



Judge McRae School of Nursing
Pre-licensure Simulation/Clinical/Lab
Student Handbook
2025-2026



Revised August 2024

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Welcome from the Simulation/Lab/Clinical Coordinator

Undergraduate nursing students are provided with educational opportunities to develop and enhance clinical skills and clinical reasoning. This is accomplished by incorporating a variety of interactive, experiential learning techniques, including standardized patients, screen-based computer programs (realistic physiology, pharmacology, and/or a combination of both incorporated into a clinical scenario), task trainers (models for intravenous catheter insertion, urinary catheterization, gastric catheter insertion, neonatal models), and high fidelity manikins designed to incorporate the benefits of computer-based physiology modeling with life-sized, interactive manikins that breathe, have pulses, produce an electrocardiogram, and respond to medications.

These learning experiences take place in a clinical setting, a skills laboratory, a simulation laboratory with a simulated clinical environment (e.g., a medical-surgical patient room, an intensive care unit, or a Labor & Delivery Room), and debriefing rooms. The common factor in all these learning experiences is participation in activities where learners can systematically and purposefully acquire tasks and/or thought processes associated with clinically relevant objectives. Faculty who participate in simulated learning experiences provide students with constructive feedback on individual and team performance through debriefing sessions, empowering them to self-analyze their performance during the reflective process.

General Information

The Clinical Simulation Center (CSC) is a state-of-the-art facility located on the second floor of the Ferguson Health Sciences Center on the Mars Hill University campus and utilized by all levels of nursing students. The CSC incorporates a clinical skills lab as well as a simulated hospital setting and is fully equipped for students to practice clinical skills at all levels of nursing practice.

- **Clinical Skill Lab:** The Clinical Skill Lab is equipped with six advanced care bed units, a general procedural stretcher, four family practice exam tables, a nursing station, a medication room, and a variety of practice models and manikins. Students utilize this area to learn and practice basic nursing skills, including skin care, mobility, transferring/positioning, vital signs, medication administration, intravenous line insertion, intramuscular and subcutaneous injections, urinary catheterization, and other essential skills. Each bed site is equipped with wall connections for oxygen administration and suctioning, as well as network connections for computers. There are ceiling-mounted video cameras above five of the 10 patient care areas in the lab to record student clinical experiences. Debriefing sessions take place in the smart-board-equipped debriefing conference room located adjacent to the lab.

- **Clinical Simulation Lab:** The Clinical Simulation Lab comprises four individual patient care rooms and an isolation room, along with an ante-room for entry into the setting. Each room contains a high-fidelity simulator:
 - CAE Fidelis™ Lucina maternal fetal simulator with infant
 - CAE infant-Luna
 - CAE pediatric-Aria
 - Two rooms with a CAE Adult—Apollo in each

One room is designed to replicate a delivery room, featuring an Affinity Birthing Bed, each of which contains a CAE Fidelis Lucina maternal-fetal simulator. Two rooms replicate a medical-surgical patient care setting containing a CAE Apollo® simulator. The fourth room includes an infant simulator. The fifth room includes Aria, a CAE Pediatric® simulator. The Clinical Simulation Lab features two control rooms for running and recording simulation scenarios. Each control room features a one-way mirror, allowing for direct observation of the learners, as well as two ceiling-mounted video cameras with audio equipment to record the scenario for reflective debriefing.

Simulation

What is Simulation?

Simulation is an attempt at replicating reality. In nursing education, simulation attempts to replicate most, if not all, of the essential aspects of a clinical situation, enabling students to more readily recognize, understand, and manage similar situations when they occur in actual clinical practice. Simulation serves as a bridge between classroom learning and real-life clinical experiences. Simulation is a teaching method to help assess a student's skill acquisition. Simulating real-life experiences for students in a safe, simulated environment is conducive to developing psychomotor skill acquisition as well as critical thinking, clinical reasoning, and clinical judgment skills.

Simulation Scenarios

Simulating case scenarios in the CSC involves the active participation of all students. All students and faculty will adhere to the CSC rules. Simulators are respected and treated the same as live patients. Students involved in simulated scenarios should have everyone's respect and attention. Situations simulated in the lab are used as a learning tool, and no discussion of the actions that fellow students should take takes place outside of the lab. A debriefing session after each simulation session facilitates reflection and learning.

Preparation for the simulation

The Coordinator and faculty member will design and develop preparation activities and resources related to the concept and content of the simulation activity. This may include reading assignments, concept mapping, coursework, didactic sessions, answering simulation-specific questions, skill review, and practice. These activities are to be completed by the student prior to the pre-briefing.

Prebriefing

The simulation facilitator and faculty member will begin each simulation with a structured pre-briefing. The Prebriefing will include objectives, expectations, a brief scenario of the simulation, roles, and time allowed.

Debriefing

Debriefing involves a reflective, critical thinking analysis of a simulation exercise. It is an active process, driven by faculty and students, involving the identification and sharing of facts and emotions associated with a simulated experience. The nursing faculty and/or the Coordinator will facilitate a debriefing session immediately after a simulated experience. This session should foster an intense post-conference discussion with active participation from all participants. The focus of the debriefing should be on creating a positive experience that encourages students to critically reflect on what was done, what was not done, and what could be done differently in the future.

Evaluation

Students will be evaluated each day using a simulation grading rubric (see attached). Students are expected to meet the assigned level of performance.

Expected Levels of Performance: To pass the course and progress in the program, students must achieve the minimum expected level of performance for each competency. Failure to meet the minimum expected levels of performance will result in an unsatisfactory evaluation. An unsatisfactory evaluation at the **Mid-Term** must be addressed and corrected before the final clinical evaluation.

Level	Minimum Expected Performance	Minimum Score	Nursing Clinical Courses	Upon Completion of:
I	Novice	1	At the beginning of NUR 311	Entry into the nursing program
II	Assisted	2	By the end of NUR 311	First Junior semester of clinical practice
III	Assisted — Supervised	3	By the end of NUR 312 and NUR 320	Second Junior semester of clinical practice
IV	Supervised	4	By the end of NUR 407 and 414	First Senior semester of clinical practice
V	Self-Directed	5	By the end of NUR 425 and 440	Senior Capstone clinical rotation

Clinical Simulation Grading Rubric

Student Name _____ Course _____ Simulation Topic _____ Date _____

	Novice	Assisted	Assisted-Supervised	Supervised	Self-Directed
Category	1 Does not see the picture	2 Sees part of the picture	3 Sees the basic picture	4 Sees the big picture	5 Anticipates the changing picture
Patient Assessment/ Reassessment	Assesses with guidance and prompts	Distinguishes between normal and abnormal findings	Classifies the relative importance of assessment findings	Recognizes signs of patient deterioration	Relates ongoing findings with potential complications
History Gathering	Recalls questions for basic history data with guidance or prompts	Discriminates between normal and abnormal history findings	Uses understanding of the disease process to focus questioning	Includes past medical history to develop a basis for comparison with the current condition	Anticipates potential outcomes based on historical findings
Critical Thinking	Verbalizes expected norms in patient condition	Recognizes variations in patient condition but needs help with prioritization	Determines priorities in patient care based on variations in patient condition	Carries out care while managing multiple contingencies	Creates a care plan to avoid complications
Lab Data & Diagnostic Studies Collection	Reports lab data	Distinguishes between normal and abnormal lab findings	Uses understanding of lab data to form a plan of care	Analyzes trends in lab data and compares with patient response	Monitors patient response through analysis of lab data and exam findings
Patient Teaching	Seeks guidance to answer patient or family questions	Explains procedures to the patient or family	Rephrases medical information into lay terms for the patient and family	Identifies the need for further patient or family teaching	Modifies patient or family teaching based on family response
Communication	Recalls basic information for report to physician or colleagues with prompting	Summarizes available information for the report to the physician or colleagues	Prioritizes available information for the report to the physician or colleagues	Draws conclusions based on available information for the report to the physician or colleagues	Synthesizes available information with possible future patient outcomes for reporting to the physician or colleagues
Total:					

Safety/Accuracy Concerns:

The Rating Scale

Self-Directed (5) NUR 425, NUR 440	
Rarely Requires (<10% of the time) <ul style="list-style-type: none"> • direction • guidance • monitoring • support 	Almost Always Exhibits (>90% of the time) <ul style="list-style-type: none"> • a focus on the client or system • accuracy, safety, and skillfulness • assertiveness and initiative • efficiency and organization • an eagerness to learn
Supervised (4) NUR 407, 414	
Occasionally Requires (25% of the time) <ul style="list-style-type: none"> • direction • guidance • monitoring • support 	Very Often Exhibits (75% of the time) <ul style="list-style-type: none"> • a focus on the client or system • accuracy, safety, and skillfulness • assertiveness and initiative • efficiency and organization • an eagerness to learn
Assisted-Supervised (3) NUR 312, 320	
Often Requires (50% of the time) <ul style="list-style-type: none"> • direction • guidance • monitoring • support 	Often Exhibits (50% of the time) <ul style="list-style-type: none"> • a focus on the client or system • accuracy, safety, and skillfulness • assertiveness and initiative • efficiency and organization • an eagerness to learn
Assisted (2) NUR 311	
Very Often Requires (75% of the time) <ul style="list-style-type: none"> • direction • guidance • monitoring • support 	Occasionally Exhibits (25% of the time) <ul style="list-style-type: none"> • a focus on the client or system • accuracy, safety, and skillfulness • assertiveness and initiative • efficiency and organization • an eagerness to learn
Novice (1)	
Almost Always Requires (>90% of the time) <ul style="list-style-type: none"> • direction • guidance • monitoring • support 	Rarely Exhibits (<10% of the time) <ul style="list-style-type: none"> • a focus on the client or system • accuracy, safety, and skillfulness • assertiveness and initiative • efficiency and organization • an eagerness to learn

Pre-Clinical Requirements Policy

Upon acceptance into the pre-licensure BSN program, the following items must be uploaded into your CastleBranch account (instructions on account creation will be given):

- Listed as NA I in North Carolina
- Current BLS card from the American Heart Association
- Copy of MHU Medical form
- Copy of Current Immunizations
- MHU Background Check OR Proof of Employment within the healthcare field

The following items must be completed (no earlier than 60 days) before going to a clinical site through CastleBranch (instructions and PIN will be given):

- Criminal Background Check (statewide criminal NC; residency history)
- 12- Panel Drug Test
- Nationwide Database with Sex Offender Index

Acceptable background checks are required for clinical experiences. Information for obtaining the checks will be provided to all students by the first semester of the program. Students must be able to attend clinical experiences in all agencies designated by the pre-licensure BSN program. If, for any reason, a student is unable to fulfill clinical requirements in a designated facility (due to results of background checks, previous work-related incidents, etc.), they may be unable to continue in the program.

Mars Hill University requires a background check for admission to the college. Students should be aware that an additional background check and drug screen will be required by the personnel department at their future clinical location. Students will receive a PIN from the nursing department to request these items. Failure to provide this information to a clinical site in a timely fashion could result in the cancellation of your clinical site arrangements.

Basic Life Support (BLS) Certification

Each student must have a current Healthcare Provider BLS Card upon admission to the program and for the duration of the MHU Nursing Program. The American Heart Association is the preferred issuing organization, as some clinical agencies only recognize this organization. Copies of the BLS Certification must be submitted to the Judge-McRae School of Nursing on or before the first day of class, and the cards must not expire.

Nurse Aide (NA) Requirement

Before program admission, students are required to be listed as a Nurse Aide I (NAI). After successful completion of the first semester of the JMSON program, students are eligible to be listed as Nurse Aide II. The following are specific guidelines that refer to the NA I and NA II listings.

NA I

- Must complete an NC state-approved NAI Training Program or an abbreviated course with proof of uninterrupted full-time employment as an NAI for six months.
- Must be listed on the Health Care Personnel Registry (www.ncnar.org) before program admission
- Must maintain a NA I listing with no allegations of abuse, neglect, or property misappropriation.

NA II

- Must pass all portions of NUR 311 and NUR 312 (class, lab, and clinical) to be eligible for listing
- Must hold a current NAI listing to be eligible
- Effective December 2011, NAII applications for initial listing and renewal must be submitted online. The process includes the following:
 - BSN Director sends verification to NCBON (includes students' first, middle, last name & DOB)
 - Student accesses the NCBON website, www.ncbon.com
 - Students must apply within 30 business days after verification is submitted.

Students will be eligible for listing as an NAII at the end of their junior year, provided they meet the requirements by the spring semester. To be eligible, students must keep their NAI up to date.

Physical (Health) Form

Physical Form

A medical form will be provided to each student and must be completed and signed by a medical doctor, a nurse practitioner, or a physician's assistant. The statement at the bottom of the medical form verifying physical, emotional, and mental capacity/capability for safe client care and success in the program must be signed by a medical doctor, a nurse practitioner, or a physician's assistant. This document will be uploaded to CastleBranch before the first day of classes. Refer to the technical standards for examples of essential functions students must meet.

If a student is under treatment or counseling during their time in the JMSO program, a written recommendation for remaining in the class should be obtained from the attending physician or counselor. Examples of conditions requiring this recommendation include, but are not limited to, pregnancy and surgery.

If a student develops a physical or emotional issue that does not respond to appropriate treatment or counseling within a reasonable timeframe, the situation will be reviewed on an individual basis and may lead to dismissal from the program.

Immunizations

Students in the school of nursing, both pre-and post-licensure, must provide documentation of current immunizations before their first practicum contract with the community. Immunizations must include the following:

- Measles, Mumps, Rubella (MMR) – two vaccine doses required or positive antibody titer for each.
- Tetanus-Diphtheria-Pertussis (Td or Tdap) – If the last dose of Td (tetanus/diphtheria) is greater than two years before the date you enter practicums. Tdap is recommended.
- Varicella (Chicken Pox) – two vaccine doses or positive titer showing immunity. A report of having had the disease is no longer acceptable documentation.
- Hepatitis B – documented series of three shots.
- Influenza – required annually.
- Meningitis
- Tuberculosis screening –Students must complete the initial one-step PPD test. Thereafter, yearly screenings are required if the student has a positive result. A chest x-ray taken no more than 3 months before the first practicum experience is also required.
- COVID-19 vaccine, as determined by the clinical agency
- Note that clinical agencies may have additional requirements.

Compliance Tracker (CastleBranch) Guidelines

The JMSOON utilizes A Web-Based Compliance Tracking system that requires students to submit all immunization documentation, medical forms, CPR Cards, and NAI documentation for review and approval. The current third-party provider is CastleBranch. Students will be assigned a PIN and instructions to complete the process. Students will have access to these documents after they graduate.

Documents to be uploaded to CastleBranch include the following:

- Physical/Health Form
- Immunization Records
- NAI
- BLS/CPR Certification
- COVID Vaccination Card

Background checks and drug screens will be completed as indicated, based on the clinical facility's timeframes. Additional information will be given to the student as indicated.

Technical Standards Guidelines:

The education of a nurse requires the assimilation of knowledge, the acquisition of skills, and the development of nursing care judgment to make appropriate decisions required in practice. Physical, cognitive, psychomotor, affective, and social abilities are required in unique combinations to provide safe and effective nursing care. Therefore, the JMSON Program requires that the applicant/student be able to meet the essential functions of the program with or without reasonable accommodations throughout the program of learning.

Admission, progression, and graduation are contingent upon one's ability to demonstrate the essential functions with or without reasonable accommodations. Admission or progression may be denied if a student is unable to demonstrate the essential functions delineated by the JMSON Program with or without reasonable accommodations.

Suppose a nursing student or applicant believes that he or she cannot meet one or more of the standards without accommodations or modifications. In that case, the college must determine, on an individual basis, whether or not the necessary accommodations or modifications can be reasonably made. Requests for accommodations should be directed to the Disability Services Coordinator at MHU.

JMSON Technical Standards Essential to Safe Nursing Practice

Functional Ability	Standard	Examples of Required Activities
Gross Motor Skills	Gross motor skills are sufficient to provide the full range of safe and effective patient care activities.	<ul style="list-style-type: none">• Move within confined spaces such as treatment or operating rooms.• Assist with turning/ lifting patients.• Administer CPR
Fine Motor Skills	Fine motor skills are sufficient to perform manual psychomotor skills	<ul style="list-style-type: none">• Possess manual dexterity to grasp and manipulate small objects with fingers safely• Manipulate small equipment and containers such as syringes, vials, ampules, and medications
Physical Endurance	Physical stamina is sufficient to remain continuously on task for up to a 12-hour clinical shift, performing patient care activities.	<ul style="list-style-type: none">• Walk, stand, move, lift, and bend for extended periods.• Manually resuscitate patients in emergencies.• Perform physical activities requiring energy without jeopardizing the safety of the client, self, or others.
Physical Strength	Physical strength sufficient to perform a full range of required patient care activities.	<ul style="list-style-type: none">• Push and pull 250 pounds.• Lift/move heavy objects from 35-50 pounds.

Functional Ability	Standard	Examples of Required Activities
Mobility	Physical ability sufficient to move from room to room and maneuver in small spaces; manual and finger dexterity; and hand-eye coordination to perform nursing activities.	<ul style="list-style-type: none"> • Ability to safely bend, lift, squat, and twist to assist the client in moving • Reach above the shoulders and below the waist, and move quickly • Safely control the fall of a patient by slowly lowering the patient • Perform cardiopulmonary resuscitation
Hearing	Auditory ability sufficient for physical monitoring and assessment of patient health care needs	<ul style="list-style-type: none"> • Hear normal speaking level sounds • Hear auscultatory sounds • Hear auditory alarms (monitors, fire alarms, call bells) • Hear cries for help
Visual	Normal or corrected visual ability sufficient for accurate observation and performance of nursing care	<ul style="list-style-type: none"> • Observe client responses at a distance and close at hand • Visual acuity to read calibrations on syringes • Visual acuity to read numbers on equipment and fluid collection devices • Assess skin color (cyanosis, pallor)
Tactile	Tactile ability sufficient for physical monitoring and assessment of health care needs	<ul style="list-style-type: none"> • Feel vibrations (pulses) • Detect temperature changes • Palpate veins for cannulation • Detect anatomical abnormalities, such as subcutaneous crepitus, edema, or infiltrates.
Smell	Olfactory ability sufficient to detect significant environmental and patient odors	<ul style="list-style-type: none"> • Detect odors from a patient (foul-smelling drainage, alcohol breath) • Detect smoke • Detect gases or noxious smells
Emotional/ Behavioral	Emotional stability and appropriate behavior sufficient to assume responsibility/accountability for actions	<ul style="list-style-type: none"> • Demonstrate emotional skills to remain calm and maintain professional decorum in an emergency/stressful situation. • Adapt rapidly to a changing environment/stress • Exhibit ethical behaviors and exercise good judgment • Focus attention on tasks while performing patient care • Anticipate and intervene in situations that may compromise safety • Able to reason morally and to care for clients in an ethical manner
Professional Attitudes and Interpersonal Skills	<p>Present professional appearance and demeanor; demonstrate the ability to communicate with patients, supervisors, and co-workers to achieve a positive and safe work environment.</p> <p>Follow instructions and safety protocols.</p> <p>Display Honesty and integrity.</p>	<ul style="list-style-type: none"> • Convey a caring, respectful, sensitive, tactful, compassionate, empathetic, and tolerant attitude toward others. • Demonstrate a mentally healthy attitude that is age-appropriate concerning the client and environment. • Establish rapport with patients, instructors, and colleagues.

Functional Ability	Standard	Examples of Required Activities
		<ul style="list-style-type: none"> • Respect and care for persons whose appearance, condition, beliefs, and values may conflict with their own • Deliver nursing care regardless of the patient's race, ethnicity, age, gender, religion, sexual orientation, or diagnosis. • Accept responsibility, accountability, and ownership of one's actions • Conduct themselves in a composed, respectful manner in all situations and with all persons • Work with teams and workgroups • Establish and maintain therapeutic boundaries • Demonstrate prompt and safe completion of all patient care responsibilities. • Display correct judgment in seeking supervision and consultation promptly
Communication	Oral communication skills sufficient to communicate in English with accuracy, clarity, and efficiency with patients, their families, and other members of the health care team, including non-verbal communication, such as interpretation of facial expressions, affect, and body language	<ul style="list-style-type: none"> • Engage in two-way communication and interact effectively with others, both verbally and in writing. • Express ideas and feelings clearly and be willing to give and receive feedback. • Gather information appropriately and listen effectively • Discern and interpret nonverbal communication • Document relevant patient information (manual or via computer) • Recognize and report critical patient information to other caregivers
Cognitive/ Quantitative Abilities	Reading comprehension skills and mathematical ability sufficient to understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis, and synthesis	<ul style="list-style-type: none"> • Calculate the appropriate medication dosage given specific patient parameters. • Analyze and synthesize data and develop an appropriate plan of care • Collect data, prioritize needs, and anticipate reactions • Transfer knowledge from one situation to another • Accurately process the information on medication containers, physicians' orders, and monitor and equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records, policy, and procedure manuals.
Conceptual/Spatial Abilities	Conceptual/spatial ability sufficient to comprehend three-dimensional and spatial relationships	<ul style="list-style-type: none"> • Possess analytical skills that allow you to grasp complex ideas and create solutions to difficult problems. • Ability to reason and approach issues critically • Ability to think in abstract terms and construct meaningful concepts • Ability to problem-solve from different perspectives

Functional Ability	Standard	Examples of Required Activities
		<ul style="list-style-type: none"> Ability to understand and recall relationships between objects
Clinical Reasoning	Ability to reason across time about a patient's changing condition and/or changes in the clinician's understanding	<ul style="list-style-type: none"> Evaluate patient or instrument responses, synthesize data, and draw sound conclusions. Ability to collect, analyze, and integrate information and knowledge to make informed clinical judgments
Flexibility	Adapt to JMSON course scheduling policies and changes.	<ul style="list-style-type: none"> Ability to adapt to a changing schedule or environment Available to work the hours of an assigned schedule, which could include any shift and day of the week

I have read and agree that I can meet all the technical standards required for the safe care of patients. If at any time during the course of my program, I am unable to meet these standards, I agree to inform the Director of Nursing.

Student's Full Name (Please Print) _____

Student's Signature _____

MHU ID Number _____

Date _____

Witness _____

Simulation Policy

Students are required to attend all simulation and lab sessions. Students are required to attend and actively participate in all nursing laboratories. If the student is absent on a simulation or lab day, they will be required to make up the lab experience at the discretion of the instructor (e.g., on a different lab day or through an individual lab experience with the Coordinator).

- All students will adhere to the Clinical Simulation Center (CSC) guidelines (reviewed on the first lab day)
- Students will report to the CSC prepared for active participation in all learning experiences. Professional conduct and communication are always expected.
- Students are never to discuss events or scenarios occurring in the simulation lab except in debriefing sessions. This is considered a clinical environment, and confidentiality regarding all aspects of scenarios is required and expected. There is zero tolerance for academic dishonesty.
- Students are to dress for the simulation and skill lab as if attending clinical. Uniforms, name badges, and uniform policies are enforced.
- Universal Precautions must always be followed, as must all safety guidelines used in the clinical setting. Sharps and syringes must be disposed of in designated containers. Anyone sustaining an injury must notify their instructor immediately and report to the Wellness Center.
- All simulators and equipment are treated with proper care and respect as if they were real, human clients.
- Simulators are always to remain on the beds unless otherwise directed by faculty. No equipment is to leave the labs without permission and approval obtained from the Simulation/ Lab/ Clinical Coordinator. The skill and simulation labs are used exclusively for practicing clinical skills under the supervision of faculty or staff.
- Students will maintain a respectful and safe learning environment for their colleagues while participating in and observing simulated learning experiences.
- Students may be digitally recorded during scenarios. Viewing videos recorded during training is only permitted with the permission of faculty members. The videos are the property of the nursing department, and students are not permitted to possess simulation lab videos or recordings.
- Coats, backpacks, and other personal belongings are not permitted in the skill or simulation lab and should be stored in the provided lockers before entering the lab area.
- Electronic devices (e.g., iPad, laptop) are permitted only when used within the scenario for access or charting, provided the faculty approves them.
- Cell phones must be turned off or set to silent mode and are not permitted in the skill or simulation lab.
- The camera/video function on any personal electronic device is never used in the skill or simulation lab.
- After a simulation lab experience, please take your personal belongings with you (e.g., papers, pencils, stethoscopes, penlights, etc.).
- Food, drink, and ink pens/markers are prohibited in the labs. **Only pencils** are allowed in the skill and simulation lab.
- If you have a latex allergy, inform your instructor before beginning any skill and simulation lab exercise.

Adapted from Anderson University's School of Nursing Student Handbook
General Clinical Simulation Center Guidelines

Orientation to the Clinical Simulation Center

All users of the Clinical Simulation Center (CSC), including faculty, staff, and students, are required to complete an orientation before using any CSC resources. The orientation will include a tour of the center and demonstrations of the proper use of equipment. The Skill/Simulation/Clinical Coordinator maintains responsibility for ensuring that this orientation is provided and completed by all users of the CSC.

Clinical Simulation Center Code of Conduct/ Behavior

The following guidelines outline the expectations and requirements for using the Clinical Simulation Center. Following these guidelines ensures that everyone has access to functioning equipment.

1. All faculty and students are expected to adhere to the guidelines of the Clinical Simulation Center (CSC).
2. All policies in the JMSON Student Handbook regarding clinical expectations apply to the CSC.
3. All faculty, staff, and students will complete a CSC orientation **before** using the equipment.
4. Students will report to the CSC prepared for active participation in all learning experiences. Professional conduct and communication are expected at all times.
5. Infection control measures utilized in actual client care environments are in effect and used in simulated care areas. Natural oils found on hands can destroy the mannequin's "skin." Hands are washed before and after all client contact. Gloves are utilized as they are in the actual clinical setting.
6. All simulators and equipment are treated with proper care and respect as if they were real, human clients.
7. Simulators are to remain on the beds at all times. No equipment is to leave the labs without permission and approval from the Simulation/ Lab/ Clinical Coordinator.
8. Equipment and supplies are returned to their designated locations upon completion of simulated exercises. Beds are made and left in their lowest position after each use. Bed rails are lowered when the area is unoccupied by manikins. Gowns are properly placed back on the mannequin after each use.
9. Damaged, missing, or malfunctioning equipment is reported immediately to the Simulation/ Lab/ Clinical Coordinator or nursing faculty.
10. Ink pens, felt-tipped markers, iodine, betadine, or KY jelly will not be used on or near the manikins. These items permanently stain task trainers and mannequin skins.
11. Students and faculty will maintain a respectful and safe learning environment for one another while participating in and observing simulated learning experiences.
12. Simulated learning experiences are used for educational purposes only, and no discussion of the scenarios or actions of fellow students should take place outside of the lab.

Confidentiality and Audio/ Video Recordings

Students are expected to uphold all requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other applicable federal or state laws that require confidentiality. To preserve the realism of scenarios used in the CSC and to provide an equitable learning experience for each student, all individuals utilizing the CSC are required to sign a confidentiality agreement and consent to the recording of videos. Students are expected to protect the information about the actions of their peers and are expected to keep these experiences within the clinical group for learning purposes only. Students agree to report any violations to the Simulation/ Lab/ Clinical Coordinator or nursing faculty.

All CSC simulated experiences can be recorded (audio and video). The purpose of recording activities will be for the faculty to debrief the learners immediately following and extend the education process even further. These recordings are securely archived. Instructors and learners may be allowed to review simulation experiences in which they have participated. All logins are unique and are not to be shared. Consent to video recordings is obtained during new student orientation, including a release that allows other students participating in a joint simulation experience to also view the video. The CSC may photograph simulation experiences for use in public relations. Sharing or posting recordings of CSC activities, such as on YouTube, is inappropriate and may result in disciplinary action.

Dress Code

Uniforms following the dress code requirements as provided in the JMSO Student Handbook are worn in the skill and simulation laboratory settings. Students may wear the uniform to class on days when both class and clinical, simulation, or lab experiences are scheduled.

Equipment Use

1. All students and faculty wishing to use the simulation or skills lab must undergo proper orientation to the equipment.
2. The doors of the skills and simulation labs are locked when not in use.
3. When working with the simulators, students must wash their hands and wear gloves.
4. Supplies and equipment must not be removed from the lab unless specifically requested by an instructor.
5. Equipment should be disposed of properly (in sharp containers, biohazard trash containers).
6. Students will have the proper orientation to the crash cart and the defibrillator before use.

Communication

All telephones in the skill and simulation labs are to be used for lab purposes only. All electronics are prohibited during any lab experiences unless specifically approved by the faculty member for educational purposes. All classes in the CSC are scheduled with the Simulation/ Lab/ Clinical Coordinator before the beginning of the semester.

Inventory and Supplies

Personal clinical supplies, such as stethoscopes and penlights, are the responsibility of the student once they are received in their nursing bag. Students will also receive supplies for skills and simulation experiences in their nursing bags. All supplies are to be kept in the assigned locker that each student will receive at the beginning of the semester. Supplies, except for your stethoscope and penlight, must remain in the Ferguson Health Sciences Center at all times and should never be taken home. Most of your supplies are reusable and should be returned to their wrappers and replaced in your nursing bag in your locker when not in use.

In the skill and simulation labs, all linens are stored in the supply room and should be refolded and placed back on the shelf unless they are soiled after use. All soiled linens should be placed in the linen hamper for cleaning. Many supplies will have expiration dates and are intended for practice, but all students should check for expiration dates on their supplies.

Clean Up

All users of the CSC are responsible for maintaining the CSC in proper working condition. The center should be left in the same condition as it was found, so that those who follow will have a positive laboratory experience. All trash should be disposed of appropriately, and reusable supplies and resources should be returned to their designated locations. Beds should be remade and left in the lowest position with the bed rails down (if unoccupied by manikins) or up (if occupied by manikins). Curtains should be placed back against the wall, and overbed tables should be placed at the foot of the bed. Bedpans, urinals, and/or basins need to be washed, dried, and placed in the bedside drawers.

Soiled linen is placed in covered linen hampers that may be temporarily located in the skills or simulation lab during linen changes and then returned to their storage location. Linen hamper bags should only be filled to $\frac{3}{4}$ capacity, tied securely, and left in the soiled utility room. Soiled linen is washed and dried by the CSC staff utilizing the washer and dryer housed in the 1st-floor laundry room. Reusable supplies should be restocked when not being used. All faculty members and CSC staff are responsible for replacing sharps containers when they are two-thirds full; however, the Simulation/ Lab/ Clinical Coordinator maintains responsibility for disposing of filled containers appropriately. Lights should be turned off upon leaving the lab area.

Any spray used for lubrication of the simulators needs to be used sparingly. Simulators and task trainers in the skills lab are to be cleaned with mild soap and water, rinsed, and dried after every use. All tubes, catheters, dressings, tape, and other similar items must be removed, and the area cleaned appropriately, upon completion of simulated exercises. All injection pads need to be squeezed of any fluid and left to dry. All drainage bags must be emptied, disposed of, or cleaned appropriately for later use.

Faculty Preparation before Scenario Simulation

It is expected that the faculty will review the scenarios thoroughly before class and work with the Simulation/ Lab/ Clinical Coordinator to obtain props and equipment. Faculty must schedule time with the Simulation/ Lab/ Clinical Coordinator a week before reviewing any scenario being presented. Reviewing scenarios is crucial before presenting, as it allows the instructor time to become familiar with the equipment being used, the scenario itself, the learning objectives, and any discussion questions for debriefing.

Safety Guidelines

Infection Control

Participants in simulated experiences need to be mindful of all standard precautions and transmission-specific precautions (contact, droplet, airborne). Any piece of equipment that comes into contact with simulated patient body fluids is considered contaminated and must be handled appropriately. Gloves will be worn during all manikin interactions, and non-sterile gloves should be disposed of in non-biohazard waste containers. If a sharps container is full, please inform the Simulation/ Lab/ Clinical Coordinator or a faculty member so that it may be replaced.

Latex Warning

Students, staff, and faculty should be aware that some equipment and supplies in the CSC contain latex. Those with a known sensitivity/allergy to latex should contact the Simulation/ Lab/ Clinical Coordinator. Every effort is made to replace equipment with latex-free substitutions. All users who suffer from a latex sensitivity/allergy should take precautions while using or handling latex parts by wearing non-latex gloves.

"Clean" Needle Stick Guidelines

According to the Centers for Disease Control and Prevention (CDC), all sharps must be handled safely and disposed of properly. In the event of a "clean" needle stick, the faculty should be notified immediately, and the student should be directed to the MHU Wellness Center. The Simulation/ Lab/ Clinical Coordinator should be notified so that an incident report form can be filled out. Complications from a "clean" needle stick may include tenderness, minor bleeding or bruising, and infection.

Security and Emergencies

All faculty members are responsible for ensuring that lab rooms are secure and safe when in use. Doors should be locked when the skill or simulation lab is not in use. The Department of Safety and Security should be notified if the skill or simulation rooms will be in use on off-hours (evenings and weekends). The Safety and Security office can be contacted at 689-1230 in the event of a security emergency. In the event of a medical emergency, call 911 immediately and request medical assistance. It is the responsibility of the faculty and students to be aware of the location of emergency exits on each floor of the Ferguson Health Science Building. In the event of a fire, all persons must evacuate the building and call Emergency Services at 911 immediately. Fire extinguishers are located throughout each hallway and near the stairwells on each floor. Please be familiar with their locations.

Physical Safety

All students are instructed on safe handling, repositioning, and transfer techniques before practicing on manikins and with one another. All users should use caution when practicing lifting skills and should not lift a manikin or heavy object without assistance. Proper body mechanics are required during all simulated practice and clinical experiences. The wheels of all equipment (beds, wheelchairs, stretchers, etc.) should remain locked at all times. Any accident or injury must be reported immediately to the faculty and/or the Simulation/ Lab/ Clinical Coordinator. The Simulation/ Lab/ Clinical Coordinator will complete and maintain all incident reports related to incidents in the CSC.

Skills Lab Policy

Laboratory opportunities enable students to apply the didactic knowledge gained from the classroom component of a course. Laboratory involves skills, clinical judgment, and critical thinking. There will be competencies within each laboratory component that must be met to pass the course and progress in the program.

Students will come to competency assessments prepared to succeed on their first attempt. Competencies are graded as Satisfactory or Unsatisfactory.

Each skill has a specific number of steps that must be performed correctly for the student to pass the skill. All critical steps are listed in **bold**. If the student misses any step that is listed in **bold**, they will automatically fail that skill.

A grade of "S" means the student:

- Demonstrates a complete return demonstration and/ or competency validation for all required steps (**bolded**).
- Demonstrate all steps correctly for that skill/competency validation.

A grade of "U" means the student:

- Demonstrates an inability to complete a return demonstration and/ or competency validation for all required steps (**bolded**)

Reattempts:

Immediate reattempt opportunity during return demonstration:

- If the student recognizes that they have missed a step or incorrectly performed some part of a skill, they can correct themselves by stopping, verbally stating what needs to be corrected, performing the correct portion or step, and then proceeding to complete the skill. If the student corrects more than two steps, they will not pass that skill.

Additional Retake Opportunities beyond Initial Return Demonstration:

ALL REMEDIATION AND RETAKES OCCUR OUTSIDE OF REGULARLY SCHEDULED CLASS TIME.

- First Unsuccessful Attempt: Retake of laboratory return demonstration:
 - The student must meet with the laboratory instructor outside of regular class time to create a remediation plan and schedule additional practice.
 - A retake of the return demonstration and/or competency validation must be scheduled with the laboratory instructor.
 - Completion of all remediation and additional practice must be completed within one week of receiving an unsatisfactory skill grade.
- Second Unsuccessful Attempt Retake of Laboratory return demonstration:
 - The student must meet with the laboratory instructor outside of regular class time to create a more in-depth remediation plan and schedule additional practice.
 - A retake of the return demonstration and/or competency validation must be scheduled with the laboratory instructor.

- Completion of all remediation and additional practice must be completed within one week of receiving the second unsatisfactory skill grade.

If the student receives an unsatisfactory grade after three attempts, no further attempts will be allowed, and a grade of unsatisfactory for the laboratory will be recorded, resulting in a grade of "F" for the course and failure to progress in the program.

Clinical Policy

1. Students are expected to report to all clinical/lab assignments **on time**.
Note: A "No Call, No Show" to clinical, skills lab, or simulation lab will result in immediate dismissal from the JMSON Program.
2. Students are expected to be neat, well-groomed, and appropriately attired during clinical experiences. For the nursing skills lab and simulation lab, students **MUST** wear scrubs and their clinical name badge. For clinical settings, students must wear their student uniform, white hosiery/socks, white shoes, and a clinical name badge, as appropriate for the setting.
3. Hair and facial hair must be neat, clean, trimmed, controlled, and styled conservatively. Hair must be off the collar when in scrubs or uniform with no visible adornment (hair bows, barrettes, clips, etc.). Long hair (at shoulder length or below) must be pulled back or worn in a ponytail. Hair color is to be within the spectrum of **natural hair colors**. Although highlights or lowlights may be appropriate as long as they are within the spectrum of standard hair colors, students are not allowed to have one section dyed a different color that would stand out.
4. Makeup should be used conservatively and in moderation. Perfumes, scented soaps, lotions, or sanitizers should **NOT** be used; however, students should be free of body odor. Students will be sent home from clinical if not professionally dressed and free of body odor. If a student is sent home, they must make an appointment with the Clinical Coordinator to discuss the matter and determine the form of disciplinary action that will be taken.
5. Fingernails must be clean and shall **NOT** extend over the ends of the fingertips. Artificial, acrylic, or gel nails/tips are **NOT** allowed in clinical settings due to infection control guidelines. Polish shall **NOT** be worn in the clinical area. Decorated nails shall **NOT** be allowed in the clinical setting.
6. Jewelry that interferes with patient care or personal safety must **NOT** be worn. A traditional wedding ring (band) may be worn. Rings with protruding gemstones should **NOT** be worn. Body piercings such as tongue rings, belly rings, etc., are **NOT** allowed in the clinical setting, whether visible or not. One (1) pair of small post earrings may be worn in the ear lobe area **only**. Loop/hoop earrings are **NOT** allowed.
7. Tattoos **cannot** be visible in the clinical/lab setting. Tattoos must always be covered by clothing or a bandage. **If a student comes to clinical with visible body jewelry/body art, they will be sent home from clinical and receive an unsatisfactory performance for the day.**
8. Students are expected to dress neatly and appropriately for all clinical-affiliated activities (orientations, workshops, etc.). Inappropriate attire includes strapless/spaghetti-strap tops or dresses, low-cut blouses, shorts above mid-thigh level, denim, t-shirts, extremely form-fitting clothing (such as leggings), pajama-type pants, open-toed shoes or sandals, and capri-type pants or any other clothing that allows body art to be visible.

9. Cell phones are **NOT** to be used in the clinical setting. Students are required to leave their cell phones in their clinical bags. Students may access their cell phones during break and lunch periods, but **NOT** in patient care areas.
10. Students are expected to complete the required clinical orientations by the assigned deadlines to attend clinical as scheduled.
11. Students are always expected to deliver patient care safely and competently.
12. Students are always expected to demonstrate professional conduct and to communicate appropriately with clinical agency staff, physicians, instructors, and classmates. The use of profanity or displays of uncivil behavior will not be tolerated at any time and will be subject to disciplinary action.
13. Students **must refrain from discussing any clinical information outside of post-conference and/or classroom settings**. HIPAA violations will result in severe disciplinary action and may result in HIPAA fines. Students are to refrain from posting clinical information or pictures on any social media site, such as Facebook, Instagram, Snapchat, etc.
14. Students are **NOT** allowed to remove copies of a patient's record from the clinical site under any circumstances. Students may take notes from the patient's record as needed to aid in completing their clinical assignments.
15. Students are expected to report to the post-clinical conference on time and actively participate. Failure to attend the post-conference will result in a clinical absence for the day.
16. Students are expected to complete and submit **all clinical assignments** by the due dates.
LATE WORK WILL NOT BE ACCEPTED.
17. Students are **NOT** allowed to leave the clinical facility until the completion of the scheduled experience without prior approval of the instructor.
18. Smoking, substance abuse, and/or alcohol use will **NOT** be allowed during the hours of clinical experiences. Most clinical sites have smoke-free campuses. Students who report to clinical with the smell of tobacco and/or alcohol on their breath will be sent home, resulting in an absence. An appointment with the Clinical Coordinator will be scheduled to discuss the issue, and appropriate disciplinary action will be taken.
19. Clinical experiences will be in various clinical agencies in the area. Students are responsible for their transportation to the assigned clinical agency. Clinical assignments will periodically require travel out of the student's county or state of residence.
20. **Students who fail to comply with clinical regulations will be subject to disciplinary action, ranging from a verbal warning to dismissal.**

CLINICAL SAFETY POLICY

Per the law, which governs nursing in North Carolina, a nursing program has a legal obligation to graduate individuals who demonstrate intellectual skills and abilities and possess the physical and emotional characteristics requisite for safe practice of nursing. Therefore, at any time a student "presents physical or emotional problems or demonstrates behavior which conflicts with safety essential to nursing practice," the faculty will require the student to leave that class/clinical. See also: Chapter 36-Board of Nursing; 21 NCAC 36.0320 STUDENTS (d) 1 and 2, (NCBON, 2009).

If a student is dismissed from clinical for "unsafe" behavior, the student's action will:

1. Be followed up with counseling and remediation.
2. Result in an unsatisfactory for that day.
3. This should be reflected in their clinical evaluation.

The severity of the "unsafe" behavior will be evaluated and may result in dismissal from the JMSON program. Multiple episodes of "unsafe" behavior will result in dismissal from the JMSON program.

As indicated in the dismissal policy, a student may be removed from clinical if he or she:

1. Demonstrates behavior that conflicts with safety essential to nursing practice
2. Demonstrates physical or emotional impediments that conflict with safety essential to nursing practice and do not respond to appropriate treatment or counseling within a reasonable period
3. Engages in conduct that violates the North Carolina Nursing Practice Act
4. Engages in conduct that violates the Code of Ethics for Nurses of the American Nurses Association.
5. Engages in nursing practice for which the student has not been authorized or for which The student had not been educated at the time of the incident.
6. Engages in conduct that threatens or has the potential to threaten the physical, emotional, mental, or environmental health or safety of a client, a client's family member, or substitute familial person, another student, a faculty member, another healthcare provider, the general public, or the student himself or herself.
7. Through verbal or written word compromises the integrity and/or reputation of the programs of the School of Nursing, the profession, or its affiliates.
8. Fails to participate in or complete clinical work for any reason or fails to perform clinical work that is consistent with professional nursing practice, including the satisfactory performance of all critical behaviors specified on the evaluation tool for each course
9. Fails to adhere to College, School, and clinical site policies and procedures.
10. Engages in the use or possession of alcohol and/or illegal drugs on the University campus or in the clinical settings.

Accommodations in Clinical Settings

Specific accommodations that are acceptable in a classroom setting may not be suitable in a clinical setting. Students must meet all JMSO Technical Standards and policies, as well as the clinical site's institutional standards and policies related to patient care settings, to maintain safety and uphold clinical site agreements.

Dress Code for Simulation/Lab/Clinical

A clinical placement dress code has been established in recognition of the fact that the mode of dress does affect the establishment of a rapport and working relationships with patients, families, and other care providers.

Uniforms are worn by students providing nursing care in clinical, simulation, and laboratory settings. Uniforms must be clean, smoothly pressed, and in good repair. The uniform is to be worn only in clinical, simulation, and laboratory settings; however, an exception will be made on days when both class and clinical, simulation, or lab experiences occur. A student may wear the uniform all day or change into it before starting clinical, simulation, or lab sessions.

JMSON Clinical/ Simulation/ Laboratory Uniform:

- Pewter scrub top and Pewter scrub pants with JMSON monogram.
- Lab Coat with JMSON monogram
- Long sleeve undergarment (navy or white), optional
- White, or Black Leather or Leather-type Shoes (closed heels and toes) - No Clogs.
- Watch with Second Hand (must be able to count a pulse for one full minute)
- Nursing Tote from MHU with Supplies and Equipment
- JMSON student nurse name badge

Nursing students are expected to wear student uniforms when providing care in alternative settings. These settings may include mental health units, outpatient clinics, community health centers, and other settings as determined by the faculty.

JMSON Uniform for Alternate Sites:

- Black or navy dress-style pants
- Black or navy belt (if applicable)
- Blue or white (not see-through fabric) Blouse/ Shirt
 - Men: Button dress shirt/ Polo style shirt
 - Women: Button dress shirt/ dress style blouse/ turtleneck shirt/ sweater
- Black or navy shoes
- Black or navy socks or stockings (knee-high hose are acceptable)
- Lab coat, as indicated by the clinical facility
- The required school uniform may be worn if acceptable to the clinical facility

Applicable to all lab and clinical sites:

Personal cleanliness is a prerequisite for client care. Regular bathing, hair washing, and the use of deodorant are essential for personal cleanliness and are expected to be maintained in a manner that promotes the absence of body odor. All attire, accessories, and other items must be laundered appropriately and in good condition. Appropriate undergarments should be worn at all times.

Hair must always be neat. Long hair must be pulled back or neatly restrained so that it does not touch the shoulders and will not interfere with nursing activities. The final determination of the appropriate appearance of hair for any given clinical experience will be made by the faculty member responsible for each course, per clinical agency policies, Infection Control Practices, and Quality and Safety Standards.

Beards and mustaches should be kept trimmed and neat.

Nails should be kept clean and short enough to avoid scratching the patient. They should be even with the end of the fingers. No artificial nails, acrylic nails, or gel nails are allowed.

All tattoos must be covered.

One pair of pierced small stud-style earrings, in silver, gold, or white, may be worn. Only one earring per ear should be worn, and the size should not exceed 8mm in diameter. No dangle or loop earrings with stones may be worn. No other visible piercings are permitted.

Only wedding bands without stones are worn in laboratories and clinical settings.

Electronic devices are not to be used or turned on in class, the lab, or the clinical setting unless directed to do so by faculty.

Faculty Responsibility for Lab/Simulation/Clinical

Faculty Responsibilities for Lab

- One week before the scheduled lab experience, the faculty member must submit the Lab Activity form to the Simulation/Lab/Clinical Coordinator.
- Faculty members are responsible for supervising all students brought to the lab for training.
- Faculty members are responsible for providing a skill demonstration to students and all participating faculty in the lab, so that students are held to the same standard.
- Faculty members are responsible for participating in the lab hours as scheduled.

Faculty Responsibilities for Simulation

- All faculty and students will adhere to the Clinical Simulation Center (CSC) guidelines (reviewed on the first lab day)
- Students and faculty will maintain a respectful and safe learning environment for one another while participating in and observing simulated learning experiences.
- One week before the scheduled lab experience, the faculty member must submit the Simulation Activity Form to the Simulation/Lab/Clinical Coordinator.

Faculty Responsibilities for Clinical

1. Follow the guidelines for clinical experiences in the syllabus.
2. Faculty members are expected to arrive at the clinical site at least 30 minutes prior to the scheduled arrival time of students.
3. Remain at the clinical site until the time identified in the faculty contract.
4. Clinical assignment sheets must be completed for each day of clinical practice. A copy will be posted on the unit, and a copy will be kept for clinical records. All assignment sheets will be included with the end-of-course documents.
5. Supervise all student/patient activities, including patient assessments, skill performance, and medication administration.
6. Coordinate with students to allow for a 15-minute break in the morning and afternoon as patient care allows.
7. Coordinate with students to allow for a 30-minute lunch break.
8. Assist with the completion of the student clinical evaluations.
9. The faculty are responsible for monitoring and grading clinical assignments using the appropriate rubrics as indicated. Graded assignments are to be included in the end-of-course documents.
10. Send an email notification to the Director and the Clinical Coordinator if you are unable to attend a clinical day.
11. Send an email notification to the Clinical Coordinator if a student is absent.
12. Complete agency orientations before clinical, which may include:
 - Mandatory learning modules
 - Computer training

- Nursing unit orientation
- 13. Encourage students to complete the clinical requirements identified in the syllabus.
- 14. Identify student learning opportunities to help students meet clinical requirements.
- 15. Monitor student progress regarding the delivery of total patient care and completion of written clinical assignments.
- 16. Maintain anecdotal notes for each student as indicated.
- 17. Promptly respond to students' questions, concerns, and issues. All student communications should be summarized via email and forwarded to the Clinical Coordinator and Program Director.

Responsibilities in the Nurse/Preceptor Relationship (as stated in the NCBON Preceptor Guidelines)

Preceptor

1. Attends preceptor orientation.
2. With faculty reviews:
 - Responsibilities of the faculty member, preceptor, and student
 - Clinical objectives.
 - Student performance expectations
 - Skills checklist
 - Clinical evaluation tool
3. With faculty and students assessing learning needs and setting goals and objectives for experience-based learning, based on identified learning needs.
4. Familiarizes students with the staff, policies, and organization of the unit.
5. Plans appropriate learning activities.
6. Acts as a role model and clinical resource for students.
7. Identifies problems related to the preceptor role and/or student and refers these to the clinical supervisor and faculty.
8. Meets periodically with students, faculty, and clinical supervisor to determine student progress.

Nursing Student

1. With faculty and preceptor sets goals consistent with objectives for the clinical experience, based upon identified learning needs.
2. Assumes responsibility for patient care, within limitations of knowledge and skills, with the guidance of the preceptor.
3. Utilizes resources to increase knowledge, skills, and abilities.
4. Evaluates the learning experiences and the preceptor relationship.
5. Collaborates with a preceptor to plan student learning activities.
6. Identifies problems related to the preceptor role and/or student and refers these to the clinical supervisor and faculty.
7. Meets periodically with preceptor, faculty, and clinical supervisor to determine student progress.

Clinical Supervisor

1. In collaboration with the nursing program faculty, select a preceptor for the nursing student.
2. Approves scheduling of time and assignments to ensure that the preceptor is available to the student at all times.
3. Supports the preceptor and student by assisting them in identifying problems and developing the student's skills.
4. Evaluates the learning experiences and the preceptor relationship.
5. Collaborates with a preceptor to plan student learning activities.
6. Is available for consultation and/or collaboration. Makes periodic observations to determine the progress and effectiveness of the relationship.
7. Meets periodically with the preceptor, student, and faculty to determine student progress.
8. Evaluates the preceptor's performance, the learning experiences, and the preceptor relationship.

Nursing Faculty

1. The clinical supervisor selects a preceptor for the nursing student.
2. Conducts the preceptor orientation session.
3. With preceptor reviews:
 - Clinical objectives
 - Student(s) performance expectations
 - Skills checklist
 - Clinical evaluation tool
4. Assists the student and preceptor in setting goals and objectives based upon identified learning needs.
5. Collaborates with a preceptor to plan student learning activities.
6. Assists preceptor and student in identifying problems and provides additional instruction when indicated.
7. Is available for consultation and/or collaboration. Makes periodic observations to determine the progress and effectiveness of the relationship.
8. Meets periodically with the preceptor, student, and clinical supervisor to determine student progress.
9. Evaluates student performance and makes recommendations regarding students' achievement of goals and objectives.
10. Evaluates student clinical performance and determines if the student is meeting goals and objectives.
11. Evaluates the learning experiences and the preceptor relationship.

**JUDGE-MCRAE SCHOOL OF NURSING
SIMULATION/CLINICAL/LAB HANDBOOK**

Acknowledgment of Policies and Expectations

I have read and understand the Judge-McRae School of Nursing Simulation/Clinical/Lab Handbook, and I agree to abide by its terms.

Student's Full Name (Please Print) _____

Student's Signature _____

MHU ID Number _____

Date _____