

VNSG 1162/1262 LVN TRAINING III/IV

Course Syllabus

Minimester / Summer 2020

Notice: This syllabus may be modified at the discretion of the instructor. Major revisions will be issued to students in writing.

Revised April 2020 AGC

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Grayson College VNSG 1162/1262 Minimester / Summer 2020

Course Hours:	VNSG 1162: One credit hour course; 48 clinical contact hours VNSG 1262: Two credit hour course; 81 clinical contact hours	
Course Level:	Advanced level, third semester vocational nursing course	
Course Description:	A health-related work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts. Direct supervision is provided by the clinical professional.	
WECM Course Outcomes: Differentiated Essential	 As outlined in the learning plan: 1. Apply the theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the occupation and the business/industry; 2. Demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal skills using the terminology of the occupation and the business/industry. 	
Competencies (DEC):	DEC are defined as competencies determined by the Texas Board of Nursing for each level of nursing education that should typically be achieved by exit from the program. The competencies document the background knowledge which can be used upon exit from the program to progress from beginner to expert. The DEC framework consists of knowledge and clinical judgment and behaviors in the following four nursing roles: Member of the Profession; Provider of Client-Centered Care; Client-Safety Advocate; Member of the Health Care Team. The GC VN Program utilizes the DEC in all clinical course evaluation tools and each level demonstrates progression in the clinical behaviors and judgments. Information retrieved on July 11, 2013 from	

http://www.bon.state.tx.us/nursingeducation/edudocs/decpresentation.pdf

Notice: This clinical rotation will encompass care of clients/clients across the life span and will include adult, maternal, newborn, and pediatric populations

Course Outcomes:

Upon completion of VNSG 1262, the Vocational Nursing Student should have demonstrated ability to:

Member of the Profession

- 1. Provide holistic nursing care to multiple clients across the life span including adult, geriatric, maternal, newborn and/or pediatric clients.
- 2. Demonstrate accountability in the role of vocational nurse.
- Demonstrate, through nursing practice, an awareness of the rules and regulations governing the practice of vocational nursing in the State of Texas prior to graduation
- 4. Follow all policies of the clinical facility and Grayson College VN Program.
- 5. Demonstrate an ability to meet criteria in the summative evaluation tool for VNSG 1262, Member of a Profession.
- 6. Demonstrate readiness to provide client care after graduation.

Provider of Client-Centered Care

- 7. Initiate the nursing process as a critical-thinking and problem-solving approach in order to provide safe, holistic nursing care to adult, maternal, newborn, geriatric and/or pediatric clients/clients at an advanced level and in a legal/ethical manner.
- 8. Administer medications to multiple assigned clients/clients safely under the supervision of the clinical instructor, including all common routes of administration, to adult, maternal, and/or pediatric clients/clients.

9.	Demonstrate an ability to organize nursing care and medication
	administration for multiple clients/clients and in varied specialty areas as
	assigned by the clinical instructor.

- 10. Assist with collaborative care of clients.
- 11. Determine the need for client advocacy and assist with intervention.
- 12. Complete nursing care in a competent manner and at the third semester level.
- 13. Report significant changes in assigned client.
- 14. Demonstrate an ability to meet criteria in the summative evaluation tool for VNSG 1262, Provider of Client-Centered Care.

Client Safety Advocate

- 15. Report unsafe condition or environmental safety issues and report to the appropriate person.
- 16. Accurately identify client prior to care and medication administration.
- 17. Safely administer medications, nursing skills, and treatments according to established, scientific principles.
- 18. Implement safety and infection control measures for assigned clients.
- 19. Seek assistance from others when needed.
- 20. Follow agency and VN program policies.
- 21. Demonstrate an ability to meet criteria in the summative evaluation tool for VNSG 1262, Client Safety Advocate.

Member of the Health Care Team

- 22. Demonstrate an ability to perform the role of the vocational nurse at a graduate level prior to the assigned graduation date.
- 23. Work and communicate effectively with the health care team.
- 24. Coordinate client care effectively within the health care team.
- 25. Include both clients and significant others when providing nursing care.
- 26. Demonstrate an ability to use electronic and technological equipment when providing client care.
- 27. Report significant changes to the appropriate nurse.
- 28. Identify other health care team members to provide assistance to the assigned clients.
- 29. Demonstrate an ability to meet criteria in the summative evaluation tool for VNSG 1262, Member of the Health Care Team.

Prerequisites:	All first and second semester courses for the Vocational Nursing program must be successfully completed and passed prior to taking VNSG 1162/1262.
Co-requisites Courses:	Third semester courses that are considered co-requisite courses are: VNSG 1334 Pediatrics; VNSG 2510 NHI III; VNSG 1162/1262, LVN Clinical Training III/IV.
	Co-requisite courses indicate that the courses must be taken at the same time. In the event that a student fails one or more of the co-requisite courses, all co- requisite courses must then be repeated together regardless of grade.
Withdrawal/Drop Date:	The last day to withdraw from these courses is May 28, 2020 (1162) and July 16, 2020 (1262).
	It is the student's responsibility to withdraw from the course by the final date in order to receive a "W" for the course. Students may receive a grade of "F" (fail) if

they do no formally withdraw.

Required Texts:

Elsevier/Mosby

- Chabner, D., (2012). Medical terminology: a short course. (6th ed.). St. Louis, MO., Mosby Elsevier. ISBN: 978-1-4377-3440-9.
- Clayton, B, Stock, Y. & Cooper, S., (2010). *Basic pharmacology for nurses*. (16th ed.). St. Louis, MO. Mosby Elsevier. ISBN: 978-0-323-086547.

deWit, S., (2014). Fundamental concepts & skills for nursing. (4th ed.). St. Louis, MO. Mosby Elsevier. ISBN: 978-1-4377-2746-3.

Hoffman- Wold, G., (2012). Basic geriatric nursing. (5th ed.). St. Louis, MO. Mosby Elsevier. ISBN: 978-0-323-07399-8.

Ladwig, G., & Ackley, B., (2013). *Mosby's guide to nursing diagnosis.* (4th ed.). St. Louis, MO. Mosby Elsevier. ISBN: 978-0-323-08920-3.

- Leifer, G., (2011). Introduction to maternity & pediatric nursing. (6th ed). St. Louis, MO. Saunders Elsevier. ISBN: 978-1-4377-0824-0.
- Morrison-Valfre, M., (2013) Foundations of mental health care. (5th ed.). St. Louis, MO. Mosby-Elsevier. ISBN: 978-0-323-08620-2.
- Mosby, (2013). *Mosby's dictionary of medicine, nursing and health professions.* (9th ed.) St. Louis, MO., Mosby Elsevier. ISBN: 978-0-323-07403-2.
- Skidmore, L. (2017). *Mosby's 2017 Drug Reference Book, 30ed.* St. Louis, MO., Mosby Elsevier. ISBN: 978-0-3234-4826-0.

Prentice Hall/Pearson

Burke, K., LeMone, P., Mohn-Brown, E., & Eby, L., (2011). *Medical-Surgical nursing care.* (3rd ed.). Upper Saddle River, NJ. Pearson Education, Inc. ISBN: 978-0-13-608004-6.

F.A. Davis

Polan, E., & Taylor, D., (2011). Journey across the life span: human development and health promotion. (4th ed.). FA Davis., Philadelphia, PA. ISBN: 978-0-8036-2316-3.

Leeuwen, A., Poelhuis-Leth, D., & Bladh, M., (2013). Davis's comprehensive handbook of laboratory and diagnostic tests with nursing implications. (5th. ed.). FA Davis., Philadelphia, PA. ISBN: 978-0-8036-3664-4.

Thomson – Delmar

Pickar, G.D., Abernethy, A., (2013) *Dosage calculations*. (9th ed.). Clifton Park, NY. Thomson Delmar Learning, ISBN: 978-1-4390-5847-3.

Lippincott, Williams & Wilkins

- Nettina, S., (2010). *Lippincott* manual of nursing practice. (10th ed.). Philadelphia, PA. Lippincott, Williams & Wilkins. ISBN: 978-1-4511-7354-3.
- Kurzen, C., (2012). Contemporary practical/vocational nursing. (7th ed.) Philadelphia, PA. Lippincott, Williams & Wilkins. ISBN: 978-1-60913-692-5.

Methods of Instruction:	Clinical Labs, clinical conferences, clinical rotations in the acute care setting, supervised lab practice and lab check-offs on skills, observational clinical experiences, group learning / teaching assignments, computer assisted learning activities.
Methods of Evaluation:	 Clinical evaluations (weekly); Mid-term and Summative Evaluations, self- evaluations. Direct clinical observation, feedback from Instructor, interdisciplinary team and
	clients at assigned facilities.
	Laboratory practice and successful completion of check-offs within two attempts.
	Dosage calculation and theory exam on pediatric dosages.
	5. Ability to demonstrate competency in previously learned laboratory skills when working in the clinical facilities.
Grading Criteria:	Pass/Fail Course.
	Policies in the Grayson College Vocational Nursing Program Student Handbook will be strictly enforced for this course.

	 Students should refer to specific sections in this syllabus for further instructions on labs. Successful completion of Clinical Readiness exam with a grade of 75% or higher, within two (2) attempts. Successful completion of each exam on dosage calculations with a grade of 75% or higher within three (3) attempts. All missed exams will count as a missed attempt on the exam and will receive a grade of zero (0). All exams are graded separately and are not averaged. Successful completion of any exam on theory of medication administration with a grade of 75% or higher, within three (3) attempts. Demonstrated adherence to the attendance/tardy policies as stated in the GC VN Program Handbook. Lab hours are counted for clinical absences and tardies policies. Demonstrated adherence to policies of the GC VN program and the clinical facilities. Demonstrated ability to provide safe client care and medication administration as outlined in the GC VN Program Student Handbook, VNSG 11162/1262 course outcomes. Satisfactory grade on weekly clinical evaluations (no more than two (2)
	 Solution of grade on weekly binned ovalidations (no more than two (2) unsatisfactory scores), midterm and summative evaluations (75% or higher). Timely submittal and satisfactory completion of all required clinical paperwork as determined by the clinical instructor. Timely submittal and satisfactory completion of all required group learning and computer assisted learning assignments. Successful release from any contracted probationary status. Compliance with the policies of Grayson College and the GC VN Program Student Handbook. Fulfillment of all course outcomes.
Criteria for a grade of "Fail":	 Failure to achieve one or more of the criteria for a grade of "Pass" as stated above. All criteria for "Pass" must be met; if not met, the student will receive a grade of "Fail". Violation/s related to critical offenses or failure to correct probationary status as outlined in the Grayson College VN Program Student Handbook or other violations of polices in the GC VN Program Student Handbook. Failure to provide safe client care or safe administration of medication according to policies.
Progression/Completion:	All students must pass this course and all co-requisite courses for the third semester, and must have successfully completed all first, second and third semester courses, as well as the required ATI testing, the Capstone Exam (ATI Comprehensive Predictor), in order to receive a certificate of completion from the Grayson College Vocational Nursing Program.
Course Absence and Tardy Policies:	All policies on absences/tardies, as stated in the Vocational Nursing Program Student Handbook will be adhered to. Students MAY NOT have a clinical absence in VNSG 1162 and students may not have more than ONE absence in VNSG 1262. If one clinical absence is obtained, the student MUST make-up the absence on clinical make-up day.
Special Needs Students:	Students with special needs should contact the Disability Services Coordinator no later than the first week of classes, but as soon as possible. Please refer to the Grayson College 2019 -2020 Catalog for

further information.

Scans Competencies:	Appendix E	
Student Rights:	Student rights are described in the GC Policy and Procedures Manual (Policy FL local) located on the college website at <u>www.grayson.edu</u> . A formal grievance procedure (Policy FLD local) is available if a student believes unfair treatment has occurred. The student should first meet with the course professor and then, if unable to resolve the differences, should file a written appeal to the Program Director or Health Sciences Chairperson in accordance with the grievance procedure. Whenever meeting with faculty or administrative personnel, students have the right to waive their privacy rights and request the presence of an additional person of their choice.	
Disclaimer:	Grayson College is not responsible for illness/injury that occurs during the normal course of classroom/lab/clinical experiences.	
Course Instructors:	Beverly Berni, RN Amanda Green-Chancy, BSN,RN Lisa Fair, BSN, RN Brittany Fuller, BSN,RN Melinda Howard, RN Corey Hagler, BSN, RN, Adjunct Instructor Colleen Coyle, BSN, RN, Adjunct Instructor	
Office Hours:	As posted for each individual instructor.	
Contact Number for Instructors:	Students may contact their clinical instructor via cell phone only for course related needs. Cell phone numbers will be issued to each clinical group, per Instructor discretion. Personal calls to instructors are not allowed. Students should contact the VN Program Assistant at 903-415-2500 for assistance as needed.	

Course Behavioral Expectations for All Clinical Rotations

- 1. Students are expected to demonstrate advanced performance as the vocational nursing student in the areas of nursing process, nursing care, paperwork, professional behavior, and in critical and holistic thinking. These behaviors are incorporated into the weekly clinical evaluation tool.
- 2. Advanced performance is defined by the following behaviors:
 - A. <u>Dependability:</u> Being on time to assigned areas and completing the shift as assigned.
 - B. <u>Critical thinking</u>: Demonstrating the ability to use the nursing process as a systematic approach in order to determine problems and to plan and implement appropriate nursing care. The ability to critically think will be demonstrated in behaviors in the clinical setting, as assigned, and by the submitted paperwork. Application of learned theory and assessment skills should now advance the student into basic decision making skills about client status.
 - C. <u>Holistic thinking</u>: Demonstrating the ability to gather data systematically, including data on physiologic, psychosocial, cultural, and spiritual needs of clients.
 - D. <u>Client advocacy</u>: Assists the primary care giver with the determination of special needs for clients, such as the need for referral to other agencies, teaching needs, continuity of client care.
 - E. <u>Professional behavior</u>: Demonstrates an understanding of the rules and regulations that govern the practice of vocational nursing in the State of Texas. Demonstrates a basic understanding of jurisprudence. Students will adhere to all policies in the clinical syllabus and in the Grayson College Vocational Nursing Program Handbook.
 - F. <u>Care Provider</u>: Demonstrates the ability to care for multiple clients as assigned or to work under the direction of a licensed nurse preceptor. Administers medications to multiple clients using multiple routes in a safe and organized manner.
 - G. <u>Professionalism</u>: Meeting DEC competencies for third semester as stated on the Summative Evaluation Tool.

Weekly Evaluations and Submittal of Required Paperwork

- 1. A weekly evaluation tool must be submitted at the end of the second day of client care each week. Students will do a self-evaluation honestly and submit to the instructor. The instructor will subsequently complete an evaluation on the student using the same tool and a different color of ink. A student will receive a grade of incomplete if the student fails to submit the weekly evaluation tool. During the preceptorship, the student will be evaluated by the assigned preceptor at the end of the rotation.
 - 2. All paperwork must be complete and submitted in a folder with the student's name on the front of the folder. All clinical paperwork will be due the following Monday after the clinical rotation. Failure to submit the paperwork on time will result in a grade of zero and another care plan assignment by the instructor. A grade of failure for VNSG 1262 may be issued if care plans consistently demonstrate low grades or tardiness in submission.

Mid-Term and Summative Evaluation Criteria

Each student will receive a mid-term and summative evaluation from the instructor. A numerical grade will be given only to assist the student to understand the level of performance that she/he is at for this course. A grade of 75% or higher indicates that the student is passing. A grade of 74% or less indicates that the student is not passing. All students who are not passing at mid-term will need to meet for a conference with the clinical instructor and director. Students who are not passing VNSG 1262 at mid-term will be placed on probationary status. Students are expected to use the evaluation tool and do a self-evaluation and submit to the clinical instructor.

Grayson College Vocational Nursing Program VNSG 1162/1262

Prohibited Behaviors and Skills

Students **may not perform** the following skills during clinical rotations. This list is not all inclusive and advice should be obtained from the clinical instructor if a student feels the skill or role may not be at the VN student level.

Prohibited	Prohibited
Administration of chemotherapy agents, critical care drugs, Pitocin, IV magnesium or other advanced obstetrical drugs	Administration or preparation of drugs during a cardiopulmonary arrest
IV push medications except for saline flushes	Receiving verbal or phone orders or notifying health care providers via phone
IV meds or flushes that are inserted into a central line	Managing or using advanced equipment in specialty units
Administration of IV meds without the supervision of the clinical instructor	Adjusting ventilator settings (may suction with supervision)
Providing client care to clients in intensive care units	Administration of medications to newborn clients
Performing advanced skills not taught in the Grayson College VN Program	Performing any actions prohibited in the policies of the Grayson College VN Program

APPENDIX A

CLINICAL FORMS

Rm #	Age	Sex
Allergies Code Status	РМН	Labs
DNR Full Partial (specifics)		
Precautions Isolation/ Fall / Seizure / Aspiration (HOB↑°)/Neuro ✓ Neuro AO x 1 2 3 Confused Forgetful	Procedures	Diet
Intake	Output	Activity
IV PO Other	Foley BRP BSC Brief Urine BM Other	+1 assist +2 assist Ind W/C Assist Device
O₂ L via NC FM Vent	Skin	Wounds
VS q°F Temp°F HRbpm BP/mmHg R bpm SpO2% (RA O2) Pain/10 Location	Meds	FSBS

Grayson College Vocational Nursing Medication Sheet

Medication (generic name)	Classification <u>and</u> ACTION of Drug	Nursing Interventions	Expected Outcome of Medication	Priority Assessment(s) Prior to Administration
			ormedication	

GRAYSON COLLEGE VOCATIONAL NURSING VNSG 1262 / Summer 2020 Clinical Paperwork

Primary problem of client (admitting medical diagnosis):

1. Define and describe in your OWN WORDS, the pathophysiology of the primary problem of your client:

2. How would you explain and teach your client in your own words, about the pathophysiology of this medical problem using non-medical terminology?

3. What body system(s) does this disease directly impact and how are those systems affected?

BODY SYSTEM(S):	HOW BODY SYSTEM(S) IS (ARE) AFFECTED:		

4. PRIORITY nursing assessments with this disease? (refer to body system that is the most affected) What assessment finding may be abnormal as a result of this illness?

PRIORITY NURSING ASSESSMENTS :	EXPECTED ABNORMAL ASSESSMENTS:	CLIENT'S ACTUAL MANIFESTATION (INCLUDE V/S)	TREND: Improving/Worsening/Stable:

5. Radiology Reports:

What diagnostic results are RELEVANT that must be recognized as clinically significant to the nurse?

Expected RELEVANT Results:	Clinical Significance: Client's Actual

6. What lab tests are altered by this problem? How are those lab tests affected? Does the altered lab test affect any physical assessment findings?

	<u>je</u> .			
EXPECTED ABNORMAL LAB TESTS (from book):	HOW LAB TESTS WOULD BE AFFECTED (from book):	DOES IT IMPACT ASSESSMENTS (from book)?	CLIENT'S ACTUAL LAB VALUES (from chart)	TREND: Improving/Worsening/Stable: (from chart and assessments)
			(

7. List medications that are most commonly used to manage this problem.

MEDICATIONS FROM MECHANISM OF ACTION		CLIENT'S ACTUAL MEDICATION
MEDICATIONS FROM BOOK R/T CLIENT'S		CLIENT'S ACTUAL MEDICATION
	(Specific to client's primary disease):	
PRIMARY DISEASE:	uisease).	

8. Document your priority nursing diagnosis (for client's primary disease process). (Use 3 part)

Nursing Diagnosis (Use NANDA)	R/T	AEB				
Diagnostic statement	Etiology (cause)	Defining characteristic(s) or S/S				

9. Document and prioritize 3 nursing interventions for priority nursing diagnosis above with rationales for each.

Nursing Interventions	Rationale
1.	
2.	
3.	

10. What change in your client's condition would tell you that their primary disease process is improving?

11. What change in your client's condition would indicate a decline related to their primary disease process?

12. Identify all secondary problems identified by your review of client's chart or by assessment of client. (If problem is identified from client's chart prior to client care, this section should be done in pre-conference. If you assess additional problems for this client during care, do this section as you are caring for client.)

Secondary Problem(s)	System Affected			
1.				
2.				
3.				
4.				
5.				
6.				

13. Prioritize 3 nursing interventions with rationales for each problem identified on previous page.

Identify Client Problem	Nursing Interventions	Rationale
	(3 for each problem)	(for each intervention)
1.	1.	1.
	2.	2.
	3.	3.
2.	1.	1.
	2.	2.
	3.	3.
3.	1.	1.
	2.	2.
	3.	3.

(Continued, if needed) Prioritize 3 nursing interventions with rationales for each problem identified.

Identify Client Problem	Nursing Interventions	Rationale
	(3 for each problem)	(for each intervention)
4.	1.	1.
	2.	2.
	3.	3.
5.	1.	1.
	2.	2.
	3.	3.
6.	1.	1.
	2.	2.
	3.	3.

14. Identify all "At Risk For" assessments on your client and identify at least one priority intervention for each.

Client is at Risk For:	Priority Nursing Intervention(s)
1.	
2.	
3.	
4.	
5.	

15. Complete a Medication Sheet for client (include all medications on client's MAR unless instructor approves ahead of time).

Grayson College Vocational Nursing Program Summary Page:

What was your greatest learning experience with this client?

What was problematic for you as an advanced nursing student?

In retrospect, what would you do differently for this client?

Give examples of how you collaborated with other members of the health care team and the client */*family.

Grayson College Vocational Nursing Summer 2020 Clinical Grading Tool

Students must achieve a score of 80% or higher in order to receive a grade of pass (P). Failure to submit on time will result in a grade of zero per policy in the VN Student Handbook

STUDEN					
CLINICA	AL FORM SECTIONS	8	7	6	5
1.	Defined pathophysiology of primary problem in own words				
2.	Explanation of teaching client in own words			1	
3.	Identifies body system(s) and how affected by primary disease				
4.	Correctly identifies priority nursing assessments with client manifestations and trend for primary disease				
5.	Completes radiology reports			1	
6.	Completes lab tests				
7.	Lists medications most commonly used for primary disease process and client's actual medications				
8.	Correctly documents and prioritizes a 3-part nursing diagnosis for primary disease				
9.	Correctly documents and prioritizes three nursing interventions and rationales for each				
10.	Describes changes that would show client improvement				
11.	Describes changes that would show decline in client's condition				
12.	Identifies any secondary client problems and system(s) affected				
13.	Prioritizes three nursing interventions for each secondary problem with rationale				
14.	Identifies "at risk for" assessments and a priority intervention for each			1	
15.	Completes Medication Sheet for client's medications			1	
TOTAL					

Rating Scale:

8: Form completed at an above average level. Student completed form above what is expected for the third semester student.

7: Form completed meeting **expected level** of a third semester student.

6: Form completed meeting minimum expected level of a third semester student. Document below where student needs to improve. 5: Form not completed or completed below the expected level of a third semester student. Document all scores of 5 and supporting behaviors below.

Comments:

Instructor: _____ Date: _____

Weekly Evaluation Tool Summer 2020

Directions:

Each student must submit a <u>weekly</u> evaluation tool to the instructor with the required weekly paperwork. All daily clinical evaluations forms are "Pass" or "Fail". Students must receive a "Pass" on all weekly clinical evaluation tools in order to pass course. Students will use this tool to do a self-evaluation and use black ink. The instructor will complete subsequently complete the evaluation using a different color of ink.

"Pass" is defined as no more than 2 unsatisfactory grades by the instructor.

"Fail" is defined as more than 2 unsatisfactory grades by the instructor OR failure to correct a previously identified unsatisfactory grade. Students will be placed on clinical probation as described in the VN Student Handbook when a student receives an evaluation with more than two (2) unsatisfactory grades. A student who receives two (2) weekly evaluations during the summer clinical rotation that have two (2) or more unsatisfactory grades will receive a clinical failure and will be required to withdraw from all third semester courses. Students are expected to perform in a professional manner during the final semester. Students are expected to correct any area that is checked as unsatisfactory. Students who fail to correct previous unsatisfactory grades may be placed on clinical probation and then dismissed at the instructor's discretion.

Scoring Criteria:

Satisfactory (S) indicates that the student's overall performance for the assigned area and/or clients was done proficiently and no major problems occurred. Student performed professionally in all areas of nursing assessment, analysis, planning, implementation and evaluation of clients.

Needs Improvement (NI) indicates that the student attempted to perform the assignment proficiently, but lacked the ability to completely achieve the desired goals for the shift. Student maintained professionalism, but needs to strengthen a few areas in nursing, assessment, analysis, planning, implementation, and/or evaluation of clients. Comments to help the student are helpful.

Unsatisfactory (U) indicates that the student's performance was inadequate in several areas of nursing assessment, planning, implementation, and/or evaluation. Examples for this score include, but are not limited to: medication errors, unsafe client care, violation of institutional policies, unprofessional attitude, total inability to complete assignments, unpreparedness, or failure to seek help with decision-making when needed.

Not Applicable (NA) indicates that the student was not assigned to perform the specific criteria of the evaluation form.

Weekly Clinical Evaluation Tool for Acute Care Summer 2020

Student:	Unit:		_Dates:		
Nursing students will be evaluated using Satisfactory (S), N Applicable (NA). Check the appropriate box.	leeds Improvemen	t (NI), Un	satisfacto	ory (U) o	r Not
Criteria: Expected Clinical Outcomes		S	NI	U	NA
Assessment:		<u> </u>		<u> </u>	
1. Assesses assigned clients in a timely manner and nursing interventions.	/or prior to				
2. Assesses diagnostic tests, labs, and chart inform	ation regularly.				
3. Reports pertinent data to the instructor/primary catimely manner.					
Analysis/Planning/Implementation:					
1. Determines client problems based on assessment	data.				
2. Plans and implements appropriate nursing care bassessment data.	ased on				
3. Performs nursing skills using correct technique.					
4. Administers medications (as assigned) following medication administration and checks all medications instructor prior to administration.					
5. Adheres to established policies for medication ad	ministration.				
6. Charts client care in a timely manner.					
Evaluation:					
1. Determines and reports effectiveness of nursing of medications.	are and/or				
2. Reports to instructor/primary nurse if medications effective for identified client problems.	or care are not				
Professionalism:					
1. Arrives on time; receives report.					
2. Stays on unit and monitors client needs.					
3. Reports to the instructor/primary care nurse wher for breaks and at the end of the shift.	leaving the unit				
4. Communicates professionally with clients and the multidisciplinary healthcare team during the assignm					
5. Completes assignments prior to leaving the unit.					
6. Maintains a positive attitude during the shift.					
7. Follows all policies of the GC Student Handbook, and the health-care facility.	course syllabus,				
8. Submits paperwork at designated time.					

Comments:

Instructor: _____

Date:_____

Student:_____

Date:_____

Mid-Term and Summative Student Evaluation Tool Summer 2020

Grading Criteria: Students will be given a percentile grade. Students must achieve a percentile grade of 75% or higher in order to receive a "Pass" for this course. **Students who do not achieve a 75% grade or higher on the summative evaluation will fail this course.**

Directions:

Each student will have a graded evaluation of clinical performance at mid-term (after the first three weeks of the clinical rotation) and also near the end of the clinical rotation (summative evaluation). Behavioral areas rated as "5" at midterm or at the end of the semester will automatically result in failure of VNSG 1162/1262. Students with scores of "6" in any of the behavioral areas will be counseled and remediated as deemed necessary by the clinical instructor. Each student will also be required to do a self-evaluation using the same tool for mid-semester and summative evaluation tool.

Grading: <u>A total of 328 points is possible</u>. The instructor will assign a score to each area and the score will be totaled. A percentile score will then be calculated based on the total points for the 41 criteria. A letter grade be then be assigned according to the standard grading criteria of the Grayson College Vocational Nursing Program. Students must receive 75% or higher in order to "Pass".

Rating scale:

8: Behavior for outcome demonstrated excellence and strengths that are above average. Student consistently performed above what is expected for a third semester student. Exceeded expectations.

7: Behavior for outcome is met. Student consistently performed professionally and met the objective. Meets expectations for third semester student.

6: Behavior for outcome is weak. Student had periods of inconsistency and lacked direction, knowledge and/or motivation. Does not meet expectations for third semester student.

5. Behavior for outcome was consistently not met. Student was mostly inconsistent and did not demonstrate the level of a third semester student.

Examples of Grades:

 All 8s = 100%
 All 6s = 75%

 All 7s = 88%
 All 5s = 63%

Grayson College Vocational Nursing Program VNSG 1162/1262, Summer 2020 Mid-Term and Summative Evaluation Tool Expected Clinical Behaviors Based on Differentiated Essential Competencies

	Student: Date:					
1	Indicates progression in clinical performance over second semester.					
	Criteria:					
	Member of the Profession	8	7	6	5	NA
⇧	Functions under the supervision of the clinical instructor, assigned nurse, or charge nurse.					
	Follows policies and procedures of assigned facility, the GC VN Student Handbook, and the VNSG 1262 Syllabus.					
Û	Questions policies, orders or procedures that are not in the client's best interest.					
⇧	applicable.					
Û	Applies principles of jurisprudence.					
	Assesses, plans, and provides culturally sensitive care to assigned clients.					
⇧	Delegates to unlicensed assistive personnel appropriately and supervises care provided by UAL under the direction of the primary care nurse.					
	Performs self-evaluation daily in order to improve performance.					
	Identifies areas that require quality improvement or safety enhancement.					
	Maintains professionalism in: appearance, communication skills, competencies, and knowledge of legal aspects of nursing and standards of care.					
Û	Provides holistic care to assigned clients across the lifespan, including maternal,					
	neonatal, pediatric, adult and geriatric clients.					
	Accepts constructive advice from other professionals readily and demonstrates flexibility to self-correct weak areas.					
⇧	Collaborates in a collegial manner with other members of the health care team to plan and provide safe care for clients with predictable health care needs.					
Û	Verbalizes differences in roles for the various levels of nursing practice.					
	Demonstrates behaviors of a role model for other students and members of the health care team.					
	Provider of Client-Centered Care	8	7	6	5	NA
Ϋ́	Demonstrates an ability to effectively use the nursing process as a problem-solving approach for decision making regarding holistic client care for clients with predictable health care needs.		_			
¢	In collaboration with the the health care team, plans nursing care using plan of care. Delegates tasks to unlicensed assistive personnel under supervision of the primary care nurse.					
Û	Recommends changes or modifications to plan of care as needed to nurse.					
¢	In order to provide evidence-based nursing, researches scientific data in pre-conference on assigned client's disease processes, nursing care, medications, symptoms, and expected outcomes using recommended curriculum texts.					
	Independently identifies priorities for nursing care using Maslow's Hierarchy of Needs and assessed database for clients with predictable health care needs in order to organize care appropriately.					
	Sets measurable, reasonable short-term goals that can be accomplished by the student for assigned clients. Compares with RN's goals on nursing plan of care.					
⇧	Determines appropriate interventions for normal, abnormal and signs of crisis in clients as assigned and seeks help when needed.					

₽	Implements developed RN's plan of nursing care on nursing unit to assist clients with basic physical, psychosocial, and coping needs.					
Ī	Provider of Client-Centered Care	8	7	6	5	NA
₽	Indentifies therapeutic nursing interventions that need to be added to RN's plan of care and makes recommendations. Implements interventions based on researched data from pre-conference.					
Û	Displays an ability to multi-task and organize care during the acute care rotation.					
	Demonstrates an ability to use a structured tool to perform both physical assessment and focused assessment as needed.					
-	Reports significant abnormal findings from physical and focused assessments to					
	appropriate nurse or health care provider and documents findings appropriately.					
-	Reports legal and ethical concerns as needed using appropriate channels.					
~	Assists, as needed, with implementation of teaching plans, including health promotion,					
₽	disease prevention and discharge teaching plans.					
Ī	Demonstrates fiscal accountability through cost-containment efforts.					
-	Demonstrate an understanding of the role of the vocational nurse to work under the					
	supervision of an RN or physician.					
Ē	Assists with exams and procedures as required under the supervision of the nurse or					
	health care provider.					
₽	Displays an ability to multi-task and organize care of multiple clients.					
≏	Demonstrates an ability to safely administer medications using the six rights of					
ш	medication administration, including IV fluids and IVPB medications. Monitors for					
	therapeutic effects and documents administration.					
	Monitors, reports, and provides assistance for adverse and non-therapeutic responses					
	to administered medications. Documents responses and interventions.					
Û	Administers medications to multiple clients safely.					
Û	Participates in management activities when applicable during acute care rotation.					
	If needed, initiates rapid, emergency care for clients.					
	Reports errors, or misuse of prescription or non-prescription medications, as needed.					
	Uses technology in assigned facility effectively.					
	Maintains and facilitates client confidentiality. Demonstrates understanding of HIPAA.					
Û	Demonstrates growth, maturity, and proficiency in providing organized nursing care.					
₽	Assesses, plans, implements, evaluates, and performs nursing skills accurately and at a third semester level.					
	Compares expected outcomes from standard references to actual outcomes of assigned clients.					
	Confers with primary care nurse to evaluate clients, as needed, and to update nursing plan of care and interventions.					
-	Identifies client's support system and possible need for referrals.					
₽	Provides clients and families with basic sources of information or assists with referral to					
	community resources after conferring with the primary care nurse or charge nurse.					
	Participates in post conference; provides journal articles as requested; contributes to					
	daily peer evaluation of daily nursing care; evaluates areas of improvement and re-plans					
	appropriately.					
	Client Safety Advocate	8	7	6	5	NA
	Attends orientation for assigned facility and completes training on technological					
	equipment.					
	Identifies unsafe environmental conditions and reports them.					
Ī	Uses Standards of Nursing care, Texas Nursing Practice Act and Texas Board of					
	Nursing rules as basis for practice in vocational nursing.					
	Accurately identifies clients prior to care, procedures, treatments, and medications.					
	Safely administers medications and treatments, interpreting current orders and updated					
	orders correctly and in a timely manner.	l				

	Client Safety Advocate	8	7	6	5	NA
	Implements safety measures to prevent risk of harm to clients from errors or injury.		-		-	
	Informs clients and families of plan of care to ensure consistency and accuracy in care.					
	Assists in formulation of goals and outcomes to reduce the risk of infections.					
	Implements measures to prevent exposure of self, clients, and others to infectious					
	pathogens and communicable conditions.					
	Implements infection control policies.					
	Seeks help when encountering unfamiliar equipment.					
	Reports unsafe practices using appropriate channels of communication.					
Û	Verbalizes knowledge of Safe Harbor.					
	Follows agency policies and is able to locate agency policies on assigned unit.					
	Member of the Health Care Team	8	7	6	5	NA
	Involves clients and families in care and identifies support systems for clients.					
	Works and communicates effectively with interdisciplinary team.					
≏	Successfully completes assigned Pediatric Teaching Assignment and displays ability to					
_	work as a team member for planning and implementation of the teaching plan.					
	Uses evidence-based scientific data when making recommendations on policies to					
	health care facility.					
	Respects the privacy, dignity, and confidentiality of clients.					
Û	Acts as a client advocate in matters of communication, basic needs, policies, or					
	reporting of problems.					
	Identifies and assists in making referrals to community resources.					
	Assists in processes for recommendation for quality improvement activities at assigned					
	facility, if applicable.	-				
⇧						
	social resources.	_				
Ť	Identifies other health care providers who can assist clients and families.					
	Provides report when reporting on and going off shift to provide transition in care.	-				
	Manages conflict, if applicable, through correct channels of communication.	_				
	Demonstrates flexibility in situational changes in work assignment or environment.					
	Documents with and uses electronic information systems in an accurate, timely, and					
	confidential manner, following facility policies.					
	Clinical Absences:					
	Clinical Tardies:					
	Student: Date:					
	Instructor: Date:					

Comments:

APPENDIX B:

OPTIONAL AREA OBJECTIVES OB ROTATION OBJECTIVES DENVER DEVELOPMENT

Grayson College Vocational Nursing Program VNSG 1162/1262

Optional Area Clinical Objectives

When a student is assigned to a specific area, it is the student's responsibility to provide the assigned nurse with the objectives for the day. A student cannot rotate through a specific area if the student fails to provide the assigned nurse with objectives. Assignments to optional areas are not required and are made individually by instructors. The primary focus of VNSG 1362 is client care on individually assigned nursing units.

Optional Areas may include:

- Emergency Room
- Operating Room
- Post Anesthesia Care Unit (Recovery Room)
- > Clinic
- Gastrointestinal Lab
- > Other areas as designated by the individual instructor

General Policies for Optional Areas:

- Optional areas are defined as areas to which the student is assigned where the student will observe and assist with basic care.
- > Students can assist with client care that is within the scope of practice of the vocational nurse.
- > The student will not assume the care of the client as an assigned client.
- > Students are NOT allowed to administer medications in an observational setting.
- Students are not allowed to perform invasive procedures without the Instructor's expressed permission and supervision.
- > Students are **not allowed** to perform invasive procedures with a facility staff nurse.
- > It is the student's responsibility to notify the instructor when assistance is needed.

Objectives for Optional Areas:

If a student is assigned to an optional assignment area, the student will:

- 1. Determine the role of the various health care providers in the optional area, including the nurse.
- 2. Assist the primary care nurse with basic client care, working in a collaborative method and under supervision.
- 3. Refrain from administering medications.
- 4. Communicate with the client's and health care team members.
- 5. Run errands or assist with other tasks as needed by the primary care nurse.
- 6. Take vital signs, assist with mobility, record and measure intake and output, position, provide hygiene and toileting needs.
- 7. Contact the instructor to determine if the student can perform ANY invasive skills while in the observational area.
- 8. Follow all policies of the facility and of the GC VN Student Handbook.
- 9. Complete the following information:
 - A. A Pathology window on one client observed in the area
 - B. A written paragraph/page of the student's experience

Grayson College Vocational Nursing Program VNSG 1162/1262 <u>OB Rotation:</u> Maternal/Newborn Clinical Rotation Objectives

General Information:

- > Students may NOT administer medications in the maternal/newborn areas.
- Students will typically provide only client care in the post/partum areas. Students may assess and care for new mothers and with the assistance of the nurse, assist with assessment of the neonate.
- Students should provide nursing care under the supervision of the clinical instructor or nurses in the assigned unit.
- Students may NOT administer medications or administer care in the labor/delivery areas. This is an observational experience only.
- Students should refer to Prohibited Nursing Skills and Behaviors following the Skills List for third semester.

Objectives:

During the clinical rotation in the maternal/newborn clinical areas, the vocational nursing student will:

Labor/Delivery

- 1. Work under the supervision of the registered nurse or LVN in the assigned area.
- 2. Observe the labor processes of the expectant mother and the delivery process.
- 3. Observe assessment of the newborn immediately after birth.
- 4. Observe the bonding of mother and infant.
- 5. Observe the role of the father and other significant others during labor and delivery.
- 6. Observe the role of the nurse during labor and delivery.
- 7. Follow all policies of the clinical unit, Grayson College VN Program and Grayson College.
- 8. Notify the clinical instructor if help or advice is needed.

Post Partum/Newborn

- 1. Under the direction and supervision of the RN or LVN or clinical instructor, assess, plan, and implement nursing care for the post-partum mother and family, including reinforcement of teaching. Students may not administer medications to the mother or the neonate.
- 2. Observe the assessment and nursing care of a newborn and assist with both under supervision by the nurse.
- 3. Under the supervision of the RN or LVN, assist with basic care of the newborn, such as feeding, diapering, bathing, and taking the newborn to and from the nursery area.
- 4. Observe the family processes during the postpartum period.
- 5. Perform basic nursing assessments of the new mother and provide basic nursing care under supervision of the clinical instructor or nurse.
- 6. Notify the clinical instructor if help or advice is needed.

Grayson College Vocational Nursing Program VNSG 1162/1262

Maternal Newborn Clinical Assignment

Instructions:

Each student will complete the following areas on assigned maternal clients and newborns. This form must be completed and submitted during post-conference on the day of the assigned rotation.

Part A: Interview with a new mother following delivery:

Make an appointment with a mother who has recently experienced labor and delivery. Determine the following information during the interview. Thank the mother for her time.

- 1. Was the labor induced or spontaneous?
- 2. How long did the labor last and how were the contractions toward the end?
- 3. Did you require pain medication or an epidural during labor?
 - a. If so, did you feel the epidural was helpful to you?
- 4. Did you have any complications related to labor or delivery?
- 5. How long did you have to push with the delivery?
- 6. Tell me how you feel about the labor and delivery experience?
 - a. What were the positive experiences?
 - b. What were the negative experiences?
- 7. Was this a planned pregnancy? Did you know the sex of the baby prior to delivery?
- 8. Does the baby have any siblings? Have they seen the baby and what did they think?
- 9. Are you breast feeding? What determined your decision for your choice?
- 10. Is the newborn having any problems with feedings?
- 11. Do you know what the Apgar score was for the newborn?

- 12. Are you having any after birth cramping?
- 13. Are you still bleeding? How many pads are you using in one hour?

Part B: Observation only:

Is the mother bonding with the infant? Is the father participating and interacting with the infant? If there are siblings, are they interacting with the infant?

Part C: If the mother will allow, assess the fundus with the RN or assigned nurse and assess the lochia and pad count.

Fundal height, location, firmness:	
Pad Count per hour:	-
Bonding by mother noted:	
Bonding by father noted:	
Bonding with siblings/other family:	

Part D: Newborn Assessment:

The nurse or obstetrician/pediatrician should demonstrate newborn assessment to the student:

Respiratory effort:_____

Color:_____

Reflexes observed during exam:_____

Body temperature of newborn:_____

Head circumference of newborn:_____

Weight of newborn:_____

Describe the fontanels and any molding: _____

Circle appropriate observations: lanugo, vernix caseosa, Mongolian spots, milia, other ______

Grayson College Vocational Nursing Program VNSG 1162/1262 Maternal/Newborn Rotation

Self-Evaluation

Name:_____

Date of Rotation: _____

Each student will rotate through the maternal/newborn areas at the hospital. Following the rotation, **each student will provide the following self-evaluation.** Please check "complete" if you were able to complete the objective. If not, please check, "not completed." Each student should strive to complete as many of the objectives as possible.

Objective:	Completed	Not Complete
Work under the supervision of an RN or LVN in the maternal/newborn area/s		
Observe the labor processes of the expectant mother		
Observe the delivery process of a newborn		
Observe the bonding of mother and infant		
Observe the role of the father or significant other during labor or delivery		
Observe the role of the nurse during labor and delivery		
Under the direction an supervision of the RN or LVN, assess, plan, And implement nursing care for the post-partum mother and family, including teaching and administration of medications to the mother.		
Observe the assessment of a newborn		
Under the supervision of the RN or LVN, assist with basic care of the newborn, such as feeding, diapering, bathing, and taking the newborn to and from the nursery area		
Observe the family processes during the postpartum period		
Perform assessment of the new mother.		

Please rate your experience in the following areas using the scale below.

Labor and De 1 Poor	elivery 2	3	4	5 Excellent	Not Applicable
Post Partum 1 Poor	2	3	4	5 Excellent	Not Applicable
Newborn Nu 1 Poor	r <u>sery</u> 2	3	4	5 Excellent	Not Applicable



Objectives for Care of Pediatric Clients in Acute Care

In addition to the care plan paperwork, during the acute care rotation, students who care for pediatric clients will:

- 1. Prepare for client care by researching the developmental stage and developmental needs of the client in the areas of physical, psychosocial, and moral development.
- 2. Examine the developmental needs of the client, with a focus on physical and psychosocial needs.
- 3. Determine how the nurse can best relate to and meet the needs of a client at the developmental stage of the assigned client.
- 4. Assess the parental role in the care of the ill pediatric client.
- 5. Determine how the nurse must relate to the parents and the parental needs when a child is hospitalized.
- 6. Research all pediatric medications and provide the clinical instructor with calculated correct dosages prior to administration of medications to children.
- 7. Obtain another validation of correct dosage from a licensed nursing employee prior to administration of medication.
- 8. Complete the required pre-conference clinical paperwork as required for adult client care.
- 9. Report changes in client status to the primary care nurse, charge nurse or clinical instructor in a timely manner.
- 10. Be prepared to verbally compare the care of a child and parent to the care of an adult client during the post-conference period.

APPENDIX C:

SKILLS LABS OBJECTIVES

Initiating a Peripheral Intravenous Catheter

Student:_____

Date:

Criteria: Areas in BOLD represent critical areas that must be performed correctly in order to pass the check-off.

Standardized Steps:

- Assesses for HCP order, if needed, prior to implementation of skill; Introduce self.
- **Identifies client with two identifiers (verbal, name band, family member, or staff).
- **Assesses for client allergies to medications or other substances.
- **Determines if client has immediate needs that must be met prior to implementing skill. (Breathing, pain, toileting, etc.).
- Assesses mobility and safety issues prior to implementation of skill.
- Reviews agency policies/procedures as needed.
- Determines if additional help or special equipment is needed.
- Provides teaching on skill prior to implementation.
- **Washes hands or implements hand hygiene.
- Provides privacy.
 **Requires simulation during check-off. Other steps may be verbalized.
 Student was able to complete standardized steps.

	Met	Unmet
Assessment:		
 Assess the need for peripheral IV for short term therapy. 		
Planning / Implementation:		
 Gathers equipment: IV catheter, IV start kit, needless connector, flush, gloves. 		
 Use smallest needle possible for prescribed therapy. 		
 Opens IV start kit, remove tourniquet, place dressing within reach. 		
 Open needleless connector, attach saline flush, prime connector, place within reach 	າ.	
 Adapter and saline must remain sterile. 		
 Don clean gloves. 		
 Apply tourniquet 5-6 inches above site. 		
 Select vein: States may use gravity, stroking, or heat to distend vein. 		
 May need to clip hair or clean with soap and water if visibly soiled. (remove 		
tourniquet and reapply)		
Cleans with antiseptic in a circular motion from the site outward for minimum of 30		
seconds, allow to dry.		
 Remove the needle guard, loosen hub. 		
 Position your thumb of your non-dominant hand 2 inches below site and exert 		
traction downward. May use index finger of non-dominant hand above the site to		
exert traction upward.		
 Insert needle, bevel up at a 5 – 20 degree angle. 		
 Observe blood return in the flashback chamber. 		
 Lower the catheter to skin level. 		
 Advance the catheter 0.5 – 1.5 cm into the vein. 		
 Pull back on the needle and advance the catheter into the vein. 		
 Place a piece of tape over the wings of the catheter. 		
 Remove Tourniquet, Apply pressure above insertion site, Remove needle. 		
 Does not touch insertion site at any time during IV Start. 		
 Attach needless connector, aspirate blood and flush with 3-5 mL NS. 		
 Apply transparent dressing to site. Label with date, time and initials. 		
 Secure needleless adapter to client's arm with tape. 		
 Place needle in sharps container. Clean area. 		

 Hand hygiene. 	
 Document: Date, time, size of the catheter, site, number of attempts, patency and client's tolerance. 	
Evaluation:	
 Evaluate site q shift or per agency policy for complications of infiltration, phlebitis, infection. 	
 Evaluate that the dressing is clean, dry and intact. 	
 Evaluate that the IV is flushed daily to maintain patency per policy with 3-5 mL of NS. 	

Standardized Follow-up:
LVNs should:
Report abnormal findings.
Document all findings.
Implement interventions to assist the client with abnormal findings.
Document interventions.
Evaluate if interventions are successful and report if they are not.
Student was able to complete standardized follow-up.
Student was unable complete standardized follow-up.

Comments:

First Attempt:	Pass	Fail
Second Attempt:	Pass	Fail

Instructor: _____ Date: _____

Grayson College Vocational Nursing Program VNSG 1162 Discontinuing a peripheral IV

Student:

Criteria: Areas in BOLD represent critical areas that must be performed correctly in order to pass the check-off.

Date:

Standardized Steps:

- Assesses for HCP order, if needed, prior to implementation of skill; Introduce self.
- **Identifies client with two identifiers (verbal, name band, family member, or staff).
- **Assesses for client allergies to medications or other substances.
- **Determines if client has immediate needs that must be met prior to implementing skill. (Breathing, pain, toileting, etc.).
- Assesses mobility and safety issues prior to implementation of skill.
- Reviews agency policies/procedures as needed.
- Determines if additional help or special equipment is needed.
- Provides teaching on skill prior to implementation.
- **Washes hands or implements hand hygiene.
- Provides privacy.
 **Requires simulation during check-off. Other steps may be verbalized.
 Student was able to complete standardized steps.

	Met	Unmet
Assessment:		
 Assess the reason for removal of IV catheter. 		
Planning / Implementation:		
 Gathers equipment: Gauze, adhesive (tape, band-aid, coban), gloves. 		
 Don clean gloves. 		
 Assess IV site for complications. (swelling, pain, drainage, odor, redness). 		
 Remove dressing, holding catheter in place. 		
 Place 2X2 gauze over insertion site. 		
 Slowly remove catheter, maintain a neutral position with the skin. 		
 Apply pressure for 15 to 30 seconds. (1 minute if on anticoagulants). 		
 Apply tape, band-aid or coban per agency policy. 		
 Inspect cannula to verify tip is intact. 		
 Dispose of cannula in a biohazard container. 		
 Remove gloves, perform hand hygiene. 		
 Document: Date and time of removal, site, the condition of the site, catheter tip intact 		
and client's tolerance.		
Evaluation:		
 Evaluate site for complications of infection and bleeding. 		

Standardized Follow-up:
LVNs should:
Report abnormal findings.
Document all findings.
Implement interventions to assist the client with abnormal findings.
Document interventions.
Evaluate if interventions are successful and report if they are not.
Student was able to complete standardized follow-up.
Student was unable complete standardized follow-up.

Comments:

First Attempt:	Pass	Fail	
Second Attempt:	Pass	Fail	
Instructor			Date:

Flushing a Saline Lock, Heparin Lock

Student:

Date_____

Mat

Criteria: Areas in BOLD represent critical areas that must be performed correctly in order to pass the check-off.

Standardized Steps for Medication Administration:

- Obtains correct MAR for client, validates identification information on MAR.
- Checks records for allergy history.
- Assesses HCP order and compares to MAR prior to administration.
- Researches medications, adverse effects, and nursing responsibilities in reliable drug text prior to administration.
- Calculates dosage correctly using formula or ratio/proportion method (If applicable) ***
- Obtains correct medication and performs 1st and 2nd check of medication using the 5 Rights of Medication Administration prior to leaving the Medication preparation area ***
- States 5 Rights of medication administration: Client, medication, time, route, dosage
- Gathers needed supplies.
- *** Must be demonstrated

Student was able to complete standardized steps.

Assessment.	wet	Uninet
 Identifies client with two identifiers 		
 Compares identification information on MAR to client's name band. 		
 Assesses for allergies and compares to armband and MAR 		
 Verbalizes how to assess IV insertion site for complications and assess dressing. 		
 Assesses client prior to administration in relationship to classification and action 		
of drug (s).		
Planning/ Implementation:		
 Provides teaching on medications as needed prior to implementation 		
 Completes third check of medications at bedside using 5 rights. 		
 Washes hands, dons gloves. 		
 Explains procedure to client after assessment of client knowledge 		
 Cleanses port of the saline lock with alcohol 		
Inserts normal saline syringe needle into port and aspirates slightly to assess		
blood return.		
Injects normal saline slowly to flush reservoir of saline and blood.		
 Checks for swelling at site when flushing. 		
 Checks with client to ensure no pain on flushing. 		
 Inserts medication tubing, administers the medication, infusing the drug at prescribed rate. 		
 After drug or solution administration, inserts saline syringe, and flushes reservoir slowly. 		
Removes syringe while still pushing plunger to ensure positive pressure.		
 Optional: (if heparin lock) Inserts heparin flush solution into reservoir following the saline flush. 		
Verbalizes the meaning of SAS and SASH method		
 Documents that medication was given on MAR by using initials. 		

Standardized Follo	ow-up for Med	cation Administration:
 Determines Determines Documents 	s if nurse's ini s if the nurse's s pre-and post	peutic and adverse effects of medications tials are on the MAR for all administered medications. s signature is on the MAR or signature form. -medication administration assessments. Ily to ensure that ALL medications have been given on EACH PAGE of the
Student was a	ble to complete	e standardized follow-up.
Student was	unable to comp	lete standardized follow-up.
Comments:		
First Attempt:	Pass	Fail
Second Attempt:	Pass	Fail

Instructor:	Date:

Vocational Nursing Program VNSG 1162

Administering an IVPB via a Saline Lock

Student:	Date

Criteria: Areas in BOLD represent critical areas that must be performed correctly in order to pass the check-off. Standardized Steps for Medication Administration:

- Obtains correct MAR for client, validates identification information on MAR.
- Checks records for allergy history.
- Assesses HCP order and compares to MAR prior to administration.
- Researches medications, adverse effects, and nursing responsibilities in reliable drug text prior to administration.
- Calculates dosage correctly using formula or ratio/proportion method (If applicable) ***
- Obtains correct medication and performs 1st and 2nd check of medication using the 5 Rights of Medication Administration prior to leaving the Medication preparation area ***
- States 5 Rights of medication administration: Client, medication, time, route, dosage
- Gathers needed supplies.

*** Must be demonstrated

Student was able to complete standardized steps.

Asses	sment:	Met	Unmet
	Identifies client with two identifiers		
	Compares identification information on MAR to client's name band.		
	Assesses for allergies and compares to armband and MAR		
	Verbalizes how to assess IV insertion site for complications and assess		
	dressing.		
•	Assesses client prior to administration in relationship to classification and		
Diami	action of drug (s).	_	
	ng/ Implementation:		
	Provides teaching on medications as needed prior to implementation		
	Completes third check of medications at bedside using 5 rights.		
	Washes hands, dons gloves.		
	Explains procedure to client after assessment of client knowledge		
	Cleanses port of the saline lock with alcohol		
•	Inserts normal saline syringe needle into port and aspirates slightly to assess		
	blood return.		
	Injects normal saline slowly to flush reservoir of saline and blood.		
	Checks for swelling at site when flushing.		
•	Checks with client to ensure no pain on flushing.		
	Inserts medication tubing, administers the medication, infusing the drug at prescribed rate.		
	After drug or solution administration, inserts saline syringe, and flushes reservoir slowly.		
-	Removes syringe while still pushing plunger to ensure positive pressure.		
	Optional: (if heparin lock) Inserts heparin flush solution into reservoir following the saline flush.		
	Verbalizes the meaning of SAS and SASH method		
•	Documents that medication was given on MAR by using initials.		

Standardized Follow-up for Medication Administration:

- Evaluates client for therapeutic and adverse effects of medications
- Determines if nurse's initials are on the MAR for all administered medications. •
- Determines if the nurse's signature is on the MAR or signature form.
- Documents pre-and post-medication administration assessments.
- Reviews the MAR carefully to ensure that ALL medications have been given on EACH PAGE of the MAR.

Student was able to complete standardized follow-up.

Student was unable to complete standardized follow-up.

Comments:

First Attempt:	Pass	Fail
Second Attempt:	Pass	Fail

Instructor: _____ Date: _____

APPENDIX D:

MEDICATION ERROR PROTOCOL MEDICATION ADMINISTRATION CLINICAL COUNSELING FORM PROBATION / CRITICAL OFFENSE POLICY INITIATION OF PROBATION FORM RELEASE FROM PROBATIONARY STATUS FORM

Medication Error Protocol (Vocational Nursing Program Student Handbook)

Students should refer to ALL policies in the Vocational Nursing Program Student Handbook related to medication administration

Medication Error Protocol

A medication error is defined as any of the following:

- 1. Inaccuracy in following the six (6) rights of medication administration:
 - a. Right Patient
 - b. Right Medication
 - c. Right Time
 - d. Right Dose
 - e. Right Route
 - f. Right Documentation
- 2. Failure to complete three (3) checks on medications:
 - a. Checking the medication for 5 Rights when pulling the medication from the storage area.
 - b. Checking the medication for 5 Rights when preparing the medication.
 - c. Checking the medication for 5 Rights at the bedside immediately prior to administration.
- 3. Failure to identify the patient with two (2) means prior to administration.
- 4. Failure to compare the MAR to the patient's armband to ensure correct patient and MAR.
- 5. Preparing medications incorrectly or failing to perform correct steps in preparation of medication.

All medication errors will be reported by clinical instructors weekly to faculty committee.

Medication Error Levels will be based on the seriousness of the error as determined by vote of the Faculty Committee. Medication errors will be rated using the following levels:

Procedure / Medication Variance Policy

I. Potential Error

No actual error occurred. Error would have occurred if not pointed out by the clinical instructor or designated RN.

A. Not under parameters of Critical Offense Policy.

Single occurrence in a semester.

1. Clinical instructor reviews situation with student and documents on clinical evaluation form.

More than one occurrence in a semester.

- 1. Clinical instructor reviews situations with student and documents on clinical evaluation forms.
- 2. Clinical instructor determines if laboratory remediation is needed. (See III for examples of remediation focus)
- 3. Documentation of remediation must be completed, signed by student and instructor and turned into the program coordinator.
- 4. If the potential errors were related to medication administration procedure, the clinical instructor will supervise all medication administration until deemed satisfactory to administer with designated R.N.

B. No actual error occurred, but the potential error falls within the Critical Offense Policy due to critical (life threatening) nature of the potential error.

- 1. Student will immediately cease administration of any medication or invasive procedure and may be dismissed from the clinical agency. Student may not return to clinical until the incident is resolved.
- 2. The clinical instructor must notify the program director and/or coordinator immediately.
- 3. Student must complete a Health Science Programs Incident Occurrence Report by the first day after returning to campus following the incident.
- 4. Student must schedule an appointment to see the clinical instructor the first day on campus following the incident.
- 5. Occurrence will be reviewed by the appropriate instructional team, program director and coordinator for consideration as grounds for dismissal per the Critical Offense Policy.
- 6. Student will meet with the program director and/or coordinator to be informed of the decision of the instructional team.
- 7. Follow policies for exiting student.
- 8. If student is not exited, clinical professor reviews situation with student and documents on clinical evaluation form.

II. Actual Error Occurred

A. Not under parameters of Critical Offense Policy.

Single occurrence in a semester.

- 1. Follow agency policy for incident occurrence.
- 2. Clinical instructor reviews situation with student and documents on clinical evaluation form.
- 3. Student must complete a Health Science Programs Incident Occurrence Report and turn in to the clinical instructor by the first day after returning to campus following the incident.
- 4. Clinical instructor determines if laboratory remediation is needed. (See III for examples of remediation focus) a. Laboratory remediation will be completed on a date determined by the clinical instructor. b. Documentation of remediation must be completed, signed by student and instructor and turned into the program coordinator.
- 5. If the error was related to medication administration procedure, the clinical instructor will supervise all medication administration until deemed satisfactory to administer with designated R.N.

More than one occurrence in a semester.

- 1. Follow steps 1-3 listed under single occurrence.
- 2. Clinical instructor will submit the Health Science Programs Incident Report and a remediation plan to the program coordinator.
- 3. Student must meet with program coordinator to review remediation plan and schedule it.
- 4. Complete laboratory remediation (See III for examples of remediation focus)
 - a. Laboratory remediation will be completed on a date determined by the clinical instructor/program coordinator.

b. Documentation of remediation must be completed, signed by student and instructor and turned into the program coordinator.

- 5. All medications will be given only with clinical instructor supervision for the remainder of the semester. All invasive procedures will be supervised by clinical instructor or approved preceptor.
- 6. Any additional medication errors within the semester, or a pattern of errors across semesters, will be reviewed by the appropriate instructional team, program director and coordinator for possible grounds for dismissal from the program due to unsafe practice.

B. Error falls within the guidelines of the Critical Offense Policy

1. Student will immediately cease administration of any medication or invasive procedure and be dismissed

from the clinical agency. Student may not return to clinical until the incident is resolved.

- 2. Follow agency policy for incident occurrence.
- 3. Student must complete a Health Science Programs Incident Occurrence Report by the first day after returning to campus following the incident.
- 4. Student must schedule an appointment to see the program director and/or coordinator the first day on campus following the incident.
- 5. Occurrence will be reviewed by the appropriate instructional team, program director and coordinator for consideration as grounds for dismissal per the Critical Offense Policy.
- 6. Student will meet with the program director and/or coordinator to be informed of the decision of the instructional team.
- 7. Follow policies for exiting student.
- 8. If student is not exited, clinical professor reviews situation with student and documents on clinical evaluation form.

III. Remediation Focus

Assign remediation with a focus on the primary area of weakness.

- A. Calculation of medications
- 1. Conversions
- 2. Dosages based on body weight
- 3. IV flow rates
- 4. Advanced IV calculations
- B. Manipulation of Equipment
- 1. Type of equipment
- 2. Practice in lab
- C. Medication Administration
- 1. Interpretation of prescriptions
- 2. Mixing/reconstituting
- 3. Manipulation of syringes, vials, ampules
- 4. Injections, site identification
- 5. IV med administration
- 6. Medication Scenarios
- D. Organizational Skills
- 1. Lack of preparation
- 2. Time management
- 3. Sequence of steps

Medication Administration Probation:

Students with more than one occurrence in a semester may be placed on probation, but no further errors in medication administration will be allowed for the semester. Further errors will result in dismissal from the program. Students may not be placed on Medication Administration Probation more than one time in a semester.

Grayson College Health Science Division

Incident Occurrence Report

Students:					Date:	
Course:					Faculty:	
	ADN	Dental	EMS	LVN	MLT	Radiology
Location:		Occurrence Date & Time:				
	Medication inc	ident	Procedu	re incident	🗆 Other i	ncident
Briefly state how incident occurred. Use facts only.						
\A/bataavaa	d the incident to					
What caused the incident to occur? Focus on who, what, when, where, why.						
What was, or will be done, to prevent a recurrence?						
	This re	cord must be si	aned by the fac	ultv. student and	Program Director.	

Faculty Signature & Date

Student Signature & Date

Program Director Signature & Date

Critical Offense Policy (Unsafe/Unprofessional Nursing Practice) (Vocational Nursing Student Handbook)

Nursing students are legally and ethically responsible for their own acts, whether by commission or omission, in the clinical area. It is the responsibility of the nursing faculty to evaluate unsafe student behavior and initiate dismissal from the clinical practicum when appropriate. Unsafe clinical behavior is defined as: any act, practice, or omission that fails to conform to accepted standards of nursing care and indicates that the student lacks knowledge, skill, judgment, or conscientiousness to such an extent that the student's continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.

Conduct or behavior which may be considered a critical offense secondary to unsafe or unprofessional conduct may include, but is not limited to:

- 1. Dishonesty
- 2. Theft from client, clinical site or school
- 3. Evidence of substance abuse (possession, use, sale or delivery)
- 4. Physical/verbal abuse of clients, peers, faculty, clinical staff
- 5. Violation of HIPAA Privacy and Security regulations/patient confidentiality
- 6. Violation of safety in client care
- 7. Falsification of patient records
- 8. Commission or omission of patient care that endangers a patient's life
- 9. Life threatening medication error
- 10. Attendance in the clinical setting while impaired by alcohol or other chemical substances
- 11. Failure to act within accepted professional boundaries.

A student who is considered to be unsafe/unprofessional in nursing practice may be terminated from a clinical practicum at any time during the semester and receive a grade of "F" for the clinical course. Any student who commits one critical offense, as defined above, may be immediately dismissed from the nursing program. A failure in a clinical course related to a critical offense constitutes a permanent dismissal from the nursing program. The student may complete the other concurrent nursing theory and withdraw from skills lab courses but will not be allowed to return to the clinical course and will not be allowed to progress to the next nursing course level.

Procedure

When a student exhibits behaviors that may be considered a critical occurrence, the student may be required to leave the clinical facility immediately. The Program Director will be notified of the occurrence as soon as possible and the student will not be allowed to return to the clinical facility until decision about the student's standing in the program is made by the nursing faculty.

Appeal Process

If a student is dismissed from the program due to a critical offense, the student may request a hearing with the VN Faculty. This request must be submitted in writing to the VN Program Director within 5 working days of notification of the dismissal. The VN Program Director will be responsible for notifying the Dean of Health Sciences and Dean of South Campus of the decision. The student will be notified of the right to file a grievance, in accordance with the Grayson College Policy and Procedure Manual.

Critical Offense Probation/Dismissal Policy

Any violation pertaining to unsafe practice will result in a student conference and the initiation of a Faculty Committee meeting. A student may be placed on probation or recommended for dismissal from the Vocational Nursing Program by the clinical instructor.

Probation

If a determination is made to place the student on probation for a critical offense, the following procedure will be followed:

- 1. The student and the instructor will complete the requested information of the incident on the "Initiation of Probation" form.
- 2. The student will submit a written outline on how the incident occurred and how the incident will be avoided in the future.
- 3. The instructor will document the occurrence and make comments as needed. Typed statements can be attached.
- 4. A plan for improvement will be developed on the Initiation of Probation Form and a date will be set for reevaluation of the student's performance.
- 5. The student will implement the plan.
- 6. Re-evaluation will occur on the designated date.
- 7. The instructor will initiate a "Release of Probation Form" if the student has demonstrated improvement in the identified area. Behaviors that document the improvement will be clearly stated by the student and confirmed by the instructor.
- 8. The instructor will initiate a "Recommendation for Dismissal Form" if the student was unable to correct the behavior causing the incident. Behaviors that document that the student was unable to change the behavior will be clearly stated by the instructor.
- 9. All forms should be signed by both the instructor and the student and dated.
- 10. All forms become part of the student's file.
- 11. An instructor should initiate a Faculty Committee meeting prior to dismissal of a student. Faculty will vote on dismissal and the majority of the vote will substantiate a decision. A student may be placed on probation without a faculty conference.
- 12. A student may not be placed on Critical Offense Probation for more than one occurrence each semester. If the student's behavior indicates the need for probation the second time in one semester, the student will be withdrawn from all current semester courses, and the student will be dismissed from the Vocational Nursing Program for unsafe behavior.

Dismissal From the Vocational Nursing Program

- The faculty committee may dismiss a student from the VN program for the following reasons:
 - 1. Critical offenses as defined above.
 - 2. Serious clinical occurrence that has caused harm to a client.
 - 3. Lack of ability to correct a critical clinical offense as stated above.
 - 4. More than one clinical probation for a semester.

Initiation of Probation Form

Student: ______
Date:

Student's outline/dates of occurrence: (May attach statement)

Instructor's comments: (May attach statement)

Plan for improvement agreed upon between student and instructor: (Use measurable behaviors)

Date for re-evaluation:

Date:

Consequences if behaviors do not improve:

(Complete Release of Probation Form if and when applicable)

I understand that I may be placed on probation only once during a semester according to the policy in the Grayson County College Vocational Nursing Program Handbook. Further incidences requiring probation will result in dismissal from the program. I agree to the above terms of probation.

Student:	Date:
Instructor:	Date:
Reviewed by Director of Vocational Nursing:	

(Give a copy to student, place a copy in student's file, give a copy to Director)

Release from Probationary Status Form

The following student has met the conditions of the prob	pation and is released from probationary status:
Student:	
Date:	
Date when probation was initiated:	
Student's description of how behaviors improved as outlined	in Initiation of Probation Form. Give examples:
Instructor's comments:	
By signing below, I understand that I am released from proba again within the same semester. If this occurs, I will be dism Nursing Program.	ation. I understand that I may not be placed on probation issed from the Grayson County College Vocational
Student:	Date:
Instructor:	Date:
Reviewed by Director:	Date:

APPENDIX E:

SCANS Competencies

VNSG 1162/1262 SCANS Competencies

The Following SCANS competencies can be found in VNSG 1162/1262:

Workplace Competencies:

- Allocation of staff, materials: recognizes levels of staffing and uses supplies for client care in cost effective manner
- Interpersonal skills: Works within the health care team; communicates with clients, families, staff
- Information: Acquires data on clients, organizes data through prioritization, interprets client data with help of the clinical instructor
- Technology: Manages basic health care equipment such as automatic blood pressure cuffs; computerized reports

Foundation Skills:

- Basic skills: Reads information on clients, calculates medication dosages, speaks and listens to clients, families, other members of the health care team
- Thinking skills: Uses the nursing process which is a problem solving model to plan nursing care at a beginning level
- Personal qualities: Assumes responsibility for assigned clients; performs as a member of a profession

Resources:

- Manages time: Sets goals for clients and attempts to reach goals during shift
- Manages materials: Practices cost effectiveness in a health care facility

Interpersonal:

- Participates as a member of a team: Works with members of the health care team to provide holistic client care
- Teaches others: Provides basic teaching for clients and families
- Serves Clients: Provides holistic nursing care to assigned client
- Exercises leadership: Communicates needs to instructor or primary care nurse during assigned shift; Seeks help when needed
- Negotiates to arrive at a decision: Seeks the advice of experienced nurses when a decision needs to be made
- Works with cultural diversity: Provides care to men, women, and people of various culture

Information:

- Acquires and evaluates data: Gathers data on clients and evaluates data under the supervision of an instructor; evaluates physical assessment data
- Organizes data: Completes database and records on required clinical paperwork
- Interprets and communicates data: Reports significant findings to registered nurse
- Uses a computer to process information: Retrieves client data from computer

Systems:

- Understands systems: Becomes familiar with long-term and acute health care systems
- Monitors and corrects performance: Distinguishes between the type of care given between long-term and acute care systems

Technology:

- Selects technology: Uses hospital equipment and chooses equipment to use
- Applies technology to task: Operates basic facility equipment such as intercom systems, telephones, oxygen equipment, equipment used for vital signs
- Maintains and troubleshoots technology: Reports malfunctioning equipment

Reading:

 Reads charts, information in texts, prepares pathology window by reviewing pathology of diseases and selecting the most important information Writing:

- Practices charting techniques, submits to instructor for approval, then writes information in chart using correct terminology
- Records intake and output on assigned clients on the graphic chart
- Correctly spells medical terms for charting
- Prepares paperwork for clinical assignments

Arithmetic:

Performs dosage calculations as needed for safe medication administration

Listening:

 Listens to receive report from off-going nurse; Listens to client to obtain client data; Listens to instructor about requirements for clinical

Speaking:

- Organizes thoughts to teach client information on disease or medications; Adapts speech to cultural needs of client and to level of education and understanding of the client
- Asks questions of instructor or nurse as needed

Thinking Skills:

- Creative Thinking: Begins to make connection between data and client signs and symptoms; Relates pathology to client
- Mathematics: Calculates intake and output on assigned clients; Able to calculate medications
- Decision-Making: Considers what is best for client and initiates nursing care
- Problem-Solving: Uses nursing process to determine problems and what nursing care can assist with solving the problems
- Mental Visualization: Pictures disease pathology and correlates it to the symptoms of the client; Visualizes how disease process works in the body
- Knowing how to learn: Uses laboratory skills in the clinical setting; Is aware of areas that need improvement
- Reasoning: Discovers the relationship between the disease process and the actual client's signs and symptoms; Comes to a conclusion about client problems

Personal Qualities:

- Responsibility: Demonstrates effort and perseverance to achieve quality client care; works hard to develop skills in critical thinking, responsibility, and to multitask.
- Self-Esteem: Demonstrates an ability to provide care to multiple types of clients: Is aware of the need for professionalism in manner and dress.
- Sociability: Presents the image of the nurse as open, friendly, empathetic, and polite. Learns to adapt to changing situations with clients and families, and communicates appropriately; Shows interest in the client.
- Self-management: Assesses own knowledge in client care situations; acknowledges when further help is needed; monitors progress with self-evaluation at mid-term and at the end of each semester.
- Integrity/honesty: Adjusts nursing care to meet the needs of others who are culturally, spiritually or developmentally different than the nurse; admits to mistakes and errors in judgment in order to protect the client.