

Summer 2015	
	<p><b>Faculty</b>            Judy Scott, MSN, RN            Tanna Thomason, MSN, RN</p> <p><b>Office, Phone &amp; Email:</b></p> <p><b>Section 1 :</b>            Judy Scott, MSN, RN            LSCC Room 102            Office : 619-849-2422            Cell (Preferred) : 619-884-7174            Email : <a href="mailto:judyscott@pointloma.edu">judyscott@pointloma.edu</a></p> <p><b>Section 2:</b>            Professor Tanna Thomason, MS, RN, CCRN            Adjunct Faculty            Cell: 858-775-0978            Email: <a href="mailto:tannathomason@pointloma.edu">tannathomason@pointloma.edu</a>, <a href="mailto:tannarn@gmail.com">tannarn@gmail.com</a></p>
<p><b>Meeting location:</b> Clinical Sites.</p>	
<p><b>Placement:</b> Senior Year</p>	<p><b>Office Location and Hours:</b>            Office hours by appointment, please contact professors to make appointments.</p>
<p><b>Mandatory Orientation</b></p> <p><b>Final Clinical Evaluations:</b>            Mid semester evaluations will be requested if needed</p>	<p><b>May 11, 0900 at Liberty Station : Room 203</b></p> <p>Professor Scott: By appointment            Professor Thomason: By appointment</p>

**Note:** Faculty reserve the right to make necessary changes to this syllabus as the semester progresses

Nursing 491 is a clinical experience in a selected area of nursing elected by the student to increase knowledge or to practice skills in a certain specialty area. The number of hours per unit of study is 40 (students must participate in a minimum of 2-3 units per semester). The student experience is under the supervision of a clinical preceptor, and therefore, previous arrangements must be made with the agency by the faculty coordinator. A cumulative GPA of 3.0 is required for enrollment. Graded Credit/No Credit.

Faculty Coordinator: Judy Scott, MSN, RN; (619) 849-2422; Cell: (619) 884-7174

**Requirements: Completion of NSG 340/341 & consent of instructor.**

## **MISSION STATEMENTS AND PHILOSOPHY**

### **University Mission Statement**

#### **To Teach ~ To Shape ~ To Send**

Point Loma Nazarene University exists to provide higher education in a vital Christian community where minds are engaged and challenged, character is modeled and formed, and service becomes an expression of faith. Being of Wesleyan heritage, we aspire to be a learning community where grace is foundational, truth is pursued, and holiness is a way of life.

### **University Core Values**

- Excellence in teaching and learning
- An intentionally Christian community
- Faithfulness to our Nazarene heritage and a Wesleyan theological tradition
- The development of students as whole persons
- A global perspective and experience
- Ethnic and cultural diversity
- The stewardship of resources
- Service as an expression of faith

### **School of Nursing Mission Statement**

The School of Nursing at Point Loma Nazarene University exists to support the university Wesleyan mission and to provide an interdisciplinary learning program of excellence. Graduates of the SON are distinctly identified by grace, truth and holiness, serving others after the example of Christ, as they are sent to fulfill their calling as professional nurses.

*So He got up from the meal, took off His outer clothing, and wrapped a towel around His waist. After that, He poured water into a basin and began to wash His disciple's feet, drying them with a towel that was wrapped around Him. John 13: 4-5 NIV*

*Now that I, your Lord and Teacher, have washed your feet, you also should wash one another's feet. I have set you an example that you should do as I have done for you. John 13: 14-15 NIV*

## CURRICULUM OVERVIEW

The Point Loma Nazarene University Nursing Faculty has adopted an *Outcome-focused* curriculum. Each bachelor's level nursing course is designed to include outcome development that incorporates the following five curricular outcomes:

VALUES	DEFINITION	PROGRAM LEARNING OUTCOMES
<p><b>INQUIRING FAITHFULLY</b></p>	<p>Student will demonstrate knowledge, skill and behavior of the evidence-based practice of nursing which integrates growth in reasoning, analysis, decision-making and the application of theory with the goal of advocating for others and/or self. This includes holistic nursing skills and the nursing process.</p>	<ul style="list-style-type: none"> <li>• Initiate dialogue regarding current practice to improve healthcare</li> <li>• Demonstrate use of evidence-based practices as an advocate for self and others.</li> <li>• Influence positive outcomes using evidence-based data.</li> <li>• Provides holistic care by considering all of the client needs (e.g. physical, psychosocial, spiritual, environmental) including family in a multicultural setting.</li> <li>• Engages in self-care practices that facilitate optimal care of patients.</li> </ul>
<p><b>CARING FAITHFULLY</b></p>	<p>The student will embrace a calling to the ministry of compassionate care for all people in response to God's grace, which aims to foster optimal health and bring comfort in suffering and death.</p>	<ul style="list-style-type: none"> <li>• Demonstrate compassionate care to all people while mirroring Christ's love for all.</li> <li>• Partner with the community to establish a trusting relationship.</li> <li>• Demonstrate ethics and values consistent with the practice of professional nursing.</li> </ul>

<p><b>COMMUNICATING FAITHFULLY</b></p>	<p>The student will actively engage in the dynamic interactive process that is intrapersonal and interpersonal with the goal of advocating for others and/or self. This includes effective, culturally appropriate communication conveys information, thoughts, actions and feelings through the use of verbal and nonverbal skills.</p>	<ul style="list-style-type: none"> <li>• Engages in active listening to promote therapeutic relationships.</li> <li>• Demonstrates effective verbal and non-verbal communication skills to provide patient care.</li> <li>• Dialogs with members of the healthcare team, including the patient to facilitate positive patient outcomes.</li> <li>• Advocates for patients/families and self.</li> <li>• Implements patient care while honoring the diversity of patients, families and communities.</li> </ul>
<p><b>FOLLOWING FAITHFULLY</b></p>	<p>Defined as claiming the challenge from Florence Nightingale that nursing is a “divine imposed duty of ordinary work.” The nursing student will integrate the ordinary work by complying with and adhering to regulatory and professional standards (e.g. ANA Code of Ethics, the California Board of Registered Nursing, Scope of Nursing Practice, SON Handbook). This includes taking responsibility, being accountable for all actions and treating others with respect and dignity.</p>	<ul style="list-style-type: none"> <li>• Engages in professional practice environment that promotes nursing excellence.</li> <li>• Provides patient care within the boundaries designated by regulatory agencies, professional practices and ethical standards of a Christian nurse.</li> <li>• Avails self of learning opportunities to cultivate the life-long learning process.</li> </ul>

<p><b>LEADING FAITHFULLY</b></p>	<p>The student will incorporate a foundational relationship with Christ and others and embrace a willingness to serve others in the midst of life circumstances (e.g., illness, injustice, poverty). The student will role-model the need for “Sabbath Rest” as a means of personal renewal, and true care of the self, so that service to others is optimally achieved. The student will incorporate the characteristics of a servant leader including: humility, courage, forgiveness, discernment.</p>	<ul style="list-style-type: none"> <li>• Provides graceful service through compassionate responses to others’ needs.</li> <li>• Demonstrate the principles of a servant leader as a reflection of Christ’s love.</li> <li>• Exhibits patient advocacy that reflects sensitivity to diversity in a holistic manner.</li> </ul>
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**Outcome Measures**

Outcome measures will consist of clinical journals that are developed by students. Contents will represent reflective practice completed to meet course and curriculum outcomes. Evaluation of clinical competence will include student’s self-evaluation, faculty oversight and evaluation, as well as direct observations and feedback from the preceptor.

***CLINICAL COURSE EXPECTATIONS AND OBJECTIVES***

Application of nursing skills in client care settings with opportunity to provide nursing care to persons with complex health problems. Emphasis is on critical thinking, clinical decision making, and independent judgment in areas of client nursing care as well as management of nursing services. Includes collaboration with health team member and implementation of organizational skills.

The role of the clinical preceptor is aligned with course expectations. Additionally, the student is to be evaluated on the five BSN Program Values and Outcomes of Inquiring Faithfully, Caring Faithfully, Communicating Faithfully, Following Faithfully and Leading Faithfully.

The focus of this elective clinical practicum is the development of the entry level BSN nurse. In each 491/495 Externship, the student will work with preceptors in order to gain experience with a particular type of patient in a health care setting. To complete the requirements of the NSG 491, students must complete a minimum of 80 hours of clinical experience with a bedside RN.

This clinical course has specific outcomes, which the student must meet in order to complete the course successfully. The student will provide the preceptor and faculty with personal objectives in order to individualize the learning experience.

Students are expected to be proactive and take responsibility as adult learners.

## **COURSE EXPECTATIONS FOR DIRECTED CLINICAL STUDIES:**

### **COURSE-SPECIFIC POLICIES**

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- Assignments must be turned in via Canvas or per faculty direction. Some hard copies may be required
- Students are expected to proactively communicate regarding absences and/or tardiness with both the Clinical Faculty and directly with the RN Preceptor.
- Process Procedures if Student is Ill:
  - If a student is ill, contact the RN Preceptor directly (prior to the shift's start) to inform them of the illness and to arrange a make-up clinical shift with the RN Preceptor or approved RN preceptor.
  - Prior to the shift's start, the student is to inform their Clinical Faculty of their illness and plan to make up the clinical hours.
- Process Procedures if Preceptor is Ill:
  - If a preceptor is ill, the student will work directly with the unit/ward Shift Charge Nurse to be assigned an approved RN preceptor for that shift. The student will provide the preceptor data sheet and post-test to the approved RN, and be responsible to turn this information in to the mentoring faculty as soon as possible after the shift.
  - The student is to inform their Clinical Instructor of the situation and proposed plan for the clinical hours.
- The following is a partial list of expected behaviors that form the basis for awarding a grade of "credit" in the clinical setting. The student will:
  - Accept responsibility for own behavior in the clinical setting
  - Know own limitations and seek assistance as appropriate to the situation
  - Know availability of and use resources that are appropriate to the clinical setting
  - Verify all physician orders with the patient's chart
  - Know the essential information about medications before they are given. (The purpose for the medication, route, dosage, side effects, nursing interventions, and documentation - the rights of drug administration!)
  - No pagers or cell phone use in the clinical setting for personal business.
  - Turn in a journal each week upon completion of clinical hours as described.
  - Act in a professional manner and dress in a professional manner.
- **CRITICAL BEHAVIORS WHICH IMMEDIATELY RESULT IN PROBATION OR POSSIBLE FAILURE OF COURSE:**
  - Falsifying a client record.
  - Blatant disregard of client confidentiality.
  - Denying responsibility for one's own deviation from standard practice.
  - Actions which place the client in jeopardy.
  - Actions which place student or colleague in jeopardy.
  - Abusive behavior toward clients.

- Ignoring the need for essential information before intervening.
- Failure to complete timely completion of objectives, self-assessment, mid-semester evaluation, and end of year evaluation.
- Failure to communicate weekly via journal with clinical faculty.
- Failure to contact Clinical Faculty for any potential or actual incident reporting.

**STUDENT:**

- Consults with 491 faculty regarding desired clinical placement
- Registers for course (registration ensures liability insurance coverage)
- Provides mentoring faculty with student email and cell phone number
- Provides mentoring faculty with preceptor email and phone number
- Meets with preceptor to arrange clinical dates.
- Provides preceptor with NSG 491 syllabus AND the preceptor handbook
- Completes the Preceptor Data Form from preceptor (form in syllabus) and returns hard copy with the clinical goals
- Develops desired learning outcomes for clinical unit and discuss these outcomes with your preceptor. Send a copy of learning outcomes to faculty no later than after the second shift
- Informs preceptor the skills student may perform independently and which skills ALWAYS require direct supervision
- Provides preceptor with appropriate contact phone numbers for student, faculty and School of Nursing.
- Provides arranged clinical dates and times to faculty. Faculty are "on call" during your clinical experience, in case student needs to notify faculty in cases of emergency or if any problems arise.
- Reflective journals must be submitted weekly during the clinical experience, for a total of 6.
- Fill out student portion of clinical evaluation, give evaluation to preceptor to fill out. Schedule time with preceptor to go over completed evaluation, obtain completed evaluation from preceptor
- Schedule a final evaluation with supervising faculty, turn in student and preceptor evaluations
- Fulfill all the requirements of course within the stated time

**PRECEPTING RN ROLE:** The preceptor is a person who is capable of identifying and selecting appropriate learning experiences for the student to meet desired learning outcomes. The preceptor will accept the responsibility of direct and indirect supervision of student activities in the clinical setting. As an expert, the preceptor serves as a role model, consultant, resource person and teacher. When appropriate, the preceptor will introduce the student to new learning experiences and orient the student to new skills. The preceptor must work closely with the student and collaboratively with the faculty member to facilitate learning experiences for the student.

- Orient student to patient care unit
- Coordinate a schedule of hours/dates when student will be in clinical setting
- Student will provide learning outcomes with preceptor. Preceptor will discuss outcomes with student
- Consult with alternate preceptor(s) regarding student progress when unable to be with student to assure continuity in learning experience
- Obtain appropriate School of Nursing contact phone numbers from student
- Upon completion of the clinical hours, the preceptor will complete a brief written evaluation of student's performance. A standard form will be provided for this purpose.

**Note: Certain clinical skills performed by students can only be done under direct supervision.**

These include:

- Adding ANYTHING to central lines
- Administration of narcotics
- Initiating I.V. therapy, administration of I.V. push medications, calculation of dosages and flow rates

**FACULTY ROLE:**

- Reviews student's learning outcomes
- Monitors student/preceptor activities through e-mails, meetings and onsite visits.
- Reviews journals and monitor student's progress for completion of contract hours.
- Meets with student/preceptor as appropriate to monitor progress
- Completes evaluation and record final grade

**REQUIRED LEARNING ACTIVITIES**

All the items below are required to pass this course. They include: Attendance at Clinical Orientation; Attendance at Unit Orientation; Personal Learning Objectives; Student Assessment & Evaluation Form Reviewed with Preceptor and Faculty; Clinical Schedule (Proposed, Completed); Student Evaluation of Preceptor; Student Evaluation of Preceptorship & Clinical Site; completed reflections

	Due Date	Method of Evaluation	REQUIRED
Assignments: Capstone Preceptorship	Due: 5/11/15	1) Attendance at NSG 491/5 Clinical Orientation or Equivalent (preapproved by Clinical Faculty)	<p><b><u>LEARNING ACTIVITY #1: Clinical Orientation Attendance Required to Pass</u></b></p> <p>Attendance at NSG 491 Clinical Orientation as approved by Clinical Faculty. Upon receipt of your preceptor's contact information, email your preceptor to set up your first meeting and inform your Clinical Faculty of your meeting date and time.</p>
	Due: Within 2 weeks of clinical preceptorship start	2) 3-5 Personal Learning Objectives (Based on Strengths, Weaknesses, Previous Evaluations). Must also be reviewed with Preceptor & approved by Faculty	<p><b><u>LEARNING ACTIVITY #2: Personal Learning Objectives - Required to Pass. Due: Within 2 weeks of clinical preceptorship start.</u></b></p> <p>Personal Learning Objectives (Based on Strengths, Weaknesses, Previous Evaluations) in the format using specific, measureable, actionable, realistic, and timed verbiage. These objectives are to be linked to the NSG 491 Values and Program Learning Objectives. Reflect upon your past clinical rotations and your identified areas of strength and areas for improvement. Then identify your personal</p>

			<p>learning objectives (as related to the values of Inquiring Faithfully, Caring Faithfully, Communicating Faithfully, Following Faithfully, and Leading Faithfully and program learning outcomes) for this course. List your objectives using specific, measurable, actionable/achievable, realistic, and timely verbiage. Identify 3 of your personal learning objectives. Select personal learning objectives/learning activities that you would like to meet by the completion of the semester in the clinical setting. The objectives must relate to the bedside RN role. <b>Please review with your preceptor and obtain faculty approval. Provide both preceptor and faculty a copy of your personal learning objectives.</b> Example: Personal Learning Objective #1) By the end of the semester, I will be confident in initiating dialogs with members of the healthcare team (specifically physicians), to facilitate positive patient outcomes. My current confidence/comfort level using the SBAR communication format and providing patient report is 3/10, goal is 9/10.</p>
	<p>Due: Within 2 weeks of clinical preceptorship start and ongoing. Faculty to review as needed and minimally mid-semester</p>	<p>3) Clinical Schedule/Log (Proposed&amp; any changes)</p>	<p><b><u>LEARNING ACTIVITY #3: Clinical Log (Proposed, Completed) – Required to Pass. Due: Within 2 weeks of clinical preceptorship start.</u></b> Purpose: Proactive and continuous communication of projected and completed 12 hour shifts. The student is responsible for informing the Clinical Faculty of their clinical preceptorship hours at all times. Clinical hours must be projected, tracked, and confirmed by preceptor’s signature on the completion of the shift. Please keep current information on Canvas.</p>
	<p>Due: Within 2 weeks of clinical preceptorship start</p>	<p>4) Completed Preceptor Data Sheet</p>	<p><b><u>LEARNING ACTIVITY #4: Preceptor Data Sheet – Required to Pass. Due: Within 2 weeks of clinical preceptorship start.</u></b> Please have the RN Preceptor complete the Preceptor</p>

		Data Sheet and return completed hard copies to Faculty.
Due: Within 2 weeks of clinical preceptorship start	5) Completed Preceptor Orientation Post-Test	<b><u>LEARNING ACTIVITY #5: Preceptor Post-Test- Required to Pass. Due: Within 2 weeks of clinical preceptorship start.</u></b> Please have the RN Preceptor review the Preceptor Handbook, online Southwestern College Preceptor training, and complete the Post-Test . Preceptor is to complete the Southwestern College “Preceptor Orientation” modules located on the San Diego Nursing Education and Allied Health Consortium website- <a href="http://sdnsec.org/preceptor.asp">sdnsec.org/preceptor.asp</a> prior to the first clinical day. Please provide a hard copy of the post-test to your clinical professor .If the preceptor has already received preceptor training, please obtain documentation of this and submit via Canvas and to course faculty. This will be submitted to the SON. See Appendix C.
Due: Every Week via Canvas to Clinical Faculty	6) Weekly Guided Reflective Assignments/ Journals, as described in NSG 491 Syllabus	<b><u>LEARNING ACTIVITY #6: WEEKLY JOURNALS</u></b>
<b>Due: Week of June 29</b>	7) Self-Evaluation & Preceptor Evaluation & Faculty Evaluation (Achieved minimum meeting of 75% of clinical requirements.) (End of Semester)	<b><u>LEARNING ACTIVITY #7: Self-Evaluation &amp; Preceptor Evaluation &amp; Faculty Evaluation (Achieved minimum 75% Proficiency) (End of Semester) – Required to Pass.</u></b> See Appendix E.
<b>Due: week of June 29</b>	(8) Clinical Evaluations with Clinical Faculty &	<b><u>LEARNING ACTIVITY #8: Clinical Evaluations with Clinical</u></b>
<b>Due: Week of June 29</b>	(9,10,11) Students’ Evaluations of Preceptor, Clinical Site, Faculty Requirement	<b><u>LEARNING ACTIVITIES #9, 10, &amp; 11: Students’ Evaluations of Preceptor, Clinical Site, Faculty Requirement – Required to Pass.</u></b>

Final Course Grade	Pass if all required items are completed.		

**LEARNING ACTIVITY #6: WEEKLY JOURNAL REPORTS - Required to pass NSG 491/495. 5 total**

**REQUIRED LEARNING ACTIVITIES, LEARNING ACTIVITY:** Guided Reflective Assignment

Purpose: Maintain a guided reflective assignment of weekly clinical activities, personal evaluation, and lessons learned in clinical experiences. Please journal about a significant clinical situation or critical incident that you experience during the clinical shift. Address each of the sections listed below. The bulleted prompts are there to guide you through each section of your journal paper. All HIPAA requirements must be upheld; therefore, pseudonyms must be used when referring to patients, family members, staff members, faculty, students, etc..

**The required themes are:**

- Courage
- Discernment
- Advocacy
- (2) Your Choice (i.e., Any of the above topics or a new one such as: Delegation, Humility, Customer Service, Communication Issues, Time Management/Prioritization/Organization, Handling of Adversity, Coordination of Care, etc.)

DUE: The Guided Reflective Assignments are due 7 days following the beginning of the clinical shift by via NSG 491 Canvas.

**Criteria for Guided Reflective Assignments: Please type as a Word Doc and attach in Canvas.**

**May be single or double-spaced. No more than 3 pages allowed.**

**Top of Page:** Student Name, Journal Number, Journal Theme, Date of Clinical Experience, Preceptor Name, DUE Date for Journal

(7 days after the beginning of the start of the Clinical Experience)

**Description of the Clinical Context, Clinical Experiences & Identification of Journal Theme:  
Describe the following:**

**Clinical Context**

- What clinical day/night is this?
- What theme will you address in this journal?
- Describe the context of the unit (e.g. calm unit due to low census; short staff; post code blue, preceptor change etc.).

**Clinical Experiences**

- Provide an overview of your patient assignment.
- What happened on this clinical shift?
- What specific actions took place during the event? (Your actions, others' actions, etc.)
- Were there any specific or unique conditions related to the event?

**Personal Reactions & Evaluation of the Situation: Description of what you were thinking and feeling. Use the following questions to guide your description, as applicable:**

- What were your thoughts during the event?
- What were your feelings related to the event?
- Were your actions the most appropriate for this particular incident? Why or why not?
- What were the positive and negative aspects and outcomes of the incident?
- Were there aspects or influences that interfered with doing a better job? What were they?

**Analysis of the Situation:**

- What personal clinical objectives did you meet today and how?

**Conclusion. Identify your lessons learned, how you will incorporate what you have learned today into your nursing practice. Use the following questions to guide your conclusion, as applicable:**

- What did you learn as a result of this event/time on the unit? What were your lessons learned today?
- Do you need to modify your beliefs, assumptions, and attitudes? If this event were to occur again, how will you act similarly/differently?
- How has this situation influenced your practice?

DUE: The Guided Reflective Assignments are due 7 days following the beginning of the clinical shift via NSG 491/495 Canvas.

APPENDICES	Page 13+
<b>A) Preceptor Data Sheet</b>	
<b>B) Preceptor Post-test</b>	
<b>C) Student Learning objectives</b>	
<b>E) Student Assessment and Evaluation Forms</b>	
<b>F) PLNU student attire policy</b>	
<b>G) Incident reporting</b>	
<b>H) Blood/Body exposure</b>	
<b>I) Student Clinical Log of hours</b>	



**APPENDIX B**

**POINT LOMA NAZARENE UNIVERSITY SCHOOL OF NURSING**

**NSG 491/495 Externship**

***PRECEPTOR DATA SHEET***

**Personal Data:**

\_\_\_\_\_

Name of Preceptor

\_\_\_\_\_

Preferred Contact Info (Email, Phone Number)

\_\_\_\_\_

Current Position (Title)

\_\_\_\_\_

Amount of Time in Position (Must be >1 year)

\_\_\_\_\_

Hospital Unit & Location

\_\_\_\_\_

Unit Contact Info

**University Education: (Highest level of College on top row)**

School	Attended	Major	Degree	Graduation

**Recent (last 5 years) RN Work Experience:**

Agency	Position	Dates of	Area of Nursing
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		Employment	Acute Care. Progressive Care, ED., Home Health, etc.

I have received the PLNU Orientation and Preceptor Handbook. I agree to contact the PLNU course instructor if I have any questions or concerns.

**Preceptor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Fall** \_\_\_ **Spring** \_\_\_ **Year** \_\_\_\_\_

**Preceptor RN License State & #:** \_\_\_\_\_ **to be verified by PLNU School of Nursing administrative staff (Verified by Initials: \_\_\_\_\_/Date: \_\_\_\_\_)**

**APPENDIX C**  
**PLNU Preceptor Orientation Handbook**  
**Post Test**

**Preceptor Name:** \_\_\_\_\_

**Preceptor Student:** \_\_\_\_\_

**Hospital & Unit:** \_\_\_\_\_

**Date:** \_\_\_\_\_

BRN1. What is the length of time a Registered Nurse must practice in a specific facility, on the same unit, in order to meet the California BRN regulations to become a preceptor?

- A. 6 months
- B. 1 year
- C. 18 months
- D. 3 years

HB2. Within the *NSG 481 Capstone Preceptorship: Preceptor Handbook*, which of the following persons' roles and responsibilities are described? **Select ALL that apply.**

- A. The preceptor
- B. The student
- C. The faculty
- D. The patient

BRN3. Which of the following skills must a student perform with the **direct supervision** of a preceptor? **Select ALL that apply.**

- A. Change central venous catheter (CVC) site dressing
- B. Administration of a subcutaneous injection
- C. Assessment of an arterio-venous graft
- D. Measure intake and output

BRN4. The preceptor is present and available on the patient care unit during the entire time the student is in the preceptorship rendering nursing care.

- A. True
- B. False

Stu5. The preceptor is sick on the day a student is scheduled to be precepted. Which of the following actions by the student is expected?

- A. Go home
- B. Call the nursing supervisor
- C. Find another nurse who is willing to precept
- D. Coordinate relief preceptor with the unit's designee

Fac6. The faculty will be available to communicate with the student and/or preceptor using which of the following methods? **Select ALL that apply.**

- A. Text
- B. eMail
- C. Facebook

- D. Instagram
- E. On-site meeting

BRN7. Which of the following skills may a student perform **independently** of a preceptor's supervision? **Select ALL that apply.**

- A. Identify a nursing diagnosis
- B. Complete a head-to-toe assessment
- C. Administer oral medications
- D. Measure vital signs

8. The following are statements when providing feedback to the student regarding an area for improvement. Please select the statements you most frequently use when precepting. **Select ALL that apply.**

- A. "May I show you what technique has worked well for me?"
- B. "Let me help you with..."
- C. "I just read about that medication administration policy and..."
- D. "Nice job diffusing that family member."
- E. Other, example: " \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_."

**APPENDIX D**  
**POINT LOMA NAZARENE UNIVERSITY SCHOOL OF NURSING**  
**NSG 491&495 Externship**  
***Personal Learning Objectives***

Utilizing (a) your completed self-assessment data on needs improvement categories; (b) sophomore and junior clinical evaluations/feedback; and (c) your clinical unit/environment – **write 4-5 personal learning objectives.** Objectives should be based on the Faithfully Values categories and should be measurable (provide a baseline measure and end-of-semester target goal).

Example:

**#1 PERSONAL LEARNING OBJECTIVE:**

By the end of the semester, I will demonstrate effective communication by proving a comprehensive shift-to-shift RN hand-off report on at least one patient. My baseline competence and comfort is a “2”; end of semester goal “7”. (Using a 1-10 scale). I will accomplish this goal by observing others and practicing with my preceptor.

**VALUE:** Communicating Faithfully

**PROGRAM LEARNING OUTCOMES:** Dialogs with members of the healthcare team, including the patient to facilitate positive patient outcomes.

Use table below to list your Personal Learning Objectives and upload into Eclass assignments.

<b>NSG491/495 Summer Preceptorship</b>  <b>NAME:</b>  <b>DATE:</b>  <b>LOCATION:</b>   <b>PERSONAL LEARNING OBJECTIVES</b>	<b>VALUE</b>	<b>PROGRAM LEARNING OUTCOME</b>
<b>#1 PERSONAL LEARNING OBJECTIVE:</b>		
<b>#2 PERSONAL LEARNING OBJECTIVE:</b>		

#3 PERSONAL LEARNING OBJECTIVE:		
#4 PERSONAL LEARNING OBJECTIVE:		
#5 PERSONAL LEARNING OBJECTIVE:		

**APPENDIX E  
POINT LOMA NAZARENE UNIVERSITY**

Student/Preceptor Clinical Self-Assessment/Evaluation Form - NSG 491/495 Externship Practicum

**Meeting Date:**

KEY: Meets Expectations (M) Needs Improvement (NI)

<b><i>Caring Faithfully</i></b>	<b>Examples of behaviors</b>	<b>Student/ Preceptor Review FINAL M/NI/ INITIAL/DATE</b>	<b>Comments &amp; Plans to Improve  Faculty Review/Initials/Date</b>
Demonstrate compassionate care to all people while mirroring Christ's love for all	Incorporates those nursing care practices that demonstrate respect for sociocultural practices of clients in a non-judgmental manner.		
Partner with the community to establish a trusting relationship	Advocates for individualized, ethical nursing care consistent with the practice of professional nursing.		
Demonstrate ethics and values consistent with the practice of professional nursing	Integrates ethics and values related to the prevention of errors that affect patients/families, healthcare team and communities.		
	<b>Examples of behaviors</b>	<b>Student/ Preceptor</b>	<b>Comments &amp;</b>

Inquiring Faithfully		Review FINAL M/NI/ INITIAL/DATE	Plans to Improve  Faculty Review/Initials/Date
Analyzes information, formulate hypothesis and construct research to further evidence based knowledge and best practice	Create individualized care plans based on patient needs and evidence (i.e. assessment, diagnostics).		
Advances the standards of holistic care by supporting the client needs (e.g. physical, psychosocial, spiritual, environmental) including family in a multicultural community	As stated		
Engages in self-care practices that facilitate optimal care of clients, nurses and organization(s).	As stated		
Communicating Faithfully	<b>Examples of behaviors</b>	Student/ Preceptor Review FINAL M/NI/	Comments & Plans to Improve  Faculty

		INITIAL/DATE	Review/Initials/Date
Engages in active listening to promote therapeutic relationships.	As stated		
Demonstrates effective verbal and non-verbal communication skills to provide patient care.	As stated		
Advocates for patients/families and self.	As stated		
Dialogs with members of the healthcare team, including the patient to facilitate positive patient outcomes.	As stated		
Implements patient care while honoring the diversity of patients, families and communities.	As stated		
Leading Faithfully	<b>Examples of behaviors</b>	Student/ Preceptor Review FINAL	Comments & Plans to Improve  Faculty

		M/NI/ INITIAL/DATE	Review/Initials/Date
Provides graceful service through compassionate responses to others' needs.	As stated		
Exhibits patient advocacy that reflects sensitivity to diversity in a holistic manner.	As stated		
Following Faithfully	<b>Examples of Behaviors</b>	Student/ Preceptor Review FINAL M/NI/ INITIAL/DATE	Comments & Plans to Improve  Faculty Review/Initials/Date
Avail self of learning opportunities to initiate the life-long learning process.	Asks questions, uses resources well, follows through on all assignments.  Analyzes through self-evaluation areas for which further learning is needed including strategies to meet the needs.		
Engage in a professional practice environment that promotes nursing excellence.	Assumes responsibility and accountability for provision of quality care in accordance with PLNU, professional and site-specific standards.		
Provides patient care within the boundaries designated by	Discriminate factors that contribute to a culture of safety within the professional		

regulatory agencies, professional practices and ethical standards of a Christian nurse. (PLO...)	practice environment.		
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End of Semester, Student Evaluation Form - NSG 491/495

***Clinical Evaluation***

Student Name: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Clinical Faculty: \_\_\_\_\_

***Adheres to ANA Standards of Practice with Interpretive Statements***

CRITICAL BEHAVIORS, WHICH IMMEDIATELY RESULT IN PROBATION OR POSSIBLE FAILURE OF COURSE:

- Falsifying a client record.
- Blatant disregard of client confidentiality.
- Denying responsibility for one's own deviation from standard practice.
- Actions which place the client in jeopardy.
- Actions which place student or colleague in jeopardy.
- Abusive behavior toward clients.
- Ignoring the need for essential information before intervening.
- Failure to communicate via journal weekly with clinical faculty.

Student Self-Evaluation: Rate yourself in each category by placing **a check** in the box where you feel that you are meeting expectations.

Preceptor: Please place an **X** in the box appropriate to each competency for evaluation.

Student **MUST** meet standards in a minimum of 75% of all requirements.

Completed 100% of clinical time

YES

NO

**STUDENT COMMENTS:**

Areas of Strength:

Areas for Improvement:

**PRECEPTOR COMMENTS:**

Areas of Strength:

Areas for Improvement:

**INSTRUCTOR COMMENTS:**

Areas of Strength:

Areas for Improvement:

Final Grade: Credit\_\_\_No Credit\_\_\_Incomplete Reason: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date \_\_\_\_\_

School of Nursing Meeting: \_\_\_\_\_ Date \_\_\_\_\_

## **APPENDIX F**

### **PLNU STUDENT ATTIRE POLICY**

To assist students in presenting and maintaining a professional appearance, the following School of Nursing guidelines have been established. In addition, NSG 481 capstone preceptorship students will adhere to the hospital-specific dress code requirements.

#### Non-uniform:

- Picture ID must be visible at all times and worn above the waist
- Socks or hose must be worn at all times
- Closed toe and heel, unadorned, supportive shoes without large letters/symbols are to be worn. Sandals or flip flops of any type will not be permitted.

#### General:

- Clinical agency guidelines must be followed
- Consult each course syllabus for specific guidelines.
- Students are expected to wear clothes that are clean and wrinkle-free.
- All students are expected to wear appropriate and clean underwear. Women are required to wear bras.
- Slacks and shirts/tops are to be loose fitting to allow freedom of movement. Tops should have modest necklines (no cleavage) and be long enough so as not to expose midriff. Shorts or jeans/denim will not be permitted. Pants are to be worn waist level.
- Tattoos, if present, should be covered.
- Acceptable accessory wear includes a watch, plain wedding ring and/or one pair of stud style earrings – one earring per earlobe. Jewelry should be kept to a minimum. Items NOT to be worn in clinical settings include: nose/tongue/eyebrow rings, dangling necklaces and finger rings with stones.
- Perfume/Cologne or Scented Lotions/Creams (e.g. shaving lotions, scented underarm deodorant) are not to be worn.
- Hair should be neatly trimmed. If hair is long, it must be combed away from the face and worn up off the collar.
- Bathing and use of non-scented underarm deodorant should be a regular practice.
- Length of finger nails should not be beyond the finger tip. Finger nails should be kept clean. Pale un-chipped nail polish may be worn. Artificial nails or nail tips will not be permitted.

**NOTE: All students will comply with agency's clinical requirements: up to date immunizations, current CPR certifications before starting clinicals. Liability insurance for students is covered by the university policy.**

**Questions or Concerns:** Please contact the Clinical Faculty.

**APPENDIX G**  
**POINT LOMA NAZARENE UNIVERSITY**  
**School of Nursing, NSG 491/495 Summer Externship**

**ACTUAL AND POTENTIAL CRITICAL INCIDENT**

**OR MEDICATION ERROR REPORTS**

**ACTUAL CRITICAL INCIDENT REPORTS:**

A student shall complete the attached form when an actual incident occurs such as:

1. Administering the wrong medication.
2. Administering medication to the wrong client.
3. Administering the wrong dose or drip rate.
4. Administering the medication at the wrong time or omitting a dose by mistake.
5. Unsafe medication administration.
6. Incomplete, inaccurate or incorrect charting.
7. Inappropriate actions resulting in potential danger to client/patient well-being.

**POTENTIAL CRITICAL INCIDENT REPORTS:**

A student shall complete the attached form when the instructor stops an incident from occurring in such incidences as:

1. Student demonstrates an inadequate knowledge base to carry out safe clinical practice (not being prepared to safely care for the client due to inadequate preparation of transfer of knowledge from theory.)
2. Poor nursing judgment is exhibited which could lead to danger to client/patient well-being.
3. Selecting wrong medication but not administering it—stopped by the Instructor or RN.
4. Omitting the assessment of vital signs, weight, or lab values needed to assure safe nursing care of client(s).
5. Inadequate knowledge base about risk or safety factors or appropriate Nursing measures and rationale required for specific client.
6. Other behaviors which warrant the concern of the nursing instructor or clinical staff.

Consequences of such reports shall be determined by the level team faculty in the School of Nursing.

**ACTUAL AND POTENTIAL CRITICAL INCIDENT  
OR MEDICATION ERROR REPORTS**

**This portion of form is to be completed by student**

**STUDENT REPORT OF ACTUAL INCIDENT OR MEDICATION ERROR**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

AGENCY \_\_\_\_\_ DATE/TIME OF INCIDENT \_\_\_\_\_

- Brief Statement of the incident: (Comments may be stated on a separate 8 ½ X 11" page attached to this document.)

- Diagnosis of Patient:

- Results of Incident:

A. To the Patient:

B. What action was taken at the agency by you, your instructor, agency staff?

**ACTUAL AND POTENTIAL CRITICAL INCIDENT  
OR MEDICATION ERROR REPORTS**

**ACTUAL INCIDENT OR MEDICATION ERROR FORM:**

■ Potential Consequences related to the incident or medication error.

■ Explanation of the Incident

A. How did this incident or medication error occur?

B. How could this have been avoided?

C. How can this be prevented in the future?

**ACTUAL AND POTENTIAL CRITICAL INCIDENT  
OR MEDICATION ERROR REPORTS**

**ACTUAL INCIDENT OR MEDICATION ERROR FORM**

**This portion of form to be completed by the instructor:**

■ Action Taken:

SIGNATURES:

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Student Date

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Instructor Date

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Dean or Assistant Dean Date

Distribution:

\_\_\_ Student

\_\_\_ Dean

\_\_\_ Student File

\_\_\_ Agency Unit Supervisor (optional)

\_\_\_ Academic Dean (optional)

**APPENDIX H  
POINT LOMA NAZARENE UNIVERSITY  
School of Nursing  
Externship: NSG 491/495**

**INFECTION CONTROL - BLOOD/BODY FLUID EXPOSURE**

**Purpose:** This policy is established because of the particular concern for exposure to Hepatitis B, Hepatitis C, or HIV in the clinical setting.

**For:** *Any person (faculty or student) exposed* to blood/body fluids by puncture, laceration, bites, contact through eye, nose, or mouth, or contact with pre-existing breaks in the skin. The **source person** is the person whose blood/body fluids have come in contact with the exposed person as previously listed.

**I. Immediate First Aid (Responsibility of the Exposed Person)**

- A. Remove any obvious debris and wash with soap and water.
- B. Rinse mouth, eye, or nose with large volumes of clean water or saline.
- C. If sutures are required or other medical intervention, the exposed person should receive immediate attention by the agency's urgent care/emergency services (student or insurance company will be billed for expenses).

**II. Report of Incident (Responsibility of the Exposed Person)**

- A. Contact Instructor and Supervisor/Preceptor/Primary Nurse
- B. Complete Agency Incident Report as soon as possible.
- C. Seek professional first-aid follow-up via the urgent care/emergency department **within one hour of the incident.**
- D. Contact personal health care provider.

**III. Instructor's Responsibility**

- A. Assist in completing Agency Incident Form **AND** School of Nursing Form. Place a copy in the student's file.
- B. Notify Employee Health/Quality Assurance Personnel in Agency and Human Resources at Point Loma Nazarene University (619-849-2534).
- C. Notify SON Dean and Human Resources department to initiate Workman's Comp process.



POINT LOMA  
NAZARENE  
UNIVERSITY

**IN CASE OF WORK  
RELATED INJURY**

DURING REGULAR WORK HOURS:	
Go to or contact: PLNU Wellness Center 1 <sup>st</sup> floor Nicholson Commons Extension 2574	If the Wellness Center is closed, contact Human Resources Mieras Hall, Top Floor Extension 2203 or 2240

AFTER HOURS & WEEKENDS:	IF INJURY IS SEVERE OR LIFE THREATENING:

- D. Assure the student's access to professional first-aid treatment.
- E. Obtain information on the Agency's policy for Blood/Body/Fluid Exposure treatment.
- F. Document events related to the incident. Relevant information that should be included (CDC, 1998a):
  - 1. date and time of exposure;
  - 2. details of the procedure being performed, including where and how the exposure occurred, and if the exposure was related to a sharp device, the type of device and how and when in the course of handling the device the exposure occurred;
  - 3. details of the exposure, including the type and amount of fluid or material and the severity of the exposure, (e.g., for a percutaneous exposure, depth of injury and whether fluid was injected; or for a skin or mucous-membrane exposure, the estimated volume of material and duration of contact and the condition of the skin [e.g., chapped, abraded, or intact]).
- G. Initiate follow-up contact with Clinical Agency Health/Quality Assurance personnel within 72 hours.
- H. **Urgent Care Protocol:** If there is a clinical agency policy in place for such an incident, adhere to it. Otherwise, if there isn't one, the School of Nursing procedure is to:

- a. Obtain consent from the source person to have blood withdrawn for testing purposes. If the source person refuses to consent to a lab draw, ***an emergency care physician must submit a report within 24 hours*** and provide an evaluation of the source person within 72 hours. Notify the source person's primary physician who ***must*** respond to the urgent care agency/ED, or to the exposed person's primary physician within three weeks. If the source person refuses to consent to a blood draw, any blood that has been drawn for a diagnostic study can be used (if available). Urgent Care/ED personnel are to notify the person who has been exposed as soon as possible of the test results as to whether or not the source person is positive for HIV.

*Note:* the CDC recommends an FDA approved test kit that can be used in a situation where enzyme immunoassay (EIA) for HIV, cannot be completed within 24-48 hours.

- b. Obtain consent from the exposed person to have blood drawn for baseline information.
- c. Obtain a history of incident and a report of the examination of exposed areas of the exposed person.
- d. Provide counseling and options of prophylactic procedures to the exposed person.
- e. Obtain follow-up information about the blood/body fluids of the source person from the Employee Health/Quality Assurance Personnel, and the attending physician.

IV. **Treatment** - The recommended procedure for:

A. **Hepatitis B**

1. Immune Globulin (0.06 ml/kg) within 24 hours if the exposed person has not completed the vaccination series, then follow the accelerated schedule for Hep B vaccine.
2. If the person has not been vaccinated, give Hep B on an accelerated schedule starting immediately, followed in one, and two months later. Check blood titers one month after 3<sup>rd</sup> dose of vaccine. Give a booster shot in 12 months.

B. **Hepatitis C**

1. Draw serum. Give HCV Ab now, then at 3, 6, 12 months.
2. Refer the exposed person to their primary physician if serum is positive.

C. **HIV** (Clinical Agency)

1. Determine the extent of the exposure, in conjunction with the CDC guidelines (CDC, 1998b). Follow-up care should be in conjunction with the CDC guidelines for management of exposures for postexposure prophylaxis (CDC, 1998b).
2. In the event that treatment is required:
3. Provide and document counseling for the exposed person.
4. Testing for HIV for the exposed person is as follows: baseline, six weeks, three, six, and twelve months post exposure.
5. ***Treatment should be given within 1-2 hours of exposure.*** Alert the exposed person to the possible side effect from the drugs.
6. A prescription of at least four days of antiretroviral medication should be provided to the exposed person.

7. Document that the exposed person knows personal responsibility for follow-up care.
8. Submit confidential report to OSHA.
9. The recommended protocol should follow the most current Communicable Disease Control recommendations for prophylaxis. Current recommendations may be obtained through a free 24-hour hotline, through San Francisco General Hospital, San Francisco, CA (CDC, 1998c). The National Clinicians' Post Exposure Prophylaxis Hotline (PEPLine) is for clinicians in need of advice on how to best treat healthcare workers accidentally exposed to blood-borne disease — **1-888-448-4911**

References:

Center for Disease Control. (2006). Updated Public health service guidelines for the management of health-care worker exposures to HBV, HCV, and HIV and recommendations for postexposure prophylaxis, June 29, 2001. <http://www.thebody.com/cdc/pdfs/rr5011.pdf>

Center for Disease Control. (1998b). Public health service guidelines for the management of health-care worker exposures to HIV and recommendations for postexposure prophylaxis, figure 1, May 15, 1998. <http://www.thebody.com/cdc/pep/figure1.html>.

Center for Disease Control. (1998c). National hotline opens for advice on occupational HIV exposure prophylaxis, November 19, 1997. <Http://www.thebody.com/cdc/pepline.html>.



## Appendix J

### DEFINITION OF TERMS

**Advocate**-giving voice to; being available for; find solutions for.

**Christ's love**-loving others as ourselves

**Courage**-stepping out of the comfort zone; being willing to take risks; facing consequences with accountability and responsibility.

**Discernment**-making choices with wisdom, guidance, and reflection

**Divine**-of the Holy

**Evidence Based Practice**-nursing practice rooted in research and best practice.

**Faithfully**-in all that we do; in all of our responsibilities and commitments, we must be faithful.

**Forgiveness**-being willing to accept the faults of others without retaliation and anger

**Grace**-unmerited favor; being kind and caring even when it is not deserved

**Holiness**-seeking to be set apart;

**Holistic Care**-seeking to care for the physical, social, psychological and spiritual aspects of the patient/family.

**Humility**-being willing to say "I'm sorry", "I made a mistake", "will you teach me?"

**Nazarene**-Protestant denomination founded in 1902, incorporating the theology of John Wesley.

**Sabbath Rest**-being intentional about finding time away from the busyness of life to reflect on that which is Holy; taking time to care for self so that care for others is optimally achieved.

**Servant Leader**-recognizing that leadership has many characteristics. These include: courage, being willing to follow, having a voice, listening to others, making wise decisions.

**Values**-the School of Nursing utilizes this term instead of "outcomes". We believe that students and faculty should own and give deep meaning to the program values of: Caring Faithfully, Leading Faithfully, Inquiring Faithfully, Following Faithfully, and Communicating Faithfully.

**Wesleyan**-of the theology of John Wesley 1703-1791. Founder of the Methodist movement; author and evangelist.

