



**CLARENDON COLLEGE PROFESSIONAL
NURSING PROGRAM**
RNSG 2160 – Clinical (Mental Health)

Division of Workforce:

Course: RNSG 2160 – Clinical (Mental Health)

Credit Hours: 1 Hours

Semester: Fall 2024

Classroom Location:

Pampa - Center: 1601 W. Kentucky, Pampa, 79065 - Room 101

Phone: (806) 665-8801 Pampa

Childress Campus: 1902 Ave G NW, Childress, TX 79201 - Mesquite Room

Phone: (940) 937-2201 Childress

Instructors:

Pampa Campus: Amy Claybo, BSN, RN

Office Location: Auvenshine Bldg. 1601 W. Kentucky Ave., Pampa, TX 79065

Phone: (806) 665-8801 ext. 137

Email: amy.claybo@clarendoncollege.edu

Childress Campus: Sherrie Denham, MSN, RN

Office Location: 1902 Ave G NW, Childress, TX 79201

Phone: (940) 937-2201

Email: sherrie.denham@clarendoncollege.edu

Office Hours: As posted or by appointment.

Course Description:

Principles and concepts of mental health, psychopathology, and treatment modalities related to nursing care of patients and their families.

Statement of Purpose:

RNSG 2260 Clinical (Mental Health) partially satisfy the requirement for the Associate Degree Program at Clarendon College.

Prerequisites: Completion of all Level I courses.

Co-requisite: RNSG 2213 – Mental Health Nursing

***Note:** *Students must successfully complete RNSG 2213 & RNSG 2160 simultaneously to receive credit in either course. RNSG 1412 must be successfully completed to progress.*

Audio/Video/Photography/Distribution of Course Materials:

All course materials are only for the use of students enrolled in this course for purposes associated with this course.

Audio/Video recording or photography of courses in session is strictly prohibited by students unless previous permission

has been granted by the faculty. Duplication and/or distribution of any classroom materials via print, email, or other electronic means to individuals who are not currently enrolled in this course are prohibited.

Electronic Communication:

Clarendon College Allied Health Department faculty and staff will send official correspondence to a student via Microsoft TEAMS or e-mail using the student's email address as assigned by Clarendon College. Faculty, students, and staff are expected to use their Clarendon College Microsoft TEAMS or bulldog email address for all official communication.

Syllabus Disclaimer:

Although every effort will be made NOT to change schedules, unforeseen events may cause changes to the scheduling of campus classes/labs/activities, exams, etc. Class topic and exam schedule may change with notice. Faculty reserve the right to make any changes deemed necessary to best fulfill the course objectives. Students registered for this course will be made aware of any changes in a timely fashion using reasonable means of communication. It is the responsibility of each student to know what changes if any, have been made to the provisions of this syllabus and to successfully complete the requirements of this course.

***Syllabi/Schedules subject to change.**

End-of-Course Outcomes: (WECM)

Explain the roles of the professional nurse in caring for patients and families experiencing mental health problems; use therapeutic communication; utilizes critical thinking skills and a systematic problem solving process for providing care to patients and families experiencing mental health problems.

Course Outcomes: (DEC)

The DEC competencies are fully integrated throughout the curriculum for the ADN student. The DEC relates to the entry level skills each student will acquire as they relate to the working world and the competencies required by the Texas Board of Nursing.

Learning Outcomes: (DEC)

I. Member of the Profession:

- A. Function within the nurse's legal scope of practice and in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.
- B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.
- C. Participate in activities that promote the development and practice of professional nursing.
- D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.

II. Provider of Patient-Centered Care:

- A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidenced-based practice outcomes as a basis for decision-making in nursing practice.
- B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and the interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.
- C. Analyze comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.
- D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.
- E. Implement the plan of care for patients and their families with legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles.

- F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.
- G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.
- H. Coordinate human, information, and physical resources in providing care for patients and their families.

III. Patient Safety Advocate:

- A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
- B. Implement measures to promote quality and a safe environment for patients, self, and others.
- C. Formulate goals and outcomes using evidence-based data to reduce patient risks.
- D. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.
- E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
- F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

IV. Member of the Health Care Team:

- A. Coordinate, collaborate, and communicate in a timely manner with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.
- B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families.
- C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.
- D. Communicate and manage information using technology to support decision-making to improve patient care.
- E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or work place need.
- F. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.
- G. Participate with health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.



Reference

Texas Board of Nursing, (2021, January). Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments, and Behaviors. Retrieved from https://www.bon.texas.gov/pdfs/publication_pdfs/Differentiated%20Essential%20Competencies%202021.pdf

Program: Professional Nursing Education				Credential: AAS	
Competencies				Course ID	Course Title
1	2	3	4		
A –Knowledge: 1abc, 2, 3, & 4 A –Clinical Judgement and Behaviors: 1, 2, & 3ab B –Knowledge: 1abcde, 2ab, 3, 4, 5, 6ab, 7abc, & 8 B –Clinical Judgement and Behaviors: 1, 2abc, 3abc, 4abc, 5abc, 6abc, 7, 8, 9, & 10 C –Knowledge: 1, 2, 3, 4, & 5abc C –Clinical Judgement and Behaviors: 1, 2, 3ab, 4, 5, & 6ab D –Knowledge: 1, 2, 3, 4, & 5 D –Clinical Judgement and Behaviors: 1, 2, 3, 4, 5, & 6	A –Knowledge: 1ab, 2abc, 3, & 4 A –Clinical Judgement and Behaviors: 1, 2abc, 3, & 4 B –Knowledge: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, & 12 B –Clinical Judgement and Behaviors: 1, 2, 3, 4, 5, 6, 7, 8, & 9 C –Knowledge: 1ab, 2ab, 3, 4ab, 5, 6, 7, & 8 C –Clinical Judgement and Behaviors: 1, 2, 3, 4, 5, 6, & 7 D –Knowledge: 1abcde, 2, 3ab, 4abc, & 5ab D –Clinical Judgement and Behaviors: 1, 2abcd, 3abc, & 4 E –Knowledge: 1ab, 2, 3ab, 4ab, 5, 6ab, 7, 8, 9, 10, 11abc, 12, & 13 E –Clinical Judgement and Behaviors: 1, 2abc, 3, 4, 5ab, 6abcd, 7abc, 8, 9, 10, 11, 12ab, & 13 F –Knowledge: 1, 2, & 3 F –Clinical Judgement and Behaviors: 1abc, 2ab, 3ab, 4, 5abc, & 6 G –Knowledge: 1ab, 2ab, & 3ab G –Clinical Judgement and Behaviors: 1, 2ab, 3, 4, 5ab, 6, & 7 H –Knowledge: 1, 2, 3abc, 4ab, 5, 6, & 7 H –Clinical Judgement and Behaviors: 1, 2ab, 3, 4, 5ab, & 6	A –Knowledge: 1, 2, 3, 4, 5, & 6 A –Clinical Judgement and Behaviors: 1, 2, 3, 4, 5ab, 7, & 6 B –Knowledge: 1ab, 2, 3abc, 4, & 5 B –Clinical Judgement and Behaviors: 1, 2, 3ab, 4, 5, 6, 7, 8, & 9 C –Knowledge: 1 & 2 C –Clinical Judgement and Behaviors: 1, 2ab, & 3 D –Knowledge: 1abc D –Clinical Judgement and Behaviors: 1, 2, & 3 E –Knowledge: 1abc & 2 E –Clinical Judgement and Behaviors: 1, 2, 3, & 4 F –Knowledge: 1abc & 2 F –Clinical Judgement and Behaviors: 1, 2, & 3ab	A –Knowledge: 1ab, 2, 3ab, 4ab, & 5ab A –Clinical Judgement and Behaviors: 1, 2ab, & 3 B –Knowledge: 1ab, 2ab, 3ab, & 4 B –Clinical Judgement and Behaviors: 1ab, 2, 3abc, 4ab, & 5ab C –Knowledge: 1, 2, 3, 4, 5, 6, 7, & 8 C –Clinical Judgement and Behaviors: 1abc, 2abc, 3ab, & 4 D –Knowledge: 1ab, 2, & 3 D –Clinical Judgement and Behaviors: 1abcd, 2abc, 3abc, & 4 E –Knowledge: 1, 2abcde, 3, & 4ab E –Clinical Judgement and Behaviors: 1abc, 2abc, & 3ab F –Knowledge: 1, 2, 3ab, & 4ab F –Clinical Judgement and Behaviors: 1, 2, 3ab, & 4ab G –Knowledge: 1, 2ab, 3, & 4 G –Clinical Judgement and Behaviors: 1, 2, 3, & 4	RNSG 2160	Clinical (Mental Health)
Competency References					
4 – Member of the Health Care Team					

	3 – Patient Safety Advocate
	2 – Provider of Patient-Centered Care
	1 – Member of the Profession

SCANS COMPETENCIES:

The individual SCANS Foundation Skills and competencies have been identified and are located on file in the nursing office. Demonstration of SCANS is documented by the student's ability to provide evidence that the skill has been mastered.

Texas Higher Education Coordinating Board: (THECB):

Clarendon College endeavors to meet the Core Objectives proposed by the Texas Higher Education Coordinating Board (THECB). The THECB has determined the following categories as necessary achievements of core curriculum in higher education:

- **Critical Thinking Skills** – to include creative thinking, innovation, inquiry, and analysis, evaluation and synthesis of information.
- **Communication Skills** – to include effective development, interpretation and expression of ideas through written, oral and visual communication.
- **Empirical and Quantitative Skills** – including application of scientific and mathematical concepts.
- **Teamwork** – including the ability to consider different points of view and to work effectively with others to support a shared purpose or goal.
- **Personal Responsibility** - to include the ability to connect choices, actions and consequences to ethical decision-making.
- **Social Responsibility** – to include intercultural competence, knowledge of civic responsibility, and the ability to engage effectively in regional, national, and global communities

Required Instructional Materials:

Textbook:

Collins, S. (2022). *Intravenous medications a handbook for nurses and health professionals* (38th ed.). Elsevier. ISBN: 978-0-323-82509-2

Skidmore-Roth, L. (2022). *Mosby's 2022 nursing drug reference* (35th ed.). Elsevier. ISBN: 978-0-323-82607-5

Mosby's Pocket dictionary of medicine, nursing & health, (8th ed.). Elsevier. ISBN: 978-0-323-41432-6

Pagana, K. D., Pagana, T. J., & Pagana, T.N. (2021). *Mosby's manual of diagnostic and laboratory tests*, (7th ed.). Elsevier. ISBN 978-0-323-69703-3

Ogden, S. J., & Fluharty, L. (2022). *Calculation of drug dosages: A work text* (12th ed.). Elsevier. ISBN: 978-0-323-82622-8

HALTER, M. J. (2022). *Varcarolis' foundations of psychiatric-mental health nursing: A clinical approach* (9th ed.). Elsevier. ISBN: 978-0-323-69707-1

Other Relevant Materials:

Pens, pencils, paper, highlighters, laptop, ATI, Nurse Practice Act, Scantron answer sheets, Nurse Practice Act, and Scope of Practice.

Methods of Instruction:

Lectures	Required Reading	Written Assignments	Quizzes
Classroom Discussions	Small Group Work	Audio-Visual Aids	Demonstrations
Return Demonstrations	ATI Modules	Projects	Concept Maps

*Lectures may be in-class, via zoom, or recorded and uploaded to TEAMS.

Requirements & Evaluation Methods:

Clinical Evaluation	Percentage
Mid-Term	40
Final Evaluation	60

Total for COURSE GRADE	100
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Grading Scale:

The following grading scale is utilized for the ADN Nursing Program

A	90-100
B	81-89
C	78-80
D	68-77
F	Below 68

Students must achieve an overall course grade at or above 78 to pass all courses in the LVN-to-RN Bridge Nursing Program.

1. All grades will be posted by the instructor on the Clarendon College online grade book.
2. Grades **will not** be given out by phone, email, or text.
3. ***THERE ARE NO OPTIONS FOR EXTRA-CREDIT WORK OR REPEATING EXAMS OR PAPERWORK TO RAISE COURSE GRADES, EITHER DURING OR AT THE END OF A COURSE.***
4. No late work will be accepted.
5. Refer to individual course syllabi for additional grading criteria.
6. Failure of a total of any two (2) nursing theory courses, two (2) nursing clinical courses, or any combination thereof equaling two (2) courses will result in ineligibility for transfer, admission, or readmission to Clarendon College's Professional Nursing Program at any campus.

Rounding Policy:

In order to successfully complete a nursing course and progress in the nursing program, students are required to achieve an exam average of 78% or greater. The exam average will include all unit exams and the final exam. Students not attaining a major exam average of 78% or greater will not pass the course. Students must achieve a final overall course grade of 78% to pass any RNSG course in the nursing program. Each quiz/exam/project grade will be calculated to two decimal points. At the end of the semester, actual percentages will be used to determine letter grades.

****NOTE: GRADES WILL NOT BE ROUNDED.** (Example: A grade of 77.5 to 77.99 will not be considered as passing).

No late work will be accepted!!

Failure of a total of any two (2) nursing theory courses, two (2) nursing clinical courses, or any combination thereof equaling two (2) courses will result in ineligibility for transfer, admission, or readmission to Clarendon College's Professional Nursing Program at any campus.

Student Testing Policy:

1. Exam schedules will be given to students at the beginning of the course each semester;
2. Examination attendance: Examinations will be given on dates noted on the course syllabus and course schedule. If a student cannot attend an examination, the course instructor/professor must be notified at their office number, Microsoft TEAMS, or by email ***before the examination begins***. It is the student's responsibility and a requirement to notify the instructor/professor in advance of any absence.
3. On examination days no late entry into the classroom or laboratory will be permitted to eliminate distractions for other students. In the event a student is going to be late they must notify their course instructor/professor through Microsoft TEAMS or by e-mail ***before the examination begins***. The student will receive an absence for the course for the day. It is the student's responsibility to contact the instructor to reschedule their make-up exam. The instructor has the discretion to administer a different version of the exam content.
4. Make-up exams will only be given at the discretion of the faculty member and can be a different version or alternate format than the scheduled exam.
5. All major exams include multiple-choice and alternate format questions based on the NCLEX-RN Test Plan;
6. All exams are timed; the Time allotted for a Final Exam is two (2) hours and will follow Clarendon College's policy.
7. Assigned seating may be used during any exam;

8. Grades will be available within one week following an exam;
9. Basic function calculators will be provided for exams with dosage calculation questions;
10. If the exam is given in paper format: SCANTRON[™] forms and exam booklets are turned in to the proctor who is monitoring the exam and will be counted at the end of the testing period. Students must NOT remove exams from the testing room; the answer recorded on the Scantron[™] will be the official answer sheet or submitted electronically if the test is a computerized test;
11. If the exam is given in electronic format, the student will need to bring a laptop or utilize a laptop/computer from Clarendon College. The device utilized will need the capability of connecting to the internet. It is the student's responsibility to ensure the device is charged or plugged into a power source during the duration of the examination.
12. Scratch paper, if used, will be provided by the instructor/professor and must be turned in immediately following the exam;
13. Classroom exam reviews will be conducted at the discretion of the faculty. Students will not be allowed to take any notes during the review, and all personal belongings must be left at the back of the classroom;
14. Students who score an eighty (80) or below will need to schedule an appointment with their instructor to complete a Student Action Report and be assigned required remediation.
15. Individual review of exams by a student with the instructor/professor must be scheduled within one (1) week of the exam being administered. Individual test reviews will be performed only in the faculty member's office. Students may review only the most recent test (In other words, exam one (1) cannot be reviewed after exam two (2) has been administered). Review of all tests taken by a student at one time will not be allowed;

Test Taking Etiquette

1. Arrive at least 15 minutes early to prepare for the exam so that it may begin on time;
2. All belongings (book bags, books, caps, hats, purses, study guides, beverages, etc.) must be stored at the back of the classroom 10 minutes before the exam, this will allow the exam to begin on time;
3. You are not allowed to wear a cap, hat, or sunglasses during testing situations;
4. The student may have only a pencil during the testing period;
5. After the exam begins, there will be absolutely NO talking;
6. When you are finished with your exam, please submit the test and answer sheet to the proctor and quietly leave the room. **Do not re-enter the classroom until all students have completed the exam;**
7. Leave the classroom area – **DO NOT** congregate outside the classroom door; remain quiet as not to disrupt the classroom area.
8. It is the responsibility of all students to maintain test security. Do not discuss test content in the presence of students who have not tested. Students who have not tested are expected to remove themselves from the area if such conversations occur.

Remediation:

Remediation will be required for students scoring an eighty (80) and below on Exams 1-3.

Remediation will be determined by the Course Instructor with consideration to the student's individual needs. It is the student's responsibility to schedule an appointment with their instructor to complete a Student Action Report and assigned required remediation. Remediation is the responsibility of the student and must be completed by the date assigned.

Attendance:

Regular attendance and consistent study habits are essential to success in college and are expected of all students. Absences are defined as time away from classroom teaching, clinical laboratory, clinical, or clinical simulation of greater than 15 minutes. It is the responsibility of the student to consult with all instructors when an absence occurs. The student will notify the instructor each day the student will not be in attendance for class, lab, or clinical.

To evaluate attainment of course objectives, students are expected to attend and participate in all scheduled classroom/clinical experiences. Failure to meet course objectives, due to lack of attendance, will result in unsatisfactory evaluation, and may result in failure of the course.

Absence Policy:

Absences are defined as time away from classroom teaching, clinical laboratory, clinical, or clinical simulation of greater than 15 minutes;

1. Any absences more than two absences or any class absences in excess of two absences in one semester will be grounds for dismissal.
2. Documentation of an absence must be submitted by the student immediately upon return or prior to if expected absence (**see Documentation of Student Action Report Form*);
3. If a student is to be absent from class or clinical, the student must notify his/her instructor thirty (30) minutes prior to the start of the scheduled experience. Notification will occur according to instructor through Microsoft TEAMS.

Tardiness:

Students are required to be in the classroom and at clinical on time and remain the full time as scheduled. Excessive tardiness is disruptive to the educational process and may result in disciplinary action. Students who have three (3) tardies in an individual course will be counted as one (1) absence. Due process and the right to appeal will be provided to students subject to disciplinary action. Details can be found in the Student Handbook.

1. Tardiness: Defined as time away from classroom teaching and/or clinical laboratory/simulation teaching for up to 15 minutes. This includes:
 - a. arriving late in the morning;
 - b. returning late from provided breaks and lunch periods; and
 - c. Leaving early.
2. In order to prevent class disruptions, the course faculty member(s) may prohibit tardy students from entering the classroom or laboratory until the next break occurs.

Student Academic Integrity and Classroom Ethics:

Failure to comply with lawful direction of a classroom instructor is a disruption for all students enrolled in the class.

Cheating violations include, but are not limited to:

- (1) obtaining an examination, classroom activity, or laboratory exercise by stealing or collusion.
- (2) discovering the content of an examination, classroom activity, laboratory exercise, or homework assignment before it is given.
- (3) using an unauthorized source of information during an examination, classroom activity, laboratory exercise, or homework assignment.
- (4) entering an office or building to obtain unfair advantage.
- (5) taking an examination for another person.
- (6) completing a classroom activity, laboratory exercise, homework assignment, or research paper for another person.
- (7) altering grade records.
- (8) using any unauthorized form of electronic communication device during an examination, classroom activity, or laboratory exercise.
- (9) Plagiarism. Plagiarism is the using, stating, offering, or reporting as one's own, an idea, expression, or production of another person without proper credit.
- (10) Students are required to dress in a manner as deemed appropriate for the classroom setting and should not disrupt the learning process.

Disciplinary actions for cheating or plagiarism in any course are at the discretion of the individual instructor. The instructor of that course will file a report with the Director of Nursing and/or the Dean of Students when a student is caught cheating or for plagiarism in the course, whether it be a workforce or academic course. The report shall include the course, instructor, student's name, and the type of cheating involved. Students who are reported for cheating or plagiarism to the Director of Nursing and the Dean of Students more than once shall be disciplined by the Dean. The Dean will notify all involved parties within fourteen days of any action taken.

American with Disabilities Act Statement:

In accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, any student who feels that he or she may need any special assistance or accommodation because of an impairment or disabling condition should contact the Associate Dean of Enrollment Services at 806-874-4837 / janean.reish@clarendoncollege.edu or visit the Clarendon campus at Clarendon College. It is the policy of Clarendon College to provide reasonable accommodation as required to afford equal educational opportunity. It is the student's responsibility to contact the Associate Dean of Enrollment Services.

Nondiscrimination Policy:

Clarendon College, in accordance with applicable federal and state law, prohibits discrimination, including harassment, on the basis of race, color, national or ethnic origin, religion, sex, disability, age, sexual orientation, or veteran status.

It is the policy of Clarendon College not to discriminate based on gender, age, disability, race, color, religion, marital status, veteran's status, national or ethnic origin, or sexual orientation. Harassment of a student in class, i.e., a pattern of behavior directed against a particular student with the intent of humiliating or intimidating that student will not be tolerated. The mere expression of one's ideas is not harassment and is fully protected by academic freedom, but personal harassment of individual students is not permitted.

Withdrawal:

If a student decides that they are unable to complete this course or that it will be impossible to complete the course with a passing grade, you may drop the course and receive a "W" on your transcript. Withdrawal must occur on or before the official Withdrawal Date posted by Clarendon College. Withdrawal from a course is a formal procedure that must be initiated by the student. If the student does not go through the formal withdrawal procedure, the student will receive a grade of "F" on their transcript.

Cell Phone Policy, Classroom Etiquette, and Academic Honesty:

See Vocational Nursing Handbook for policies.

Grievance/Appeals:

If you have a dispute concerning your grade or policies in this class, it is the student's responsibility to contact the instructor to discuss the matter. Should things remain unresolved, please follow the procedures described in the Clarendon College Student Handbook or College Policy Manual.

Student Rights and Responsibilities are listed on the College website at:

<http://www.clarendoncollege.edu/Resources/Student%20Services/StudentRightsResponsibilities.pdf>

For students in this course who may have a criminal background, please be advised that the background could keep you from being licensed by the State of Texas. If you have a question about your background and licensure, please speak with your instructor or the Vice President of Academic Affairs. You also have the right to request a criminal history evaluation letter from the applicable licensing agency.



CLARENDON COLLEGE

ASSOCIATE DEGREE NURSING PROGRAM

CLINICAL FORMS



**Clarendon College
ADN Nursing Program
Clinical Documentation Template**

STUDENT NAME: _____

PATIENT INITIALS: _____	DATE: _____	TIME: _____ to _____
AGE: _____	CLINICAL LOCATION: _____	GENDER: _____

SUBJECTIVE

MEDICAL DIAGNOSES:

1. _____
2. _____
3. _____

CHIEF COMPLAINT: (The patient's description of what is wrong.)

NURSING DIAGNOSES:

1. _____
2. _____
3. _____

HPI:

Medications (include trade/generic names, dose, normal dose range, category, indications, common adverse effects, warnings.)

Trade/Generic	Dose	Dose Range	Category	Indication	Goal	Adverse Effect / Warning

PMH: _____

Allergies: _____

Medication Intolerances: _____

Other Chronic Illnesses/Major Traumas: _____

Hospitalizations/Surgeries: _____

Family History:

Social History:

Tobacco: _____

Alcohol: _____

Illicit Substances: _____

ROS – POSITIVE SIGNS AND PERTINENT NEGATIVE SIGNS

General –	Cardiovascular –
Skin –	Respiratory –
Eyes –	Gastrointestinal –
Ears –	Genitourinary –
Nose/Mouth/Throat –	Musculoskeletal –
Breasts –	Neurological –
Heme/Lymph/Endo –	Psychiatric –

OBJECTIVE AND INITIAL VITAL SIGNS

Weight: _____ BMI: _____	Temp: _____	BP: _____
Height: _____	Pulse: _____ SpO2: _____	Resp: _____

General Appearance:

Skin:

HEENT:

Head: _____

Eyes: _____

Ears: _____

Nose: _____

Throat: _____

Cardiovascular:

Respiratory:

Gastrointestinal:

Breasts:

Genitourinary / Reproductive:

Musculoskeletal:

Neurological:

Psychiatric:

VITAL SIGNS:

Q4H for noncritical, Q2H for ICU and Q1H or more for patients on vasopressors, dilators, etc.

TIME	BP	P	R	T	SpO2	O2	Pain	Other

DIAGNOSTICS:

Lab Tests and Relevant Results:

CBC: _____

CMP: _____

Cardiac Enzymes: _____

CRP: _____

UA: _____

C&S: _____

Other: _____

Radiological and Other Tests and Relevant Results:

NURSING NOTES (include time and signature of at least three full entries)

CARE PLANS:

NURSING DIAGNOSIS 1: _____

Related to: _____ **As evidenced by:** _____

GOALS:

1. _____
2. _____

INTERVENTIONS:

1. _____
2. _____
3. _____
4. _____

ASSESSMENT OF GOAL ACHIEVEMENT:

NURSING DIAGNOSIS 2: _____

Related to: _____ **As evidenced by:** _____

GOALS:

1. _____
2. _____

INTERVENTIONS:

1. _____
2. _____
3. _____
4. _____

ASSESSMENT OF GOAL ACHIEVEMENT:

NURSING DIAGNOSIS 3: _____

Related to: _____ **As evidenced by:** _____

GOALS:

1. _____

2. _____

INTERVENTIONS:

1. _____

2. _____

3. _____

4. _____

ASSESSMENT OF GOAL ACHIEVEMENT:

PATHOPHYSIOLOGY:

(Include information about each of the patient's medical diagnoses, how diseases are interrelated with symptoms and how they affect each other, what risk factors the patient has or may develop, how the patient's history contributes to the disease processes, how medical treatment can or does affect the disease processes, etc. Does the patient's compliance affect his state of health?)

NORMAL CARE AND SAFETY:

MEDICATIONS, IVs, THERAPIES:

IV – (Location, gauge, lock/fluid, rate, patency, etc.):

DISCHARGE PLANNING:

Caregiver/Support: _____

Financial Considerations: _____

Instructions/Follow-Up Appointments: _____

OTHER DOCUMENTATION:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



CLINICAL ORGANIZATIONAL WORKSHEET FOR ANALYSIS & DECISION-MAKING

STUDENT NAME: _____			
PRECEPTING NURSE NAME: _____			
DATE: _____	SHIFT: _____	LOCATION: _____	
PATIENT INITIALS: _____	AGE: _____	GENDER: _____	CODE STATUS: _____
CASE MANAGEMENT:		REPORT INFORMATION:	
Patient Education: Resources / Referrals:			
CHAIN OF COMMAND THIS SHIFT			
PRIORITIES OF CARE:		Identify Possible Complications:	
1			
2			
3			
CLINICAL JUDGMENT(S):			

CLINICAL INQUIRY:
What is the best Evidence-Based Practice for _____?



**Clarendon College
ADN Nursing Program
Clinical/Preceptor Evaluation of Student**

Student: _____ **Unit:** _____ **Date:** _____

Student Competencies: Please evaluate student performance based on the following criteria:

0: Not observed

3: Satisfactorily meets criterion

1: Needs marked improvement

4: Consistently exceeds criterion

2: Minimally meets criterion

Criterion	N/O Not observed	0. Needs marked improvement	1. Minimally meets criterion	2. Satisfactorily meets criterion	3. Consistently exceeds criterion	Comments
1. Asks appropriate questions.						
2. Actively seeks learning opportunities.						
3. Performs needed skills, safely, and competently.						
4. Collaborates with preceptor and other members of the health care team.						
5. Establishes an interactive relationship with patient and family.						
6. Models positive, profession behaviors on the unit/area.						
7. Demonstrates caring towards patients, family and staff members and their learning needs.						
8. Communicates effectively with preceptor, staff and/or patient.						

9. Demonstrates critical thinking in resolving issues surrounding the clinical situation.						
10. Assumes accountability for the quality of one's own practice.						
11. Demonstrates ethical behaviors.						
12. Arrives to clinical on time during clinical time.						

Clinician Name (PRINTED): _____

Clinician Name (SIGNATURE): _____ **Date:** _____
 Preceptor requests a conference with the instructor: _____ Yes

Clinicians: If you need to speak with the instructor immediately, do not hesitate to call.



**Clarendon College
 ADN Nursing Program
 Clinical Reflective Journal Guidelines**

Your journal entry is to be printed and turned in to the instructor as directed. Use proper grammar and spelling as you discuss your day and experiences in a professional manner.

1. Discuss the diverse types of clients you were exposed to today, while maintaining confidentiality of your patients.
2. Discuss examples of critical thinking that were used by the health care provider during your preceptor experience.
3. Discuss how your clinical experience is related to the content you are learning or have learned in lecture. How is it different and how is it the same?
4. Discuss behaviors of the health care provider that you want to model in your own practice and, if any, behaviors you want to avoid.

5. Explain any ethical issues that you may have seen in the care of these patients today. Defend your belief of whichever side you choose.

DIRECTIONS FOR USE:

Download the CLINICAL DOCUMENTATION from TEAMS. Students will use this every clinical and skill day. Forms will NOT BE PROVIDED.

Students are to take the Clinical Organizational Worksheet (not the entire packet) to the clinical sites to collect information throughout the shift, then use this data to complete the Clinical Documentation form.

Students will turn the Clinical/Preceptor Evaluation form into the assigned staff nurse or preceptor at the beginning of each shift to complete. It is the student's responsibility to collect this signed form from this clinician at the end of the clinical shift. This signed form is 40% of the clinical daily grade.

Students will then complete the Clinical Documentation form as homework and deliver it, along with the Worksheet and the Evaluation, to the instructor at the assigned time. The Clinical Documentation is 60% of the daily clinical grade. It is to be completed on computer and printed and stapled to turn in.

Regardless where the clinical location is in this semester, the student will do one Clinical Document (i.e. for one patient) each clinical day. The student may also do a Reflective Journal for any experience, but this journal does NOT substitute for the Clinical Documentation. If a student's clinical is in the ER or OR, he or she will still select one patient per day to document on the charting. By indicating either of these locations, the instructors will understand that some information is not available for the chart.

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CLINICAL PERFORMANCE EVALUATION TOOL GUIDELINES

- The clinical evaluation tool is used for all clinical nursing courses. Each nursing course builds on prior knowledge, skills, and attitudes.
- Each student will complete a self-evaluation at (1) midterm (2) final.
- Each faculty member will complete an evaluation at (1) midterm (2) final.
- The score for Clinical Evaluation will be either “E” “S” “MM” “NI” or “U” at mid-term.
- The score for Clinical Evaluation will be calculated at final.
- All clinical learning experiences will be evaluated upon completion and/or as deemed necessary by the faculty. Students who are not meeting clinical outcomes will be counseled individually as needed.
- Clinical facility will initiate a Student Action Report (SAR) for students who receive a grade less than 78 on the mid-term evaluation.
- A passing grade will only be assigned if **the course grade is 78 or greater** at the time of the final evaluation.
 - Any course grade less 78 at final evaluation constitutes failure of the course.
- If a student receives a “U” on the Clinical Performance Tool during the final clinical evaluation, the student will FAIL the course and receive a grade of no higher than “D” for the course.

Core Competency Statements:

- Each core competency (as outlined in **BOLD**) has associated statements, which specifies individual guidelines.
- The core competency statements are based upon level of matriculation in each clinical course.

Grading Guidelines:

- Clinical Performance will be evaluated with a Clinical Performance Tool, and will be scored either “E” “S” “MM” “NI” or “U”. All entries must be dated.
- Every student must receive a course grade of 78 or better on the Clinical Performance Tool during the final clinical evaluation to pass the course.

Grade Descriptions:

A grade of “E” (4 Points) means the student:

- Consistently exceeds criterion.

A grade of “S” (3 Points) means the student:

- Satisfactorily meets criterion 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 “MM” (2 Points) means the student:

- Minimally meets criterion.
- 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.

A grade of “NI” (1 Point) means the student:

- Minimally meets criterion.

A grade of "U" (0Points) 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 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.

GRADING SCALE:

KEY TO GRADING CLINICAL PERFORMANCE

4 = "E" – Consistently exceeds criterion

3 = "S" – Satisfactorily meets criterion

2 = "MM" – Minimally meets criterion

1 = "N" – Needs marked improvement

0 = "U" – Unsatisfactory

****All needs improvement and fail areas must have documentation.**

Student Score 198 or >	A = 90 – 100
Student Score 179 - 197	B = 81 – 89
Student Score 172 - 178	C = 78 – 80
Student Score 150 - 171	D = 68 – 77
Student Score 149	F = <68
MAXIMUM SCORE POSSIBLE = 220	

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Clinical Evaluation Tool

Safe professional clinical practice is mandatory for all students in the Clarendon College Associate Degree Nursing Program. Students are required to demonstrate patterns of safe, professional clinical performance as defined in the *Associate Degree Program Student Handbook* and the Clinical Evaluation Tool. Unsafe clinical practice is any instance or pattern where unprofessional and or unsafe behaviors related to physical safety, biologic safety, or emotional safety, have been demonstrated. Students will be notified of unsatisfactory clinical practice by the clinical instructor. Unsatisfactory clinical performance requires immediate attention and correction by the student.

Each student will have a formative evaluation at mid-term and a summative evaluation at the end of the semester to include a conference with the clinical instructor. All entries must be dated.

Clinical Objectives/Behaviors	Formative Mid-Term	Summative Final	Documentation
I. Member of the Profession: CARING			
The student exhibits caring behaviors that reflect commitment to the growth and development of the role and function of the nurse.			
A. Function within the nurse’s legal scope of practice an in accordance with regulation and the policies and procedures of the employing health care institution or practice setting.			
Knowledge			
1. a. Texas Nurse Practice Act b. Texas Board of Nursing Rules, Position Statements, and Guidelines c. Federal, state, or local laws, rules, and regulations affecting nursing practice.			
2. Nursing scope of practice in relation to delegated medical acts and facility policies.			
3. Standards and guidelines from professional organizations.			
4. Facility policies and procedures.			
Clinical Judgement and Behaviors			
1. Function within the scope of practice of the registered nurse.			

2. Use a systematic approach to provide individualized, goal-directed nursing care to meet health care needs of patients and their families.			
3. a. Practice according to facility policies and procedures and participate in the development of facility policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's best interest.			
B. Assume responsibility and accountability for the quality of nursing care provided to patients and their families.			
Knowledge			
1. a. Texas Board of Nursing Standards of Practice. b. National standards of nursing practice and care. c. American Nurses Association Code of Ethics. d. Models of ethical decision making. e. Advocacy process.			
2. a. Legal parameters of professional nursing practice and the Texas Nursing Practice Act, including Nursing Peer Review. b. Legal principles relative to health care.			
3. Issues affecting the registered nurse role and the delivery of culturally-sensitive care to patients and their families.			
4. Continuing competency and professional development.			
5. Self-evaluation, staff evaluation, and peer evaluation processes.			
6. a. Employment setting policies and procedures. b. Methods for the development of policies and procedures.			
7. a. Professional characteristics that conform to generally accepted standards of nursing care and of regulation. b. Aspects of professional behavior and in providing service excellence. c. Communication techniques and management skills to maintain professional boundaries.			
8. Principles of quality improvement and basic outcome measurement in health care organizations.			
Clinical Judgement and Behaviors			
1. Practice according to the Texas laws and regulations.			
2. a. Provide nursing care within the parameters of professional nursing knowledge, scope of practice, education, experience, and ethical/legal standards of care. b. Evaluate care administered by the interdisciplinary health care team. c. Advocate for standards of practice through professional memberships.			

3.	a. Practice nursing in a caring, nonjudgmental, nondiscriminatory manner. b. Provide culturally sensitive health care to patients and their families. c. Provide holistic care that addresses the needs of diverse individual across the lifespan.			
4.	a. Use performance and self-evaluation processes to improve individual nursing practice and professional growth. b. Evaluate the learning needs of self, peers, and others and intervene to assure quality of care. c. Apply management skills in collaboration with the interdisciplinary health care team to implement quality patient care.			
5.	a. Assume accountability for individual nursing practice. b. Promote accountability for quality nursing practice through participation on policy and procedure committees. c. Implement established evidence-based clinical practice guidelines.			
6.	a. Follow established policies and procedures. b. Question orders, policies, and procedures that may not be in the patient's interest. c. Use nursing judgement to anticipate and prevent patient harm, including implementing Nursing Peer Review.			
7.	Demonstrate professional characteristics that display a commitment to nursing care and to recognizing and meeting patient needs.			
8.	Use communication techniques and management skills to maintain professional boundaries between patients and individual health care team members.			
9.	Uphold professional behavior in nursing comportment and in following organizational standards and policies.			
10.	Collaborate with interdisciplinary team on basic principles of quality improvement and outcome measurement.			
C. Participate in activities that promote the development and practice of professional nursing.				
Knowledge				
1.	Historical evolution of professional nursing.			
2.	Issues and trends affecting nursing practice, the nursing profession, and health care delivery.			
3.	The role of professional nursing organizations, regulatory agencies, and health care organizations.			
4.	Strategies to influence the public perception of nursing.			

5. a. The evolving practice roles of professional nurses and their contributions to the profession. b. Types of leadership. c. Political processes to promote professional nursing practice.			
Clinical Judgement and Behaviors			
1. Analyze the historical evolution of professional nursing and the application to current issues and trends.			
2. Promote collegiality among interdisciplinary health care team members.			
3. a. Participate in activities individually or in groups through organizations that promote a positive image of the profession of nursing. b. Collaborate with nursing colleagues and health care organizations to promote the profession of nursing. c. Articulate the values and roles of nursing to the public.			
4. Recognize roles of professional nursing organizations, regulatory agencies, and organizational committees.			
5. Practice within the professional nursing role and Scope of Practice.			
6. a. Serve as a positive role model for students, peers, and members of the interdisciplinary health care team. b. Participate in activities that promote consumer awareness of nursing's contribution to society.			
D. Demonstrate responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning.			
Knowledge			
1. Texas Board of Nursing rules for continuing competence.			
2. Resources, tools, and processes to assess professional learning needs.			
3. Lifelong learning opportunities to facilitate continuing competence (e.g., certifications, educational articulation/mobility, and pathways for academic progression).			
4. Changing roles and competencies in professional nursing.			
5. Research in self-care practices of nurses.			
Clinical Judgement and Behaviors			
1. Participate in educational activities to maintain/improve competence, knowledge, and skills.			
2. Participate in nursing continuing competency activities to maintain licensure.			
3. Use self-evaluation, reflection, peer evaluation, and feedback to modify and improve practice.			

4. Demonstrate accountability to reassess and establish new competency when changing practice areas.			
5. Demonstrate commitment to the value of lifelong learning.			
6. Engage in self-care practices that promote work-life balance.			
II. Provider of Patient-Centered Care: COMPETENCY, COMMUNICATION, CLINICAL DECISION-MAKING			
The student will demonstrate competency by accepting responsibility for the quality of basic nursing care, and providing safe, compassionate, evidence-based patient care.			
A. Use clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision-making in nursing practice.			
Knowledge			
1. a. A systematic problem-solving process in the care of patients and their families based on selected liberal arts and sciences, and evidence-based practice outcomes. b. Conceptual frameworks of nursing practice as a means of planning care and solving clinical problems in care of patients and families.			
2. a. Priority setting based on patient health status and individual characteristics. b. Characteristics of vulnerable patients. c. Clinical reasoning processes, systematic clinical judgment, and best practices.			
3. Application of current literature and/or research findings and evidence-based practice in improving patient care.			
4. Resources for accurate and scientifically valid current information.			
Clinical Judgement and Behaviors			
1. Use clinical reasoning and nursing science as a basis for decision-making in nursing practice.			
2. a. Organize care based upon problem-solving and identified priorities. b. Proactively manage priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks. c. Apply principles of assisting vulnerable patients.			
3. Use knowledge of societal and health trends and evidence-based outcomes from research findings to practice and clinical decisions.			
4. Apply relevant, current nursing practice journal articles and evidence-based outcomes from research findings to practice and clinical decisions.			
B. Determine the physical and mental health status, needs, and preferences influenced by culture, spirituality, ethnicity, identity, and social diversity of patients and their families, and the interpretation of comprehensive health			

assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.			
Knowledge			
1. Steps of a systematic approach, which includes assessment, analysis, planning, implementation, and evaluation.			
2. Comprehensive nursing assessment of patients and their families.			
3. Structured and unstructured data collection tools and techniques of assessment of patients and their families including interviewing.			
4. Characteristics, concepts, and processes related to patients, including: anatomy and physiology; physical and psychosocial growth and development; pathophysiology and psychopathology; ethical reasoning; and cultural and spiritual beliefs and practices related to health, illness, birth, death and dying.			
5. Cultural differences of patients across the lifespan and major needs of vulnerable patients.			
6. Characteristics, concepts, and processes related to disease transmission, risk factors, preventive health practices and their implications for selected populations and community resources.			
7. Disease processes, pharmacotherapeutics, and other therapies and treatments.			
8. Introduction to established theories, models and approaches that guide nursing practice.			
9. Characteristics, concepts and processes related to families, including family development, risk factors, family communication patterns, and decision-making structures. Functional and dysfunctional characteristics of families that impact health.			
10. Application of clinical technology and use of nursing informatics in the delivery of safe patient care.			
11. Introduction to complex and multiple healthcare problems and issues, including evidence-based complementary health care practices.			
12. Political, economic, and societal forces affecting the health of individuals and their families. Social determinants of health.			
Clinical Judgement and Behaviors			
1. Use structured and unstructured data collection tools to obtain patient and family history in areas of physical, psychiatric/mental health, spiritual, cultural, familial, occupational, and environmental information, risk factors, and patient resources.			
2. Perform comprehensive assessment to identify health needs and monitor changes in health status of patients and their families.			

3. a. Validate, report, and document comprehensive assessment data for patients and families, including physical and mental health status and needs for patients and their families. b. Evaluate the use of safe complementary health care practices.			
4. Identify complex multiple health needs of patients, with consideration of signs and symptoms of decompensation of patients and families.			
5. Use clinical reasoning to identify patient needs based upon analysis of health data and evidence-based practice outcomes and communicate observations.			
6. Perform health screening and identify anticipated physical and mental health risks related to lifestyle and activities for prevention.			
7. Interpret and analyze health data for underlying pathophysiological changes in the patient's status.			
8. Incorporate multiple determinants of health when providing nursing care for patients and families.			
9. a. Recognize that political, economic, and societal forces affect the health of patients and their families. b. Identify health risks related to social determinants of health			
C. Analyze comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.			
Knowledge			
1. a. Principles of establishing nurse-patient/family relationship including cultural aspects of care. b. Principles for recognizing functional and dysfunctional relationships.			
2. a. Techniques of written, verbal, and nonverbal communication including electronic information techniques. b. Principles of effective communication and the impact on nursing practice.			
3. Principles of disease prevention, health promotion, education, and rehabilitation for patients.			
4. a. Evidence-based practice guidelines as a basis of interventions to support patients and their families throughout the lifespan, including end-of-life care. b. Interdisciplinary collaboration.			
5. Congruence of the relationships among the nursing plan of care, the therapeutic regimen, the plan of care of other interdisciplinary health care team members, and basic cost factors.			

6. A systemic approach for problem-solving and decision-making for prioritizing and evaluating the plan of care.			
7. Strategies for collaborative discharge planning.			
8. Concepts from humanities and natural, social, and behavioral sciences applied to care planning for patients and their families.			
Clinical Judgement and Behaviors			
1. Integrate knowledge from general education and sciences for the direct and indirect delivery of safe and compassionate care for patients and their families.			
2. Establish short- and long-term goals and outcomes, select interventions considering cultural aspects, and establish priorities for care in collaboration with patients, their families, and the interdisciplinary team.			
3. a. Use current technology and evidence-based information to formulate and modify the nursing plan of care across the lifespan, including end-of-life care. b. Assist with collection of data from direct patient care to redefine practice guidelines.			
4. Collaborate with interdisciplinary team members to plan for comprehensive services for patients and their families.			
5. Plan, implement, and evaluate discharge planning using evidence-based guidelines in collaboration with the interdisciplinary health care team.			
6. Demonstrate fiscal accountability in providing care for patients and their families.			
7. Demonstrate knowledge of disease prevention and health promotion in delivery of care to patients and their families.			
D. Provide safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services.			
Knowledge			
1. a. Components of compassionate, patient-centered care. b. Standards of Care; Standards of Practice; institutional policies and procedures for delivery of nursing care. c. Professional ethics, d. Aspects of professional behavior that conform to generally accepted standards of nursing care and of regulation e. Nursing unit and staffing management.			
2. Characteristics, trends, and issues of health care delivery.			
3. a. Basis for determining nursing care priorities in patient care. b. Principles for determining priorities and organization of nursing care.			
4. a. Scope of responsibility and accountability for supervision and collaboration.			

b. Principles for delegation, supervision, and collaboration including Texas Board of Nursing delegation rules.			
c. Models and patterns of nursing care delivery.			
5. a. Channels of communication for decision-making processes within work settings.			
b. Principles of decision making.			
Clinical Judgement and Behaviors			
1. Assume accountability and responsibility for nursing care provided within the professional scope of practice, standards of care, and aspects of professional character.			
2. a. Identify priorities and make judgments concerning the needs of multiple patients in order to organize care.			
b. Anticipate and interpret changes in patient status and related outcomes.			
c. Communicate changes in patient status to other providers.			
d. Manage priorities and multiple responsibilities to provide care for multiple patients.			
3. a. Implement plans of care for multiple patients.			
b. Collaborate within and across health care settings to ensure that healthcare needs are met, including primary and preventive health care.			
c. Manage care for multiple patients and their families.			
4. Apply management skills to assign and/or delegate nursing care to other members of the nursing team.			
E. Implement the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness and promotion of healthy lifestyles.			
Knowledge			
1. a. Health practices and behaviors and early manifestations of disease in patients and their families related to their developmental level, gender, culture, belief system, and the environment.			
b. Healthy lifestyles and early manifestations of disease in patients and their families.			
2. Patterns and modes of therapeutic and non-therapeutic communication, delegation, and collaboration.			
3. a. Rights and responsibilities of patients related to health care and advocacy.			
b. Advocacy for health promotion for patients and their families.			
4. a. Physiological, psychiatric, and mental health aspects of nursing intervention.			
b. Approaches to comprehensive healthcare, including health promotion and preventive practices for patients and families.			

5. Principles and factors that contribute to the maintenance or restoration of health and prevention of illness.			
6. a. Principles and rationale underlying the use, administration, and interaction of pharmacotherapeutic and psychopharmacotherapeutic agents using evidence-based outcomes which impact patients' responses to these agents. b. Effects of misuse of prescription and nonprescription medications and other substances.			
7. Principles and strategies of stress management, crisis intervention, and conflict management.			
8. Code of ethics, ethical practices, and patient's rights and framework for ethical decision-making.			
9. Legal parameters of professional nursing practice and health care.			
10. Intradisciplinary and interdisciplinary resources and organizational relationships including structure, function, and utilization of resources.			
11. a. Key federal and state statutes and institutional policies regarding patient confidentiality. b. Issues and factors impacting confidentiality. c. Management of nursing informatics using principles of confidentiality.			
12. Nursing interventions to implement plan of care, reduce risks, and promote health for patients and their families.			
13. Clinical reasoning for patients and their families with complex health care needs using framework of knowledge derived from the diploma or associate degree nursing program of study.			
Clinical Judgement and Behaviors			
1. Implement individualized plan of care to assist patients and their families to meet physical and mental health needs.			
2. a. Implement nursing interventions to promote health and rehabilitation. b. Implement nursing care to promote health and manage acute and chronic physical and mental health problems and disabilities. c. Assist patients and their families to learn skills and strategies to protect and promote health.			
3. a. Adjust priorities and implement nursing interventions in rapidly-changing and emergency patient situations. b. Participate with the interdisciplinary team to manage health care needs for patients and their families.			

4. Communicate accurately and completely and document responses of patients to prescription and nonprescription medications, treatments, and procedures to other health care professionals clearly and in a timely manner.			
5. a. Facilitate coping mechanisms of patients and their families during alterations in health status and end of life. b. Apply evidence-based practice outcomes to support patient and family adaptation during health crises.			
6. a. Collaborate with other health care providers with treatments and procedures. b. Promote interdisciplinary team collaboration in carrying out the plan of care. c. Seek clarification as needed. d. Provide accurate and pertinent communication when transferring patient care to another provider.			
7. a. Inform patient of Patient Bill of Rights. b. Evaluate and clarify patient's understanding of health care rights. c. Encourage active engagement of patients and their families in care.			
8. Use interdisciplinary resources within the institution to address ethical and legal concerns.			
9. Use therapeutic communication skills when interacting with and maintaining relationships with patients and their families, and other professionals.			
10. Apply current technology and informatics to enhance patient care while maintaining confidentiality and promoting safety.			
11. Facilitate maintenance of patient confidentiality.			
12. a. Demonstrate accountability by using independent clinical judgment and established clinical guidelines to reduce risks and promote health. b. Provide nursing interventions safely and effectively using evidence-based outcomes.			
13. Provide direct and indirect patient and family care in disease prevention and health promotion and/or restoration.			
F. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.			
Knowledge			
1. Methods to evaluate health care processes and patient outcomes.			
2. Factors indicating changes that have potential for life-threatening consequences based on knowledge including physiology, pathophysiology, and pharmacology.			
3. Introduction to performance improvement concepts in patient care delivery.			
Clinical Judgement and Behaviors			

1. a. Report changes in assessment data. b. Evaluate need to intervene to stabilize and prevent negative patient outcomes and/or to support end-of-life care. c. Evaluate patterns of behavior and changes that warrant immediate intervention.			
2. a. Use standard references to compare expected and achieved outcomes of nursing care. b. Analyze patient data to compare expected and achieved outcomes for patient using evidence-based practice guidelines.			
3. a. Communicate reasons and rationale for deviation from plan of care to interdisciplinary health care team. b. Use nursing knowledge to recommend revisions of plan of care with interdisciplinary team.			
4. Modify plan of care based on overt or subtle shifts in patient status and outcomes.			
5. a. Report and document patient's responses to nursing interventions. b. Evaluate and communicate quality and effectiveness of therapeutic interventions. c. Collaborate with interdisciplinary health care team to evaluate plan of care and to promote quality and effectiveness of care.			
6. Evaluate the effectiveness of nursing interventions based on expected patient outcomes; modify interventions to meet the changing needs of patients; and revise plan of care as a result of evaluation.			
G. Develop, implement, and evaluate teaching plans for patients and their families to address health promotion, maintenance, and restoration.			
Knowledge			
1. a. Lifespan development and sociocultural variables affecting the teaching/learning process. b. Techniques for assessment of learning needs and factors affecting learning.			
2. a. Principles, methods, strategies and outcomes of learning and teaching. b. Methods and strategies to evaluate learning and teaching.			
3. a. Resources that support patient health care knowledge, decision-making, and self-advocacy. b. Methods for advocating for patient and family health.			
Clinical Judgement and Behaviors			
1. Assess learning needs of patients and their families related to risk reduction and health promotion, maintenance, and restoration.			
2. a. Collaborate with the patient and interdisciplinary health care team to develop individualized teaching plans based upon developmental and health care learning needs.			

b. Use best practice standards and other evidence-based findings in developing and modifying teaching plans for patients and their families.			
3. Develop and implement comprehensive teaching plans for health promotion, maintenance, and restoration and risk reduction for patients and their families with consideration of their support systems.			
4. Evaluate learning outcomes of the patients and their families receiving instruction.			
5. a. Modify teaching plans for health promotion and maintenance and self-care to accommodate patient and family differences. b. Teach health promotion and maintenance and self-care to individuals and their families based upon teaching goals.			
6. Provide patients and their families with the information needed to make choices regarding health.			
7. Serve as an advocate and resource for health education and information for patients and their families.			
H. Coordinate human, information, and physical resources in providing care for patients and their families.			
Knowledge			
1. Organizational mission, vision, and values as a framework for care and management.			
2. Types of organizational frameworks of various health care settings.			
3. a. Workplace safety and civility consistent with current federal, state, and local regulations and guidelines. b. Prevention of workplace violence. c. Promoting a safe environment and a culture of safety.			
4. a. Key issues related to budgetary constraints impacting the use of resources. b. Basic models of reimbursement.			
5. Basic principles of management and communication within an organization.			
6. Roles and responsibilities of members of the interdisciplinary health care team.			
7. Change process and strategies for initiating and evaluating effectiveness of change.			
Clinical Judgement and Behaviors			
1. Identify and participate in activities to improve health care delivery within the work setting.			
2. a. Report the need for corrective action within the organization for safe patient care. b. Report threatening or violent behavior in the workplace.			
3. Collaborate with interdisciplinary health care team to select human and physical resources that are optimal, legal, and cost effective to achieve patient-centered outcomes and meet organizational goals.			

4.	Use basic management and leadership skills, act as a team leader, supervise and delegate care, and contribute to shared goals.			
5.	a. Use management skills to delegate to licensed and unlicensed personnel. b. Demonstrate leadership role in achieving patient goals.			
6.	Implement established standards of care.			
III. Patient Safety Advocate: COMPETENCY, COMMUNICATION, CLINICAL-DECISION-MAKING				
The student will demonstrate understanding of advocacy.				
A. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas Board of Nursing Rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.				
Knowledge				
1.	Texas Nursing Practice Act and Texas Board of Nursing rules.			
2.	National Standards of Nursing Practice.			
3.	Federal, state, and local government and accreditation organizations' safety requirements and standards.			
4.	Facility policies and procedures.			
5.	Facility licensing agency or authority standards.			
6.	Principles of quality improvement and outcome measurement in health care organizations.			
Clinical Judgement and Behaviors				
1.	Attain and maintain nursing licensure.			
2.	Practice according to Texas Nursing Practice Act and Texas Board of Nursing rules.			
3.	Seek assistance if practice requires behaviors or judgments outside of individual knowledge and expertise.			
4.	Use standards of nursing practice to provide and evaluate patient care.			
5.	a. Recognize and report unsafe practices. b. Manage personnel to maintain safe practice including participation in quality improvement processes for safe patient care.			
6.	Participate in nursing peer review.			
B. Implement measures to promote quality and a safe environment for patients, self, and others.				
Knowledge				
1.	a. Principles of patient safety including safe patient handling. b. Management of the patient environment for safety.			

c. Promoting a culture of safety implementing principles of just culture.			
2. Methods for promoting safety in the patient care environment consistent with current standards and guidelines.			
3. a. Role in safety and risk management for patients and others. b. De-escalation of potential or actual violent behavior. c. Civility vs incivility.			
4. Principles of a culture of safety including safe disposal of medications and hazardous materials.			
5. Texas Board of Nursing rules related to mandatory reporting, nursing peer review, and "Whistleblower" protection.			
Clinical Judgement and Behaviors			
1. Promote a safe, effective caring environment conducive to the optimal health, safety, and dignity of the patients, their families, the health care team, and others consistent with the principles of just culture.			
2. Accurately identify patients.			
3. a. Safely perform preventative and therapeutic procedures and nursing measures including safe patient handling. b. Safely administer medications and treatments. c. Reduce patient risk related to medication administration and treatment based on evidenced-based data.			
4. Clarify any order or treatment regimen believed to be inaccurate, non-efficacious, contraindicated, or otherwise harmful to the patient.			
5. Document and report reactions and untoward effects to medications, treatments, and procedures and clearly and accurately communicate the same to other health care professionals.			
6. Report environmental and systems incidents and issues that affect quality and safety, promote a culture of safety, and participate in organizational initiatives that enhance a culture of safety.			
7. Use evidence-based information to participate in development of interdisciplinary policies and procedures related to a safe environment including safe disposal of medications and hazardous materials.			
8. Assess potential risk for patient harm related to accidents and implement measures to prevent risk of patient harm resulting from errors and preventable occurrences.			
9. Inform patients regarding their plan of care and encourage participation to ensure consistency and accuracy in their care.			

C. Formulate goals and outcomes using evidence-based data to reduce patient risks.				
Knowledge				
1.	Principles of disaster preparedness and communicable disease prevention and control for patients and their families.			
2.	Elements of health care setting and community readiness for disruption events such as disasters and major interferences with the health and well-being of the many.			
3.	Current national and state standards and guidelines and local procedures for infection control.			
Clinical Judgement and Behaviors				
1.	Formulate goals and outcomes using evidence-based data to reduce the risk of health care-associated infections.			
2.	a. Implement measures to prevent exposure to infectious pathogens and communicable conditions. b. Anticipate risk for the patient.			
3.	Participate in development of policies to prevent exposure to infectious pathogens, communicable conditions, and occupational hazards.			
D. Obtain instruction, supervision or training as needed when implementing nursing procedures or practices.				
Knowledge				
1.	a. Standards of Practice. b. Texas Board of Nursing rules (including Scope of Practice), Texas Board of Nursing Position Statements and Guidelines. c. Facility policies and procedures.			
Clinical Judgements and Behaviors				
1.	Evaluate individual scope of practice and competency related to assigned task.			
2.	Seek orientation/training for competency when encountering unfamiliar patient care situations.			
3.	Seek orientation/training for competency when encountering new equipment and technology.			
E. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.				
Knowledge				
1.	a. Standards of Practice. b. Texas Board of Nursing rules, Position Statements and Guidelines. c. Scope of Practice.			
2.	Facility policies and procedures.			

Clinical Judgement and Behaviors			
1. Report unsafe practices of healthcare providers using appropriate channels of communication.			
2. Understand nursing peer review rules and implement when appropriate.			
3. Report safety incidents and issues to the appropriate internal or external individual or committee.			
4. Participate in committees that promote safety and risk management.			
F. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.			
Knowledge			
1. a. Standards of Practice. b. Texas Board of Nursing Rules (including RN Delegation Rules), Position Statements, and Guidelines. c. Scope of Practice.			
2. Facility policies and procedures.			
Clinical Judgement and Behaviors			
1. Accept only those assignments and administrative responsibilities that fall within individual scope of practice based on experience and educational preparation.			
2. When making assignments and delegating tasks, ensure clear communication regarding other caregivers' levels of knowledge, skills, and abilities.			
3. a. When assigning and delegating nursing care, retain accountability and supervise personnel according to Texas Board of Nursing rules based on the setting to ensure patient safety. b. Implement and participate in development of organizational policies and procedures regarding assignments and delegated tasks.			
IV. Member of the Health Care Team: COMMUNICATION			
The student will initiate collaboration, communication, and coordination of patient care as part of the health care team.			
A. Coordinate, collaborate, and communicate in a timely manner with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care.			
Knowledge			
1. a. structure, function, and interdisciplinary relationships within the health care delivery system.			

b. Models of care delivery and roles of interdisciplinary health care team members including group process.			
2. Patterns and processes of effective communication and collaboration including assertiveness, negotiation, conflict resolution, and delegation.			
3. a. Change theory and managing change. b. Principles of conflict management, decision-making, assertiveness, motivation, delegation, supervision, and time management.			
4. a. Patient advocacy and consumer rights and responsibilities. b. Legal and ethical processes related to health care.			
5. a. Principles of evidence-based practice and application of evidence-based outcomes related to health care. b. Methods of evaluation for continuous quality improvement.			
Clinical Judgement and Behaviors			
1. Involve patients and their families in collaboration with other interdisciplinary health care team members in planning health care delivery to improve the quality of care across the lifespan.			
2. a. Use strategies of cooperation, collaboration, and communication to plan, deliver, and evaluate interdisciplinary health care. b. Promote the effective coordination of services to patients and their families in patient-centered health care.			
3. Apply principles of evidence-based practice and methods of evaluation with the interdisciplinary team to provide quality care to patients and their families.			
B. Serve as a health care advocate in monitoring and promoting quality and access to health care for patients and their families.			
Knowledge			
1. a. Rights and responsibilities of patients regarding health care, including self-determination and right of refusal. b. Current legal and societal factors that influence access to health care for patients and their families relating to safeguarding patient rights.			
2. a. Individual responsibility for quality of nursing care. b. Role of the nurse as advocate for patients and their families.			
3. a. Role of organizational committees, nursing peer review committees, nursing organizations, and community groups involved with improving the quality of health care for patients and families. b. Knowledge of reliable online sites and other resources that provide quality health care data.			

4. Role and responsibility for public safety and welfare, which may involve mandatory reporting.			
Clinical Judgement and Behaviors			
1. a. Support the patient's right of self-determination and choice even when these choices conflict with values of the individual professional. b. Apply legal and ethical principles to advocate for patient well-being and preference.			
2. Identify unmet needs of patients and their families from a holistic perspective.			
3. a. Act as an advocate for patient's basic needs, including following established procedures for reporting and solving institutional care problems and chain of command. b. Advocate on behalf of patients and their families with other members of the interdisciplinary health care team. c. Teach patients and families about access to reliable and valid sources of information and resources including health information.			
4. a. Participate in quality improvement activities. b. Participate in professional organizations and community groups to improve the quality of health care.			
5. a. Refer patients and their families to community resources. b. Serve as a member of health care and community teams to provide services to individual and their families who experience unmet needs.			
C. Refer patients and their families to resources that facilitate continuity of care; health promotion, maintenance, and restoration; and ensure confidentiality.			
Knowledge			
1. Institutional and community resources including agencies/services and health care providers.			
2. Principles of case management.			
3. Roles of family and significant others in providing support to the patient.			
4. a. Roles and functions of members of the interdisciplinary health care team. b. Confidentiality regulations.			
5. Referral processes for patients and their families to promote continuity of care.			
6. Issues and trends in health care delivery.			
7. Major current issues affecting public/government/private health care services, programs, and costs.			
8. Organizational, local, and state resources for risk reduction, and health promotion, maintenance, and restoration.			
Clinical Judgement and Behaviors			

1. a. Assess the adequacy of the support systems of patients and their families. b. Work with families to use resources to strengthen support systems. c. Identify providers and national and community resources to meet the needs of patients and their families.			
2. a. Facilitate communication among patients, their families, and members of the health care team to use institutional or community resources to meet health care needs. b. Maintain confidentiality. c. Promote system-wide verbal, written, and electronic confidentiality.			
3. a. Advocate with other members of the interdisciplinary health care team on behalf of patients and families to procure resources for care. b. Assist patients and their families to communicate needs to their support systems and to other health care professionals.			
4. Collaborate with interdisciplinary team concerning issues and trends in health care delivery affecting public/government/private health care services, programs, and cost to patients and families.			
D. Communicate and manage information using technology to support decision-making to improve patient care.			
Knowledge			
1. a. Current information and communication systems for managing patient care, data, and the medical record. b. Current technology-based information and communication systems.			
2. Regulatory and ethical considerations protecting confidentiality when using technology.			
3. Technology skills including word-processing, e-mail, accessing databases, bibliographic retrieval, and accessing multiple online resources.			
Clinical Judgement and Behaviors			
1. a. Identify, collect, process, and manage data in the delivery of patient care in support of nursing practice and education. b. Evaluate credibility of sources of information, including internet sites. c. Access, review, and use electronic data to support decision making. d. Participate in quality improvement studies.			
2. a. Apply knowledge of facility regulations when accessing client records. b. Protect confidentiality when using technology. c. Intervene to protect patient confidentiality when violations occur.			
3. a. Use current technology and informatics to enhance communication, support decision making, and promote improvement of patient care.			

b. Advocate for availability of current technology. c. Use informatics to promote health care delivery and reduce risk in patients and their families.			
4. Document electronic information accurately, completely, and in a timely manner.			
E. Assign and/or delegate nursing activities to other members of the health care team based upon an analysis of patient or work place need.			
Knowledge			
1. Texas Board of Nursing RN Delegation Rules.			
2. a. Principles of supervision and management, teamwork/group dynamics, and nursing care delivery systems. b. Competencies of assistive personnel and other licensed team members. c. Structure and function of the interdisciplinary team. d. Patient care requirements and assessment techniques. e. Evaluation processes and methods to assess competencies.			
3. Time management.			
4. a. Principles of communication. b. Regulatory laws and facility policies.			
Clinical Judgement and Behaviors			
1. a. Compare needs of patient with knowledge, skills, and abilities of assistive and licensed personnel prior to making assignments or delegating tasks. b. Assess competency level and special needs of nursing team members. c. Facilitate decision making related to delegation and assigned tasks.			
2. a. Assign, delegate, and monitor performance of unlicensed and licensed personnel in compliance with Texas Board of Nursing rules. b. Assign patient care based on analysis of patient or organizational need. c. Reassess competency and learning needs of team members.			
3. a. Evaluate responses to delegated and assigned tasks and make revisions based on assessment. b. Plan activities to develop competency levels of team members.			
F. Supervise nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practice.			
Knowledge			
1. Principles of management and organizational behavior.			
2. Principles of communication and group process.			
3. a. Assessment of learning needs. b. Instructional methods. c. Evaluation of teaching effectiveness.			

4. a. Facility policies and procedures. b. Organizational structure including chain of command.			
Clinical Judgement and Behaviors			
1. Provide staff education to members of the health care team to promote self care.			
2. Provide direction and clarification to health care team members or seek additional direction and clarification to promote safe care by health care team.			
3. a. Oversee and follow through on patient care provided by health team members. b. Base assignments and delegation on team member competencies.			
4. a. Ensure timely documentation by assigned health team members b. Ensure documentation of patient care follow-up.			
G. Participate with health care teams during local or global health emergencies or pandemics to promote health and safety, and prevent disease.			
Knowledge			
1. Impact of global health on local communities.			
2. a. Global health organizations. b. Sources of global health information and data.			
3. Nursing roles during global or local emergencies and pandemics.			
4. Factors that impact global and local health: social justice and equity; holistic care; advocacy for global health; sustainability of nurses in global health (including environmental conditions and self-care); and interprofessional collaboration.			
Clinical Judgement and Behaviors			
1. Recognize the impact and prepare to respond to an emergent global or local health issue in a supportive role.			
2. Provide information to patients, staff, and others in understanding the extent of the emergency and their response.			
3. Fulfill an assigned role with the health care team to promote safety and health for the staff and public during an emergency or pandemic.			
4. Include public health strategies in the care of individuals and communities that address resolution of a global or local crisis and promotion of health among the population.			



**CLARENDON COLLEGE – ALLIED HEALTH
FORMATIVE MID-TERM CLINICAL EVALUATION TOOL**

Student Name: _____

Instructor: _____

Clinical Dates: _____ to _____

Clinical Facility: _____

	EVALUATION DATE	INSTRUCTOR'S COMMENTS/SIGNATURE	STUDENT COMMENTS/SIGNATURE
F O R M A T I V E			



**CLARENDON COLLEGE – ALLIED HEALTH
SUMMATIVE FINAL CLINICAL EVALUATION TOOL**

Student Name: _____

Instructor: _____

Clinical Dates: _____ to _____

Clinical Facility: _____

	EVALUATION	DATE	INSTRUCTOR'S COMMENTS/SIGNATURE	STUDENT COMMENTS/SIGNATURE
S U M M A T I V E				



Final Summative Clinical Evaluation

This final evaluation must include statements of commendations and/or areas of further development that are derived from the weekly formative evaluation ratings. Failure of student to achieve a Satisfactory Summative evaluation and/or non-completion of clinical objectives will result in clinical failure.

I. Member of the Profession — Caring:

II. Provider of Patient-Centered Care — Competency/Communication/Clinical Decision-Making:

III. Patient Safety Advocate — Clinical Decision-Making:

IV. Member of the Health Care Team — Communication:

Faculty Printed Name: _____ **Faculty Signature:** _____ **Date:** _____

Student Comments:

Student Printed Name: _____ ***Student Signature:** _____ **Date:** _____

***Student signature denotes student has discussed the evaluation with faculty.**

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