Operating Policy and Procedure

SON OP 30.355 - Documentation of Clinical Behavior Policy

PURPOSE
The purpose of the School of Nursing Documentation of Clinical Behavior Operating Policy and Procedure (SON OP) is to provide a mechanism for documentation of student clinical behavior between formal evaluation periods.

REVIEW
The OP will be reviewed biennially by September 1 of each even numbered year (ENY) by the applicable Associate Dean/Department Chair, with recommendations for revisions forwarded to the Dean of the School of Nursing.

POLICY/PROCEDURE
In order to ensure clear communication with students and adequate documentation within a course, clinical behaviors are documented on the clinical evaluation tool (see policy for clinical evaluations). Supplemental documentation can utilize referral letters, clinical warning letters, and clinical documentation forms.

Referral Letter

1. When a faculty member observes a student needs additional practice of clinical skills, faculty will discuss behavior with student, and complete a referral letter, (see attachment A).
2. The student signs the letter and retains the copy until the skill is completed in the presence of a faculty associate (or faculty). The nurse educator associate or faculty, signs the letter which is returned to the issuing faculty, and student retains a copy.
3. During routine and other clinical evaluations, referral letters should be referenced.
4. The course facilitator tabulates the numbers and types of deficiencies occurring each semester and incorporates this information into course planning and revision.
5. If the course facilitator identifies an excessive number of deficiencies occurring in a particular area, this information will be reported to the Course Faculty, Program Director of ABSN Program and Non-Traditional Department Chair.

Clinical Warning Letters

1. When a faculty member observes any unsafe clinical behavior (see unsafe practice definition in Student Handbook), faculty discusses the behavior with the student and completes a clinical warning letter (see attachment B).
2. The student signs the letter and a copy will be given to student.
3. During routine and other clinical evaluations, clinical warnings should be referenced.
4. The course facilitator tabulates the numbers and types of errors occurring each semester and incorporates this information into course planning and revision.
5. For individual students, if a pattern of unsafe behavior is identified by course facilitator or faculty, student failure of the course is considered.
6. If the course facilitator identifies an excessive number of errors occurring in a particular area, this information will be reported to the Program Director and the Non-Traditional Department Chair.
Clinical Commendation Letter

1. When a faculty member observes an outstanding student behavior or patient outcome secondary to student behavior, faculty will discuss the behavior with the student and complete a clinical commendation form.
2. Faculty signs the letter and student retains a copy.