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SECTION 1
ORGANIZATION
AND
ADMINISTRATION
Policy 1.1: **Policy Manual Review**  
The Umpqua Community College Nursing Program Policy Manual will be reviewed and revised every two years and as necessary (usually spring term).  
Adoption: July 2015

Policy 1.2: **Instructor/Faculty Orientation**  
When a clinical instructor or full-time faculty member is hired, the program director or lead clinical instructor will follow the Orientation Protocol for Faculty and Clinical Instructors (see Appendix A). Instructors will abide by the policies contained in this Nursing Program Policy Manual and will enforce the policies contained in the Nursing Student Handbook for the current year.  
Adoption: July 2015

Policy 1.3: **Clinical Site Orientation Agenda**  
The following agenda will be followed by every clinical instructor for clinical orientations scheduled for terms 1-5. For the final term, students will work with their CTA to ensure review and understanding of the agenda items/protocols.  
1. Review of clinical syllabus  
2. Tour of facility  
3. Tour of department (hand out clinical orientation tool)  
4. Introduction to clinical prep form, expectations and time frames for submission and completion.  
5. Review of students’ patient care responsibilities  
6. Review of student’s daily charting responsibilities  
7. Review of sharps safety devices used in facility.  
   - Safety needles and devices used at facility  
   - Specialty syringes  
     - Lovenox - All students must watch instructional information at [http://www.lovenox.com/hcp/dosing/lovenox-administration.aspx](http://www.lovenox.com/hcp/dosing/lovenox-administration.aspx)  
     - Insulin Pens  
8. Review of procedures for student injuries or exposures  
   a. **Protocol for each Affiliation**  
      Needle sticks: (Both clean and dirty needles) and exposures to blood borne pathogens  
      - Must be reported to instructor immediately  
      - UCC Incident form must be completed and returned to Allied Health Administrative Assistant within 24 hours of the incident. The incident form can be found in WCH 9  
      - Instructor must contact Occuhealth during their business hours or the house supervisor during off hours. *(If clean needle stick; stop here)*  
      - Student must be seen and evaluated in the ED within 2 hours of the needle stick event.  
      - Student baseline labs will be done by the facility (HIV, HCV, HBV). First dose of PEP (Post Exposure Prophylaxis) will be administered if warranted. Communicable Diseases (Varicella, Pertussis, TB, Meningococcal)  
      - Asante will review any confirmed cases of disease and evaluate risks of potential exposure to persons in contact with the patient.  
      - Occuhealth will contact persons at risk for appropriate follow up testing
Follow up TBST (tuberculosis skin test) for students will be offered through Occuhealth at baseline and 10 weeks.

Communicable Diseases (Varicella, Pertussis, TB, Meningococcal)
- Affiliation site will review any confirmed cases of disease and evaluate risks of potential exposure to persons in contact with the patient.
- Evaluation of “at risk” contacts is assessed through electronic charting and/or documentation records.
- Occuhealth will contact persons at risk for appropriate follow up testing.
- Follow up TBST for students will be offered through Occuhealth. TBST’s are done at baseline and 10 weeks after baseline.

Adoption: July 2015

Policy 1.4: **Maintenance of Student Records**
Individual student records will be maintained on campus as a scanned computer copy or hard copy and will contain the student's application and the selection process forms, and the clinical evaluation tools from each term for a period of at least seven years. Any forms or letters written to student(s) by program director or related to student(s) clinical performance or program status will also be retained.

Adoption: July 2015

Policy 1.5: **Advisory Committee**
The Nursing Department Advisory Committee will meet at least annually and as needed otherwise. Members will follow the guidelines set forth in the Advisory Committee delineation of purpose, membership, and responsibilities. (See Appendix A).

Adoption: July 2015

Policy 1.6: **Selection and Utilization of Clinical Practice Sites**
If a faculty member wishes to utilize a new clinical site, they must assure that the site meets the following criteria, and communicate such (may use form in Appendix C) to the Nursing Department Chair/Director who will initiate the process for obtaining a clinical contract per policy.

Clinical sites will be selected and evaluated using the following criteria:
- The facility or setting has available observational or hands-on experience which will enhance students’ ability to learn and apply nursing theory.
- The facility or setting has and maintains approval by the appropriate or necessary accreditation, evaluation, or licensing bodies, if such exists.
- The facility or setting has a written statement of philosophy and objectives which are implemented.
- The facility or setting has a sufficient number and variety of clients to meet learning needs of students.
- The physical facilities and resources are available to students for use in the learning experience.
- On an annual basis faculty will review student and faculty evaluations of selected clinical sites for effectiveness and appropriateness of student learning experiences, and determine whether to utilize the site the following year.

Adoption: July 2015
Policy 1.7: **Clinical Site Contracts/Affiliation Agreements**
As opportunities for limited clinical experiences in community settings increase, the following guidelines for site selection are to be considered:

a. Student interview/observation activities (e.g. interview of older adult; student visit to AA) with no physical contact with a client and instructor available offsite by beeper or phone, or for very low risk activities.

b. For clinical experiences when physical contact will occur (e.g. performance of assessment, bathing, invasive procedures), class/lab instruction and return demonstration will take place first as appropriate, a signed clinical affiliation agreement between the college and the facility will be in place, and an instructor will be available on site or by beeper or phone during the final clinical term.

Adoption: July 2015

Policy 1.8: **Advanced Placement of Students, Requests for Re-entry or Transfer**
If a student leaves the program before successful completion of the program, re-entry is not guaranteed except in special circumstances. All students requesting re-entry will be required to audit the preceding course prior to entry term. Applications for advanced placement (LPNs only), re-entry or transfer are considered on a space available basis per the process spelled out in the current Nursing Student Handbook.

Adoption: July 2015
SECTION 2

NURSING FACULTY
Policy 2.1: **Instructor Credentialing**
The program director will check the OSBN website on each instructor’s birthday to ensure that each full-time and part-time instructor's OSBN RN license is active.

Adoption: July 2015

Policy 2.2: **Instructor Continuing Education**
All part-time and full-time instructors will keep a record of ongoing professional competence through activities, e.g. nursing practice, continuing education programs, academic courses, reading, and workshops, on their ADN Program Continued Education Record form (see Appendix B) and submit it to the program director annually at the time of the fall face-to-face clinical instructor meeting. Each record will include at least one item (e.g. conference, in-service, CE from journals) related to improving teaching knowledge/skills and will also reflect the instructor’s annual professional development plan. CTA learning modules will be reviewed by clinical instructors on a prn basis each year.

Adoption: July 2015

Policy 2.3: **Clinical Instructor/Student Ratio & Clinical Supervision**
The Oregon State Board of Nursing (OSBN) requires no less than one faculty member to every eight students having experience in one or more practice sites at any given time. The OSBN defines a clinical practice site as a “location or situation in which nursing experience with actual patient/client individuals or groups is obtained”. The UCC Nursing Program will meet the OSBN requirement of no more than eight students to one instructor at any given time except during the final Integrative Practicum as allowed by OSBN regulation. Students will be assigned to a primary clinical instructor (responsible for supervision and evaluation of students providing direct care for patients in hospitals and/or in specialty/observation experiences) with additional instructors (i.e. Concept Based Learning instructor, Elder Care experience instructor, Simulation instructor, Basic Skills Lab instructors—each responsible for supervision and evaluation of students for those scheduled experiences) also listed with contact information on the clinical schedule. The clinical schedule will contain a statement reminding students to communicate with the instructor responsible for the specific experience. If at any time an instructor determines that a student requires closer observation/supervision (e.g. probationary student), the faculty will discuss the situation and adjust student assignments as necessary to ensure client safety. (Adjustment possibilities may include but are not limited to moving students to different clinical groups or use of the Clinical Coordinator for additional observation of student performance.) Other considerations that may require a decrease in instructor/student ratio from 1:8 include course objectives, the point (term) in the program, preparation and expertise of the instructor, clinical facility restrictions regarding numbers of students, and the number and acuity of clients students are required to care for. While the paper schedule may list more than eight students on a primary clinical instructor’s schedule, no primary instructor will be responsible for supervision/evaluation of more than eight students per day. Students will be scheduled in community, observational/specialty, skills lab, elder care, simulation or other experiences bringing the number of students each primary clinical instructor must supervise/evaluate in the program’s second term to no more than six students on a med-surg unit on most days with a goal for terms three through five of no more than six or seven. During the final term and the Integrative Practicum (NRS224C) experience students are paired with Clinical Teaching Associates and the assigned instructor may have a ratio up to 1:12 as allowed by OSBN regulation. At the conclusion of NRS224C, students may be required to engage in a community service clinical experience involving basic health assessment and screening (e.g. assessing BPs) with up to 20 students supervised by one instructor.

Adoption: July 2015
Policy 2.4: **Academic Advising**
Full-time instructors are responsible for the academic advising of students in their nursing courses and will be available for advising current and prospective students during office hours.
   Adoption: July 2015

Policy 2.5: **Faculty/Committee Meetings**
Faculty/Committee meetings will be held at least twice a month during the academic year and recording of minutes will be done by the program secretary when possible. All instructors will be notified if a meeting is not to be held as scheduled. The recorder will list those present and excused from the meeting and identify him/herself as the recorder. The format of minutes is to include subject, a summary of discussion (identifying pros and cons under consideration when discussed), and resolution or action agreed upon by the faculty.
   Adoption: July 2015

Policy 2.6: **Quarterly Instructor Preparation at Clinical Sites**
Prior to the first clinical day of a new term, clinical instructors will have familiarized themselves with units on which students will be assigned, and the Clinical Coordinator or clinical instructor will have contacted nurse/clinical managers and will have distributed a copy of clinical objectives and schedules to appropriate facility educators and/or managers.
   Adoption: July 2015

Policy 2.7: **Student Acceptance into Program**
Three full-time Nursing instructors will serve on the nursing program selection committee (with minimum of three non-nursing staff or faculty) and tally applicant scores according to the current program information and agreed upon OCNE process. The Selection Committee will then rank order, using the point system, and make the final decision as to those applicants who will be accepted into the Nursing Program. This process takes place annually in the spring. Faculty will review clinical site and instructor availability, selection process and determine on an annual basis whether other variables (e.g. increased utilization of medium and high fidelity simulation) would allow increased intake into first or second year or require admission of fewer students the following year. Acceptance letter or subsequent communication will include information regarding required immunizations (MMR, Hep B x3, TB (within last 12 months), Varicella, Tdap) criminal history background check, and urine drug screen. Students who would be excluded because of positive criminal history background may request appeals process information from program director.
   Adoption: July 2015

Policy 2.8: **Clinical Skills List – See Appendix B**
   Adoption: July 2015
Policy 2.9: **Student/Instructor Injury or Exposure to Pathogens**
Injuries or exposures to pathogens, of either students or instructors that occur in any assigned clinical instructional area (including skills or simulation labs) must be reported to the UCC Director of Nursing (541-440-7684) within 2 hours of incident. If at a clinical site and the injury or exposure warrants immediate attention, instructors will contact the facility’s employee health nurse or other appropriate staff, provide them with the name, address and phone number of UCC’s Worker Compensation carrier, and assist the student to follow (or follow themselves) the facility’s steps/process for treatment or care. If a needle stick injury occurs in the lab, the instructor and student will follow the college’s Blood borne Pathogens Exposure policy. Whether or not the student or instructor elects to see a physician, an Umpqua Community College Incident Report form must be filled out (see appendix B) and submitted to UCC Facilities with a copy to the Risk Manager in Human Resources Department within 24 hours of the incident. If the student or instructor sees a physician or seeks treatment related to the injury or exposure, then a Worker’s Compensation Claim Form 801 must be completed and submitted to Human Resources if the injury occurred in a clinical setting. The college’s Worker’s Compensation carrier does not cover students in the lab setting. If an instructor or student has a known exposure to a confirmed TB patient, they will follow the exposure protocol (see Appendix B) at the facility where the exposure took place and notify Risk Management.

Adoption: July 2015

Policy 2.10: **Student Clinical Hazards**
Faculty will keep students updated on hazards pertaining to specific facility. (i.e. rotavirus)

Adoption: July 2015

Policy 2.11: **Instructor Orientation to Policies**
All instructors are required to be familiar with and follow the policies contained within the Nursing Student Handbook and the Nursing Program Policy Manual.

Adoption: July 2015

Policy 2.12: **Student Representative**
Annually, faculty members will facilitate selection of a student representative for each class. Student representatives must be in good standing in nursing classes and demonstrate leadership skills and a professional manner. These representatives will attend the Nursing Department Advisory Committee meeting and serve as spokesperson for their class.

Adoption: July 2015

Policy 2.13: **Clinical Evaluation**
Clinical educators have a legal, ethical, and professional responsibility to evaluate students’ clinical performance to ensure safe practice. Instructors will keep a daily record of each student’s clinical performance and summarize and document on the Clinical Competency Evaluation tool at specified intervals. Documentation could include the type of patient cared for (diagnoses, etc.), learning experiences, and the student’s strengths (e.g. performed skills correctly, complimented by patient or staff, demonstrated therapeutic communication, identified and corrected mistake) and weaknesses (e.g. lack of understanding of reasons for prescribed medications, lack of awareness of break in sterile technique, lack of awareness or follow through on policy or procedure). Students are to be notified as soon as possible, in the event of an error and informed as soon as possible when awarded with a daily or weekly grade other than that which signifies performance at the expected level. Documentation must be reviewed with the student in a timely manner--weekly unless student’s absence prevents it—and again by the end of the term. Once reviewed, the documentation must be initialed and dated by student and
instructor, and any recommendations for improvement or specified time frame for behavioral change should be noted by the instructor. At the end of each term the total document should reflect the student’s demonstrated strengths and skills needing additional focus in the future. Any faculty discussion of student weaknesses will be careful and deliberate with attention to due process. Faculty will follow the Clinical Tracking and Evaluation tool and Attendance (clinical) and Participation tool (see current in shared drive) in deciding action/grade when students have been absent from scheduled clinical experiences.

If student performance leads to faculty discussion and recommendation of dismissal from the program, the student will be given detailed and specific reasons for the recommendation and the opportunity to discuss them with the director or lead clinical instructor and the assigned clinical instructor and to note any points of disagreement. If the student declines the opportunity to meet with the director or instructors, that will be documented.

Adoption: July 2015

Policy 2.14: Inappropriate Student Behavior/ Safe Clinical Practice
If an instructor observes a student exhibiting inappropriate or threatening behavior in any instructional environment, the instructor will take appropriate action and follow college procedures by submitting an incident report. If a clinical instructor observes a student exhibiting inappropriate behavior in the clinical setting, the instructor must make a judgment about the student's ability to practice safely and take appropriate action (e.g. remove from patient care, counsel privately, contact Director of Associate Degree Nursing Program, complete incident report). See Policy 2.21 if substance use suspected.

Adoption: July 2015

Policy 2.15: Student Refusal to Care
If a student refuses to care for a patient with a particular illness, the involved faculty member will document the objective facts surrounding the incident, the student's reason for refusal, the risk to the student vs. the benefits to the patient receiving care, the health care facilities safeguards, and report the above to the Director of the Associate Degree Nursing Program. Discussion between the director and/or an uninvolved faculty member and the involved faculty member should take place as soon as possible. The faculty decision regarding the incident will be recorded on the student's clinical evaluation and the instructor will report the decision to the student.

Adoption: July 2015

Policy 2.16: Instructor Responsibilities/Expectations
All instructors will perform according to the job expectations/responsibilities listed on their job descriptions (see Appendix B), and will provide a positive role model for students, including in the areas of personal appearance and Code of Conduct in Clinical Facilities as outlined in the Nursing Student Handbook. Instructors will model caring, advocacy, respect for self and others, collegiality, ethical behavior, ethical reasoning, strong work ethic (including responsibility, dependability, accountability).

Policy 2.17: Theory Review for Clinical Practice
When overall clinical needs and scheduling mean that a certain component of theory is separated from its related clinical component by weeks or months, faculty will assign and require a review (e.g. reading assignment, written assignment) of related theory material before the first day of that clinical.

Adoption: July 2015
Policy 2.18: Instructor Dress Code and Professional Appearance
Instructors will serve as role models for professional appearance, abiding by the same requirements given for students in the Nursing Student Handbook. Since it is expected that clinical instructors will at times be assisting students with patient care, instructors will wear a white lab coat, leather athletic shoes (closed toes and heels with minimal additional color), and picture ID in the clinical setting for all terms. Instructors in lab, concept based learning activity, simulation or monitoring students during the integrative practicum term may choose to either wear their clinical uniform or wear street clothes, lab jacket, and picture ID. Inside any hospital, a cell phone must be used for students to contact instructor and is considered part of the required uniform. Instructors will follow facility policy regarding use of other wireless communication devices in other facilities and in designated areas inside the hospital.

Adoption: July 2015

Policy 2.19: TB, CPR, Immunization, Urine Drug Screen (for Clinical Instructors only)
Clinical instructors will present the Nursing Program secretary with a copy of their current (renewed every two years) CPR healthcare provider card and evidence of TB testing at the time of employment and if repeated. Instructors with a positive PPD must provide proof of a clear chest XRay (once) and annually complete the “Annual Risk Factor Review” form. The secretary will also keep a quick reference sheet available which identifies when instructors are due for renewal, and will notify instructors if a current copy has not been provided for the instructor’s file. Instructors must also meet all state requirements. (For example, instructors must complete the 10 panel urine drug screen and provide proof of MMR, Varicella, Hepatitis B, DPT and annual flu immunizations.)

Adoption: July 2015

Policy 2.20: Student Clinical Performance/Guide to Success Action Plan
When a clinical instructor identifies that a student demonstrates a pattern of performance below the acceptable level for that clinical term, the instructor will discuss the concerns with other faculty. If faculty agree further action is warranted and that a Clinical Performance of Concern form with plan for improvement is needed, the student’s instructor will indicate the areas of concern on the form (see Appendix B) and give a copy to the student and attach a copy to the clinical evaluation tool. If the student’s performance does not improve, probation will be considered by faculty members. When warranted by unsafe performance or unprofessional behavior, clinical probation may be instituted without the intermediate step of a Clinical Performance of Concern form.

Adoption: July 2015

Policy 2.21: Student Suspected of Substance Use
To maintain the integrity of the nursing program and ensure safe client care, and in accordance with UCC policy (see the UCC Statement of Student Rights, Freedoms, and Responsibilities), students must abstain from the use of alcohol or drugs/medications which affect safe and appropriate functioning in the following situations:

a. Before and during nursing class and skills lab.

b. While in student uniform.

c. Before and during assigned time in the clinical facility, including the time of client selection.

d. Students are subjected to possible drug screen per faculty discretion
Students have a responsibility to notify their instructor if they are taking any medications that may have an adverse effect upon their clinical performance. The instructor will then determine if the student’s clinical performance is safe.

Students have a legal and ethical responsibility to report peers who they suspect are substance users.

As stated in the college catalog, “Anyone under the influence of alcohol or controlled substances may be removed, dismissed, or suspended from college functions, classes, activities, or responsibilities. The college will impose disciplinary sanctions on students up to and including expulsion...for violation of these policies.”

While other medical conditions may cause some of the following, behaviors and signs suggestive of substance use include:

- slowed thinking processes or very impulsive thinking;
- immobilization or panic with resulting inability to think or act;
- wildly unpredictable behavior deviant from usual, acceptable behavior; inappropriate or bizarre response/laughter;
- irritable, restless manner;
- complaints of blurred vision; dilated or constricted pupils; bloodshot eyes;
- slurred speech;
- emaciated or unusual weight loss;
- tremors, especially in the hands and early in the morning;
- complaints of morning headache; abdominal or muscle cramps; diarrhea;
- diaphoresis;
- odor of alcohol;
- poor coordination or unstable gait;
- threats to kill or harm oneself or another person;
- possession of a weapon or hazardous object;
- severe psychological distress;
- poor judgment regarding safety issues for self, patients, and coworkers;
- severe physical distress e.g. seizures, chest pain, respiratory distress;
- possessing, using, or transferring any narcotics, hallucinogen, stimulant, sedative or similar drug other than in accordance with licensed health care provider’s order.

Any nursing instructor or immediate supervisor who believes that a student is impaired and in a clinical setting while under the influence of alcohol or drugs will remove the student immediately from the client care responsibilities. The student must remain under constant observation by the instructor or other college representative.

In the event of suspected use in the clinical setting, the instructor has the right to confiscate in the presence of a witness, the substances for identification.

The behaviors and signs observed by the instructor will be documented by the instructor and validated by another nurse (another UCC nursing instructor, nursing supervisor on duty, or nurse manager). The instructor will require the student to, as soon as it can be arranged; submit to body fluid collection and testing performed by a laboratory designated by the nursing program. (See Appendix B for specific steps and address/phone number of Occuhealth used for testing purposes.) The collection and testing will be performed in a manner which preserves the integrity of the specimen. The student will be escorted to the laboratory by an instructor or other
college representative.

The nursing student will bear the expense of the program mandated drug testing (including the pre-clinical urine drug screen) unless otherwise specified. Following completion of the specimen collection, warranted because of behavior in clinical, the UCC instructor or representative will make arrangements for the student’s safe transportation home.

Failure to give written consent, without qualification, to such alcohol or drug testing and/or release of test results to the Director of the Nursing Program, or failure to provide bonafide samples for such testing will be considered implied admission of illegal substance use and grounds for appropriate disciplinary action, including the possibility of immediate dismissal from the nursing program.

The student involved in the alleged infraction will be temporarily excluded from the Nursing Program until the test results have been received and reviewed by the Director of the ADN Program. The program director will follow UCC’s procedure for student dismissal/temporary exclusions. Immediately or as soon as reasonably possible after the test has been performed, the Director of the ADN Program, or in her absence, the lead clinical instructor will be informed of the drug test results.

a) If the results are negative, the student may return to the program activities. Opportunity for make-up will be provided, and the student will be expected to make up missed time and assignments.

b) If the test results are inconclusive or positive, the standard process involving the Medical Review Officer will be followed. The Director of the program will implement appropriate disciplinary action including the possibility of dismissal from the Nursing Program on the grounds of substance use. The student who disagrees with the program’s decision can utilize the UCC student grievance procedure outlined in the college catalog. Any positive findings will be reported to the appropriate state licensing agencies.

Adoption: July 2015

Policy 2.22: Clinical Absence and Grading Guidelines

Clinical absences can have a cumulative effect on a student’s performance over the course of the program. When a student has been absent from clinical for any reason, the following guidelines will be used to determine the student’s standing/grade for the clinical course. Instances where there have been no absences but the clinical grade will be less than passing have also been defined.

- Any missed clinical days (inclusive of lab) will result in faculty review and may result in a grade of “Pass,” “Incomplete” or grade of “No Pass” depending on the term, the number of absences and the performance of the student. Clinical absence from a med-surg experience may result in loss of specialty day(s) in subsequent terms with placement in more med-surg experience days than other students in a clinical group may receive. The clinical coordinator, in collaboration with the student’s clinical instructor, will determine if clinical performance warrants the planned change from specialty to med-surg days.
• For NRS110C: A minimum of 4 of the 6 core patient care days must be completed, plus at least 75% of all clinical days (inclusive of skills lab and orientation), performing at the expected level (including completion/submission of required assignments), for a student to earn a passing grade. (Students who complete ≥4 core patient care days and ≥75% of all clinical days but are not performing at expected level will be placed on Performance of Concern and receive an Incomplete. Completion of <4 of the core patient care or <75% of all clinical days will result in a No Pass grade being assigned to the student.)

• For NRS224C: All required clinical hours must be completed by the end of the term, with performance at the expected level, to earn a grade of Pass. An “Incomplete” cannot be given for the final term clinical grade except for extenuating circumstances. The only extenuating circumstance that will be considered is when an unanticipated medical or similar event prevents a student from completion of at most a few weeks of required clinical hours but the student is able to complete the limited clinical hours by a specified time before the end of summer term. The exception would only be allowed if an instructor, a clinical teaching associate and a clinical site are available for the required clinical experience hours.

• For NRS111C, NRS112C, NRS221C, NRS222C: The following table will guide clinical grade decisions involving students with any absences, or who have been placed on Performance of Concern or on Clinical Probation. A minimum of 5 scheduled med-surg (or other core placement) patient care experience days must be completed by the student in order for an instructor to determine if performance is at the expected level or not regarding program competencies and to issue any grade other than “No Pass”. Completion of fewer than 5 days (6 days if on clinical probation) of providing care to med-surg patients (or to patients in core setting for the course) must result in grade of No Pass.

• Cumulative effect: Irrespective of the above, once a student has reached a total of 6 days of clinical absences over the course of the program, faculty will review the student’s clinical performance and determine if any action is warranted such as revision of schedule to increase number of medical-surgical experiences, clinical grade of “incomplete” for the term, or dismissal from the program.
Clinical absences from specialty areas that do not require direct instructor supervision may be rescheduled on non-class/clinical days based on availability of site and instructor availability by phone. No more than one term of “Incomplete” due to absences can be granted during the program. Absences beyond that would preclude the necessary observation and evaluation of consistently safe performance. An “incomplete” grade cannot be assigned for the third, fifth or sixth clinical course in the program except in extenuating circumstances. The only extenuating circumstance considered for the final term is that of an unanticipated medical or other event which prevents the student from completion of the final few weeks of required clinical hours and the student is medically cleared in time to complete the clinical hours by the end of summer term. The exception would only be allowed if an instructor, a clinical teaching associate and a clinical site are available for the required clinical experience hours during the summer.

Adoption: July 2015

Policy 2.23: Student Clinical Placement/Conflict of Interest
In determining clinical placements for students, every effort will be made to avoid placing a student in a healthcare setting where there is a potential or actual conflict of interest. Examples for consideration include: students currently employed in the setting or individuals in the setting have a financial or personal stake in the student’s success or failure. If a conflict is identified, either before or during clinical experience, it is the responsibility of the student, instructor, or CTA to inform the Clinical Coordinator. Once notified of potential conflict of interest, the Clinical Coordinator will discuss options with faculty and appropriate parties to develop a plan for resolution. Students must clearly communicate to staff their role as students during clinical hours, and must access only materials available to all students during the clinical experience.

Adoption: July 2015
SECTION 3

CURRICULUM
Policy 3.1: Integrative Practicum

The purposes of these guidelines are to establish guiding principles for the unique clinical education experience of the OCNE Integrative Practicum, to describe the roles and responsibilities of students, faculty and clinical teaching associates (CTAs), and to propose a set of competencies needed by practicing nurses who are CTAs for the Integrative Practicum.

Each OCNE program may have additional expectations, especially as needed for communication, logistical arrangements, scheduling, and/or compliance with Oregon State Board of Nursing standards.

The Integrative Practicum

The Integrative Practicum NRS 224 is a 9 credit, one quarter experience designed to help transition the student from “student” to the professional role of the Registered Nurse. This experience provides the student an extended period of time in a specific clinical setting, providing the student the experience necessary for attainment of OCNE competencies. The elements of a good integrative practicum include opportunities for the student to:

- practice a range of variations and subtleties of actual patient/client care,
- practice nursing in an organizational context including rules, norms, culture and infrastructure of a clinical nursing setting,
- integrate prior learning into clinical patient care, with opportunities related to each of the OCNE competencies,
- continue learning and competency development, and
- engage in reflection about the clinical experience in a safe and non-threatening environment.

Through collaboration among OCNE campuses and clinical partners, Integrative Practicum sites are selected which will meet these objectives. Day-to-day guidance and supervision of the student is provided by a registered nurse, employed by the clinical agency, who agrees to serve as a Clinical Teaching Associate (CTA). The faculty of record oversees the clinical experience to ensure that learning activities are appropriate.

Guiding Principles for the Integrative Practicum

The following principles guide the development and implementation of the Integrative Practicum:

- The Integrative Practicum is a partnership among the school, the agency/facility and the student.
- The practicum is an integral part of the OCNE curriculum, and directed toward the OCNE competencies.
- The practicum experience designed for each student will be purposefully related to the OCNE Competencies.
- The practicum site will be assigned jointly by the agency/facility and the school, according to the learning needs of the student and the resource availability of the facility.
- The Clinical Teaching Associate (CTA) is an agent and an employee of the facility/agency. Accountability for overall client/patient care will continue to remain with the facility/agency.
- The facility/agency agrees to support their CTAs’ attendance at workshops which will increase their knowledge of
  - OCNE Curriculum and Competencies
  - Leadership Development and Communication,
  - Clinical Judgment using Evidence-Based Practice
Development of clinical teaching strategies
- Other topics as negotiated and agreed upon.

- It is the expectation that nurses who will serve as CTAs participate in the 1-2 day educational workshops (if held) or complete the online CTA learning modules.
- The CTA workshops (if held) will be held locally and will be collaboratively planned by a local committee comprised of representatives from clinical agencies and faculty from the nursing program.
- For students enrolled in NRS 224, the student will spend 210 hours in the clinical experience (at least 192 hours in the assigned site). The student will be expected to work the CTA’s schedule and assignment, as long as the assignment is consistent with the learning objectives of the practicum.

Competencies of the CTA
The following competencies frame the standard educational program for Clinical Teaching Associates (CTAs) who will mentor students in the OCNE curriculum integrative practicum at the AAS and BS in nursing program level. These competencies are derived from the best thinking of the OCNE Clinical Advisory Group on CTA education, the nursing literature on undergraduate student preceptors, NLN Carnegie study, and the competencies expected of graduates of the OCNE curriculum. These competencies guide the development of the CTA training program.

Professional Competencies:
1. An OCNE CTA’s personal and professional actions value student learning in the clinical setting.
   1.1 Mutually-agreed upon learning goals (i.e. student learning plan) are established by the CTA, student, and faculty, communicated to staff, and reevaluated on a regular basis.
   1.2 Student learning is facilitated when a CTA understands student learning preferences and models openness, approachability, and respect for student perspectives.

   1.3 Student learning is facilitated when a CTA models how to be a productive member of a health care team, and is a self-directed learner who understands both the analytic and reflective approach to learning about client’s health care problems.
   1.4 Student learning is facilitated when the student is invited into the clinical site, introduced to the nursing and interdisciplinary team and patient care resources.
1.5 Current license as an RN in the state of Oregon. Two years of experience as an RN is preferred but not required.

2. **An OCNE CTA communicates effectively.**
   2.1 The CTA makes communication skills explicit and models and coaches the student in developing skills of teaching/learning, negotiation, conflict resolution, and client advocacy pertinent to the particular clinical setting.
   2.2 The CTA communicates in a timely manner with the student and the faculty to the extent that the student is meeting expectations of the experience.

3. **An OCNE CTA practices and models ethical care and professional behaviors.**
   3.1 The CTA assists the student to learn the ethics of care in the practice setting through identifying and clarifying personal, professional, and agency/organizational values and concerns.
   3.2 The CTA embodies skilful ethical comportment and, through actions and discussion, supports the ethical comportment of the health care team.

4. **An OCNE CTA models clinical judgment in the practice of relationship-centered care.** The development of clinical judgment is facilitated in students when:
   4.1 The CTA demonstrates the importance of the use of clinical evidence and knowledge of the client/group of clients in the development of treatment plans, and rationale for setting appropriate priorities for care.
   4.2 The CTA thinks out loud with the student including making explicit some of their experiential knowledge including the trajectory of illness.
   4.3 The CTA provides constructive feedback about the student’s clinical reasoning process.
   4.4 The CTA introduces clinical situations of increasing complexity at a pace agreed upon by the CTA, student, and the faculty.

5. **An OCNE CTA understands the OCNE competencies and assumptions of the OCNE curriculum with regard to teaching and learning.**
   5.1 Students approach practice as a way to apply theory in the delivery of safe, effective, and efficient client care while adding to their experiential base, thus beginning to develop their own practice wisdom.
   5.2 Students approach practice as adult, active learners who take responsibility for their own learning, use a variety of technological sources of information, value interaction with peers around the solution of clinical issues, and see CTAs and faculty as knowledgeable resources and providers of feedback on their performance.
   5.3 Student learning is facilitated when a CTA has knowledge and experience with a variety of tools to measure student success in a given clinical setting/situation.
   5.4 Student learning is facilitated when a CTA models continued development towards the OCNE competencies and embraces life-long learning.

6. **An OCNE CTA understands that student learning is facilitated when:**
   6.1 The CTA is clear about the expectations placed on him/her by the employing site and clarifies how these expectations will influence their interaction at a given time.
   6.2 The CTA models mutual respect by requesting performance feedback from the student.
   6.3 The CTA actively involves the student in patient care experiences and encourages student reflection on their practice.
   6.4 The CTA discusses the cultural and political aspects of the practice.
   6.5 The CTA demonstrates an understanding the legal parameters controlling practice in the setting.
The CTA collaborates with their agencies clinical unit, management, and staff development team to shape and enhance the learning culture of the agency.

Role and Responsibilities of the Clinical Teaching Associate

A clinical teaching associate (CTA) is a Registered Nurse who enters into a formal, extended, one-on-one relationship with a student in order that the student may enhance his/her learning about the performance of a professional nurse in the care of clients/patients.

A CTA is a critical link in a three-person team (faculty, student, CTA). Accountability for client/patient care remains with the health care facility and its staff. Evaluation of clinical performance is a shared responsibility among the CTA, the student and the faculty member. The CTA is accountable for providing feedback about clinical performance to both the student and the faculty member. Determination of the course grade is the responsibility of the faculty member, using input from both the CTA and student.

The Clinical Teaching Associate will:

- Act as clinical role model of the professional nurse
- Understand the OCNE curriculum focus and can interpret it to colleagues.
- Guide and support the student’s transition, and his/her role, into the culture and expectations of the clinical practice unit.
- Interpret learning activities to colleagues.
- Establish, with faculty and student, learning activities, goals and evaluation criteria that incorporate OCNE competencies.
- Demonstrate the use of sound clinical judgment in each clinical situation, including access and use of evidence-based practice data.
- Introduce clinical situations of increasing complexity at a mutually agreeable pace for development of student.
- Communicate effectively so that the student’s learning is supported.
- Provide constructive feedback about the student’s clinical reasoning and skill acquisition.
- Integrate effective skills in teamwork, negotiation and conflict resolution into the student’s clinical experience.
- Integrate ethical standards and practices into the clinical experience.
- Meet regularly with faculty and student to discuss progress and to develop additional learning activities as needed. The frequency of these visits will be mutually agreed upon by faculty of record, CTA, and student. The frequency of visits must meet the minimum standard set by the school (i.e. every two to three clinical days, for a minimum of five meetings).
- Serve as liaison to faculty from clinical agency, facilitating problem solving when issues arise.
- Participate in CTA training
- Assume responsibility for notifying the student in the event of illness or other unplanned absence on a scheduled clinical day.
- Review student’s Learning Plan and guide the student's learning activities.

Reporting Relationship:

- For all patient care, the Clinical Teaching Associate continues to use the defined reporting structure of his/her organization.
- For all student-related situations, the Clinical Teaching Associate reports to the school’s faculty of record.
  If a student is suspected of substance use, the CTA will contact the student’s IP faculty immediately.
Supervision:
Provide direct supervision for invasive clinical nursing procedures
Students may be allowed to independently perform the following skills only after their preceptor has observed the student successfully complete the skill.

Foley Catheter (removal and urine specimen)
Capillary Blood Glucose
Dressing change (Simple and Sterile)
Saline lock flush
Injections (IM, SQ, Heparin, Insulin)
IV - Cath or Saline lock removal
IV - Drip rate adjustment
IV - Hang primary bag with no additives
IV - Tubing change
NG (feeding, removal, and medication)
PO medication
Staple removal
Suture removal

**Students may perform the following procedures only with RN supervision:**

- adding medications (including KCl) to an IV primary solution,
- administering IV piggyback (or syringe pump) medications,
- administering IV push medications,
- starting an IV,
- any procedure involving a central line (including dressing changes and discontinuing non-tunneled central venous catheters),
- administering blood or blood products,
- inserting a foley or straight catheter,
- inserting a nasogastric or feeding tube,
- wound irrigations, and
- wound drain removal.
- calculation of medication dosing must always be doubled checked with a licensed nurse.
- pulling “counted” medications (CTA or licensed staff must verify the accuracy of the narcotic count at the time the narcotic drawer is opened)
- taking, recording and verifying orders
- drawing blood from a new IV start (in the ED only after training by CTA or RN)
- PCA loading and management
accessing implanted ports (only after training by CTA or RN)

**Students may never perform the following:**

- removal of epicardial pacing wires,
- conscious/procedural sedation,
- any procedure involving arterial lines,
- titration (adjustment of dosage) of vasoactive medications,
- administering IV cancer chemotherapy medications,
- administering epidural medications, and
- discontinuing epidural catheters.
CTA must co-sign chart entries as required by specific facility policy or note supervision on specific forms if required by facility policy. This indicates that the CTA reviewed the student’s documentation and it looks appropriate. Co-signature does not indicate that the CTA was present at the time of the event or procedure.

CTA or licensed staff must verify the accuracy of the narcotic count (of the medication to be removed) at the time the narcotic drawer is opened.

**Role and Responsibilities of the Faculty of Record**

The IP faculty of record is an integral link in a three-person team (faculty, student, CTA) and is appointed by an OCNE partner school for that responsibility. IP faculty members are accountable to develop partnerships with significant persons within a health care organization, to facilitate an environment for learning and to help the student integrate the OCNE competencies. IP faculty monitors the IP clinical experience to resolve potential problems and provide appropriate follow-up for concerns that are identified.

**The IP faculty will:**

- Act as role model of the professional nurse.
- Familiarize self with agency resources and structures appropriate for enhancing the student’s clinical experience and effective problem solving.
- Act as resource to the health care organization to interpret OCNE competencies (course outcomes).
- Facilitate problem solving.
- Clarify CTA, faculty and student responsibilities.
- Collaborate with the CTA, to identify ways to best support the student’s transition experience.
- Collaborate with the CTA, to provide feedback about the student’s progress in the course.
- Participate in CTA education.
- Support the CTA in the ongoing development of clinical teaching strategies that support the student’s transition to practice.
- Monitor, evaluate, and provide feedback related to the student’s progress in meeting course outcomes.
- Determines course grade, using evaluative feedback from the CTA and student.
- Facilitate evaluations of the course, clinical site and effectiveness of the CTA.
- Be available (by beeper, phone, and by being present at scheduled times) as a resource person to student and/or CTA.
- Collaborate with supervisory and other unit personnel regarding objectives for student's role transition experience.
- Monitor the Integrative Practicum experience to resolve potential problems.
- If unforeseen circumstances necessitate the change of a student’s CTA, the clinical instructor will work with the Integrative Practice Coordinator to ensure that the new CTA has adequate orientation to the various roles and responsibilities. Meet with student and CTA (separately and then together) every two to three clinical days (a minimum of six meetings) and document the student’s progress and collaborate with the CTA to ensure student evaluations occur and are documented at midterm and final and to provide appropriate follow up to discuss progress and to develop additional learning activities as needed.
- Provide follow up feedback to CTA when role transition is completed.
The Integrative Practice Coordinator (IPC) will:
- Select students for the opportunity to participate in Integrative Practicum and in Collaboration with facility representatives match student to CTA.
- Monitor student progress and communicate with faculty of record on student progress
- Hold at least three clinical conferences throughout the term allowing for student sharing and instructor guidance on issues related to the term
- Facilitate evaluations of the course, clinical site and effectiveness of the CTA.

Role and Responsibilities of the Student

The student involved in the IP clinical experience has reached a point in the program of study when they are ready to integrate and apply the knowledge, skills, and abilities (OCNE Program Competencies) they have developed in earlier course work. Exceptions will not be made for travel, clinical schedule, or due dates, regardless of where student lives. The student’s primary role is to closely study the role and responsibilities of the nurse in the assigned agency/unit and under the guidance of the CTA, prepare to gradually assume the responsibilities of a RN on that unit/agency.

Students are accountable for achieving course outcomes, by developing a collegial relationship with their (CTA) and seeking opportunities that will help them further develop and integrate the OCNE competencies. The student is responsible for self-evaluation and integrating feedback from others, as well as developing a plan for ongoing learning.

Prior to the IP experience the student will:
- Identify clinical settings of interest (must include at least one med-surg unit) in which to study the role and practice of nursing in preparation for transitioning to clinical practice.
- Under the direction of the faculty collaborate with CTA regarding clinical schedule and orientation.
- Establish learning goals in consultation with faculty of record and designated CTA.
- Identify areas of strength and weakness
- Prepare for the IP experience by reviewing the IP guidelines, course description, outcomes and evaluation process.
- Complete any required unit/agency specific education deemed necessary (e.g. HIPAA, EMR documentation, specialty skills, etc.). Content is facility specific, but will include some, or all, of the following: (4 hours of the required 210 course hours)
  - Blood Borne Pathogens
  - Incident Reporting
  - Hand washing
  - Flu
  - Contacting Ethical Committee
  - Computerized charting
  - Meditech or Pyxis
  - Computerized medication administration
  - Unit orientation
  - Capillary glucose testing
  - Facility ID badges

During the IP experience the student will:
- Achieve course outcomes by seeking opportunities to further develop program competencies and to assume increasingly complex care responsibilities.
• Demonstrate professional behaviors expected of the program and profession.
• Follow agency policy, procedures and standards of care.
• Demonstrate accountability for own actions and conduct in accord with their school’s standards, polices and protocols.
• Promote positive and professional communications and relationships with CTA, agency staff, and faculty.
• Communicate with CTA and/or faculty directly if there are issues, concerns, or areas of conflict in the clinical setting.
• Participate in professional activities of unit, including meetings, in-services, quality assurance monitors, etc.
• Seek ongoing feedback from preceptor regarding performance; consider and synthesize feedback from CTA and faculty; identify and implement behavioral changes to improve practice.
• Participate in evaluating own learning and the IP experience and identify areas requiring professional growth and development.
• Meet regularly with faculty and CTA to discuss progress and to develop additional learning activities as needed. The frequency of these visits will be mutually agreed upon by faculty of record, CTA, and student and meet the minimum standard set by the school.
• Notify the faculty and CTA (and/or unit) if unable to be present during shift.
• Works under the direction of a designated CTA in collaboration with the faculty of record.

Additional student requirements:
• Prepare for the integrative practicum experience by reviewing all course information, including clinical objectives and evaluation forms
• Provide safe client care, working under the supervision of a designated CTA and your instructor of record.
• Complete student learning plan designating student learning styles, areas of strength, areas of weakness, and areas needing more exposure and practice prior to first clinical day. Share learning plan with CTA as the term begins and turn in a copy to your instructor of record.
• Students have the option with CTA consent and instructor approval, to add additional clinical hours if desired.
• Students' clinical experience time will be scheduled to match with the CTA schedule (typically two shifts a week) but must not conflict with scheduled classroom time. (minimum of 192 hours of the required 210 course hours)
• Students must submit a clinical schedule for the quarter (or for known CTA work days) to the instructor for approval prior to the beginning of the Integrative Practicum Experience. Any changes in the schedule negotiated between the CTA and student must be approved by the instructor prior to making a change.
• Reflective Journals. Journaling will be used in conjunction with the Student Clinical Self-Evaluation tool to reflect attainment of competencies/benchmarks.
• Attend the three scheduled post clinical conferences on the Umpqua Campus.
• Achieve clinical course objectives and program benchmarks at a satisfactory level.
• Pass the final dosage calculation exam for the program.

The student will discuss with the faculty where and how to spend the remaining hours of the 210 course hours.

Adoption: July 2015
Policy 3.2: **Annual Curriculum/Program Review**

Full-time faculty members will obtain input from part-time clinical instructors and review program evaluation reports and will meet at least annually (usually in spring) to review the curriculum, revise it as necessary, and plan calendars for the following year. Curriculum revisions will include those agreed to by all members of the Oregon Consortium for Nursing Education. Revisions will be communicated to clinical instructors via meeting minutes and during subsequent faculty meetings.

Adoption: July 2015
SECTION 4

EVALUATION
Policy 4.1: **Program Master Plan for Evaluation**

The nursing program and all aspects of the program as listed in the Master Plan for Evaluation (see Appendix C) will be reviewed every other year (even years) in the time frame shown for each section of the Plan. At a faculty meeting, individual responsibility for oversight of each section will be divided among the full-time faculty.

Adoption: July 2015
Appendix

Appendix A: Organization and Administration

Appendix B: Nursing Faculty

Appendix C: Evaluation
APPENDIX A

ORGANIZATION

AND ADMINISTRATION

Orientation Protocol for Faculty & Clinical Instructors

Umpqua Community College Nursing Department Advisory Committee
INTRODUCTION:
The following orientation to the campus and the assigned clinical facility will be provided and/or arranged for new instructors.

UMPQUA COMMUNITY COLLEGE ORIENTATION:
The instructor will be:
1. _____ Provided with information to access a copy of the UCC faculty handbook and college catalog online.
2. _____ Provided an orientation to UCC policies and procedures.
3. _____ Introduced to support staff and receive a tour of the campus.
4. _____ Oriented to the appropriate job description.
5. _____ Provided general background information on the nursing program and a copy of the current Nursing Student Handbook and Nursing Program Policy Manual.
6. _____ Provided clinical materials such as level-appropriate clinical protocols and objectives, evaluation tools, schedules, students' names and phone numbers, and assignment sheets.
7. _____ Provided with a schedule of faculty meetings and asked to participate.
8. _____ Oriented to the clinical evaluation tool and student evaluation conferences.
9. _____ Oriented to the procedure for evaluation of instructors by students and the nursing program director.

CLINICAL FACILITY ORIENTATION:
The program director or lead clinical instructor will arrange for the instructor to:
1. _____ Meet with appropriate supervisory personnel in the facility.
2. _____ Orient to the facility, the specific units covered, and hospital policy and procedures.
3. _____ Receive student clinical schedules and objectives prior to the term.
4. _____ Meet with facility personnel responsible for scheduling phone, computer access, and printer access.
5. _____ Complete the Criminal History Release Authorization form and submit required documents to the Program Director for submission to the Oregon Department of Human Services.
6. _____ New faculty will be assigned a nurse educator mentor for one academic year.

_________________ Date: _______          ________________ Date: _______
Mentoring Staff     New Employee
PURPOSE

The Umpqua Community College Advisory Committee is a standing committee offering the opportunity for community leaders to contribute in an advisory capacity on issues related to the Umpqua Community College Practical Nursing and Associate Degree Nursing programs and trends impacting needs of health care agencies. This committee is the formal communication link between the community and the college concerning nursing, health care, and program issues.

MEMBERSHIP

Membership is composed of representatives from local health care facilities and the community, representative of the previous year's UCC nursing programs, and UCC PN and ADN nursing student representatives. The advisory committee is chaired by the Nursing Department Chair.

CHAIRPERSON'S RESPONSIBILITIES

The chairperson will set schedules and develop agenda, and will network with other members to carry out the duties and activities of the committee.

MEMBER'S RESPONSIBILITIES

Members will be responsible for collecting and disseminating information relative (but not limited) to:

- The need to update curriculum content.
- Facility program development, especially when it creates the potential for student participation and experience.
- Employment opportunities for students.
- Information about health care trends and issues.
- Information about new guidelines from regulatory agencies.
- Identification of resources for material needs of the nursing program.
- Technological advancements.

July 2015
APPENDIX B

NURSING FACULTY

ADN Program Education Record
UCC Incident Report Form
Worker’s Compensation form 801
Clinical Evaluation Tools –See current in shared drive
Clinical Grading Decision Tree
Student Clinical Performance of Concern
Tuberculosis Infection Monitoring Among Students and Faculty
Steps to Take If Alcohol/Drug Policy Put Into Action
Job Descriptions for Allied Health department employees
Student Clinical Performance of Concern

Student Name: ________________________________

Your instructor has observed clinical behaviors that are a cause for concern. (The Nursing Student Handbook, Indicators of Unsafe Clinical Performance, are attached as examples for the instructor and student as the concerns are documented.) The observed behaviors have been in the following areas:

1. Client’s physical safety:

2. Client’s psychological safety:

3. Client’s microbiological safety:

4. Client’s chemical (medication) safety:

5. Utilization of the nursing process:

6. Previously learned principles/objectives:

7. Dependence or independence in action or decisions:

8. Professionalism:
Student Clinical Performance of Concern

Student Name: __________________________________

Goals/plans for improvement (developed by student and instructor):

Appointment date for further assessment:

Student: _________________________ Instructor: _________________________ Date: _______

Follow-up Assessment of Performance:

Student: _________________________ Instructor: _________________________ Date: _______
Because nursing students are legally responsible for their own committed or omitted acts and nursing instructors are responsible for their students in the clinical area, it is therefore necessary for the student and the nursing faculty to conscientiously identify any behavior that is unsafe. The following further defines the asterisked areas on the clinical evaluation tools contained in this Handbook.

A. **Unsafe clinical performance** is demonstrated when the student:

1. Compromises the *physical* safety of the client (e.g., neglects use of side rails, restraints; leaves bed in high position; leaves call bell out of client reach; inadequately supervises clients at risk).

2. Compromises the *psychological* safety of the client (e.g., speaks inappropriately in front of client and significant others; does not communicate therapeutically).

3. Compromises the *microbiological* safety of the client (e.g., does not recognize violation of aseptic technique; comes sick to clinical experience; fails to follow hand washing techniques or standard precautions or isolation procedures).

4. Compromises the *chemical* safety of the client (e.g., violates the “6 Rights in Administering Medications”; fails to monitor IV infusions safely; administers medications without consideration/knowledge of reason for drug, drug side effects and/or client lab or V.S. values; fails to check client’s armband).

5. Inadequately and/or inaccurately utilizes the nursing process (e.g. does not prepare for care per clinical guidelines; does not complete initial assessment before doing client care; does not complete nursing care plan; fails to observe and/or report critical assessment regarding clients; makes repeated faulty nursing judgments; fails to follow written and/or verbal instructions/orders including directions given by the clinical instructor; fails to complete care and/or documentation within the specified clinical time frame).

6. Fails to apply previously learned principles/objectives in carrying out nursing care skills and/or therapeutic measures (e.g., does not give IM or IV medications correctly; does not correctly calculate IV drip rate and/or medication dosage, fails to observe safety precautions during oxygen therapy after lessons have been covered in class/lab and practice).

7. Assumes inappropriate independence/dependence in action or decisions (e.g., fails to seek help when situation is out of control or in an emergency; leaves floor without reporting off to appropriate staff nurse; does not make decisions at appropriate level for term in program; makes inappropriate decisions without consulting an RN or an instructor; does not provide safe nursing care without constant direction or prompting).
B. Unprofessional clinical performance is demonstrated when the student:

1. Fails to adhere to UCC policies including attendance, dress code, and confidentiality.

2. Fails to accept responsibility for own actions and fails to communicate in a courteous, assertive, non-aggressive, non-defensive manner with instructor and staff.

3. Fails to demonstrate professionalism through honesty and integrity.

4. Fails to demonstrate a nonjudgmental attitude and respect to colleagues, clients and family members.

5. Fails to actively seek challenging clients and new learning experiences.

6. Fails to turn in completed written assignments when due as required by clinical syllabus.
**Tuberculosis Infection Monitoring Among Students and Faculty**

**Risk Factor Review**

Oregon State Regulations and the UCC Nursing Department, in compliance with clinical affiliations agreements, require that risk factors be reviewed periodically with persons who have had a positive PPD and have not had INH therapy (or adequate chemotherapy).

**PLEASE REVIEW AND CHECK THE FOLLOWING:**

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<td>Evidence of inadequately treated Tuberculosis Disease</td>
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<td>B.</td>
<td>Close exposure to a case of communicable Pulmonary Tuberculosis within the previous year</td>
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<tr>
<td>C.</td>
<td>History of negative Tuberculin test within the past two years.  [Date]</td>
</tr>
<tr>
<td>D.</td>
<td>Diabetes mellitus (severe or poorly controlled)</td>
</tr>
<tr>
<td>E.</td>
<td>Disease associated with severe immunologic deficiencies, e.g. HIV</td>
</tr>
<tr>
<td>F.</td>
<td>Immunosuppressive therapy, e.g. steroids, etc.</td>
</tr>
<tr>
<td>G.</td>
<td>Silicosis</td>
</tr>
<tr>
<td>H.</td>
<td>Gastrectomy/intestinal bypass/chronic malabsorption syndromes</td>
</tr>
<tr>
<td>I.</td>
<td>Excessive alcohol intake or other substance abuse</td>
</tr>
</tbody>
</table>

Return this form completed and signed within one week. Thank you for your promptness!

Signature __________________________________ Date Signed _________________________

**In order to best protect yourself and your patients, you should be aware of the signs and symptoms of Tuberculosis. Please notify your department head immediately if you have been bothered by any of the following for more than three weeks at a time. Please also circle any that apply:**

- Persistent Fever
- Excessive Sweating at Night
- Unexplained Weight Loss
- Loss of Appetite
- Excessive Fatigue
- Persistent Cough (especially if productive of blood)

Comments: ____________________________________________________

______________________________________________________________
UCC ADN PROGRAM

Steps to take if Alcohol/Drug Policy Put into Action

Following are the hours for Occuhealth for instructors when they have reasonable suspicion of need for drug screen. The UCC Nursing Program has an agreement with OccuHealth for consistency in testing/screening of required 10 panel urine drug screen.

The instructor (once second opinion is obtained per program policy and student has been removed from client care responsibilities) should contact the director and/or administrative assistant to inform them of incident. OccuHealth will be contacted by director or assistant and inform them a student is coming to be tested. The student will be transported by director or designee by director to OccuHealth (or hospital Emergency Room if after hours). The director or designee will also arrange for the student’s safe transport home after testing.

Lab Site:

OccuHealth – 2570 NW Edenbower Blvd
Roseburg OR 97471

If testing is needed after hours, the appropriate UCC person will take the student, or arrange for transport, to Mercy Medical Center Emergency Department and state the student needs “for cause/reasonable suspicion” urine drug screen.

Note: The drug panel will screen for alternate amphetamines, amphetamines, cocaine, opiates, THC, phencyclidine, barbiturates, methadone, benzodiazepine, methaqualone, propoxyphene, and alternate opiates, and specimen goes to a federally approved drug testing lab. If tests positive, Medical Review Officer is involved, calls the individual to determine if prescription for medication exists, verifies if it exists and matches test results. Involvement of the physician results in additional fees.
ALLIED HEALTH UCC JOB DESCRIPTIONS

NURSE ADMINISTRATOR

NURSE EDUCATOR

ASSOCIATE NURSE EDUCATOR

NURSING ASSISTANT

LPN ASSOCIATE NURSE EDUCATOR

SIMULATION TECH

ADMINISTRATIVE SECRETARY/ASSISTANT
APPENDIX C
EVALUATION

Master Plan for Evaluation

ADN Program Facility Clinical Evaluation

Student Evaluation of Acute Care Clinical Facility & Specialty Experiences
<table>
<thead>
<tr>
<th>ITEM</th>
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</table>
| ADN Program Philosophy, Conceptual Framework, and Mission Statement | Comparison of UCC mission statement and program mission statement; review of conceptual framework and OCNE agreements; discussion to determine if program current and congruent with faculty beliefs, OCNE agreements and UCC mission. Revise as needed. | All faculty | Faculty meeting(s), every 2 years, in spring term or with major curriculum change | Faculty meeting minutes; final product also found in following year’s Nursing Student Handbook. | Tamra Samson  
Esther Moen |
| Program policies/Compliance with OSBN Division 21 rules | Review/discussion of UCC ADN policies (including those in Student Handbook) to determine if meet current needs, OSBN requirements, congruent with UCC policies. Revise, propose new policies as needed. | All faculty | Faculty meeting(s), as needed and every two years for policy manual (annually for Handbook) in spring term | Faculty meeting minutes; end product found in UCC Nursing Program Policy Manual, and/or Nursing Student Handbook. | Tamra Samson  
all faculty as assigned to specific Division 21 paragraphs |
| Communication and decision making processes between nurse administrator and college administration | Review communication (verbal, email, program reports, budget process and evaluations) to determine that process and outcomes meet OSBN requirements and program needs. Submit proposal for change to college administration if needed. | Program director | Ongoing | Minutes of department and faculty meetings, budget notes, annual program reports, personnel evaluations. | Tamra Samson  
Esther Moen |
| Admission criteria | Congruent with OCNE processes and agreements, review/discussion of Graduation Guide and selection process information to determine criteria are clear, well documented, and meet program needs, and support student success/retention. Revise as needed. | All faculty | Faculty meeting(s), fall or whichever term fits best with OCNE decision regarding changes | Faculty meeting minutes; end product found in following year’s ADN Program Graduation Guide and Information Packet and Program Application Packets. | Tamra Samson  
Esther Moen  
April Myler  
Patrice Coate |
### FACULTY

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<tbody>
<tr>
<td>Faculty qualifications/ utilization</td>
<td>Review of resumes or curriculum vitae, transcripts, faculty numbers and utilization to ensure OSBN requirements and program needs met.</td>
<td>Program director</td>
<td>Ongoing</td>
<td>Program faculty files, workloads.</td>
<td>Tamra Samson</td>
</tr>
<tr>
<td>Performance</td>
<td>Review of student evaluations of instructor and other UCC required forms according to UCC process. Discuss with instructor if student responses fall below mean; consider plan for improvement as needed.</td>
<td>For part-time faculty: Program director; For full-time faculty: Dean, School of Health &amp; Public Services with program director input.</td>
<td>At least annually, (winter or spring terms) or quarterly as directed by UCC policy.</td>
<td>Evaluations in Instructional and/or Personnel files per UCC policy.</td>
<td>Tamra Samson</td>
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</tbody>
</table>

### STUDENTS

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<tr>
<td>Student policies</td>
<td>Review, compare with UCC policies to determine if accessible, non-discriminatory, congruent and meet program needs. Revise and/or create new policies as needed. Implement shared OCNE policies where agreements exist.</td>
<td>All faculty</td>
<td>Revisions: Faculty meeting(s), spring term; New policies: as needed throughout year</td>
<td>Faculty meeting minutes; final product found in following year’s Nursing Student Handbook.</td>
<td>Tamra Samson                                    Esther Moen</td>
</tr>
<tr>
<td>Clinical competency</td>
<td>Evaluate daily/weekly to determine if student at expected level for all items on Clinical Evaluation Tool. Follow Nursing Student Handbook policy for any deviation(s).</td>
<td>Clinical instructors</td>
<td>Weekly and in final evaluation each quarter</td>
<td>Weekly and term grades and notations on Clinical Evaluations tools; faculty meeting minutes.</td>
<td>All Faculty (for assigned clinical group)</td>
</tr>
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</table>
| Curriculum           | Congruent with OCNE curriculum work, review curriculum to determine if appropriate, current, reflective of local/national trends; review course syllabi; review Graduation Guide; review student responses on course evaluations or in meetings. Revise as needed. | All faculty.             | Program faculty and OCNE meetings; faculty/student meetings; Advisory Committee meetings | Faculty meeting and OCNE committee minutes                                       | Tamra Samson
<p>|                      |                                                                                          |                          |                               |                                                                                 | Esther Moen OCNE Committee Representatives                                           |
| Clinical facilities  | Review responses on tools to determine adequacy and discuss congruency with OSBN requirements and UCC needs. Students evaluate experiences on Student Evaluation of Acute Care Clinical Facility &amp; Specialty Experiences form                                                                 | Students/ faculty        | Annually, winter (2nd year) spring (1st year) | Clinical Facility Evaluation folder (shared drive); faculty meeting minutes       | Esther Moen                                                                                                   |
|                      | Add/delete clinical sites as needed after review/discussion of above items.                                                                  | Faculty                  | Annually, spring or fall       | Facility Clinical Evaluation folder (shared drive); faculty meeting minutes       | Esther Moen All Faculty                                                           |
|                      | Review all contracts to ensure they’re current and contain required language. Revise if needed or add contracts when new sites selected.                                                                                      | Program director         | Annually, fall                 | Clinical contract binder                                                       | Tamra Samson                                                                                                   |</p>
<table>
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<tbody>
<tr>
<td>Budget</td>
<td>Develop requests for technology or other funds, monitor budget lines, and utilize to ensure program needs met.</td>
<td>Program director</td>
<td>Proposal for technology funds fall term; ongoing monitoring of grant and general fund budget lines</td>
<td>Program and UCC budget documents, faculty or department meeting minutes</td>
<td>Tamra Samson</td>
</tr>
<tr>
<td>Physical facilities</td>
<td>Review for adequacy to meet program needs. Submit proposal for change as needed.</td>
<td>All faculty</td>
<td>Fall/Winter and Ongoing</td>
<td>Faculty or department meeting minutes; UCC program reports when required</td>
<td>Tamra Samson Esther Moen</td>
</tr>
<tr>
<td>Library book and periodical holdings</td>
<td>Review “electronic library” capabilities and book and periodical holdings using lists provided by reference librarian and by walk through of stacks. Request deletion of holdings older than 7 years (unless classic/historical or used by other departments/requests) and request additions to holdings as needed.</td>
<td>Faculty/ Librarian</td>
<td>Every three years, winter</td>
<td>Faculty meeting minutes or notations related to OCNE agreements; library listings</td>
<td>Tamra Samson Esther Moen</td>
</tr>
<tr>
<td>Program video/ multimedia holdings</td>
<td>Review list of videos leased via Medcom streaming, program CDs/DVDs, to ensure currency of content and needs of program are met. Delete holdings older than 7 years unless content/concepts not significantly changed or serves purpose of supplementary material. Add to holdings as needed.</td>
<td>Faculty</td>
<td>At least every two years</td>
<td>Faculty meeting minutes, Medcom list for current year</td>
<td>Tamra Samson Esther Moen</td>
</tr>
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<td>---------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Clinical judgment</td>
<td>Weekly clinical evaluation to assess individual student performance at expected level. Follow Nursing Student Handbook policy for any deviation(s).</td>
<td>Clinical instructors</td>
<td>Weekly/quarterly</td>
<td>Students’ Clinical Evaluation tools</td>
<td>All Faculty: Student assigned mentor and clinical faculty first</td>
</tr>
<tr>
<td>Communication effectiveness</td>
<td>Weekly clinical evaluation to assess individual attainment of at least minimum expected competency for benchmark. Follow Nursing Student Handbook policy for any deviation(s).</td>
<td>Clinical instructors</td>
<td>Weekly/quarterly</td>
<td>Students’ Clinical Evaluation tools</td>
<td>All Faculty: Student assigned mentor and clinical faculty first</td>
</tr>
</tbody>
</table>
| Employment rates and patterns | Compare results of EBI Graduate Evaluation (Alumni Assessment) survey if used, or informal information gathering (e.g. through online social networking) with Benchmark (90% employment in nursing within 6-9 months of graduation). If not attained, survey employers and/or graduates to determine factors impacting employment. Consider program changes if warranted. | Program director     | Annually, winter       | OCNE Graduate Evaluation (Alumni Assessment) folder or Program Evaluation folder, Employment | Tamra Samson
| NCLEX results           | Review OSBN generated data for first-time pass rates and compare to 85% Benchmark. If it falls below mark, discuss possible reasons and plan curriculum/program revision as needed. Follow OSBN guidelines of report/action required.                                       | Program director/Faculty | Every other year (odd numbered), by spring | NCLEX Reports folder; faculty meeting or advisory or department minutes | Tamra Samson |


### EDUCATIONAL EFFECTIVENESS

<table>
<thead>
<tr>
<th>Program satisfaction</th>
<th>Graduates</th>
<th>Annually spring</th>
<th>Evaluation folder, OCNE or Grad Satisfaction folders; Program faculty minutes</th>
<th>Tamra Samson Esther Moen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compare responses to defined program satisfaction questions and benchmarks on whichever of four tools used (see outcome in Handbook). If not attained, discuss responses and curriculum/program revision as needed.</td>
<td>Program director</td>
<td>Ongoing, spring</td>
<td>Student attrition folder (shared drive); Faculty and Advisory Committee meeting minutes</td>
<td>Tamra Samson Esther Moen</td>
</tr>
</tbody>
</table>

- **Graduation/completion rates**
  - Compare list of graduates with list of students admitted to class and compare with Benchmark. Define attrition as students who leave the program for personal reasons or for failure who do not return the following year and succeed in completing the program. If results fall below 80% Benchmark, survey faculty and students to determine possible reasons and need for program changes, if any.
  - Faculty Annually (fall or winter) Faculty meeting minutes; end product in following year’s Nursing Student Handbook, UCC catalog, and Nursing Graduation Guide and Information
  - Tamra Samson Esther Moen

### INTEGRITY

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Nursing Program Information</td>
<td>Review UCC catalog, program graduation guide and information packet, and Nursing Student Handbook for accuracy, consistency, and OSBN address and telephone number. Revise information as needed.</td>
<td>Faculty</td>
<td>Annually (fall or winter)</td>
<td>Faculty meeting minutes; end product in following year’s Nursing Student Handbook, UCC catalog, and Nursing Graduation Guide and Information</td>
<td>Tamra Samson Esther Moen</td>
</tr>
</tbody>
</table>

*Revised: 6/15*
UMPQUA COMMUNITY COLLEGE
ADN PROGRAM
FACILITY UTILIZATION FORM (use with Policy 1.6)

Facility: ___________________________ Date: _________________

Address: __________________________________________________________

Telephone Number: _______________________

To help us evaluate the use of your clinical facility, please fill in the requested information. If the information is already available in printed form, please refer to it in the space provided and attach it to this form.

Bed Count: ______  Average Daily Census: ______  Average Length of Stay: ______

Name/Location of Each Clinical Unit  Number of Students Appropriate On the Unit
________________________________________  ___________________  ___________________
________________________________________  ___________________  ___________________
________________________________________  ___________________  ___________________
________________________________________  ___________________  ___________________

Administrator: ________________________________

Director of Nursing: ________________________________

Education Director: ________________________________

RCC Nursing Assistant/Nursing Advisory Committee Member: _______________________

Accreditation (Please list current licenses, accreditations)
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

The clinical facility is/has:
1. A written statement of nursing service philosophy and objectives which is being implemented. (Please attach current philosophy and objectives, and briefly state below how they are implemented.)

2. A nursing staff sufficient in preparation, experience and stability to provide safe and effective nursing care. (Please list average staff/patient ratios.)

3. Physical facilities, instructional resources, supplies and equipment adequate and available for use in the learning experience. (Please indicate if policies, procedures, educational materials, supplies, etc. needed by students to complete a particular clinical experience are available for their use during clinical.)
UCC ADN Program
Student Evaluation of Acute Care Clinical Facility & Specialty Experiences
1st Year Students

A: Facility: ________________________________________ Term: ______

In an effort to evaluate the effectiveness of the facilities used for the clinical component of your education, please take a moment to give us your opinion of your most recent clinical facility in the following areas. Your input is instrumental to the success of the program. Thank you.

On a scale of 1-5, 1 being (very poor), 2 (below average), 3 (average), 4 (above average) and 5 (excellent) rate the facility. Circle the number that best represents your opinion. Space is provided for additional comments.

1) Availability to practice procedures presented in nursing theory or labs.
   1  2  3  4  5
   Comment:

2) Communication between nursing staff and students.
   1  2  3  4  5
   Comment:

3) Nursing staff's effectiveness as role models.
   1  2  3  4  5
   Comment:

4) Availability of learning experiences to meet course and personal objectives.
   1  2  3  4  5
   Comment:

5) Availability of adequate reference material.
   1  2  3  4  5
   Comment:

6) Adequacy of area for student/instructor conferences.
   1  2  3  4  5
   Comment:

7) Rate the overall clinical experience at this facility.
   1  2  3  4  5
   Comment:
B  Using a 1-5 scale, please rate the specialty experiences you were scheduled for earlier this year. On a scale of 1-5, 1 being (very poor), 2 (below average), 3 (average), 4 (above average) and 5 (excellent) rate the experience.

Responses from 3-5 would indicate you recommend continued use of the area for specialty clinical experiences.

Circle the number that best represents your opinion. Leave an area blank if you were not scheduled in that area.

Respiratory Therapy: 1  2  3  4  5;  Wound Care: 1  2  3  4  5;

Comments:
UCC ADN Program
Student Evaluation of Acute Care Clinical Facility & Specialty Experiences

2nd Year Students

A: Facility: ________________________ Term: __________

In an effort to evaluate the effectiveness of the facilities used for the clinical component of your education, please take a moment to give us your opinion of your most recent clinical facility in the following areas. Your input is instrumental to the success of the program. Thank you.

On a scale of 1-5, 1 being (very poor), 2 (below average), 3 (average), 4 (above average) and 5 (excellent) rate the facility. Circle the number that best represents your opinion. Space is provided for additional comments.

1) Availability to practice procedures presented in nursing theory or labs.
   1 2 3 4 5
   Comment:

2) Communication between nursing staff and students.
   1 2 3 4 5
   Comment:

3) Nursing staff's effectiveness as role models.
   1 2 3 4 5
   Comment:

4) Availability of learning experiences to meet course and personal objectives.
   1 2 3 4 5
   Comment:

5) Availability of adequate reference material.
   1 2 3 4 5
   Comment:

6) Adequacy of area for student/instructor conferences.
   1 2 3 4 5
   Comment:

7) Rate the overall clinical experience at this facility.
   1 2 3 4 5
   Comment:
B. Using the same 1-5 scale, please rate the specialty experiences you were scheduled for earlier this year. On a scale of 1-5, 1 being (very poor), 2 (below average), 3 (average), 4 (above average) and 5 (excellent) rate the experience. Responses from 3-5 would indicate you recommend continued use of the area for specialty clinical experiences. Circle the number that best represents your opinion. Leave an area blank if you were not scheduled in that area.

| Specialty             | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| MMC Behavior Health   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| MMC ICU               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| MMC ED                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Heart Cath Lab        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| MMC OB                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Comments:
I have read and understand the UCC Nursing Program Policy Manual.

____________________________________  ______________________
NAME                                   DATE