Troy University
School of Nursing

Adjunct Faculty Orientation Manual

Troy University
School of Nursing
Adjunct Faculty Orientation Manual

Welcome

Welcome to Troy University School of Nursing. The School of Nursing Faculty and Student Affairs committee has developed this manual in order to provide easy access to informational materials that will be helpful for orientation and future reference. This manual does not replace the policies or procedures found in other Troy University publications, for example the Faculty Handbook. If you have any questions at anytime, please do not hesitate to ask your colleagues or your program director.

School of Nursing Philosophy

The University seeks to provide an appropriate academic, cultural, and social environment for the student. In accordance with the mission of the University, the School of Nursing serves a diverse student body linked through an environment supported by traditional, nontraditional and emerging electronic formats. Global access to University resources facilitates educational mobility for students who may be geographically bound. The School's faculty serves the students, the community, and the University through teaching, service, scholarship, research, and other creative activities.

The School of Nursing faculty believes that humanity consists of unique holistic beings with intrinsic worth and dignity who have the right to self-determination, well-being, and equity. As part of various groups, individuals interact according to individualistic and group needs in the community. These interacting individuals and groups, with their cultural beliefs and values, create the society within the larger environment.

The faculty believes that the environment, an aggregate of all internal and external dimensions, not only influences individuals and groups but is also influenced by them. The environment provides the context for the development of individuals, the identification of health needs and the evolution of nursing. Through ongoing, interactive processes, the environment and nursing influence each other. The nursing profession, therefore, serves the health needs and interests of a global society.

The faculty believes that health, a dynamic state, is an observable manifestation of individual and group adaptive responses to the environment. Health is the focus of the discipline of nursing and includes physical, psychosocial, cultural, and spiritual components. Since the state of health is culturally defined, health seeking behaviors reflect cultural perceptions and values. Although individuals have the right to make decisions about their health, their ability to make informed decisions is influenced by knowledge, perceptions, and values.

As an art and a science, nursing practice utilizes cognitive, affective, and psychomotor skills in meeting the health needs of individuals and groups of all ages. Nursing practice applies nursing theory and research as well as knowledge from other sciences and the humanities.

Nursing practice is the application of evidence-based clinical decisions in a caring environment for the improvement and achievement of optimal states of health for individuals and groups.   Clinical decisions lead to therapeutic nursing interventions, which are based on assessment, diagnosis and evaluation of human responses to internal and external environmental dimensions that affect actual or potential health states. Key elements used in professional nursing practice within a multidisciplinary health care system are caring, evidence-based clinical decisions, communication, collaboration, cultural humility, ethical competence, research, and information technology.

Nursing practice includes the right and responsibility for continuous evaluation of personal and professional behaviors and values in addition to development and maintenance of legal and ethical standards for professional excellence. Nursing practice utilizes lifelong learning and application of sound evidence and research. Nursing participates in political processes to influence healthcare policy and outcomes.

The faculty believes that education is a process shared by the teacher and the learner and is the exploration, utilization and generation of knowledge through a spirit of inquiry and self-motivation. The learner and the teacher share the right and responsibility to achieve educational goals through participation in the educative process. An organized setting with planned learning activities, utilizing traditional, nontraditional and emerging electronic formats, provides opportunities to achieve these educational goals. The approach to teaching and learning varies with individual needs, abilities, and experiences. Teachers and learners are responsible for creating, promoting, and maintaining standards of academic and professional excellence through individual lifelong learning.

The faculty believes that nursing education is the means by which students are prepared for competent nursing practice at multiple levels. These levels of nursing practice are facilitated through various educational opportunities that are best provided in a collegiate setting.

Associate degree in nursing education is preparation for practice as a registered nurse and serves as the basis for further nursing education. The practice of the associate degree nurse includes functioning as a provider of care, a manager of care, consumer of best evidence, and a member within the discipline of nursing. The associate degree graduate is prepared to practice in primary, secondary, and tertiary care settings where policies and procedures are specified and guidance is available.

Baccalaureate education in nursing is preparation for professional nursing practice and graduate study. The practice of the baccalaureate degree nurse includes functioning as a designer, manager and coordinator of care, member of the profession, provider of direct and indirect care, and evaluator and consumer of research and best evidence. The BSN graduate reflects accountable, evidence-based clinical decision-making in environments where outcomes of health states may or may not be predictable. The baccalaureate degree graduate is a generalist who provides comprehensive nursing care for all ages of individuals, families, communities, and populations in a variety of dynamic and complex health care settings.

Master's education in nursing is preparation for the beginning level of advanced practice in nursing and doctoral study. Advanced practice encompasses the roles of expert clinician, educator, administrator, consultant, and translator of research and best practice. Decision-making and the ability to evaluate health policy are essential tools for advanced practice. Learning at the graduate level emanates from an open collegial relationship between faculty and students that allows for challenges of nursing knowledge and theories.

Doctor of Nursing Practice is preparation for nursing practice at the most advanced level of nursing. The Doctor of Nursing Practice is a terminal degree with a focus on clinical nursing practice. It prepares advanced practice nurses as clinical scholars in patient care outcomes and clinical leadership. Advanced practice at this level is a form of nursing intervention that influences: health care outcomes for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy.

Approved: May 2010

Accreditation

Programs of the Troy University School of Nursing are accredited by the National League for Nursing Accrediting Commission (NLNAC). NLNAC specialized accreditation indicates that the School of Nursing has been found to meet or exceed standards and criteria for education quality. These standards meet the recognition standards of The Council for Higher Education Accreditation; NLNAC also is recognized by the U.S. Department of Education as a national accrediting agency for nursing education. The ASN program will have their next accreditation visit in fall of 2016. The BSN and MSN programs will have their next accreditation visit February 8-10, 2011. The DNP program will have its initial review February 8-10, 2011. Prior to an accreditation visit, the programs complete a comprehensive self-study to determine that the goals and objectives of accreditation are being met. This self-study process is initiated two years prior to the visit. Self-study documents from the most recent accreditation visit are very informative and contain comprehensive information about the program. These are available from the Program Director.

Troy University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS). The University holds membership in a number of professional associations, including the Alabama Association of College Administrators, the American Association of Colleges of Nursing, the American Council on Education, the American Association of State Colleges and Universities, the Commission on Accreditation of Allied Health Education Programs, the National League for Nursing, and Southern Council on Collegiate Education for Nursing.

Troy University School of Nursing Programs are approved by the Alabama Board of Nursing. Annual reports are provided to the Board of Nursing, and the programs are subject to visits from the Board at any time.

Alabama Board of Nursing Requirements for Education

ALABAMA BOARD OF NURSING
CHAPTER 610-X-3
NURSING EDUCATION PROGRAMS
TABLE OF CONTENTS

610-X-3-.01 Definitions
(1)   Approved Program: A nursing education program that meets all of the standards as specified in these rules.
(2)   Articulation: A planned process between two or more educational programs or systems to assist students to make a smooth transition from one program to another without duplication in learning or coursework.
(3)   Clinical and theoretical competence: The possession of knowledge, attitudes and skills, and the ability to apply these attributes to meet current standards of nursing practice and education as specified in Chapter 610-X-6, Standards of Nursing Practice, Chapter 610-X-3, Nursing Education Programs, and Chapter 610-X-4, Licensure.
(4)   Clinical Learning Experiences: Organized plan of learning experiences that provides nursing students an opportunity to develop competencies in the assessment, planning, implementation and evaluation of nursing care appropriate to the scope of practice for the level and type of program.

Programs that offer only simulations or clinical testing do not meet the requirements for providing clinical learning experiences for nursing students.

(5)   Clinical Supervisor: A licensed registered nurse, acting in a supervisory capacity of clinical learning experiences, who is accessible to assign or prescribe a course of action, give procedural guidance, direction and evaluation for a nursing student(s).

(6)   Curriculum: An organized plan of study in nursing that includes both theoretical and clinical learning experiences essential for preparing students to be eligible upon graduation to apply for licensure as a registered nurse or licensed practical nurse.

(7)   Curriculum Outcomes: A common set of competencies expected of a program's graduates upon completion of an organized plan of study. Outcomes are clear, measurable demonstrations of student learning that occurs at or after the end of a comprehensive set of learning experiences.

(8)   Deficiency(ies): Failure of a nursing education program to meet one or more of the standards as stated in Chapter 610-X-3, Nursing Education Programs.

(9)   Distance Education: A formal educational process in which the majority of the instruction in a course/program occurs when instructors and students are not physically in the same location. The educational process may use various methodologies for communication, instruction, and evaluation.

(10)   Licensed Hospital: A facility described in Code of Alabama, 1975, Section 22-21-20(1), other than a health maintenance organization, which has an organized medical staff or which employs the services of a medical director who is a physician licensed to practice medicine in Alabama. The term hospital shall not include the private offices of physicians or dentists, whether in individual, group, professional corporation or professional association practice.

(11)   Provisional Approval: The initial status granted to a new nursing education program that evidences the potential to meet the standards set forth in Chapter 610-X-3, Nursing Education Programs.

(12)   Survey: A comprehensive Board authorized on-site evaluation or review of a written report for a proposed or existing program that serves as verification of the program's compliance with the Board's educational standards.

(13)   Systematic Plan of Evaluation: A comprehensive written document that reflects ongoing evaluation of all program components that includes, but is not limited to, collection of objective data, evaluation of outcomes, and results in improvements based on evaluative data.

(14)   Unencumbered license: an active license that has no current stipulations, conditions, or limitations.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-2(2)

History: September 27, 1982. Amended May 6, 1985. Amended May 23, 1997. **Repealed and Replaced:** Filed July 22, 2002. Effective August 26, 2002. Amended effective November 1, 2004. **Amended**: Filed September 25, 2006. Effective October 31, 2006. **Amended:** Filed September 21, 2007. Effective October 26, 2007.

610-X-3-.02 Standards for Approval

(1) The governing institution, nursing program administrator, and nursing faculty are accountable for the standards, processes, and outcomes of the nursing education program.

(2) The governing institution offering the nursing program shall be:
  (a) A postsecondary educational institution that is authorized to offer nursing education and is accredited by an organization recognized by the U.S. Department of Education.
  (b) Approved by the appropriate State of Alabama educational agency(ies) if applicable.
(3) The governing institution shall provide financial support and resources sufficient to meet the outcomes of the nursing education program. Resources include, but are not limited to:
  (a) Financial.
  (b) Educational facilities.
  (c) Equipment.
  (d) Learning aids.
  (e) Technology.
  (f) Administrative, instructional and support personnel.
(4) The governing institution's administrator or program administrator shall notify the Board, in writing, of any changes in the following:
  (a) Nursing program administrator.
  (b) Governing institution administrator.
  (c) Governance structure of the institution.
  (d) Accreditation status.
(5) A nursing education program shall be administered by a qualified program administrator who is accountable for the planning, implementation, and evaluation of the program. Minimum qualifications of a nursing program administrator shall include:
  (a) An active unencumbered Alabama registered nurse license.
  (b) An earned graduate degree in nursing.
(6) The governing institution and nursing program administrator shall provide sufficient numbers of qualified faculty to assure that curriculum implementation and expected program outcomes are achieved. Minimum qualifications of nurse faculty shall include:
  (a) An active unencumbered Alabama registered nurse license.
  (b) An earned graduate degree in nursing or a related health field.
(7) Institutional and program policies and procedures shall:

(a) Be written, published, and publicly available.
(b) Address students' ability to assume clinical assignments including, but not limited to, educational preparedness and physical, mental, and emotional behaviors.
(c) Provide opportunities for students to regularly participate in the development and evaluation of the program.
(8) Faculty are accountable for curriculum development, implementation, and evaluation.
(9) The curriculum of a nursing education program shall:
   (a) Enable the student to develop the nursing knowledge, skills and abilities required for entry level practice, consistent with the scope and standards of nursing practice.
   (b) Comply with the standards set forth in this chapter.
   (c) Be evidence-based, and outcome-focused.
   (d) Provide theoretical and clinical experiences specific to the expected scope of practice of graduates from each type of entry level nursing education program and shall include:
      (i)   Content for students to attain knowledge and competence in providing a safe and effective care environment.
      (ii) Prevention of illness.
      (iii) Maintenance, promotion, and restoration of health.
      (iv) Psychological integrity of individuals across the life span.
      (v) Critical thinking and problem solving skills to assist in recognizing, analyzing, and applying relevant knowledge and skills to nursing care.
      (vi) Clinical learning experiences to provide opportunities for students to develop cognitive, psychomotor, and affective skills in the provision of nursing care.
   (e) The curriculum content of a nursing education program shall include:
      (i)   Liberal arts and sciences supportive of the nursing program.
      (ii) On or before August 1, 2008, all practical nursing programs shall offer anatomy and physiology with a corresponding lab.
      (iii) Nursing foundations, pharmacology, nutrition, and community-based nursing.
      (iv) History and trends of nursing, cultural diversity, legal and ethical responsibilities, and nursing practice responsibilities including leadership, management, delegation, and health care delivery systems.
      (v) Theory and clinical learning experiences in the areas of adult, maternal, child, and psychiatric/mental health nursing.
(10)   The governing institution, nursing program administrator, and nursing faculty are accountable for selecting and evaluating the teaching methods, delivery modalities, and processes used to achieve expected program outcomes.
(11)   Clinical supervision of students shall comply with the standards set forth in this Chapter.

(a)   Clinical activities shall be supervised by a registered nurse who is knowledgeable of educational strategies and subject matter, and is experienced in the clinical technologies essential to the safe practice of nursing.

(b)   The registered nurse shall hold an unencumbered license to practice professional nursing in Alabama.

(c)   The clinical supervisor shall be readily accessible to assign or prescribe a course of action, give procedural guidance, direction and evaluation for students engaged in the clinical learning experience.

(d)   The faculty-student ratio in clinical practice shall be collaboratively determined by the professional nursing faculty, the School of Nursing administration and the professional nurse administrator, or designee, in the clinical agency. In licensed hospitals that provide inpatient acute care, the faculty to student ratio shall not exceed 1:8 during clinical learning experiences. The faculty-student ratio shall be determined according to the:

(i) Complexity of the educational experience.

(ii) Acuity of the patient(s).

(iii) Physical layout of the clinical setting.

(iv) Student's level of knowledge and skills to provide safe patient care.

(e)   The nursing education program shall work with clinical agencies for the planning, implementation, and evaluation of clinical experiences.

(f) Clinical learning experiences shall include the development of skills in clinical judgments, management of care for groups of patients, delegation to, and supervision of other health care personnel.

(g) Nursing faculty shall maintain responsibility and accountability for planning, implementation, and evaluation of all student clinical learning experiences.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-2(2)
History: September 27, 1982. Amended May 6, 1985. Amended May 23, 1997. **Repealed and Replaced:** Filed July 22, 2002. Effective August 26, 2002. Amended effective November 1, 2004. **Amended**: Filed September 25, 2006. Effective October 31, 2006. **Amended:** Filed March 12, 2007. Effective April 16, 2007. **Amended:** Filed September 21, 2007. Effective October 26, 2007.

610-X-3-.03 Distance Education

(1) Delivery of instruction by distance education methods shall enable students to meet the goals, competencies, and objectives of the educational program and the standards of the Board, including supervised clinical learning experiences.

(2) A distance learning program shall establish a means for assessing individual student and program outcomes.

(3) A nursing education program based outside the state of Alabama who provides students with clinical learning experiences in Alabama shall:
  (a) Notify the Alabama Board of Nursing, in writing, thirty (30) days in advance of the clinical learning experience:
    (i) Name of student, including license number if the student is licensed in Alabama.
    (ii) Name and license number of the clinical supervisor.
    (iii) Name and location of the clinical facility.
    (iv) Learning outcomes expected of the student.
    (v) Name and license number of the nursing faculty responsible for the evaluation and oversight of the student's clinical learning experience.
(4) Have accreditation an organization recognized by the U.S. Department of Education.

(5) Comply with all standards of this Chapter, including those related to clinical supervision of student learning experiences. The Board may request periodic reports for the purpose of data collection or to determine compliance with the provisions of this chapter.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-5
History: Filed September 25, 2006. Effective October 31, 2006. **Amended:** Filed September 21, 2007. Effective October 26, 2007.

610-X-3-.04 Outcome Standards

(1)   Graduates shall demonstrate theoretical and clinical competence for entry into practice.
(2) Graduates, as a composite of first time writers, shall achieve no less than an eighty percent (80%) pass rate on a board selected national licensure exam. The Board shall establish the reporting time period.
(3) There shall be a written plan for the systematic evaluation of the total program that is comprehensive, demonstrates ongoing evaluation, is based on program outcomes and incorporates continuous improvement. The systematic evaluation plan shall include:
  (a)   Collection, aggregation, analysis and trending of data.
  (b)   Programmatic outcomes, levels of achievement, evaluative criteria, assignment of responsibility, frequency of assessment, methods of achievement, actions taken and quantitative data collected.
  (c)   Ongoing evaluation and revisions based on the evaluation.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-5
History: September 27, 1982. Amended May 6, 1985. Amended May 23, 1997.
Repealed and Replaced: Filed July 22, 2002. Effective August 26, 2002.

Amended: Filed September 25, 2006. Effective October 31, 2006. **Amended:** Filed September 21, 2007. Effective October 26, 2007.

610-X-3-.05 Deficiencies

(1)   The Board shall conduct surveys and evaluations as often as necessary to determine compliance with all standards set forth in Chapter 610-X-3.

(2)   The Board shall, upon determining that a program is not in compliance with 610-X-3-.01 through 610-X-3-.03, provide to the governing institution administrator and nursing program administrator a written notice of deficiencies that establishes a reasonable time, based upon the number and severity of deficiencies, to correct deficiencies.

(3)   A nursing education program that receives a Notice of Deficiency from the Board shall establish a written plan within the specified time and provide reports to the Board as requested to document progress in removing deficiency(ies).

(4)   The Board shall conduct a hearing for any program that fails to correct identified deficiencies within the time specified by the Board. The Board may:
   (a)   Withdraw approval from the nursing education program resulting in graduates being ineligible to take the licensing examination.
   (b)   Continue approval of the nursing education program for a specified time period.
   (c)   Direct the nursing program administrator to notify students in writing.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-5
History: September 27, 1982. Amended May 6, 1985. Amended May 23, 1997.
Repealed and Replaced: Filed July 22, 2002. Effective August 26, 2002.
Amended: Filed September 25, 2006. Effective October 31, 2006. **Amended:** Filed September 21, 2007. Effective October 26, 2007.

The Faculty Role

Orientation Checklist (ASN, BSN, MSN, & DNP)
See Appendix A

Faculty Evaluation (ASN, BSN, MSN, & DNP)
Adjunct faculty and all nursing faculty are evaluated by students at the end of each semester.

Annual Requirements (ASN, BSN, MSN, & DNP)

If teaching a clinical course, you need to submit the following to your program director prior to the first clinical day:

- Alabama Registered Nurse license (current)
- Copy of current CPR certification
- Completion of Annual Physical Exam Form (including a TB skin test)
- Proof of liability insurance
- Verification of annual OSHA training
- Titers for measles, mumps, rubella, and hepatitis B

Student Issues

Physical Disabilities (ASN, BSN, MSN, & DNP)

The School of Nursing has a list of Core Performance Standards that students are expected to be able to perform. These are found in the Student Handbook and consist of the following:

Abilities needed by the nursing student to meet program objectives and requirements:

Issue	Standard
Critical Thinking	Critical thinking ability sufficient for clinical judgment.
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
Communication	Communication abilities sufficient for interaction with others in verbal and written form. Proficiency in use of English language is sufficient for written and oral communication. (Consistent with Alabama Board of Nursing procedure for administration of the NCLEX-RN exam, no special accommodations are provided by the School of Nursing.)
Mobility	Physical abilities sufficient to move from room to room and maneuver in small spaces.
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care.
Hearing	Auditory ability sufficient to monitor and assess health needs.
Visual	Visual ability sufficient for observation and assessment necessary in nursing care.
Tactile	Tactile ability sufficient for physical assessment.

The above statement of criteria is not intended as a complete listing of nursing practice behaviors, but is a sampling of the types of abilities needed by the nursing student to meet program objectives and requirements. The School of Nursing or its affiliated agencies may identify additional critical behaviors or abilities needed by students to meet program or agency requirements. The

School of Nursing reserves the right to amend this listing based on the identification of additional standards or criteria for nursing students.

Students who are unable to fully meet any criterion will need to make an appointment with the Director of your program.

Learning Disabilities (ASN, BSN, MSN, & DNP)

We frequently have students with learning disabilities that may or may not be previously identified. The following information from *Tools for Teaching* by Barbara Gross Davis provides an overview of these disabilities.

> Be sensitive to "nonvisible" or "hidden" disabilities. Three principal types of disabilities may not be immediately visible:
>
> - Learning disabilities hinder students of average or above-average intelligence from easily and dependably processing various types of information. Dyslexic students, for example, have a perceptual deficit that prevents them from unerringly interpreting sequences of letters or numbers. It is important to realize that learning disabilities are not a reflection of a student's intelligence, physical or emotional health, or cultural or socioeconomic background. In general, using a variety of instructional modes enhances learning for such students, as it does for all students, by allowing them to master material that may be inaccessible in one particular mode. Most college students will know which forms or modalities of learning work best for them. (Sources: City University of New York Committee for the Disabled, 1988; Smith, n.d)
> - Mild to moderate sensory deficits (low-level vision, slight hearing impairment) should be accommodated by appropriate seating and room lighting.
> - Chronic disabilities (diabetes, seizure disorders, cardiac or respiratory conditions, lupus, cancer, AIDS) may interfere with stamina, attention span, and alertness. The attendance and performance of affected students may be erratic, and they may need flexibility in the scheduling of assignments. (http://teaching.berkeley.edu/bgd/disabilities.html from *Tools for Teaching* by Barbara Gross Davis, printed by Jossey-Bass, October 1993)

For students with learning disabilities, they should go to the Adaptive Needs office and after consultation with the counselors; they may be eligible for alternate testing methods. Frequently students will need to take their exams in the Adaptive Needs Office and may require additional time to complete the exam.

Instructors <u>must</u> verify with the Adaptive Needs Office that the student has received certification as having learning disabilities prior to making alternate arrangements.

Academic Integrity (ASN, BSN, MSN, & DNP)

Please refer to the Oracle for the current University policy on Academic Dishonesty.

Clinical Instruction (Teaching in the Clinical Setting)

An Overview of Effective Clinical Teaching Concepts (ASN, BSN, MSN, & DNP)

Faculty who teach in the clinical setting are the crucial link to successful experiences for students. Being knowledgeable and being able to share the knowledge with students in clinical settings is essential. Having knowledge of the theories and concepts of the practice of nursing is important, as well as the ability to convey the knowledge to the student. Characteristics of effective clinical teachers identified by Billings and Halstead include the following:

Effective clinical teachers:
a. Create an environment that is conducive to learning that requires:
     i. Knowledge of the practice area
     ii. Clinical competence
     iii. Knowledge of how to teach
     iv. A desire to teach
b. Are supportive of learners, such support requires:
     i. Knowledge of the learners
     ii. Knowledge of the practice area
     iii. Mutual respect
c. Possess teaching skills that maximize student learning; this requires an ability to:
     i. Diagnose student needs
     ii. Learn about students as individuals, including their needs, personalities, and capabilities
d. Foster independence so that students learn how to learn
e. Encourage exploration and questions without penalty
f. Accept differences among students
g. Relate how clinical experiences facilitate the development of clinical competence
h. Possess effective communication and questioning skills
i. Serve as a role model
j. Enjoy nursing and teaching
k. Are friendly, approachable, understanding, enthusiastic about teaching, and confident with teaching

l.   Are knowledgeable about the subject matter and are able to convey this knowledge to students in their practice area
m. Exhibit fairness in evaluation
n.   Provide frequent feedback

Goals of Clinical Nursing Education (O'Connor)

a.   Applying theoretical learning to patient care situations through the use of critical thinking skills to recognize and resolve patient care problems and the use of the nursing process to design therapeutic nursing interventions and evaluate their effectiveness
b. Developing communication skills in working with patients, their families, and other health care providers
c.   Demonstrating skill in the use of therapeutic nursing interventions in providing care to patients
d. Evidencing caring behaviors in nursing actions
e.   Considering the ethical implications of clinical decisions and nursing actions
f.   Gaining a perspective on the contextual environment of health care delivery
g. Experiencing the variety of professional nursing roles within the health care delivery system

List of Clinical Agencies   (ASN, BSN, MSN, & DNP)

A master list of agencies with which the School of Nursing has contracts is available from each of the program directors.

Arrangements for Clinical Space (ASN & BSN)

In the ASN and BSN programs, it is the lead instructor's responsibility to arrange for clinical space for the course. The contact person at other facilities can be found on the list of clinical agencies.

Arranging Clinical Experiences (ASN & BSN)

a.   The lead instructor should contact the unit where the clinical will be held and provide them with the clinical objectives, calendar of dates and times for student experiences, and the name of the instructor accompanying the students. The lead instructor may delegate this to the adjunct faculty as appropriate.
b. If an instructor is not familiar with the agency, he/she should make arrangements to orient to the agency prior to accompanying students.
c.   The lead instructor should work closely with the adjunct faculty during the semester to assist with questions or student issues that may arise.
d. The lead instructor should send a letter or email to the unit manager at the completion of the clinical rotation thanking them for their assistance and the learning opportunity.
e.   There may be additional requirements for orientation to computerized documentation.

f. Orientation to the clinical agency should include the agency's mission, goals, and philosophy, mandatory topics such as fire safety and universal precautions, a tour of the unit, information on parking and meals. One strategy for unit orientation is to conduct a scavenger hunt on the unit to familiarize the students with the layout and the supplies.

g. Clinical hour calculation

   i. Each course has a credit hour to clock hour ratio. The majority are a 2-clock hour to for each credit hour ratio. To determine the number of hours the student should spend in clinical for the semester, you would multiply the course credit hours x the clock hours, and multiply x 15 weeks in a semester. This is the total number of hours the students should spend in the lab and clinical.

   ii. For example: if the course is a 2 credit hour course, that would be 4 hours per week x 15 weeks for a total of 60 hours for the semester.

Arranging Clinical Experiences (MSN & DNP)

All clinical courses, in the MSN and DNP programs, include clinical hours with a qualified and approved preceptor in an approved clinical setting. In general, preceptors are expected to be prepared at a graduate level and hold a MSN degree. Other preceptors, however, maybe considered on an individual basis. Nurse practitioners, who serve as preceptors, must be licensed as a nurse practitioner by the state in which they practice. Physicians, nursing faculty, and in some situations physician's assistants may also serve as FNP students' preceptors.

Students contact prospective preceptors to ask them to serve in that capacity. Faculty can assist students by suggesting potential preceptors. If the potential preceptor agrees then the student must complete a 'preceptor information form' (located in the back of the MSN student orientation manual) and submit it to the clinical course teacher. If the teacher approves the preceptor for that student, they must sign the form and submit it to the Graduate Nursing Programs Director's office for processing. The Director's office will send the preceptor a 'preceptor information' packet and a agreement for the preceptor's signature. **The student can not begin his/her clinical days until the signed contract has been returned to the Graduate Nursing Programs Director's office. All students are to submit to the faculty teaching the clinical courses a schedule of times they will be in the clinical areas. If the schedule changes, the student is to email this change to the faculty member ASAP.**

The faculty teaching the graduate nursing clinical courses is required to make a minimal of one clinical visit on a day the student is working with their preceptor. This will provide the faculty member with the opportunity to observe the student in the clinical setting and discuss the student's progress in accomplishing the course's objectives. The faculty member may, however, make more than one

visit or may contact the preceptor by telephone more than one time during the semester.

Faculty Requirements and Dress for Clinical (ASN, BSN, MSN, & DNP)

a. Faculty should maintain current liability insurance, CPR, TB test, physical exam, titers, and RN license on file in the program director's office.
b. Dress for faculty in the clinical area is at the discretion of the faculty, unless stipulated by clinical agency, and should reflect the professional image of the nurse and the School of Nursing.
c. The nursing photo ID is required.

Student Dress for Clinical (ASN, BSN & MSN)

The student dress code is outlined in each of the programs' Student Orientation Manuals.

Supervision of Students in Clinical (ASN & BSN)

a. The Alabama Board of Nursing sets the ratio of faculty to students in the clinical setting as 1:8.
b. Responsibilities in the clinical area
    i. The instructor is responsible for the instruction and supervision of students in the clinical area. The instructor is responsible for the provision of learning experiences that facilitate application and integration of theoretical principles, active participation and experience in patient care management, and observation with active participation in professional roles for nurses in different settings. The instructor is also responsible for ensuring patient safety and for the school's compliance with policies established by the clinical agency.
    ii. The instructor is responsible for maintaining open communication with the staff nurses and nurse manager of the unit by discussing clinical objectives and clarifying the activities of the students prior to the clinical experience. It is often helpful to post the student assignments for the day with the staff, and perhaps put a note on the medication administration record if the students will be giving medications as a reminder to the nurse. You may also want to give a list of student assignments to the patient care assistants, and to the charge nurse. It may also be helpful for the students to have a summary of their objectives for the day, and perhaps a list of skills that they can and cannot perform to share with their assigned nurse if necessary to avoid any confusion.
c. Patient Assignments
    i. How and when you make clinical assignments depends on the course objectives. Lead faculty will review the specific assignment procedures with each adjunct faculty.
    ii. When making patient assignments, it is also a good idea to confer with the staff nurses and/or charge nurse in an effort to create the

most positive experience for the student. On   some units, staffing assignments may be influenced by student assignments, so good communication with the staff nurses is very important.

      iii. Regardless of the timing of patient assignments, the students should have clear guidelines for the definition of "being prepared for clinical", whether it is generic routine care of certain patient populations, or specific to one patient assigned.

d.   Student errors in clinical

      i. Appropriate documentation is essential for the student's evaluation and for instances in which the mistake affects patient care. Medication errors or issues involving patient safety should be discussed with the program director to ensure that risk management procedures are followed from the School of Nursing's standpoint.

      ii. In the case of a medication error, the instructor, the student, and the staff nurse should consult with the patient's physician to correct the error and ensure patient safety.

e.   The First clinical day

      i. The initial meeting with the student group sets the tone for the entire clinical experience. To be effective, the clinical instructor should make clear the structure of the learning experience and the expectations. These expectations can be presented as professional behaviors observed by all nurses in their practice and include

        1. Accountability
          a. Involves honesty in patient care
          b. Punctuality
          c. Attendance
        2. Responsibility
          a. Being prepared for clinical
          b. Actively participating
          c. Completing assignments in a timely manner
          d. Maintaining safety
        3. Professional decorum
          a. Adherence to dress code
          b. Comportment (keeping voice at reasonable level)
          c. Collegiality and respect
          d. Confidentiality

Teaching- Learning Principles in the Clinical Setting

a. Readiness to learn – the student must be motivated and "fully present" in the clinical setting. By using pre-conferences, preliminary nursing rounds, and listening to report, the clinical instructor can bring the students' attention into focus. The clinical instructor may have to create the "teachable moment" for the student. Being aware of the need to periodically reengage the student in the day's learning is also important for the clinical instructor.

b. Variety – the students and instructor may become bored with the routine of the learning experience. The clinical instructor may need to introduce a change of pace occasionally to reengage the students in learning. Examples include planned rotations off the clinical unit, observation experiences, or attending a staff educational in-service. Variety may also be achieved by varying the patient demographics and diagnoses.

c. Repetition – multiple exposures to the same concepts can be useful in reinforcing and enhancing learning.

d. Transfer of learning – students often have difficulty recognizing that knowledge is built upon previously learned concepts. The role of the instructor in this case is to guide the student to the appropriate area of knowledge that must be accessed in order to understand the situation, then allowing the student to identify and apply the specific information. This also builds self-confidence in the student when they understand that "I *did* know that"

e. Making learning meaningful – students will become more engaged if they recognize that the learning experience will aid them in meeting their goals. To effectively do this, the clinical instructor will need to know what the student's goals are. By discussing the student's specific goals for the learning experience, the instructor can guide the student toward goal achievement.

Teaching strategies for the clinical experience

Pre-conference
  i. This is useful for the instructor to answer questions, provide a review of what is expected for the day, and to talk with the students to decrease student anxiety levels.
  ii. This time is useful to assist the student in organizing their day and prioritizing the care they must give.

The clinical day
  iii. The structure of the clinical day will vary according to the course, the course objectives, and the level of the student.
  iv. Teaching methods
    1. Demonstration
        a. The instructor explains the concept, shows the student how to apply the concept or perform the procedure, then elicits a comparable performance from the student
    2. Discussion & questioning
        a. Instructors ask questions of the students, students ask questions of the instructor. Skilled questioning stimulates the discovery of the idea or answer by the student.
    3. Observation assignments
        a. Students are assigned to observe various aspects of health care. This assignment should be guided by specific objectives.
    4. Process recording
        a. This often used to help students develop communication and relationship skills. Students are asked to record conversations between themselves and their patients. By analyzing their

             communication patterns, learners can improve their professional interactions.

5. Clinical logs or journals
    a. The student is asked to write notes about the clinical day. This may be based on assigned topics to address, such as skills they performed, or reactions to care provided.
6. Nursing rounds
    a. The purpose of nursing rounds is to expose learners to more nursing situations and to encourage them to consult with each other in planning and evaluating patient care.
    b. The learners inform their patient that their classmates and instructor will be in for a brief visit. Before entering the room, the assigned student briefly informs the group about the patient and the diagnosis. Once in the room, the assigned student interacts with the patient while the others observe as much as they can about the patient and the environment. The instructor may point out the use of certain equipment or procedures. All other discussion occurs after leaving the patient room.

Post-conference
    v. This can be an ideal opportunity for pointing out application of theory to practice, and for evaluating nursing care. The post-conference session should be guided by specific objectives so that this time does not result in an unstructured summary of the day.
   vi. The primary topic of discussion should be congruent with the clinical objectives or the topic in the didactic portion of the course. Other ways of structuring this session may include having the student evaluate their care and give rationales for their nursing interventions.

Role modeling in the clinical setting

a…Wiseman (1994) identified four major categories of role model behaviors and suggested that instructors consider which behaviors are important, how these can be demonstrated, and then provide positive feedback to the student when the behaviors are exhibited.
b…These behavior clusters are:
Technical know-how
1. Demonstrates the use of equipment unique to the clinical setting
2. Demonstrates nursing care procedures
3. Demonstrates up-to-date nursing practice
4. Demonstrates ability to care for patients' needs
5. "Pitches in" when needed to assist students
Interpersonal effectiveness
6. Uses therapeutic communication skills with patients
7. Interacts with physicians in a confident manner
8. Displays a sense of humor in appropriate context

9. Demonstrates ca caring attitude toward patients
10. Demonstrates a caring attitude toward students
11. Appears to have respect for agency personnel
12. Provides a positive atmosphere for students to learn
13. Listens to students' point of view
14. Gives positive feedback

Critical thinking
15. Listens to change of shift reports
16. Asks questions regarding patient's condition
17. Demonstrates problem-solving ability in the clinical setting

Professional role behaviors
18. Reports clinical data to staff personnel in a timely fashion
19. Identifies self to patients when first meeting them
20. Is neat and clean in personal appearance
21. Keeps confidential information to self
22. Is organized in the clinical setting
23. Is flexible when the situation requires a different approach
24. Demonstrates accountability for own actions
25. Demonstrates an enthusiastic attitude toward nursing

Evaluating the clinical performance (ASN & BSN) (DeYoung)

a. Each course has course objectives that are congruent with the program objectives. The method of evaluation of the student's clinical performance may vary somewhat, but there is consistency within the program for accreditation purposes. Each lead instructor should carefully review the clinical performance documentation with all instructors teaching in the clinical course for consistency.

b. Feedback should be given to the students on a regular basis. If a student is unsafe, a private conversation should be held with the student to discuss the instructor's concerns. Appropriate documentation of this conversation is also very important. Documentation should clearly describe the unsafe practice, the objective(s) not met, the actual consequences to the patient, consequences if the student does not meet the objective(s), and the student's comments. Students who are not meeting the course objectives need to be aware of this as soon as possible, and appropriate documentation should be initiated. One strategy to assist the student is to work with the student to develop a specific plan for their improved performance and have the student sign this plan.

    1. Anecdotal notes are helpful to keep track of student performance. It is important to record both strengths and weaknesses, and to make notes on all students, not just the weaker students. Keeping notes on only the students with problems could be seen as discriminatory.

    2. Evaluation of students that are in the community setting or working with preceptors may be more challenging. Site visits are very important, and conferences with the staff nurses working with the student can provide valuable information. It is helpful to schedule as many visits as possible

and actually observe as many activities as possible with the student. When you are not present at a clinical site, it is imperative that there is an efficient and effective method of communication for students to contact you if they have questions or need help.

3. Formative evaluation is ongoing feedback given throughout the semester. This may be graded or non-graded. Formative feedback may be given orally or in writing. Formative evaluation is the basis for summative evaluation. Summative evaluation is the summary evaluation given at the end of clinical experience. Summative evaluation results in a grade of some type being given. Clinical evaluation tools may differ among programs and courses, but they should all meet the following:
    i. The items should derive from the course objectives
    ii. The items must be measurable in some way.
    iii. The items and instructions should be clear to all who use the tool.
    iv. The tool should be practical in design and length.
    v. The tool must be valid and reliable.

4. Evaluation data may be gathered from several sources. Of course the instructor's observation of the student will be included, but the instructor may also ask the assigned patient broad questions to elicit data about the student's overall interaction. The instructor may also ask the staff nurse that worked with the student for informal input. Learner self-evaluations are also very useful. Students can be asked to grade themselves for the day's experience using the same tool the instructor uses, and provide rationales for their self-reported grade. This can be a valuable tool to promote reflection and critical analysis of self-performance.

References

Billings, D., & Halstead, J. (2005). Teaching in nursing: A guide for faculty (2nd ed.). St. Louis: Elsevier Saunders.

DeYoung, S. (2003). Teaching strategies for nurse educators. Upper Saddle River, NJ: Prentice-Hall.

O'Connor, A. (2001). Clinical instruction and evaluation: A teaching resource. Sudbury, MA: Jones and Bartlett.

Scheetz, L. (2000). Nursing faculty secrets. Philadelphia: Hanley & Belfus

Schoolcraft, V. (1994). A Down-to-earth approach to being a nurse educator. New York: Springer.

Wiseman, R.F. (1994). Role model behaviors in the clinical setting. Journal of Nursing Education, 33, 405-410.

Appendix A

Checklist for Orientation of Adjunct Faculty Member

Adjunct Faculty Name_____ Date _____

Course_____ Semester & Year_____

The following checked items were given to and/or discussed with the adjunct faculty:

	Yes	No	Not Applicable to Course
1. Program Objectives / Philosophy			
2. Names and contact information of lead faculty (if team teaching)			
3. Name and contact information for Program Director			
4. Program policies and procedures			
5. Specific course-related policies and procedures			
6. Program grading scale for grading care plans or other papers/materials required in the course			
7. Course syllabi and calendar			
8. Clinical dress code			
9. Agency orientation and computer charting/usage			
10. Names of students in class/clinical group			
11. Review of requirements of Alabama Board of Nursing regarding adjunct faculty			
12. Applicable portions of Troy University Faculty Handbook			
13. Troy email account			
14. Faculty photo ID			
15. Blackboard Account			
16. Others			

Adjunct faculty, please sign below:

I have received an orientation to the _____ Program and to the course(s) for which I will serve as an adjunct faculty member. I was given the opportunity to ask questions and answers were given satisfactorily.

_____   _____
Signature of Adjunct Faculty   Date

_____   _____
Signature of Faculty Conducting Orientation   Date

Please submit this form to the appropriate Program Director before midterm of the first semester of adjunct teaching for Troy University's School of Nursing.