion of freshmen requirements of the program. Clinical practice provides students with the opportunity to apply theory to the care of clients. This practice dimension is an integral component of nursing courses. School of Nursing faculty provides instruction and guidance to students in the clinical practice setting. Numerous hospitals and health related agencies in the area are used to provide clinical experience for students.

The student has specific responsibilities during the clinical practice aspect of the program. These responsibilities are:

1. Possession of a valid cardiopulmonary resuscitation certification;
2. Documentation of adherence to School of Nursing health policies;
3. Membership in the university's group professional liability insurance plan;
4. Preparation for each clinical experience. Each clinical course faculty will outline the specific preparation needed for the clinical practice dimension;
5. Adherence to School of Nursing Uniform Policy; including the wearing of name badges.
6. Adherence to Standard Precautions;
7. Adherence to clinical agency policies. Each agency has specific policies relative to nursing student's behavior and care of clients. The student is required to know and abide by the specific agency policies during their assignment in each agency;
8. Provide their own transportation in connection with clinical practice, community health practice and field trips;
9. Payment for meals and other incidental expenditures; and
10. Respect and safety of clients. The student is expected to respect each client's personal dignity, value system, right to privacy and right to be cared for in a manner which is physically, psychologically and spiritually safe.
11. Students are expected to complete the TRACE evaluation at the end of the semester on their course faculty
12. Students are expected to complete the site and faculty evaluation on E-value at the end of their semester.

Attendance and Behavior

Students are expected to attend all classes and clinical sessions/labs on campus unless illness or emergency prevents attendance. Students are required to notify the instructor prior to scheduled arrival time of any anticipated tardiness or absence from clinical sessions/labs on campus.

Students who miss clinical sessions/labs on campus may be required to repeat the course.

Students are expected to participate actively in clinical. Students are expected to do their own work. Students are expected to respect the rights of others. Students are expected to maintain confidentiality of patient/client information.

Ethical Behavior

The standards for ethical and professional behavior are based on the American Nurses' Association Code for Nurses

(<http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics.pdf>), as well as the Northeastern University Code of Conduct for Undergraduate Students as written in the Northeastern University Undergraduate Student Handbook

(<http://www.northeastern.edu/admissions/undergradhandbook/>).

The Dean of the School of Nursing reserves the right to require that a student withdraw from the Nursing Program at any time for behavior that is deemed ethically inappropriate or unprofessional.

Uniform Policies

In accordance with the uniform policies of the program, students are required to purchase uniforms for their clinical rotations. All garments must be purchased from McGill's Uniform Company, the designated uniform supplier. Students may call McGill's Uniform Company at 1 603-627-3472 to order the uniform. There is also an annual visit to the campus by the company when the students can select or place their orders. The following items are included in the uniform: 1 shirt, white with logo, 1 pants or skirt, navy, 1 jacket, blue, 1 long-sleeved turtleneck, blue (optional), 1 name pin (clinical name pin), White professional shoes (no clogs) are purchased independently. New/ clean plain, white sneakers with no logo are also allowed. Students are required to wear the uniform that is consistent with the uniform regulations of the nursing program and those of their assigned clinical agency (for example, a lab coat over street clothes in a community health center; the required shirt and pants with a lab coat in the hospital). Students will be notified of these requirements by their course instructor.

Please be aware that no body piercing jewelry is allowed in clinical with the exception of one stud earring in each ear lobe. Students may contact McGill's for order information at 603.627.3472.

Note: Students wear the School Uniform when participating in a clinical experience that requires a uniform:

- The uniform must be clean and pressed.
- Shoes should be polished and shoelaces clean. No clogs are to be worn.

- A watch, pen, bandage scissor, and stethoscope are required. Two name pins are required. One identifies the wearer as a University student and is worn during clinical experience. The other identifies the individual as a Northeastern Nursing Cooperative Education Student and is worn during cooperative education experience.

Grooming

- Hair must be neat, clean and off the collar.
- Nails should be well groomed and short; acrylic nails, gel nails, nail tips or any other artificially attached nails are also **not allowed**; unchipped clear nail polish may be worn.

Jewelry

- Jewelry should be kept to a minimum and worn with respect to neatness and to facilitate infection control.

LEGAL ISSUES

Faculty

The primary responsibilities of clinical nursing faculty are to teach and supervise students in the clinical area. Clinical faculty must remain up to date in medical and nursing matters such as diagnoses, etiologies, therapies, current treatments, and nursing interventions. Faculty should teach current concepts and be competent practitioners. Faculty assesses nursing students' capabilities and skills and ultimately determines if the patients' needs can be entrusted to a particular nursing student. Faculty is responsible for evaluating and assessing student performance in the clinical area. Faculty must be aware of the policies and procedures of the clinical agency where he/she is assigned.

Clinical competence, interpersonal relationships, and professionalism are vital components of the professional nurse. Evaluations of clinical performance should include adequate conferences and open communication between faculty and student. Students should be counseled as needed if a patient incident occurs. Adherence to the clinical agency policy is mandatory. The incident must be reported to the Course Coordinator, Assistant Dean for Undergraduate Programs, and the Dean of the School of Nursing.

Clinical faculty must:

1. Carry individual professional liability insurance.
2. Have a heightened awareness of legal responsibilities in the role of supervisor.
3. Become familiar with the special medical and nursing needs of each patient assigned to a student.
4. Have daily interviews with each assigned patient, communicating the roles of faculty and student.

Faculty must supervise a student while they are performing skills until they are deemed safe. If faculty has serious reservations about the student's competence to care for patients, the instructor may refuse to supervise a particular student and report this to the Course Coordinator. Faculty has rights and responsibilities to evaluate the clinical performance of students and to dismiss those who perform poorly.

Nursing students are ultimately responsible for their actions and always retain accountability for their performance. The student as well as the faculty must be aware of the policies and procedures of the clinical agency. In addition, while the nursing student is responsible for his/her own actions, the faculty clinical instructor remains accountable for individual student unpreparedness.

Students as defined:

1. Are responsible for their own patient care.
2. Must come prepared with a reasonable level of knowledge from the classroom.
3. Must do assignments and readings prior to clinical practice.
4. Cannot be expected to perform that which they have not been taught.

Guidelines For Faculty and Student Accountability

1. Delineate course requirements at the onset of the course. Both faculty and students should be clear on:
 - a) Credit hours
 - b) Lecture and clinical schedules
 - c) Methods and tools of evaluations
 - d) Assignment deadlines and penalties for late submission of assignments
 - e) Course description and specific requirements
 - f) Standards for students as identified in a selected style manual or in a student policy manual
 - g) Conference times
2. Conduct frequent, individual student-faculty conferences. Include in each conference:
 - a) Written evaluation forms
 - b) Opportunity for both sides to clarify particular expectations and instances or happenings
 - c) Written identification of any deficiencies
 - d) Opportunity for students to respond orally or in writing to evaluator's comments or suggestions
 - e) Signed conference sheet that will become part of the student's permanent file
3. Maintain current policies and procedures of the institution; ensure that students have a mechanism to recommend new policies to faculty
4. Maintain a file of all student written work (nursing care plans) and allow time for students to review such materials at a time convenient to both instructor and student
5. Allow sufficient time for open communications; faculty and students alike benefit from honest and open discussions

Adapted from:

Wacker Guido, G. (2013). *Legal Issues in Nursing: Sixth Edition*. Stamford, CT: Prentice Hall.

Communication with Undergraduate Students

It is the clinical instructors responsibility to acquire their student's email addresses during the first meeting. This is the preferred form of communication between instructor and student.

STUDENTS' BILL OF ACADEMIC RIGHTS AND RESPONSIBILITIES

This bill was drafted by the Student Senate, the vice president for student affairs, and members of the Faculty Senate. It was passed in the spring of 1992, with amendments April 01, 1997

Academic Rights

We the students of Northeastern University believe that a quality education is the paramount goal of all students. In order to fulfill this goal the University must recognize certain rights, which are set down in this document.¹ This document may be found In the Undergraduate Student Handbook at http://issuu.com/northeasternuniversity/docs/2014-15_undergraduate_student_handb?e=2831976/8316932 p. 59

¹ The student rights, through their representatives in the Student Government Association (SGA), described in these sections arise from faculty and staff employment responsibilities and obligations to the University. Northeastern University students recognize and accept that it is the sole prerogative of the University to enforce these obligations and responsibilities and to determine whether and to what extent they are being carried out or violated in specific instances. Northeastern University students recognize and accept that their ability to effect redress of complaints arising from these rights is limited to the procedures specified in the current Student Handbook.

DOCUMENTATION GUIDELINES FOR STUDENTS

The following information is what should be provided for clinical students.

Accurate and complete documentation will protect your client's welfare and protect yourself. The client's record is considered the most reliable evidence of what does or does not happen. If you do not document it you did not do it! Following these simple requirements will help ensure that your chart notations are appropriate.

Before you document, review these requirements.

1. Document as soon as possible.
 - Document your observations and interventions right as they occur, on a client by client basis.
 - The information will be more accurate than if you go on to see another patient first; also others on the staff may need access to it.
2. Include the necessary requirements in every notation.
 - Write in black ink for easier photocopying.
 - Write legibly. If no one can read your notes they are a waste of time.
 - Date every entry.
 - Leave no blank lines or spaces.
 - Sign every entry - Jane Smith, SN, NU
 - If agency policy, have your note co-signed by an RN employed by the agency.
3. Document even the obvious.
 - Document your part of the assessment. Provide normals as well as abnormal.
 - Document your nursing diagnosis.
 - Document your interventions.
 - Document your evaluation of these interventions.
 - Document any plan you and the client develop for future care.
4. Be accurate.
 - Document only your observations.
 - Be specific as to what you actually did.
 - Do not document information obtained by someone else.
5. Observe and report only facts.
 - Record only what you directly see and hear, not opinions or conclusions.
 - Describe events and behaviors - Do not label! Instead of labeling a client as depressed, anxious, scared, etc. - describe exactly what you saw or heard that made you want to use that descriptor.

6. Be concise.
 - Avoid meaningless words such as “seems” or “appears to be”. Either it is or it isn’t.
 - Don’t repeat data that is charted elsewhere. Only duplicate it if you have a specific purpose.
7. Think it through before you write
 - Make sure you will convey what you mean to convey before you write it.
 - If you do write inaccurate information - draw a single line through it, mark it “mistaken entry” then sign and date it. Do not black out or “white out” the entry! Leave it legible.
 - Then write a correct entry, sign and date it.
 - If you have omitted information, write it after the last entry in the chart. Do not try to squeeze it in. Write the time and date of the entry and the time and date when the intervention was actually performed.
8. Document collaborative care.

If you perform an intervention based on the directions of a professional colleague document their instructions and the care you provided. (i.e. Clean dressing applied to ulcer on right toe as ordered by Dr. James Parker.)
9. Referrals

When you refer a patient for further services provide not only the name of the care provider the client was referred to but also their location and function. If known, chart the date for the referral visit. (*i.e. Pt. referred to Mary Jones, Registered Dietitian at Codman Square Health Center for nutritional counseling. Appt. scheduled for 6/8/2014 at 2:30 PM.*)
10. Abbreviations

Use only abbreviations accepted for use by the institution maintaining the charts.
10. Organize your thoughts using the steps of the nursing process
11. Most health care systems use electronic medical records or EMRs. Know the rules about accessing these records and how to document using the system.

Remember:

What is documented, **how** it is documented, and **what is not** documented, all affect the soundness of your client’s care.

OSHA STANDARDS AND HEALTH CLEARANCE ISSUES

To comply with contract statements between the School of Nursing and clinical agencies, faculty must be familiar with the current OSHA standards and instruct students in them at the initiation of clinical courses. Students must provide completed verification of training specific to the agency to which they are assigned. This training is completed through the Massachusetts Centralized Clinical Placement program (<http://www.mass.edu/mcneps/orientation/welcome.asp>) and includes, but is not limited to, modules in HIPAA, Workforce Violence, National Patient Safety Goals, Standard Precautions, Personal Protective Equipment, and the Environment of Care. Additional information can be found at the United States Department of Labor <https://www.osha.gov/law-regs.html>

Comparison of Category-Specific, Disease-Specific and Body-Substance Isolation Precautions

	Category-Specific	Disease-Specific	Body-Substance
Isolation Precautions	Seven categories, each with a different set of precautions	Individualized for each disease	Universal for all body fluids
Instruction card for door or cubicle	Separate, preprinted color coded card for each category	All-purpose black and white card to be individualized for each patient	All-purpose red, black, and white sign for all patients. In addition, STOP sign cards are used to identify rooms of patients with air borne diseases.
Advantages	Simpler system: less, diagnostic information needed to assign precautions Less decision-making needed to assign precautions	Minimizes unnecessary precautions: may reduce substances cost of placing patient on isolation precautions May encourage compliance, especially by physicians	Recognizes the potential colonization of all body. No decision-making is necessary for the use of barriers other than recognition of the potential for exposure to body substances. Cross-contamination between patients is minimized because gloves are changed between patients and no surface touches two people.
Disadvantages	Unnecessary precautions take for some diseases	Require more skill and responsibility to assign precautions	None currently recognized.
	May increase cost of isolation	Requires more diagnostic info about disease to assign precautions indicated to avoid soiling by obvious body secretions.	Cost is not acknowledged as a factor. No barriers are used other than those.

Adapted from Garner, J.S. (1986). Isolation precautions, In J.V. Bennett & P.S. Brachman (Eds.) *Hospital infections* (2nd ed.: p. 147) Boston Little Brown.

(Note most of these training are available in the Centralized Clinical Placement Program

PROCEDURE FOR STUDENTS WHO EXPERIENCE A BLOOD BORNE PATHOGEN INCIDENT

Incidents such as contaminated needle stick, wound from a contaminated sharp, contamination of any obviously open wound or mucous membrane by saliva, blood or any other body fluid that may transmit disease warrant the following procedure:

1. Wash the affected area and cleanse thoroughly.
2. Force bleed, if possible.
3. Notify appropriate clinical agency personnel and follow agency protocol for exposure incident.
4. Report the incident to the course coordinator, who in turn should notify the Assistant Dean of the program.
5. The Assistant Dean should notify and report the incident to the University Health & Counseling Services (UHCS, 135 Forsyth Building, 617-373-2772). If the Assistant Dean is unavailable and it is an urgent matter then the course coordinator is responsible for seeking care for the student at the UHCS. The Office of Student Services should be notified as soon as possible (within 24 hours) if the conditions may require absence from school.
6. If an exposure, document the route(s) of exposure, the circumstances under which the exposure occurred and clinical agency treatment measures if any.
7. Collect and test blood for HBV and HIV serological status after consent of person has been obtained for testing.
8. Provide information relative to proper follow-up within the next 12 months as well as seeking medical evaluation for any acute febrile illness that occurs within 12 weeks of the incident.

**Obtain counseling from the Counseling Services
UHCS
135 Forsyth Building
617-373-2772.**

INFORMATION FOR NEW FACULTY EMPLOYEES

This material in this section is designed to serve as a guide to help you get through the first few weeks as a new part-time Northeastern University School of Nursing faculty member. It is designed to answer the questions most commonly asked by new faculty members. Yet, it is not a comprehensive publication. The following on-line handbooks and manuals provide more extensive information:

Faculty Handbook:

<http://www.northeastern.edu/facultyhandbook/handbook/>

Undergraduate Student Handbook:

<http://www.northeastern.edu/admissions/undergradhandbook/>

Bouvé College Undergraduate Student Manual:

<http://www.northeastern.edu/bouve/undergrad/pdf/UGManual2013-14>

Human Resource Management:

<http://www.northeastern.edu/hrm/>

Increasingly, all University departments post information about their services and how to access them on their own web sites, which can be accessed through the general university web site: www.northeastern.edu.

INITIAL QUESTIONS

Parking

You can either purchase a day or evening parking sticker. The day sticker will entitle you to park at any NU parking garage between 6:30AM.-11:00PM (Monday - Friday). An evening sticker is valid after 2:00PM. You should contact the Cashier's Office located at 248 Richards Hall the phone number is (617) 373.2366 for all additional information or go to the web at www.northeastern.edu, then use the Quick Links and go to "Parking Information" and "Apply On Line." You will need a photo ID to pick up your permit. If you will not drive to campus every week and prefer not to purchase a permit, you may use the visitor parking in the Renaissance Garage. Parking rates for this garage are available on the same website.

- The University offers free parking the first week of classes each semester.
- The University Police gladly provide police escorts to parking areas after hours.
- For an escort, call the Public Safety Division at **617-373-2696 or 617 373 2121**.
- The University does not reimburse faculty for parking at their clinical sites.

Obtaining Your “Husky Card,” Your NUID

Once you have received and reviewed your contract, you may obtain a Husky Card. Here is the link to gain valuable information about this. <http://www.northeastern.edu/huskycard/> You will need to show a valid photo ID, such as a driver’s license or passport, and your copy of your contract.

Husky Card Services Location

4 Speare Commons

617.373.8740

Hours: M-Th 8:30am-7:00pm, Fridays 8:30am-5:00pm

Public Safety/Northeastern University Police Department (Replacements only)

716 Columbus Place

617.373.2121

Hours: Cards printed when Husky Card Services Office is closed

Facilities Customer Service (Replacements only)

Cullinane Hall, First Floor

617.373.2754

Hours: Cards printed when Husky Card Services Office is closed

In the near future, new security measures will require using a Northeastern Husky Card as a swipe card to gain entry to all garages and parking lots at the Main Boston Campus. Please note that the Husky Card is a security measure and does not replace the parking permit which is still required.

In addition to being an access card to parking facilities, your Husky Card provides access to many other University services, such as a debit card/Husky Account, and secure access to university facilities and events, such as the Snell Library, Computer and Instructional Laboratories, and University Athletic and Cultural Events.

Getting Your Email and Blackboard™ or Angel Access

Human Resource Management (HRM) sends confirmation of your employment to Information Services (IS). By the time the SON Clinical Operations Office requested that you be added to Blackboard™ as an instructor, your email had already been created. However, **you must activate** your “*myNEU*/email” account to receive emails that have been sent to you through Blackboard™. Please activate your account ASAP. The good news is that when you activate your *myNEU* you will also be able to use *myNEU* services, including Outlook/Web mail (Northeastern email) and Blackboard™, and you will be eligible to sign up for technology courses, including Blackboard™. You will need special access to Angel if teaching in the hybrid or on-line program and the Academic coordinator for on line programming will be able to assist you with obtaining this access.

Payroll

Payroll checks are issued on the 15th of each month and the last working day of the calendar month (*or the Friday before if either happens to fall on a Saturday or Sunday*). The payroll office is located at Columbus Ave and most questions can be access on line at <http://www.northeastern.edu/hrm/resources/hr-payroll/index.html>

You can set up Direct Deposit through them by bringing a cancelled check and filling out the form available in the office. Direct Deposit is recommended, as the payroll office does not mail paychecks. If you opt out of Direct Deposit, you can pick up your paycheck biweekly by showing your Northeastern Husky Card.

Campus Maps

<http://www.campusmap.neu.edu>

ACADEMIC RESOURCES AND HELPFUL INFORMATION

Media/Computer Equipment

Media equipment and laptop computers for the support of classroom instruction can be obtained (on a prescheduled basis) through the Information Services Office located in Snell Library/InfoCommons) http://www.northeastern.edu/infoervices/?page_id=1038 Service includes training on accessing and operating installed equipment and the use of both installed and circulating equipment is available by request. .

Bulletin Boards

Course announcements are more readily made using the Blackboard™ or Angel course management system. Part-time faculty are given access to these site and expected to access notices and announcements there.

Class Cancellations

Should we have inclement weather during a term, decisions regarding early closures and cancellation of evening classes are made as early in the day as possible, usually by 3:00PM at the latest. You can call the main university number to get a recording (617) 373-2000 or listen to several radio stations including WBZ (1030) and WRKO (680) for information. If there is an announcement in the morning that Northeastern is closed, then we stay closed for that entire day and evening.

The Disability Resource Center

On occasion you may have a student with a disability enrolled in your course section. The Disability Resource Center is located in 20 Dodge Hall. This department provides a broad range of services for people with disabilities in the University community. Hours are Monday through Thursday, 7:45AM to 7:00PM and Friday, 7:45AM to 4:30PM. Appointments are preferable, but you are welcome to stop by for information. Further information can be obtained by calling 617.373.2675, or accessing the web site at <http://www.northeastern.edu/drc/>

Emergency Procedures

In case of on-campus emergencies, contact the Public Safety Division at (617) 373-3333. State the nature of the emergency and the exact location. Emergency health care is available free of charge to all.

Final Examinations

Permission of the Dean is required to not have a final examination in a course. All exams and papers must be returned to students or retained for one calendar year. Final exams must be held during finals week and may not be held during the last week of classes. Most clinical courses do not have final examinations that fall under this policy. Consult your instructor for more information.

Mail Services/Shipping Services

The University maintains an interdepartmental mail delivery service to administrative and department offices. Faculty may deposit outgoing interdepartmental mail as well as outgoing personal mail (U.S. mail to which proper postage stamps has been affixed) at the mail drop in 103 Robinson Hall. Interdepartmental mail pick-up usually occurs around 10:00AM. Stamps may be purchased at the Bookstore in Curry Center, or at Mailboxes Etc. in the Curry Center, 2nd floor.

Federal Express has several drop-off locations for overnight mail. The drop-off closest to the School of Nursing is in the basement of the Curry Student Center. The Dean's office has all Federal Express supplies.

Nursing Laboratory (425 BK)

The nursing skills laboratory is located in 425 Behrakis Health Sciences Center (BK). They are select learning resources or equipment available in the lab, students can check in with the lab coordinator.

Photocopying Machine

Copy cards for use in the Snell Library can be purchased by cash from a dispensing machine in the lobby of Snell in the following denominations: \$1 for an initial card with 10 copies; \$1 for an additional 11 copies to initial card; \$5 for 62 additional copies; \$10 for 143 additional copies; \$20 for 286 additional copies. Copy cards costing \$10, and encoded with 143 copies, are also available by cash or check at the Cashier's Office, 245 Richard's Hall.

Religious Facilities

The Sacred Space is on the second floor of the Ell Building. It is an open, warmly lit and simply furnished area that offers an atmosphere of peace, a sense of the holy and a refuge for prayer, contemplation or meditation. Designed for multifaith use, the Sacred Space is a truly inclusive area in which the needs of many spiritual and religious traditions are taken into account. The Sacred Space is open Monday through Friday from 6:30AM to 10:30PM, Saturday from 8:30AM to 9:00PM, and on Sunday from 10:30AM to 9:00PM. Scheduling for groups, as well as for weddings, memorial services and other religious ceremonies can be made through the Spiritual Life Center at 203 Ell, (617) 373-2728, during regular business hours or via the web site <http://www.northeastern.edu/spirituallife/welcome> Chaplains are available for counseling by walk-in or appointment.

Restaurants

Several eating establishments are located on or within a short walking distance of the campus. Rebecca's is located in the basement of Churchill Hall; it carries a wide selection at moderate prices. The Faculty Club, a more formal faculty dining facility, is located in the Alumni Center, 6th floor Columbus Place, at 716 Columbus Avenue. The Faculty Club has very good food and relatively moderate prices. Reservations are suggested (617-373-3535). Additionally, a quick lunch can always be found at the various fast food restaurants in the Curry Student Center. Several other local restaurants can be found along Huntington Avenue, Massachusetts Avenue and Gainsborough Street.

Snell Library and Learning Resource Center

Northeastern's main library is the Snell Library and Learning Resource Center. Hours are posted at the library or can be obtained by calling (617) 373-4976. Snell has a full array of texts, reference materials, electronic media, periodicals, and search engines. The library is increasingly making materials available via the web. Consequently, the library web site is the best place to learn about the materials available, the facility itself, and how to use the Library's services.
<http://library.northeastern.edu/>

Faculty interested in putting materials "on reserve" may do via the Library's web site. The instructions are available at http://www.lib.neu.edu/services/course_reserves/. Further questions can be directed to the Reserve Supervisor at 617-373-4646.

SON Conference Room Reservation Book

There is one conference room available for SON faculty use, **104 RB**; it must be reserved. The Room Reservation service is done through Lolita Hampton-Frisby located at 211RB. Faculty can call her at **617-373-6083**, to reserve the conference room. The room is **not** available for classes or class conferences.

Student Problems

Part-time faculty are encouraged to consult with the Course Coordinator when student problems arise. Students having physical or mental health problems interfering with their performance in a course may also need to be referred to the Office of Student Services and/or University Health and Counseling Services.

Student Records

The School of Nursing adheres to the guidelines established by the federal Family Educational Rights and Privacy Act (FERPA) for the release and disclosure of information from student records as described in the Northeastern University Student Handbook <http://www.northeastern.edu/admissions/pdfs/regulations2.pdf> (p. 52). All faculty are urged to acquaint themselves with the specifics of these regulations. All students' records are considered confidential. This includes any personally identifiable information in individual student files, such as academic evaluations, counseling and advisement records, recommendations, transcripts, and cooperative work records.

Faculty members may request a student's folder for a variety of reasons, including counseling activities or completion of Clinical Evaluation Profiles. In order to secure a student's record faculty must submit a "Request for Student Undergraduate Records" form to the Office of Student Services, 120 BK. Requests should be submitted 48 hours in advance of the date needed. The entire student record will be released to the faculty member. The record(s) must be returned within five (5) working days of receipt. For Graduate Student Records the request must be made to 123 BK.

BENEFITS FOR PART-TIME FACULTY

Athletics Events and Ticket Office

Present your Husky Card for discounted admission to individual games/matches: 40% discount on season tickets. Part-time faculty are eligible for faculty and staff promotions. Ticket Center Hours are Monday – Friday, 12:00PM - 6:00PM, 109 Ell Hall. Call (617) 373-4700 or email tickets@gonu.com. Schedules for athletic events are available at <http://www.gonu.com>

Automatic Teller Machines (ATMs)

The University has ATMs in the cafeteria located in Curry Student Center and on Forsyth Street.

Blackman Auditorium Box Office

Present Husky Card for discounted faculty and staff tickets for theatre performances and Center for the Arts and Campus Activity productions. <http://www.northeastern.edu/camd/about/center-for-the-arts>.

Bookstore

The Bookstore is located in the lower level of Curry Student Center. Present Husky Card for the faculty/staff discount: 15% discount on general trade books, clothing, and other items (excluding film, candy, cigarettes, magazines, and calculators) and a 10% discount on course required materials and reference books. You must go to faculty/staff checkout at the front of the bookstore and present your Husky Card to identify yourself as a faculty member. The bookstore will place orders for any books not carried in stock upon request, but there is no discount on special orders.

Credit Union

A credit union is sponsored for the benefit of all NU employees. Automatic payroll savings plans, money-market certificates, IRA accounts, personal loans, auto loans, and home equity loans are available. Further information can be obtained from the Credit Union Office located in room 360 Huntington Avenue Cullinane Hall Room 129.

The Credit Union is open: Business Hours - Monday through Friday, 9:30AM - 3:30PM

Husky Kids & Camps

Eligible for Husky Kids Camps listed on the following web site -

http://gonu.com/sports/2010/3/25/GEN_0325102538.aspx?tab=campsandclinics

Eligible for the NU Employee discount for the Women's Basketball Camp for rising second to eighth graders. 617-373-2200

Library Privileges

Part-time faculty are eligible for borrowing privileges from the Snell Library <http://library.northeastern.edu/>. Circulation: 4 week loan period; 2 days for media; limit of 100 items. For renewals, call the library's automated renewal lines (617-373-3964 or 617-373-3892) or call or visit the Circulation Desk (617-373-8778), which is staffed 7 days/week. Open Monday through Friday, 7:45AM to at least 9:00PM, and weekends 10:00AM to at least 10:00PM. Borrowers are responsible for replacement fee/fines/processing fees for non returned lost and/or damaged materials.

Recreational Facilities: Marino Recreation Center, the Cabot Center, and the Badger & Rosen SquashBusters Center

Updated 8/15/2014 VAR

Part-time faculty are eligible to purchase a membership for the Marino Recreation Center on Huntington Avenue. The Marino Center facilities include basketball, volleyball, and badminton courts; sport court for in-line and street hockey; suspended jogging track; group fitness and martial arts studio; treadwall climbing wall; resistance training area with weight machines; fully equipped free-weight room; and two floors of cardiovascular equipment. The Cabot Center is located across the street from the Marino Center, and provide some extra amenities, including racquetball and wallyball courts, indoor tennis courts, and an indoor track, soccer field, and driving range. The Barletta Natatorium, a 25-yard indoor swimming pool with a diving section, is also located in the Cabot Center. The Badger and Rosen SquashBusters Facility offers state-of-the-art squash courts, a multipurpose room, and 52 workout stations. At Matthews Arena we offer ice skating. Information on how to join the facilities is available at

<http://www.campusrec.neu.edu/membership/parttime.php>.

Tuition Waiver

After **6 semesters** of teaching you are entitled to a **tuition waiver for a single course**. Consult the Human Resource Management web site for specific details and additional information about how you or your dependent can take advantage of this benefit.

<http://www.northeastern.edu/hrm/benefits/tuition-waiver/index.html>

ARE YOU AN ALUMNAE OR ALUMNUS OF NU?

The Northeastern Alumni Association connects alumni to each other and to the university. Graduates of all university degree programs are automatically lifetime members of the Alumni Association and are invited to participate in all activities. Visit the web site at <http://www.northeastern.edu/hrm/benefits/additional-benefits/> to learn of additional benefits

Also, make certain that your information is up-to-date in the alumni data base so that you don't miss out on hearing about upcoming events and activities, and so that you regularly receive the Bouvé College *Vital Signs* and the *Northeastern Magazine*. To assure your address is accurate and complete, go to http://nuweb.neu.edu/adonaldson/update_form/update.html

GETTING TO NORTHEASTERN

From the north (via Route I-93 or Route 1)

Take the Storrow Drive exit, and proceed to the Fenway exit. Follow signs for Boylston Street inbound, and bear right onto Westland Avenue. Turn right onto Massachusetts Avenue, proceed to the third traffic light, and turn right onto Columbus Avenue. The Renaissance Parking Garage is at 835 Columbus Ave.

From the west (via Route 90, Massachusetts Turnpike)

Take Exit 22 (Copley Square), and bear right. Proceed to the first traffic light, and turn right onto Dartmouth Street. Take the next right onto Columbus Avenue. The Renaissance Parking Garage is at 835 Columbus Ave.

From the west (via Route 9)

Proceed east on Route 9; it will become Huntington Avenue. Turn right onto Ruggles Street. At the third traffic light, turn left onto Tremont Street. At the second set of lights, turn left onto Melnea Cass Boulevard, and then turn left onto Columbus Avenue. The Renaissance Parking Garage is at 835 Columbus Ave.

From the south (via Route 3, Southeast Expressway)

Take Exit 18 (Massachusetts Avenue), and proceed onto Melnea Cass Boulevard. Continue for approximately two miles, and turn left onto Columbus Avenue. The Renaissance Parking Garage is at 835 Columbus Ave.

Via public transportation

Northeastern is accessible by subway via the Green Line of the MBTA. From downtown Boston, take an “E” train outbound to the Northeastern stop, the first stop above ground. The campus can also be reached from downtown via the Orange Line by taking any train going outbound to Forest Hills and getting off at Ruggles Station. Commuter rail lines from the South stop at the Ruggles station on campus; those from the west and north connect with the Orange Line at Back Bay Station and North Station.