



NURS 409

Capstone Professional Nursing

Clinical Handbook

Spring 2023

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School of Nursing

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**UNIVERSITY OF LOUISVILLE SCHOOL OF NURSING
N409: CAPSTONE PROFESSIONAL NURSING PRACTICUM**

GUIDELINES FOR PRECEPTORSHIP EXPERIENCE

The University of Louisville School of Nursing Agrees:

1. To offer an approved curriculum for undergraduate students that meets accepted national accreditation standards.
2. To be responsible for planning with the preceptor and agency administration experiences that facilitate meeting the learning needs of the student.
3. To require students to have current professional liability insurance.
4. To require students to carry health insurance.
5. To be currently certified in CPR.
6. To be current with all required immunizations and TB testing.
7. To require students to obtain final approval for additional learning objectives. Final approval will rest with the designated preceptor and the student's faculty advisor.

The Agency Agrees:

1. To provide opportunity for nursing care in a selected setting.
2. To allow students the opportunity to assume leadership roles learning experience within the confines of the practice setting.
3. To allow students to develop additional learning objectives for the clinical experience in collaboration with preceptor and faculty within the parameters of the agency.
4. To allow students the freedom to independently and/or collaboratively apply the skills of assessing, planning, implementing and evaluating their own nursing care.
5. To utilize in collaboration with the School of Nursing the following criteria in selecting a student preceptor.

The Preceptor must:

Required qualifications:

1. Hold a current unencumbered license as a registered nurse in the state where the clinical site is located.
2. Show evidence of clinical competencies related to clinical teaching.
3. Hold a minimum of BSN, with MSN preferred.
4. Have at least 12 months of experience as a Registered Nurse

Additional qualifications:

1. Exhibit expertise in the field of preparation.
2. Have a committed belief in the expanded role of the professional nurse.
3. Be willing to serve as a preceptor.
4. Be willing to assume responsibility for making student assignments for independent practice with careful attention given to the scope of the individual's knowledge and skills.
5. Be willing for the student to pursue individual learning objectives within the parameters of the agency.
6. Share phone numbers and email addresses with the faculty for the purpose of ongoing communication regarding evaluation of student performance.
7. Work a minimum of 24-36 hours each week engaged in direct patient care.

The Preceptor Agrees:

1. To provide opportunity for the student to pursue learning objectives within the parameters of the agency and in accord with the nursing role assumed by the preceptor and aligned with the program mission, goals, and outcomes.
2. To allow the student the freedom to independently and/or collaboratively apply the skills of assessing, planning, implementing and evaluating their nursing practice.

3. To provide opportunities for the student to assume a leadership role as a learning experience within the confines of the practice setting.
4. To serve as a resource person, consultant and supervisor for the student's clinical nursing experience.
5. To be willing to assume responsibility for making student assignments for independent practice with careful attention given to the scope of the student's knowledge and skills.
6. To provide daily verbal feedback to student on performance.
7. To share contact information in order to communicate with the faculty on an on-going basis (email, telephone, face-to-face)
8. To initiate communication with faculty immediately regarding concerns about student performance and to discuss any needed actions.

To provide input into clinical evaluation of student performance as described in End of Clinical Experience Evaluations (page 6)

The Student Agrees:

1. To establish any additional learning objectives for the clinical experience in collaboration with the clinical instructor and preceptor. These objectives must be written and in measurable behavioral terms.
2. To negotiate with the preceptor for experiences that will facilitate meeting personal learning objectives and assist in the development of professional competencies.
3. To maintain pristine communication with the clinical faculty and the preceptor through email, phone, or personal meetings.
4. To have current professional liability insurance, immunizations (including TB testing) and CPR certification.
5. To have current health insurance, and to assume the cost of any health care services not covered by insurance.

The Clinical Faculty Agrees:

1. To orient students and preceptors to the clinical experience.
2. To arrange for student orientation to the assigned agency and to facilitate student access to the agency.
3. To establish a mechanism for maintaining contact with preceptors during the period of preceptorship. Examples of mechanisms: electronic mail, telephone contact, on-site visits and/or discussions.
4. To provide a midrotation and final written clinical evaluation to students.

Preceptorship Guidelines based closely upon those used by the University of Alabama School of Nursing for NUR 458. Used by permission of UAB School of Nursing.

CLINICAL SKILLS: (P/F)

Students are expected to demonstrate knowledge and competency of previously learned skills.

Students must demonstrate this competency **prior to** the start of their practicum experience. Each student is expected to perform selected clinical skills satisfactorily.

Students will be expected to perform clinical skills that have been previously learned in the skills lab as well as in the clinical setting. These skills include: medication administration (oral, IM, IV), foley catheter insertion, NG tube insertion and sterile dressing change. Review and practice these skills so that the student is prepared to correctly demonstrate each option.

Recommended Textbooks:

Publication Manual of the American Psychological Association (7th Edition). Journals will be written in strict APA format.

OVERVIEW OF N409 CAPSTONE PROFESSIONAL NURSING PRACTICUM EXPERIENCES

- Each student is assigned a preceptor with whom they will work throughout the clinical experience.

- Each student is assigned a clinical faculty who will maintain close communication with the student and the preceptor.
- The clinical faculty will arrange orientation of students to the agency and will orient the preceptor as needed to their role and responsibilities.
- The preceptor's perception of student performance is most valuable in assessing the student's progress toward the terminal objectives of the clinical experience.
- The clinical faculty will visit the clinical site and may conduct additional phone interviews or communicate via email with the preceptor to evaluate the student's progression.
- The clinical faculty and the preceptor will insure that close communication can be maintained throughout the clinical experience.
- If there are concerns about the student's performance, additional interviews may be needed. The faculty may choose to follow the student for a number of hours to directly observe the student in the clinical setting. This may be initiated by faculty concerns or the request of the clinical preceptor.
- **The preceptor is encouraged to contact the clinical faculty at any time regarding concerns about the student's clinical performance and behaviors.**
- The clinical faculty will further evaluate the student's performance through the knowledge the student demonstrates in the reflective journals. See "Journal" section below.
- Any questions regarding the clinical experience should be discussed with clinical faculty during orientation.
- **The goal of this clinical experience is to develop the nursing student's basic skills as a generalist. If the student is placed in a specialty area bear in mind that the student needs structured review and study of generalist content including the foundational concepts as they will not have opportunities to experience observing these conditions in the clinical area. This will require particularly close attention as the student prepares for the Comprehensive Predictor Exam and NCLEX.**
- **Evening, night shift, and weekends-only clinical rotations will be assigned** as there are insufficient numbers of dayshift preceptors available.
- **Students will be required to attend clinical on weekend shifts when their preceptors are working.**
- Students must meet expectations of both the School of Nursing as well as the agency during the clinical rotation.
- The Clinical Practicum is evaluated on a P/F basis and is evaluated by the clinical faculty with input from the preceptor.
- **Failure to complete assignments (including re-writes of journals or topics), clinical hours, and all evaluations will result in an "Incomplete" grade. The grade will be changed to "Pass" once all work has been completed.**
- **An unsatisfactory rating in any of the criteria in the final clinical evaluation will result in a grade of "F" for the course (see Appendix A).**

KBN REGULATIONS

The Kentucky Board of Nursing (KBN) requires that all students complete a minimum of 120 clinical hours in **the last semester** of nursing school.

Because this clinical is somewhat autonomous in nature, the student must demonstrate the ability to function in an independent mature and responsible manner. It is **imperative** then that the **student maintains excellent communication with the clinical instructor and preceptor.** Students violating the expectations set forth in the syllabus will receive formal academic disciplinary counseling. Depending on the nature of the violation this may include failure of the NURS 409 capstone experience.

Students, please be sure to read and understand these expectations but also clarify any uncertainties with the clinical instructor or course coordinator.

PATIENT CARE CLINICAL HOURS:

-The total number of clinical hours is **140**.

-The number of clinical hours required in the provision of direct patient care within the assigned agency **must be a minimum of 120** (but may be more, see below).

-These hours include:

Direct patient care and any activities associated with the nurse's role on the unit/facility, following a patient to observe a procedure, attending a staff meeting or committee meeting with the preceptor, following or meeting with the nurse manager, etc.

OPTIONAL PROFESSIONAL/MISCELLANEOUS ACTIVITIES: (maximum 20 hrs)

- The student is allowed a **maximum of 20 hours Professional activities**
- These hours must be reported in the student's journal and **recorded separately in the Professional Hours Clinical Log.**
- Professional hours are optional and include:
 - Professional activities such as professional education meeting or symposium, nursing specialty organization meetings such as Oncology Nursing Society, American Association of Critical Care Nurses, Society of Pediatric Nurses, attendance at KANS and/or SGA meetings, KNA, NSNA, SNRS, MNRS etc.
 - Leadership activities such as assisting other faculty with Simulation Labs may also earn professional hours.
- ALL professional activities must be approved by the student's clinical faculty prior to the activity in order for the student to receive clinical credit.
 - Professional activities may be requested at any time during the semester **at least two business days prior** to the expected activity.
 - The request form for these activities is posted on Blackboard under "Course Documents". Requests must be submitted via email to the clinical faculty.
 - Students must receive written approval in the form of an email from clinical faculty.

CLINICAL PHASE I: Student Preparation for Patient Care

Clinical activities in the first week of the clinical phase are directed towards orientation to clinical requirements, the clinical agency, and orientation to the unit where students will complete the clinical experience.

Required activities for students to accomplish during preparation for patient care:

- Meeting with the assigned clinical faculty for orientation more specific to the clinical assignment. Students will receive instructions on other orientation activities they must complete.
- Meet preceptor / obtain schedule for coming week. **Please note students are not allowed to contact the preceptor until the clinical faculty has given permission.**
- Orientation to unit during shadowing of preceptor (the first entire shift).

Phase I Activities may take place at varied times during the second or third week of the semester at the discretion of the clinical faculty and the ability to schedule activities with the clinical facilities.

- Students must be available during this time to attend these activities.
 - Students should keep their schedule OPEN during the second and third week of classes until all orientation activities are scheduled.
- Once the student obtains the preceptor's schedule, students will know what their clinical commitments are and will be better able to schedule other responsibilities.

- Students will write about these experiences in the reflective journal (explained in more detail below).

CLINICAL PHASE II: Student Provision of Direct Patient Care and Professional Activities

- After the student completes the **shadowing** experience (first day with preceptor which is observation), students should assume responsibility for patient care.
 - The preceptor should allow students to begin care for patients on the second full day.
 - The preceptor will increase student responsibilities and/or number of assigned patients based on their demonstration of competence at each level.
- Students will be responsible for completing and submitting a journal **every Wednesday** to report clinical activities for the **previous** week (SUNDAY – SATURDAY)

Faculty Availability:

- The clinical faculty member may be reached anytime Monday through Friday to assist students during the hours they are scheduled in the clinical area and available by phone during weekends (4:00 p.m. Friday through 8:00 a.m. Monday) for *emergencies*.
- **Emergencies include any occurrence at the facility wherein a “Clinical Incident Report” is filed at the facility.**
 - **Students must notify clinical faculty immediately (regardless of day or time of day) for any such events (med errors, patient injuries, student injury, needle-sticks etc.).**
 - **Students will also complete a “School of Nursing Clinical Incident Report” and submit that to clinical faculty as soon as possible (ASAP) (“Clinical Incident Reports”)**
- If a student must call in sick or the preceptor is cancelled or sick, the student must contact clinical faculty about the absence as soon as reasonably possible (before/at the beginning of the shift). The clinical instructor will tell students how they prefer to be contacted after business hours and on weekends (phone call, email, or text).
- Before or after business hours (8am-4pm), please limit phone calls to faculty to those that need **immediate attention** (preceptor didn’t show up for clinical and didn’t inform student, need to leave clinical, reportable incidents or other matters that are time sensitive and need immediate attention).
- Clinical faculty will advise the student on the method by which they prefer to be contacted.
- Please use email correspondence for non-urgent matters before or after business hours.
- **Please don’t hesitate to call if the matter is time-sensitive or urgent.**

EXPECTED STUDENT BEHAVIORS DURING THE PRACTICUM EXPERIENCE

I. Clinical Week: The clinical week is **SUNDAY** through **SATURDAY**.

II. Student Availability: Students must be available for clinical all days of the week Sunday through Saturday.

III. Attendance / Minimum Hours Requirement:

- The student must attend clinical at their assigned clinical facility a **minimum** of 24 hrs per clinical week, except if there are **extenuating circumstances as described below (i.e., preceptor is out sick, cancelled, and/or only working during class obligations)**.
- Partial shifts are acceptable only for students working **7P-7A (night) shifts**.
 - Students on nights may attend clinical from 7PM – 11PM the night before class and/or 11PM – 7AM the night following class if approved by both preceptor and clinical faculty.
 - **Students are not allowed to attend clinical for the full night shift before any class.**
 - **Violation of this will result in forfeiture of those clinical hours.**

- Partial shifts are not acceptable for students with 7AM – 7PM clinical assignments unless there is conflict with other class face-to-face activities.
 - These partial shifts must be pre-approved by the NURS 409 clinical faculty.
 - If extraordinary circumstances create a rare need for a partial shift to complete clinical requirements, it must be pre- approved prior to the scheduled day by the clinical instructor.
 - Partial shifts will not be approved for personal activities.
- Students are excused from the 24hr minimum of clinical hours only if their preceptor is not available for 24hrs that week or if he/she is working the day of class or the day before an exam and the student cannot be with the preceptor.

IV. Weekends: Students will be required to attend clinical on weekends if necessary to achieve the minimum required hours.

V. Maximum Hours Limit:

- Students are not permitted to attend capstone clinical in excess of three 12-hour shifts per clinical week. The risk for errors is increased with excessive hours and is not safe practice.
- Clinical patient care hours reported exceeding three 12-hour shifts will be forfeited (hours accrued for documentation associated with these shifts are permissible, but students may not attend greater than 3 shifts per week).

VI. Scheduled course activities:

- Class time takes priority over scheduled clinical hours.
- Students assigned a night shift clinical will not be permitted to schedule a full clinical the night before a scheduled class or class activity.
- Students are not permitted to schedule professional activities in conflict with class time or another scheduled course activity.
- **Violation of this will result in forfeit of the clinical hours and the student will be formally counseled.**

VII. Personal activities:

- Personal activities (weddings, showers, vacations, doctor/dentist appointments, out-of-town trips, job interviews etc.) must be arranged so they do not interfere with the expected clinical requirements and other required clinical and classroom activities.
- Failure to obtain the weekly minimal clinical hours because of conflicts with personal activities or excessive absences may result in failure of the clinical experience.
- Students are expected not to schedule outside work in conflict with class or clinical time.
- Students who have an important personal event occurring during the semester should consult with their clinical faculty as far in advance as possible to arrange a way in which both personal needs and academic requirements can be met.

VIII. Schedules:

- **Clinical faculty are responsible for students and therefore must know at all times when the student is in the clinical area.**
- Students are responsible for submitting their clinical schedule to their Clinical faculty **at least one week ahead of their schedule.**
- No changes are to be made in the submitted Clinical Schedule without permission of the Clinical Faculty.

- Failure to notify the Clinical Faculty of schedule changes, missing clinical time (full day or partial day), or adding hours to the schedule without the faculty's permission will be considered failure to communicate and meet professional standards and will result in formal disciplinary action.
- **This may also be construed as academic dishonesty and may result in disciplinary action and failure of the clinical experience.**
- **Clinical hours reported to the faculty for which the faculty did not receive a previous schedule will be forfeited and the student will be formally counseled. It is the student's responsibility to submit the schedule on time.**

IX. Safe Practice:

- If at any time, a student is deemed unsafe or unprepared for clinical, the student may be dismissed from or prohibited from attending clinical.
- Whether or not the student is allowed to return to the area is solely the judgment of the clinical faculty and course coordinator.

X. Optional Professional Activities:

- The student must seek approval for these activities utilizing the "Request Form for Professional Activities" provided under "Course Documents" on Blackboard.
- The student must include an itinerary of planned activities and 2 written objectives for the experience.
- A contact person must be identified at the time the experience is arranged.
 - Students must provide faculty with the contact person's name and phone number when seeking approval.
 - This person will sign the professional clinical log as verification of hours of attendance.
- The forms must be submitted at minimum 2 business days prior to attending professional activities.
- Students who do not submit the request form or who submit the form in less than the required time before the activity and do not have faculty approval will forfeit the clinical hours reported for the activity.
- After approval by the clinical faculty the student may attend the activity.
- Following the activity, the student must provide the clinical faculty with information as to **how the objectives were met in their next journal entry.**
- Please remember to *separate* these "Professional" hours from "Patient Care" hours with the preceptor when recording these on the clinical log and reporting these to the clinical instructor.

XI. Completion of Clinical Hours:

- All **140 clinical hours** must be completed by the date indicated in the course documents.

XII. Clinical Evaluations:

- Preceptors will be oriented to the preceptor role by clinical faculty prior to the start of clinical.
- Preceptors will evaluate students on a daily basis and provide feedback to the student regarding clinical objectives.
- Students will have a midrotation and final clinical evaluation with the clinical faculty.
- Input will be sought from the preceptor. The preceptor is welcomed to submit input to the clinical faculty on the student evaluation form located in this syllabus; however, there is no requirement for the preceptor to complete an evaluation in writing.
- Input will be given to the faculty during site visits and/or through phone or email conversations.

XIII. Compliance with U of L SON and Clinical Site Policies:

- The student will comply with all policies and procedures of the clinical facility, including the SON clinical DRESS CODE.

- The students will wear their U of L student nametag and picture ID badge when in clinical at all times.
- If clinical site policies are more rigorous than SON policies, the student will abide by the clinical site policies.

XIV. Alternate Preceptors:

- **No other staff member may serve as the student’s preceptor other than the formally assigned preceptor** without prior arrangements by the clinical faculty.
 - In this case the staff member must meet the qualifications for serving as a preceptor, agrees to do so, and has approval from the unit nurse manager.
- Any hours accrued with an “alternate” preceptor that was not pre-approved by the clinical instructor will be forfeited.

XV. Procedures, Skills and Medications:

- The preceptor will make the determination when the student is competent to perform a skill.
- There are certain activities the student is prohibited from performing during the duration of the clinical experience.
- The student will **NOT**:
 - Initiate chemotherapy but may assist the RN in monitoring the patient during administration
 - Witness client signatures on legal consent forms
 - Take telephone medical orders
 - Sign out medication including narcotics without the preceptor
 - Initiate blood or blood products but may assist the RN in monitoring the patient during administration
 - **Administer IV drugs, IV solutions, IV piggyback medication without the direct supervision of the preceptor**
 - **“Practice” procedures such as IV sticks, phlebotomy, subQ or IM injections on any person (e.g. preceptor or staff) other than a patient on the assigned unit.**
- The preceptor will check all medications prior to administration by the student.
- Students must be supervised by their preceptor in medication administration.
- **Again, the student must always be directly supervised when administering any IV medication or IV fluids.**
- **Violation of any of these tenets may result in immediate failure of the clinical experience.**

GENERAL WRITING REQUIREMENTS

I. Seek Clarification: Students are encouraged to dialogue with their clinical instructors regarding the written assignments

II. Quality Writing:

- Journals are considered scholarly writing.
- Proper use of grammar, formal language, syntax, organization and clarity of thought are required and will be closely scrutinized and evaluated.
- No slang and no crude commentaries permitted.
- APA style will be required.

III. Deadlines for Submitting Written Assignments:

- All written assignments will be submitted to Blackboard as an attached Word document.
- Journals should be submitted under the date that they are due.

- PLEASE NOTE: Blackboard may be down and non-operational between the hours of 10pm and 2am EST every Friday.
 - Losing work will not excuse students from the deadline for submission.
 - Submitting the “wrong document” will not be an acceptable excuse.
 - Consider submitting assignments before the final hour.
 - Power outages, computer glitches etc. do happen.
 - Waiting until the last minute to submit the assignment increases the risk that if a problem should occur, the student may not be able to submit the paper on time.

IV. Policy on Reviewing Written Assignments:

- Clinical faculty are anticipated to provide feedback within one week of submission.
- The student has the right to question and discuss a written assignment with clinical faculty.
- The student must meet with the clinical faculty to discuss the elements of the journal that are of concern to the student.
- If, after that meeting, the student is still in disagreement about the outcome, the student may request a meeting with the Course Coordinator.

REFLECTIVE JOURNAL AND CLINICAL LOG

Reflective Journal

In N409, students will submit a journal each week to clinical faculty. Journaling is an exercise that allows the student to self-reflect on their ability to synthesize and apply knowledge in the care of clients/families. Students will use the Elements of Thought (Paul & Elder, 1997) and Intellectual Standards in the framework of the nursing process to report the care provided in the clinical setting. The reflective journal will provide a clear, accurate, and precise representation of the students’ learning activities and the integration of critical thinking skills in the assessment, planning, implementation, and evaluation of client/family care. Specific guidelines and topics are located under the Course Documents tab in Blackboard.

- The journal will serve as an important communication tool between student and faculty; it is a vital means of communicating progress towards the student’s understanding of safe and effective care and the nursing process.
- The student will submit a journal via Blackboard for every week in which they accrue any type of clinical hours (either patient care or professional).
- Each journal will have an “**Overview**” section, a “**Topic**” (until all “Topics” have been addressed), a “**Report of Hours**” (both patient care and professional) and **upcoming schedule** for each journal submitted.
- During the clinical experience, the student will submit **1 in-depth nursing process/long journal & 6 short journals (or fewer, depending on the number of weeks in clinical)** describing the care of one patient for whom they cared for the previous week. The student will report that care using the nursing process as outlined below for the long journal.

Students will complete a short journal for each week they completed clinical hours, not to exceed 6. Students will complete 1 long journal with the nursing process component. Completion of the long journal must be completed by the middle week of practicum hours.

Journals will be scored complete or incomplete with resubmission as indicated by clinical faculty.

- **The student will be required to write an additional Nursing Process/Long Journal in the event that ANY journal (including non-NP journals) is submitted after the due date/time (late).**
- The topic of “Metamorphosis/Perception of Nursing” will be reserved for the **last journal** submitted.
- **Journals written about the preceding clinical week (previous SUN through SAT) will be submitted to the appropriate Blackboard site as a WORD document no later than 12PM each Wednesday.**
- Students must honestly report their activities in their journals. Faculty will be communicating with preceptors regarding patient care. Falsification of the documentation of care in the student’s journals will be construed as a form of academic dishonesty.

CLINICAL DAILY LOG

- The student will maintain a **written log** of all patient care clinical hours that will be **signed DAILY** by the clinical preceptor.
- Additionally, the student will maintain a **separate written log** of all professional activities.
 - This log should be also be signed in by the contact person for days in which the student has an alternative experience or a professional activity.
- Think of the log as **clinical “time cards”**.
- Faculty may periodically review this document.
- Students will turn in the completed log to clinical faculty at the final clinical evaluation as proof of completed clinical hours.
- Falsification of clinical hours is considered academic dishonesty and will result in failure of NURS 409 and be dealt with according to the academic dishonesty policy of the SON and the University.
- **The form for these logs can be found on Blackboard under “Course Documents”.**

END OF CLINICAL EXPERIENCE EVALUATIONS

- At the end of the clinical rotation, the following evaluations will be completed:
The preceptor will complete:
 1. the “Evaluation of Clinical Experience by Preceptor” located here:
<https://louisville.edu/nursing/academics/mepn-program/mepn-resources>
 The student will complete:
 1. An evaluation of their preceptor found on and submitted to Blackboard and
 2. An evaluation of the clinical agency as requested by the agency’s clinical handbook
 The clinical faculty will complete two evaluations posted here
<https://louisville.edu/nursing/academics/mepn-program/mepn-resources>:
 1. An evaluation of the preceptor
 2. An evaluation of the agency

Appendix A. Clinical Evaluation Tool (of student)

Appendix B. Clinical Incident Report Policy

Appendix A.

Clinical Evaluation Tool
Sixth Semester

Student Name _____

Student ID _____

NURS _____ Semester & Year _____

Faculty Name _____

Evaluation Criteria	Midterm			Final	
	S	NI	US	S	NI
Program Goal #1: Prepare nurse leaders to incorporate core scientific and ethical principles in the provision of nursing care.					
Program Outcome #1a: Demonstrate moral, ethical and legal behavior in the advanced nursing role.					
Appraise the roles and responsibilities of the professional nurse.					
Consider legal and ethical behaviors in the provision of safe and effective care.					
Assume individual responsibility and accountability for nursing interventions, outcomes, and other actions.					
Maintain confidentiality of health records in an ethical manner.					
Program Outcome #1b: Demonstrate critical thinking in advanced nursing care of individuals, families, groups and communities.					
Discriminate the principles of critical thinking.					
Consider evidence of critical thinking when communicating with clients and staff.					
Apply critical thinking within the nursing process when planning and providing patient care.					
Program Goal #2: Prepare nurse leaders to translate and integrate evidence into practice through application of theory and research.					
Program Outcome #2a: Synthesize current evidence to plan and provide advanced nursing care.					
Integrate evidence-based interventions that promote the health of individuals, families, and communities.					
Critique evidence-based literature related to clinical practice.					
Defend the need to incorporate evidence-based practice into the plan of care.					
Program Outcome #2b: Apply knowledge and leadership skills in the provision of quality advanced nursing care.					
Evaluate the role of leadership in the clinical setting in identifying and meeting health needs of individuals, families, groups, and communities in the healthcare system.					
Value the importance of taking initiative in the clinical setting.					
Integrate principles of delegation and prioritization.					
Value the importance of patient-centered care.					

Program Goal #3: Prepare nurse leaders to collaborate with interprofessional teams to promote safe and effective culturally relevant care to individuals and groups.					
Program Outcome #3a: Use effective communication strategies with individuals, families and groups in providing advanced nursing care.					
Incorporate principles of therapeutic communication when working with individuals, families, and groups.					
Analyze communicate techniques to convey relevant data.					
Integrate effective communication in the provision of patient-centered care.					
Program Outcome #3b: Develop, participate on, and/or lead inter-professional teams to improve patient and population health outcomes.					
Discriminate between intra and inter-professional team member roles and scopes of practice.					
Choose patient care technologies to effectively communicate the patient's health status and needs with the interprofessional team.					
Evaluate culture, values, and beliefs and their effects on the behavior of self and others.					
Integrate principles of culturally competent care.					
Program Goal #4: Prepare nurse leaders to act as change agents to achieve optimal health outcomes through quality improvement and changes in health care policy across populations.					
Program Outcome #4: Analyze the role of health policy and advocacy in the provision of health care.					
Appraise methods to deliver care in a timely and cost-effective manner.					
Analyze opportunities to improve the quality of patient care.					
Examine the use of policy development in the provision of client care.					
Consider the importance of patient advocacy.					

Midterm:
Faculty Comments:

Student Comments:

Student Signature _____ Date: _____

Faculty Signature _____ Date: _____

Final:

Faculty Comments:

Student Comments:

Student Signature _____ Date: _____

Faculty Signature _____ Date: _____

Grade Descriptions

A grade of "S" means the student:

- Functions satisfactorily with minimum guidance in the clinical situation.
- Demonstrates accurate and appropriate knowledge and integrates knowledge with skills and attitudes.
- Engages consistently in self-direction in approach to learning.
- Provides evidence of preparation for all clinical learning experiences.
- Follows directions and performs safely.
- Identifies own learning needs and seeks appropriate assistance.
- Demonstrates continued improvement during the semester.
- Uses nursing process and applies scientific rationale.

A grade of "NI" means the student:

- Functions safely with moderate amount of guidance in the clinical situation.
- Demonstrates adequate knowledge and requires moderate assistance in integrating knowledge with skills.
- Requires some direction in recognizing and utilizing learning opportunities.
- Requires moderate amount of assistance with the use of the nursing process and application of scientific rationale.

A grade of "U" means the student:

- Requires intense guidance for the performance of activities at a safe level.
- Clinical performance reflects difficulty in the provision of nursing care.
- Demonstrates gaps in necessary knowledge and requires frequent or almost constant assistance in integrating knowledge and skills.
- Requires significant amount of assistance with the use of the nursing process and application of scientific rationale.
- Requires frequent and detailed instructions regarding learning opportunities and is often unable to utilize them.
- Is often unprepared and has limited insight into own behavior.
- Is unable to identify own learning needs and neglects to seek appropriate assistance.
- Not dependable.
- Breaches in professional or ethical conduct such as falsification of records and failure to maintain confidentiality.

CLINICAL INCIDENT REPORT POLICY

All incidents, such as medication errors, an injury to a patient, exposure to communicable diseases, needle sticks or any incident that places a student at risk must be reported to the faculty member immediately upon occurrence. The student is responsible for completing the "Clinical Incident Report" (available from the School of Nursing Office) within 24 hours of the incident.

CLINICAL INCIDENT REPORT PROCEDURE

1. Student must notify faculty member as soon as an incident has occurred.
2. Faculty must ensure (a) the student completes the clinical incident report in an accurate and timely manner and (b) the agency receives communication about the incident.
3. If the incident involves a student injury and/or exposure, the student should contact the HSC Student Health Services at 852-6446. There is a HSC Student Health Services physician on-call 24 hours a day, 7 days a week to advise individuals.
4. In the event of a non-sterile needle stick, the physician will determine the need for any required interventions. IF an intervention is determined to be necessary, the physician will explain the process and make arrangements for the student to obtain emergency post-exposure drugs, available 24 hours a day. Any required blood work may be completed during routine office hours (Monday-Friday, 8:00am-4:30pm) up to 3-4 days after the exposure. Students who are rotating out of town should also follow the same process. The HSC Student Health Office will make arrangements for any necessary drugs through a local hospital or pharmacy as needed. The cost of the on-call service, diagnostic testing for the student and the initial 5 day starter supply of medications is included in the student health fee.
5. Any incident involving a student(s) must be reported by completion of the Clinical Incident Report Form within 24 hours of the occurrence.
6. The completed Clinical Incident form must be submitted within 72 hours of the occurrence to the course coordinator who will then forward the form to the Associate Dean for Academic Affairs for signature.
7. Associate Dean for Academic Affairs should forward to the Dean for signature.
8. Signed form should be filed in office of Associate Dean for Academic Affairs.

Approved: HSC Legal Council (Glenn Bossmeyer)

Date: September 13, 1999

Revised: October 3, 2001

Approved by HSC Legal Council, Glenn Bossmeyer October 3, 2001

Reviewed and Updated by Academic Affairs Committee, February 8, 2019

University of Louisville School of Nursing
CLINICAL INCIDENT REPORT

Clinical Facility _____ Date/Time of Incident _____

Student Name _____
Address _____
Phone (W) _____ (H) _____
Insurance company _____
Named Policy Holder _____

Clinical Facility/Site Agency Name _____
Address _____
Phone _____
Area incident occurred _____
Name of Facility/Unit Supervisor _____

Student description of incident, including others involved: _____

Student summary of how this incident could have been prevented/how will such incidents be prevented in the future: _____

Use back of report sheet if more room is required.

Medical treatment given; including time and date _____

Any restrictions noted during medical treatment _____

IF THIS CLINICAL INCIDENT INVOLVES AN INCIDENT TO A STUDENT, THE STUDENT HAS BEEN ADVISED THAT THEY ARE RESPONSIBLE FOR THE COST OF HEALTH CARE SERVICES.

Report prepared by _____	Date of this report _____
Signature, Clinical Instructor _____	Date _____
Signature, Clinical Course Coordinator _____	Date _____
Signature, Program Director _____	Date _____
Signature, Assoc. Dean _____	Date _____
Signature, Dean _____	Date _____