

FACULTY HANDBOOK

PART II

FORMS

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OHLONE COLLEGE NURSING
PRE-AFFILIATION MEETING REPORT

Date Held: _____ Semester: _____ Year _____

Course: _____ Facility: _____

	<u>Name</u>	<u>Title</u>
Faculty	1. _____	_____
Facility Attendee(s)	1. _____	_____
	2. _____	_____

	Yes	No	Comment
Confirmation of dates, time location and student assignment			
Written copies of course and clinical objectives discussed			
Staff expectations of instructor			
Staff expectations of students			
Arrangements discussed regarding: Parking (permits?)			
Meals			
Student absence/illness calls			
Student Orientation: Introductions			
Conference room—dates/times			
Instructor contact			
Instructor Orientation: Policies and Procedures			

Additional Comments:

OHLONE COLLEGE NURSING
POST-AFFILIATION MEETING REPORT

Date Held: _____ Semester: _____ Year: _____

Course: _____ Facility: _____

	<u>Name</u>	<u>Title</u>
Faculty	1. _____	_____
Facility Attendee(s)	1. _____	_____
	2. _____	_____

	Yes	No	Comment
Staff evaluation of student performance			
Student evaluation of facility			
Adequate instructor availability			
Problems encountered during rotation by instructor/students			
Problems encountered during rotation by staff			
Plans for future affiliations			

Additional Comments:

Faculty Evaluation of Clinical Agency
FECA

Faculty: _____ Date: _____ Course: _____ Facility _____

Please circle the number that best reflects your evaluation

1. Highly Agree
2. Agree
3. Somewhat agree
4. Somewhat disagree
5. Disagree

1. This clinical agency consistently provides adequate learning opportunities to meet course clinical objectives	1 2 3 4 5
2. Staff at this agency support students in their learning process	1 2 3 4 5
3. Students have ample opportunity to apply critical thinking skills in this setting	1 2 3 4 5
4. Students are exposed to professionals from many disciplines who are an integral part of the health care team.	1 2 3 4 5
5. Students are encouraged to participate as part of the interdisciplinary team in this setting.	1 2 3 4 5
6. Staff at this agency role model high standards of nursing practice.	1 2 3 4 5
7. Staff in this agency treat students in a collegial manner.	1 2 3 4 5
8. Students have ample opportunity to practice communication skills in this setting.	1 2 3 4 5
9. This agency provides students with opportunities to learn who to render care to culturally diverse clients across the life span.	1 2 3 4 5
10. The nursing care rendered in this setting is current and up to date.	1 2 3 4 5
11. The moral of the staff in this agency is generally positive.	1 2 3 4 5

SCHOOL: _____

COURSE: _____

PROGRAM: _____ GENERIC _____ MOBILITY

_____ BEGINNING (1ST SEMESTER) _____ INTERMEDIATE (2ND/3RD SEMESTER) _____ ADVANCED (4TH SEMESTER)

SCHEDULED DAYS: _____

TIMES: _____

STUDENT NAME	ADDRESS	PHONE	EMERGENCY #	EMERGENCY PHONE
1.				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

ALPHABETICAL ORDER, LAST NAME FIRST

INSTRUCTOR'S NAME: _____

HOME PHONE: _____

OFFICE NUMBER: _____

OTHER NUMBER: _____

EMAIL: _____



OHLONE COLLEGE

STUDENT CLINICAL ASSIGNMENT

HOSPITAL UNIT

DATE: _____

TIME: _____

INSTRUCTOR: _____

Instructor Contact Number: _____

Student Name	Patient Assignment

Skills able to perform

OHLONE COLLEGE
NURSING DEPARTMENT
THEORY EVALUATION

OHLONE COLLEGE NURSING CLINICAL THEORY EVALUATION

Faculty: _____

Course: _____

Date: _____

Your instructors are continually trying to improve their teaching techniques and your learning experience.

Please rate each of the following professional characteristics by checking the corresponding scale and comment with constructive criticism.	Highly Agree	Agree	Somewhat agree	Somewhat disagree	Highly disagree
A. Organization in clinical setting Comments:	1	2	3	4	5
B. Clarification of clinical objectives Comments:	1	2	3	4	5
C. Application of theory to practice Comments:	1	2	3	4	5
D. Teaching Techniques Comments:	1	2	3	4	5
E. Communication Skills Comments:	1	2	3	4	5
F. Ability to Arouse Interest in Subject Comments:	1	2	3	4	5
G. Interaction with students Comments:	1	2	3	4	5

H.Strengths:

I.Suggestions for Improvement:

J.Other:

OHLONE COLLEGE NURSING CLINICAL THEORY EVALUATION

Faculty: _____

Course: _____

Date: _____

Your instructors are continually trying to improve their teaching techniques and your learning experience.

Please rate each of the following professional characteristics by checking the corresponding scale and comment with constructive criticism.	Highly Agree	Agree	Somewhat agree	Somewhat disagree	Highly disagree
C. Organization in clinical setting Comments:	1	2	3	4	5
D. Clarification of clinical objectives Comments:	1	2	3	4	5
C. Application of theory to practice Comments:	1	2	3	4	5
G. Teaching Techniques Comments:	1	2	3	4	5
H. Communication Skills Comments:	1	2	3	4	5
I. Ability to Arouse Interest in Subject Comments:	1	2	3	4	5
G. Interaction with students Comments:	1	2	3	4	5

H. Strengths:

I. Suggestions for Improvement:

J. Other:

**OHLONE COLLEGE
FACILITY STAFF EVALUATION OF NURSING INSTRUCTOR**

HOSPITAL: _____ UNIT: _____ DATE: _____

YOUR NAME: _____ POSITION: _____ F.T. ____
P.T. ____

(OPTIONAL)

NAME OF CLINICAL INSTRUCTOR: _____

STUDENTS: 1st Year __ 2nd Year __

LENGTH OF STUDENT ROTATION: _____ (Weeks)

As part of our effort to evaluate and improve the Ohlone College Nursing Program, we are seeking the perspective of the community agencies who work with our students and faculty. As a key person in your agency, you are in a position to help in our assessment. Please complete this evaluation form and return to the faculty person who presented it to you. Thank you for your assistance.

Please rate how effectively the instructor carried out the following activities.

ACTIVITIES OF INSTRUCTOR	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
Provided information about staff and instructor responsibilities re: student supervision					
Gave timely information about student rotation schedules for your hospital					
Met hospital's needs for instructor availability and timely communication					
Set standards for student performance that meet your professional expectations					
Provided clear information re: daily patient assignment					
Provided information re: student skill expectations and clinical objectives					
Provided students a theoretical background for clinical application					

STRENGTHS/AREAS FOR IMPROVEMENT: 11

OHLONE COLLEGE
HEALTH SCIENCES DIVISION
NURSING PROGRAM

RECORD OF COUNSELING CONFERENCE

STUDENT: _____ COURSE: _____ DATE: _____

Situation/Subject:

Goals/Plan:

Student Comments:

Student: _____ Faculty: _____

(Evaluation on back)

Evaluation (follow up): DATE: _____

Student: _____ Faculty: _____

Dear Nursing Faculty,

Attached you will find an action plan form to be completed by the nursing faculty member for students failing your course. Use the form as appropriate. Let's review a few situations to see how this form may apply.

Student #1: Strong student having lots of personal stress and working long hours. Fails course. Tells you did not study.

Action: Your assessment concurs with student who previously has had strong record. You might recommend seeing an Ohlone counselor for stress reduction or cutting back on work hours. You may not use this form at all in this case.

Student #2: Student just barely getting by in beginning courses. Slow reader, doesn't seem to grasp what's being said in class. Failing exams. Fails course.

Action: You recommend content review, selected videos and computer programs and portfolio completion. You're concerned with the student's slow learning and apparent lack of understanding and you think comprehension may be an issue. You may require that the student be tested and indicate on the form who the student should make an appoint with. The faculty member calls the reading lab and states her assessment of the student's problem. She requests that the student be tested and then informs the student to make an appointment. These diagnostic services are provided by the writing and math labs as well after they hear from the faculty member.

Once the student has been assessed by the reading lab, for example a recommendation is made and it is important for the nursing faculty to support the recommendation of the reading lab or why bother with testing. This ultimately could mean that the student will be delayed if she needs to take recommended course work based on testing results.

The Admissions and Promotions Committee recommends that faculty:

1. Strongly encourage students to follow through on testing recommendations even if it means a delay in their program completion.
2. Notify students that if they do not follow through on required testing and testing recommendations it may impact on their return to the program as spaces are limited and students completing action plan requirements will be given higher priority.

ACTION PLAN FOR SUCCESS

Dear Nursing Student:

After considerable thought, the following action plan has been devised for you by a nursing faculty member. Keep in mind that the recommendations checked and described below are intended to help you master course concepts and be successful but only you can do it!

RECOMMENDATIONS:

Review the following course content-related deficits, i.e.:

Review the following videotapes and/or computer programs for the
N_____ course: _____

Purchase N _____ Portfolio and complete all exercises.

Complete all support course for the major prior to nursing courses.

See Ohlone counselor regarding stress reduction.

Enroll in stress reduction course:

_____ PD 101 College Survival Techniques

_____ PD 111 Strategies for Succeeding in College

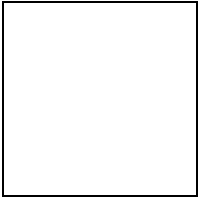
Other _

REQUIREMENTS:

Make an appointment
in the Reading Lab for diagnostic testing.

Make an appointment
in the Writing Lab for diagnostic testing.

DEADLINE DATE	INITIAL OF SUPERVISOR



Make an appointment
in the Math Lab for diagnostic testing.

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Student Signature

Date

Faculty Signature

Date

**OHLONE COLLEGE
ALLIED HEALTH PROGRAMS
REPORT OF MEDICAL EXAMINATION DURING PREGNANCY**

This form must be completed and returned to the Health Science Office (Building 24) prior to the start of the clinical experiences.

NAME: _____

EXAMINATION COMMENTS AND FINDINGS:

The above named is able to safely perform the physical activities required for the nursing program through _____
Date

Attending physician's signature

Date

Student's signature. I give permission to release information to affiliating clinical facility. I release Ohlone College from liability due to illness or injury which may occur during clinical experience.