**I ASSUME PRIMARY RESPONSIBILITY FOR IDENTIFYING MY LEARNING NEEDS CONSIDERING BOTH MY STRENGTHS AND WEAKNESSES**

**2018**

**Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMPLETE THIS SELF-ASSESSMENT BY PLACING AN “X” UNDER THE LEVEL THAT MOST ACCURATELY REFLECTS YOUR EXPERIENCE. SHARE THIS WITH YOUR PRECEPTOR / CLINICAL INSTRUCTOR.**

**KEY:**

**LEVEL 1: Have Performed Independently in Clinical (No verbal or visual cues)**

**LEVEL 2: Perform With Assistance in Clinical (Verbal, physical, visual cues)**

**LEVEL 3: Performed in Simulation (Junior or Senior Level, NOT S & T)**

**LEVEL 4: Have NEVER Performed in Clinical or Simulation (Don’t count S & T)**

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| **IDENTIFIED SKILL** | **LEVEL 1: Performed Independently** | | **LEVEL 2: Performed with Assistance** | | | **LEVEL 3: Performed in Simulation** | **LEVEL 4: Have NEVER Performed in Clinical or Sim** |
| **Blood Pressure** |  | |  | | |  |  |
| **Apical Pulse Rate**  **Radial Pulse Rate** |  | |  | | |  |  |
| **Respirations** |  | |  | | |  |  |
| **Temperature (ORAL, AXILLARY,RECTAL)** |  | |  | | |  |  |
| **Use of non-sterile gloves** |  | |  | | |  |  |
| **Handwashing** |  | |  | | |  |  |
| **Skin Care** |  | |  | | |  |  |
| **Oral Care** |  | |  | | |  |  |
| **Bathing Complete** |  | |  | | |  |  |
| **Bathing Partial** |  | |  | | |  |  |
| **Denture Care** |  | |  | | |  |  |
| **Assist with feeding** |  | |  | | |  |  |
| **Bedmaking Occupied** |  | |  | | |  |  |
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| **Bedmaking unoccupied** |  | |  | | |  |  |
| **Standing scale weight** |  | |  | | |  |  |
| **Obtaining bed scale weight** |  | |  | | |  |  |
| **Transfer to/from wheelchair** |  | |  | | |  |  |
| **Transfer to/from chair** |  | |  | | |  |  |
| **Transfer to/from stretcher** |  | |  | | |  |  |
| **Ambulation of Client with tubes/equipment** |  | |  | | |  |  |
| **Using Glucometer** |  | |  | | |  |  |
| **Isolation procedures** |  | |  | | |  |  |
| **Postmortem care** |  | |  | | |  |  |
| **Repositioning using lift (draw) sheet** |  | |  | | |  |  |
| **Assisting movement up**  **in bed** |  | |  | | |  |  |
| **Recording Intake and Output: IV Pumps**  **Feeding Pumps**  **PO: Liquid**  **% of Meal**  **Pain Medication Pumps**  **Urine Output**  **N/G Output**  **Chest Tube Output**  **Calorie count** |  | |  | | |  |  |
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| **Clearing IV pump volume q shift** |  | |  | | |  |  |
| **Application of TED hose** |  | |  | | |  |  |
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| **Application of sequential compression devices** |  | |  | | |  |  |
| **NEUROLOGICAL:** | | | | | | | |
| **Calculated Glasgow Coma Scale Score** |  | |  | | |  |  |
| **Pupillary reaction to light** |  | |  | | |  |  |
| **Assisted with Intraventricular Drain insertion** |  | |  | | |  |  |
| **Managed Intracranial Pressure (ICP) Monitoring** |  | |  | | |  |  |
| **CARDIAC:** | | | | | | | |
| **Auscultated heart sounds** |  | |  | | |  |  |
| **Palpated peripheral pulses** |  | |  | | |  |  |
| **Used Doppler to find peripheral pulses** |  | |  | | |  |  |
| **Checked for peripheral edema** |  | |  | | |  |  |
| **Placed bedside EKG leads** |  | |  | | |  |  |
| **PULMONARY:** | | | | | | | |
| **Auscultated breath sounds** |  | |  | | |  |  |
| **Placed pulse oximetry** |  | |  | | |  |  |
| **Placed nasal cannula** |  | |  | | |  |  |
| **Placed venturi mask** |  | |  | | |  |  |
| **Placed non-rebreather mask** |  | |  | | |  |  |
| **Placed high-flow nasal cannula** |  | |  | | |  |  |
| **Used oral suction** |  | |  | | |  |  |
| **Used closed (in-line) suctioning system** |  | |  | | |  |  |
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| **Performed tracheostomy care** |  | |  | | |  |  |
| **Changed chest tube dressing** |  | |  | | |  |  |
| **Documented chest tube with an air leak** |  | |  | | |  |  |
| **Sputum collection** |  | |  | | |  |  |
| **MRSA specimen collection** |  | |  | | |  |  |
| **Taught use of incentive spirometer** |  | |  | | |  |  |
| **GASTROINTESTINAL:** | | | | | | | |
| **Auscultated bowel sounds** |  | |  | | |  |  |
| **Palpated abdomen** |  | |  | | |  |  |
| **Inserted small bore feeding tube with placement verification** |  | |  | | |  |  |
| **Inserted feeding tube that had a CO2 Detector** |  | |  | | |  |  |
| **Inserted Salem Sump or other nasogastric tube for suction** |  | |  | | |  |  |
| **Repositioned nasogastric tube** |  | |  | | |  |  |
| **Nasogastric tube site care** |  | |  | | |  |  |
| **Delivered continuous tube feedings via feeding pump** |  | |  | | |  |  |
| **Residual check of feeding tube** |  | |  | | |  |  |
| **Administered medications via any kind of feeding tube** |  | |  | | |  |  |
| **PEG/G-Tube site care** |  | |  | | |  |  |
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| **Applied fecal management system** |  | |  | | |  |  |
| **Performed Ostomy Care** |  | |  | | |  |  |
| **Collected stool specimen** |  | |  | | |  |  |
| **Assisted with bedpan** |  | |  | | |  |  |
| **GENITOURINARY:** | | | | | | | |
| **Used bladder scan** |  | |  | | |  |  |
| **Inserted urinary catheter** |  | |  | | |  |  |
| **Removed urinary catheter** |  | |  | | |  |  |
| **Managed continuous bladder irrigation** |  | |  | | |  |  |
| **Applied condom catheter** |  | |  | | |  |  |
| **Performed suprapubic catheter care** |  | |  | | |  |  |
| **Palpated peripheral A-V Fistula for thrill** |  | |  | | |  |  |
| **Use of urinal male/female** |  | |  | | |  |  |
| **MUSCULOSKELETAL:** | | | | | | | |
| **Performed passive ROM** |  | |  | | |  |  |
| **Cared for Buck’s traction** |  | |  | | |  |  |
| **Cared for external fixator** |  | |  | | |  |  |
| **SKIN:** | | | | | | | |
| **Assessed skin color temperature, texture, turgor** |  | |  | | |  |  |
| **Documented Braden Assessment** |  | |  | | |  |  |
| **Documented pressure ulcer staging** |  | |  | | |  |  |
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| **Donned Sterile Gloves** |  | |  | | |  |  |
| **Changed dry sterile dressing** |  | |  | | |  |  |
| **Changed wet-dry sterile dressing** |  | |  | | |  |  |
| **Applied Hydrocolloid dressing** |  | |  | | |  |  |
| **Emptied Hemovac drain** |  | |  | | |  |  |
| **Emptied Bulb suction drain** |  | |  | | |  |  |
| **Cared for Penrose drain** |  | |  | | |  |  |
| **PSYCHOSOCIAL:** | | | | | | | |
| **Documented cultural spiritual assessment** |  | |  | | |  |  |
| **Used therapeutic communication** |  | |  | | |  |  |
| **MEDICATION ADMINISTRATION:** | | | | | | | |
| **Administered Oral meds** |  | |  | | |  |  |
| **Administered Intradermal (PPD)** |  | |  | | |  |  |
| **Administered Eye drops** |  | |  | | |  |  |
| **Administered Eye ointments** |  | |  | | |  |  |
| **Administered Nose drops/sprays** |  | |  | | |  |  |
| **Administered Metered dose inhalers** |  | |  | | |  |  |
| **Administered Topicals** |  | |  | | |  |  |
| **Administered Rectal/vaginal suppositories** |  | |  | | |  |  |
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| **Administered Subcutaneous injections** |  | |  | | |  |  |
| **Administered Intramuscular injections** |  | |  | | |  |  |
| **Reconstituted medication** |  | |  | | |  |  |
| **Scanned and documented medication administration in EHR** |  | |  | | |  |  |
| **INTRAVENOUS THERAPY:** | | | | | | | |
| **Documented assessment of peripheral IV site** |  | |  | | |  |  |
| **Primed tubing, attached to patient, set IV pump rate** |  | |  | | |  |  |
| **Hung secondary IVPB with back priming** |  | |  | | |  |  |
| **Started a peripheral IV** |  | |  | | |  |  |
| **Discontinued peripheral IV** |  | |  | | |  |  |
| **Flushed intermittent infusion lock** |  | |  | | |  |  |
| **Assessed central line site** |  | |  | | |  |  |
| **Hung IV fluids in a central line** |  | |  | | |  |  |
| **Cared for a triple lumen** |  | |  | | |  |  |
| **Central line dressing change (performed with preceptor)** |  | |  | | |  |  |
| **Cared for a PICC line** |  | |  | | |  |  |
| **Hung blood product (with preceptor)** |  | |  | | |  |  |
| **Monitored blood product infusion** |  | |  | | |  |  |
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| **PROFESSIONAL ROLE:** | | | | | | | |
| **Received report from RN** |  | |  | | |  |  |
| **Gave Report to RN** |  | |  | | |  |  |
| **Spoke with MD/NP about a client** |  | |  | | |  |  |
| **Communicated with PT, OT, Social Worker, or Pharmacist** |  | |  | | |  |  |
| **Admitted a client**   * **Documented medical history** * **Documented physical assessment** |  | |  | | |  |  |
| **Discharged a client** |  | |  | | |  |  |
| **Transferred a client** |  | |  | | |  |  |
| **Documented nursing care in EHR** |  | |  | | |  |  |
| **LABORATORY:** | | | | | | | |
| **Collected lab specimen via:**  **Peripheral vein stick**  **Arterial line**    **Central line** |  | |  | | |  |  |
|  | |  | | |  |  |
|  | |  | | |  |  |
| **Labeled and bagged lab specimen** |  | |  | | |  |  |
| **Sent to lab: Wound culture**    **Urine culture**    **Urinalysis**  **stool culture (c-diff)** |  | |  | | |  |  |
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| **CRITICAL CARE:** | | | | | | | |
| **Assisted with insertion of an arterial line** |  | |  | | |  |  |
| **Cared for an arterial line** |  | |  | | |  |  |
| **Assisted with intubation** |  | |  | | |  |  |
| **Cared for a patient on a ventilator** |  | |  | | |  |  |
| **Assisted with extubation** |  | |  | | |  |  |
| **Obtained Clear Sight System (Finger Pulsation) readings** |  | |  | | |  |  |
| **Obtained pulmonary artery catheter readings** |  | |  | | |  |  |
| **Titrated drips on a pump** |  | |  | | |  |  |
| **Used Drug Library in IV pump to set up a drip medication** |  | |  | | |  |  |
| **Monitored insulin or heparin drip** |  | |  | | |  |  |
| **WRITE IN SKILLS:** |  | |  | | |  |  |
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**Place an X in the box next to all the Procedures you have been present for:**

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| **Situation where the CODE team was called** |  | **EGD** |  |
| **Situation where the Rapid Response Team was called** |  | **ERCP** |  |
| **Lumbar Puncture** |  | **Colonoscopy** |  |
| **MRI** |  | **TEE (Transesophageal Echo)** |  |
| **CT Scan** |  | **An observation of an operation in the OR** |  |
| **Bronchoscopy** |  | **Bedside PEG placement** |  |
| **Swallow evaluation by Speech** |  |  |  |