Colorado Center for Nursing Excellence

Clinical Scholar Didactic Course
March 2011
Tentative Schedule
Day 4, Thursday, March 17, 2011

Time	Objective	Presenter
8:00 – 8:30	Thoughts / reflections	Karren Kowalski
8:30 – 9:20	Explore & discuss the issues in planning a clinical rotation. Identify tools & resources. Provide strategies for dealing with the struggling student	Kathy Foss
9:20 – 10:10	Providing verbal feedback to students utilizing Solution Focused Therapy & Contrasting Statements	Kathy Foss & Bari Platter
10:10 – 10:20	Break	
10:20 – 11:10	Group work to practice feedback	Kathy Foss & Bari Platter
11:10 – 12:10	Discuss the student role in clinical agencies	Lee Ann Kane
12:10 – 1:05	Lunch	
1:05 – 2:05	Human Simulation	Jana Faragher
2:05 – 3:05	APA / Written Assignments	Marianne Horner
3:05 – 3:20	Break	
3:20 – 3:50	Early & Often	Marianne Horner
3:50 – 4:40	Conferencing – Pre & Post	Deb Center
4:40 – 5:00	Logbook time and sharing Pages 40 – 47	Karren Kowalski

Communication

Katherine Foss, MSN, RN

1

- Why include a section on Communication in this training?
- What have you learned about communication in your nursing practice?
- What are some of the different issues around communication that you anticipate facing in this new role?

2

Many facets of this topic….

- Your communication students
- Students' communication with you
- Students' communication with patients
- Your role modeling of communication with colleagues in your setting

3

- Types
  - Verbal/nonverbal
  - Professional
  - Therapeutic
  - Electronic
  - Written
  - Difficult communication situations

4

Role Modeling

- The most significant teaching you will do around communication will be your role modeling. Incongruities between what you are teaching about communication and your own communication style will detract from your credibility.

5

Verbal communication

- Whether reporting to another nurse, reviewing with a physician or discussing with professionals providing other resources, the manner in which information is conveyed, as well as the content itself, can affect the way in which information is heard. (Doenges, 111)

6

Verbal communication

- Teach students the norms of verbal communication in the profession
  - Avoid judgmental language
  - Be conscious of tone
  - Present information in an objective and accurate manner
  - Proper amount of respect to colleagues (not too much, not too little)

7

Verbal Communication

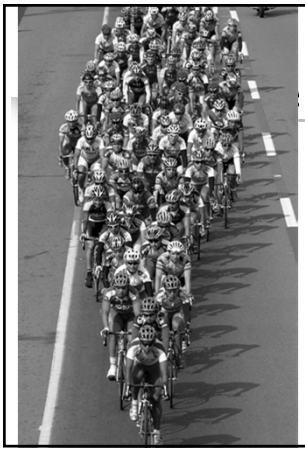
- Word Choice:
  - Some students have never had to be aware of the connotation of their word choices
  - Let's do a fun exercise around this idea…

8

Verbal Communication

- Word Choice
  - Continuing with this idea of word choice, here is a fun exercise to emphasize how important accurate word choice is to clear communication
  - Here is an exercise you can do with your students….

9



- Peloton

10

Verbal Communication

- What to do with the issue of extreme nervousness? What does nervousness do to our memory?
- How will you coach the student whose nervousness disables him/her in his/her communication?

11

Nonverbal Communication

What are common difficulties you may see with beginning nursing students around nonverbal communication?

12

Nonverbal Communication

- Touch
- Eye contact
- Facial expression
- Body posture
- Neatness
- Gestures
- Physical appearance
- Voice tone
- Rate of speech
- Movement

13

Nonverbal Communication

- Here is a great exercise you can do with your students to understand how important nonverbal communication is in overall communication…..

14

Nonverbal Communication

Strongly influences first impressions

- First impressions emerge from a combination of verbal and nonverbal cues. Nonverbal elements include tone of voice, posture, eye contact, and speed and style of movements usually come across first and strongest

15

Nonverbal Communication

- Body language can reinforce or contradict verbal statements

When you greet a friend with a smile and a strong handshake, your body language reinforces your words of welcome. When, on the other hand, your body language contradicts your words, your body generally tells the real story. For example, if right before a final exam a friend asks how you feel, a response of "fine" is confusing if your arms are folded tightly across your chest and your eyes averted. These cues communicate tension, not well being

16

Nonverbal Communication

- Nonverbal cues shade meaning
  - The statement, "This is the best idea I've heard all day" can mean different things depending on vocal tone. Said sarcastically, the words may mean that the speaker considers the idea a joke. By contrast, the same words said while he is sitting with his arms and legs crossed and looking away may communicate that he dislikes the idea, but is unwilling to say so. Finally, if he maintains eye contact and takes the receiver's hand while speaking, he may be communicating that the idea is close to his heart.

17

Nonverbal Communication

- Concepts to teach students:
  - Non-verbal messages are loud and clear
  - Self-awareness of non-verbal messages
  - Communicate that you care
  - Communicate that you are empathetic
  - Communicate that you want what is best for your patient

18

Professional Communication

- Can be defined in many ways…
- Here we will focus on:
  - Communication with colleagues, other members of the heath care team

19

Professional Communication

- Remember to teach Circle of Confidentiality when covering interdisciplinary communication
- Who's Who and What do they Do?
  - Physician
  - Physical Therapist
  - Occupational therapist
  - Social worker
  - Dietician
  - Respiratory therapist

20

Verbal communication

- Extreme importance of organizing information logically, clearly. Teach students to focus on:
  - Abnormalities/changes in assessment
  - Diagnostic procedures & results
  - Variations from usual routine
  - Activities not completed on shift
  - Status of invasive treatments
  - Additions or changes to the plan of care

21

Professional Communication

- When coordinating communication among all these team members, it is important to remember:
  - Advocacy – protecting patient's interests, sometimes speak on behalf of patient
  - Accountability – RN must inform team members about any changes in the patient's status or about any information that the patient shares that is pertinent to the team

22

Professional Communication

- Clear communication among team members is always challenging.
- Here is a good exercise you can do with your students to clearly demonstrate how even good communication can be interpreted differently by different individuals

23

Drawing Bugs

24

Written Communication

What forms of written communication for students are you aware of that are used in nursing programs?

What is the value of these forms of communication?

25

Written Communication

- Provides documented feedback to student
- *Place emphasis on specific nature of naming problem, and specific expected outcomes of student*
- **Clarity and specificity are key**

26

Written Communication

- Examples:
  - Unsatisfactory Progress Report
  - Memo of concern
    - State Problem, Action Taken, Recommendations
  - Written agreements
    - Dress
    - Professional behaviors
    - Patient care preparation

27

Written Communication

- Some examples of poorly written feedback because of lack of specificity:
  - "Jeff is not behaving professionally"
  - "Autumn is not pulling her weight"
  - "Mary is not doing what is expected"
  - "John does not get it"
  - "Enid has a bad attitude"

28

Electronic Communication

- Let's talk about email…

Identify the top two etiquette problems you see with how people use email

29

Electronic Communication

- What to avoid:
  - Avoid important conversations via email
  - Never give student feedback via email
  - Watch, watch, watch tone – most common error
  - Be mindful of confidentiality in using distribution lists
  - Role model professional use of email
  - Don't assume students check their email everyday

30

Electronic Communication

- Students' use of email:
  - Hold them to standards of professionalism in their content and tone
  - Common for students to communicate with instructors in email in ways that they would not choose in face to face encounters

31

Documentation

How long does it take a new grad to really understand the role of documentation and be able to implement principles of effective documentation?

32

Documentation

- Uses of documentation:
  - Communication
  - Assessment
  - Care planning
  - Quality assurance
  - Reimbursement
  - Legal
  - Research
  - Education

33

Documentation

- Principles of Data Entry Management
  - Accuracy – use measurements, specific terms
  - Completeness – changes in status are particularly important
  - Conciseness – biggest challenge for students
  - Objectivity – use quotations for subjective elements
  - Organization – chronologic flow, head to toe
  - Timeliness – avoid late entries, document when care is provided

34

Documentation Tips for Nursing Students

- Make an entry for every observation – especially if a change in status
- Follow up as needed – must f/u interventions
- Read notes before giving care or charting – provide an overall picture
- Record entries in a timely manner
- Chart only after the event – never chart prior to doing a treatment, giving medication or providing care

35

Documentation Tips for Nursing Students

- Use clear language
- Be realistic and factual
- Chart only what you observe
- Chart errors

36

Documentation

- Documentation is one of the most important aspects of your work as a nurse. The way you document can save you or hang you in the courtroom setting. Documentation can also be perceived as tedious, boring and time consuming. It is a bit like any other repetitive task; it becomes what you make of it. If you find charting boring, you will have a tendency to be sloppy and not pay attention to it. If you consider it part of your professional responsibility, you will pay attention and do a good job. (Twiname, 1995)

37

Documentation

- Agency Specific-
  - You very well may be assigned to a facility where you are not familiar with the charting system
  - You are responsible for overseeing all of your students' charting
  - You need to understand the system – be sure you receive adequate training
  - Know your own resources within the facility for questions about documentation

38

Documentation

- Style and Format
  - Students struggle with style and format of charting
  - Remember that the chart is a legal document; have students write out any charting they want to complete before entering into computer or writing on chart

39

Documentation

- Charting:
  - Different systems
    - Narrative
    - SOAP
    - SOAPIER
    - PIE
    - FOCUS
    - Charting By Exception

40

Sample Student Charting

- I walked into the room and Mr. Smith asked me who I was. I told him I am his student nurse for the day. I washed my hands. I listened to his lungs. I listened to his abdomen. I checked his leg dressing. I asked him about his pain. I gave him two percocet. I made sure he had his call light. N. Jones, CU BSN student

41

Sample Student Charting

- D: Room 203's mother asked for pain pill
- A: 116/84, 16, 98.4, 89, 91% on RA. 2 percocet given
- R: pt took pills without difficulty

42

Sample Student Charting

- P: patent ate dinner and stomick hurts. Am not sertin of reason
- I: Asked patent why stomick hurts
- E: Stomick hurts because of pain

43

Sample Student Charting

- S: Daughter came to desk to ask for help
- O: pt says she cannot breathe
- A: pt cannot breathe adequately
- P: Helped pt breathe better

44

Sample Student Charting

- S: pt says she wants to go home now
- O: doctor says pt cannot go home
- A: pt is angry
- P: pt wants to go home
- I: told pt she cannot go home
- E: pt is angry
- R: pts wants to go home

45

Difficult Communication

- Receiving Negative Feedback from Students

46

Negative Feedback from Students

- Very challenging experience for each of you
- Breathe
- Center yourself. Remember your desire for excellence
- Listen for valid content - acknowledge
- Model mature, professional communication
- If no validity, analyze student's motivation, experience. Understand context
- Facilitate more communication - be aware of not "punishing" students

47

- Why include communication in this course?
- What are some of the different issues around communication that you anticipate facing in the Clinical Scholar role?

48

Alp d'Huez, France

49

Getting Started……
Clinical Instructor Role Communication Strategies

Kathy Foss, RN, MS
Clinical Scholar/Clinical Development
Bari K. Platter, MS, RN, CNS
Clinical Nurse Specialist/Educator
Psychiatric Services

Getting Started….

Objectives:
- Examine the influences on creating a safe learning environment for students
- Identify tools and resources used to:
  - Manage a group of students on a patient care unit
  - Evaluate student's emerging competence
- Construct strategies to improve clinical performance
- Discuss two methods of feedback
- Apply feedback concepts as they relate to the narratives

Philosophy of Teaching

- Clinical teaching is:
  - Just as important as classroom teaching
  - Supported by a climate of mutual trust & respect
  - A focus on essential knowledge, skills & attitudes
  - Knowing that the nursing student is a learner not a nurse
  - Knowing that nursing students do not perform at the same level
  - Knowing that sufficient time should be provided before performance is evaluated

Adapted from Gaberson & Oermann, 1999

Getting Started……

- The Instructor
- The School of Nursing
  - Checklist for Contact with SON
  - The Course
- The Clinical Agency
  - Checklist for Clinical Unit
- The Students

In the Beginning…

- Pre-Clinical Contact
- Student Orientation
- "The Ground Rules"

The 2T approach

- Be transparent
  - Share the values & philosophies that drive your decision-making
  - Give rationale for expectations
  - Use ANA Code of Ethics
  - Explain the clinical learning or orientation process
  - Be explicit

Susan Luparell, PhD, APRN, Montana State University College of Nursing

The 2T Approach

- Role of trust
  - Develop your teaching skills
  - Ask for feedback
  - Role model desired behaviors
  - Take the "heat" off the student

Susan Luparell, PhD, APRN, Montana State University College of Nursing

Strategies for Making Patient Assignments

- Goal: Identify the student's ability to consistently provide safe patient care with confidence.
- Factors to include:

Level of students
Number of students in clinical group
Clinical Course focus and objectives
Selection of patient care units
Patient acuity and unit census
Unit staffing ratios and available resources
Individual student learning needs and skill level

Assignment Responsibility

Who is Responsible?

- Instructor
- Student
- Charge Nurse
- Collaborative Effort
- Agency guidelines may dictate process

- What is the best time to assign patients?
- Where are student assignments posted for staff?
- What preparation is required of students?

Approach to Assignments

- Dual Assignment
  - Assigning 2 students to one patient
  - Useful with complexity of care or few patients
  - Promote collaboration and communication
  - Novice Students
- Single Assignment
  - One student to one patient
  - Meets individual learning needs of student
  - Tailor to skill level of student or course requirements

The First Clinical Day

- Orientation Day
- Shadow with RN
- Use specific tools or guidelines:
  - Scavenger Hunt
  - Who's Who and What Do they Do?
  - Unit routines for vitals signs, medication times
  - Communication methods used on the unit
- Teach how to retrieve information from chart/computer
- Communicate clinical conference & rotation schedule
- Ensure student access to computers & medication dispensing systems
- Patient assignment posting

Instructor Priorities

- Is there a student on a plan for not meeting performance criteria?
- Is there a student performing below ability?
- Is there a student having difficulty organizing patient care?
- Which student needs more opportunities to perform skills?
- Have staff told you about patient care activities that need to be done?

How Do You Know Students are Prepared?

- Follow-up: Preparatory work
- Ask student to identify 3 priority patient problems
- Have student give "report"
- Does student understand the level of care they are to perform?
- Assess if student is mentally and physically safe to deliver care

Definitions:

- Struggle

To make strenuous or violent efforts in the face of difficulties or opposition. To proceed with difficulty or with great effort.

- Failure

Omission of occurrence or performance: a failing to perform a duty or expected action. Lack of success.

- Success

To attain a desired objective or end. Favorable or desired outcome.
The attainment of wealth, favor or eminence.

Merriam-Webster's Collegiate Dictionary, www.websters.com

What is Clinical Evaluation?

- The nature of clinical evaluation involves assessing and evaluating students in areas of critical thinking, therapeutic interventions, communication, teaching, research, leadership and management, professionalism, and adherence to standards of practice.

Smith, M., etal (2001). Legal issues related to dismissing students for clinical deficiencies. *Nurse Educator*, (26)1: 33-38

Why is Clinical Evaluation Important?

- A primary goal of nursing education is to prepare safe, competent nurses who can be held accountable for their own actions.

Smith, M., et al (2001). Legal issues related to dismissing student for clinical deficiencies. *Nurse Educator*, (26)1: 33-38.

- Accurate performance assessments are particularly vital when they underpin licensure or registration intended to protect the public from incompetent, unsafe or unscrupulous practitioners.

Horbsky, P. (2002). Preceptors' perceptions of clinical performance failure. *Journal of Nursing Education*, (41)12: 550-553

- Teachers lead, direct and make things happen; teachers are experts present to impart information and knowledge; teachers are authority figures who can be blamed if things go wrong.

Barber, P. (1986). A process-centered approach to education. *Nurse Educator*, (11)2: 40.

Clinical Evaluation Challenges

- Structure of Clinical Rotation
  - Short clinical rotation periods
  - Different nurse preceptors
  - High patient acuity
  - Institutional requirements for competency
  - Disparity in evaluation
  - Time

Clinical Evaluation Challenges

- Changing characteristics of students
  - Older, nontraditional students
  - Disabilities
  - English as a second language
  - Gender and culture
  - Managing competing time demands

Clinical Evaluation Challenges

- Clinical Instructor Issues
  - Fear of legal action
  - "Was it me?"
  - "When I was new…or when I was in nursing school…."
  - Failure is viewed as uncaring
  - Marginalized or unsupported
  - Time

Safe vs. Unsafe Clinical Practice

- Application of knowledge, skills and adherence to standards of practice.
- Demonstration and progression to meet clinical performance competencies.
- Demonstration of effective communication and professional conduct.

- Unsafe clinical practice is behavior that places the patient, family or staff in either physical or emotional jeopardy.
- Unsafe clinical practice is an occurrence or pattern of behavior involving unacceptable risk.

Scanlan, J. et al (2001). Dealing with the unsafe student in clinical practice. *Nurse Educator*, (26)1: 23-27.

Room for Debate

- How many incidents equal unsafe clinical practice?
- Is one incident sufficient to claim unsafe clinical practice, or should there be a pattern of unsafe practice?
- What type of incident is unsafe, compared with practice that constitutes a failure?

Behaviors of Impaired Performance

- Absenteeism
- On-the-job absenteeism
- Inconsistent work pattern
- Physical or emotional problems
- Symptoms of intoxication or withdrawal from alcohol or drugs
- Panic with resulting inability to think or act
- Threats to harm
- Poor judgment

Struggling "Looks Like"

- Poor eye contact
- Shuffling paperwork
- Easily distracted
- Disengaged body language
- Habits of nervousness
- Makes excuses

Struggling "Sounds Likes"

- Echolalia
- Common phrases used:
  - I'm not sure what you mean
  - I didn't have time to…
  - I couldn't find…
  - I had no idea I was to know that.
  - I wasn't taught that.
  - I'm sorry….
  - I know…
  - I need more time…

Due Process

- Fairness
- Equity
- Duties
- Rights

Strategies to Improve Clinical Performance

- Identify, discuss and document EARLY and OFTEN
- Explore other influences on clinical performance
- Redirect efforts back to necessary knowledge or skill
- Place responsibility on the learner

Strategies to Improve Clinical Performance

- Actively listen to the learner's assessment of performance and meaning to him/her
- Assess and discuss learning needs
- Be descriptive about what would improve the learner's performance; written plan
- Ensure that the learner has heard and understood feedback
- Reinforce success

Anticipate a Response

- "You're hovering."
- "You're expecting too much."
- "You're being unfair."
- "I'm failing because you're not here to help me."
- How would you know that I'm failing? You're not around enough."
- "I don't know…."

Communication with a Focus

- Index Card Method
  - 2 objectives for student
  - 2 objectives for instructor
  - Anxiety level scale rank 0-10
  - Dreaded skill

Useful Resources

- Quality and Safety Education in Nursing
  www.qsen.org

University of Hawaii Teaching Tips
http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachip/teachtip.htm

Michelle Deck: Tool Thyme for Trainers
http://www.tool-trainers.com

Moving forward…

- What do you do when…
- Record keeping and Documentation
- Care of the Clinical Instructor
- End of Clinical Rotation Duties

Communication Strategies

The Five "W's" of Effective Feedback

- Why
- Who
- What
- Where
- When

An Additional Three "W's"

- Wait
- Will
- Worry

Solution Focused Therapy

- Strengths-based model
- Assumes that students are doing their best
- Is an adult:adult model

Solution Focused Feedback Formula

- Acknowledge or compliment
- Bridge or rationale
- Feedback

Examples

- I know that you aren't going to be working in psychiatry after you graduate; you want to work in critical care. (Acknowledge)
- Because it is important to effectively communicate with patients and families, no matter the clinical area (Bridge)
- I'd like you to pay more attention to your process recordings and the responses you give to patients. You appear to be impatient- give examples (Feedback)

- I enjoy it when you share your perceptions in post conference (Compliment)
- It's important to develop good working relationships with your peers; this is something that continues to be important after you graduate (Rationale)
- So I'd like to give you some feedback about a couple of times when you have been joking with the group; people have started to feel uncomfortable and begin to shut down. I'd like you to think about how your comments are being interpreted by your peers. (Feedback)

- I think it is wonderful that you feel confident in this clinical area (Compliment)
- I know you want to work at this hospital when you graduate (Rationale)
- So I'd like to talk with you about your interactions with the staff; I have received some feedback that they think you are a "know it all". I'd like to give you some suggestions to work more effectively with the staff . (Feedback)

Crucial Conversations

- A communication program developed to help people communicate effectively when the stakes are high
- Three elements of a crucial conversation:
  - Strong emotions
  - Opposing opinions
  - High stakes

Contrasting Statements

- A ***don't/do*** statement
  - ***Don't.*** Explain what you ***don't*** intend; this addresses others' conclusions that you don't respect them or that you have a malicious purpose.
  - ***Do.*** Explain what you ***do*** intend; this confirms your respect or clarifies you real purpose.

Don't Questions

- What might others mistakenly think my reason is for bringing this up?
- What might they think about my level of respect for them?
- What can I say to help them believe this ***is not*** the case?

Do Questions

- What is my genuine motivation for bringing this up?
- How do I really feel about the other person?
- What can I say to help him or her believe this ***is*** the case?

Examples

- "I don't want you to think I'm saying you aren't pulling your weight. I think you do great work. I do have some concerns about your documentation skills".

- "I don't want to offend you. I care about our relationship. I do want to share how recent interactions with you have felt to me and I'd like you to let me know if you see if differently".

- "I don't want to leave the impression that I think we don't work well together. I do want to discuss how we make decisions. I think we may have different assumptions about how decisions are made in this clinical setting".

- "I don't want to you think I don't appreciate your contributions in post conference. I do want to talk with you about something you're doing that's having a negative effect with the group".

Clinical Narratives

1. **Break into groups and review the clinical narrative**
2. **Identify/discuss major points with group members**
3. **How do you need to respond to this event?**
4. **What are the "W's" to consider?**
5. **How will you document this event? To whom will you forward the documentation?**
6. **Design a Solution Focused Feedback and a Contrasting Statement message for your student**
7. **What and who are your resources?**

Clinical Narrative #1

- Sherrie seems to forget a lot of the information you have given her. She confides to you that she has MS and thinks that it is starting to effect her thinking. She begs you not to tell anyone.

Clinical Narrative #2

- You are working with a junior student during her first med/surg rotation. When meeting with her about her care plans, she suddenly bursts into tears and says that she doesn't understand the purpose of care plans and doesn't understand what your expectations are.

Clinical Narrative #3

- You have observed that over the past two shifts your student has difficulty setting, maintaining and carrying out sterile procedures. The patient needs a new saline lock and the student has just touched the prepped venipuncture site with an ungloved finger.

Clinical Narrative #4

- One of your students is a single mom. You notice that she seems fatigued, her clinical performance has worsened and she has been late for clinicals several times. She tells you that she is working another job and has childcare issues.

Clinical Narrative #5

- You walk into the patient room and observe the student slapping an Alzheimer patient in the face. She states, "Well, I couldn't help it…he grabbed me inappropriately when I was giving him his bath!"

Clinical Narrative #6

- Chen is a Chinese American nursing student. He has been in the US for 3 years. During his psych rotation he lets a patient off of the unit. The patient goes directly to his mother's house and assaults her. Chen says that he didn't understand that he shouldn't let the patients off of the unit.

"Good Practices"

- Encourage contact between student and instructor.
- Consult with SON faculty.
- Develop cooperation among students.
- Use active learning techniques.
- Give prompt feedback.
- Assist student with time management.
- Communicate high expectations.
- Respect diverse talents and ways of learning.

- Adopted from: Grieve, D. (2001). A Handbook for Adjunct & Part-Time Faculty & Teachers of Adults, Fourth Edition.

Questions?

- Kathy Foss, RN, MSN
  UC Denver: College of Nursing
  303-724-1565
  University of Colorado Hospital
  720-848-6645
  e-mail: katherine.foss@uch.edu
- Bari K. Platter, MS, RN, CNS
  University of Colorado Hospital
  720-848-4482
  e-mail: bari.platter@uch.edu

Clinical Narrative #7

- **Elizabeth has already received feedback from you regarding appropriate attire in the clinical setting. At first she seemed to respond to your feedback. Now you notice that she has started wearing increasingly provocative outfits.**

Clinical Narrative #8

- You overhear your students talking about a patient that one cared for that day. The patient is a recent Laotian immigrant One student says, I can't believe he peed in the corner of the room! What's next? Will his family bring in roast dog for dinner?"

Clinical Narrative #9

- **Your clinical orientation day has just ended. Judy approaches you with the information that she is scheduled to have an arthroscopic procedure on her foot on Monday. She states that she will not be in clinical on Wednesday, but can come back on crutches next week.**

Clinical Narrative #10

- Your senior student nurse seems overly confident in her clinical skills. She never asks for assistance or feedback and is flippant with her peers. Her assigned patient has just complained to the charge nurse that she has been waiting over an hour for her pain medication. The students states, "Oh, I forgot, no biggie".

Clinical Narrative #11

- You are working with a student nurse who is performing a physical assessment on his assigned patient, when suddenly he states, "I have to sit down" and proceeds to stumble to the nearest chair to sit. He is pale and diaphoretic. The patient asks, "What's wrong, what's going on?"

Clinical Narrative #12

- You are working with your student to demonstrate how to empty a colostomy pouch. Once the pouch is opened and starting to drain, the student asks you to hold the drainage container and runs to the bathroom. You can hear her vomiting in the bathroom.

Clinical Narrative #13

- The Charge RN on the unit tells you that she found one of your students in the bathroom vomiting. The student told the Charge RN that she was "hung over" from the Broncos game the prior evening. The student tells you that she is not feeling well because of a migraine headache.

Clinical Narrative #14

- Your senior student has been working in an ICU the past 4 weeks. Today, the patient experienced a cardiopulmonary arrest and resuscitation efforts were not successful. The student reviews all of the interventions done and talks about how caring and supportive the RN preceptor and all the staff were to the patient's family. The student states, "I just don't know where I fit in" and starts to cry.

Clinical Narrative #15

- After reviewing the rotation unit assignments, dates and hours required to complete the course, one student says, "This schedule isn't acceptable. We have too many other assignments and to expect us to be here on the dates/times you indicated are impossible. Three of us drive a long distance during rush hour and we have to leave really early to be on time".
- The agency can only place students on the units, dates and hours that you have reviewed with the group. There was a representative from the agency in the room who heard the student's statements.

Clinical Narrative #16

- **On his 6th clinical shift, David (a 22 year old student) states, in the middle of the nurses' station, that Med/Surg nursing is "boring" and says "I'll never work a night shift like these losers."**

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Bari Platter	**Topic:** Getting Started	**Date:** March 17, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
3. The content presented will be useful to me in my role as a Clinical Scholar	○	○	○	○	○	○
4. Appropriate reference materials were provided	○	○	○	○	○	○
5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
7. The content was at an appropriate level, not too elementary, not too complex	○	○	○	○	○	○
8. The content was covered satisfactorily and completely	○	○	○	○	○	○
9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

Comments:

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Kathy Foss	**Topic:** Getting Started	**Date:** March 17, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
3. The content presented will be useful to me in my role as a Clinical Scholar	○	○	○	○	○	○
4. Appropriate reference materials were provided	○	○	○	○	○	○
5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
7. The content was at an appropriate level, not too elementary, not too complex	○	○	○	○	○	○
8. The content was covered satisfactorily and completely	○	○	○	○	○	○
9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

Comments:

The Student Role in the Clinical Agencies

Lee Ann Kane RN, MSN
Denver Health Nursing Department
Director, Staff Development, Patient Education and Nursing Regulatory Compliance

Discuss the Student Role in the Clinical Agency

- *Scope of Practice*
  "What can the student do?"
- *Delegation*
  "How can the clinical setting be managed to optimize the learning experience?"

Discuss the Student Role in the Clinical Agency - Continued

- *The Student Role and Regulatory Compliance*
  "How do regulatory issues impact the clinical learning?"
- *The Care Environment and Culture*
  "How does the organizational culture and unit dynamics impact learning?"

Scope of Practice

"What can the student do?"

- Curriculum drives the learning experience.
- Where is the student in the current course content?
- How do you decide what skills or tasks no longer require direct observation?

Review Student Nurse Skills and Tasks Worksheet

Scope of Practice

Student Nurse Skills and Tasks Worksheet

- Learning objectives
- Potential for harm to the patient-*SAFETY*
- Complexity of the task
- Problem-solving skill and creativity required to achieve a successful outcome
- Unpredictability of the activity's outcome
- Level of patient interaction
- Organization's policies and procedures

Delegation

"How can the clinical setting be managed to optimize the learning experience?"

Delegation of an activity passes on the *responsibility* of performing the task, but still requires:

- Right task assignment
- Right person and skill
- Right communication-who and what
- Right feedback-what happened

Delegation
Continued

- Before delegating, the RN considers the level of preparation, education, and competency of the student, as well as how much supervision the RN will be able to provide the student.
- When deciding what to delegate, the RN considers the policies and regulations from state boards of nursing and state departments of health.

Delegation-Other Options
Manage the learning by managing the workflow and tasks!

- Directly observe the student.
- Instruct the student to gather the supplies, educate the patient and then call the instructor.
- Request permission from the staff and then have the student to observe the staff do the task.
- The staff may also observe the student……
- In collaboration with the staff, reorganize the clinical activities.

The Student Role and Regulatory Compliance

"How do regulatory issues impact the clinical learning?"

Healthcare organizations today are driven by regulatory agencies. *All translate into $$ for the agency.*

- CMS- "Centers for Medicare & Medicaid Services." This is a Federal agency within the U.S. Department of Health and Human Services.
- JC- "Joint Commission on Accreditation of Healthcare Organizations." It is an independent, not-for-profit organization committed to *safety* and *quality* of care.

2010 Joint Commission National Patient Safety Goals

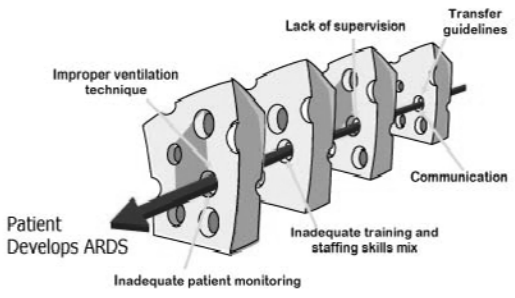
See the Handout-

JC National Patient Safety Goals

"How do regulatory issues impact clinical learning?"

- NPSG's exemplify best practice.
- NPSG's assure and "raise the bar" for patient safety.
- NPSG's raise the standard of care.

Swiss Cheese Model



JC National Patient Safety Goals

Teach rigor/structure, teach process/outcomes, teach safety!

JC National Patient Safety Goals

- Why Rigor/structure?
  - Do it this way all the time, every time.
  - The forms/electronic documentation in the agency drive the structure.
- Why Process/outcomes?
  - What are the tasks within the procedure that provide safeguards/redundancy to, "error proof" the practice?
  - What happened to the patient?
- Why Safety?
  - What happens when you skip structure and process? *Think Safety!*

Culture & Care Environment

Look for how structure, processes, outcomes and safety are embedded into the clinical culture of the agency.

- What is the perception of JC?
- What issues are of concern to the staff and leadership?
- What are the current programs/initiatives?
- How is power shared?

Culture & Care Environment

Look for who has what kind of power…..

- Expert- Person who has power because of the skills and knowledge they have. It is recognized by the group.
- Legitimate- Person who has power because of the title/education or certification.

Culture & Care Environment

Look for who has what kind of power…..

- Referent- Person has power because of who they know that does have legitimate power.
- Informational- Person who has power because of what they know.

Culture & Care Environment

Shared power is a powerful thing:

- Creates collaboration
- Acknowledges the contributions of all
- Engages the imagination
- Contributes to a positive work environment
- Enhances individual growth
- Unleashes learning and discovery

QUESTIONS??????

THANK YOU!!

Student Nurse Clinical Assignment Worksheet

Clinical Faculty: Please complete and post the following worksheet. Review the assignments with the charge nurse and staff RN assigned to the patient.
Nurse Manager: Please file with staffing records.

School of Nursing _____ Clinical Nursing Instructor _____

Course Name _____

Course Description/Objectives: _____

_____

Knowledge/skill focus for this clinical day/week (circle one): _____
Date(s)

1. _____ 3. _____

2. _____ 4. _____

Assignment:

Student	Patient	Staff Nurse Name
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Student Nurse Skills and Tasks Worksheet

Directions: Use the list below and select the items that must be supervised and those items that do not require supervision.

Skill or Task		**U**-Unsupervised	**S**-Supervised
1.	Prepares room and assembles necessary equipment		
2.	Identifies patient verbally by name by checking ID bracelet		
3.	Documents valuables		
4.	Escorts patient to another department for a diagnostic test		
5.	Completes discharge paperwork		
6.	Assist patient with baths/hygiene		
7.	Assess the skin for breakdown		
8.	Assist patient with elimination (bedpan, urinal, and commode)		
9.	Perform range of motion (ROM)		
10.	Assess for any redness, swelling, pain or signs of infection to RN (IV site)		
11.	Turn and reposition patient within prescribed activity limitations		
12.	Assist with post-mortem care		
13.	Empty and record NG, J/P, ostomy drainage, urine output		
14.	Manage of the any alarms (i.e., IV pump, feeding pump)		
15.	Manage tube feedings		
16.	Record body weight using standing scale, bed scale, and sling		
17.	Administer 100% oxygen		
18.	Sterile Dressing Change		

Questions Related to JC's National Patient Safety Goals

Improve the accuracy of pt. identification.

1. What 2 identifiers are used by the agency?

Improve the effectiveness of communication among caregivers.

1. Can students or instructors take verbal orders or critical labs?
2. What is the protocol for taking verbal orders and critical labs?
3. What are the "Do not use abbreviations" for the agency?
4. What is the protocol for reporting critical values?
5. How is care transferred from one department (or staff person) to another?

Improve the safety of using medications.

1. What are the "Look-alike/sound-alike drugs" used on the unit?
2. How are medications or containers labeled when taken from the original package?
3. What is the protocol for anticoagulant therapy?

Reduce the risk of health care-associated infections.

1. What is the agency policy for hand washing/fingernail care?

Accurately and completely reconcile medications across the continuum of care.

1. How are medications assessed on admission and when care is transferred or the patient is discharged?
2. How are the medications from home documented?

Reduce the risk of patient harm resulting from falls

1. What is the agency policy/procedure related to falls?
2. How is fall risk assessed?

Encourage patients' active involvement in their own care as a patient safety strategy.

1. How does the patient/family learn about the patient safety program?
2. How does the patient/family report safety concerns?
3. How is suicide risk assessed on all patients?

The organization identifies safety risks inherent in its population.

1. How are patients screened for suicide risk?

Improve the recognition and response to change in a patient's condition.

1. What is the protocol for activating the interdisciplinary team response when a patient's condition is deteriorating?

Other Questions:

Eliminate wrong-site, wrong-patient, and wrong-procedure surgery.

1. How are documents verified preoperatively?
2. How are procedure sites marked?
3. What is the procedure for the time-out?

Improve the effectiveness of clinical alarm systems.

1. What information is needed in regards to the equipment to assure that clinical alarms are working properly?

2010 Joint Commission National Patient Safety Goals

Changes for 2010

- 2009 goals 20
- 2010 11
- Integrated with standards 7
- Deleted 1
- Medication Rec TBD

Retained

- Two identifiers 01.01.01
- Transfusion ID 01.03.01
- Critical Results 02.03.01
- Medication Labeling 03.04.01
- Anticoagulation 03.05.01
- Hand Hygiene 07.01.01
- Multi-drug Resistant Org 07.03.01
- Central Line Infection 07.04.01
- Surgical Site Infection 07.05.01
- Suicide Prevention 15.01.01
- Universal Protocol

Moved to Standards

Abbreviations 02.02.01

- Look alike/sound alike 03.03.01
- Falls 09.02.01
- Early Response 16.01.01

Deleted

- Health Care Acquired Infection as a Sentinel Event

Significant Changes

- Patient Identifiers
    - Removed:
        - When patient active involvement is not possible , hospital will designate the caregiver for identify verification
    - Two identifiers on armband more reliable than third party caregiver **
- 02.03.01 Critical Values
    - Removed
        - Requirement to define Critical Tests
    - Focus is now
        - Critical Results
- 03.04.01 Medication Labeling
    - Removed
        - Requirement retain vials until completion of procedure
- 07.01.01 Hand Hygiene
    - More realistic approach
        - Existence of a program
        - Goals and demonstrable effort to achieve
- Universal Protocol
    - Pre- Procedure Verification
        - Removed reference to where / when it must occur
            - *At the time*
            - *Procedure is scheduled*
            - *Preadmission testing*
            - *Entry into facility*
            - *Before the patient leaves the pre-procedure area*
            - *With the patient involved and awake if possible*

- Universal Protocol
    - Site Marking
        - Who can mark?
            - *LIP who is ultimately accountable for the procedure and will be present when the procedure is performed.*
            - *Added a clause – Beware – Not standard practice*
                - *In limited circumstances the LIP may delegate site marking to an individual who is permitted by the organization to participate*
                - *Medical residency who is being supervised LIP*
                - *APRN, PA who is familiar with the patient and will be present*
- Universal Protocol
    - Time Out
        - Correct Patient ID
        - Site
        - Procedure
    - Silent on
        - Consent Form
        - Patient Position
        - Images
        - Antibiotics
        - Safety precautions
- 02.05.02 Handoffs
    - Deleted majority of requirements
    - Moved to standards, retained:
    - The hospital's process for hand-off communication provides for the opportunity for discussion between the giver and receiver
- 13.01.01 Patient Involvement
    - Moved to standards
    - Retained
        - The hospital implements its methods to communicate responsibilities for preventing and controlling infection to licensed independent practitioners, staff, visitors, patients, and families. Information for visitors, patients, and families includes hand and respiratory hygiene practices. (See also HR.01.04.01, EP 4; IC.01.05.01, EP 7)
    - Deleted requirement to educate surgical patients regarding prevention of adverse events
    - Deleted documentation requirements
- 03.05.01 Anticoagulation Therapy
    - Removed language regarding educate prescribers
    - Provide education regarding anticoagulation therapy to staff, patients and families

Questions?

Evaluation of Individual Presenter by Student Clinical Scholar

Presenter: Lee Ann Kane	**Topic:** Student Role in Clinical Agencies	**Date:** March 17, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
3. The content presented will be useful to me in my role as a Clinical Scholar	○	○	○	○	○	○
4. Appropriate reference materials were provided	○	○	○	○	○	○
5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
7. The content was at an appropriate level, not too elementary, not too complex	○	○	○	○	○	○
8. The content was covered satisfactorily and completely	○	○	○	○	○	○
9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

Comments:

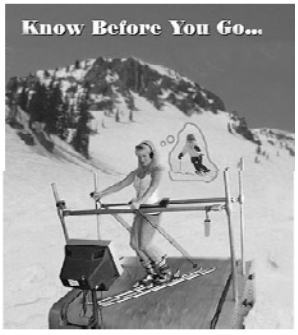
High Fidelity Simulated Learning

Jana F. Berryman, ND, CNS, RN
Colorado Center for Nursing Excellence

"Probably in the not far distant future we will crawl out of our old methods of education, as a snake sheds its skin, and reorganize a new plan."

Charles H. Mayo, 1907

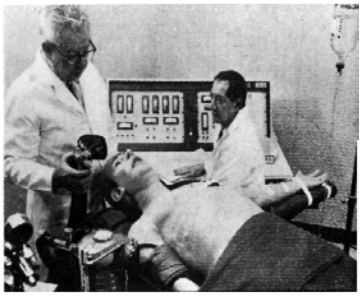
WHAT IS A SIMULATOR?



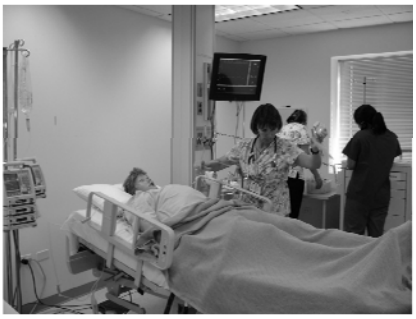
Aviation – Early History

Military

Healthcare: Human Patient Simulator



Simulation Training



Evidence from medicine…

- providing feedback
- repetitive practice
- curriculum integration
- range of task difficulty level
- multiple learning strategies
- capture clinical variation
- controlled environment
- reproducible, standardized educational experiences where learners are active participants

Colorado State Board of Nursing

- Nursing Programs with National Nsg Accreditation – each clinical course can combine clinical experience & clinical simulation. Syllabus will identify number of hours for each component
- Nursing Programs seeking National Accreditation – Clinical Simulation Lab **not** exceed 25% of clinical hours for each clinical course.

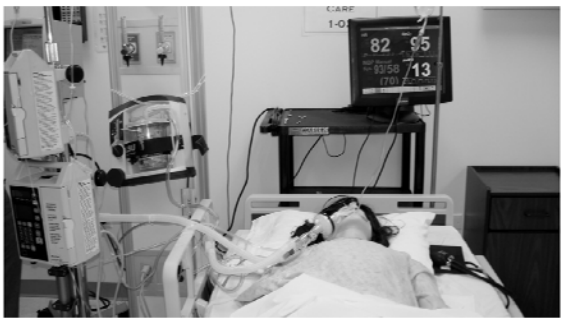
Three Essential Components of Learner Centered Instruction

- Facilitating **orientation prior** the simulation training event (briefing)
- Facilitating **during** the simulation training event (facilitation)
- Facilitating **debrief/reflective practice after** the simulation training event (debriefing)

Briefing

- Occurs **before** entering simulation
  - Set the scene
  - Establish initial rapport
  - Explore group's perspectives
  - Review structure of the process
  - Demonstrate interest and concern

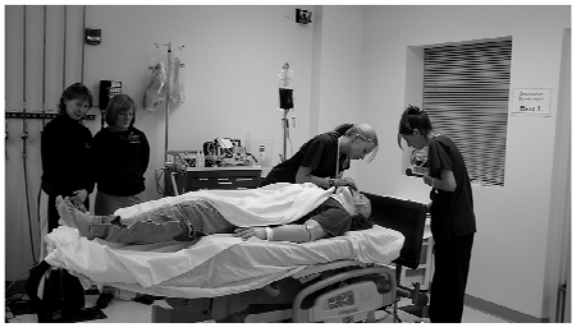
Kurtz, Silverman, Draper (2005). Teaching and Learning Communication Skills in Medicine. Radcliffe Publishing.



Facilitating During the Simulation Training Event

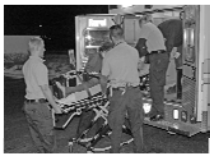
- Guided Facilitation:
  Goal of simulation is to introduce or practice skill sets. Facilitator is center stage
- Experiential Facilitation:
  Goal of the simulation is flow of work, communication, critical thinking, &/or team building. The facilitator remains "unseen"

WELLS Center Simulation Facilitation/Coaching Workshop



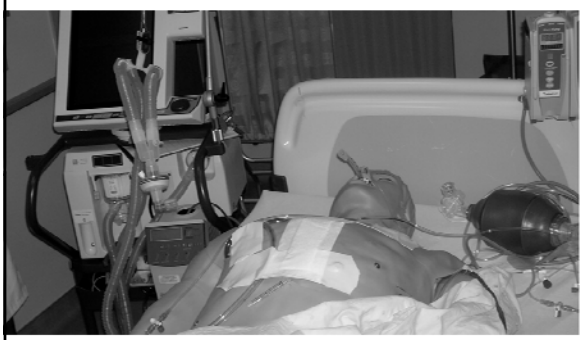
Debriefing

WELLS Simulation Medical Center




Suspension of Disbelief

In-Situ



What the Participants are saying…

- "I was surprised how stressful this "simulation" was. It was very realistic & made me aware of what I need to work on." 2nd Year BSN RN student

What are the participants saying

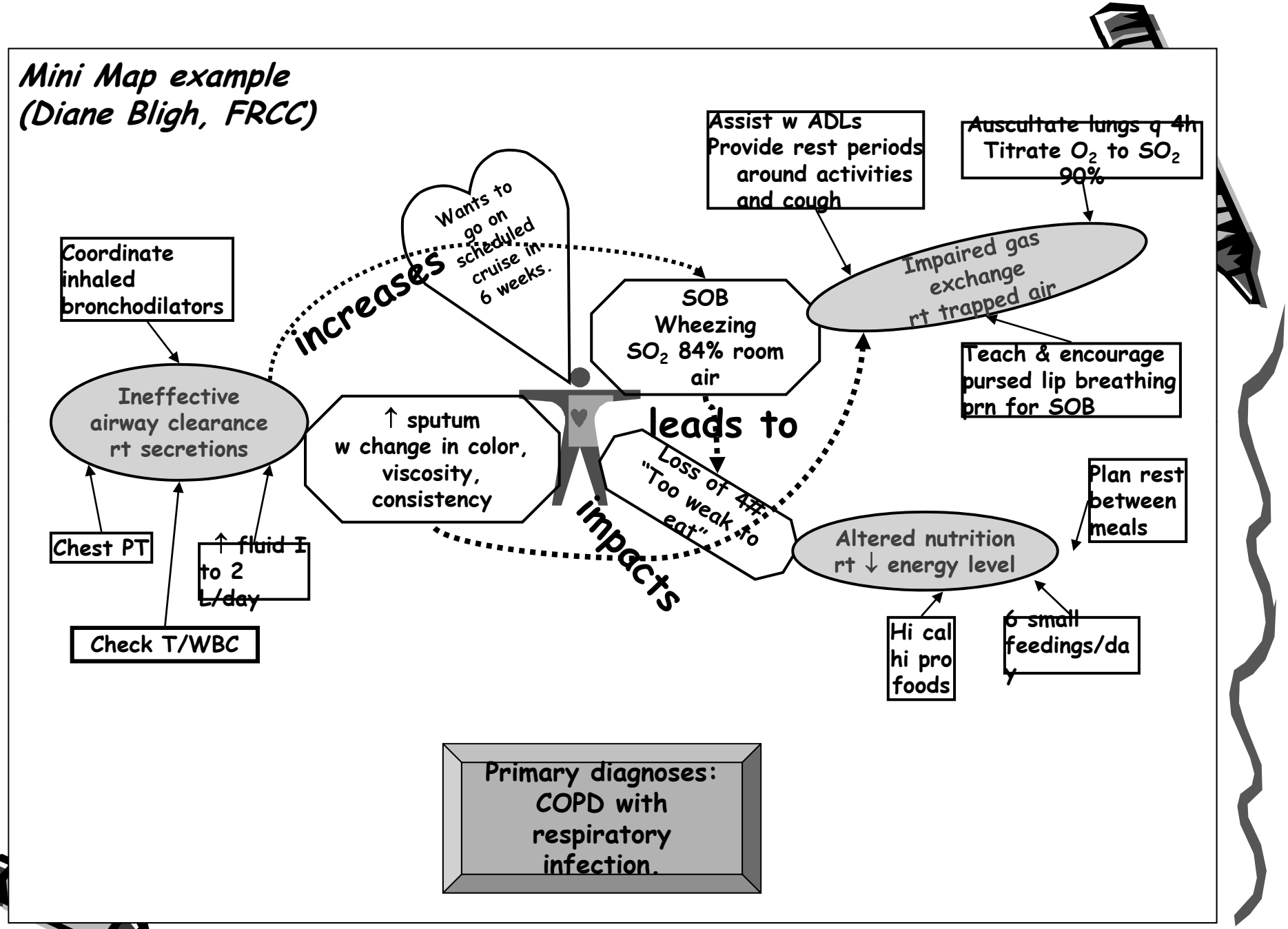
- “This was a great experience. We should do more of it to help build our confidence and critical thinking.” Regis Senior RN student
- “Working with students at the same level of experience (most beneficial)” CCA Paramedic Student

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Jana Faragher	**Topic:** Simulation	**Date:** March 17, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
3. The content presented will be useful to me in my role as a Clinical Scholar	○	○	○	○	○	○
4. Appropriate reference materials were provided	○	○	○	○	○	○
5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
7. The content was at an appropriate level, not too elementary, not too complex	○	○	○	○	○	○
8. The content was covered satisfactorily and completely	○	○	○	○	○	○
9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

Comments:


Mini Map example
(Diane Bligh, FRCC)
Assist w ADLs
Provide rest periods
around activities
and cough
Auscultate lungs q 4h
Titrate O_2 to SO_2
90%
Wants to
go on
scheduled
cruise in
6 weeks.
increases
Coordinate
inhaled
bronchodilators
SOB
Wheezing
SO_2 84% room
air
Impaired gas
exchange
rt trapped air
Teach & encourage
pursed lip breathing
prn for SOB
Ineffective
airway clearance
rt secretions
↑ sputum
w change in color,
viscosity,
consistency
leads to
Loss of 4#
"Too weak to
eat"
impacts
Plan rest
between
meals
Chest PT
↑ fluid I
to 2
L/day
Altered nutrition
rt ↓ energy level
Check T/WBC
Hi cal
hi pro
foods
6 small
feedings/da
y
Primary diagnoses:
COPD with
respiratory
infection.

Grading Written Work: The Challenge for New Clinical Faculty

Jeanine M. Rundquist RN MSN CRRN
Presented by
Marianne Horner RN CNM

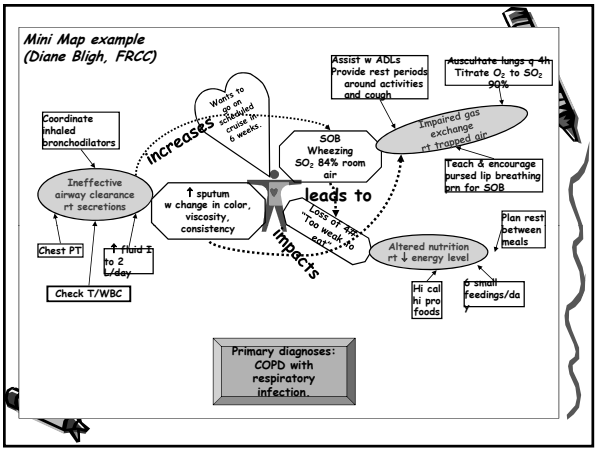
Grading a Care Plan

Why do we do care plans?

Care Maps/Mind-Mapping

- A visual of critical thinking
- Beyond the "linear", traditional care plans
- Students have to explain their map
- Cannot "grade" mind maps
- Do need to include the nursing process
- Interactive dialogue with student

(see handout)



Grading a Paper

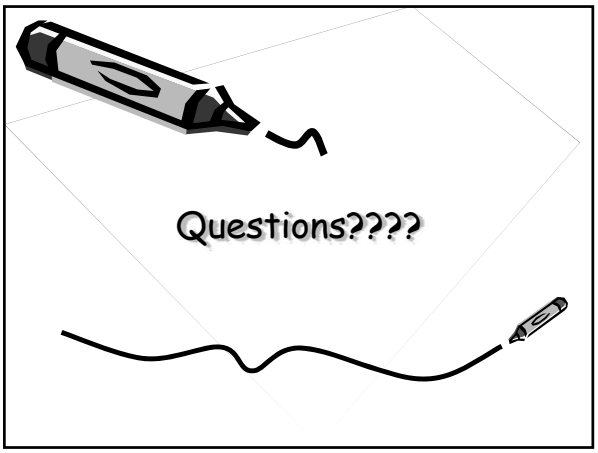
6th edition APA manual
http://www.apastyle.org

Technology in the Clinical Setting—Finding Evidence

- Hand-held devices
- Medication software
- Library databases
- Internet
- Internal resources (specific to agency)

References

- Comer, S.K. (2005). Clinical reasoning: Turning your students into clinical detectives. *Nurses Educator, 30* (6), 235-237.
- Ferrario, C., (2004). Developing nurses' critical thinking skills with concept mapping. *Journal for Nurses in Staff Development, 20* (6), 261-267.
- Kern, C.S., Bush, K.L., & McClesh, J.M. (2006). Mind-mapped care plans: Integrating an innovative educational tool as an alternative to traditional care plans. *Journal of Nursing Education, 45* (4), 112-119.
- Mueller, A., Johnston, M. & Bligh, D. (2001). Mind-mapped care plans: A remarkable alternative to traditional nursing care plans. *Nurse Educator, 26* (2), 75-80.



Evaluating or Creating Learning? MIND MAPPING/CARE MAPPING
By Diane Bligh (FRCC)

- Can't use previous methods: taking home and marking with red ink
- Must understand student's thinking.
- Interactive dialogue MUST occur between the instructor and the student.

Questions to ask: These are questions used to determine if the care plan includes all of the required elements

- Does it include ALL pieces of the nursing process?
- Is patient at center?
- Is assessment data present? Accurate?
- Do nursing diagnoses relate to Sx?
- Are your nursing goals clear?
- Is the patient's goal included?
- Are nursing actions appropriate?
  - –How will they impact the nursing Dx?
  - –What effect will they have on the goals?
- What teaching did you include?
  - –Discharge planning?
- Were you able to evaluate your interventions?
- Are there interconnections between problems? What was your thinking in making your interconnections?
- What have you gained from writing this map?

Shared Learning... Having students share their maps and explain them to their peers is SO powerful in terms of individual and group learning.

- Students share mind maps in pre or post-conference.
- Students explain rationale for their thinking.
- Faculty ask if classmates could give appropriate patient care by following map.
- Fellow classmates:
  - –make comments, ask questions
  - –explain how they might make different connections
  - –give positive feedback and support

Nursing Process – A problem solving process
Nursing Care Plan

Nursing Diagnosis: Assessment with subjective & objective data	Patient goals & objectives "Patient will……."	Interventions: "I will……." Or "patient will……."	I did……	Outcome/Evaluation S.O.A.P. format
• Prioritize nursing diagnosis (dx) • Give specific & complete subjective & objective data that support nursing dx • Give a "picture" of patient with this problem you identified • Nursing Dx should be from NANDA and in 3 parts: 1-"potential/actual…,2-related to (r/t) _____, 3-as evidenced by (AEB) _____. • Many ways to prioritize – Maslows Hierarchy, functional level, pathophysiology • r/t—etiology, factors that cause or contribute to problem • AEB – signs & symptoms exhibited by THIS patient	• This is what you want to happen to resolve/prevent the stated problem. Put in patient behavioral terms • Goals help determine the nursing interventions necessary for the next column • Goals must be realistic, specific, <u>measurable</u>, action oriented, & with a time frame • You must be able to evaluate these goals (last column) so you must have criteria here than can be measured in some way • Think of goals you as the nurse can help patient achieve with your interventions	• Number & list specific actions you plan to help pt. achieve goals • Use active language • Think about this in documentable terms • Do no use "encouraging" or "try" words that are vague • Use words like teach, explain, provide, monitor, administer, assess, consult/collaborate, report, etc. • These are client specific & individualized • Consider needs, preferences, limitations of patient • Standardized care plans are fine, but <u>you must individualize</u>	• Check list of items, one for each of the interventions listed • Place checkmarks to indicated that you did it, and if not, put in evaluation column WHY you did not	• Address same categories as in the goals & objectives column • Ask yourself, was that goal met & indicate here. For example, goal was that pt. would walk hall length 3x/day. Put here pt. walked hall 2x/day (whatever the pt. really did) • This is the accountability area. If goal not met, document new goal or added time if that is necessary

SAMPLE Nursing Care Plan

Nursing Diagnosis: Assessment with subjective & objective data	Patient goals & objectives (patient-centered, measurable and timed)	Interventions with rationale (what you'll do and why)	Implemented (yes/no)	Outcome/Evaluation
Objective: • Patient not oriented to place or time • Patient unable to concentrate Subjective: • Patient non-verbal, uses nonsensical words Diagnosis: Chronic confusion related to traumatic brain injury AEB disorientation and cognitive dysfunction.	1. Patient will be oriented to self within three weeks. 2. Patient will be oriented to person, place and time by discharge. 3. Patient will be able to perform basic ADLs by discharge independently.	• Identify self and patient by name at beginning of each interaction. (consistent orientation may help memory) • Maintain calm environment (decreases anxiety, promotes rest) • When patient perseverates, redirect attention to another topic (decreases anxiety and improves self-esteem) • Speak slowly and clearly in simple sentences (allows time for information processing) • Consult Speech Therapy • Educate patient and family regarding patho of injury and resulting cognitive dysfunction (assists in understanding of behavior)	Yes/no for each intervention	1. No measurable change yet, patient still confused and disoriented, continue goal 2. Same as above, continue goal 3. Patient performing some ADLs with physical assistance and verbal cues, continue goal.

SAMPLE Nursing Care Plan

Nursing Diagnosis: Assessment with subjective & objective data	Patient goals & objectives (patient-centered, measurable and timed)	Interventions with rationale (what you'll do and why)	Implemented (yes/no)	Outcome/Evaluation
Objective: • patient requests pain meds for shoulder pain often Subjective: • "my pain is a 10/10" Diagnosis: Chronic pain related to spinal cord injury AEB patients statements, request for pain meds and inability to finish therapy without complaints of pain.	1. Patient will verbalize his pain as less than 7/10 during therapy by the end of this week. 2. Patient demonstrates ability to cope with unrelieved pain within two weeks.	• Assess patient's pain level every shift and prn • Educate patient regarding when to medicate for pain (i.e. before therapy) • Educate patient about types of pain medications including action, duration, side effects. • Educate the patient about types of pain common after SCI and management techniques available. • Administer pain medications as needed • Offer alternative therapies including acupuncture and massage, once cleared by MD • Educate on relaxation techniques, coping strategies	Yes/no for each intervention	1. Patient continues to rate his pain as 8-9/10 during and around therapy times, continue goal. 2. Patient is demonstrating some coping but continues to need assistance with relaxation techniques. Interesting in massage therapy, continue goal.

Student Nursing Scope of Practice, Role, Accountability, and Professional Behaviors in the Clinical Setting

Sally Sue Nurse

Submitted to Jeanine Rundquist

NR 485 Senior Practicum

School Name

October 2, 2007

Student Nursing Scope of Practice, Role, Accountability, and Professional Behaviors in the Clinical Setting

Student Nursing Scope of Practice

A Colorado nursing student functions within the scope of the Colorado Nurse Practice Act under the mentoring and supervision of a state-licensed RN. Student nurses may not transport clients, ride in ambulances, recommend over-the-counter drugs or unprescribed treatments, take telephone or verbal orders for medications or treatments, package or label drug supplies for any individual, administer medications or treatments without consultation with the RN responsible for them, administer chemotherapeutic drugs that require certification, change tubing on central lines or discontinue central lines infusions without direct supervision of the RN, administer any IV drugs by the “push” method or “piggyback”, except when the drugs are identified in writing by the agency as appropriate and safe for administration by the general staff nurses, are double-checked by the RN prior to administration, and are under the direct supervision of the supervising RN. Additionally, student nurses can’t perform endo-tracheal intubation, care for or make decision independently concerning critcally ill patients with monitoring devices needing expert reading and interpretation, sign out narcotics, carry narcotic keys, perform ABGs, administer vasoactive drugs independently, administer blood, or perform any skill/task that he/she has not been trained for and been checked off as competent.

Student Nurse Role

The student nurse’s role is to maintain health and professional liability insurance, discuss with the preceptor and/or agency course objectives for the learning experience,

function within the scope of the Colorado Nurse Practice Act, and follow the policies and procedures of the agency. Other responsibilities include identifying his/her own learning needs, communication these to the clinical instructors and preceptors, being prepared for clinical activities, and maintaining a current basic life support certification (School of Nursing, 2003).

Professional Behaviors in the Clinical Setting

The nurse participates in ”quality of care activities as appropriate to the nurse’s education and position, and then uses the results to initiate changes in nursing practice and throughout the health care delivery system” (Standards of Clinical Practice, 1998). The nurse evaluates one’s own nursing practice, while acquiring knowledge and competency (Standards of Clinical Practice, 1998). Nurses interact with and contribute to the professional development of other health care providers as a colleage by sharing knowledge and skills, providing peers with constructive feedback and contributing to a supportive and healthy environment, conducive to the clinical education of nursing students and other employees, as appropriate (Standards, 1998). Nursing practice is guided by the Code of Nurses. The nurse’s primary commitment is to the patient, the recipient of services (Code of Ethics for Nurses, 2001). Under this commitment, the nurse strives to provide the patient with education and the opportunity to participate in planning their own care as much as possible. This is to be done using culturally appropriate, religious and ethnic considerations (Code of Ethics for Nurses). Respect for individuals extends to all that interact with the nurse. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual. Colleages, employees, assistants and students are

treated with respect, precluding any harassment or threatening behavior (2001). When acting as a nurse professional, the nurse establishes and maintains appropriate limits to relationships. Nurse-patient and nurse-colleage relationships have as their foundation, the purpose or preventing illness, alleviating suffering, and protecting, promoting, and restoring the patient's health (Code of Ethics for Nurses). The personal nature of nursing involves working closely with other colleages, and allows for the potential for the blurring of professional limits to relationships. These boundaries should be maintained, even with long term relationships in the workplace (Code of Ethics for Nurses).

Conclusion

The student nurse's roles and accountabilities are complex and varied. They involved the patient, and colleages, as well as adhering to agency policies and standards. As they are learned and understood, what is involved in becoming an RN becomes clearer.

References

American Nurses Association. (2001). *Code of Ethics for Nurses with Interpretative Statements*. Washington, DC: American Nurses Association.

American Nurses Association. (1998). *Code of Ethics for Nurses with Interpretative Statements*. Washington, DC: American Nurses Association.

School of Nursing. (2003). *Senior Practicum Syllabus.* Denver, CO: School of Nursing.

NR 485 Senior Practicum
Scope of Practice Grading Rubric

Required Content	Possible Points	Earned Points	Comments
Thoroughly addresses the following:			
Introduction	5		
Description of student nurse scope of practice	10		
Discussion of student nurse role and accountability	10		
Discussion of professional behaviors in the clinical setting	10		
Conclusion	5		
Paper Presentation/format:			
Grammar, spelling, syntax	2		
Clarity, logic, and accuracy of paper presentation	2		
Adhere to APA writing format	2		
Does not plagiarize, uses text book/references as appropriate	2		
Adheres to page limits (4-5 pages) not including cover page and reference pager	2		
Total Points:	**50**		

Early & Often

Documenting Student Progress

Marianne Horner, CNM, MS
Colorado Center for Nursing Excellence

This is a discipline / skill to develop - observation

Anecdotal Notes

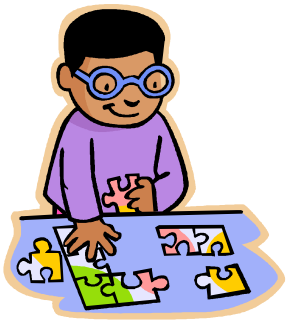
- Student achievement is judged against specific standards or criteria, as spelled out in the individual evaluation tools
- Apply the same standards to all students

Key Points in documenting student progress

- Be attentive
- Observe and record completion of tasks, but remember, there is so much more to attend to!

- Document interactions that demonstrate emerging clinical judgment
- Keep brief notes during the day to allow accurate recording later
- Build in time to make your notes & do it as soon as possible after the clinical experience

Just Do It!



Anecdotal Notes are Formative Evaluation

- Always record date / time
- Contextual information
- Possessing clarity

Objectivity is Critical

- **Write only what you are willing to have the student read**
- **Other parties may have occasion to examine your note**

As Sergeant Friday would say…

Guard Confidentiality

- How?

What to do with notes at the end of the rotation?

- Recommendation is to turn them in with your completed evaluation forms

Anecdotal Note
+
Anecdotal Note
+
Anecdotal Note
=
Compilation into *Summative* Evaluation Tool

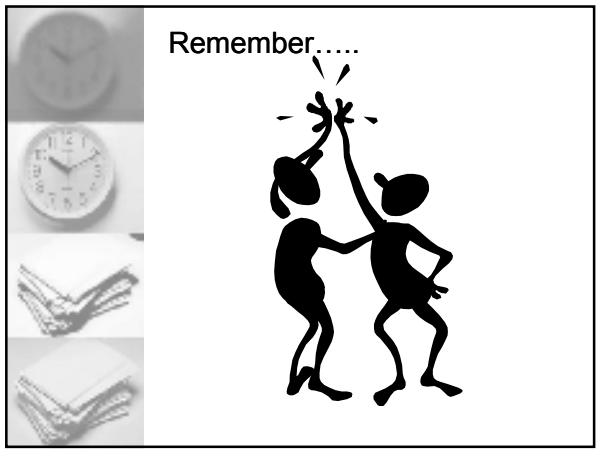
No Surprises!

One of your most important responsibilities is to develop your students' self- evaluation skills

- Before sharing your insights, always seek the student's perspective

Student Self Evaluation

- Why do this first?


Remember…..

Putting It All Together In Clinical Conferences

Pre and Post-conferences

Deborah Center RN, MSN, CNS
Colorado Center for Nursing Excellence
March 2011

Welcome to Post-Conference!

- YOU are the student
- YOU have just completed 11 hrs of patient care
- It is time for the last hour & post-conference
- Are you ready to begin a class?
- Now – you are the Instructor/Scholar…
- How do you feel?
- Are you motivated to begin to stimulate the students?

"Nursing is Unique" as a Profession

- Most "*trusted*" profession
- Nursing is the *ONLY* profession to require
  - Preparation prior to clinical*
  - Post-conferencing as debriefing method*

Benner, P and Sutphen, M (2007) Research from the Carnegie Foundation "Preparation for the Professions Programs" studying engineering, clergy, law, medicine and nursing.

*No Specific "Evidence" on methodology of conference – but literature supports use of conferencing

"Never tell them what to do but rather, *evoke their inner wisdom*"

Katharine White APRN-BCm CPHQ, CAC, ACC (2008)

Example – Reflection Exercise

- Goal:
  - Provides an opportunity for reflection
  - Demonstrates immediate impact on their own learning
  - Evaluates the student's impact on others
- Index Card or Paper
- Write down:
  - 2 things you learned in clinical today
  - 2 things you taught someone during clinical today

Example – Debriefing The "Teachable Moment!"

- *What happened today?*
- Motivation & readiness to learn
- Reinforce content
- Apply "*Big Picture*"
- Apply to a "*real*" event
- Enhances retention, critical thinking, decision-making and application in future situations

Debriefing Process

- How ***you*** facilitate the conference makes a difference!
- Positive Experiences
  - What went well?
  - What did you do well?
- Learning Opportunities
  - What did not go well?
    - Learn from negative experiences – in a positive/constructive manner
      - » ***What can I control?***
      - » ***What can I influence?***
      - » ***What do I have no control over?***
  - What did you learn from the experience?
  - What will you do differently next time?
  - How will you use or apply this in the future?

Instructor Led Exercise – *The Pipeline Game*

- Players:
  - *Clinical Course Faculty*
  - *Quality Control/Safety Officer and Time-keeper*
  - *Clinical Scholars*
  - *Students*
- Object of the Game –
  - *Safely discharge a patient to home*.

Debrief – First Exercise

- How did you do?
- How much time did it take?
- Was the patient safe?
- Did you have enough information?
- How did the Scholars do supporting their students?
- What will you do better next time?

Debrief -

- How did you do?
- What was different this time?
- How did the Students do?
- How did the Scholars do?
- Why would we do this exercise?
- What are your "*take-aways*" about activities with students?

PURPOSE OF CLINICAL CONFERENCES

- **Reflection (debriefing) or Preparation for day's events**
- **Information gathering & sharing**
- **Evaluate preparation & critical thinking & decision-making**
- **Facilitate open communication**
- **Practice real-time group problem solving**
- **Correlate theory to direct patient care**
- **Application of Nursing Process**
- **Teach new content**

CLINICAL CONFERENCE GUIDELINES

- **Set clear guidelines during student orientation**
  - **Ground rules for respect, safety, and confidentiality**
  - **Leadership – Instructor verses Student lead**
  - **Topics are goal-oriented – *not social***
  - **Participation expectation(s)**
  - **Course Requirements – *as applicable***
  - **Guest Speaker expectations**
- **Establish times & location for conferences**

PRE - CLINICAL CONFERENCES

- Meet 15 minutes to one hour prior to start of shift
- Review prep-work / give assignment
- Assess readiness for patient care
  - *Brief patient history*
  - *Plan of Care*
  - *Priorities*
  - *Mental/physical capacity for care*
- Debrief previous shift if necessary
- Notify of events on the unit
- Stimulates critical thinking before start

POST-CLINICAL CONFERENCES

- **Conference should start when two or more students are present**
- **Meet 30 minutes to one hour at the end of their shift or during shift**
- **Reflection on events of the day away from the unit**
- **Evaluation of "Plan of Care" in peer setting**
- **Instructor evaluates participation**

Scheduling Conferences

- Identify goal for the conference
- Time conference to meet goal
  - Unit/Shift timing
  - Enhance learning
- Keep consistent (for staff and students)
- Example - Two-days/week
  - Pre-conf both days
  - Post-conf day two
- Example - One-day/week
  - Pre and Post conf

TYPES OF CLINICAL CONFERENCES

- **Student led**
- **Formal student presentation**
- **Instructor led**
- **Invited speaker**
- **Hospital conference/forum**
- **On-line Post-conferences**

STUDENT LED CONFERENCES

- **Assign a student leaders prior**
- **Group interaction using critical thinking skills, decision-making and problem solving techniques**

Examples of Student Led Conferences

- **Case Scenario – present patient**
- **Correlates lab values, assessment and pathophysiology**
- **Explain surgical procedures or diagnostic testing**
- **Ethical dilemmas**
- **Conflict resolution**
- **Article – Evidenced-based Practice Review**

STUDENT PRESENTATIONS

- **Topic assigned prior to conference date**
- **Formal presentation**
- **May be graded**
- **Have group discussion after presentation – entire group learns**
- **Group feedback given in positive constructive manner**
  - ***Peer Feedback - Have students do in writing***

INSTRUCTOR LED

- **Presentation of Topic**
- **Facilitator for discussion**
- **Reflection - student to share clinical experience**
- **Use critical thinking & decision-making**
  - Medication Matching List
  - NCLEX questions with discussion
  - Laboratory Application – *"What's a Nurse to do?"*
  - *"What if, what else, what then?"* – Revolving Case-Study
  - "*Sticky Situations*" – Post-it Note Issues From during the Day
  - "*Think-Pair-Share*" – group work and present back
  - "Free Write" – reflective writing exercise
  - Games – Jeopardy/Family Feud etc.
  - Write a Song! – *"The Laryngospasms" or "Too Live Nurse!"*
- **Develop Care Plans/Concept Map**

INVITED SPEAKER

- **Clinical Expert**
- **Specialty Topic**
- **Discuss Nursing Roles and other disciplines**
- **Relevant to course**
- **Examples:**
  - **Wound Care Specialist**
  - **Case Manager**
  - **Diabetic Educator**
  - **Respiratory Therapist**
  - **Nurse Leader**
  - **Infection Control Nurse**

HOSPITAL CONFERENCE OR FORUM

- **Topic presented relates to disease process currently studying**
- **Medical Grand Rounds**
- **National speaker**
- **Punctuality important**
- **Debrief after conference**
- **Creates a culture of life-long learning as "professional responsibility"**

On-Line Clinical Conferences

- Question or situation presented to all students electronically
  - Email
  - Blackboard/On-line Location
- Type of "Group Reflective Practice" *Students respond to Instructor or to Group*
- Provide ground rules and due dates
- *Be realistic* with the assignment in relation to other course work

On-Line Conference Topics

- Ethical issues
- Laboratory Data review
- Priority Setting
- Patient Education
- Communication
- Professional Behaviors
- Application of theory to clinical situation

Be Prepared with Dog & Pony Shows!

Topics

- **Fundamentals of Nursing**
- **Medical-Surgical I**
- **Medical-Surgical II**
- **Psychiatric Nursing**
- **OB and Women's Health**
- **Pediatrics**
- **Geriatrics**
- **Others**

Final recommendations

- Set boundaries upfront
  - Keep it safe!
  - Avoid Private & Confidential Information
- Have planned objective/goal but be flexible!
- Keep interactive!
- Make it FUN!

Questions?

- **Contact Information:**
  Deb Center
  Colorado Center for Nursing Excellence
  deb@coloradonursingcenter.org

Post-Conference Topic Suggestions and Ideas

Instructor Led- Activities for any course:

- Medication Matching List
- NCLEX questions with discussion
- Laboratory Application – *"What's a Nurse to do?"*
- *"What if, what else, what then?"* – Revolving Case-Study
- "*Sticky Situations*" – Post-it Note Issues From during the Day
- "*Think-Pair-Share*" – group work and present back
- "Free Write" – reflective writing exercise
- Games – Jeopardy/Family Feud etc.
- Write a Song! – "*The Laryngospasms" or "Too Live Nurse!"*

Debriefing –

- Facilitate discussion related to "events" of the shift
  - Priority
  - Teachable Moment/Opportunity
- Identify two items you learned today
- Identify two items you taught your patient today

Reflective Practice Exercise:

- Introspective Exercise where students are given the time to answer one of the following questions:
  - I demonstrated professionalism today by…
  - My today communication was…
  - I acted as a leader by…
  - Today I was not happy with the way I did _____ and want to do _____ next time
  - I showed compassion and caring to my patient with…

Suggested Topics for Discussion in the Post-Conferences – These are listed by Clinical Course **--- *Clinical Scholars should refer to the course syllabus for specific content, clinical competencies and/or objectives assigned to the course by the Nursing Education Program to ensure the activities are relevant to the development level of the student and the program curriculum.***

Fundamentals	
Activities of Daily Living	Interview a Patient
Nurse-Patient Relationship	Establishing Trust
Therapeutic Communication	Range of Motion Exercises
Oral Feeding – Including Assessment of Swallowing	Intake and Output
Hand-washing and Universal Precautions	Fall Prevention
Insertion of Foley Catheter	Turning and Positioning the immobile patient
Touching	Humor with Patients
Physical Assessment - Normal verses Abnormal	Bed weights and/or Hoyer Lifting – *students get to be the patient*
Vital Signs	Overview of Central Supply and Scavenger Hunt on how to find and order supplies.

Diet and Nutrition – sample diets and menus	Cognitive Rehearsal for "*Difficult Conversations*"
Communication with other members of the health-team	QSEN -- Quality and Safety -- Overview of the Nurses Role
First Response Teams – *When to call? And When to call the MD? (What to say – SBAR)*	Incivility – patients, family, staff, classmates – how do I respond?
Multi-drug resistant infections	Delegation
Always Events; Never Events; Sentinel Events	Skin Care/Assessment
Pain and Symptom Management/Control	
Care of the Medical/Surgical Client/Acute - I	
The Nursing Process	Intravenous Therapy - Techniques/Management
Patient Assessment – Head to Toe	Medication Administration
Patient/Client Care Planning by the Registered Nurse	Wound Care/Simple
Prioritization of Patient Care	Oxygen Therapy Modalities
Development of Care Plans	Central Venous Line Care
Patient Skin Care	Chest Tube Awareness
Client Advocacy	Nasogastric Tubes – Care of and Feeding Process
Registered Nurse Scope of Practice	Post-Operative Care/Simple
Nurses' Notes Documentation	Suctioning and Tracheotomy Care
Ventilator Awareness	Conflict Resolution in the Clinical Arena
Patient Safety and Joint Commission Initiatives	Ethical Situations
Report – "Hand-off"	Multi-Disc Communication - SBAR
Guest Speakers – RT/PT/OT/DTY/ Spiritual Care/Infection Control	Case Presentations related to theory topic
Teaching and Support for Significant others and or family members	
Care of the Medical/Surgical Client/Complex - II	
Care of patients/clients with Diabetes, Chronic Lung Disease, Congestive Heart Failure, CVA	Post-Operative Care/Complex
Delegation of Tasks	Chest Tube Management
Emergency Procedures/Medications	Wound Care/Complex
Blood Administration - demonstration	Total /Partial Parenteral Nutrition Central Venous Line Management

Ventilator Management	Wound Care/Complex
Prioritization/Time Management with Multiple Patients	Giving a Nursing End-of-Shift Report
Nurse as a Patient Advocate	Discharge Planning and Teaching
Role-Play taking Phone Orders from Physician	Care of patient in Specialty Areas – (OR, ED, ICU, PACU, etc.)
Hemodialysis / Peritoneal Dialysis	Ethics – issues r/t Patient Rights, Death/Dying, Visitation etc.
New Graduate Experience and Reality Shock – Tools to survive	Epidural Pain Management
Care of the Pediatric Client	
Medication Administration to Pediatric Patients/ Clients	Assessment Techniques for Children
Use of Age Appropriate Toys/Games – Child Life	Growth and Development Issues
Care of the Child Post Operatively -Appendectomy	RSV
Care of the Child with Failure to Thrive	Gastro-Intestinal Issues
Adolescent Drug Abuse/Child Abuse Issues	Obtaining Consents
Communicating with Parents and Child/Family	Ethical issues
Developing Nurse-patient relationship with a child and parents/family	Pain management/control for children
Non-accidental Trauma	Care of Burn Victim
Dealing with child with no parents or family	Cardiovascular issues in children
Care of the Childbearing Client	
Ante/Post Partum Assessments	Family Teaching
Breast Feeding and patient teaching	Fetal Monitor Observation
Pre-term Labor and PIH	Gestational Diabetes
PIH and Intravenous Medications	Fetal Distress
Fetal Monitoring	Newborn Intensive Care Issues
Grief Associated With Loss of a Baby	Cultural Aspects of Childbirth
Pre and Post Epidural Management	Teen Pregnancy

Complications	Care of the Newborn
Newborn Assessment	Dealing with a Mom that needs to stay hospitalized and baby gets transported to Children's Hospital
Care of Multiple-Birth Delivery	QSEN/Pain
Psychiatric Mental Health Nursing	
Therapeutic Communication in a Psychiatric Setting	Medications Used in the Psychiatric Milieu
Group Activities	Mental Illness and its Impact on Family
Psychiatric milieu	Safety
Suicide Risks and precautions	Low level interventions
Conflict Management	DT's
Restraints – Chemical and Physical	Mental Health Holds
Out-patient Resources and Community Agencies	Boundaries – what to disclose and not disclose to a patient about personal life.
QSEN	
All Nursing Clinical Courses/Geriatrics	
Biology of Aging	Impediments to Mobility
Alzheimer's/Dementia in the Elderly	End of Life Issues
Depression and Psycho/Social Issues in the Elderly	Family Support Issues
Medication Administration to the Elderly	Grief Associated with Loss/Disease/Death
Nutrition and Feeding Issues/Patient and Family	Loneliness
Patient and Family Education	Case Management
Caring	Professionalism
Therapeutic communication	Safety
Priority Setting	Assignment Making – (related to NCLEX for patient room assignments/nurse assignments)
Multi-disciplinary Team Meetings	Legal – Ethical Considerations – reportable events
QSEN - Quality Care Initiatives	Discharging to Another Care Setting – proper handoffs

Community Health / Public Health	
Community Assessment	Community Education
Bioterrorism	Public Health Emergency
Emergency Response Teams	Public Health Awareness
Home Health –verses - Public Health – verses Community Health -- What is the difference?	Environmental Health
Diseases and Epidemics and Pandemics	Community Resources
Community Resource Identification – Case Study	Refugee and Immigrant Community and Cultural Considerations
Traumatic Brain Injury (TBI) Care Coordination	Family Planning (and Birth Control and STD education in Schools)
HCP – Helping Children with Special Needs	Geographical Information – Systems and Mapping Health and Disparity Issues
Case Management, Medical Homes and Patient Advocates for getting though the healthcare system	Community Education and Immunizations with new diseases: H1N1 – *How do we protect? How do we prevent? How do we control?*

Other Topic Ideas:

Nursing Leadership
Staffing
Charge Nurse Role
Delegation
Scope of Practice
Licensure Requirements
Nursing Organizations
Time Management

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Deb Center	**Topic:** Post Conference	**Date:** March 17, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
3. The content presented will be useful to me in my role as a Clinical Scholar	○	○	○	○	○	○
4. Appropriate reference materials were provided	○	○	○	○	○	○
5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
7. The content was at an appropriate level, not too elementary, not too complex	○	○	○	○	○	○
8. The content was covered satisfactorily and completely	○	○	○	○	○	○
9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

Comments:

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Marianne Horner	**Topic:** All Topics	**Date:** March 17, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
3. The content presented will be useful to me in my role as a Clinical Scholar	○	○	○	○	○	○
4. Appropriate reference materials were provided	○	○	○	○	○	○
5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
7. The content was at an appropriate level, not too elementary, not too complex	○	○	○	○	○	○
8. The content was covered satisfactorily and completely	○	○	○	○	○	○
9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

Comments:

Evaluation of Individual Presenter by Student
Clinical Scholar

Presenter: Karren Kowalski	**Topic:** All Topics	**Date:** March 17, 2011

Regarding the Presenter:	**Scale**					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**No Opinion / N/A**
1. The speaker was knowledgeable regarding the content presented	○	○	○	○	○	○
2. The presentation was stimulating and interesting	○	○	○	○	○	○
3. The content presented will be useful to me in my role as a Clinical Scholar	○	○	○	○	○	○
4. Appropriate reference materials were provided	○	○	○	○	○	○
5. Handouts or other materials are clear	○	○	○	○	○	○
6. The presenter was responsive to questions from the audience	○	○	○	○	○	○
7. The content was at an appropriate level, not too elementary, not too complex	○	○	○	○	○	○
8. The content was covered satisfactorily and completely	○	○	○	○	○	○
9. The speaker's selected teaching strategy (lecture, discussion, small groups, etc.) maximized my learning	○	○	○	○	○	○

Comments: