

Clinical Readiness Self Assessment

Name: _____ Date: _____

Course Name: _____

The quality of your clinical experience depends on adequate student preparation and appropriate preceptor/instructor supervision style and structure. The purpose of this self assessment is to identify your learning needs and readiness for clinical. The assessment process should be helpful to you in determining preparation needed for clinical, and also helpful to your preceptor/instructor in planning and evaluating your learning experiences.

Please complete and bring with you to your orientation for review with your clinical instructor and preceptor.

1. What previous clinical rotations have you completed to date?

- | | |
|---|--|
| <input type="checkbox"/> Medical-Surg I | <input type="checkbox"/> Senior Integrated Practicum |
| <input type="checkbox"/> OB | <input type="checkbox"/> Community Health Nursing |
| <input type="checkbox"/> Peds | <input type="checkbox"/> Medical Surg II |
| <input type="checkbox"/> Psych/Mental Health | |
| <input type="checkbox"/> Summer Externship, specify site and clinical setting _____ | |
| <input type="checkbox"/> Clinical Elective, specify course/site _____ | |

2. What strengths have you developed from other clinical experiences?

3. What areas of needed improvement are you aware of from other clinical experiences?

4. Have you been/are you employed in health care? Is so, where, for how long, and what type of role/responsibilities?

5. Do you have a previous college degree? Is so, in what field of study?

6. What population or care setting are you most interested in, possibly as your entry into nursing practice? (i.e., adults, peds, geriatrics, medical, surgical, obstetrics, etc.)

7. What aspects of care delivery or care coordinator are you particularly interest in? (i.e., assessment, interdisciplinary care coordination, delegation to unlicensed assistive personnel, patient education, discharge planning, clinical guidelines or care planning, technology, preventative care, quality improvement, cost containment initiatives, etc.).

8. Within the context of the course competency outcomes (performance expected at the completion of the course), what would make this an outstanding clinical experience in your mind?

9. What is your greatest concern for this clinical?

10. During this clinical rotation, I want to focus on/accomplish:
(Examples: clinical and theory skills, injections, charting, nursing process, etc)

11. During this clinical rotation, I definitely want an opportunity to:

12. In one year from now, what do you plan to be doing?
When I graduate, I plan to:

13. Learning Style:

Do you learn best by: (Please circle all that apply)

Comments:

- A. Reading
- B. Listening
- C. Observing and then demonstration
- D. Demonstrating with someone observing the first time
- E. Other: _____

Would you like your CTA/Clinical Faculty to: (Please circle all that apply) Comments:

- A. Be with you most of the time until you are comfortable.
- B. Be a resource you can find for questions, etc.
- C. Show you once, then watch you, then let you be on your own except for questions, etc.
- D. Other: _____

Generally, do you learn and perform most successfully with:

- ___ very close supervision
- ___ moderate supervision, initiated by the preceptor or yourself
- ___ available supervision, requested by you as needed

14. How can the CTA/Clinical Faculty help you to obtain the optimal clinical experience?

15. OPTIONAL:

What other responsibilities do you have that may impact your time? (Children, etc.)

Are you experiencing a life situation during this clinical rotation which may effect your performance that your CTA/Clinical Faculty needs to know about? (Explain or discuss with Clinical Faculty).

Are there any special needs clinically /educationally, or anything else that you want to share or that your CTA/Clinical Faculty should know in order to enhance your clinical learning experience?

CLINICAL SKILLS	Previous Experience
<i>(Please check the column to the right if you have previous experience)</i>	
1. Admission Assessment:	
a. Neurological.	
b. Cardiovascular.	
c. Respiratory.	
d. Gastrointestinal.	
e. Skin.	
f. Lab Data (<i>CRC & Diff., Electrolytes, Blood Gas</i>).	
2. Asepsis:	
a. Isolation.	
b. Standard Precautions.	
3. Computers:	
a. Acuity System.	
b. Lab Computer.	
4. Cor Zero:	
a. Initiates CPR.	
b. Activates cor zero response.	
c. Demonstrates knowledge of equipment on crash cart.	
d. Differentiates the following roles:	
(1) Runner / circulator.	
(2) Recorder.	
(3) Medication nurse.	
5. Drainage / Evacuation: (<i>i.e., Jackson-Pratt, Hemovac, NG/Salem Sump, chest tubes</i>).	
6. Feedings: (Bottle/Breast/Gavage/Gastrostomy/Oral).	
7. Intravenous Therapy:	
a. Calculating Maintenance Fluids.	
b. Checking Fluid Infusing.	
c. Calculating / Administering Replacement Fluids.	
d. Maintaining Site.	
e. Priming Tubing / Changing Tubing.	
f. Administering Electrolyte Infusions (K+)	
g. Heparin Locks.	
h. Monitoring and Charting Infusions.	
8. Measurements:	
a. Calculating Maintenance Fluids.	
b. Weights.	
c. OFC.	
d. Length.	
9. Medications:	
a. 5 Rights: Drug/Dose/Time/Patient/Route.	
b. Administration Via:	
(1) IV Push.	
(2) IV by Pump.	
(3) P.O.	
(4) I.M.	
(5) Subcutaneous.	
(6) Rectal.	
10. Monitors:	
a. Hewlett Packard:	
(1) Bedside CRM.	
(2) Central Station.	
b. Patches / Limb Leads.	

CLINICAL SKILLS	Previous Experience
<i>(Please check the column to the right if you have previous experience)</i>	
11. Pumps:	
a. IVION Kids' Pump.	
b. Medfusion.	
c. Feeding Pump.	
12. Respiratory Equipment:	
a. Nasal Cannula.	
b. Incentive Spirometer.	
c. Oxygen Hood.	
d. Oxygen Analyzer.	
e. Mist.	
f. Bag / Mask / Manometer.	
g. Pulse Oximeter.	
h. Nasal / Oral Airways.	
13. Screening: Blood Glucose Monitoring Device (<i>One Touch</i>)	
14. Skin and Wound Care:	
a. Gastrostomy Tube Site Care.	
b. Mouth Care.	
c. Ostomy Care.	
d. Specialized Bed for Immobilized Patients.	
e. Wound Care – Infected.	
f. Wound Care – Uninfected.	
15. Specimen Collection	
a. Culturette.	
b. Drawing Blood:	
(1) Venipuncture.	
(2) Finger Stick.	
(3) Blood Culture.	
(4) Heplock.	
(5) Peripheral IV.	
c. Stool.	
d. Tracheal Aspirate.	
e. Urine Culture.	
16. Thermoregulation:	
a. Tylenol / Ibuprofen Administration.	
b. Sponge Baths.	
c. Cooling Blanket.	
17. Urinary Output	
a. Diaper Weight.	
b. Urinary Catheter Insertion.	
c. Foley Catheter Maintenance.	
18. Vital Signs:	
a. Tympanic.	
b. Digital Temperature Probe.	
c. Temp-A-Dot.	
d. Apical Pulse.	
e. Respiratory Rate.	
f. Blood Pressure:	
(1) Diamap.	
(2) Manual.	

Skills Checklist

What level of competence/confidence do you have in the following areas? Rate the skills using this scale:

- 5 = Very
- 4 = Moderately
- 3 = Somewhat
- 2 = Need improvement
- 1 = Not at all

Please indicate with an asterisk (*) if you have not previously preformed a skill.

- ___ a. Verbal communication - asking for information, giving report
- ___ b. Written communication - nursing note's documentation
- ___ c. Organization of patient care assignments
- ___ d. Time management in completing assignments
- ___ e. Patient physical/emotional assessment
- ___ f. Medication administration - oral, IM
- ___ g. Admission assessment - interviewing history taking
- ___ h. Skill proficiency - NG tube insertion, suctioning, catheter insertion
- ___ i. Oxygen setup
- ___ j. Isolation techniques
- ___ k. IV therapy - set- up, regulating, buff caps, discontinuing
- ___ l. Blood glucose monitoring
- ___ m. Insulin administration
- ___ n. Dressing or wound care

Performing the following activities under direct supervision:

- ___ o. Administering routine IV fluids/continuous medication infusions, IVPB medications
- ___ p. Administer IV push medications
- ___ q. Discontinue IV catheters
- ___ r. Draw blood from central lines
- ___ s. Administer narcotics
- ___ t. Perform venipuncture for blood drawing/IV line
- ___ u. Administer blood and/or blood products
- ___ v. Overall, general competence/comfort in the clinical area

University of Colorado Health Sciences Center
School of Nursing

Personal Learning Competency Outcomes

Student Name: _____

Date: _____

Course Name: _____

Clinical Site: _____

Personal Learning Competency Outcome for this rotation include:

1.

2.

3.

Reviewed by:

Clinical Scholar/Clinical Instructor: _____

Preceptor/CTA: _____