LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

School of Nursing

Nursing 123L:

MEDICAL SURGICAL NURSING CLINICAL

FALL 2020

COURSE TITLE:	**N123L –Medical Surgical Nursing Clinical**
PRE-REQUISITES:	Completion of Semester I Requirements
UNITS:	2.5 Units
HOURS:	15 hours per week
LENGTH:	9 weeks
PLACEMENT:	Semester 2
CONCURRENCY:	All semester theory courses are taken concurrently with the clinical courses.
COURSE DESCRIPTION:	This clinical course provides the student with opportunities to build on semester 1 and apply semester 2 theoretical content. It focuses on the application of the nursing process in the care of adult clients in the acute setting. The physiological, psychological, sociocultural, developmental and spiritual variables as identified in the Neuman Systems Model are utilized in formulation, implementation and evaluation of a plan of care. Methods of health promotion and health maintenance are applied for the adult and elderly clients in the acute care setting. The student participates as a member of the health care team and applies collaborative communication techniques, teaching-learning principles regarding health promotion, and legal/ethical decision making in clinical practice.

COURSE OBJECTIVES: Upon satisfactory completion of the course, the student will:

1. Demonstrate the concept of nursing process for safe patient-centered care of individuals with emphasis on physiological problems utilizing evidence-based practice.

2. Demonstrate effective communication skills and nursing informatics in promoting and maintaining the health of individuals with common health problems.

3. Utilize methods of teamwork and collaboration with other members of inter-professional healthcare teams for providing and improving patient-centered care.

4. Demonstrate legal-ethical behaviors that reflect the value of professional accountability and provide and improve quality of care for adults with common health problems.

5. Examine nursing responsibilities in decision-making as a member of the inter-professional healthcare team in assessing, maintaining and promoting health to achieve safe, quality patient-centered care.

6. Demonstrate teaching strategies utilizing evidence-based practice to provide information to individual(s) and/or groups.

7. Examine the impact of socio-cultural values in the provision of patient-centered care for individuals with common health problems.

STUDENT LEARNING OUTCOMES:

Students identify, apply, and safely integrate legal-ethical decisions and communication skills in providing care for culturally diverse patients in acute care settings utilizing the fundamentals of the nursing process.

TEACHING METHOD:

Skills presentations, Simulation lab participation, video presentation, pre- and post-conference discussions, bedside instruction.

METHOD OF EVALUATION:

Students achievement of all clinical Performance Evaluation criteria listed below indicates attainment of the student learning outcome:

- Receive a score of 85% or greater in the Drug Dosage Calculation Competency
- Complete clinical worksheet by 0700 each clinical day.
  **Prep sheets TBD based on Covid restrictions.
- Receive a grade of satisfactory on:
  - Nursing Care plan
  - Written clinical competency with a score ≥ 70%
  - Psychomotor skills competency
  - Implemented formal teaching plan
- Research medications and present findings at a medication conference
- Satisfactorily care for two patients by the end of the course.
- Satisfactorily meet each criterion on the Clinical Evaluation form.

GRADING SCALE:

Satisfactory/Unsatisfactory grading scale is used as the method for scoring and determining final grade in course. (See Student Handbook on grading policy.

REQUIRED READING:

BRN Nursing Practice Act. http://www.rn.ca.gov/npa/npa.htm

Frandsen, G., & Pennington, S.S. (2018). Abrams' *Clinical Drug Therapy* (11th ed). Philadelphia: Wolters Kluwer Health.

Hinkle, J.L. & Cheever, K.H. (2018). Brunner & Suddarth's *Textbook of Medical-Surgical Nursing (14th ed).* Philadelphia: Wolters Kluwer.

McKinney, E. James, S., Murray, S., Nelson, K., & Ashwill, J. (2018). *Maternal-child nursing (5th ed.).* St. Louis: Elsevier.

Taylor, C., Lynn, P., Bartlett, J.L. (2019). *Fundamentals of nursing care: The art and science of person-centered nursing care (9th ed).* Philadelphia: Wolters Kluwer Health.

RECOMMENDED READING:

Ackley, B.J., Ladwig, G.B., & Flynn-Makic, M.B. (2017). *Nursing diagnosis handbook: An evidenced-based guide to planning care (11th ed.).* St. Louis: Elsevier.

Alfaro-LeFevre, R. (2014). *Applying nursing process – a tool for critical thinking (8th ed.).* Philadelphia: J.B. Lippincott.

Carpenito-Moyet, L. (2017). *Nursing diagnosis application to clinical practice (15th ed.).* Lippincott: Williams and Wilkins.

All academic policies are strictly enforced.

For any conflict or issue, students must first meet with their respective instructor to discuss a solution. If issue is not resolved, students must adhere to the appropriate chain of command starting with the Semester Coordinator, SON Dean, and Provost

You've successfully created a new Lippincott Course Point+ for Taylor: Fundamentals of Nursing, Ninth Edition class: N123L Medical Surgical Nursing CLINICAL

Your CLASS CODE is: 117466EF

To have your students enroll, send them the class code and the following instructions. You can simply copy and paste the text below.

Copy and paste the following:

1. If you don't already have access to Lippincott Course Point+ for Taylor: Fundamentals of Nursing, Ninth Edition, redeem your **ACCESS CODE** and complete registration at http://thePoint.lww.com/activate.

2. From the **"My Content"** page, click on Lippincott Course Point+ for Taylor: Fundamentals of Nursing, Ninth Edition.

3. On the welcome screen or from **"My Classes"**, select **"Join a Class"**, enter your **CLASS CODE: 117466EF**, and click **"Enroll"**.

If you experience any problems, check the code again and re-enter it. If it does not work, contact Lippincott Online Product Support at 1-800-468-1128 or techsupp@lww.com for assistance.
Not sure what an **ACCESS CODE** is?
Learn more at http://thepoint.lww.com/Help/BookAccess.

PROFESSIONAL STANDARDS / CLINICAL EXPECTATIONS:

Professional standards of the student are valuable qualities and necessary for your development in becoming a professional nurse. The qualities listed below are the **EXPECTED** standards at this level.

The student will demonstrate responsible, accountable and consistent behaviors in the following areas:

1. Provide safe and professional care.
2. Follow all hospital policies/procedures and accepted standards of care.
3. Be accountable for previously learned knowledge/skills.
4. Keep instructor and professional staff informed of the client's status in a timely manner.
5. Always keep instructor and staff informed of whereabouts.
6. Function effectively within nursing and foster open communication, mutual respect, and shared decision-making in a professional manner.
7. Prepare each day to care for their clients. Preparation includes knowledge of clients:
   - History/diagnosis
   - Expected findings
   - Current medication and effect on client
   - Diagnostic exam and rationale for exam
   - Anticipated complications
   - Rationale for plan of care
   - Cultural practices and values
   - Erickson's Developmental Stages
     - Client's expected behavior for developmental stage across the life span
     - Interventions/collaborations to promote client's growth and development
     - Priority teaching needs of client and family
8. Performs safe and consistent total client care. Total client care includes, but is not limited to:
   - ADL
   - Medication administration
   - Daily assessment
   - Education of client/family
   - Treatment
   - Documentation
9. Observe dress code standards according to the Student Handbook.
10. Clinical evaluation is based on satisfactory completion of ALL objectives. Failure of one clinical objective will constitute an unsatisfactory grade for the course.
11. All written assignments are due at specified times. No late assignments will be accepted.
12. Students are expected to prepare the day before their clinical experience and clinical preparation sheets must be completed prior to 0700 on the day of the clinical. If students are not prepared they are deemed unsafe and will be dismissed from the clinical area and will be counted as ABSENT and student placed on academic warning. A second incident will constitute failure of a course objective.
13. Students participate actively in clinical conference.

14. The clinical competency must be completed with a passing grade. A second competency will be scheduled after notification of failure.
15. Clinical attendance is mandatory. You are responsible for the information in Policy #210 – School of Nursing Attendance for Clinical Courses.

NOTE: Failure to adhere to professional standards / clinical expectations will result in a written academic warning.

Los Angeles County College of Nursing and Allied Health
N123L - Clinical Performance Evaluation Tool

Student: _____ **Class**: _____ **Faculty:** _____

Date: _____ **Midterm Grade**: ☐Satisfactory ☐Needs Improvement ☐Unsatisfactory
Date: _____ **Final Grade**: ☐Satisfactory ☐Unsatisfactory

Grading Guidelines:

- Clinical performance utilizing core competencies are evaluated on a Satisfactory (S), Needs Improvement (NI), Unsatisfactory (U) basis using the following criteria:

  Satisfactory: Student is consistently meeting measurement criteria – core competencies and course objectives at the expected achievement level.

  Needs Improvement: Performance level is inconsistent. The student must demonstrate consistent performance a the expected achievement level by the end of the semester to pass clinical.

  Unsatisfactory: Student is not meeting measurement criteria at expected level of achievement.

  N/A: Not applicable
- **Student must receive Satisfactory during the final clinical evaluation to pass the course.**

N123L Core Competencies	**Midterm**				**Final**	
	S	NI	U	N/A	S	U
1.**Patient-Centered Care**: Recognizes the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values and needs. **(Course Objectives 1, 6 & 7)**						
a. Develops an individualized plan of care with focus on assessment and planning utilizing the nursing process and comprehensive assessment skills.						
b. Demonstrates caring behaviors						
c. Conducts comprehensive assessment while eliciting patient values, preferences and needs.						
d. Assesses the presence and extent of pain and suffering utilizing the appropriate pain tool						
e. Interprets patient assessment data appropriately						
f. Implements interventions to address physical and emotional comfort, pain, and/or suffering						
g. Educates patients/family members regarding nursing procedures, health promotion wellness, disease management, and prevention using therapeutic communication						
h. Respects diversity of individuals						
i. Demonstrates sociocultural sensitivity in providing patient care						
2.**Teamwork and Collaboration**: Functions effectively within nursing and inter-professional teams, fostering open communication, mutual respect and shared decision making to achieve quality patient care. **(Course Objective 3)**						
a. Utilizes effective communication skills (verbally, non-verbally, and through electronic Health Record (EHR) documentation) with patients, family, and health care team members						
b. Initiates and utilizes relevant data for communication with proper						

N123L Core Competencies	Midterm				Final	
	S	NI	U	N/A	S	U
use of Situation, Background, Assessment, Recommendations (SBAR)/ Identify, Situation, Background, Assessment, Recommendations, Read Back (ISBARR) format						
c. Initiates roles and scope of practice of health care team members						
d. Seeks assistance for concerns out of students' scope of practice						
e. Initiates need for help when appropriate to situation						
3.**Evidence-Based Practice**: Integrates best current evidence with clinical expertise and patient/ family preferences and values for delivery of optimal health. **(Course Objective 6)**						
a. Utilizes evidence-based literatures and practice in written assignments, nursing care plans and clinical activities						
b. Values the concept of evidence-based practice in determining best clinical practice						
4.**Quality Improvement**: Uses data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems. **(Course Objective 4)**						
a. Provides care in a timely and effective manner						
b. Recognizes that nursing and other health care professions are parts of systems of care and care processes that affect outcomes for patients and families						
c. Values own contributions to outcomes of care						
5.**Safety**: Minimizes risk of harm to patients and providers through both systems effectiveness and individual performance. **(Course Objectives 1, 4 & 5)**						
a. Demonstrates effective use of technology, standardized practices, and policies that support safety and quality						
b. Identifies and discusses national patient safety goals and quality measures						
c. Demonstrates competency in nursing skills appropriate to the course expectations						
d. Implements strategies to reduce risk of harm to self and others						
e. Demonstrates appropriate clinical decision-making with rationales						
f. Communicates observations or concerns related to hazards and errors to patient, families, and health care team						
g. Demonstrates safe, timely administration of medications with verbalization of pharmacologic implications and considerations to assigned patient(s)						
h. Organizes multiple responsibilities and provides care to minimum of two patients in a timely manner by the end of clinical rotation						
6.**Informatics**: Uses information and technology to communicate, manage knowledge, mitigate error, and support decision-making. **(Course Objective 2 & 4)**						
a. Navigates appropriately the EHR for patient information and data gathering necessary in clinical						
b. Documents accurate and concise assessment and responses to care in the EHR						
c. Manages data, information, and knowledge of technology in an ethical manner						
d. Protects confidentiality of EHR (electronic health record).						

N123L Core Competencies	**Midterm**				**Final**	
	S	NI	U	N/A	S	U
7.**Professionalism**: Demonstrates professional behavior towards patients, families, inter-professional team members, faculty, and fellow students. **(Course Objectives 2 & 4)**						
a. Demonstrates core professional values (caring, altruism, autonomy, integrity, human dignity, and social justice) while recognizing own values						
b. Maintains professional behavior, hygiene, and appearance						
c. Complies with the Nursing Code of Ethics, Standard of Practice, and policies and procedures of Los Angeles County College of Nursing and Allied Health, School of Nursing, and clinical agencies assigned						
d. Assumes responsibility for learning						
e. Engages in self-evaluation						
f. Accepts constructive criticism and develops plan of action for improvement						
g. Maintains a positive attitude and communicates with inter-professional team members, faculty, and fellow students in a positive, professional manner						
h. Provides evidence of preparation (clinical worksheet, concept map, SBAR) for clinical learning experiences						
i. Arrives to clinical site at assigned times prepared to receive report and perform patient care						
j. Completes tasks and nursing activities according to course expectations in a timely manner						
k. Accepts individual responsibility and accountability for assessment, nursing interventions, outcomes, and other actions						

Other Methods of Evaluation	**Satisfactory**	**Unsatisfactory**
Drug Dosage Calculation Competency	☐	☐
Skills Competency		
Written Competency	☐	☐
Psychomotor Competency	☐	☐
Written Assignments		
o NCP	☐	☐
o Formal Teaching Plan	☐	☐

Attendance Summary	**Midterm**			**Final**		
	Number	**Dates**	**Student Signature**	**Number**	**Dates**	**Student Signature**
Absences						
Tardies						

Midterm Evaluation

Faculty Comments (Address strengths and opportunities for improvement):

Plan for improvement (Required for any "Needs Improvement" and "Unsatisfactory" competencies):

Student Comments:

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Final Evaluation

Faculty Comments (Address strengths and opportunities for improvement):

Plan for improvement (Required for any "Needs Improvement" and "Unsatisfactory" competencies):

Student Comments:

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Student Name:_____

RUBRIC: NURSING CARE PLAN

Section	Description	S	U	Comments
Medical Information	Collected information (i.e. chief complaint, medical history, medical diagnoses, summary of hospitalization, and list of medical orders including drug information) was written.			
Pathophysiology	Discussion of primary diagnosis was comprehensive. Secondary diagnosis (es) was integrated and briefly discussed. Reference source(s) in APA format.			
Diagnostic tests	Lab values/test results were identified and correlated to clinical condition. Trend identified if applicable.			
Physical Assessment	Physical assessment was detailed following the N123L Assessment Documentation Guide.			
Other Variables	Brief discussion of stressors and other variables utilizing Neuman Model.			
Prioritization	List of priority nursing problems/ nursing diagnoses/ potential complications was complete.			
Nursing Care Plan	One physiologic & one psychosocial nursing diagnoses **(Session 1);** One potential complication & one physiologic nursing diagnoses **(Session 2)**			
a. Assessment	Accurate assessment data was categorized as subjective and objective.			
b. Diagnosis	NANDA diagnoses were utilized appropriately. Written in PRS/PES, PR/PE and another prescribed format.			
c. Planning	Goals were written following ROAM (Realistic, Observable, Achievable, Measurable) and with timeline. Scientific rationale per intervention was clearly written.			
d. Implementation	Intervention plans were implemented. Patient's response was written for each intervention.			
e. Evaluation	Goals were met/partially met/unmet. If goal was not met or partially met, follow up revision plan was briefly discussed.			
Spelling, Grammar & Format	Paper was neatly written with correct grammar and spelling. Prescribed format was followed.			
Accountability	**Completed Nursing Care Plan is due at date specified by Clinical Instructor.**			

Comments:

Instructor's Signature: _____ **Date:** _____

MEDICATION ADMINISTRATION - INSULIN (SUBCUTANEOUS)
Performance Checklist

Performance Criteria	S	U	Comments
Check prescriber's order.			
Verbalize checking of blood glucose level prior to administering insulin.			
Determine appropriateness of administering insulin based on blood sugar reading.			
Check allergies.			
Wash hands prior to preparing medication. Sequence of hand washing may vary but must be done prior to cleaning top of insulin vial.			
Select correct syringe for insulin administration.			
Select correct insulin vial.			
Check insulin vial for color, clarity and expiration date. If vial is opened, check for RN initials and date vial was first used.			
Clean top of vial with alcohol pad.			
Draw up correct dose of insulin in the presence of a second licensed staff.			
Obtain independent double check to verify prescriber's order matches insulin type and dose.			
Use appropriate measures to protect needle.			
Locate two correct subcutaneous injection sites that may be used for insulin administration.			
Wash hands and don gloves prior to administering medication.			
Verify patient identity by comparing patient's name and MRUN on identification band with prescriber's order.			
Clean injection site with alcohol pad.			
Demonstrate proper technique for SQ insulin injection.			
Activate needle safety device and disposes of syringe into appropriate container, i.e., sharps container.			
Document according to documentation standards in EHR.			

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Student Name_____

RUBRIC: INTRAVENOUS THERAPY (I.V.) COMPETENCY
Administration of Medications and Fluids via Peripheral Venous Access Device

All the Criteria **must** be satisfactorily met to establish competence.

Criteria	Unsatisfactory	Satisfactory	Student performance
Assessment	□ Fails to verify MDs orders □ Incorrectly identifies patient □ Fails to assess allergies □ Fails to assess / discuss: □ IV site □ Dressing & need for change □ Complications	□ Verifies MDs orders □ Correctly identifies patient □ Assesses allergies □ Accurately assesses /discusses: □ IV site □ Dressing & need for change □ Complications	
Patient Preparation	□ Fails to acknowledge patient as a core member of healthcare team □ Inadequate or no patient teaching verbalized □ Fails to encourage input/questions	□ Acknowledges patient as a core member of healthcare team □ Provides patient teaching as appropriate to given scenario □ Encourages input/questions	
Equipment	□ Incomplete gathering of equipment □ Incorrect use of equipment	□ Gathers all necessary equipment □ Correctly uses equipment	
Asepsis	□ Violates principles of asepsis	□ Maintains principles of asepsis	
Skill Performance *(any or all may be evaluated)*	□ Fails to follow the "three checks" and "eight rights" of medication administration □ Fails to administer correct amount of fluid at correct rate □ Fails to close the infusion clamp appropriately for the scenario □ Fails to wipe the appropriate port with alcohol or disinfectant swab □ Fails to complete the medication / tubing label □ Fails to discuss correct disposal of equipment and supplies	□ Follows the "three checks" and "eight rights" of medication administration □ Administers correct amount of fluid at correct rate □ Closes the infusion clamp appropriately for the scenario □ Wipes the appropriate port with alcohol or disinfectant swab □ Completes medication/tubing label and applies to the IV bag/tubing □ Discusses correct disposal of equipment and supplies	
Evaluation	□ Fails to discuss post procedure assessment and documentation	□ Discusses correct post procedure assessment and documentation	
General Competency Evaluation	□ Demonstrates inadequate nursing knowledge required to safely perform psychomotor skill. □ Neglects key elements / errors, compromising patient safety.	□ Demonstrates basic nursing knowledge to safely perform psychomotor skill. □ Performs key elements, maintaining basic patient safety.	

Comments: □ Unsatisfactory □ Satisfactory

Instructor: _____ Date: _____

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Student Name _____

RUBRIC: URINARY CATHETERIZATION

All the criteria **must** be met satisfactorily to establish competence.

Criteria	Unsatisfactory	Satisfactory	Student Performance
Assessment	□ Fails to verify MDs orders □ Incorrectly identifies patient □ Fails to assess allergies	□ Verifies MDs orders □ Correctly identifies patient □ Assesses allergies	
Equipment	□ Fails to gather necessary supplies for urinary catheter insertion □ Fails to examine supplies for expiration date and integrity of equipment	□ Gathers necessary supplies for urinary catheter insertion □ Examines supplies for expiration date and integrity of equipment	
Patient Preparation	□ Fails to acknowledge patient as a core member of healthcare team □ Fails to explain the procedure with rationale to the patient □ Fails to encourage input questions □ Fails to provide patient privacy □ Fails to provide peri care □ Fails to position patient correctly for urinary catheter insertion □ Fails to insert catheter safely	□ Acknowledges patient as a core member of healthcare team □ Explains the procedure with rationale to the patient □ Encourages input / questions □ Provides patient privacy □ Provides peri care □ Positions patient correctly for urinary catheter insertion □ Safely inserts urinary catheter	
Skill Performance	□ Fails to implement logical sequence of procedure □ Fails to secure catheter with Stat Lock in the correct place □ Fails to hang drainage bag from a non-moving part of the bed □ Fails to reposition patient post insertion	□ Implements logical sequence of procedure □ Secures catheter with Stat Lock in the correct place □ Hangs drainage bag from a non-moving part of the bed □ Repositions patient in a comfortable position post insertion	
Asepsis	□ Violates principles of asepsis □ Fails to identify and/or correct any violations of asepsis □ Exceeds two (2) corrected violations	□ Maintains principles of asepsis □ Recognizes and corrects violations of asepsis □ Violations not to exceed two self-corrections	
Evaluation	□ Fails to discuss proper disposal of equipment □ Fails to discuss correct post procedure assessment and documentation	□ Discusses proper disposal of equipment □ Discusses correct post procedure assessment and documentation	
General Competency Performance	□ Demonstrates inadequate nursing knowledge required to safely perform psychomotor skill. □ Fails to identify errors or key elements, compromising patient safety	□ Demonstrates basic nursing knowledge and safely performs psychomotor skill. □ Performs key elements, maintaining basic patient safety.	

Comments: □ Unsatisfactory □ Satisfactory

Instructor:_____ Date:_____

Student Name: _____

RUBRIC: NASOGASTRIC (NGT) INSERTION

All the Criteria **must** be satisfactorily met to establish competence.

Criteria	Unsatisfactory	Satisfactory	Student performance
Assessment	□ Fails to verify MDs order □ Fails to assess nares for patency □ Fails to assess history of nasal injury and/or surgery □ Fails to assess for allergies	□ Verifies MDs order correctly □ Assesses nares for patency □ Assesses history of nasal injury and/or surgery □ Assesses for allergies	
Patient Preparation /Teaching	□ Fails to acknowledge patient as core member of healthcare team □ Fails to identify patient □ Fails to explain procedure / teaching with rationale □ Fails to encourage input/questions □ Fails to establish hand signals □ Fails to provide privacy □ Fails to perform gastrointestinal and respiratory assessment pre-insertion □ Fails to position patient for NGT insertion/placement	□ Acknowledges patient as a core member of healthcare team □ Correctly identifies patient □ Explains procedure/ teaching with rationale □ Encourages input/questions □ Establishes hand signals □ Provides patient privacy □ Performs gastrointestinal and respiratory assessment pre-insertion □ Positions patient for NGT insertion/placement	
Equipment Preparation	□ Selects wrong tube □ Fails to gather appropriate supplies for tube insertion and/or maintenance □ Fails to identify landmarks, measure or mark tube □ Fails to lubricate tip of NGT	□ Selects appropriate tube □ Gathers appropriate supplies for tube insertion and/or maintenance. □ Identifies landmarks, then measures and marks tube □ Lubricates tip of NGT	
Asepsis	□ Fails to use medical asepsis	□ Correctly uses medical asepsis	
Skill Performance	□ Fails to correctly adjust head position □ Fails to advance NGT safely □ Fails to secure NGT □ Fails to connect Lopez valve multifunction port (MFP) to NGT or to appropriate apparatus correctly □ Fails to verify placement	□ Adjusts head position correctly for insertion □ Safely advances NGT □ Secures NGT □ Connects Lopez valve / multifunction port (MFP) to NGT or to appropriate apparatus correctly □ Verifies placement	
Evaluation	□ Fails to discuss correct post-procedure assessment (including GI & respiratory) and documentation	□ Discusses correct post procedure assessment (including GI & respiratory) and documentation	
General Competency Performance	□ Student demonstrates inadequate nursing knowledge required to safely perform psychomotor skill. □ Student fails to identify errors or neglects key elements, compromising patient safety.	□ Student demonstrates basic nursing concepts required to safely perform psychomotor skill. □ Performs key elements, maintaining basic patient safety.	

Comments: □ Unsatisfactory □ Satisfactory

Instructor: _____ Date: _____

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Student Name: _____

RUBRIC: FEEDING VIA NASOGASTRIC, GASTROSTOMY OR JEJUNOSTOMY TUBE

All the Criteria **must** be satisfactorily met to establish competence.

Criteria	Unsatisfactory	Satisfactory	Student performance
Assessment	□ Fails to verify MDs order □ Fails to assess for allergies □ Fails to assess presence of bowel Sounds and respiratory status □ Fails to assess tube placement □ Fails to assess residual (tube patency) □ Fails to assess GI symptoms that suggest intolerance of previous feedings □ Fails to assess expiration date and temperature of the feeding	□ Verifies MDs order correctly □ Assesses for allergies □ Assesses presence of bowel sounds and respiratory status □ Assesses tube placement □ Assesses residual (tube patency) □ Assesses GI symptoms that suggest intolerance of previous feedings □ Assesses expiration date and temperature of the feeding	
Patient Preparation / Teaching	□ Fails to acknowledge patient as a core member of healthcare team □ Fails to correctly identify patient □ Fails to explain procedure /teaching with rationale □ Fails to encourage input/questions □ Fails to provide patient privacy □ Fails to position patient correctly for feeding	□ Acknowledges patient as a core member of healthcare team □ Correctly identifies patient □ Explains procedure /teaching with rationale □ Encourages input/questions □ Provides patient privacy □ Positions patient correctly for feeding	
Equipment Preparation	□ Fails to gather appropriate supplies prior to tube feeding.	□ Gathers appropriate supplies for tube feeding.	
Asepsis	□ Fails to use medical asepsis	□ Correct use of medical asepsis	
Skill Performance *(any or all may be evaluated)*	□ Fails to follow a logical sequence of procedural implementation □ Fails to administer feeding according to the given scenario/protocol □ Fails to complete the feeding label or apply to the feeding bag □ Fails to dispose of equipment correctly	□ Implements a logical sequence of the feeding procedure □ Administers feeding according to the given scenario/protocol □ Completes the feeding label and applies to the feeding bag □ Disposes of equipment correctly	
Evaluation	□ Fails to discuss post procedure assessment and documentation	□ Discusses post procedure assessment and documentation	
General Competency Performance	□ Demonstrates inadequate nursing knowledge required to safely perform psychomotor skill. □ Fails to identify errors or key elements compromising patient safety.	□ Demonstrates basic nursing concepts required to safely perform psychomotor skill. □ Performs key elements, maintaining basic patient safety.	

Comments: □ Unsatisfactory □ Satisfactory

Instructor: _____ Date: _____

Student Name: _____

RUBRIC: CLINICAL TEACHING PLAN REPORT

Subject	Criteria	S	U	Comments
Introduction	Discuss patient's pertinent clinical findings: Nursing/Medical diagnosis and stressors.			
Learning need	Identify patient learning needs and barriers to patient learning.			
Student teaching/ learning needs	Identify personal teaching/learning needs encountered in the process of patient teaching.			
Patient teaching strategies	Discuss how patient teaching was done, why particular teaching methods selected were best for the patient, situation, and for the goal of teaching. Demonstrate patient/nurse collaboration.			
Level of patient understanding	Identify level of patient understanding such as level of education, what patient already knows, what patient wants to learn first.			
Resources for patient teaching	Demonstrate creativity in identifying effective patient education resources which may include people, materials and sources of information.			
Effectiveness of patient teaching	Discuss techniques and/or strategies used to evaluate patient's mastery of concepts, skills, or behavior. What would you change if anything?			
Teaching/learning principles	Demonstrate overall understanding and application of teaching/learning principles.			
Summary	Well prepared, knowledgeable, thorough, and enthusiastic.			

Comments:

Instructor's Signature: _____ **Date: _____**