

## Green Sheet -- Nursing 85AL (Clinical) Psychiatric Mental Health Nursing/Winter 2017

**UNITS:** 2.5

**REQUIRED CONCURRENT COURSE:** Nsg 85A

**INSTRUCTORS:**

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**CLINICAL ROTATION:** (all clinicals average out to 15 hours per week)  
El Camino Hospital                    Tues/Wed 7:00 am - 3:00 pm (BHS In-patient) )  
El Camino Hospital                    Tues/Wed 8:15 am - 4:30 pm (BHS Out-pt Programs  
varies each day in end time but total is 15 hrs per week)

**COURSE DESCRIPTION & OBJECTIVES:** Please refer to the required course syllabus.  
**REQUIRED ASSIGNMENTS, ACTIVITIES & PROCEDURES:**

- Immediately notify the instructor for any out-of-the-ordinary situations or changes in your patient’s status, abnormal vital signs, or for any discrepancies or problems or miscommunication with a patient, a family member, a visitor, or with any staff member, medical doctor or administrator (in short, anyone!). Any situation whereby a staff member has pointed out or discussed with a student that the student has not done an expected clinical task or behavior, or any situation where the staff has corrected a student’s performance or behavior, (e.g. errors in documentation, not following directions, omission of tasks, miscommunication etc. must also be reported to the Instructor. Students must also contact the Instructor if for any reason he or she is not following the schedule of the day or is not present in the assigned location or the assigned activity. The student must also notify the responsible staff member if for any reason, he or she is not present for, or not performing the expected clinical tasks or activities.

**Note well:** Any even remote risk of potential harm of any patient on any BHS unit, to self or to others must be reported immediately to staff AND Instructor. This includes, e.g., a patient’s comments of “not feeling safe” currently or “I feel safe now, but I won’t feel safe after I’m discharged” as well as any other overt or covert patient statements of potential risk for harm to self including any actual harm to self such as “cutting” that a student becomes aware of. Students must also be appropriately assertive in reporting important information to staff and Instructor. Staff will always be “busy”; therefore students are required to be assertive in communicating with staff -- and the excuse for not reporting something is because “staff were busy” is not acceptable. **You must write out, in your own words, your understanding of the above two paragraphs of requirements to report and sign your statement and give your statement to the instructor by Wed. of the first week of clinical.**

- Leaving the clinical area early is not allowed, except in case of illness or other emergency. (Please do not ask to leave early or to be absent for reasons such as jobs, CE courses such as ACLS, personal commitments, vacations, etc.) Arrive on time for clinical each day. Leave home early enough to avoid unsafe driving and take into account weather and traffic. Continued lateness is cause for removal from clinical and receiving a non-pass grade.
- **Keep to the allotted time for lunch and breaks, and report on and off to the responsible RN or staff person whenever leaving the unit for any reason .** Some programs, (OATS and MOMS and PHP have “working” lunches therefore each clinical day will be 30 minutes shorter).
- Occasionally, patient care / safety may require that you remain in the clinical area past the precise time clinical is over. For example, hospital incident reports may need to be filled out, instructors may need to clarify / check patient care given, report threats to safety, or assess any clinical problems related to the student, or complete important functions (such as documentation) the student may have omitted before leaving clinical areas. Be prepared to stay late when such occasions arise. **Patient care and patient safety are our number one concern.**
- NOTE WELL: In acute psychiatric settings, the student is responsible for monitoring and assisting with as necessary, the patient's personal grooming and hygiene the same as in med-surg settings. The student should speak with the responsible RN and the instructor if there is any question regarding how to proceed with the patient's personal grooming and hygiene. **On Inpatient units if a patient's am care has not been done by 10am, no matter the reason, the student must contact the instructor for consultation.**
- Students in the clinical setting must be physically able to help with transferring, lifting, or supporting a patient who e.g. might Fall while walking. Back injuries must be reported to the instructor. Permanent disabilities must be documented through DeAnza College's Student Disability Services and any arrangements for reasonable accommodation must be made with the lead instructor **prior to the first day of the quarter.** Students with limitations (including using any medications that prevent or impact alertness or thinking abilities) or anything that impedes clinical performance will not be able to enter the class, or in the case of limitations that become known during the class, will not be allowed to continue in the class until a release from their physician is received by the Nursing Department. (Please see the Nursing Student Handbook regarding student health requirements.
- **Confidentiality: If you happen to see any patient - whether or not the patient was your assigned patient - outside of the facility, e.g. on the street, in a shopping mall parking lot, in a PTA meeting, in a social club, wherever, whatever, you are required to notify the instructor so that proper assessment of the situation by the instructor can occur. Any encounters with patients should be handled in a manner to maintain their confidentiality. Failure to notify the instructor of any situation that involves seeing or speaking to a former patient will result in removal from the clinical area and a recommendation for withdrawal with penalty from the nursing program.**

- **Socializing with patients is strictly forbidden** as it violates the boundaries of the nurse-patient relationship and risks breach of patient confidentiality as well as threatens the emotional safety of the patient or former patient. This protection of the patient extends beyond the quarter and even after graduation. While still in the nursing program, any student found to be socializing or to have socialized with a patient that he or she met during this clinical or a previous clinical will be removed from clinical and disqualification from the nursing program will be recommended. After graduation, your employer and/or the BRN, or in case of a lawsuit, the courts will be responsible for disciplinary action. Do not exchange phone numbers or otherwise indicate plans for future contact with patients.
- **Note:** Exchanging phone numbers or other contact info with a patient/client or a former patient/client is a clear violation of boundaries and also risks breach of confidentiality! Therefore withdrawal with penalty will occur.

### **MATERIALS:**

- Conservative ("business") attire & DeAnza name pin -- refer to Nursing Student Handbook for psychiatric settings – conservative clothes, stable shoes – no scarves, no revealing attire
- Psychosocial Assessment & Documented Care Plan forms (in syllabus)
- Clinical Conference Planning Form (fill out weekly after week one)
- Medication Sheet (*fill out a med sheet form listing every medication each of your assigned patients is on – attach this form to the care plan*)
- **Text: Varcarolis, E.M., Psychiatric Nursing Clinical Guide: Assess. Tools & Dx, W.B. Saunders, (recommended)**
- **Clipboard Note Well: Do not put any confidential pt inf. in your personal clipboard!**
- Transportation to-and-from clinical sites at the assigned hours for your clinical rotation.
- Malpractice insurance
- Up-to-date immunizations & Health Status
- Daily clinical schedules (in syllabus)
- Watch with a second hand
- **Blood-borne pathogens packet** (to be kept on clipboard at all times)

**TEXTS:** See above. Also, Nsg. Dept. reference texts on math, culture, and diagnostics.

**GRADING:** Grading is based on a pass/no pass (P / NP) basis. To receive a passing course grade, the student must earn a satisfactory evaluation in the following areas of clinical performance.

**Nursing Process, Critical Thinking and Clinical Judgment:**

### **Required Documentation: READ THIS SECTION CAREFULLY**

- One *Critical Thinking* paper is required. This paper will be completed by a date to be determined by the clinical instructor.
- A "Daily Prep Sheet"(Assessment) (located in the 85AL syllabus) is required for each patient assigned and will be completed to the extent possible the first day of care.
- By the beginning of the shift, on the second day of care, two Nursing Diagnoses with goals and interventions for each, are required and will be implemented. **Note well:**

**Your Care Plan consists of ALL of the nsg dx', goals and interventions for your patient, NOT just one nsg dx!!!!** An evaluation note will then be written for each Nsg. Dx by the end of the day each Wednesday. You must clarify with your clinical instructor if you have any questions about what is required.

- On subsequent days with the same patient, assessment data will be documented as appropriate. In addition, a new Nsg. Dx with interventions will be written by the beginning of the shift each Tuesday. **All goals in your care plan will be evaluated at the end of the day each Wednesday (not only your goals for the current week!).**
- **Evaluation notes must be written in a narrative style and should not be “tied” to each intervention and the patient (not the nurse) should be the subject of the eval (nsg) note. In other words write about what the *patient* said or did, not what the nurse did. Do not write that there "wasn't enough time to evaluate" a goal. Progress (or lack thereof) toward a goal can always be evaluated. Notes should also have adequate and full information without being too lengthy. Write the date for each nursing note. Most students at the beginning of the course tend to write too little, resulting in questions about what the patient actually said or did.**
- Evaluation notes should describe what the patient said or did instead of interpreting a conclusion. For example, instead of writing "The patient's family is not supportive", write exactly what the patient's family is doing or not doing: "Patient's family has not visited since day of admission and have not responded to pt's requests for clean clothing."
- **All work must be neatly written and kept organized according to the steps of the nsg process (assess through eval) . Again, Each evaluation note must be dated. Keep a **COVER SHEET (provided in syllabus)** on top of your patient assess and care plan at all times. **Do not write any evaluation notes without the date of the note written next to your note!** Dates on all documentation must also include the year (hospital requirement).**
- The medication information sheet for each med the patient is on should be filled out and attached to the assess/care plan..
- Assessment and documentation may be written *during clinical hours* to the extent possible.
- The first day with a patient you assess and by the second morning of care you should arrive with your nursing dx's and interventions to be carried out.
- **The instructor will check assess/care plans daily or weekly during clinical hours and/or when turned in**, and will give verbal and written feedback. Individual instructor-student appointments may be made to go over documentation during

clinical. **Turn in your assessment/care plan/eval notes weekly every Friday in theory class unless directed otherwise.**

1. Patient Teaching -- e.g., continuing care, referrals, teaching of patient and family
2. Communication -- e.g., process level analysis of patient interactions also known as a Process Recording, emotional support; clinical conference; and courteous-and-appropriate communication with the interdisciplinary team, hospital staff; instructors family members or anyone else connected to the clinical setting in person-to- person communications as well as on the telephone. The Clinical Conference Form ("Feelings" Paper) is due at a time and frequency to be determined by the clinical instructor. **Students must be able to communicate verbally in English well enough to understand and to be understood by patients/clients and the professional staff. An understanding of written English in order to read patient charts is required, as well as the ability to write clinical paperwork in English.**
3. Legal-Ethical-Managerial -- e.g., honesty and forthright truth-telling in all aspects of patient care, confidentiality, teamwork, accountability and "following through" with tasks or anything else related to patient care, taking a "proactive" and assertive approach to protecting patients physical and emotional safety, welfare and well-being, professional appearance according to dress code policies and time-management. **Students must be visible on the units (i.e. not spending time in break rooms (except for official break time) or in conference rooms or other areas or engaged in conversation with classmates). Students should not pick up and read newspapers and magazines in clinical areas except during breaks -- and never in areas in view of patients. In case of illness or feeling unable to continue in all clinical activities you must notify your clinical instructor immediately. Phone calls should not be made or received during clinical hours - except during break or lunch time, except in cases of emergency, in which case the clinical instructor must be notified immediately that you have an emergency situation because this could impact on your ability to focus on safe patient care. Not being present in the designated group or area to which you have been assigned without notifying the instructor will mean a non pass for clinical.**
4. **Cell phones are banned from many hospital areas including the ECH Behavioral Health Services. Do not pull out and look at a cell phone at any time on any BHS unit.**
5. Pharmacology -- e.g., pharm. form for each medication & incorporation into care plan, observe patients for side effects of medication, assess need for teaching about meds
6. Nutrition -- e.g., food assessment, eating disorders, weight, food preferences, ability to shop for or prepare meals
7. Feedback from Staff and Other Means of Evaluation
  - In addition to direct observation by the instructor, **each student's clinical performance is also assessed by feedback from the hospital and clinical staff to the instructor. Instructors in this course must divide their time between units, and sometimes even between facilities, and therefore, they are not able to observe the student every minute of the day. The student's written clinical work is also essential to the**

**instructor's evaluation of the student's clinical judgment and thinking abilities, so clinical work should be carefully and thoroughly completed.**

- Students are not yet "clinical experts." Therefore, in assessing each student's clinical performance, **the instructor will consider input from the professional staff.** The clinical instructor will make the final decision regarding each student's clinical competence and capability to maintain physical/emotional safety, including protection of confidentiality and whether the student may continue in clinical.
8. **Critical Thinking Paper** : . The deadline is Friday of Week Four at the beginning of class. Plan accordingly for your paperwork/exams/presentations etc.. More than one thing will often be due.

### **STUDENT RESPONSIBILITY & ACCOUNTABILITY:**

- **Nursing students are expected to demonstrate responsible, professional behavior and acknowledge when they are not physically and/or mentally fit to attend or stay in clinical and must notify the Instructor.** (Please see the information under "Attendance Policy"). Also please review the "Accountability Statement" in the Nursing Handbook.
- **In case of illness or other reason for absence it is the student's responsibility to notify the unit before the start of the shift and also to leave a message on the instructor's voicemail at the same time.** Do not rely on a fellow student to communicate your absence. It is best to not ask the instructor to telephone you. During clinical, the instructor must be focused on the clinical day and there is no time to make phone calls to those who are absent. Wait until you return to clinical or class to discuss your situation or send an email. It is helpful to leave a message for the instructor as to when you expect to return. **Find out the clinical number to call for your rotation the first week of class.**
- **Patient safety and professional behavior requires that students fully, willingly, and freely discuss individual patient assessment and care with the instructor. Holding back such communication or being unwilling to discuss patient assessments and care is a safety hazard for which the student will be asked to leave the clinical area and which can result in an "NP" grade and/or withdrawal with penalty or disqualification from the Nursing Program.** Communicating about the patient, i.e. "presenting" the assigned patient's assessment, plan of care and evaluation of the plan and answering questions/discussion during clinical conference is required. Students who decline to participate, or who participate in a limited, sullen, or resentful manner will be withdrawn with penalty. "Presenting your patient" is an important aspect of clinical learning.
- Dishonesty in the clinical setting (e.g., deliberate misrepresentation in verbal or written reporting of patient care -- falsifying assessment data -- and/or actions that jeopardize patients' emotional or physical safety) **as determined by the instructor** will result in removal from the clinical area and recommendation for withdrawal with penalty or disqualification. Any dishonesty in the clinical area about anything related to patient care will be grounds for leaving clinical immediately. **With these kinds of infractions involving dishonesty, no PI will be given first as removal will be immediate.**

### **PATIENT SAFETY:**

**Any clinical performance or behavior that the instructor deems unsafe or potentially unsafe in the clinical setting will result in the student not being allowed to remain in the**

**clinical area. This could** result in a grade of NP and/or recommendation for withdrawal with penalty or disqualification from the Nursing Program. (See Nursing Student Handbook.) Students who are asked to leave the clinical area by the instructor must do so immediately, so as not to cause disruption in the clinical area..

### **ATTENDANCE POLICY:**

- Attendance is required and essential for completion of all clinical objectives. Students, however, should not attend clinical when ill or otherwise physically or emotionally unfit for safe performance of patient care. The student's responsibility (per Nursing Program Handbook) to be able to give safe patient care *takes priority* over the student's need to complete the nursing program on a given timetable. Make up will be required for any clinical absence. In certain circumstances (e.g. legal appts.) a partial clinical day is encouraged, so please keep your Instructor informed so you will not lose a full day. A full clinical day of absence is 7.5 hours that will be made up. Make up activities include attendance at 12 step meetings and other community meetings. Videos may be used but must be in addition to those that are required of all students. The Instructor must approve make up activities prior to the activity. Written reports of each make up activity will be required **plus a "log" detailing the make up and hours spent for each activity..**
- **Students must tell the instructor of any physical or mental condition or limitations before assuming any patient care (e.g. back injury). The instructor will then determine whether a physicians note for release for clinical duty will be required. The instructor will also consult with the Executive Head of Nursing regarding what is needed to insure patient as well student safety. Also notify the instructor of any current PI's.**
- **A student who assumes care of a patient and is found to have not reported physical, mental or emotional illness or impairments (e.g. back injuries, medications/drugs that affect mental alertness, or the presence of unstable emotional states) to the Nsg Dept Director and the Instructor will be removed from the course and disqualification from the nursing program will be recommended.**
- **SAFE PATIENT CARE DEPENDS UPON HONESTY IN ALL MATTERS RELATED TO NURSING PRACTICE.** Therefore, students must be willing to take a leave of absence if illness or other life situations impact on clinical performance to the degree that patient safety is compromised or clinical objectives can't be met.
- Absences may place the student at risk for unsatisfactory clinical performance and, therefore, failure of the course. Passing or not passing the course will be determined by whether the student has successfully met all the clinical objectives *as judged by the clinical instructor*. Not being in attendance puts the student at risk for not doing enough satisfactory actual clinical work to demonstrate competency.

### **CLINICAL EVALUATION & PI's:**

- Students will receive verbal and written feedback on their clinical performance from the clinical instructor. Feedback given early is valuable in clarifying specific areas of improving and in allowing time for improvement to occur. Plans for Improvement (PI's) benefit the student by clearly outlining what the student needs to do to achieve satisfactory performance. **Plans for Improvement must be kept on the student's clipboard each clinical day until resolved and signed off. This includes PI's for skills testing and**

**"Program PI's" from previous quarters.** With this benefit to the student in mind, PI's should not be viewed as "negatives", but as tools to promote student success.

- Students are expected to view Plans for Improvement and Program Reflections with a “positive attitude” and as a valuable opportunity to learn in a supportive environment before going out into the “real world” of nursing. A copy of any clinical related PI's should be brought to clinical each day and be used as a reminder of the goals for improvement.
- Further, individual student behaviors that take large amounts of the instructors' time and attention away from the business of supervising all students will be cause for removal from clinical and recommendation for withdrawal with penalty or disqualification from the Nursing Program depending on the infraction. Examples include not following directions by the clinical instructor that have been given verbally or in writing, or not following Nursing Department and Student Handbook Policies. Students are responsible for knowing and following both the Nursing Program Student Handbook as well as the BHS Division Student Handbook.

**ROLE OF INSTRUCTOR:**

The clinical instructor is the only person who has knowledge of the broad clinical "picture" each day, which includes patient acuity, concerns/directions of various hospital staff, as well as each student's individual need for supervision. Therefore, the instructor will determine the priorities and responsibilities for clinical supervision each clinical day. Therefore: Unless a student observes unsafe care or inappropriate behavior on the part of another student (in which case the student has a professional obligation to inform the instructor immediately), it is inappropriate for students to comment that any given classmate is receiving greater or lesser supervision (in comparison to any other student's supervision). (Students, however, **are** responsible for communicating their **own** individual needs for supervision to the instructor.)

**CLINICAL EVALUATION DUE DATES:**

<b>Note: Original copy must be turned in to the clinical instructor in order to receive a final grade for the course.</b>	<u>Turn in to Clinical Instructor:</u> 1 <sup>st</sup> Half of Qtr: Wed.. of Week Five 2 <sup>nd</sup> Half of Qtr: Wed. of Week Four
Students are responsible for completion by the above dates unless otherwise specified. .	

**P / NP" GRADING:**

Pass (P): Clinical written work and clinical performance must be satisfactory as determined by the clinical instructor(s). The *Clinical Evaluation Tool* must be signed by the student and turned in prior to taking theory Exam II in order to pass.

Fail (NP): Unsatisfactory clinical written work and/or clinical performance as determined by the clinical instructor(s). Failure on any "critical element" (see Clinical Evaluation Tool) will result in failing the course. Failure to turn in the signed and completed *Clinical Evaluation Tool* to the instructor by the required date may result in a grade of non-pass for the course.  
A non-passing grade may also occur if students do not adhere to the *Nursing Student Handbook* and the *Biological and Health Sciences Handbook*. Students are responsible for locating and reading these two handbooks. Please see your instructor or the NSG and BAT Lab assistants if you need help in locating these two handbooks.

Note: A non-pass in either the theory or clinical course means that the student must repeat both courses concurrently.



**IMPORTANT ADDENDUM:** On the InPt psychiatric unit, students **MUST** report on to the **RESPONSIBLE NURSE** for their patient immediately after report and **before starting care** and before taking vital signs. Notify your instructor if you have any problem locating the Responsible Nurse (**the Charge Nurse does not substitute!**) Failure to begin care without notifying the Responsible Nurse, (based on the Responsible Nurse's statement that the student did not report on), **WILL** result in removal of the student from clinical, and recommendation for W/D with penalty. This will be effective the very first time this occurs. There will be no grace period. Students must also notify the Instructor if their patient is going to be discharged or transferred. Also, do not change or switch your assignment without approval of the Instructor first.

**RE: Requirement to Report Potential for Harm:** Failure to report to the Resp. Nurse and to the Instructor immediately any patient's statement or behaviors potential harm to self or others will result in **withdrawal with penalty**. This means any patient on the unit not just your own.

**Re: Confidentiality:** Any breach or potential breach of confidentiality **will** result in withdrawal with penalty from the course **EVEN ON THE FIRST DAY OF CLINICAL**. (Students are in the fifth quarter of the nsg program and there is **no tolerance** for potential or actual breach of confidentiality at this level.) Students are responsible for understanding confidentiality. "Misunderstanding" will not be accepted. Ask your questions and make sure you understand. Keep all patient names out of view in all BHS programs. Do not leave conf. inf. lying out in any public areas or in patient rooms. Discard inf. only in designated trash bins/shredders. Inpt students e.g. must not take any list of names of patients off the inpt unit **for any reason**. This also means not showing up in post conference with conf. pt inf. To do so will mean automatic w/d with penalty.

**Do not fold up lists of patients or other conf. inf. and put it in your pocket. Do not put conf. information in your personal items or in your pockets or clothing. If you walk off the unit with any such information you will be withdrawn with penalty from the course immediately. Keep conf. inf. in designated areas only on each unit. Do not put any confidential information in your personal clipboards, use the hospital clipboards.**

**Do not write any identifying information about your patient on any of your clinical assignments/assessments such as names of the patient or family members, names of schools attended, names of workplaces, etc. This is a breach of confidentiality.**

Any misleading of or failure to disclose to the Instructor that there was a breach or potential breach or possible breach of confidentiality regarding herself or himself **or another student's actions** will result in withdrawal and recommendation for **disqualification** from the nursing program at the time that such lack of disclosure becomes evident.

**IMPORTANT ECH POLICY FOR ALL NSG STUDENTS:** BHS Inpatient unit manager requirement is that students are not allowed to open any secure doors with badges or keys to allow any person to pass through doors going in or out of the BHS INPT unit or within the INPT unit. Do not assume it is "ok" for **anyone**. Any student not following this rule will receive a withdrawal with penalty from the course at the first occurrence. Please note very well: It is the student's responsibility to make sure he or she understands this Policy and adheres to it. Students in outpatient areas who come onto the Inpatient unit for any reason are also responsible to uphold this safety requirement. When you approach secure doors you must be aware of persons on either side of the door and not allow anyone to pass through except yourself. You must guard any unit keys that unlock doors with the utmost security. The goal is patient protection and safety.