

Kingdom of Saudi Arabia  
Ministry of Education

Majmaah University  
College of Applied Medical Sciences  
Department of Nursing



# NURSE INTERNSHIP PROGRAM MANUAL



جامعة المجمعة  
Majmaah University

Approved as per Department Council Meeting 20/8/1439H



## TABLE OF CONTENTS

Speech of the Vice Deanship for Clinical Training	3
Message from the Head of the Department	4
Introduction	5
College Vision-Mission Statement	6
Department Vision-Mission Statement	6
Department Goals and Objectives	7
Objectives of the Nurse Internship Program	8
Rules and Regulations	9
Flowchart of Responsibility and Decision-making	14
Duties and Responsibilities of Nurse Intern	16
Nursing Ethics and Code of Conduct	19
Official Dress Code	21
Schedule of Clinical Rotation	23
Clinical Objectives for Surgical Unit Rotation	24
Clinical Objectives for Medical Unit Rotation	26
Clinical Objectives for Emergency Room Rotation	27
Clinical Objectives for Intensive Care Unit Rotation	29
Clinical Objectives for Operating Room Rotation	30
Clinical Objectives for Acute Kidney Unit Rotation	31
Clinical Objectives for Pediatric Unit Rotation	34
Clinical Objectives for Antepartum Unit Rotation	36
Clinical Objectives for Intrapartum Unit Rotation	36
Clinical Objectives for Postpartum Unit Rotation	36
Clinical Objectives for Gynecology Unit Rotation	38
Clinical Objectives for Neonatal Intensive Care Unit	39
Orientation for Nurse Internship Program	41
Healthcare Screening Requirements	43
Standard Infection Control	44
Basic Life Support	57
Appendices	
Form 1: Nurse Intern Profile	75
Form 2: Request Form for Clinical Internship	76
Form 3: Financial Form	77
Form 4: Training Extension Form	78
Form 5: Testimony of Trainee Form	79
Form 6: Suggestions and Complaints	80
Form 7: Vacation Request Form	81
Form 8: Internship Evaluation Form	82
Form 9: Internship Completion Form	83
Form 10: Nurse Internship Assessment Form	84



## SPEECH OF THE VICE DEANSHIP OF CLINICAL TRAINING

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

In The Name of Allah, The Most Gracious, The Most Merciful



Praise be to Allah, and blessings and peace be upon our prophet Muhammad...

One of the most important ways to develop education and improve its outputs, especially health specialties and to follow the cultural trail is training and clinical practice. As a belief of Majmmah University of the importance in promoting the academic education and its outputs in clinical practice and the result of this reinforcement of positive effects on the strength of scientific and practical aspects of the students and health practitioners. As a confirmation of Majmaah University on the principle of improving the quality of academic performance and the objectives of this education and the objectives of it as well as improving the approach adopted by the university in the education and development of its students in the field of health sciences, the training and clinical affairs vice-deanship has been established in the College of Applied Medical Sciences that takes care of all the students of the college during the internship year, as well as the graduate students of the College.

Vice-Dean of Training and Clinical Affairs

Dr. Raed Abdullah Alharbi



## MESSAGE FROM THE HEAD OF THE DEPARTMENT

We welcome you to the Nursing Department website and hope that you find it useful and beneficial. Nursing profession is an integral part of the health care system, however, as in case of many countries in the world, the Kingdom of Saudi Arabia suffers from a severe shortage of nursing staff members at all levels. The Nursing Department at the College of Applied Medical Sciences aims to prepare nurses that are able to fulfill the needs and meet the ever-changing requirements of the health sector in the Kingdom. The College of Applied Medical Sciences in Majmaah province was established on 18\1\1428 AH as part of King Saud University at first, and later was affiliated to Majmaah University by a royal decree on 3\9\1430 AH corresponding to 24\8\2009 AD. The goals of the Nursing Department are: 1- creating unique educational opportunities for students to become highly qualified and efficient nurses able to assume various responsibilities and make decisions at critical moments. 2- Cooperating with other health and academic institutions to overcome the huge shortage of nursing staff members in the Kingdom. 3- Providing quality health care for individuals, families and communities through education and scientific research. Therefore, the department works tirelessly in line with the message and values of the College and the University in order to achieve the Rector's ambitious vision of innovative and excellent medical education, national community partnership, and contribution to worldwide scientific research. The bachelor's nursing program includes courses in human studies, practical courses, medical courses, and nursing courses. The total credit hours to obtain a bachelor degree in nursing is (134 hours) in (8) semesters, followed by (1) year of field training (internship period) in one of the accredited hospitals.



Wishing to you all success!

**Dr. Abdulrhman Albougami**  
Head of the Nursing Department



## INTRODUCTION

The Internship Clinical Experience is designed to support the student nurse's transition to professional practice. During this experience the student works with an individual preceptor(s) to synthesize knowledge and skills gained from previous coursework over the past four years and apply them to various patient populations. Emphasis is placed on refining nursing process skills with particular attention given to prioritization of care. The practice provides an opportunity for the student to enact professional practice and demonstrate competency in standards of care, application of evidence, professionalism, and safe and legal practice.

All instructions the graduate student needs are included in this manual. It includes policies and instructions, a list of clinical objectives of each specific unit, and guidance to professional conduct and evaluation procedures. The skills and competencies were arranged per area of practice that included nursing care and skills in Adult Nursing, Emergency and Critical Care, Pediatric and Maternity Care, Neonatal care, and Dialysis care. The student will acquire the competency of the clinical skill by observing the preceptor or the staff nurse and then practice those several times to be considered as either passed or failed.



## **COLLEGE OF APPLIED MEDICAL SCIENCES**

### **VISION**

Leadership in medical education and excellence  
in scientific research, community partnership  
both regionally and nationally.

### **MISSION**

Preparation of competence in applied medical field  
through quality education supporting the  
scientific research and community responsibility.

## **DEPARTMENT OF NURSING**

### **VISION**

To be one of the leading providers of nursing education,  
scientific research and community research  
both regionally and nationally.

### **MISSION**

Preparation of competent nursing graduates  
through quality education environment supporting the  
scientific research and community responsibility.



## DEPARTMENT OF NURSING GOALS AND OBJECTIVES

1. Providing a suitable, rich and stimulating academic environment for students' teaching and learning to thrive within the classroom, the laboratory, and the clinical setting
2. Empowering the graduate to apply theoretical and empirical knowledge gained from basic sciences and nursing sciences to develop holistic plans of care for individuals, families, and communities throughout the lifespan.
3. Equip graduates with the necessary leadership and management skills and principles in the effective delivery of nursing care and the advancement of the nursing profession in all aspects of practice
4. Preparing graduates to practice nursing according to codes of professional standards, and ethical and behavioral principles that protect the rights of the individual and the public
5. Enabling graduates theoretically and clinically to pursue new developments in research, technology, and informatics in nursing profession and to contribute effectively both locally, regionally and internationally
6. Promote the concept of community and public partnership between the nurse and the service user within the cultural framework and value system



## OBJECTIVES OF THE NURSE INTERNSHIP PROGRAM

*Upon completion of internship program, the nurse intern will:*

- Be acquainted with various hospital policies and procedures.
- Be able to apply learned theoretical knowledge into practice in various clinical setting.
- Have improved and refined their effective and therapeutic communication skill and professional relationships with patients and members of the multidisciplinary health care providers.
- Have improved the ability to act independently and as a member of a team in providing professional nursing care.
- Have developed the necessary skills and competencies that make them safe practitioners



# RULES AND REGULATIONS OF THE NURSE INTERNSHIP PROGRAM

## القواعد المنظمة للتدريب المكثف (الامتياز)

### مقدمة

سنة الامتياز هي تدريب عملي إجباري لمدة سنة هجرية كاملة ويتم التدريب خلال هذه الفترة في المنشآت أو المرافق الصحية ذات مستوى عالي من الخبرة والجودة داخل المملكة أو خارجها والمعتمدة من قبل الكلية ويكون التدريب تحت إشراف ومتابعة من الكلية وجهة التدريب.

يهدف هذا الدليل ان يكون مصدراً للوائح والانظمة خلال سنة الامتياز وذلك لتنظيم هذه الفترة وزيادة فاعليتها هذه الفترة.

### أولاً: تعريفات:

1	الامتياز	تعتبر سنة الامتياز متطلب لحصول المتدرب/ة على الشهادة الجامعية، ولا يعتبر المتدرب/ة مؤهلاً لممارسة مهنته كأخصائي إلا بعد إتمام هذه الفترة بنجاح.
2	مدة الامتياز	هي اثني عشر شهراً من التدريب الإكلينيكي بعد أن ينهي المتدرب/ة متطلبات التخرج من الكلية وتعتبر هذه الفترة مكملًا لدراسة العلوم الطبية ولا يعتبر المتدرب/ة مؤهلاً لممارسة مهنته كأخصائي إلا بعد إتمام هذه الفترة بنجاح ولهذه الفترة وثيقة مستقلة ويتقدير مستقل عن وثيقة التخرج.
3	بداية الامتياز	يتم تحديد بداية سنة الامتياز من قبل مجلس الكلية بالتنسيق مع جهات التدريب.
4	وثيقة الامتياز	يعطى المتدرب/ة وثيقة مستقلة تسمى " وثيقة انتهاء تدريب الامتياز" ويكون تقديرها مستقلاً عن تقدير الشهادة الجامعية.
5	المتطلب الأساسي للالتحاق.	هو الانتهاء من جميع المتطلبات الدراسية للجامعة والكلية بنجاح.
6	المتدرب/ة	هو الطالب الذي أنهى متطلبات التخرج من الكلية بنجاح.
7	المشرف الأكاديمي	هو أحد أعضاء هيئة التدريس بالكلية ومكلف بالإشراف على فترة الامتياز.
8	المشرف الإكلينيكي	هو المختص المكلف من جهة التدريب بالإشراف على فترة الامتياز.
9	جهة التدريب	هي أحد المستشفيات أو المراكز الطبية أو الشركات الطبية داخل المملكة أو خارجها المعتمدة من مجلس كلية العلوم الطبية التطبيقية والتي يجب أن تحتوي على الحد الأدنى من المهارات.
10	الأخصائي	هو الحاصل على درجة البكالوريوس بأحد التخصصات الطبية ولديه الخبرات اللازمة التي تؤهله للعمل على وظيفة صحية.



ثانياً: القيم الأساسية لسنة الامتياز:

الإخلاص	القيم الأساسية لسنة الامتياز	
التعاون		
الإتقان		
الإبداع		

ثالثاً: الأهداف العامة :

<p>1- رفع مستوى الكفاءة المهنية لخريجي وخريجات كلية العلوم الطبية التطبيقية وإتاحة الفرصة لهم لممارسة العمل الميداني في مواقع العمل المناسبة وتحمل مسؤولياتهم الوظيفية الفعلية.</p> <p>2- تنمية القدرات والمهارات التي اكتسبها أثناء فترة الدراسة للعلوم الطبية الأساسية وربط تلك المعارف والقدرات والمهارات النظرية لديهم بواقع المهام الوظيفية للخريجين والخريجات في المستقبل.</p> <p>3- تهيئة الخريجين والخريجات لتولي المهام الوظيفية عن طريق إكسابهم الأنماط السلوكية الوظيفية والاتجاهات المهنية من خلال عملهم كأعضاء فاعلين في الفريق الطبي.</p> <p>4- إكساب الخريجين والخريجات الثقة في قدراتهم الفنية على إنجاز المهام الوظيفية الفعلية وذلك بالتأكد من تمكنهم من تأدية كافة المهام والواجبات الوظيفية بكفاءة وإتقان قبل الاعتماد عليهم بشكل تام كأخصائيين.</p> <p>5- التعرف على القدرات الفنية والمهارات النوعية للخريجين والخريجات وميولهم المهنية في إطار تخصصهم للعمل في المجالات التي يتفوقون فيها.</p>	الأهداف العامة	
---	----------------	--



#### رابعاً: الإجراءات الخاصة بسنة الامتياز :

<p>تقوم وحدة التدريب الإكلينيكي بالكلية بالإجراءات التالية في بداية الفصل الدراسي الأخير للمتدرب/ة :</p> <ol style="list-style-type: none"> <li>1- حصر اسماء الطلاب المتوقع تخرجهم.</li> <li>2- يقوم كل طالب وطالبة باختيار ثلاث جهات تدريب معتمدة.</li> <li>3- يتم بعد ذلك رفع خطابات باسم عميد الكلية للجهات المرشحة لتدريب طلاب الامتياز وذلك قبل 3 أشهر من بداية فترة الامتياز على الأقل.</li> <li>4- تقوم الوحدة بالتنسيق مع الأقسام المعنية لعمل محاضرة عن فترة الامتياز للطلاب/الطالبات المتوقع تخرجهم في نهاية الفصل وكذلك تسليم الكتيب التعريفي ((training manual)) ونموذج التقييم لكل طالب وطالبة وشرح تفصيلي لهم عن ماهية فترة الامتياز وكذلك التحديات التي يمكن أن يواجهونها أثناء التدريب.</li> <li>5- التواصل مع جهات التدريب بعد قبول الطلاب والطالبات لتحديد المشرف عليهم أثناء فترة الامتياز بهدف التواصل معه في حال وجود أي مشكلة أثناء فترة الامتياز.</li> <li>6- العمل على استكمال إجراءات إنهاء مدة الامتياز لكل متدرب/ة وإرسالها إلى الأقسام المختصة.</li> </ol>	<p>الإجراءات الخاصة بسنة الامتياز</p>
--	---------------------------------------

#### خامساً: مسؤوليات المتدرب/ة بسنة الامتياز:

<ol style="list-style-type: none"> <li>1- الالتزام بالوصف الوظيفي لعمل الأخصائي أو الوصف الوظيفي لطلاب الامتياز إن وجد لدى جهة التدريب.</li> <li>2- الالتزام بالحضور والانصراف في المواعيد المحددة من جهة التدريب.</li> <li>3- الالتزام بتغطية المناوبات المطلوبة من القسم الذي يعمل به في جهة التدريب بالتنسيق مع المشرف الأكاديمي.</li> <li>4- الالتزام بالتعليمات والأنظمة المعمول بها في جهة التدريب.</li> <li>5- الالتزام والتفقد بأنظمة السلامة المهنية من حيث اللباس والتفقد بإجراءات العمل حسب المعايير المعتمدة بجهة التدريب.</li> <li>6- يعمل المتدرب/ة وفق كتيب التدريب والذي يحتوي على الحد الأدنى من المهارات المطلوبة أثناء فترة التدريب.</li> <li>7- في حالة إيقاف التدريب من قبل الجهة يتم حسب أنظمة الكلية إيقاف التدريب لسنة الامتياز والبحث عن قبول آخر في جهات التدريب من قبل الطالب ولا تحسب فترة الإيقاف ضمن فترة الامتياز.</li> <li>8- لعميد الكلية بناء على توصية مجلس القسم إلغاء التدريب لمتدرب/ة الامتياز في حالة انقطاعه عن التدريب دون سبب مقنع أو الإخلال باللوائح والأنظمة للجامعة أو بجهة التدريب.</li> <li>9- إذا صدر من المتدرب/ة أي سلوك يخالف أنظمة وأخلاقيات العمل يجب على المشرف الإكلينيكي إخطار المشرف الأكاديمي كتابياً بالواقعة ليقوم مجلس القسم برفع توصية لمجلس الكلية لاتخاذ الإجراء المناسب.</li> </ol>	<p>مسؤوليات المتدرب/ة بسنة الامتياز</p>
---	---



#### سادساً: الإشراف الإداري في جهات التدريب

<p>1- يتبع المتدرب/ة أثناء فترة التدريب لجهة التدريب إدارياً وفنياً كباقي الإخصائيين التابعين لتلك الجهة في الحضور والانصراف والمناوبات.</p> <p>2- يكلف المتدرب/ة بأداء كافة الواجبات الوظيفية التي يقوم بها الأخصائي حيث يطبق برنامج التدريب بأسلوب الممارسة الفعلية للمهام الوظيفية المحددة في الوصف الوظيفي لكل تخصص وتكون فترة الدوام هي نفس الفترة المطبقة على الأخصائيين.</p> <p>3- يكون المتدرب/ة خلال فترة التدريب تحت الإشراف المباشر لأحد الأخصائيين ورئيس القسم والمشرف الإكلينيكي والمشرف الأكاديمي على أن يشاركوا جميعاً في تقويم أداء المتدرب/ة بصفة مستمرة وتوجيهه أثناء فترة التدريب.</p>	الإشراف الإداري في جهات التدريب	
---	---------------------------------	--

#### سابعاً: نظام الإجازات والغياب

<p>1. يتمتع المتدرب/ة بإجازة سنوية مدتها خمسة عشر يوماً.</p> <p>2. تطلب وتعتمد الإجازات باستمارة طلب الإجازة من المشرف الإكلينيكي والمشرف الأكاديمي باستثناء الإجازة التعليمية تعتمد من جهة التدريب ومجلس القسم الأكاديمي.</p> <p>3. يحق للمتدرب/ة التمتع بالإجازات الرسمية لموظفي الدولة في المملكة العربية السعودية ولا تشمل الإجازات الأكاديمية للطلاب المنتظمين على مقاعد الدراسة الجامعية.</p> <p>4. يحق للمتدرب/ة التقدم لجهة التدريب بطلب إجازة اضطرارية كحد أقصى خمسة أيام على أن يتم الموافقة عليها من قبل المشرف الأكاديمي وإضافتها في ملف التدريب الخاص بالمتدرب/ة.</p> <p>5. إذا تجاوزت نسبة غياب المتدرب/ة بدون عذر 10% من إجمالي أيام التدريب الخاصة بكل مرحلة من مراحل التدريب يتم إنذار المتدرب/ة وعليه إن يعوض تلك الأيام وفي حالة تجاوز نسبة الغياب بدون عذر 20% يتم إعادة مرحلة التدريب كاملة.</p> <p>6. إذا تجاوزت نسبة غياب المتدرب/ة بدون عذر 30% من إجمالي أيام التدريب، يتم إعادة فترة التدريب كاملة بعد موافقة مجلس الكلية.</p> <p>7. في حالة غياب الطالب بدون عذر بنسبة أقل من المذكورة في البند (5 و 6) على الطالب تعويض أيام الغياب.</p> <p>8. يشترط إخطار إجازة مرضية من جهة حكومية للمشرف الأكاديمي لعرضها على مجلس القسم واتخاذ القرار.</p> <p>9. يشترط إرفاق إثبات تسجيل الدورة التعليمية، الإجازة التعليمية لحضور مؤتمرات أو ورش عمل (في مجال التخصص) أو اختبارات ويشترط اعتماد الإجازة من مجلس القسم الأكاديمي أولاً لاحتساب الأيام ضمن أيام التدريب.</p> <p>10. إجازة أمومة: يسمح للطالبة الحامل (قرب الوضع) ب 30 يوماً إجازة أمومة بدون تعويض يجب على الطالبة ترتيب الإجازة مسبقاً مع الكلية ومشرف التدريب للفترة المعينة، وتعويض ما زاد عن ذلك.</p>	نظام الإجازات والغياب	
--	-----------------------	--



### ثامناً: التأجيل :

يجوز للمتدرب/ة تأجيل بداية فترة الامتياز وفق الشروط التالية:	التأجيل	
<ol style="list-style-type: none"> <li>1. تقديم أسباب مقنعة يقبلها مجلس الكلية .</li> <li>2. أقصى مدة للتأجيل ثلاثة أشهر .</li> <li>3. توقف المكافأة الشهرية أثناء فترة التأجيل.</li> <li>4. لمجلس الكلية اتخاذ ما يراه مناسباً في حالة ورود أي حالة لم يتم ذكرها فيما يخص التأجيل.</li> </ol>		

### تاسعاً: النقل أو التحويل:

<ol style="list-style-type: none"> <li>1. لا يحق للمتدرب/ة تغيير مكان التدريب إلا بعد موافقة مجلس القسم وذلك بما يتناسب مع الخطة التنفيذية لكل قسم مع عدم الإخلال بعدد الطلاب لكل قسم .</li> <li>2. ينظر في طلبات التحويل بعد تقديم الطلب لإدارة التدريب الإكلينيكي لمدة لا تقل عن أربعة أسابيع من بداية التدريب</li> <li>3. في حالة تغيير مكان وفترة التدريب دون الرجوع للكلية يتم الرفع إلى مجلس القسم لاتخاذ القرارات المناسبة .</li> </ol>	النقل أو التحويل	
--	------------------	--

### عاشراً: التقييم:

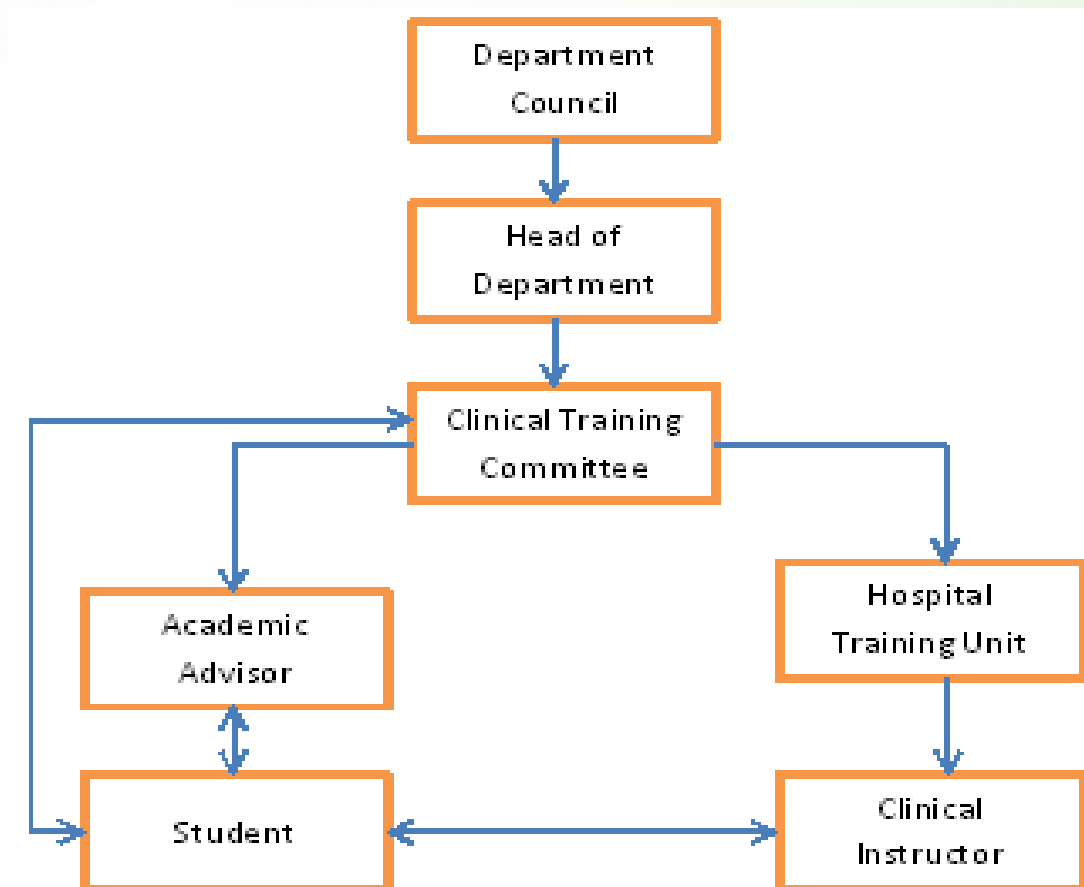
<ol style="list-style-type: none"> <li>1- يتم تقييم المتدرب/ة بواسطة جهة التدريب .</li> <li>2- يعتمد في التقييم على نموذج التقييم المعتمد من الكلية .</li> <li>3- يعادل تقييم جهة التدريب 100% من إجمالي درجة الامتياز .</li> <li>4- يجب على جهة التدريب تقييم المتدرب/ة في كل قسم وفي نهاية فترة الامتياز يكون هنالك تقييم شامل .</li> <li>5- يقوم المشرف الأكاديمي والقسم المختص بالكلية بعد ذلك بجمع الدرجات التي حصل عليها المتدرب/ة لتحديد التقدير المستحق .</li> <li>6- يتم منح شهادة إتمام مرحلة الامتياز موقعة من رئيس القسم المختص بالكلية وعميد الكلية .</li> </ol>	التقييم	
---	---------	--

### أحدى عشر: شروط اجتياز سنة الامتياز:

<ol style="list-style-type: none"> <li>1- لا يمنح المتدرب/ة شهادة إتمام الامتياز إلا بعد اجتياز جميع مراحل التدريب بنجاح وبتقدير لا يقل عن 70% في كل مرحلة وبالتالي تقدير عام لا يقل عن 70% وفي حالة عدم اجتيازه أي مرحلة تجب إعادة التدريب في تلك المرحلة ويسجل ذلك في استمارة التقييم من قبل المشرف الإكلينيكي.</li> <li>2- في حالة رسوب المتدرب/ة بنسبة 50% أو أكثر من مجموع مراحل فترة الامتياز يجب إعادة فترة الامتياز كاملة بناء على موافقة مجلس القسم كذلك لا يجوز إعادة فترة الامتياز أكثر من مرتين إلا بموافقة مجلس الكلية.</li> </ol>	شروط اجتياز سنة الامتياز	
---	--------------------------	--



## FLOWCHART OF RESPONSIBILITY AND DECISION-MAKING





## JOB DESCRIPTION

### Job Title:

Nurse Intern

### Qualification:

Graduate of 4 years BSN degree in the Kingdom of Saudi Arabia.

### Organizational Relationship:

- The nurse intern shall report to the head nurse or unit manager of the assigned unit on arrival. In the absence of the head nurse reports to the Unit in-charge. [L] [SEP]
- The nurse intern shall report all clinical matters to the head nurse or unit manager. [L] [SEP]
- The nurse intern shall report administrative matters to the Hospital Nursing Coordinator for the Internship Program or to the assigned coordinator for nurse internship program.

### [L] [SEP] Job Summary: [L] [SEP]

- Function as a staff nurse through learning and practicing to provide quality nursing care, in a multi-disciplinary team. [L] [SEP]
- Receive supervision and direction from staff nurse (preceptor), charge nurse and head nurse. [L] [SEP]
- Learn and practice to identify patient's needs and their relatives in consultation with the head nurse/deputy head nurse and senior staff nurse, and to plan, implement and evaluate a [L] [SEP] program of care to meet those needs. [L] [SEP]
- Provide nursing care that is based on the patient's care requirement in accordance with the [L] [SEP] nursing department philosophy, nursing practice standards, and the policies and procedures of assigned hospital, and respecting the cultural and social rules of the kingdom. [L] [SEP]



## DUTIES AND RESPONSIBILITIES OF NURSE INTERN

- The nurse intern is responsible for assessing patient needs, planning nursing care, implementing the plan of care, and evaluating results of such care in accordance with the policies and standards of the nurse works under the direction of the Head Nurse or her/his [SEP] designee; and in conjunction with other health care professionals and paraprofessionals contributing to patient care.
- To report on duty at 7:00 am and leaves the area when "hand-over" is completed. [SEP]
- To receive a "hand-over" shift report from the outgoing nurse of "allocated patients". [SEP]
- To participate in the unit/patient care activities (e.g. bed making, morning care, drug [SEP] administration). [SEP]
- To prepare and administer medication or narcotic drug under staff nurse supervision and [SEP] according to hospital policy, and make relevant observation to drug side effects. [SEP]
- To maintain a clear and legible patient's documents of assigned patient's records [SEP] according to hospital documentation policy. [SEP]
- To follow-up and carry out changes of orders in the patient's file. [SEP]
- To report any unusual incidents / occurrence in the duty, according to hospital policy. [SEP]
- To be available in the unit all the time on duty except on break time. [SEP]
- To give a "hand-over" shift report to the in- coming nurses before leaving the unit. [SEP]
- Adhere to the internship regulations of the hospital. [SEP]
- All nursing interns are expected to have a watch with second



hand, a stethoscope, and a [L][SEP]small pocket torch to aid in physical assessments of the patient. [L][SEP]

- To participate in the activities that promotes and develops the nursing profession. [L][SEP]
- To attend and participate in educational programs within the hospital that will foster [L][SEP]professional growth and development (i.e. in-service committee, case conferences, [L][SEP]continuing education) [L][SEP]
- Follow guidelines/practices of infection control. [L][SEP]
- Participate in disaster drill. [L][SEP]
- To carry out nursing care plan on assigned patients according to patient's needs and [L][SEP]prioritize and in line with the hospital policy as following: [L][SEP]

**Assessment:** [L][SEP]

- o To obtain admission information from the patient and family as pertinent to the patient's present health status.
- o To determine immediate patient needs for nursing care based upon the nursing history and physical status obtained within 24 hours of admission.
- o To review the physical condition and needs of the patient on a daily basis to determine the patient's response to nursing and medical intervention.

**Planning:**

- o Have been identified through nursing assessment including physiological, psychological and environmental aspects of care and health teaching to develop a plan of care based on the patient's problems that needs and discharge planning.
- o To establish with the patient, family and other members of the health care team, patient outcomes/responses based on the nursing assessment, and which are consistent with therapy prescribed by the responsible practitioner.
- o To exercise professional judgment in establishing priorities in relation to the plan of care and in carrying out such priorities.



### **Implementation:**

- o To exercise professional skill and judgment in performing nursing care activities. [L]  
[SEP]
- o To establish rapport with other members of the nursing staff and health care team and to communicate and document patient's needs, progress and changes in the patient's condition.
- o To carry out prescribed treatments and administration of medications with the supervision of the preceptor safely, and in accordance with the established policies and procedures. [L]  
[SEP]
- o To use services, supplies and equipment economically. [L]  
[SEP]
- o To plan and participate in the health care teaching of the patient and the patient's family. [L]  
[SEP]
- o However, the nurse intern should assume responsibility in seeking assistance to the preceptor / staff nurse or head nurse whenever needed when carrying out procedures

### **Evaluation:**

- o To judge the effectiveness of the plan of patient care on a daily basis and make appropriate changes.
- o To determine the appropriateness of the initial discharge plans and to initiate health care teaching and referrals as indicated by the patient's needs.



## NURSING ETHICS AND CODE OF CONDUCT

Nursing ethics is the discipline of evaluating the merits, risks, and social concerns of activities in the field of nursing. There are many defined codes of ethics for nurses. Nursing ethics share many principles with other branches of health care ethics, such as beneficence and non-maleficence, but apply within the nursing profession.

The nursing professional must act at all times, in such manner as to:

- Safeguard and promote the interest of individual patients. [L][SEP]
- Serve the interest of the community and society. [L][SEP]
- Justify public trust and confidence. [L][SEP]
- Uphold and enhance the good standing and reputation of the nursing profession. [L][SEP]
- Respect the Islamic and Cultural Code and practices of the Kingdom of Saudi Arabia. [L][SEP]
- Uphold and promote the interests of the employing authorities. [L][SEP] Registered Nurses, nurse assistant/aids, midwives, technicians are personally accountable for their own practice and in the exercise of professional accountability must: [L][SEP]
- Conform to the Hospital Dress Code. [L][SEP]
- Respect and conform to all hospital policies, procedures, rules and regulations. [L][SEP]
- Act always in such manner as to promote and safeguard the interest and wellbeing of [L][SEP] patients. [L][SEP]
- Maintain and improve professional knowledge and competence. [L][SEP]
- Work in an open and cooperative manner with colleagues and other health care personnel. [L][SEP]



- Lean appropriate communication skills (e.g. Arabic/English language) and project positive [L][SEP]attitude and body language to all patients and visitors. [L][SEP]
- Acknowledge any limitations in knowledge and competence. [L][SEP]
- Recognize and respect the individuality and dignity of each patient irrespective of their [L][SEP]ethnic origin, religion, personal attributes, and nature of their health problem or any other [L][SEP]factor. [L][SEP]
- Report to an appropriate person or authority any conscientious objection relevant to practice. [L][SEP]
- Avoid abuse of a privilege relationship with patients and their visitors and any privileged [L][SEP]access to their person, property, residence or work place. [L][SEP]
- Refuse any gift, favor or hospitality from patients who might be interpreted as influencing to [L][SEP]obtain preferential consideration or of such magnitude to be inappropriate. [L][SEP]
- Protect all confidential information concerning patients. [L][SEP]
- Report to an appropriate person or authority circumstances in the environment of care which [L][SEP]could Jeopardize standards of practice and care of patient. [L][SEP]
- Report appropriately if it appears that the health or safety of co-worker is at risk. [L][SEP]
- Ensure that commercial services, products, goods or medications are not promoted for [L][SEP]monetary gain or gifts. [L][SEP]
- Refrain from giving public information to outside agencies, newspapers, media, etc., unless [L][SEP]approved in writing by the hospital administration. [L][SEP]



## OFFICIAL DRESS CODE OF NURSE INTERN

Nurse interns are required to maintain proper demeanor and dress during the internship experience. Some training hospitals require their own specific nurse uniform. These dress codes must be observed as needed during the internship and should focus on sending the right message and image to the prospective clients, preceptor/supervisor, and all other employees.

على طلاب وطالبات الإمتياز ارتداء الزي المناسب لمكان وطبيعة العمل وتم وضع قوانين الزي باختلاف المستشفيات ، وعند اتباع هذه القوانين بالتالي ينعكس بصورة إيجابية أمام المرضى والمشرفين والموظفين

### In General: <sup>[L]</sup><sub>[SEP]</sub> بشكل عام

- a. Female nurse intern should wear modest clothes acceptable by Islamic code of conduct.
- b. طالبات الإمتياز يجب عليهم ارتداء الزي المحتشم الإسلامي.
- c. Female hair should be covered completely with non-transparent, non-decorative and non-colorful scarf. <sup>[L]</sup><sub>[SEP]</sub>
- d. يجب على طالبات الإمتياز تغطية الشعر بشكل كامل وعدم استخدام اغطية ملونه او مزخرفه .
- e. Male hair should be short. Beard and mustache should be trimmed.
- f. الاهتمام بقص الشعر لطلاب الامتياز وتهذيب الشوارب واللحي.
- g. Clothes should be non-transparent and not tight. <sup>[L]</sup><sub>[SEP]</sub>
- h. عدم لبس الزي الضيق او الشفاف لطلاب الامتياز.
- i. Jewellery, accessories, except hand watches are not allowed. <sup>[L]</sup><sub>[SEP]</sub>
- j. ممنوع لبس الحلي والمجوهرات ، ماعدا ساعة اليد.
- k. Vivid makeups and nail colors are not allowed. <sup>[L]</sup><sub>[SEP]</sub>
- l. ممنوع وضع مساحيق التجميل وصبغ الأظافر.
- m. Clothes bearing pictures and writings that contradict Islam are prohibited. <sup>[L]</sup><sub>[SEP]</sub>
- n. ممنوع لبس الملابس المطبوعه او المكتوبة بعبارات غير لائقة إسلاميا .
- o. All kinds of jean clothes are strictly not allowed. <sup>[L]</sup><sub>[SEP]</sub>
- p. ممنوع لبس جميع انواع ملابس الجينز.
- q. The hospital ID card must be worn all the time within the hospital premises
- r. <sup>[L]</sup><sub>[SEP]</sub> يجب الالتزام بإرتداء بطاقة المستشفى طوال الوقت .
- s. Lab coats should be long to the middle of the knee and should always be buttoned on the front. <sup>[L]</sup><sub>[SEP]</sub>
- t. يجب إرتداء (البالطو) الواسع والطويل ( حد الركبة) ويجب اغلاقه من الأمام.
- u. Cleanliness and personal hygiene should be maintained by all nurse interns.
- v. يجب الإهتمام بالنظافة الشخصية من قبل جميع طلاب الإمتياز .



**SEP In Specific: SEP** بشكل خاص

- a. White long jacket (lab coat) to the middle of the knee, large, front buttoned
- b. ارتداء (البالطو) الأبيض الطويل ( حد الركبة ) ، واسع ، مغلق من الأمام .
- c. White scrub suit for male nurse interns
- d. ارتداء الزي ( السكرب ) الأبيض للطلاب الذكور .
- e. White shirt, non-transparent
- f. ارتداء قميص أبيض غير شفاف .
- g. White long moderately large trousers or white long and wide skirt for female nurse interns
- h. ارتداء بنطال (واسع-طويل) أبيض او تنورة بيضاء طويلة واسعة للطلبات .
- i. White non-transparent head scarf covering the entire hair completely (for female nurse interns)
- j. ارتداء ( طرحة- نقاب ) لون أبيض غير شفاف للطلبات
- k. White rubber base shoes (sandals, slippers, and high heel shoes are prohibited) SEP
- l. ارتداء حذاء ( رياضي ) لون أبيض، ممنوع ارتداء ( الصندل ، احذية كعب عالي )
- m. In selected areas such as (ICU, CCU, ER, DR) the intern should wear scrub suit in SEP (Light Green) or (Light Blue) only SEP
- n. يجب زي ( سكرب ) باللونين الأخضر الفاتح (ICU,CCU,ER,DR) عند التدريب في أقسام محدده مثل ( ) أو الأزرق الفاتح



## SCHEDULE OF CLINICAL ROTATION

Internship rotations include the following clinical areas:

MALE INTERNSHIP CLINICAL ROTATION SCHEDULE			
	ROTATION	DURATION OF ROTATION	TOTAL GRADES FOR ROTATION
1	Surgical rotation	2 months	15
2	Medical rotation	3 months	20
3	Emergency room rotation	3 months	20
4	Critical care rotation	2 months	15
5	Operating room and recovery rotation	1 month	15
6	Hemodialysis rotation	1 month	15
	<b>Total►</b>	<b>12 Months</b>	<b>100</b>

FEMALE INTERNSHIP CLINICAL ROTATION SCHEDULE			
	ROTATION	DURATION OF ROTATION	TOTAL GRADES FOR ROTATION
1	Surgical rotation	1.5 months	10
2	Medical rotation	1.5 months	10
3	Emergency room rotation	1 month	10
4	Critical care rotation	1.5 months	10
5	Operating room and recovery rotation	1 month	10
6	Hemodialysis rotation	1 month	10
7	Pediatric rotation	1 month	10
8	Antepartum, intrapartum & postpartum	2.5 months	20
9	Neonatal Intensive rotation	1 month	10
	<b>Total►</b>	<b>12 Months</b>	<b>100</b>

## CLINICAL OBJECTIVES FOR SURGICAL UNIT ROTATION



Upon completion of this training period in surgical units, the intern student will be able to:

1. Fulfil all the requirements for patient's admission<sup>[L][SEP]</sup>
2. Use nursing process as a frame work for care of patients with surgical problems<sup>[L][SEP]</sup>
3. Perform comprehensive pre-operative assessment<sup>[L][SEP]</sup>
4. Apply aseptic technique principles while caring for surgical patient<sup>[L][SEP]</sup>
5. Implement pre-operative nursing measures that decrease the risk for infection & other post- operative complications<sup>[L][SEP]</sup>
6. Prepare surgical patient physically, psychologically & mentally immediately before surgery
7. Provide health teaching to promote patient's recovery from anaesthesia & surgery thus preventing post-operative complications<sup>[L][SEP]</sup>
8. Endorse the patient to operating room ( OR) following hospital policy<sup>[L][SEP]</sup>
9. Receive the patient from OR following the criteria according to hospital policy<sup>[L][SEP]</sup>
10. Perform post-operative assessment for early detection of post-operative complications
11. Identify common post-operative problems& their management<sup>[L][SEP]</sup>
12. Demonstrate the following procedures:
  - Wound dressing <sup>[L][SEP]</sup>
  - O2 therapy <sup>[L][SEP]</sup>
  - I. V. therapy <sup>[L][SEP]</sup>
  - Medication administration <sup>[L][SEP]</sup>
  - NGT insertion, feeding and removal <sup>[L][SEP]</sup>
  - Insert / maintain catheter, straight and indwelling <sup>[L][SEP]</sup>
  - Suctioning techniques <sup>[L][SEP]</sup>
13. Monitor & document the following:
  - Vital signs <sup>[L][SEP]</sup>
  - Skin status <sup>[L][SEP]</sup>
  - Pain <sup>[L][SEP]</sup>
  - Level of consciousness <sup>[L][SEP]</sup>
  - Surgical site & wound drainage system
  - Drainage Tubes <sup>[L][SEP]</sup>
  - I.V. Sites <sup>[L][SEP]</sup>



. Urine Output <sup>[L]</sup><sub>[SEP]</sub>

14. Evaluate patient's condition & outcome <sup>[L]</sup><sub>[SEP]</sub>

15. Provide information to patient & family before discharge

16. Exhibit behavior that is based on ethical and moral conducts of professional nursing.



## CLINICAL OBJECTIVES FOR MEDICAL UNIT ROTATION

Upon completion of this training period in the medical units, the intern student will be able to:

1. Fulfil all the requirements for patient's admission<sup>[L][SEP]</sup>
2. Use nursing process as a framework for care of patients with medical problems<sup>[L][SEP]</sup>
3. Assess patient's needs & problems<sup>[L][SEP]</sup>
4. Plan nursing actions to meet patients need & solve patient's problems<sup>[L][SEP]</sup>
5. Implement nursing skills related to patient's care safely & efficiently<sup>[L][SEP]</sup>
6. Evaluate & modify the plan of care based on observable responses of patients & attainment of patient's goals<sup>[L][SEP]</sup>
7. Provide health education to patients & their families<sup>[L][SEP]</sup>
8. Prepare and Administer medication safely & correctly<sup>[L][SEP]</sup>
9. Perform the following nursing procedures:
  - IV therapy<sup>[L][SEP]</sup>
  - Blood extraction<sup>[L][SEP]</sup>
  - o2 therapy<sup>[L][SEP]</sup>
  - Nebulization<sup>[L][SEP]</sup>
  - Capillary testing of glucose<sup>[L][SEP]</sup>
  - Suctioning techniques<sup>[L][SEP]</sup>
  - NGT insertion, feeding & removal<sup>[L][SEP]</sup>
  - Female urethral catheterization (if allowed)<sup>[L][SEP]</sup>
  - Carryout prescribed treatment<sup>[L][SEP]</sup>
10. Exhibit behavior that is based on ethical & moral conducts of professional nursing
11. Documentation of nursing notes<sup>[L][SEP]</sup>
12. Follow guidelines of infection control to guard against potentially of transmission.



## CLINICAL OBJECTIVES FOR EMERGENCY ROOM ROTATION

By the end of this experience the nurse intern will be able to:

1. Acquire competency in assessing patients in emergency (complete a primary survey and secondary survey). [L] [SEP]
2. Demonstrate skills in performing physical assessment of patients in emergency situations. [L] [SEP]
3. Intervene in situations where life support systems are threatened and provide emergency [L] [SEP] care in compliance with unit regulatory policies and practice. [L] [SEP]
4. Perform nursing interventions appropriate to patients in emergency situations. [L] [SEP]
5. Demonstrate a level of communication appropriate for emergency room functioning and [L] [SEP] practices. [L] [SEP]
6. Identify different ER area /rooms and the responsibility of the nurse in each room. [L] [SEP]
7. Perform complete physical assessment for any emergency case. [L] [SEP]
8. Triage the patients according to the type of severity of their presenting manifestation using [L] [SEP] the universal five levels scale [L] [SEP]
9. Recognize life-threatening problems and know how to intervene accordingly. [L] [SEP]
10. Apply strict guidelines of infection control to guard against potentially disease transmission. [L] [SEP]
11. Perform emergency room procedures and care under the direct supervision of the charge [L] [SEP] nurse. [L] [SEP]
12. Identify common ER medication, their action, indications, contraindications, adverse effects [L] [SEP] and nursing consideration for each one. [L] [SEP]
13. Identify ER equipment and supplies and the location of them in each ER area. [L] [SEP]
14. Determine the Crash Cart's contents and their uses. [L] [SEP]
15. Identify the nurse's roles in Code 99 and the principle of CPR. [L] [SEP]
16. Identify the different types of intravenous fluids and their indicates. [L] [SEP]
17. Perform ECG for emergency patients and recognize major abnormalities in it. [L] [SEP]
18. Observe and assist the physicians and ER nurses in surgical sutures and casts under [L] [SEP] supervision of the charge nurse. [L] [SEP]



19. Perform wound dressing and assessment <sup>[L  
SEP]</sup>
20. Administer ER medication under the direct supervision of the charge nurse.
21. Give instruction and health education for emergency patient.



## CLINICAL OBJECTIVES FOR INTENSIVE CARE UNIT ROTATION

By the end of this experience, the nurse intern will be able to:

1. Acquire competency in performing complete physical assessment of patients in intensive care unit. [L] [SEP]
2. Perform appropriate nursing interventions to patients in intensive care units. [L] [SEP]
3. Demonstrate competency in performing special procedures required in the intensive care unit. [L] [SEP]
4. Follow intensive care unit protocols in performing procedures and administering medications. [L] [SEP]
5. Communicate appropriately with patients and critical care team. [L] [SEP]
6. Per unit protocol the nurse intern will manage nursing care for patients with the following [L] [SEP] requirements:
  - Oxygen therapy [L] [SEP]
  - Arterial blood gases analysis [L] [SEP]
  - Endotracheal / Nasotracheal intubation [L] [SEP]
  - Endotracheal / Nasotracheal suctioning [L] [SEP]
  - Tracheostomy care [L] [SEP]
  - Mechanical ventilation [L] [SEP]
  - Chest tube [L] [SEP]
  - Continuous cardiac monitoring [L] [SEP]
  - Cardiac arrhythmia interpretation [L] [SEP]
  - Alternative management therapies in cardiac care [L] [SEP]
  - Hemodynamic monitoring [L] [SEP]
  - Arterial pressure monitoring [L] [SEP]
  - Pulmonary artery pressure monitoring [L] [SEP]
  - Central venous pressure monitoring [L] [SEP]
  - Cardiac output determination [L] [SEP]
  - Intra cranial pressure monitoring [L] [SEP]
  - Patient controlled analgesia [L] [SEP]
  - An epidural catheter [L] [SEP]



## CLINICAL OBJECTIVES FOR OPERATING ROOM ROTATION

At the end of this experience the nurse intern will be able to:

1. Demonstrate skills and knowledge pertinent to the operating room techniques and practices. [L] [SEP]
2. Demonstrate skills in arranging sterile setups for various types of surgeries including [L] [SEP] preparation of instruments, equipment, material and supplies. [L] [SEP]
3. Apply operating room nursing interventions appropriate to the care of patients during [L] [SEP] preoperative period. [L] [SEP]
4. Perform efficiently assigned duties related to circulating and/or scrubbing nursing roles. [L] [SEP]
5. Demonstrate skill in the safety use and handling of equipment, materials and supplies during [L] [SEP] the intra operative period. [L] [SEP]
6. Monitor and maintain the quality of the environment according to operating theatre policies [L] [SEP] and practices. [L] [SEP]
7. Become aware of the legal responsibilities involved in administering care to the patient [L] [SEP] undergoing surgical interventions. [L] [SEP]



## CLINICAL OBJECTIVES FOR ACUTE KIDNEY UNIT ROTATION

At the end of this experience the nurse intern will be able to:

1. Demonstrate knowledge of the etiology, pathophysiology, differential diagnosis, investigation, treatment (including preventive measures and complications of treatment) and prognosis of the following conditions:

acute renal failure;

- chronic kidney disease
- end-stage renal disease;
- proteinuria;
- hematuria;
- nephrolithiasis
- secondary hypertension;
- inherited renal disorders (cystic, metabolic, tubular);
- dysuria/pyuria;
- disorders of electrolyte balance (sodium, potassium, calcium, magnesium and phosphate) and acid-base disturbances.

2. Perform a complete nursing assessment of a patient presenting with a suspected nephrological problem (i.e. one of the above mentioned complaints), with known renal disease, with end-stage renal disease, including the ability to: elicit a history that is relevant, concise, accurate and appropriate to the problem; perform a physical examination that is appropriate, relevant and sufficiently elaborate;

- generate a nursing care plan;

3. Demonstrate knowledge of dialysis therapies including:

- the mechanisms of fluid delivery, machine mechanics and membrane physiology as they relate to hemodialysis and peritoneal dialysis therapies;
- the indications and risks of access for dialysis (central venous access, arterial venous fistula, grafts and peritoneal catheters);
- the components of a dialysis prescription;
- the complications of hemodialysis and peritoneal dialysis therapies;
- the role of dialysis in the treatment of poisonings and/or metabolic disorders.

4. Demonstrate knowledge of the treatments for end stage renal disease including:

- the indications for dialysis and transplantation;



- the complications of end stage renal disease and their prevention and treatment;
  - the complications of transplantation and their prevention and treatment.
5. Demonstrate an appreciation of the psychosocial and ethical issues relating to patients with renal disease including withdrawal from dialysis, death from renal failure, the role of advanced directives and the principles guiding the donation of living and deceased donor organs.
  6. Apply knowledge and demonstrate proficiency in:
    - the performance and interpretation of urinalysis;
    - the prescription of dialysis (hemodialysis and peritoneal dialysis);
    - the prescription of immunosuppression and the management of the complications of immunosuppression in patients with renal disease including transplantation;the placement and management of central venous access (it is permissible to routinely obtain assistance in the case of pediatric patients).
  7. Recognize that being a good communicator is an essential function of a nurse, and understand that effective nurse-patient communication can foster patient satisfaction and compliance as well as influence the manifestations and outcome of a patient's illness.
  8. Establish positive therapeutic relationships with the patient and their family that are characterized by understanding, trust, respect, empathy and confidentiality.
  9. Gather information not only about the disease but also about the patient's beliefs, concerns and expectations regarding the illness.
  10. Deliver information to the patient and family in a humane manner and in such a way that it is understandable, encourages discussion and promotes patient's participation in decision-making to the degree that they wish. In particular, the nurse intern must demonstrate the ability to discuss problems related to the initiation and withdrawal of dialysis, the role of the advanced directive and the management of death from renal failure.
  11. Understand and demonstrate the importance of communication among peers and other health professionals involved in the care of individual patients such that the roles of these professionals are delineated and consistent messages are delivered to patients and their families.
  12. Identify and describe the role, expertise, limitations and regulations governing the practice of members of the



interprofessional team used to provide optimal care to patients with renal disease.

13. Develop a nursing care plan for a patient with kidney disease (in particular patients with progressive renal insufficiency, end-stage renal failure and renal transplants)

14. Participate in interprofessional team, contributing expertise while demonstrating the ability to accept, consider and respect the opinions of other team members.



## CLINICAL OBJECTIVES FOR PEDIATRIC UNIT ROTATION

At the end of this experience the nurse intern will be able to:

1. Perform physical assessment of pediatric patient [L] [SEP]
2. Management of pediatric patient with respiratory problems:  
Airways (oral and nasal) [L] [SEP]  
Tracheostomy [L] [SEP]  
Suctioning (oral, nasal, and tracheostomy) [L] [SEP]
3. Initiate and maintain oxygen therapy using:  
Face mask [L] [SEP]  
Nasal cannula [L] [SEP]  
Oxyhood [L] [SEP]  
Oxygen tent / croupette [L] [SEP]  
Oxygen humidifier [L] [SEP]
4. Initiate and maintain cardiopulmonary resuscitation (CPR) [L] [SEP]
5. Maintain nutritional status:  
Bottle feeding [L] [SEP]  
Syringe feeding [L] [SEP]  
Tube feeding (nasogastric) [L] [SEP]  
Gastrostomy feeding [L] [SEP]
6. Calculate dosage of and administer medication to the pediatric patient including vaccines, e.g. PPD:  
Oral [L] [SEP]  
Parenteral [L] [SEP]
7. Utilize knowledge of communicable diseases [L] [SEP]
8. Assist with special procedure (Diagnostic or therapeutic) [L] [SEP]
9. Care of pediatric surgical patient pre-and post op including cases with:  
Chest tube [L] [SEP]  
Wound drainage device, e.g. hemovac [L] [SEP]  
Suprapubic catheter [L] [SEP]  
Gastric drainage [L] [SEP]  
Skin and skeletal traction [L] [SEP]
10. Care of pediatric diabetic patient including diabetic teaching [L] [SEP]
11. Apply knowledge of isolation techniques/universal precautions [L] [SEP]
12. Monitor L V. using control device, e.g. ivac [L] [SEP]
13. Manage TPN using line for hyperalimentation [L] [SEP]
14. Administer blood and blood products [L] [SEP]
15. Administer and/or monitor administration of chemotherapy



drugs [SEP]

16. Assist with bone marrow aspiration

17. Care of chronically disable child. [SEP]



## CLINICAL OBJECTIVES FOR ANTE-, INTRA- AND POSTPARTUM UNIT ROTATION

At the end of this experience the nurse intern will be able to:

1. Recognize the signs and symptoms of normal labor.
2. Describe the three stages of normal labor.
3. Recognize common abnormalities of labor
4. Differentiate the methods of delivery with the indications and contraindications of each.
5. Evaluate common puerperal complications.
6. Describe each of the following antepartum procedures and recognize the indications and contraindications for each:
  - Ultrasound
  - Chorionic villous sampling
  - Amniocentesis and cordocentesis
  - Antepartum fetal assessment
7. Describe each of the following intrapartum procedures and recognize the indications and contraindications for each:
  - Intrapartum surveillance
  - Induction and augmentation of labor
  - Episiotomy
  - Operative vaginal delivery
  - Breech delivery
  - Cesarean delivery
8. Identify the pertinent issues regarding vaginal birth after cesarean delivery.
9. Recognize the normal postpartum events allow appropriate care, reassurance and early recognition of abnormal events.
10. Observe the normal maternal physiologic changes of the postpartum period.
11. Describe the components of normal postpartum care and the appropriate postpartum patient counselling.
12. Recognize that labor is expected to progress in an orderly and predictable manner.
13. Identify careful observation of the mother and fetus during labor that allows early detection of abnormalities so that management can be directed to optimize outcome.
14. Describe methods of fetal surveillance.
15. Identify fetal and maternal effects of oxytocin administration
16. Perform strategies for emergency management in Obstetrics.
17. Identify the normal physiologic and anatomic changes of



the breast during the pregnancy and lactation

18. Recognize and care of patient related to common postpartum abnormalities of the breast.
19. Provide the reasons why breast feeding should be encouraged.
20. Identify commonly used medications which are appropriate and inappropriate to use while breast feeding.
21. Counsel the lactating patient about commonly asked questions, such as frequency, duration, inadequate production of milk, etc.



## CLINICAL OBJECTIVES FOR GYNECOLOGY UNIT ROTATION

At the end of this experience the nurse intern will be able to:

1. Perform the medical interview and physical examination of women incorporating ethical, social, and diversity perspectives to provide culturally competent health care.
2. Apply recommended prevention strategies to women throughout the life span.
3. Develop her role as a leader and advocate for women.
4. Analyze the impact of genetics, medical conditions, and environmental factors on maternal health and fetal development
5. Distinguish between normal and abnormal physiologic changes during pregnancy.
6. Interpret common diagnostic studies.
7. Apply knowledge of intrapartum and postpartum care in simulations and clinical encounters with mothers and newborns.
8. Differentiate between normal and abnormal bleeding using knowledge of menstrual cycle physiology, puberty and menopause.
9. Perform gynecological procedures using integrated knowledge of perioperative care
10. Analyze the quality of evidence regarding controversial topics in the field of Ob/Gyn
11. Assess patients for risks of domestic violence and child abuse.



## CLINICAL OBJECTIVES FOR NEONATAL INTENSIVE CARE UNIT ROTATION

At the end of this experience the nurse intern will be able to:

1. Perform physical examinations of the preterm, term and sick neonate of all post-conceptual ages.
2. Assess the estimated gestational age on all newborn admitted under her care.
3. Demonstrate successful examination strategies for evaluating the critically ill neonate
4. Identify pertinent maternal prenatal labs and conditions.
5. Demonstrate an understanding of the consequences of perinatal events.
6. Interpret common test results in terms of underlying pathophysiology, disease severity and clinical context of specific patient.
7. Recognize the need for phototherapy, monitor bilirubin levels appropriately.
8. Know or be able to locate age-appropriate normal values for common tests.
9. Recognize the limit of one's own skills and tolerance for stress; ask for help appropriately.
10. Appropriately use the following monitoring and therapeutic techniques in NICU: physiologic monitoring of temperature, pulse, respiration, blood pressure; pulse oximetry; neonatal pain and drug withdrawal scales
11. Recognize common causes of medication error, adhere to policies and guidelines established to ensure safe medication use, and participate in efforts to reduce error through systems improvement.
12. Demonstrate appropriate use of oxygen administration by hood, CPAP or assisted ventilation, including when to wean.
13. Provide effective preventive health care and anticipatory guidance to families.
14. Demonstrate effective strategies to access the information needed for effective patient care.
15. Recognize and manage the following general signs and symptoms: feeding problems, history of maternal infection or exposure, hyperthermia, hypothermia, intrauterine growth failure, irritability, jitteriness, large for gestational age, lethargy, poor post-natal weight gain, prematurity (various gestational ages) and formulate a management



plan

16. Exhibit basic recognition of the following dermatologic signs: birthmarks, common skin rashes/conditions, discharge and/or inflammation of the umbilicus, hyper- and hypopigmented lesions, proper skin care for extreme premature newborns.
17. Demonstrate the ability to communicate and work in an effective and collaborative manner to other healthcare team.
18. Document in writing in a consistent manner in a fashion that complies with Medicaid/Medicare and HIPAA standards and other legal requirements
19. Demonstrate recognition, consequences, and actions for appropriate responsible response towards personal errors.



# ORIENTATION SEMINAR FOR NURSE INTERNSHIP PROGRAM



College of Applied Medical Sciences  
كلية العلوم الطبية التطبيقية



مقترح نشاط (دورة / ورشة عمل / لقاء / محاضرة / ندوة / حلقة نقاش):  
**Orientation Seminar on Nurse Internship Program (OSNIP)**

أولاً: بيانات النشاط / Activity Data

Statement	المحتوى	Content
Orientation Seminar on Nurse Internship Program	عنوان النشاط	Activity Title
	المكان	Location
	التاريخ	Date
Vice Deanship for Training and Clinical Affairs	جهة التكليف	Vice Deanship
وحدة ضمان الجودة Department of Nursing and the Clinical Internship Unit	اسم الوحدة	Unit Name
رؤساء الأقسام الأكاديمية – رؤساء لجان الجودة بالأقسام (بنين – بنات)	الفئة المستهدفة	Target group
Students who will have their internship program for the next semester		
None	التكلفة المقترحة	Proposed Cost

ثانياً: جدول أعمال النشاط / Activity Program :

- 1 Registration
- 2 Opening Remarks (Head of the Department and Vice Deanship for Training and Clinical Affairs)
- 3 Seminar Proper:
  - a. Requirements for Clinical Internship
  - b. Safety and Risk Management
  - c. Field Experience Flowchart for Responsibility and Decision-making
  - d. Rules and Regulations for Internship
  - e. Evaluation of the Field Experience (Internship Logbook)
  - f. Internship Advisers

نموذج رقم (1)، وحدة التدريب / كلية العلوم الطبية التطبيقية



- g. Other matters:  
SHA registration and BLS training  
Seminar Evaluation 4

**Activity Objectives** أهداف النشاط

This orientation seminar for nurse internship program aims to:

- |   |   |
|---|---|
| Prepare students' clinical internship requirements  | 1 |
| Promote safety and risk management during the field experience                                | 2 |
| Provide students a thorough understanding about the clinical internship rules and regulations | 3 |
| Explain to the students how they will be assessed at the end of each clinical rotation        | 4 |

**Target Group** خامساً: الفئة المستهدفة

- |   |   |
|---|---|
| Students from both male and female sections who will have their clinical internship next semester | 1 |
|---|---|

Department of Nursing

Clinical Internship Unit

Vice Deanship for Training and Clinical  
Internship

College of Applied Medical Sciences

وحدة .....

وكالة الكلية لـ .....

كلية العلوم الطبية التطبيقية



## HEALTHCARE SCREENING REQUIREMENTS

<b>Purified Protein Derivative (PPD)</b> (Result in millimeters)
<b>Chest radiograph</b> (if PPD is more than 10mm)
<b>Hepatitis B vaccines (3)</b>
<b>Hepatitis B antibody</b> (results in U/L)
<b>Hepatitis B surface antigen</b>
<b>Anti-HCV antibody</b>
<b>HIV Antibody</b>
<b>Varicella zoster antibody</b>
<b>Varicella zoster vaccine if not antibody positive</b> (two doses)
<b>Rubella antibody or vaccination record</b>
<b>Measles antibody or vaccination record</b>



## STANDARD INFECTION CONTROL

### A. Hand Hygiene(HH)

Methods of HH involve either antibacterial soap and water or alcohol-based waterless hand rub.

HH is used to remove or kill microorganisms that colonize the hands.

The WHO's 5 moments for HH:

1. Before patient contact
2. Before aseptic tasks
3. After body fluid exposure risk
4. After patient contact
5. After contact with patient surroundings/environment

### B. Personal protective equipment (PPE)

PPE is used to create a barrier between HCWs and patients, substances, or surfaces.

Use appropriate PPE (gloves/gowns/plastic aprons/eye protection) to prevent skin and mucous membrane exposure. Use one or more of these items based on the degree and risk of exposure. However, most routine patient care activities at the bedside do not require the use of PPE.

#### 1. Gloves

- a. Wear gloves whenever in contact with blood, other body substances or contaminated items and surfaces and when in an isolation room.
- b. Wear and change gloves between tasks/procedures on the same patient.
- c. Remove gloves promptly after use and before touching clean items and environmental surfaces.
- d. Perform hand hygiene immediately after removing gloves.
- e. Gloves are not to be worn after leaving the patient room or procedure area.



- f. Use non-sterile gloves for examinations and other clean procedures, and use sterile gloves for sterile procedures.

## 2. Gowns/plastic aprons

- a. Wear a gown/plastic apron to protect skin and clothing during procedures that may generate splashes or aerosolization of body substances and cause the soiling of clothes.
- b. Securely fasten the tabs/ties to keep the gown/plastic apron in place while performing patient care activities in the patient room/procedure area.
- c. Remove the gown/plastic apron by untying the tabs/ties and folding it away from you in an inside-out manner. Roll it into a ball and discard.
- d. Change the gown/plastic apron for each patient and/or procedure.
- e. Gloves/aprons are not to be worn after leaving the patient room or procedure area.

## 3. Mask (surgical or N95)

- a. Wear a surgical mask (with protective eye/face wear) if splashing or aerosolization of blood or body fluids is expected.
- b. Change mask between patients and sooner if mask becomes wet, moist or torn.
- c. Wear an N95 mask when indicated to enter an airborne isolation room, and remove it only when outside of the room.

## 4. Protective eye/face wear

- a. Wear protective eye/face wear if required for combined protection from eye/face contamination by aerosolized body substances.
- b. Wash and disinfect visibly soiled reusable face shields or protective eyewear prior to reuse.

## C. Handling/disposal of contaminated items

### 1. Needles/sharps



- a. Dispose of used sharp items in an approved puncture-resistant container immediately after use, at the point of use or as close to point of use as possible.
- b. Do not place used sharp items on any environmental surface.
- c. Do not recap or manipulate needles using both hands because this increases the risk of injury. If recapping or manipulation of the needle is deemed essential, then use either a one-handed “scoop” technique or a mechanical device designed to hold the needle sheath.
- d. Before attempting to remove needles from reusable aspirating syringes, recap them with either a one-handed “scoop” technique or a mechanical device designed to hold the needle sheath.
- e. Close sharps containers when  $\frac{3}{4}$  full and remove for incineration.

## 2. Linen

- a. Linen should be handled and transported in a manner to prevent skin/mucous membrane exposure and contamination of clothing or transferring microorganisms to other patients or the environment.
- b. Place wet/heavily soiled linen in a designated impermeable bag and close the bag securely or wrap wet linen in another piece of linen to avoid soaking of the bag.

## 3. Medical waste

- a. Place biomedical waste in identifiable (color-coded) bags or appropriate containers.
- b. Securely tie or close bags/containers and remove for appropriate disposal.

## 4. Patient care equipment

- a. Handle used patient care equipment in a manner that prevents skin and mucous membrane exposure, contamination of clothing and transfer of microorganisms to other patients or the environment.
- b. Commonly used equipment must be clean and disinfected between patients.
- c. Do not reuse single-use disposable equipment.



- d. Ensure that reusable equipment is properly transported in leak-proof containers to
- b. CSSD for reprocessing before use with another patient.

#### D. Laboratory specimens

1. Handle all specimens with gloves.
2. Place laboratory specimens in designated, appropriately sealed containers.
3. Label containers with appropriate patient data.
4. Transfer to the laboratory in an upright position as promptly as possible.
5. Ensure that the requisition has the complete information (i.e., specification site, which is critical for lab analysis and clinical interpretation).

#### E. Room cleaning

1. Rooms should be cleaned daily and after patient discharge.
2. Cleaning is required as per housekeeping policies.

#### F. Patient placement

1. Place patients who pose a risk of transmission to others (e.g., those with uncontained secretions, excretions, or wound drainage or infants with suspected viral respiratory tract or gastrointestinal tract infections) in single-patient rooms when available.

#### G. Cough etiquette

1. Cover nose and mouth with a tissue when coughing or sneezing.
2. Dispose of the used tissue in the nearest waste receptacle.
  - a. Clean hands with soap and water or antiseptic solution or with an alcohol-based hand rub after touching respiratory secretions or handling contaminated objects.



## A. Indications for HH

### *Clean your hands:*

1. Before touching a patient
2. Before clean/aseptic procedures
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient's surroundings

### *Other Opportunities for Hand Hygiene*

1. When hands are visibly soiled
2. After contact with a source of microorganisms (body fluids and substances, mucous membranes, non-intact skin, surfaces that are likely to be contaminated)
3. After removing gloves
4. Before and after smoking, eating or preparing food
5. Before leaving the patient's room
6. After bodily functions (e.g., using the toilet, blowing one's nose, sneezing)
7. When moving from a contaminated body site to a clean body site during patient care

Hands and other skin surfaces exposed to blood or body fluids must be cleansed as soon as patient safety permits.

## B. Techniques

### *Hand washing*

Wash hands for a minimum of 40-60 seconds

1. Remove excess jewelry
2. Select a comfortable water temperature
3. Wet hands with running water
4. Apply soap to cover all surfaces of the hands
5. Rub hands palm to palm
6. Right palm over left dorsum with interlaced fingers and vice versa
7. Palm to palm with fingers interlaced
8. Backs of fingers to opposing palms with fingers interlaced
9. Rotational rubbing of the left thumb clasped in the right palm and vice versa



10. Rotational rubbing backward and forward with clasped fingers of the right hand in the left palm and vice versa
11. Rinse the hands with running water to remove all soap residue, holding hands in upward position over sink
12. Dry the hands with a paper towel
13. Turn the faucet off with the used paper towel

### *Hand rubbing*

Use alcohol-based hand antiseptic rub for a minimum of 20-30 seconds

1. Apply to dry, visibly clean hands
2. Rub hands vigorously to apply hand antiseptic to all surfaces of hands (as in steps 5 to 10 above)
3. Allow hands to dry

NB: USE ONLY SOAP AND WATER WHEN DEALING WITH SPORE-FORMING BACTERIA (e.g., *Clostridium difficile*) AND/OR WHEN YOUR HANDS ARE VISIBLY SOILED

## C. Agents used for HH

### 1. Water

- a. Water is described as the universal solvent for a large number of substances
- b. When used alone, water cannot remove dirt from hands

### 2. Drying Methods

- a. Drying practice is a critical factor to determine the level of bacterial residue
- b. Use paper towels
- c. Pat the skin dry rather than rub it to avoid cracking (skin excoriation may lead to bacteria colonizing the skin)
- d. Do not reuse or share hand drying towels

### 3. Plain (non-antimicrobial) soap

- a. These soaps are detergent-based and will remove lipids and adhering dirt and organic matter
- b. They have no antimicrobial activity
- c. Such soaps can remove transient flora from the skin

### 4. Antimicrobial soap



- a. These soaps are detergent-based and will remove lipids, adhering dirt and organic matter
- b. They have antimicrobial activity
- c. They can remove transient and resident flora from the skin

#### 5. Alcohols

- a. Alcohol-based hand antiseptics contain ethanol, isopropanol, n-propanol or a combination of two of these products
- b. They have the ability to denature proteins
- c. The most effective solutions contain 60%-80% alcohol (a higher concentration is less effective)
- d. They are rapidly germicidal
- e. Such antiseptics are available in gels, liquid, and foam

#### D. Care of hands

1. Use hand moisturizers to replace the oils lost by frequent hand hygiene procedures.
2. Ensure that the skin on your hands is intact. Cover non-intact skin areas with an occlusive dressing.
3. Do not use petroleum-based lotions, as they may interfere with glove integrity.

#### E. Medical assessment:

1. Any suspicion of a dermatological condition must be evaluated by an Employee Health Physician or the appropriate medical service.
2. HCWs that have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.

#### F. Use of gloves

1. The use of gloves does not replace the need for hand hygiene.
2. Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, or non-intact skin will occur.
3. Remove gloves after any procedure with a patient.
4. Change or remove gloves during patient care if moving from a contaminated body site to either another body site (including non-intact skin, mucous membrane or a medical device) within the same patient or the environment.
5. Change gloves between patients.



6. Identify the correct type of glove to be used.

#### G. Surgical hand hygiene

*Before starting surgical hand hygiene preparation (hand scrub or hand rub)*

- a. Remove all jewelry and wristwatches before entering the operating room (OR) suite
- b. Wash hands and arms up to the elbows with a non-medicated soap before entering the OR area.
- c. Use a nail cleaner for the first surgical hand scrub of the day.

*Surgical hand scrub with antimicrobial soap*

1. Start timing and then scrub each side of each finger, between the fingers and the back and front of the hand for two minutes
2. Scrub the arms, keeping hands higher than the arms at all times
3. Wash each side of the arm from wrist to the elbow for one minute, repeating the process on the other hand and arm
4. Rinse hands and arms by passing them through the water in one direction (from fingertip to elbow), always keeping the hands above the elbows.
5. Proceed to the OR holding hands above the elbows.
6. Dry hands with a sterile towel and use aseptic technique to put on gloves.

NB: The duration of the procedure depends on the ingredients and the manufacturer's instructions (can range from 2-6 minutes).



### *Surgical hand rub with alcohol-base preparation*

1. Start timing
2. Use sufficient product to keep hands and forearms wet with the hand rub throughout the procedure
3. See attachment for proper technique
4. After application of the product, allow hands and forearms to dry before donning sterile gloves
5. Proceed to the OR holding hands above the elbows.

NB: The duration of the procedure depends on the ingredients and the manufacturer's instructions (can range from 2-6 min) and should last until hands are dry.

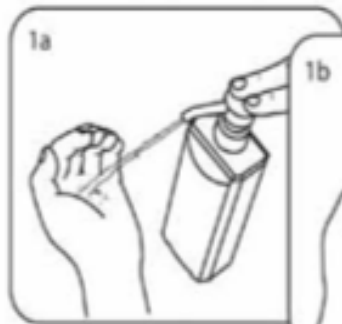
### *Use of brushes*

Use of brushes is discouraged.

A disposable sponge or a combination of a sponge and brush has been shown to reduce bacterial counts on the hands.



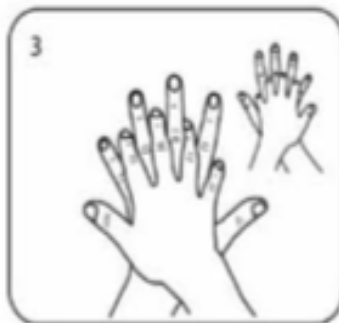
## Hand Hygiene Technique with Alcohol-Based Formulation



Apply a palmfull of the product in a cupped hand and cover all surfaces.



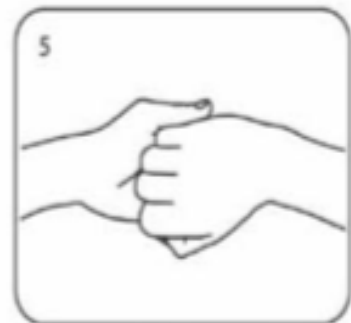
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



palm to palm with fingers interlaced



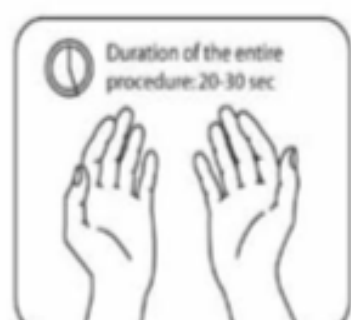
backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clasped in right palm and vice versa



rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



Duration of the entire procedure: 20-30 sec

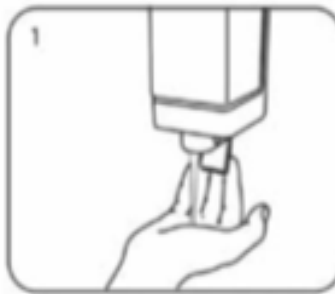
...once dry, your hands are safe.



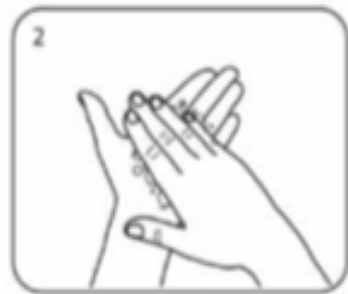
## Handwashing Technique with Soap and Water



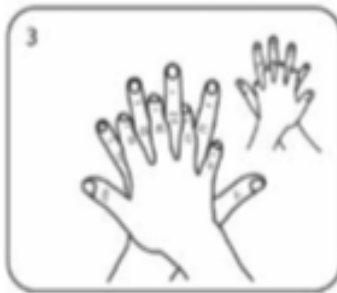
Wet hands with water



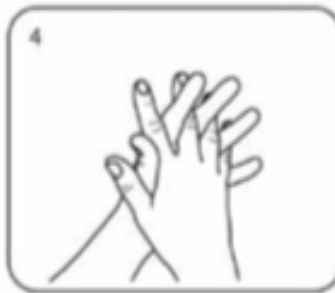
apply enough soap to cover all surfaces



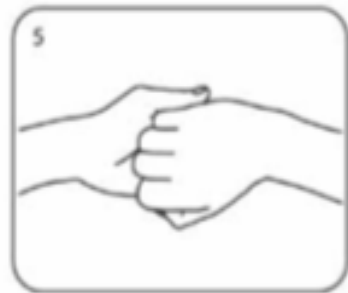
rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



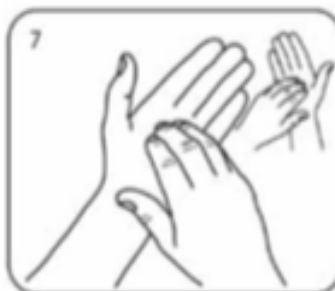
palm to palm with fingers interlaced



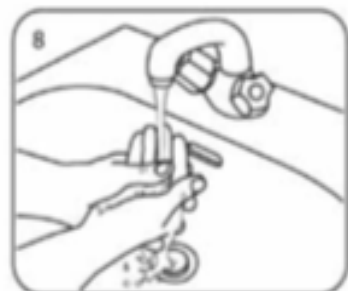
backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clasped in right palm and vice versa



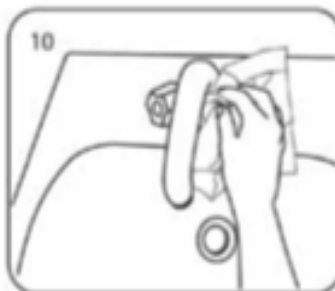
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



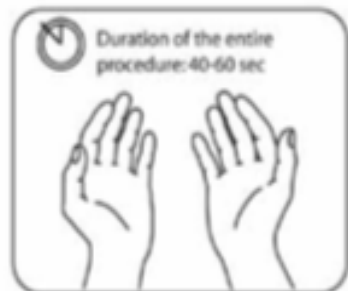
rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet/tap



Duration of the entire procedure: 40-60 sec

...and your hands are safe.



The handrubbing technique for surgical hand preparation must be performed on perfectly clean, dry hands. On arrival in the operating theatre and after having donned theatre clothing (cap/hat/bonnet and mask), hands must be washed with soap and water. After the operation when removing gloves, hands must be rubbed with an alcohol-based formulation or washed with soap and water if any residual talc or biological fluids are present (e.g. the glove is punctured).

Surgical procedures may be carried out one after the other without the need for handwashing, provided that the handrubbing technique for surgical hand preparation is followed (Images 1 to 17).



**1**  
Put approximately 5ml (3 doses) of alcohol-based handrub in the palm of your left hand, using the elbow of your other arm to operate the dispenser



**2**  
Dip the fingertips of your right hand in the handrub to decontaminate under the nails (5 seconds)



**3**  
Images 3–7: Smear the handrub on the right forearm up to the elbow. Ensure that the whole skin area is covered by using circular movements around the forearm until the handrub has fully evaporated (10-15 seconds)



**4**  
See legend for Image 3



**5**  
See legend for Image 3



**6**  
See legend for Image 3



**7**  
See legend for Image 3



**8**  
Put approximately 5ml (3 doses) of alcohol-based handrub in the palm of your right hand, using the elbow of your other arm to operate the dispenser



**9**  
Dip the fingertips of your left hand in the handrub to decontaminate under the nails (5 seconds)





10

Smear the handrub on the left forearm up to the elbow. Ensure that the whole skin area is covered by using circular movements around the forearm until the handrub has fully evaporated (10-15 seconds)



11

Put approximately 5ml (3 doses) of alcohol-based handrub in the palm of your left hand, using the elbow of your other arm to operate the distributor. Rub both hands at the same time up to the wrists, and ensure that all the steps represented in Images 12-17 are followed (20-30 seconds)



12

Cover the whole surface of the hands up to the wrist with alcohol-based handrub, rubbing palm against palm with a rotating movement



13

Rub the back of the left hand, including the wrist, moving the right palm back and forth, and vice-versa



14

Rub palm against palm back and forth with fingers interlinked



15

Rub the back of the fingers by holding them in the palm of the other hand with a sideways back and forth movement



16

Rub the thumb of the left hand by rotating it in the clasped palm of the right hand and vice versa



17

When the hands are dry, sterile surgical clothing and gloves can be donned

Repeat the above-illustrated sequence (average duration, 60 sec) according to the number of times corresponding to the total duration recommended by the manufacturer for surgical hand preparation with an alcohol-based handrub.



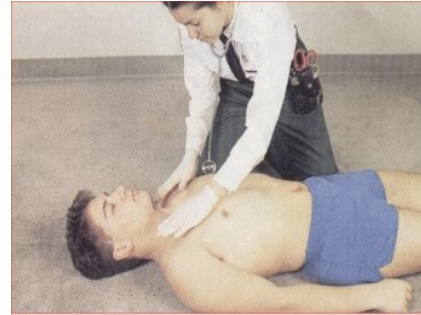
## BASIC LIFE SUPPORT

(Based on 2015 Saudi Heart Association Evidence-Based CPR Guidelines)

### PRE-HOSPITAL ADULT CPR

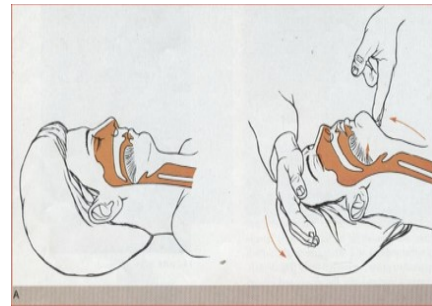
-Assess the scene

-Establish unresponsiveness and check for effort of breathing by opening the airway [L][SEP](3-5 sec.) EMS system should be activated (997) and get the AED [L][SEP]



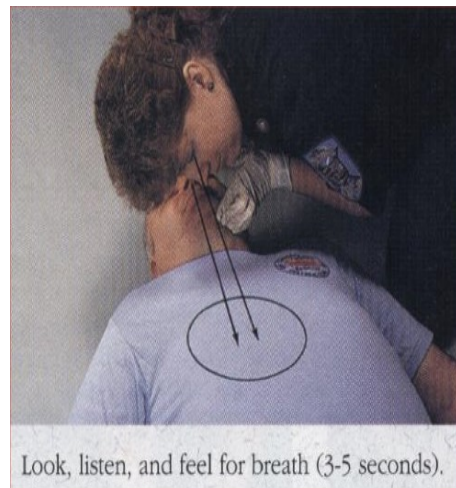
-No effort of breathing, start CAB sequence.[L][SEP]

-Check pulse (if trained < 5 sec) and immediate chest compression 30 Compressions [L][SEP]within the first 10-15 seconds (rescue compression). Open airway (head tilt-chin lift). [L][SEP]



- Check for breathing (look, listen, feel).

If breathing is absent or inadequate, give 2 breaths,” rescue breathing” 1 second per breath (3 sec.), Healthcare providers should use a barrier device while lay persons can use any other means to protect themselves, e.g. Shamagh, Ghuthra, Shayla, handkerchief or towel. Watch chest rise and fall during [L][SEP]exhalation. [L][SEP]



Look, listen, and feel for breath (3-5 seconds).



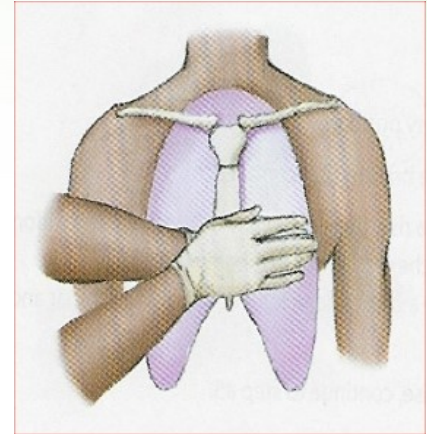
## CPR SEQUENCE:



Locate and check carotid pulse or femoral pulse (5-10 sec.). If pulse is present but no breathing, provide rescue breathing (one breath every 5-6 seconds, about 10 -12 breaths

per minute).

If no pulse, start compression: ventilation cycles. Give 5 cycles (Approximately 2 minutes) with ratio 30:2 and at a rate of at least 100-120 per minute. Minimal interruption during compressions (<10 seconds), Chest compression (approximately 4.5-5.5cm depth/ or 5 cm = 2 inches. not more than 6 cm) followed by 2 breaths (1 second/breath). The set of each 30 compressions should take approximately 15-18 seconds.



After 5 cycles of CPR (Approximately 2 minutes) compression: ventilation ratio 30:2 and at a rate of at least 100-120 per minute.)



- Check for pulse in carotid or femoral arteries. According to the findings:

- If there is pulse and breathing: Place the victim in the recovery position carefully, especially if neck injury is suspected, monitor vital signs until EMS arrives.

- o. □ If there is pulse but no breathing. Continue rescue breathing, one breath every 5 – 6 sec. (10 - 12/min). Recheck pulse every 2 minutes.

- p. □ If there is no pulse, no breathing. Continue CPR, 5 cycles of CPR (Approximately 2 minutes) as mentioned above. Then check pulse in carotid or femoral arteries every 2



minutes). Continue the cycles until success is achieved or EMS arrived. [L] [SEP]

q. **If RESCUER 2 arrives:** Rescuer 1 stays as the ventilator and rescuer 2 acts as the chest compressor; Rescuers should switch every 5 cycles of CPR approximately 2 minutes. [L] [SEP]

r. **PRE-HOSPITAL CHILD AND INFANT CPR** [L] [SEP]

- Assess the scene

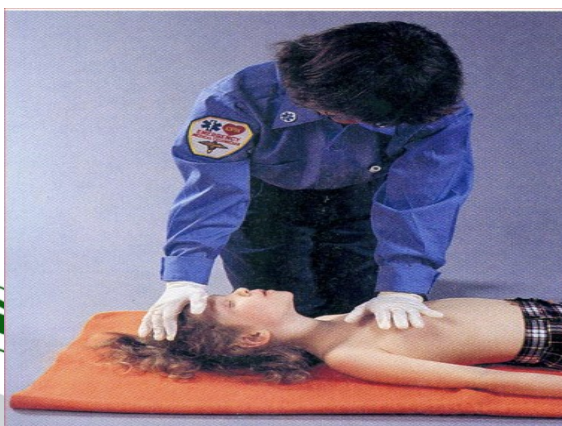
- Establish unresponsiveness and check for effort of breathing by opening the airway (3-5 sec.) [L] [SEP]

- (EMS system should be activated (997) and get the AED if second rescuer around otherwise start resuscitation then call after 2 minutes). No effort of breathing start ABC sequence; [L] [SEP]

- Open airway (head tilt-chin lift) Check breathing (look, listen, feel) (if trained 5-10 sec). [L] [SEP]

- If breathing is present place the victim carefully in recovery position, then check pulse (if trained A, B, C the same sequence no change). If untrained apply (C-A-B) sequence with immediate chest compression 30 rescue compressions and 2 rescue breathing. [L] [SEP]

- Healthcare providers should use a barrier device while lay persons can use any other means of protecting themselves, e.g. Shamagh, Ghuthra, Shayla, handkerchief or towel. Watch chest rise and fall during exhalation. [L] [SEP]



## CPR

### SEQUENCE:

1. Locate and check carotid pulse or femoral pulse (5-10 sec.)



and brachial in <sup>L</sup><sub>SEP</sub> case of infant. If pulse is present but no breathing, provide rescue breathing (one breath every 4-5 seconds, about 12 - 20 breaths per minute). <sup>L</sup><sub>SEP</sub>

2. If no pulse, start compression: ventilation cycles. Give 5 cycles (Approximately 2 minutes) with ratio 30:2 and at a rate of at least 100-120 per minute. Minimal interruption during compressions (<10 seconds), Chest compression (approximately 4-5cm depth/ or 4 cm = 1.5 inches. not more than 5 cm) followed by 2 breaths (1 second/breath). The set of each 30 compressions should take approximately 15-18 seconds. <sup>L</sup><sub>SEP</sub>

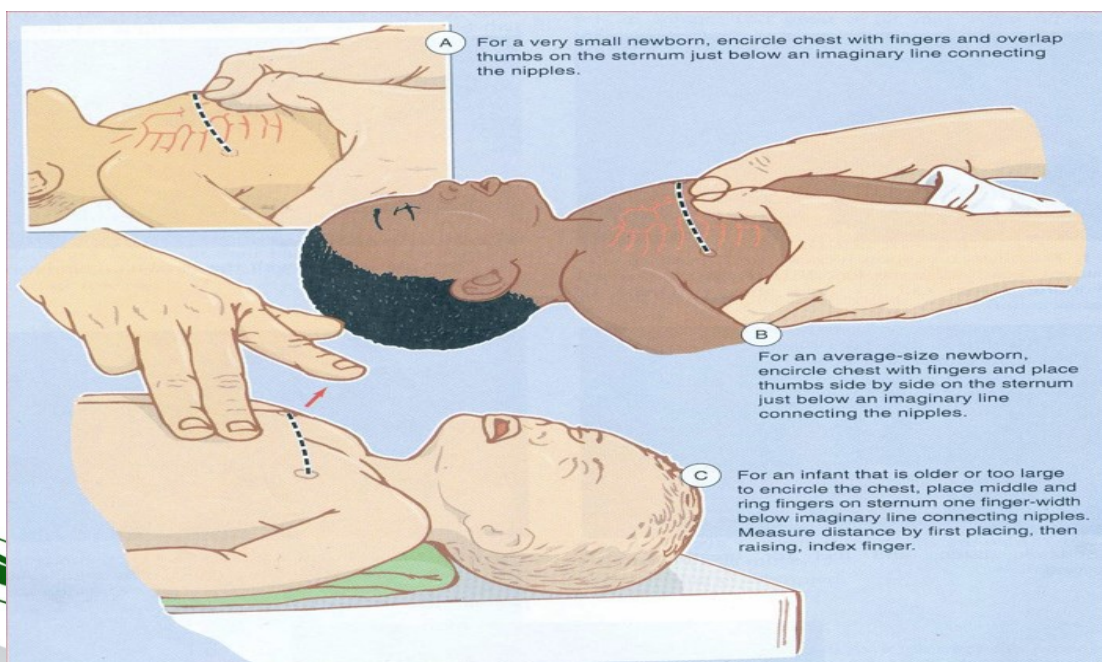
3. After 5 cycles of CPR (Approximately 2 minutes) compression: ventilation ratio 30:2 and at a rate of at least 100-120 per minute)

Check for pulse in carotid or femoral arteries. According to the findings:

☐ If there is pulse and breathing: Place the victim in the recovery position carefully, especially if neck injury is suspected, monitor Vital signs until EMS arrives.

☐ If there is pulse but no breathing. Continue rescue breathing, one breath every 3 – 5 sec. (12 -20/min.), Recheck pulse every 2 minutes.

☐ If there is no pulse, no breathing. Continue CPR, 5 cycles of CPR (Approximately 2 minutes) as mentioned in step 5. Then check pulse in carotid or femoral arteries/brachial for infant every 2 minutes). Continue the cycles until success is achieved or EMS





arrives. [L]  
[SEP]

**If RESCUER 2 arrives:** Rescuer 1 stays as the ventilator and rescuer 2 acts as the chest compressor; with a ratio of 15:2 ; Rescuers should switch every 5 cycles of CPR approximately 2 minutes. [L]  
[SEP]

## IN HOSPITAL ADULT CPR

- Establish unresponsiveness and check for effort of breathing by opening the airway (3-5 sec.), in hospital EMS system should be activated and get crash cart and the AED (2015 guidelines preferred PAD system instead of paddles ones. Start ABC sequence. [L]  
[SEP]

- Check for breathing (look, listen, feel). If breathing is absent or inadequate, give 2 breaths, “rescue breathing” (1 second per breath (3 sec.), Healthcare providers should use a barrier device preferred Bag Valve mask resuscitator. Watch chest rise and fall during exhalation. [L]  
[SEP]

### CPR SEQUENCE:

1. Locate and check carotid pulse or femoral pulse (5-10 sec.). If pulse is present but [L]  
[SEP]no breathing, provide rescue breathing (one breath every 5-6 seconds, about 10 - [L]  
[SEP]12 breaths per minute). [L]  
[SEP]

2. If no pulse, start compression: ventilation cycles. Give 5 cycles (Approximately 2 [L]  
[SEP]minutes) with ratio 30:2 and at a rate of at least 100-120 per minute. Minimal interruption during compressions (<10 seconds), Chest compression (approximately 4.5-5.5cm depth/ or 5 cm = 2 inches. not more than 6 cm) followed by 2 breaths (1 second/breath). The set of each 30 compressions should take approximately 15-18 seconds. [L]  
[SEP]

3. After 5 cycles of CPR (Approximately 2 minutes) compression: ventilation ratio 30:2 and at a rate of at least 100-120 per minute). [L]  
[SEP]

Check for pulse in carotid or femoral arteries. According to the findings:



□ If there is pulse and breathing: Place the victim in the recovery position carefully, especially if neck injury is suspected, monitor Vital signs until EMS arrives. [L] [SEP]

□ If there is pulse but no breathing. Continue rescue breathing, one breath every 5 – 6 sec. (10 - 12/min.), Recheck pulse every 2 minutes. [L] [SEP]

□ If there is no pulse, no breathing. Continue CPR, 5 cycles of CPR (Approximately 2 minutes) as mentioned in step 5. Then check pulse in carotid or femoral arteries every 2 minutes). Continue the cycles until success is achieved or EMS arrives. [L] [SEP]

**If RESCUER 2 arrives:** Rescuer 1 stays as the ventilator and rescuer 2 acts as the chest compressor; Rescuers should switch every 5 cycles of CPR approximately 2 minutes. [L] [SEP]

## **IN HOSPITAL CHILD AND INFANT CPR** [L] [SEP]

- Establish unresponsiveness and check for effort of breathing by opening the airway (3-5 sec.), in hospital EMS system should be activated and get crash cart and the AED (2015 guidelines preferred PAD system instead of paddles ones. Start ABC sequence. [L] [SEP]

- Check for breathing (look, listen, feel). If breathing is absent or inadequate, give 2 breaths, “rescue breathing” (1 second per breath (3 sec.), Healthcare providers should use a barrier device preferred Bag Valve mask resuscitator. Watch chest rise and fall during exhalation. [L] [SEP]

### **CPR SEQUENCE:**

1. Locate and check carotid pulse or femoral pulse/ brachial for infant (5-10 sec.). [L] [SEP] If pulse is present but no breathing, provide rescue breathing (one breath every [L] [SEP] 5-6 seconds, about 12 -20 breaths per minute). [L] [SEP]

2. If no pulse, start compression: ventilation cycles. Give 5 cycles (Approximately 2 [L] [SEP] minutes) with ratio 30:2 and at a rate of at least 100-120 per minute. Minimal interruption during compressions (<10 seconds), Chest compression



(approximately 4-5cm depth/ or 4 cm = 1.5 inches. not more than 5 cm) followed by 2 breaths (1 second/breath). The set of each 30 compressions should take approximately 15-18 seconds. [L][SEP]

3. After 5 cycles of CPR (Approximately 2 minutes) compression: ventilation ratio 30:2 and at a rate of at least 100-120 per minute).

Check for pulse in carotid or femoral arteries. According to the findings:

□ If there is pulse and breathing: Place the victim in the recovery position carefully, especially if neck injury is suspected, monitor Vital signs until EMS arrives. [L][SEP]

□ If there is pulse but no breathing. Continue rescue breathing, one breath every 3 – 5 sec. (12 -20/min.), Recheck pulse every 2 minutes. [L][SEP]

□ If there is no pulse, no breathing. Continue CPR, 5 cycles of CPR (Approximately 2 minutes) as mentioned in step 5. Then check pulse in carotid or femoral arteries / brachial for infant every 2 minutes). Continue the cycles until success is achieved or EMS arrives. [L][SEP]

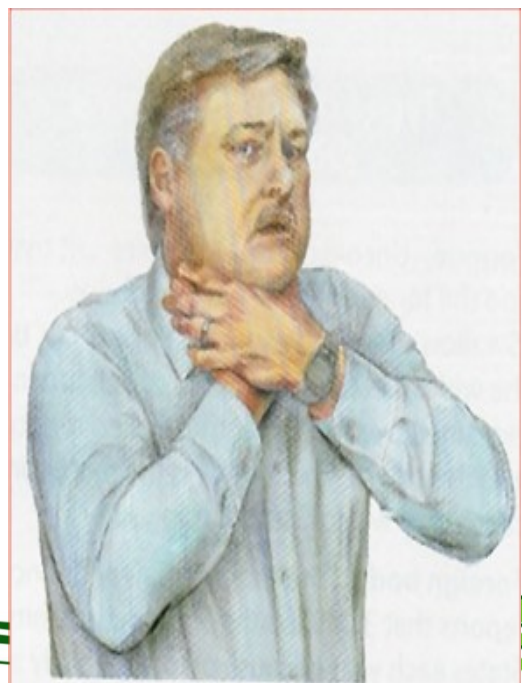
**If RESCUER 2 arrives:** Rescuer 1 stays as the ventilator and rescuer 2 acts as the chest compressor; with a ratio of 15:2 ; Rescuers should switch every 5 cycles of CPR approximately 2 minutes. [L][SEP]

## FOREIGN BODY OBSTRUCTION

### FBO (PARTIAL)

In case of FBO with partial obstruction in all age group only encourage the victim to cough or expel the FB, you may help with back blows. [L][SEP] how to recognize partial obstruction;

- conscious





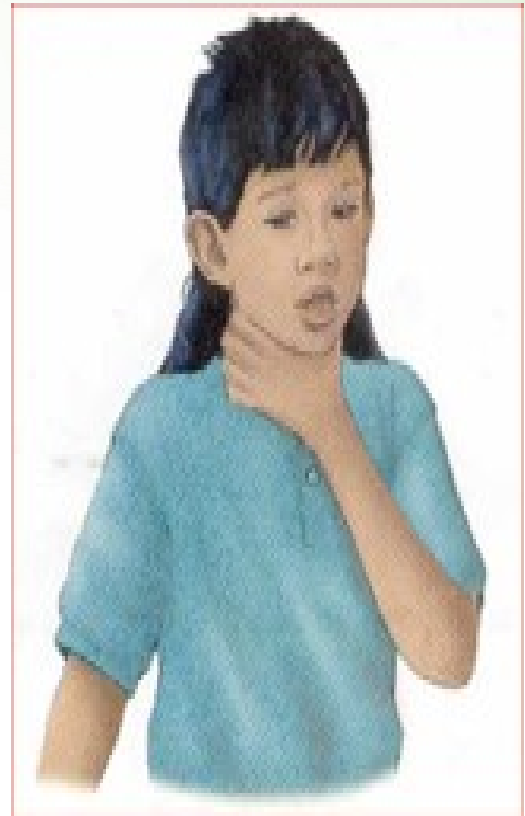
- no cyanosis [L][SEP]
- severe coughing [L][SEP]
- no stridor [L][SEP]

## FBO (SEVERE)

In case of FBO with severe obstruction in all age group you have to intervene as per age group skills and maneuver to help the victim expel the FB. [L][SEP]

How to recognize severe obstruction; [L][SEP]

- conscious
- cyanosis [L][SEP]
- severe coughing
- stridor



## SEVERE FBO IN ADULT AND CHILD

### Victim is conscious

Ask "Are you choking?" If the patient nods "yes" and uses the universal sign of choking, immediately intervene by:

1. Stand behind the victim and give Abdominal Thrusts (Heimlich maneuver), aiming to increase the intrathoracic pressure and expel the foreign body. [L][SEP]



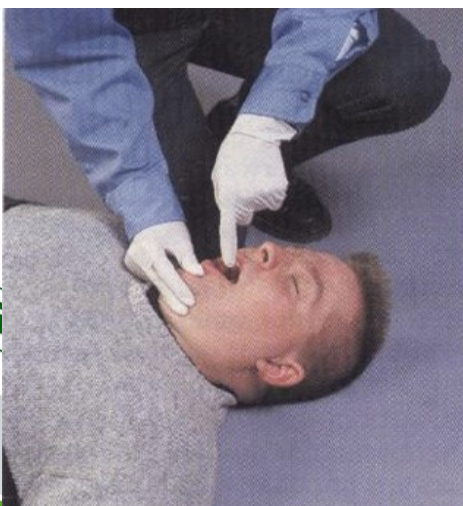




2. NOTE: Use Chest thrusts for pregnant or obese victim [L] [SEP]
3. Repeat thrusts with a distinctive movement to achieve expulsion of the foreign [L] [SEP] body or the victim becomes unconscious. [L] [SEP]

### **Victim becomes unconscious (witnessed)**

1. Put the victim in the ground and activate the EMS system or send someone to activate. (997 for pre hospital) [L] [SEP]
2. Observe for breathing normality or absence, If breathing is absent or inadequate, open the airway and try to ventilate. If unsuccessful, re-open the airway and try to ventilate again. If still unsuccessful begin cycles of chest compression and ventilation with the ratio 30:2. [L] [SEP]



3. Every time the airway is opened to give breaths, open the mouth wide and look for the object. If you see an object removes it using finger sweep. Then try



to ventilate. If unsuccessful, re-open the airway and try to ventilate again, If still unsuccessful, begin cycles of chest compression and ventilation with the ratio 30:2.

4. Repeat steps till chest raise, if chest raised, check pulse and continue 5 cycles of <sup>[L]</sup><sub>SEP</sub>CPR about 2 minutes. <sup>[L]</sup><sub>SEP</sub>

5. Repeat cycles and reassess the pulse every 2 minutes (5 cycles). <sup>[L]</sup><sub>SEP</sub>

According to findings:

☐ If there is pulse and breathing: Place the victim in the recovery position carefully, especially if neck injury is suspected. Monitor Vital signs until EMS arrives. <sup>[L]</sup><sub>SEP</sub>

☐ If there is pulse but no breathing. Continue rescue breathing, one breath every 5 – 6 sec. (10 - 12/min.) <sup>[L]</sup><sub>SEP</sub>

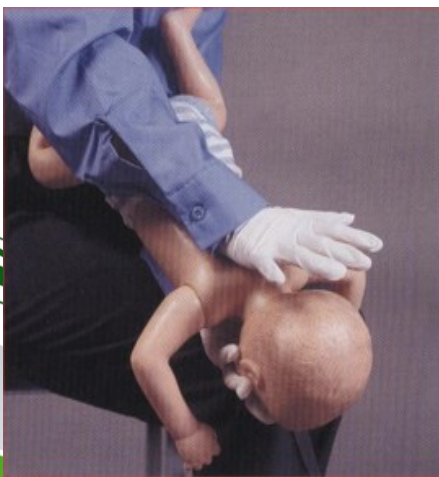
☐ If there is no pulse and no breathing. Continue maneuvers of adult CPR. <sup>[L]</sup><sub>SEP</sub>

### **Victim found unconscious (unwitnessed)** <sup>[L]</sup><sub>SEP</sub>

Establish unresponsiveness and effort of breathing by opening the airway (3-5 sec.) EMS system should be activated (997 for pre hospital) and get the AED <sup>[L]</sup><sub>SEP</sub> Start CPR sequence according to the age group <sup>[L]</sup><sub>SEP</sub>

### **SEVERE FBO IN INFANTS** <sup>[L]</sup><sub>SEP</sub>

#### **Victim is conscious**



Confirm airway obstruction. Check for serious breathing difficulty, ineffective cough, weak or absent cry. <sup>[L]</sup><sub>SEP</sub>

1. Give up to 5 back blows, turn the infant carefully using both hands supporting



the face and the back of the head and give 5 chest Thrusts.

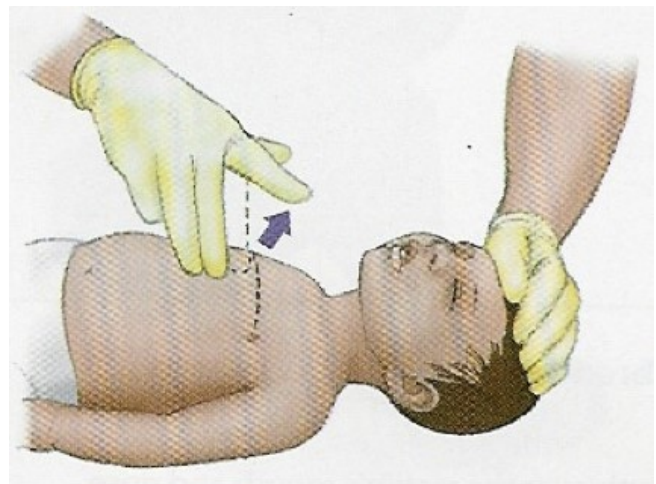
2. Repeat blows and thrusts until achievement of expulsion of the foreign body or the victim becomes unconscious. [L] [SEP]



### **Victim becomes unconscious (witnessed)**

1. Put the victim in the ground and activate the EMS system after 2 minutes or send someone to activate. (997 for pre hospital) [L] [SEP]

2. Observe for breathing normality or absence, If breathing is absent or inadequate, open the airway and try to ventilate. If unsuccessful, re-open the airway and try to ventilate



again. If still unsuccessful begin cycles of chest compression and ventilation with the ratio 30:2. [L] [SEP]



3. Every time the airway is opened to give breaths, open the mouth wide and look for the object. If you see an object removes it using finger sweep ( do not sweep blindly) Then try to ventilate, If



unsuccessful, re-open the airway and try to ventilate again, If still unsuccessful begin cycles of chest compression and ventilation with the ratio 30:2. [L] [SEP]

4. Repeat steps till chest raise, if chest raised, check pulse and continue 5 cycles of CPR about 2 minutes. [L] [SEP]

5. Repeat cycles and reassess the pulse every 2 minutes (5 cycles)

According to findings: [L] [SEP]

☐ If there is pulse and breathing: Place the victim in the recovery position carefully, especially if neck injury is suspected. Monitor Vital signs until EMS arrives. [L] [SEP]

☐ If there is pulse but no breathing. Continue rescue breathing, one breath every 3 – 5 sec. (12 - 20/min.) [L] [SEP]

☐ If there is no pulse and no breathing. Continue maneuvers of infant CPR. [L] [SEP]

### **Victim found unconscious (unwitnessed)** [L] [SEP]

1. Establish unresponsiveness and effort of breathing by opening the airway (3-5 sec.) EMS system should be activated after 2 minutes (997 for pre hospital) and get the AED. [L] [SEP]

2. Start sequence of infant CPR.



## AED (Automated External Defibrillation)



1. Establish unresponsiveness and check for effort of breathing by opening the airway (3-5 sec.), in hospital EMS system should be activated and get crash cart and the AED (2015 guidelines preferred PAD system instead of paddles ones). [L] [SEP]
  2. Check for breathing (look, listen, feel). If breathing is absent or inadequate, give 2 breaths, “rescue breathing” (1 second per breath (3 sec.), Healthcare providers should use a barrier device preferred Bag Valve mask resuscitator. Watch chest rise and fall during exhalation. [L] [SEP]
  3. Locate and check pulse (5-10 sec.). If pulse is present but no breathing, provide rescue breathing as per age group.
  4. **Attach the AED as soon as it arrived.** [L] [SEP]
  5. Place the AED next to the victim . POWER ON the AED [L] [SEP]
  6. Attach electrode pads in the proper positions (as pictured on each of the AED [L] [SEP] electrodes, sternum and apex, with proper contact and no overlap of pads).
- NOTE:**  
CPR should not be interrupted during this procedure. [L] [SEP]
7. Clear the victim during the ANALYZE. Some machines may ask you to press the analysis button, others will analyze automatically. The AED may take 5-15 seconds for analysis. (AED advises shock and charges) [L] [SEP]
  8. Clear before delivering the shock. Ensure no contact with the victim. Loudly announce “I am clear, you are clear, all are clear “or simply

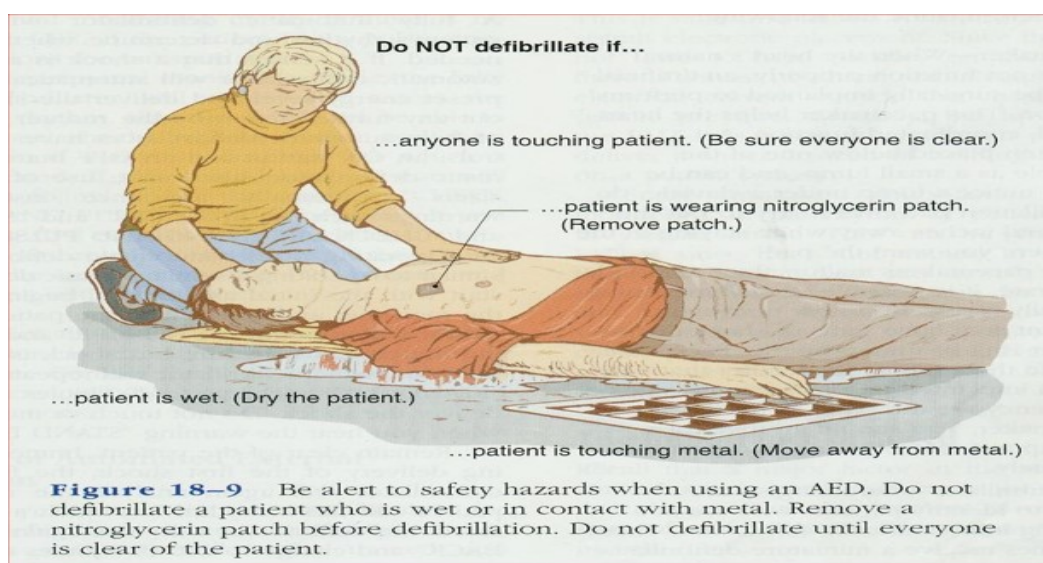


“clear”, then press the shock button. Single shock only to be delivered and then every 2 minutes thereafter. IN between start CPR 5 cycles of chest compression: ventilation as per age group. CPR is applied as 1 man CPR, while the second rescuer only operates the AED. [L][SEP]

9. Repeat these steps until the EMS or ACLS team arrive or until the AED shows “No Shock Indicated”. [L][SEP]

Continue monitoring the vital signs every two minutes and according to the findings:

- ☐ If there is pulse and breathing: Place in the recovery position carefully, especially if neck injury is suspected, monitor Vital signs & ECG. [L][SEP]
- ☐ If there is pulse but no breathing. Continue rescue breathing, (1 breath every 5 – 6 sec. (10 – 12/min.) for adult or one breath / 3 – 5 sec. (12 – 20 min.) for child and infant). [L][SEP]
- ☐ If there is no pulse and breathing: Continue CPR 5 cycles of CPR (approx. 2 minutes) compression: ventilation 30:2 ratio and at a rate of least 100-120 per minute. Minimal interruption in compressions. Chest compressions depth according to the age of the victim, then analyze, shock, CPR and so on until success is achieved or EMS arrives. [L][SEP]





## BARRIER DEVICE

1. **FACE SHIELD:** [SEP] It is transparent sheet, with a permeable piece of cloth to allow ventilation through. It has a marking for the rescuer to know his side “this side up”. It shows if any secretion or moist of breathing. If not available a piece of cloth (like SHOMAGH or SHAYLA) will do. [SEP]



2. **POCKET MASK:** [SEP] It is a face mask that fit for adult and children. It is transparent to show secretions or moist of breath. It has a p it is foldable and fit in a box, so to be carried. It can have an oxygen inlet for increasing the oxygen content of the rescuer breath. [SEP]





3. **BAG-VALVE-MASK:** It is a manual secured ventilation system. It consists of mask, one way valve and bag to deliver air. It deliver up to 100% oxygen. It is used by trained health care provider. Skills for how to use it and securing the mask on the face by C-E technique should be emphasized during the practical training.







## **APPENDICES**



# Form 1

## Nurse Intern Profile



Vice Deanship of Clinical Training  
College of Applied Medical Sciences (CAMS)-Majmaah University



### NURSE INTERN PROFILE

Nurse Intern Name	
Batch / Group	
Saudi National ID Number	
University ID Number	
Home Address	
Mobile Number	
E-mail Address	



Training Hospital	Clinical Area	Internship Schedule		Total Weeks
		Started	Completed	



Form 2  
Request Form for Clinical Internship

Online registration at

<http://www.mu.edu.sa/en/colleges/college-applied-medical-sciences/clinical-internship>

Request Form for Clinical Internship Training

## تعليمات

- 1- املأ البيانات بالخانات الموضحة بالعلامة (\*).
- 2- اختر ثلاثة اماكن للتدريب من الخيارات الموضحة.
- 3- ارفق المستندات التالية لطلب المكافأة المالية:  
أ. صورة من بطاقة الهوية.  
ب. صورة من البطاقة المصرفية IBAN.  
ج. نموذج صرف المكافأة المالية (يكمُن تحميله من رابط النماذج).

National ID : \*

Academic Number: \*

Name as per the  
passport in Arabic \*

Name as per the  
passport in English \*





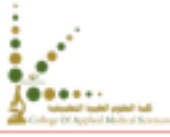






## Form 5

### Testimony of Trainee Form



Vice Deanship of Clinical Training  
College of Applied Medical Sciences (CAMS)-Majmaah University



الموضوع / إفادة تدريب للطالب " فترة الامتياز "

الاسم	الرقم الجامعي	التخصص	المعلم	رقم الهوية	رقم الجواز

تفيد كلية العلوم الطبية التطبيقية بأن الطالب الموضحة بياناته أعلاه  
هو طالب متدرب في فترة الامتياز خلال الفترة من ...../...../..... إلى ...../...../.....  
مكان التدريب: .....  
للاستفسار تأمل الاتصال على وحدة التدريب الإكلينيكي بالكلية هاتف (.....) أو  
البريد الإلكتروني (nursing.cams@mu.edu.sa)، شاكرين لكم تعاونكم المستمر.

وتفضلوا بقبول فائق تحياتي وتقديري

وعميل الكلية للتدريب والشؤون السريرية

د. ماجد بن سليمان العمري





الشكاوى الموجهة لوكالة التدريب والشؤون التدريبية

.....: page 21)

\* ..... الرقم الجامعي:

.....

مكان التدريب: ..... \* الفترة الاولى ( ) الفترة الثانية ( ) \*

تاريخ المعاصرة: .....

التاريخ المتوقع لانتهاء التدريب: .....

..... الجوال \*

..... البريد الإلكتروني:

### وصف الحالة:

=====)

.....

.....

.....

---

.....

.....

.....

.....

.....

\* (.....)

رد و توجيه وحدة التدريب الاكلينيكي في الكلية (يعني من قبل مسؤول وحدة التدريب في الكلية)

.....

.....



## Form 7

### Vacation Request Form



Vice Deanship of Clinical Training  
College of Applied Medical Sciences (CAMS)-Majmaah University



#### استمارة طلب إجازة

جدول توزيع الإجازات على مراحل التدريب لمدة الامتياز

الاشعة			المشغرات الطبية			العلاج الطبيعي والثأهيل العصبي			تقنية الأجهزة الطبية			التدريب			القسم
R3	R2	R1	R3	R2	R1	R3	R2	R1	R3	R2	R1	R3	R2	R1	نوع الإجازة / المراحل
															الاعتمادية
															الاضطرارية
															المرضية *
															العلمية **
15 أيام خلال السنة (اعتماد الكلية مطلوب)															

المعلومات الشخصية بالمعتمد ومدة الإجازة	
الاسم: .....	رقم الطالب: .....
الرقم الجامعي: .....	القسم الأكاديمي: .....
مرحلة التدريب الحالية: .....	عدد أيام الإجازة: .....
نوع الإجازة	
<input type="checkbox"/> اعتمادية	<input type="checkbox"/> اضطرارية
<input type="checkbox"/> مرضية	<input type="checkbox"/> تعليمية
اعتماد الإجازة	
المشرفين	أوافق
المشرف الأكاديمي	لا أوافق
التوقيعات	الأختام



اعتماد الإجازة	
الجهات	أوافق
1- رئيس لجنة التدريب بالقسم	لا أوافق
2- وكيل الكلية للتدريب والشؤون التدريبية	
التوقيعات	الأختام



## Form 8

### Internship Evaluation Form



Vice Deanship of Clinical Training  
College of Applied Medical Sciences (CAMS)-Majmaah University



#### Internship Evaluation Form

DEPARTMENT: <input type="checkbox"/> PT <input type="checkbox"/> MET <input type="checkbox"/> MDL <input type="checkbox"/> NURS <input type="checkbox"/> RMI <input type="checkbox"/> HIF	
INTERN:	PERIOD: <input type="checkbox"/> TERM1 <input type="checkbox"/> TERM2
HOSPITAL:	FROM: ...../...../.....
DEPARTMENT:	TO: ...../...../.....

EVALUATION		
PERFORMANCE MARKS		POSITIVE QUALITIES
ATTENDANCE	10	Choose qualities that best describe the intern: <input type="checkbox"/> Punctual <input type="checkbox"/> Intelligent <input type="checkbox"/> Good English <input type="checkbox"/> Motivated <input type="checkbox"/> Professional <input type="checkbox"/> Hard-worker <input type="checkbox"/> Organized <input type="checkbox"/> Cooperative <input type="checkbox"/> Willing to learn
BEHAVIOUR	10	
KNOWLEDGE	10	
TIME MANAGEMENT	10	
COMMUNICATION SKILLS	10	
COMPLETION OF ASSIGNED WORK	10	<b>COMMENTS / RECOMMENDATIONS</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
PROPER PATIENT/EQUIPMENT CARE	10	
PROPER USE OF INSTRUMENTS	10	
SAFETY/QUALITY	10	
EDUCATIONAL ACTIVITIES	10	
<b>TOTAL</b>	<b>100%</b>	

APPROVED LEAVES (DAYS)	REGULAR:	EMERGENCY:	SICK:
------------------------	----------	------------	-------

<b>DO YOU RECOMMEND THE INTERN AS A PROFESSIONAL IN HIS/HER FIELD?</b>	<input type="checkbox"/> HIGHLY RECOMMENDED <input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED	<b>OFFICIAL STAMP</b>     Send in SIGNED & SEALED envelope
<b>SIGN</b>	INTERN <hr/> SUPERVISOR <hr/> INTERNSHIP COORDINATOR	

FOR COLLEGE USE	
* OFFICE FOR VICE DEANSHIP OF CLINICAL TRAINING	<input type="checkbox"/>

<https://www.mu.edu.sa/en/colleges/college-applied-medical-sciences/clinical-internship-training>



## Form 9

### Internship Completion Form

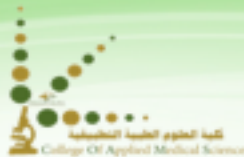
 كلية العلوم الطبية التطبيقية College Of Applied Medical Sciences	Vice Deanship of Clinical Training College of Applied Medical Sciences (CAMS)-Majmaah University	 جامعة المجمعة Majmaah University
<b>استعارة انتهاء التدريب</b>		
<b>بيانات خريج</b>		
الاسم الرباعي	رقم الهوية	
هوان و مقر السكن	الرقم الجامعي	
التخصص	المحل	
الجواز	البريد الإلكتروني الخاص	
شخص قريب يمكن الاتصال به		
الاسم الرباعي	الجواز	
<b>مسلة الامتحان</b>		
مكان التدريب		العدد
		1
		2
		3
<b>خاص بطلاب التكمين</b>		
هل انت موافق في حال الإجابة بنعم أكمل البيانات التالية		
<input type="radio"/> لا <input type="radio"/> نعم		
اسم جهة التوفيق	قطاع حكومي	قطاع خاص
مسمى التوفيق	نوع العقد و مدته	تاريخ المباشرة
مساعدة رئيس القسم ، نفيدكم بأن الطالب: ..... قد أنهى فترة التدريب الإكلينيكي في قسم ..... لمدة (سنة) بداية من تاريخ / / 14 هـ (إلى نهاية تاريخ / / 14 هـ و أنهى جميع متطلبات التخرج. نفيدكم بأن لا مانع من تسليمه شهادة الامتحان. <div style="text-align: right;">             الختم              رئيس القسم د/ .....              التوقيع: .....           </div>		
<b>اعتماد القسم الأكاديمي</b>		




# Form 10

## Nurse Internship Assessment Form

Kingdom of Saudi Arabia  
Ministry of Higher Education  
**Majmaah University**  
College of Applied Medical Sciences  
Department of Nursing



كلية العلوم الطبية التطبيقية  
College of Applied Medical Sciences



جامعة المجمعة  
Majmaah University

المملكة العربية السعودية  
وزارة التعليم العالي  
جامعة المجمعة  
كلية العلوم الطبية التطبيقية

### NURSE INTERNSHIP ASSESSMENT FORM

Name of Student Intern \_\_\_\_\_  
 Date of Rotation \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 Name of Training Hospital \_\_\_\_\_  
 Department / Clinical Area \_\_\_\_\_

Corresponding Duration per Clinical Rotation (total months per area):  
 Surgical (2 شهر); Medical (3 شهر); ER (3 شهر); ICU (2 شهر); OR (1 شهر) and AKU (1 شهر)

**Rubric for assessing clinical performance (Bonne, 2017)**

	5	4	3	2	1
	Excellent	Good	Satisfactory	Fair	Marginal
<b>I KNOWLEDGE</b>					
1 Integrates nursing knowledge to enhance client care					
2 Evaluates sources of data for appropriateness, usefulness and accuracy					
3 Evaluates nursing practices based on current research evidence					
4 Comprehends the hospital rules and regulations					
<b>II PROFESSIONAL SKILL</b>					
1 Uses correct techniques for assessment					
2 Develops plan of care based on analysis of assessment data					
3 Follows principles of infection control					
4 Performs nursing skills and therapeutic procedures safely and competently					
5 Performs independently the assigned task or with minimal supervision					
6 Follows procedures for medication administration					
7 Creates a safe environment for client care					
8 Maintains complete, accurate and concise nursing documentation					
<b>III PROFESSIONAL ATTITUDE</b>					
1 Shows motivation to learn and seek new learning opportunities					
2 Demonstrates accountability and professional conduct					
3 Accepts constructive criticism in positive manner					
4 Respects others opinion/ideas					
5 Demonstrates supportive attitude towards patient and family					
6 Cooperates with other members on multidisciplinary team					
7 Follows hospital rules regarding dress/uniform code					
8 Maintains good attendance record and punctuality					
<b>TOTAL STUDENT'S GRADE</b>					100

Total Student's Grade \_\_\_\_\_ x \*Grade Weight \_\_\_\_\_ = \_\_\_\_\_  
 \*Grade Weight (for male interns):  
 Surgical (15%); Medical (20%); ER (20%); ICU (15%); OR (15%) and AKU (15%)



### ATTENDANCE RECORD

Absent days		Emergency leave days	
Sick leave days		Educational days	

### NARRATIVE EVALUATION (Comments / Recommendations)

Head Nurse:

Signature: _____ Date: _____

Clinical Instructor:

Signature: _____ Date: _____

☐ Noted by:

\_\_\_\_\_  
Nurse Internship Coordinator (Training Hospital)      Date \_\_\_\_\_

\_\_\_\_\_  
Nurse Internship Coordinator (Majmaah University)      Date \_\_\_\_\_ ☐