Adjunct Clinical Instructor Manual

Department of Nursing

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E-Mail: Nursing@winona.edu  
Web: http://www.winona.edu/nursingandhs/nursing.asp
Welcome to the WSU Department of Nursing

Welcome to the intellectually stimulating, exciting, caring world of nursing education, where you have the opportunity to make a difference in students’ lives! This manual was developed in order to provide easy access to informative materials that will be helpful for orientation and future reference. We are excited to have you join the ranks of WSU nursing faculty who are improving our world by providing expert nursing care and education!
In order to help prepare you better for the role of clinical instructor, we have prepared this manual, along with an orientation session for you to attend prior to your first clinical day with students. The orientation session provides specific information about WSU, the nursing department, faculty & student policies with which you need to be familiar, as well as essential information for the nurse who is now adding the role of nurse educator.

Please understand that the role of the Adjunct Faculty Coordinator has been created to facilitate your success in educating nursing students. And please utilize this coordinator as needed. Feel free to provide feedback on measures that the department of nursing can take to further assist in your success, as we are always looking to improve the experience of our adjunct faculty.

MISSION

Grounded in an environment of scholarship, the mission of the WSU Department of Nursing is to educate knowledgeable Caring, Ethical, Creative, and Accountable nurse leaders who provide person- and relationship-centered care for individuals, families, groups, communities and populations in a diverse society. This mission is based on the beliefs that:

1. A caring, diverse, and respectful community provides the best environment for students to learn how to care for themselves and others;
2. Optimal learning to care for self and others occurs in a caring, diverse and respectful community;
3. Faculty and students are accountable for maintaining and modeling professional standards of moral, ethical, and legal conduct;
4. Recognizing and valuing human diversity is essential to person- and relationship-centered care;
5. Individuals have different ways of knowing and learning about the world;
6. Creativity and innovation contribute to continuous quality improvement and sustainability;
7. An enriched learning environment is the responsibility of faculty, staff, and students;
8. Effective nurse leaders engage in continuous professional development and lifelong learning;

PHILOSOPHY

The undergraduate and graduate curricula are based on a shared philosophy that views the professional nurse as an individual with a minimum of a baccalaureate degree in nursing who may also possess a master’s degree or a doctorate.

The philosophy of the Department of Nursing states that the professional nurse provides care that is:

1. **Person-Centered.** Person-centered care is an approach in which individuals are viewed as whole persons. It involves advocacy, empowerment, and respecting the person’s autonomy, voice, self-determination, and participation in decision-making. Persons are defined as the participants in nursing care or services. They may be individuals, families, groups, communities, aggregates, organizations, systems, and populations. Persons may seek or receive nursing interventions related to health promotion, health maintenance, disease prevention, illness management, and end-of-life care. Depending on the context or setting, persons may be referred to as patients, clients, residents, consumers, customers and/or organizations of nursing care or services.
2. **Relationship-Centered.** Relationship-centered care values and attends to the relationships that form the context of compassionate care, including those among and between:
   a. Practitioners and recipients of care
   b. Individuals as they care for themselves and others
   c. Practitioners and communities in which they practice
d. Healthcare practitioners across various professions

e. Administrators and managers as they set the environment and resources for care

3. **Evidence-Based.** Evidence includes research findings and their interpretation, practitioner and consumer expertise and preferences. The nurse draws upon these types of evidence to inform critical thinking and decision-making.

4. **Respectful.** Respectful care is based upon mutual relationships that embrace diversity, and promote dignity and choice. Diversity includes the range of human variation that professional nurses encounter. Age, race, gender, disability, ethnicity, nationality, religious and spiritual beliefs, sexual orientation, political beliefs, economic status, native language, and geographical background are included.

The professional nurse achieves the following educational outcomes in relation to **seven key characteristics:**

1. **Critical Thinker:** Integrates questioning, analysis, synthesis, interpretation, inference, inductive and deductive reasoning, intuition, application and creativity to aid in clinical reasoning and to make appropriate clinical judgments.

2. **Culturally Sensitive Practitioner:** Demonstrates knowledge, understanding, and skill in providing culturally sensitive care to diverse individuals, families, and populations.

3. **Effective Communicator:** Demonstrates effective professional communication with persons, members of their support system, and interdisciplinary team members to build relationships that promote person- and relationship-centered care and improve outcomes.

4. **Excellent Provider of Care:** Provides safe, compassionate, person-centered, relationship-centered, evidenced-based, and respectful care to individuals, families, and populations across the lifespan and continuum of care.

5. **Ethical Decision Maker:** Demonstrates moral, ethical and legal conduct in practice.

6. **Facilitator of Learning:** Implements teaching and learning strategies to ensure the development of attitudes, knowledge and skills to maximize health outcomes. Promotes lifelong learning for self and others.

7. **Organizational and Systems Leader:** Applies leadership skills to manage environmental and system resources, within and across health care systems, to provide evidence-based nursing care that contributes to safe, high quality, patient outcomes and improvements in healthcare delivery.

These outcomes are contained in each specific Course Outline. These outlines are available on [D2L course site](#).
Clinical Courses Utilizing Adjunct Faculty:
(Please log into D2L for further information for each course)

NURS 341 Therapeutic Applications of Nursing Skills & Health Assessment [Term 1 students]
Credit Hours: 4 SH—2 SH theory, 2 SH practicum
Course Description: Develops the skills and assessments necessary for nursing care of individuals and families in professional nursing practice.

NURS 343 Professional Practice I [Term 1 students]
Credit Hours: 5 SH—3 SH theory, 2 SH practicum
Course Description: Provides an introduction to the profession of nursing in the context of foundational concepts important to medical-surgical nursing. Focus is on developing knowledge, beginning clinical judgment skills, beginning communication skills, and the application of therapeutic interventions for diverse adult patients and their families in acute care settings.

NURS 352 Caring for the Older Adult [Term 2 students]
Credit Hours: 3 SH—2 SH theory, 1 SH practicum
Course Description: Examines the complexity of elder care, including factors contributing to longevity and health in old age as well as genetic predisposition, lifestyle, culture, and environment.

NURS 353 Professional Practice II [Term 2 students]
Credit Hours: 6 SH—3 SH theory, 3 SH practicum
Course Description: Focus will be on continued development of content knowledge, critical thinking, clinical reasoning, and clinical judgment skills. Emphasis will be on effective communication skills and application of therapeutic interventions that address the needs of a diverse adult patient population in acute care settings.
**NURS 443 Professional Practice III [Term 3 students]**

Credit Hours: 5 SH Practicum

Course Description: This clinical course focuses on providing nursing care to individuals, families, and populations in a variety of settings, to include but not limited to schools, hospitals, clinics, simulations, and the community. It emphasizes evidence-based practices, clinical prevention and population health of families and populations and the management of acute and chronic conditions within these populations.

**NURS 453 Professional Practice IV [Term 4 students]**

Credit Hours: 5 SH practicum

Course Description: This clinical course focuses on leadership and the development and provision of nursing care to individuals, families, and populations in a variety of settings. The course emphasizes evidence-based practice, clinical prevention, and population health.

**NURS 454 Leadership in Professional Practice [Term 4 students]**

Credit Hours: 4 SH—1 SH theory, 3 SH practicum

Course Description: Synthesis course encapsulating the essence of the baccalaureate nursing role. Student consolidate their understanding of evidence-based, quality and safe nursing care. They will collaborate within clinical settings to improve systems and patient outcomes.

Contact information for Course Coordinators:

<table>
<thead>
<tr>
<th></th>
<th>Winona Campus</th>
<th>Rochester Campus</th>
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<tbody>
<tr>
<td><strong>Professional</strong></td>
<td><strong>Practice I</strong></td>
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<tr>
<td></td>
<td>Maureen Gerson</td>
<td>Terese Hemmingsen</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:MGerson@winona.edu">MGerson@winona.edu</a></td>
<td><a href="mailto:THemmingsen@winona.edu">THemmingsen@winona.edu</a></td>
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<tr>
<td></td>
<td>507.457.5131</td>
<td>507.285.7342</td>
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<td></td>
<td>Stark 341</td>
<td>HS 110</td>
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Contact information for Nursing Department:

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Title</th>
<th>Office</th>
<th>WSU Phone</th>
<th>Email</th>
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<tbody>
<tr>
<td>Bill McBreen</td>
<td>Dean</td>
<td>Stark 301A</td>
<td>(507) 457-5122</td>
<td><a href="mailto:WMcBreen@winona.edu">WMcBreen@winona.edu</a></td>
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<tr>
<td>Martha Scheckel</td>
<td>Department Chairperson</td>
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<td><a href="mailto:MScheckel@winona.edu">MScheckel@winona.edu</a></td>
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<tr>
<td>Brenda Canar</td>
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<td><a href="mailto:BCanar@winona.edu">BCanar@winona.edu</a></td>
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<td>Fax: (507) 285-7138</td>
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<td>Name</td>
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<td>Location</td>
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<tr>
<td>Sue Sullivan</td>
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<td>(507) 529-6120</td>
<td><a href="mailto:SSullivan@winona.edu">SSullivan@winona.edu</a></td>
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<td><a href="mailto:MJohnson@winona.edu">MJohnson@winona.edu</a></td>
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<tr>
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<td>Stark 331</td>
<td>(507) 457-5132</td>
<td>C: (507) 450-1904</td>
</tr>
</tbody>
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Winona, MN 55987
Nursing: 303 Stark Hall
Phone: (507) 457-5120
Fax: (507) 457-5550
[http://www.winona.edu/nursingandhs/nursing.asp](http://www.winona.edu/nursingandhs/nursing.asp)
Nursing Department Hours: 8 a.m.-4 p.m.

**WSU Rochester Center:**
Nursing: Health Sciences 107
859 30th Ave. SE
Rochester, MN 55904
Phone: 507.285.7100
Fax: (507) 285.7138
[http://www.winona.edu/rochester/rochesternursing.asp](http://www.winona.edu/rochester/rochesternursing.asp)

**Accreditation**
The Commission on Collegiate Nursing Education (CCNE) has accredited the Winona State University Baccalaureate Degree Program in nursing through June 2023. The undergraduate nursing program maintains ongoing approval from the Minnesota Board of Nursing. Graduates are eligible to write the professional nurse licensure examination (NCLEX) and to apply for Public Health Nursing Certification. A student may be eligible to apply for school nursing certification by taking specified electives required by the State Department of Education. Graduates are capable of giving professional nursing care in first-level nursing positions and have a base for graduate study.
Policies

1. **WSU Email** - all adjunct faculty members will be issued a WSU email address. During your contractual period, it is expected that you will utilize and check your WSU email for correspondence with students, other faculty, and course coordinators. This will be the standard method of communication.

2. **Faculty Dress code** - adjunct faculty participating in clinical experiences may wear purple scrubs. You may choose to wear purple top/purple bottoms/both purple tops & bottoms. Faculty can also choose to wear a white top with lab coat. Your attire should distinguish you from the student uniform. Please also wear your WSU photo name badge for **ALL** clinical experiences. You may utilize any other equipment that you deem necessary to fulfill your clinical instructor duties.

3. **Faculty Illness** - will result in cancellation of clinical experience. Faculty will be responsible to notify students and clinical unit of cancellation. The faculty member should then contact both the Adjunct Coordinator as well as the Course Coordinator. One extra week has been allotted each semester for a make-up clinical experience. Such a change in schedule will be communicated as early as possible to the group of students.

4. **Student Illness** - Students will contact clinical instructor (faculty preference of call/text/email) and assigned clinical unit regarding absences, with reason provided, no less than 4 hours prior to the start of the clinical experience. See below for more details (taken from Undergraduate Nursing Student Handbook)

5. **Inclement Weather** - In the event of impassable weather conditions, the clinical faculty has the discretion to cancel the clinical experience or make arrangements for early release during the shift. The clinical instructor will bear in mind the safety of the students, especially when the clinical site is outside of the Winona area. The clinical faculty will be responsible to notify the clinical unit of the cancellation. If a clinical experience is cancelled due to inclement weather, the clinical faculty will notify the Adjunct Coordinator, as well as the Course Coordinator. One extra week has been allotted each semester for a make-up clinical experience. Such a change in schedule will be communicated as early as possible to the group of students.

6. **Academic Integrity** - required throughout the university and the nursing program. Lack of integrity and dishonesty are violations that have very severe consequences, such as dismissal from the nursing program.

7. **Academic Standards & Progression** - grade of “C” or above must be achieved in each required nursing course. Grades less than “C” constitute a failure in the course. Students will
be required to repeat a course and adhere to any other remediation measures. Two failures in
two different semesters will result in dismissal from the nursing program. Students must
adhere to the university standards for retention and scholarship as stated in the current
undergraduate catalog.

8. Clinical experiences in all of the Professional Practice courses are Pass or Fail. There is not a
letter grade assigned. The clinical faculty determines whether each student in their group
passes/fails based on the Clinical Performance Rubric. If a student is not progressing
adequately, it is expected that the clinical instructor will contact both the Adjunct Coordinator
and the Course Coordinator in order provide resources to facilitate student success. If a
student is performing in an unsafe manner during a clinical experience, this could be grounds
for a failure and the need to repeat the experience; Adjunct and Course coordinators are
available to assist with this type of decision.

9. Students must maintain a level of health in which they are able to participate in clinical
experiences and provide direct patient care. If there is a situation where it is questionable as
to whether the student should be on the clinical unit, please contact the Adjunct Coordinator
and/or the Course Coordinator. The student is expected to seek appropriate professional
assistance as needed. Verification from an appropriate health care provider of adequate
health to function adequately and safely may be required.

10. Undergraduate Nursing Student Handbook [Provided to & signed by ALL nursing students]
“Requirements for Participation in Clinical Courses” (taken from Handbook):

a. Health Policies- Students must meet the following health policies required by Winona State
University and the Joint Commission before participating in any clinical course: evidence of
freedom from tuberculosis-submit yearly; evidence of rubella immunity; documentation that
immunizations (Measles Mumps Rubella (MMR), Tetanus/Diphtheria or
Tetanus/Diphtheria/Pertussis, Polio, and Hepatitis B) are current. Annual documentation of
influenza vaccine or submission of waiver form; evidence of chickenpox or record of immunization;
documentation of personal health insurance; submission of Functional Abilities Statement
completed by your health care provider.

Questions related to health policies should be referred to the nursing department chairperson.

b. Professional Liability Insurance- Students will be billed by Winona State University during each
semester for professional liability insurance coverage. Therefore, no proof of insurance will be
required from students at this time.

c. Cardio Pulmonary Resuscitation (CPR)- Students must maintain continuous current certification in
one and two person CPR for infants, children, and adults throughout their progression in the
nursing program. This certification is valid until expiration date on the card. Proof of certification
must be submitted to the Nursing Department prior to starting clinicals. A lapse in coverage or
failure to have current certification may result in dismissal from that clinical course.

d. Attire for Client Interaction- Professional apparel is neat, modest, well fitting and must conform to
agency dress code. Students are to be dressed in a professional manner at clinical sites and during
client interactions. Examples of non-professional attire include clothing that is too casual (such as
jeans, shorts, sweat shirts) or too trendy (such as excessive jewelry or logo shirts), or too revealing
(no belly, buttocks or cleavage). If a student’s appearance is deemed to be unprofessional, the
student may be asked to leave the clinical area. Additionally, tattoos are to be covered.

e. Hospital Dress Code

i. Uniforms are required and consist of white pants and a purple top. Students may purchase
whatever style of white pants they choose as long as it follows the guidelines for ‘attire for
client interaction’ outlined above. The top should be a deep purple (e.g. grape, plum, NOT
violet, lavender or wisteria). At the beginning of each semester, the Nursing Club provides
an opportunity to purchase uniforms on the Winona campus in the Nursing Department. If
there are questions regarding uniforms, please contact a faculty member. Some clinical
Complete all Nursing hiring requirements including:

i. either a lab coat over street clothes or the student uniform must be worn when preparing for assignments in the hospitals.

ii. The WSU photo name badge must be worn at all times during patient/client interaction or when at an agency as a WSU Nursing Student.

iii. Acceptable jewelry includes engagement and/or wedding rings. For pierced ears, one pair of small, non-dangling earrings is acceptable. No necklaces, bracelets or other rings. Visible piercings to other body parts should be avoided and jewelry must be removed.

iv. Hair longer than shoulder length must be secured with a plain fastener. Beards and mustaches should be neatly trimmed. Fashion accessories must be removed.

v. Nails should be clean, well manicured, and short. Acrylic nails and nail polish are generally not allowed in most agencies.

vi. Minimize use of makeup, perfume and aftershave lotion.

vii. In the clinical agency, students must have: a black ballpoint pen, a watch with a second hand, and a faculty-approved stethoscope, with interchangeable bells and diaphragms, suitable for adults and infants. Bandage scissors are also useful and recommended.

ix. Preparations for Clinical Experiences: Students are to be prepared for clinical experiences. Students who are unprepared may be told by the instructor to leave the clinical setting.

f. Absence from Clinical Experience: Attendance at assigned clinical experiences is mandatory. Prior arrangements should be made with the instructor if a clinical experience must be missed. Clinical make-ups are scheduled at the discretion of the clinical faculty and agency schedule. In the event of illness or emergency, the student must personally notify the instructor and clinical site prior to the assigned clinical time (preferably 4 hours prior to start time). If illness or emergency results in a prolonged absence, the student must also notify their nursing faculty advisor & course coordinator. If considerable time is lost in any clinical course, clinical faculty and the course coordinator will review the student’s record. They will determine if the student has had the essential learning experiences, if course outcomes have been met, and if a plan devised to make up deficiencies.

g. Transportation: Students are responsible for arranging and financing their own transportation and parking for site-based experiences in the nursing major. Since site-based experiences occur at various times in hospitals, community health and client’s homes, each student must plan for individual transportation to site-based experiences.

h. Computer Training: Students will complete each agency’s required computer competencies prior to clinical rotation and client interaction.

i. Student’s Rights: The student has rights, which must be protected.

i. These include, but are not limited to: fair evaluations, advisement and academic counseling, assistance in identifying and meeting learning goals.

ii. Each nursing student is assigned a nursing faculty advisor. The student is expected to utilize his/her advisor as a resource person. The student is free to request/select a different advisor in the event that he/she does not wish to meet with the assigned advisor. The Department of Nursing administrative assistant in charge of advisee assignments will assist with change of advisor requests.

1. WSU Student Grievance Procedure: The purpose of this procedure is to provide a method of processing a student grievance. A grievance is a dispute or disagreement between a student and an employee of the university. Grievances related to nursing faculty action should be initiated within two weeks of occurrence.

Responsibilities of Adjunct Faculty:

I. Complete all Nursing hiring requirements including:

a. Resume on file: copy must be sent to the Administrative Assistant to the Dean (Brenda Canar).

b. MN &/ WI Nursing license number for electronic license verification purposes

c. Adjunct Faculty members are expected to maintain health requirements and provide documentation of these requirements at the start of each semester (e.g. CPR
certification, Mantoux screening annually, influenza vaccination annually, background study)—This information will be uploaded electronically, and updating will be the responsibility of each individual faculty member.

- **WSU Photo Name badge to be worn for ALL clinical experiences**
  Adjunct Coordinator is able to assist with obtaining name badge; may be necessary to visit a WSU campus for ID picture

- **Familiarize yourself with the Nursing Student Handbook**
  Focus particularly on clinically oriented sections; be familiar with grading policies, attendance policies, etc.

### II. Access to Clinical Adjunct Orientation Course on D2L

We encourage you to look through these modules initially and continue to use them as a resource when questions arise:

To access D2L:

1. Go to [WSU Homepage](#)
2. Click on “Resources” at the top middle section of the page. Go to “D2L”
3. Enter your Username & Password (same as your WSU Email)
4. Click on **Self-Registration** and find “ClinicalAdjunctOrientation.”
5. Click on the **Register** button and this course will be added to your queue.
6. On home screen near top left corner, locate “Select a Course” and click on it. In the dropdown menu, scroll to “ClinicalAdjunctOrientation.”
7. Click on the first tab “Materials.” Then choose “Content.” You will see a Table of Contents on the left hand side, with all 9 Modules located below. No need to print certificates at this time

1. Module 1 – Clinical Faculty Role
2. Module 2 – Student Role Module
3. Module 3 – Skills for Clinical Teaching
4. Module 4 – Teaching Students to think like a Nurse
5. Module 5 – Giving Feedback
6. Module 6 – Principles and Methods of Evaluation
7. Module 7 – Crafting the Clinical Experience
8. Module 8 – WSU Nursing Program Resources
9. Module 9 – Department Structure (no certificate to print)
10. Course Evaluation- we appreciate your feedback and/or recommendations

***Please refer to Appendix G for screen shots of how to access D2L modules.***

### III. Meet with Course Coordinator for:

<table>
<thead>
<tr>
<th>Course Information and Teaching Assignment</th>
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<tbody>
<tr>
<td><strong>A. Course Syllabus, Handouts, Forms &amp; Tools</strong></td>
</tr>
<tr>
<td>• Course Outline (D2L, see below)</td>
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<tr>
<td>• Course Schedule (D2L, see below)</td>
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<tr>
<td>• Clinical Assignment and list of students</td>
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<tr>
<td><strong>B. Textbooks</strong></td>
</tr>
<tr>
<td>• Provided on an as needed basis (Access to Pageburst online textbooks available from Adjunct Coordinator)</td>
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<tr>
<td><strong>C. Cooperating Agencies</strong></td>
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<tr>
<td>• Facility and unit assigned to</td>
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<tr>
<td>• Unit specific orientation- based on agency requirements</td>
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<td>• Unit Contacts</td>
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<td>• Unit Policies &amp; routines</td>
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<tr>
<td>• Shadowing for 4-8 hours may be required if you are new to a clinical unit, depending on institution</td>
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<tr>
<td><strong>D. Student Learning and Evaluation</strong></td>
</tr>
<tr>
<td>• Care Plans</td>
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<td>• Assignments</td>
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Grading recommendations

E. Student Clinical Orientation
- Parking
- Computer access (username & password)
- EMR orientation
- Medication administration procedure (See 7 Safety Checks document - Appendix D)

F. D2L Access to Course Documents and Rubrics
- https://winona.ims.mnscu.edu/
- Theory Class should be listed under Fall 2015 heading. Click on this link to enter the course page. Navigate through page to familiarize yourself with the content.

G. Student Evaluation
- Ongoing communication throughout the semester with Course Coordinator/Adjunct Coordinator, r/t deficiencies in student performance or need for remediation
- Completed 2x per semester: Midterm (informal) & upon completion (formal) of clinical experiences
- Performance Evaluations are to be submitted to the Course Coordinator with in 1 week of the final clinical experience.
- Performance Evaluation rubric- found under Content within D2L Course Website
- Remediation issues (extra lab time, simulation, Performance Improvement Plan- Appendix A)

H. Faculty Illness or absence – See Policies. If more than one occurrence, please alert Adjunct Coordinator/Course Coordinator to determine measures to be taken to ensure student success throughout clinical experience.

I. Communication – ongoing with Adjunct Coordinator & Course Coordinator. Establish method of preferred communication with your student group.

J. Faculty Dress code- adjunct faculty participating in clinical experiences may wear purple scrubs. You may choose to wear purple top/purple bottoms/both purple tops & bottoms. Faculty can also choose to wear a white top with lab coat. Your attire should distinguish you from the student uniform. Please also wear your WSU photo name badge for ALL clinical experiences. You may utilize any other equipment that you deem necessary to fulfill your clinical instructor duties.

K. Incident Reporting – per agency guidelines.
DO NOT INCLUDE PATIENT DATA; USE AN INITIAL/ROOM NUMBER, BUT NOT IDENTIFYING INFORMATION.
Please inform the Course Coordinator/Adjunct Coordinator immediately.
A copy of the incident report should be submitted to the Course Coordinator/Adjunct Coordinator.

IV. Orientation to Clinical Unit: once you have received your clinical unit assignment, it is expected that you will be in contact with the Nurse Manager (NM)/Patient Care Supervisor (PCS)/Nurse Educator (NE) for said unit. If you need assistance with this process or with obtaining contact information, please contact the Adjunct Coordinator. PLEASE COMPLETE THE FOLLOWING TASKS:

1. Schedule a time to orient to the unit with the NM/NE of the unit. May be required to follow staff nurse to assist with familiarization on unit
   - **EMR training will be necessary**, specific to your clinical agency (unless you are a current employee). Please complete the EMR training in a timely manner to ensure that you are able to utilize the EMR.
2. Provide the NM/NE with a clinical schedule for your clinical group- clinical objectives will be shared with your unit by the Administrative Assistant.
3. Complete any shadowing requirements prior to first clinical day.
4. Introduction to personnel on the unit, and assist with introduction of students within group
5. Unit Policies/routines/charting
6. Share student names/schedules/your contact information with unit
   - Student Assignment Sheet- some facilities have designated form otherwise we have included WSU Student Assignment Sheet (Appendix B).

V. Role conflict
During the time that you are contracted as a clinical instructor in an adjunct capacity, you are an employee of both Winona State University and the entire MnSCU system. You may also be employed by an outside agency while fulfilling your contractual duties for WSU. It is the expectation that while performing clinical supervision in an outside facility (acute/long term/community), your priority will be the experience of the WSU student nurses. A WSU photo name badge will be provided to you and is expected to be worn to ALL clinical experiences. This name badge will indicate your primary purpose for
being on the clinical unit to the staff at the clinical agency. As a role model for nursing students, please establish appropriate boundaries with the unit staff, especially if this is a unit that you serve in another professional role.

VI. Evaluation of Adjunct Faculty
Adjunct faculty and all nursing faculty are evaluated by students at the end of each semester. Please see Appendix F for a copy of the Student Evaluation of Clinical Instructor format, which is administered via student email during the theory portion of the course. These results will be provided to the each Course Coordinator to be shared with all faculty within the course. You may also choose to administer your own evaluations utilizing on-line survey websites (Qualtrics, Survey Monkey, etc).

VII. Advantages of being an Adjunct Faculty Member
1. WSU Fitness Center Membership available to you and your spouse.
2. Depending on the number of credits/courses that you teach, you may be eligible for tuition reimbursement benefits. Please contact Human Resources at WSU to set up an appointment to learn more.
   ***Adjunct faculty members receiving a Bateman Peacock scholarship from Mayo Clinic are not eligible for WSU benefits.

VIII. Sign & return “Certificate of Completion Adjunct Nursing Faculty Orientation” to the Adjunct Coordinator (E-signature is sufficient) located at the end of this manual. (p. 24)

Supervision of Students in Clinical

1. The instructor is responsible for the instruction and supervision of students in the clinical area. The instructor is responsible for the provision of learning experiences that facilitate application and integration of theoretical principles, active participation and experience in patient care management, and observation with active participation in professional roles for nurses in different settings. During clinical experiences the focus for the students should be on providing direct patient care and being an active participant on the clinical unit; observation activities and alternate experiences should be kept to a minimum. The instructor is also responsible for ensuring patient safety and for the school’s compliance with policies established by the clinical agency. Students may not take verbal orders, sign off ANY orders, or witness narcotic wasting. Please see Appendix H for a list of guidelines for student nurses.

2. Active Supervision of Students during Clinical experiences
It is the expectation of WSU Department of Nursing that all clinical faculty will actively supervise students during their clinical experiences. According to the MN Nurse Practice Act, revised in 2013, "Supervision means the guidance by a registered nurse in the accomplishment of a nursing task or activity. Supervision consists of monitoring, as well as establishing, the initial direction, delegating, setting expectations, directing activities and courses of action, evaluating, and changing a course of action (Subd. 23)."

Active supervision involves:

- Directly teach expected behaviors and routines for specific clinical setting
- Pre-correct, remind, and prompt expected behavior and routine before and while on the clinical unit.
- Remain visible on the unit by continuously moving, scanning area, and interacting with as many different students as possible.
- Provide specific acknowledgements and contextually appropriate positive reinforcement for displays of expected behavior and routines.
- Being the primary supervisor of the care provided by the student, so that you can accurately evaluate their clinical performance (Unit RNs are able to supervise students performing cares, but this should be the exception, as the clinical instructor is the preferred supervisor)
- Being a support person to both the students and the staff by assisting with patient care when able

3. The instructor is responsible for maintaining open communication with the staff nurses and
nurse manager on the unit by discussing clinical objectives and clarifying the activities of the students prior to the clinical experience. It is recommended to post the student assignments for the day with the staff/charge nurse, and perhaps put a note as to which students will be administering medications on the given shift. You may also want to give a list of student assignments to the patient care assistants.

4. Patient Assignments
   a. When making patient assignments, it is a good idea to confer with the staff nurses and/or charge nurse in an effort to create the most positive experience for the student. On some units, staffing assignments may be influenced by student assignments, so good communication with the staff nurses is very important.
   b. Some clinical units have a defined Student Assignment Forms. If there is not a designated form, you may utilize the WSU Clinical Assignment Sheet (Appendix B).

5. Medication Administration
   a. Students are expected to pass medications initially with their clinical instructors to assure that they are proficient. Utilization of the “7 Safety Checks” document will guide the clinical instructors evaluation of the student. After the student is deemed proficient and at the clinical instructor’s approval, the students are then able to pass medications with an assigned RN (depending on clinical facility). If necessary, the “7 Safety Checks” document should be shared with unit RNs to ensure patient safety and continuity of administration (Appendix C).
   b. Clinical instructors are responsible for working with students who need extra education with medication administration and should be checking with the staff RNs throughout clinical time to assess student’s progress and to see if there are any concerns with the students who are giving medications. [Students are NOT granted access to the Pyxis machines]

6. Student errors in clinic
   a. In the case of a medication error, the instructor, the student, and the staff nurse should consult with the patient’s physician to correct the error and ensure patient safety. Please also follow any Event Reporting guidelines of the specific agency.
   b. Appropriate documentation is essential for the student’s evaluation and for instances in which the mistake affects patient care. Medication errors or issues involving patient safety should be discussed with the Course Coordinator/Adjunct Coordinator.

7. The First clinical day
   a. The initial meeting with the student group sets the tone for the entire clinical experience. To be effective, the clinical instructor should make clear the structure of the learning experience and the expectations. These expectations can be presented as professional behaviors observed by all nurses in their practice and include:
      i. Accountability
      ii. Honesty in patient care
      iii. Punctuality
      iv. Attendance
      v. Responsibility (being prepared for clinical, actively participating, completing assignments in a timely manner, maintaining safety)
      vi. Professional decorum (adherence to dress code, collegiality and respect, confidentiality)

8. Things to encourage when students have down time:
   a. Answer call lights, offer comfort measures e.g. hand massage, back rub
   b. Ask your supervising nurse if you can help with other patients
   c. Look up medications with which you are not familiar, look at most recent lab values
   d. Check out the menu and supplies in the kitchen, tidy your patient’s room
   e. Look at patient education information for specific conditions, investigate recreational
opportunities available to your patients (TV, Video, newspapers, books, games)
f. Talk to the unit secretary about their role – respecting their time constraints
g. Offer to take your patient for a walk outside/to the chapel/around the building (if appropriate)

Teaching- Learning Principles in the Clinical Setting

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

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

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

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

e. Making learning meaningful – students will become more engaged if they recognize that the learning experience will aid them in meeting their goals. To effectively do this, the clinical instructor will need to know what the student’s goals are. By discussing the student’s specific goals for the learning experience, the instructor can guide the student toward goal achievement. The student’s goal(s) should be focused on learning versus being entertained. Some students may require more assistance with setting goals that have this focus.

f. Assisting Peers – encourage students to assist other students and other nurses on the unit when time permits. Some of the best learning can occur when there is a team mentality on the unit, and students can look to their peers as support persons.

g. Professional Interaction & Communication – Student nurses, as well as clinical faculty, are expected to abide by the Code of Ethics put forth by the American Nurses Association. Please familiarize yourself with this document and hold student nurses to this level of professionalism.

Teaching strategies for the clinical experience
Pre-conference

I. This is useful for the instructor to answer questions, provide a review of what is expected for the day, and to talk with the students to decrease student anxiety levels.

II. This time is useful to assist the student in organizing their day and prioritizing the care they must give.

The clinical day

The structure of the clinical day will vary according to the course, the course objectives, and the level of the student.

Teaching methods:

I. Demonstration
   a. The instructor explains the concept, shows the student how to apply the concept or perform the procedure, then elicits a comparable performance from the student

II. Discussion & questioning
   a. Instructors ask questions of the students, students ask questions of the instructor. Skilled questioning stimulates the discovery of the idea or answer by the student.

III. Observation assignments (r/t Term 2 OR experience; others are to be kept to a minimum)
   a. Students are assigned to observe various aspects of health care. This assignment should be guided by specific objectives.

IV. Process recording
   a. This method is often used to help students develop communication and relationship skills. Students are asked to record conversations between themselves and their patients. By analyzing their communication patterns, learners can improve their professional interactions.

V. Clinical logs or journals
   a. The student is asked to write notes about the clinical day. This may be based on assigned topics to address, such as skills they performed, or reactions to care provided.

VI. Nursing rounds
   a. The purpose of nursing rounds is to expose learners to more nursing situations and to encourage them to consult with each other in planning and evaluating patient care.
   b. The learners inform their patient that their classmates and instructor will be in for a brief visit. Before entering the room, the assigned student briefly informs the group about the patient and the diagnosis. Once in the room, the assigned student interacts with the patient while the others observe as much as they can about the patient and the environment. The instructor may point out the use of certain equipment or procedures. All other discussion occurs after leaving the patient room.

Post-conference

I. This can be an ideal opportunity for pointing out application of theory to practice, and for evaluating nursing care. The post-conference session should be guided by the Student Learning Outcomes (see below), so that this time does not result in an unstructured summary of the day. These outcomes are outlined for each specific course within the Course Syllabus on D2L course site. See below for examples of how students may meet these outcomes.
   - Critical Thinker
   - Culturally Sensitive Practitioner
   - Effective Communicator
II. The primary topic of discussion should be congruent with the clinical objectives or the topic in the theory portion of the course. Please refer to D2L course content for schedule of topics. Other ways of structuring this session may include having the student evaluate their care and give rationales for their nursing interventions.

Role modeling in the clinical setting (Wiseman, 1994)

Below are the seven major categories of role model behaviors in nursing within the WSU nursing program. It is suggested that instructors consider which behaviors they will focus on, how these can be demonstrated, and then provide positive feedback to the student when the behaviors are exhibited. These behavior clusters are:

- **Critical Thinker**
  - Listens to change of shift reports
  - Asks questions regarding patient’s condition
  - Demonstrates problem-solving ability in the clinical setting

- **Culturally Sensitive Practitioner**
  - Uses therapeutic communication skills with patients
  - Demonstrates caring attitude toward patients
  - Demonstrates a caring attitude toward peers/staff

- **Effective Communicator**
  - Interacts with physicians in a confident manner
  - Displays a sense of humor in appropriate context
  - Appears to have respect for agency personnel
  - Identifies self to patients when first meeting them

- **Excellent Provider of Care**
  - Demonstrates the use of equipment unique to the clinical setting
  - Demonstrates nursing care procedures
  - Demonstrates up-to-date and evidence-based nursing practice
  - Demonstrates ability to care for patients’ needs
  - “Pitches in” when needed to assist others

- **Ethical Decision Maker**
  - Keeps confidential information to self
  - Demonstrates accountability for own actions

- **Facilitator of Learning**
  - Provides a positive atmosphere for students to learn
  - Listens to students’ point of view
  - Gives positive feedback
  - Is flexible when the situation requires a different approach

- **Organizational and Systems Leader**
  - Demonstrates the use of equipment unique to the clinical setting
  - Reports clinical data to staff personnel in a timely fashion
  - Is neat and clean in personal appearance
  - Is organized in the clinical setting
  - Demonstrates an enthusiastic attitude toward nursing
Evaluating the clinical performance

Each course has objectives that are congruent with the program mission, philosophy, and expected outcomes. The method of evaluation of the student’s clinical performance may vary somewhat, but there is consistency within the program for accreditation purposes. Each Course Coordinator should carefully review the clinical performance documentation with all instructors teaching in the clinical course for consistency.

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

- Anecdotal notes are helpful to keep track of student performance. It is important to record both strengths and weaknesses, and to make notes on all students, not just the weaker students. Keeping notes on only the students with problems could be seen as discriminatory. Weekly notes are also helpful when completing Performance Evaluations at midterm and at the completion of clinical experiences.

- Formative evaluation is ongoing feedback given throughout the semester. Formative feedback may be given orally or in writing. Formative evaluation is the basis for summative evaluation.

- Summative evaluation is the summary evaluation given at the end of clinical experience. Summative evaluation results in a grade of some type being given (Clinical experiences are Pass/Fail). Clinical evaluation tools may differ among terms & courses, but all contain the Seven Key Characteristics, which evaluate the extent to which students have achieved course outcomes.

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

On behalf of the Winona State University Department of Nursing, THANK YOU for your time and commitment to the role of adjunct clinical instructor this semester for our WSU nursing students. We sincerely appreciate the energy and professional influence you will share with our WSU students. Your dedication to preparing student nurses is essential to ensure a caring and competent nursing workforce!

Without your efforts, the profession would not continue to move forward in exciting and wonderful ways. We are proud to have you as a member of this esteemed nursing program and appreciate all that you do. We look forward to working with you again and again.
### Department of Nursing

**Adjunct Clinical Faculty Orientation Checklist**

<table>
<thead>
<tr>
<th>Orientation Items</th>
<th>Resources</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Orientation to Clinical Faculty role</strong></td>
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<tr>
<td>Orientation Day on campus (except Bateman)</td>
<td>AC / CC</td>
<td></td>
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<tr>
<td>Expectations of Faculty role (active supervision, perform skills, review all documentation, med administration, etc.)</td>
<td>Manual- p. 16-17</td>
<td></td>
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<tr>
<td>Expectations for students (level of independence, professional behavior etc.)</td>
<td>CC / Adjunct Coordinator</td>
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<td>Course Coordinator contact information</td>
<td>Manual- p. 7</td>
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<tr>
<td>Contact info for department</td>
<td>Manual- p. 8</td>
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<tr>
<td>Policies/Procedures for clinical experiences</td>
<td>Manual- p. 9-10</td>
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<tr>
<td>Undergraduate Nursing Student Handbook</td>
<td>Link in Manual- p. 11</td>
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<tr>
<td>Agency Orientation/ EMR training/ Name Badge</td>
<td>CC / AC / Clinical agency</td>
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<tr>
<td>M#, Pyxis access, pager,</td>
<td>Clinical agency</td>
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<tr>
<td>Unit Routine (clinical unit)</td>
<td>CC / AC</td>
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<tr>
<td>Orientation to clinical unit (Shadow PRN)</td>
<td>Arrange with Unit NM/NES</td>
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<tr>
<td>Orientate students to clinical unit (Float routine, scavenger hunt, goldenrod sheets)</td>
<td>Clinical agency</td>
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<tr>
<td>Post-conference room reservation</td>
<td>Clinical agency</td>
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<tr>
<td>Access to Blackboard/updates</td>
<td>Clinical agency</td>
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<tr>
<td><strong>Orientation to the University &amp; Department</strong></td>
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<tr>
<td>Processing of Contract (copy sent to employee)</td>
<td>Human Resources</td>
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<tr>
<td>Program Mission/Philosophy/Student Outcomes</td>
<td>Manual- p. 3-5</td>
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<tr>
<td>Computer access (Email, Warrior ID)</td>
<td>Human Resources</td>
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<tr>
<td>D2L &amp; Orientation Modules</td>
<td>AC / Manual- p. 13</td>
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<tr>
<td>Faculty Photo Name badge (Campus Card Ofc)</td>
<td>AC</td>
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<td>Tour of Department (as needed)</td>
<td>AC</td>
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<tr>
<td>Orientation to the Course</td>
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<tr>
<td>D2L access for affiliated course</td>
<td>CC / AC</td>
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<tr>
<td>Course content</td>
<td>D2L/CC</td>
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<tr>
<td>Course outline &amp; Schedule</td>
<td>D2L/CC</td>
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<td>Course specific assignments (examples avail.)</td>
<td>D2L/CC</td>
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<tr>
<td>Names &amp; Email Addresses of Students</td>
<td>D2L / CC</td>
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<tr>
<td>Invitations to scheduled course meetings</td>
<td>CC</td>
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<tr>
<td>Grading criteria/rubrics</td>
<td>D2L / CC</td>
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<td>Online Textbooks (upon request)</td>
<td>AC</td>
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<tr>
<td>Site visits clinical sites (2 times per semester)</td>
<td>AC</td>
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<tr>
<td>Role of Adjunct Coordinator</td>
<td>AC</td>
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|                                                        |                          |
| Certificate of Completion                                 |                          |
| Adjunct Nursing Faculty Orientation                        |                          |

I, _________________________________ (please print/type) verify that I have:

1. Read and become familiar with the information available in the following documents:
   a. Adjunct Clinical Instructor Manual
   b. Adjunct Clinical Instructor Orientation Checklist

2. Met/conferred with the Adjunct Coordinator and/or Course Coordinator, either at Adjunct Orientation session or through individually arranged session.

3. Have obtained a WSU Photo Name badge to be worn during all clinical experiences.

I agree that I am committed to modeling the professional behavior that should be inherent for the nurse educator in the roles of communication, timeliness, commitments and appropriate boundaries.

Signature__________________________ Date__________________________
Appendix A: Performance Improvement Plan (PIP)

Please follow the following progression in the event that a student indicates the need for a PIP. The form can be found on the following page. These forms are meant to assist the students with remediation efforts so that they can ultimately be successful nursing students. When completing the PIP, please be sure to use clear, concise statements, without including opinions. If you need assistance with this process, please contact the Adjunct Coordinator, who would be happy to provide guidance and facilitation.
WINONA STATE UNIVERSITY  
College of Nursing and Health Sciences  
Department of Nursing

PERFORMANCE IMPROVEMENT PLAN

Name of Student: ________________________________

Name of Faculty Member: ________________________________

Date of Behavior: ________________________________

Description of Unsatisfactory Behavior:

Plan for Follow-up:

Student Signature: ________________________________ Date: _________

Faculty Signature: ________________________________ Date: _________

Academic Advisor Informed: ________________________________ Date: _________
Appendix B: WSU Clinical Assignment Sheet

Department of Nursing
Mayo Clinic - Rochester
Education and Professional Development Division
STUDENT ASSIGNMENT SHEET

Nursing Program:
- Luther College BAN
- University of Minnesota – Rochester BSN
- Rochester Community Technical College AD RN
- Rochester Community Technical College LPN
- Winona State University Rochester BSN
- Winona State University Winona BSN
- Viterbo University
- Other

Hours: _____________________
Instructor: ___________________
Phone Number: ___________________
Pager Number: ___________________
Date: _____________________

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Patient Name &amp; Room No.</th>
<th>Notes</th>
<th>Medications RN/Instructor</th>
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<tbody>
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BSN/BAN students eligible to give meds with staff RN 2nd clinical Rotation in institution under instructor’s approval
AD RN students eligible to give meds with staff RN during 4th semester rotation within the institution under instructor’s approval
LPN students eligible to give meds with staff RN during final rotation (June) under instructors approval
## Appendix C: Medication Administration Safety Checks

### SEVEN SAFETY CHECKS

**Be prepared to discuss these checks with your Clinical Faculty/Staff RN**

| Right Medication | ❖ When you looked up this medication did you find that the medication you are to give matches the medication worksheet and was reviewed by a staff RN. Is this a med you will be allowed to give as a student, e.g. Chemotherapy must be given by specially trained RN.  
And ❖ What will you tell the staff RN regarding why this medication is indicated for your patient?  
❖ Explain to the staff RN what you will assess:  
   o How will you know if the medication is helping the patient  
   o What kinds of side effects will you assess for?  
   o What will you teach the patient regarding this medication using patient education resources?  
   o Is the patient allergic to this medication?  
*Check medication with order prior to giving with faculty/staff RN* |
| Right Indication | ❖ Right Medication of Medication  
• Does the dosage of medication you are going to give match the dosage of medication ordered?  
• Is this dosage appropriate for this patient?  
*Check dose with order prior to giving with faculty/staff RN* |
| Right Route | ❖ What is the route ordered for this medication for example, PO, IV push/Piggyback, IM, SQ. Also check to see if the route is right for the patient’s condition e.g. patient was NPO but is now eating & can take PO versus IV  
• When you looked up this medication, was this route indicated as being correct?  
*Check route prior to giving medication with faculty/staff RN* |
| Right Time | ❖ Does the time ordered match the time you are going to give the medication?  
• If this is a PRN drug, has sufficient time passed since the last PRN administration?  
*Check time prior to giving medication with faculty/staff RN* |
| Right Patient | ❖ Scan ID band  
• Have patient state full name and birthdate. Does it match information on patient's ID band?  
*Check this prior to giving medication with faculty/staff RN* |
| Right Documentation | ❖ Talk with your staff RN and explain what you are going to chart before charting.  
*Properly Document Medication Administration, to be verified by Clinical Faculty* |

---

*Faculty/staff RN must be present throughout the entire medication administration process!*
Appendix D: Scholarly Paper Writing Guidelines

DO'S AND DON'TS FOR SCHOLARLY WRITING

What you are about to read is not scholarly writing and does not follow the rules
that it states. These are guidelines to serve as a tool for grading.

DOCUMENTATION FORMAT

- In nursing courses at Winona State University, follow APA-style format and
documentation. Develop the habit of consulting an APA guide when you are in
doubt. The Purdue Owl site has guides to APA style (6th edition).

AUDIENCE

- Imagine your audience, not as the instructor personally, but as a community of
intellectually curious, educated nurses who are interested in the kind of thing
you are writing about and probably know something about it.

STYLE

- Aim for a mature, graceful, semi-formal style and tone.
- Avoid contractions. (”didn’t,” ”couldn’t”)
  (Tip: ”cannot” is one word and ”a lot” is two words)
- Avoid slang.
- Avoid the impersonal ”you.”
- Avoid imprecise language (“good”) and excessive wordiness.
- Writers in science disciplines avoid the first person pronouns (”I”, ”we,”
”me,” ”us,” ”my,” and ”our”), as most readers know who is writing the paper,
so you do not ever have to refer to yourself. As an alternative to this, you can
use the passive voice—”It was observed that . . .”
- Avoid clichés. Be careful—clichés are easy to use. For example, ”too little,
too late” seems full of meaning, but it is considered vague and cliché in an
academic paper.
- Avoid qualifiers (“really,” very,” ”surely,” ”often,” ”hopefully,” ”basically,”
etc.) These terms make your paper sound unsure and tentative. Delete these
words for a stronger, more direct paper.
- Avoid overused ”scholarly” phrases. Never write ”In this paper I will...” You
are writing the paper and will clearly do something. There’s no need to say
you will do something- just do it. And never write ”In conclusion...” This is an
overused transition to the conclusion. The reader should know they are at the
conclusion of your paper based on the content of the concluding paragraph.
- Use consistent tenses. Present tense is most common in academic papers, and
should be used when referring to written texts.

STRUCTURE and CONTENT

- Your paper must have a unifying theme. Usually this should be stated near the
end of the first paragraph of a short paper, or at the end of a longer
introductory section for a longer paper. It is best if you have a thesis with an
argumentative edge—a point to be established by analysis. Be sure to include
a strong, clear, one-sentence thesis statement.
- Vary your sentence structure. Readers get tired when they read a series of
lengthy sentences with multiple clauses. Similarly, they feel rushed by a series
of short, terse sentences. As much as possible, vary the length and
construction of your sentences.

INTRODUCTION.

- The introduction should set up the theme or thesis by a) providing background
needed to understand it, or b) preparing the reader to understand its
importance or interest, or c) providing a survey of critical thought about the
text or issue (what scholars have already said about it).
- Engage the reader’s interest, present what you will address, how you plan to
address it, and why it is worth addressing.
Use a Thesis statement - one sentence summation of your main points
Do not use the first paragraph to summarize your paper at length. Provide background information and basic material about your subject.
Quotations can be interesting beginning points. In the process of composing, you may want to bypass the introduction and come back to it after your argument has taken shape.

SUPPORTING PARAGRAPHS
Series of paragraphs that support the Thesis statement
Each of these paragraphs should start with an introductory sentence (mini thesis statement). The rest of the paragraph provides specifics to support this statement.

CONCLUSION
Should not go off into wholly new ground, nor should it merely summarize. It may draw out implications or consequences of the point that has been made or show how the reader’s understanding of the point is deeper now than it was when the point was first stated in the introduction.
Should flow logically from the rest of the paper and provide a summary of the main points opportunity to convince the reader that reading this was “not a waste of time.”

TITLE
Make the title so informative that someone seeing it in an index would know exactly what the paper is about.
A clever title or a short quotation may be combined with an informative subtitle, using a colon (:) between them.
Do not underline, do not put in italics, do not boldface. Type the title in the normal font, with initial capitals.

PAGE FORMAT
Use a title page. The title page should contain the title of the paper, the author’s name, and the institution, which they are writing for. Include a page header flush left with a page number flush right at the top of the page. Click here for example.
Pages must be numbered.
Use double spacing and normal (1") margins.
Use a normal-looking 12-point font. APA recommends Times New Roman font.

SOURCES
Do rely strictly on scholarly journals and books to identify relevant literature. If online sources are used to identify relevant literature, do rely only on sources from recognized professional organizations (e.g., APA), governmental agencies (e.g., NIMH), or other credible sources of scholarly material.
Do NOT use Wikipedia!

USE OF QUOTATIONS
Use frequent short quotations from your primary text(s) to support your points.
Choose your sources carefully. Your educated audience judges your research skills by the sources you synthesize in your essay.
Do not use long quotations unless you will discuss them at length.
Typically in this sort of writing, about 10-15% of the text consists of quotations. Don’t let quotations carry your argument.
SIGNAL PHRASES WITH QUOTATIONS

- Use a signal phrase to introduce almost every quotation. This usually means identifying the author, sometimes the text, part of a text, or speaker. Click here for example.
- Use the author's full name on first mention, then last name only in subsequent mentions.

MECHANICS OF QUOTATION

- Periods and commas adjacent to closing quotation marks: place periods and commas INSIDE the quotation marks unless a parenthetical citation follows.

PARAPHRASING

- Put the material completely into your own words and your own sentence patterns.

GENDER PRONOUNS

- Use of the masculine pronouns to refer to all persons has become unacceptable in modern scholarly usage. However, don't create agreement problems in the course of trying to avoid "he." Don't write "if a student. . .they," but instead shift everything into the plural, as in "if students. . .they."
- Don't use "he/she" or "s/he," which are unpronounceable. Occasional use of "he or she" is OK. (Don't overdo, or it gets awkward.) Some writers alternate between "she" and "he."
- If the persons being referred to are likely of one gender, it's OK to use "she" or "he," as appropriate.
- The possessive of "it" is "its" with no apostrophe, NOT "it's." The plural of "scientist" and other words in -ist is scientists, NOT scientist.
- Always use a spell-check program and look up the options if you are not sure which one is correct.

DO'S:

✓ Have someone else read your paper before you turn it in! All writers get very involved in their own ideas and need an outside reader to provide feedback.
✓ Do carefully review your work for grammar, spelling, and typographical errors; do not blindly accept all changes the grammar and spell check function identifies.
✓ Do use the WSU Writing Center if writing is a challenge for you or if a faculty member recommends this option.
   ◦ You can make an appointment on the sign up sheet in Minne 348. You may also call 507.457.5505 for an appointment or email at wcenter@winona.edu.
✓ Do hold yourself to a high standard of academic excellence and be open to constructive criticism to ensure the excellence to which you aspire.

INSTRUCTORS: QUESTIONS TO ASK YOURSELF AS YOU ARE GRADING:

✓ Is the introductory paragraph sufficiently enticing to the reader?
✓ Are all of the statements clear and easily understood (esp. thesis statement)?
✓ Has the reader been given enough background to understand the arguments?
✓ Do all of the points of discussion support the thesis statement?
✓ Does the concluding paragraph follow logically from the rest of the paper?

Adapted from “Do’s & Don’t for Scholarly Writing,” Academic Research Writing in the Humanities: Proficiency Guidelines. Literature and Language Department, University of North Carolina at Asheville.
Appendix E: APA Examples & Reminders (Examples for reference list using APA, 6th edition.)

Book:

Book with specific edition:

Chapter in book:

Journal article:

Journal article retrieved online:

Journal article with doi: (it is the preferred method to use doi)

Personal communication: **Not included in reference list due to not recoverable data. Therefore, used in text only.
Example: In class, E. Vane (personal communication, October 21, 2011) stated by nature of the profession, nurses are considered leaders.

**Example of in-text citations**

According to Potter and Perry (2009), the use of a “personal code of conduct is essential in professional nursing practice” (p. 48). To develop a personal code of conduct to use in professional practice, it is imperative for nursing students to create their own philosophy of nursing paper. It is likely the philosophy of nursing created during the initial semester of the nursing program will be revised as the students continue to develop their nursing practice (Finkelman & Kenner, 2010).

**Reminders**

- If you use a reference within text, it must be included in the reference list. Similarly, if you list a source in the reference list, it must be cited within text.

- When using a source in any journal or book, you must use the *primary* source. For example, if Johnson is cited in Potter and Perry, then you cite Johnson.

- Reference list must be alphabetized and double-spaced with hanging indents used.

- According to APA, you should have a running header and title page. This will eliminate the papers that come through without names!

- Entire paper should be double-spaced in Times New Roman font, size 12.

- If copying from any text/article, there needs to be quotation marks and correct pages identified. However, there should be minimal use of direct quotations. You should be using your own words – your own mind and knowledge—and paraphrasing. Still, cite the reference you used.

- There should be two spaces following punctuation at the end of a sentence.

- Here are two good resources that will be of help:
  - [http://www.apastyle.org/index.aspx](http://www.apastyle.org/index.aspx)
  - [http://owl.english.purdue.edu/owl/resource/560/01/](http://owl.english.purdue.edu/owl/resource/560/01/)

Adapted from document created by Melanie Johnson & Maureen Gerson. (mkj 12/11, mkg 1/14)
Appendix F: Student Evaluation of Clinical Instructor

Instructions to students: Please complete the following survey. You are evaluating clinical teaching effectiveness.

1. Was available to the students in the clinical area
2. Gave individual help when I requested it
3. Showed enthusiasm for the course and interest in the students
   Encouraged student participation and discussion during conference time
4. Encouraged independence in managing client care where appropriate
5. Provided feedback (assignments, written, verbal) that was timely and constructive, which helped define progress, strengths, and areas for improvement
   Promoted student writing ability through computer documentation and assignments
6. Made resources and optional resource readings available as appropriate
7. Defined student responsibilities to me and the clinical agency
8. Demonstrated clinical expertise about client intervention
   Used alternative teaching methods when needed to stress important information (i.e. assignments, discussion, demonstration)
9. Encouraged independent thinking and learning

**Responses range from “Strongly Disagree” to “Strongly Agree,” with a neutral option in the center.**
Appendix G: How to Access D2L Clinical Faculty Orientation Modules

Log onto D2L Website. Sign in with your username & password (same as WSU email). On Main page, locate Self Registration, as indicated in the screen shot below. Click on Self Registration.

This will bring up many choices of courses that are available to you. Please select “ClinicalAdjunctOrientation.” Notice that your status may indicate “Not Enrolled,” but this will soon change.

A new screen will appear that looks like the one below. Click Register, and this course will be added to your available D2L courses.
Once added to your courses, you can access and begin the modules by clicking on “Select a course...” at the top of the page, as indicated below. You may need to scroll to find “Clinical Faculty Orientation.” Once you click on the title, you will be taken to the course modules.

You are ready to begin! Please click on Materials, then choose Content. You will see a Table of Contents on the left hand side, with 9 modules located below.

Thank you for your time and effort with this process!
Appendix H: Guidelines for Student Nurses

1. Students can perform any skill/procedure for which they have received preparation, as designated by their clinical instructor or staff nurse preceptor, except for those identified below.
2. Clinical instructors or staff will supervise the student depending on the student’s competency level and instructor/staff discretion.
3. All students are **NOT PERMITTED** to perform the following tasks under any circumstance:
   - Program or act as a witness in working with PCA Pump
   - Manage Epidural Infusions, Tubing, or Pump Settings
   - Discontinue Central Lines
   - Administer Blood
   - Interpret Fetal Heart Monitoring Tracings
   - Take Verbal or Telephone Orders
   - Verify Informed Consent
   - Care for Airborne Isolation Patients (N95 or PAPR needed)
   - Implement patient restraints or seclusion
   - Remove any type of Wound Drain (Penrose, JP, Duval, etc.)
   - Point-of-care testing (Glucometer)- agency-specific
   - Drawing of Blood
   - Titrate or act as a witness for IV medication drips or pumps
   - Assist with central venous catheter insertion
   - Administer Chemotherapy via any route
   - Maintenance of ventilators and external/transvenous pacers
   - Administer HIGH ALERT Medications (agency-specific): Adrenergic agents, Anesthetic agents, Chemotherapy, Concentrated Parental Electrolytes (TPN, etc.), Heparin Infusions, Insulin infusions, Liposomal Forms of medications, Neuromuscular Blocking Agents

4. Students may perform:
   - Obtain Medical History Assessment or Data Collection
   - Obtaining baseline Vital Signs, Weight and Height
   - BID Assessments
   - Neurological Checks
   - Physical Cares and Activities of Daily Living
   - Patient Education
   - Pain Assessment
   - Collect Specimens
   - CPR for infant, child, and adult
   - NG insertion, Irrigation and maintenance
   - Administer Medications
   - Administer Saline Flushes via IVs/ Central Lines/PICCs/Port-o-catheters
   - Administer IV Medications (IV Push, Port-A-Cath, in-line)
   - Assist with ET/Trach Suctioning
References


