

## Clinical Guidelines Manual for Nursing Instructors



**Approved by department Council reference #13404**

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**Prepared by: Clinical Training Committee**

## PREFACE

The Clinical Guidelines Handbook for Nursing Instructors is a vital resource tailored for educators shaping the next wave of nursing professionals. This handbook is designed to be a practical and easy-to-follow guide, providing essential insights for instructors during clinical education. Instructors are at the forefront of nursing education, molding the skills and knowledge of future nurses. This handbook is a tool to support instructors in this important role, acknowledging their impact on the development of aspiring healthcare practitioners. The handbook is adaptable to changes in healthcare and education, reflecting a commitment to excellence in nursing education. It recognizes the dedication of instructors in preparing students for the dynamic healthcare field. Through this handbook, instructors become mentors, guiding the growth of a generation of capable and compassionate nursing professionals.

## TABLE OF CONTENTS

### Content

- I. Introduction
- II. Clinical Training Committee
  - Goals and Objectives
  - Duties and Responsibilities
  - Roles of Clinical Instructors
- III. Accreditation Standards for Training Institutions
- IV. Guidelines for Clinical Learning Experience
  - Attendance and Punctuality
  - Absences and Tardiness
  - Computation of Allowable Absences
  - Grooming
  - Snacks/Break
  - Student Conduct and Behavior
  - Offences
- V. Simulation Training
  - Role of the instructor
  - Simulation Scenario Form
  - Standardized patient request from
- VI. OSCE Exam
  - Guideline for instructors during OSCE Exam
- VII. Flow Chart of Field Experience Responsibility
- VIII. Guidelines in dealing with all types of Conflict Resolution

## INTRODUCTION

The Faculty of Nursing at the University of Tabuk is steadfastly committed to continuous improvement as part of its strategic initiative to prepare graduates for the challenges of a globalized healthcare landscape. The profound belief held by the faculty is that its graduates will not only contribute significantly to societal well-being but will also enhance the esteemed reputation of the University of Tabuk.

Central to the Nursing Program is the pivotal role played by Clinical Learning Experience (CLE), a fundamental component that complements the theoretical aspects of the curriculum. This strategic integration of theoretical knowledge with practical application is designed to equip nursing students with the requisite skills, attitudes, and knowledge to provide optimal care and management for clients across diverse settings and age groups. Under the supervision of university faculty staff and with the valuable assistance of hospital field teaching staff, nursing students are placed in various hospital facilities and community areas.

Within the Nursing Curriculum, specific hours dedicated to CLE are mandated for major nursing subjects. Successful completion of these CLE requirements is a prerequisite for students to progress to the subsequent academic level and ultimately be conferred with the Baccalaureate in Nursing degree.

Critical to the success of the CLE is the responsibility of the Clinical Training Committee to ensure the availability of adequate clinical placements spanning a spectrum of practice settings and care continuums. These placements are meticulously selected to be not only safe and supportive but also conducive for groups of students to actively engage in the practice and development of their professional roles within well-defined scopes of practice.

## CLINICAL TRAINING COMMITTEE

### GOALS, OBJECTIVES, DUTIES AND RESPONSIBILITIES

## CLINICAL TRAINING COMMITTEE

**GOAL:** To provide quality Clinical Learning Experience to the nursing students

**OBJECTIVES:**

1. To coordinate with the prospects Hospital institution for possible affiliation
2. To provide a venue for the students for clinical areas that is conducive for learning.
3. To provide educational materials in the clinical area

### **Duties and Responsibilities**

1. Coordinating with hospitals and other accredited centers for student training.
2. Developing plans and guides related to clinical training and training.
3. Follow up on the student's performance in clinical training and internship, mitigate procedures, and solve training-related problems.
4. Evaluating students and receiving performance reports from hospitals and training centers.
5. Submitting performance reports to the department head at the end of each semester

## Roles of a Clinical Instructor

A **clinical instructor (CI)** is a designated academic appointee tasked with providing guidance, mentorship, supervision, and evaluation of nursing students during their clinical rotations within healthcare facilities, encompassing settings such as hospitals and health dispensaries within academic environments.

The role of clinical instructors is predominantly derived from the Field Experience Specifications. Typically, students undergo classroom instruction delivered by distinct lecturers, whereas the Clinical Instructor assumes responsibility for overseeing the clinical or skills laboratory component. The CI is charged with the critical task of bridging theoretical knowledge with practical application, thereby facilitating the integration of classroom material into real-life scenarios. Additionally, the CI plays a crucial role in accommodating the diverse learning styles and paces of clinical students.

## Roles of a Clinical Instructor

Outcome	Strategies
Facilitates student readiness for the clinical experience	<ul style="list-style-type: none"> <li>Coordinates with the designated course/subject lecturer to strategically plan for Field Experience Specifications, Course Syllabus Typical Format (CSTF), and the Course Syllabus and Clinical Teaching Plan for each semester.</li> <li>Conducts orientation sessions for students regarding the assigned unit.</li> <li>Engages in collaborative efforts with the unit manager and staff.</li> <li>Ensures students comprehend and adhere to both university and hospital policies.</li> <li>Guides students through the review process of clinical assessment forms, requirements, and the grading system.</li> </ul>
Sustains an up-to-date knowledge foundation, serving as a valuable resource for students.	<ul style="list-style-type: none"> <li>Demonstrates an understanding of novice behavior.</li> <li>Possesses expertise in clinical teaching methodologies.</li> <li>Exhibits proficiency in asking pertinent questions to enhance student learning in progressively independent nursing practice.</li> </ul>
Demonstrates professional practice through modeling.	<ul style="list-style-type: none"> <li>Ensures students have access to relevant resources, such as literature and professional materials.</li> <li>Facilitates conflict resolution and addresses unusual circumstances (<b>Refer to Appendix F: Conflict Resolution</b>).</li> <li>Promotes the development of problem-solving and critical thinking skills.</li> </ul>
Maintains consistent communication with the student to foster an effective working relationship.	<ul style="list-style-type: none"> <li>Is accessible to the student on both a regular and emergency basis.</li> </ul>
Conducts formal evaluations of student performance.	<ul style="list-style-type: none"> <li>Delivers prompt evaluations of student performance.</li> <li>Verifies students' signatures on each form.</li> </ul>
Coordinate with the Clinical Training Committee and Student Advisership Committee	<ul style="list-style-type: none"> <li>In case of absenteeism, must prepare and submit reports to the Level Adviser</li> <li>Report any unusual <b>circumstances</b> (See <b>Appendix F: Conflict Resolution</b>)</li> </ul>

## Accreditation Standards for Training Institutions

### Accredited Training Institutions:

**Training institutions within the Kingdom of Saudi Arabia:** Training is conducted in one of the governmental health institutions or specialized medical centers, as well as the medical administration affiliated with Tabuk University.

**Training institutions outside the Kingdom of Saudi Arabia:** Training outside the kingdom is possible if the department and college accrediting the training institution is approved, provided that the training program in the institution achieves the program's outcomes and internship year objectives and ensures clinical practice for the intern.

**Accreditation Standards for Training Institutions:** The general standards that training institutions must meet to implement training courses and the internship year are:

- The accredited institution should be suitable for achieving learning outcomes and the required conditions for training courses and the internship year.
- The capacity of the institution should be proportional to the number of trainees in it.
- The institution should have an office for academic affairs and training, with a designated training officer responsible for supervising student training and communicating with the college.

### It is also preferred that:

- The institution has a specialized training management.
- The training institution holds accreditation from specialized bodies, or a quality certificate specialized in the institution's field of work.

## GUIDELINES FOR THE CLINICAL LEARNING EXPERIENCE

Clinical areas for the student are based on the curricular offerings per level. The distribution of students is based on their enrolled Nursing subject that requires CLE. Pre-clinical exposure will be done in the skills facility and simulation area within the University.

### **A. Clinical facilities and learning resources for the Clinical Learning Experience**

The University is committed to delivering quality instruction and clinical experiences to students, fostering the development of the professional skills essential for their future in the field. In line with this commitment, the University has forged high-quality affiliations with the following hospitals and community facilities:

1. King Khaled Civilian Hospital
2. King Salman Armed Forces Hospital in Northwestern Region
3. King Fahad Specialist Hospital
4. Maternal and Child Hospital
5. Psychiatric Government Hospital (Al- Amal Center for Mental Health)
6. Different Health Care Center/Dispensary
7. Social Affairs Rehabilitation Hospital

## Rules, Policies and Guidelines

### I. Attendance and Punctuality

To develop and improve professionalism among the students, they are expected to practice and appreciate the importance of attendance and punctuality in their profession as Nurses.

- A. Students are expected to read all announcements, schedules and Clinical student groupings posted on the bulletin board to avoid confusion for the students.
- B. Actual Rotation Plan for students should be sent by the advisers through group email.
- C. Students are also expected to determine and visit their clinical area or hospital of assignment prior to the day of the schedule of duty. This will avoid being late in reporting to duty.
- D. Students are expected to report on their respective areas of assignment **15 minutes** before the start of the scheduled duty. The student must have her/his attendance checked by the assigned Clinical Instructor for each schedule of duty.

#### The checking time:

7:45 AM to 8:00AM on site.

### E. ABSENCES AND TARDINESS

**ABSENT:** Any student who failed to report on his/her clinical duty in any circumstances will be considered absent

**TARDINESS/LATE:** Any student/s who report **15 minutes** after the scheduled time shall be marked **LATE**. While students who report **30 minutes** after the call time will be marked as **1 unexcused absence**.

Students who have acquired **more than the allowable absence of 25%** in the entire 15 week rotation in each CLE subject will be considered **Dropped** and will be marked Denial of Entry in the system since the student will not be allowed to take the Final Examination in the course where he/she is being dropped.

## **II. Uniform and Grooming**

The uniforms prescribed by the University for the Department of Nursing are designed in accordance with the standards of modesty commonly upheld in their respective professions. It must be worn with neatness and cleanliness. Any deviation from the official design and university logo is not allowed. The clinical uniform must always adhere to the custom, tradition, culture, and religion of the Muslim community.

1. The University uniform must be worn when attending classes and clinical duty; and when attending professional meeting & conferences.
2. Use the prescribed clinical uniform must always be clean, well-pressed, unstained and in good condition. Incomplete uniform will mean a demerit in the clinical performance.

### **For Female:**

- White undershirt and white scrub pants, no tight leggings and colored ones' is **NOT** allowed.

- Long (ankle level) white Lab coat with University logo on the left arm.  
The lab coat should not be tight fitting.
- If Lab coat is shorter than the ankle level, student should wear a skirt underneath.
- Head cover and “*burka*” should be black in color and the length should be below the chest area, not exposing it.

#### **For Male:**

- White undershirt and white top with university logo on the left arm.
  - White loose pants.
3. University ID should be worn at all times.
  4. White Shoes and white socks must be worn all throughout the clinical exposure.
  5. Wristwatch with second hand, ball pen and pocket notebook are required to each students as part of their paraphernalia.
  6. Nails should be well – trimmed; **Female students. *Nail polish is not allowed.***
  7. For female: Wearing of make-up is prohibited.
  8. Failure to comply with the above guidelines would be considered against the students’ individual performance in the clinical area. Basis of markings will reflect in the Students Evaluation Performance

### **III. Snacks / Coffee Break**

1. Snack break should not exceed 30 minutes.
2. The Clinical Instructor is responsible in monitoring the students where abouts.
3. Students who failed to return on the time given by the Clinical instructor will be marked as absent on the following conditions:
  - A. More than the break time but not exceeding 15 minutes: The Clinical Instructor will mark the student as warning.
  - B. Exceeding 15 minutes: The student will be considered absent.

#### IV. Student Conduct and Behavior

1. Student should have deep regard & concern for all individual patients and show due respect to hospital personnel.
2. Students should always knock before entering any room, unless otherwise specified; and should respect the patient's privacy and feeling of modesty.
3. Students should always observe silence and speak in a modulated voice. Eating, giggling, and chatting in the clinical area and hospital corridors are not allowed.
4. Mobile phones and cameras must be turned off during duty hours.
5. Taking pictures of patients and patient records is **strictly prohibited**.
6. Students should stay in the clinical area only during the official CLE time.
7. Students should show polite behavior and thoughtfulness not only to faculty members, doctors and nurses, medical technologist & hospital personnel, but also to patients, their families, visitors, and other persons working for the patients.
8. Students should treat information received from patients or obtained from patient's records as confidential.
9. Students should use hospital supplies properly and wisely and use them for their intended purpose.
10. Sitting on a patient's bed is prohibited except when caring for pediatric or psychiatric patients (for nursing students).
11. When errors or accidents occur, the CI concerned must be notified at once. If the C.I. is not available, staff nurses, or Senior Nurse or Supervisor must be notified. **(See Appendix F: Conflict Resolution)**
12. In situations where a student has an appointment and wanted to leave the clinical area without finishing the hours of duty, the student should present the appointment slip or if none, must write that she/he is leaving the area and state the reason/s.

13. This must be given to the clinical instructor in charge of her/ him as documentation.
14. For female student: the clinical instructor should escort the student to the service car that she will use, and the clinical instructor should take a photo of the ID of the driver.
15. If the student leaves the hospital before 12noon, the student will be marked absent for that day.
16. In situations where clinical instructor cannot immediately decide on the situation, she/ he should immediately inform the clinical coordinator through a phone call and wait for further instruction/s.
17. It is the responsibility of the clinical instructor to make a written report regarding this matter and address the report to the clinical coordinator.
18. Hospital Conduct must be read and discussed with the student without fail prior to every start of the clinical rotation.

## OFFENSES

### Students who will violate the clinical guidelines:

- **First Offense:** Verbal reprimand from the instructor & consultation report.
- **Second Offense:** Verbal reprimand with written report addressed to the adviser and a furnished copy to the CTC.
- **Third Offense:** Violation slip should be accomplished.

## Simulation Training

Simulation training in nursing offers a crucial bridge between theoretical knowledge and practical application. This immersive method exposes nursing students to lifelike patient care scenarios, enabling them to refine clinical skills, enhance critical thinking, and develop effective communication within a controlled environment. By replicating diverse medical situations, simulation training equips future nurses with the confidence and competence needed to navigate complex healthcare settings. This hands-on approach ensures that they can seamlessly transition from the classroom to real-world patient care with a solid foundation of experiential learning.

### Role of the instructor in Simulation Training

- 1. Facilitation and Guidance:** Instructors play a pivotal role in guiding students through simulation scenarios, providing context, and facilitating discussions before and after the simulation. Their guidance helps learners understand objectives, grasp essential concepts, and reflect on their performance.
- 2. Scenario Design and Implementation:** Instructors are responsible for creating realistic and relevant simulation scenarios that align with the learning objectives. They must carefully design scenarios that challenge students while ensuring a safe and supportive learning environment.
- 3. Debriefing and Reflection:** After the simulation, instructors lead debriefing sessions to discuss students' actions, decisions, and outcomes. This reflective process allows students to analyze their performance, identify areas for improvement, and reinforce key learning points.

- 4. Adaptation to Learner Needs:** Instructors must be adaptable, tailoring the simulation experience to meet the diverse needs and skill levels of students. This includes adjusting the difficulty of scenarios, providing additional support when necessary, and customizing the learning experience for optimal engagement.
  
- 5. Assessment and Feedback:** Instructors evaluate students' performance during simulations, providing constructive feedback on clinical skills, decision-making, and communication. This assessment aids in individualized learning plans and helps participants understand their strengths and areas requiring development.

## Simulation Scenario Form

Scenario title:	
Simulation type:	Simulation time:
Patient type:	Debriefing time:
Target group:	SNL Examination:
Simulated Patient/Manikin/s Needed:	Recommended Mode for Simulator: (i.e. manual, programmed, etc.)

A. Scenario learning activities.	
Learning outcomes	Specific learning outcome
1-	1-
2-	2-
3-	3-
4-	4-
B. Prior to simulation	
Psychomotor skills (list skills)	Cognitive activities (textbooks, lecture notes, articles, websites, etc.)

A. Guidelines/Information Related to Roles	
ROLE	DESCRIPTION
NURSE 1	
NURSE 2	
NURSE 3	
OBSERVERS	

FAMILY MEMBER	
Provider (physician/advanced practice nurse)	
Other health care provider	
<b>B. Setting/ environment</b>	
<input type="checkbox"/> Emergency Room	<input type="checkbox"/> ICU
<input type="checkbox"/> Medical-Surgical Unit	<input type="checkbox"/> OR / recovery room
<input type="checkbox"/> Pediatric Unit	<input type="checkbox"/> Rehabilitation Unit
<input type="checkbox"/> Maternity Unit	<input type="checkbox"/> Home
<input type="checkbox"/> Behavioral Health Unit	<input type="checkbox"/> Outpatient Clinic
	<input type="checkbox"/> Other:

<b>A. Equipment and supply</b>	
<b>Equipment Attached to Manikin/Simulated Patient:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> ID band</li> <li><input type="checkbox"/> IV tubing with primary line fluids running at ____mL/hr</li> <li><input type="checkbox"/> Secondary IV line running at ____mL/hr</li> <li><input type="checkbox"/> IVPB with _____ running at mL/hr</li> <li><input type="checkbox"/> IV pump</li> <li><input type="checkbox"/> PCA pump</li> <li><input type="checkbox"/> Foley catheter with 100 mL output</li> <li><input type="checkbox"/> O2</li> <li><input type="checkbox"/> Monitor attached</li> <li><input type="checkbox"/> Other:</li> </ul> <b>Other Essential Equipment:</b>	<b>Equipment Available in Room:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bedpan/urinal</li> <li><input type="checkbox"/> O2 delivery device</li> <li><input type="checkbox"/> Foley kit</li> <li><input type="checkbox"/> Straight catheter kit</li> <li><input type="checkbox"/> Incentive spirometer</li> <li><input type="checkbox"/> Fluids</li> <li><input type="checkbox"/> IV start kit</li> <li><input type="checkbox"/> IV tubing</li> <li><input type="checkbox"/> IVPB tubing</li> <li><input type="checkbox"/> IV pump</li> <li><input type="checkbox"/> Feeding pump</li> <li><input type="checkbox"/> Crash cart with airway devices and emergency medications</li> <li><input type="checkbox"/> Defibrillator/pacer</li> </ul>

<p><b>Medications and Fluids:</b></p> <p><input type="checkbox"/> Oral Meds:</p> <p><input type="checkbox"/> IV Fluids: lactated ringer 125 ml/h</p> <p><input type="checkbox"/> IVPB:</p> <p><input type="checkbox"/> IV Push: Morphine sulfate 2 mg</p> <p><input type="checkbox"/> IM or SC:</p>	<p><input type="checkbox"/> Suction</p> <p><input type="checkbox"/> Other:</p> <p>Universal precautions equipment</p> <p>Stethoscope</p> <p>Thermometer</p> <p>Oxygen supply source</p> <p>Chest tube (24 French)</p> <p>Chest drainage system</p> <p>Chest tube kit</p>
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### Pre-briefing

We expect that as a professional healthcare team member you would observing the following principles.

1. Our basic assumption is that we **believe** all of us learning here today are intelligent, capable, want to improve and care about doing our best in this environment.
2. The learners **mutually agreeing** that this is a **Fiction Contract** meaning a **fictional situation** created solely for the purpose of learning. During this time, the learners will act as if this is a real-life situation, and their behaviors will reflect as if they are encountering a real patient. From the same perspective, the simulation facilitators will try their best to provide the learners with the most life-like situation.
3. The participants will **respect** all attendees of this session and will disagree respectfully if needed to do so. The attendees include the simulated patient, colleagues, instructors, and all other facilitators.
4. The attendees will practice **confidentiality**. They will not disclose anything that is happening here to anyone outside of this particular group of attendees.
5. The attendees will **behave professionally and courteously** worthy of a healthcare team member taking care of a patient.
6. This is **not an evaluation**, and therefore a good place for you to try to exercise your knowledge and skills. It is better to make mistakes here and learn from these mistakes than in real life at the patient's bedside.
7. If anything during this case, or any case during your time, proves to you **emotionally triggering**, please bring it to your instructor's attention immediately. Your emotional and psychological well-

being is very important to us and also for your learning. You can email your instructor ahead of time or ask to meet you privately during the session should it happen during the virtual session.

**Prior the report you should explained to the nursing student's the following dimensions:**

- Course objectives, environment, roles, and expectations.
- Establishes a "fiction contrast" with participants.
- Attended to logistic details.
- Convey a commitment to respecting learners and understanding their perspective.

**Student's report**

Time:	Person providing report:
Situation	
Background	
Assessment	
Recommendation	

**Scenario Progression Outline**

Timing (approx.)	Manikin/SP Actions	Students expected Interventions.

<b>0-5 min/ 10 minutes</b>  <b>BP:</b> <b>P:</b> <b>R.R:</b> <b>T:</b> <b>O2</b>		
<b>5-10 min</b>  <b>BP:</b> <b>P:</b> <b>R.R</b> <b>T:</b> <b>O2 s</b>		
<b>10-15 min</b>  <b>BP:</b> <b>P:</b> <b>R.R</b> <b>T:</b> <b>O2</b>		

### Debriefing

المملكة العربية السعودية  
وزارة التعليم العالي  
جامعة تبوك  
كلية العلوم الطبية التطبيقية  
قسم التمريض

First, the facilitator-led debriefing has to start questions related to the students feeling such as " how did you feel throughout the simulation experience?

It is recommended that a facilitator-led debriefing be completed to discuss topics related to the learning objectives.

	Objective	Task	Sample Phrases
<b>1 Setting the Scene</b>	Create a safe context for learning	State the goal of debriefing; articulate the basic assumption	"Let's spend X minutes debriefing. Our goal is to improve how we work together and care for our patients." "Everyone here is intelligent and wants to improve."
<b>2 Reactions</b>	Explore feelings	Solicit initial reactions & emotions	"Any initial reactions?" "How are you feeling?"
<b>3 Description</b>	Clarify facts	Develop shared understanding of case	"Can you please share a short summary of the case?" "What was the working diagnosis? Does everyone agree?"
<b>4 Analysis</b>	Explore variety of performance domains	See backside of card for more details	<p><b>Preview Statement</b> (Use to introduce new topic)</p> <p>"At this point, I'd like to spend some time talking about [insert topic here] because [insert rationale here]"</p> <p><b>Mini Summary</b> (Use to summarize discussion of one topic)</p> <p>"That was great discussion. Are there any additional comments related to [insert performance gap here]?"</p>
<b>Any Outstanding Issues/Concerns?</b>			
<b>5 Application/Summary</b>	Identify take-aways	Learner centered Instructor centered	<p>"What are some take-aways from this discussion for our clinical practice?"</p> <p>"The key learning points for the case were [insert learning points here]."</p>

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## Standardized Patient Request Form

A standardized patient in nursing simulation training is an individual trained to portray a patient consistently, offering nursing students realistic clinical scenarios to practice and enhance their skills in a controlled environment.

<b>Type of Event</b>	<input type="checkbox"/> OSCE <input checked="" type="checkbox"/> Full Simulation <input type="checkbox"/> Clinical Skills <input type="checkbox"/> Workshop <input type="checkbox"/> Course			
<b>Institution</b>	<input checked="" type="checkbox"/> University of Tabuk <input type="checkbox"/> Other (Please Specify):			
<b>Area for Conducting the Event</b>	<input checked="" type="checkbox"/> Simulation Center <input type="checkbox"/> Other (Please Specify):			
<b>Department / college:</b>	Nursing		<b>Level of the participant:</b>	
<b>Requester Name:</b>			<b>E-mail:</b>	
<b>Title of Event:</b>				
<b>Number of the Participant</b>			<b>Number of the SPs</b>  <i>"Please note that while we do not have an unlimited number of SP's, we will do our best to meet your request."</i>	
<b>Date for the event</b>				
<b>Time</b> (the exact time that you want the SP to be present, for example: the total event is from 8am-12am. I need the SP only from 9am-10:30am)	from		To	
<b>Standardized Patient Criteria</b>				
<b>Purpose of the SP:</b>		<b>Number of the SP</b>		
<input type="checkbox"/> History Taking				

<input checked="" type="checkbox"/> Physical Examination	
<input type="checkbox"/> Advanced Physical Examination (U/S, Breast Examination, ECG....etc)	
<b>SP requirement :</b> Gender, age, language.. etc	
<b>SP Presentation</b> Body language, appearance, communication  <b>*Kindly note that there is a separate form for requesting a Moulage)</b>	
<b>SP Assistant</b>	<input type="checkbox"/> I want the SP to help me assess the student performance (need to have healthcare background) <input checked="" type="checkbox"/> I want the SP giving a feedback to the student (no healthcare background is required)
<b>Recording of the session</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Standardized Patient Request Form

#### Standardized Patient Booking Agreement

When Standardized Patients are utilized for simulation scenarios.

- SPs must be booked and trained in advance **2 weeks** before the training and **3 weeks** before OSCE.
- If you **CANCELED**, your SP booking less than **1 WEEK** before event date we will take the **Necessary Action**

	Name	signature	Date
Requester			....../...../.....
Dean of college or Head of institution			....../...../...
Standardized Patient Specialist			...../...../.....

## Moulage Request Form

<b>Institution</b>	<input checked="" type="checkbox"/> University of Tabuk <input type="checkbox"/> KFSH <input type="checkbox"/> KKH <input type="checkbox"/> Other (Please Specify):		
<b>Event Venue</b>	<input checked="" type="checkbox"/> Simulation Center <input type="checkbox"/> Other (Please Specify):		
<b>Department / college:</b>			
<b>Requester name :</b>		<b>E-mail:</b>	
<b>Title of event:</b>			
<b>Date for the event</b>			
<b>Area for conducting the Moulage</b>	<input type="checkbox"/> SP <input type="checkbox"/> Manikin <input type="checkbox"/> Student		
<b>Description</b> Kindly write a full Description about the type of Moulage you needed, (Attach a picture to Clarify) .			

## OSCE Exam

**Objective Structured Clinical Examination (OSCE):** is a key assessment method for nursing students. It involves structured stations where students demonstrate clinical and communication skills with standardized patients or simulated scenarios. OSCEs help evaluate nursing competencies in a fair and standardized manner, preparing students for real-world clinical practice.

### **Guideline for instructors during OSCE Exam:**

#### **Holding Area**

1. Examinees waiting for their turn should be kept temporarily in this room and will proceed in the examination room only when it is their turn to take the examination.
2. A PROCTOR will be assigned in this area to facilitate orderliness of the examination process and ensure that every student will be inspected on possible gadgets, papers etc. placed in their pockets.
3. NO student will be allowed to take the OSCE examination if **she/he will be late for 10 minutes after the OSCE has started.**
4. All bags and mobile phones will be placed on a designated area including smart watches, ear pads & other related gadgets.
5. Jacket with hoods are not allowed inside the examination area.

6. Students who are caught using their phones or any gadgets in the holding/ control area will automatically get a grade of zero (0).
7. Examinees can only claim their belongings once the examination is finished.

## EXAMINEES

1. Examinees must attend the OSCE orientation done by the respective instructors.
2. Examinees are required to wear their prescribed uniform during the examination.
3. Examinees should arrive at the venue **at least 30 minutes prior to the start of the examination.**
4. Order of examinees may be planned or randomly done by the examiner.
5. The examinees shall fill out legibly, their names and student number on the cover sheet.

## During OSCE

6. Examinees should be able to accomplish the task per station based on the allowable time, strictly no time extension.
7. The time allocated per station is 10 minutes.
8. 2 minutes – to read & understand the scenario.
9. 8 minutes – to perform the scenario.
10. Can be flexible, if student is not yet finished reading & understanding the scenario after 2 minutes, she/he can continue but the extra time consumed for reading will be deducted from 8 minutes of performance.

## FOR FACULTY

1. No probing, no further explanation or elaboration.
2. Asking questions is **not allowed** during OSCE.
3. Use of cellphones is **prohibited**, except in emergency cases.
4. for student performance:
  - A. Wrong identification of the procedure, student get a zero (0) grade.
  - B. In case the examinee was not able to finish the task, he/she will only be graded based on what he/she was able to perform during the given time.

## After OSCE

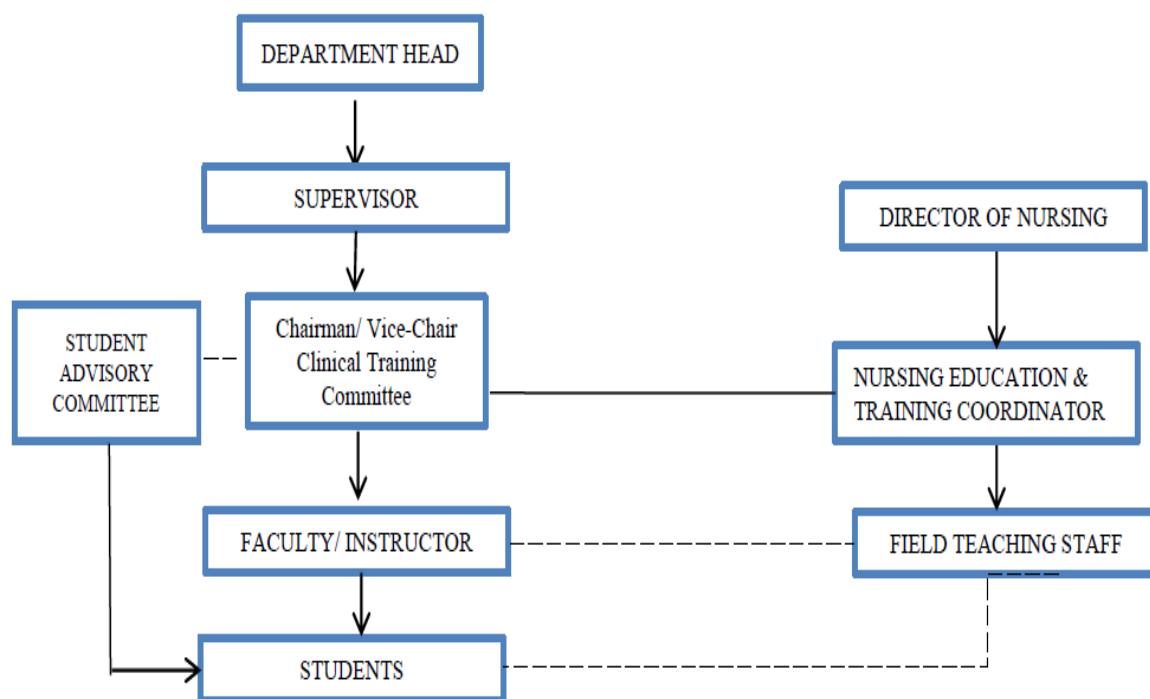
1. After the examination, the examinee should leave the examination room immediately and will be escorted out of the examination venue.
2. If an examinee feels that his/her performance has been compromised as a result of an irregularity in the conduct of the examination, he/she must report in writing to the Examiner prior to leaving the examination site.

## **FLOW CHART OF FIELD EXPERIENCE RESPONSIBILITY**

**AND**

## **GUIDELINES IN DEALING WITH ALL TYPES OF CONFLICT RESOLUTION**

### FLOW CHART OF FIELD EXPERIENCE RESPONSIBILITY



Feedback - - - -

Two-way communication \_\_\_\_\_

Direct Communication →

## GUIDELINES IN DEALING WITH ALL TYPES OF CONFLICT RESOLUTION

1. It is the sole responsibility of the assigned Faculty/Instructor (F.I.) to report all types of conflict during the clinical training of the student
2. The F.I. will provide feedback about any incident to the Field Teaching Staff (FTS) and must directly report the issue to the Chairman and/or Vice Chairman of the Clinical Training Committee CTC).
3. The student and the FI must write an incident report immediately and submit it to CTC
4. The CTC must provide feedback to the Student Advisorship Committee either the conflict is resolve or not for proper documentations and updating the students file.

### **Documents required:**

- A. Incident report to be accomplished by the student and the Clinical Instructor
  - B. Student Violation report form
  - C. Invitation of the Student Form
  - D. Meeting with the Academic Adviser
  - E. Advising Form
5. **Unresolved conflicts** must be elevated to the Department Supervisor. The Department Supervisor must review the following reports prior to giving of feedback to the Department Head.

### **Necessary documents needed f:**

- A. Updated Student file/record
- B. Incident report
- C. Invitation of the Student Form
- D. Meeting with the Academic Adviser
- E. Advising Form

6. Any serious violations must be elevated to the Department Council for proper disciplinary actions

