



Student Name: _____

Section & Faculty Name: _____

Date of Interview: _____

Provider Information

Employee Name : **Croley** **Darla** **K**
Last First M.I.

Credentials: **RN, MSN, ONC, CNL** Title: **Nurse Educator II**
(I.e. MS, RN, etc.)

Organization: **TriHealth Bethesda North**

Phone Number: **513-865-1481**

E-mail Address: **darla_croley@trihealth.com**

Feedback Section

The RN to BSN program at Grand Canyon University meets the requirements for clinical competencies as defined by CCNE and AACN using non-traditional experiences for practicing nurses. These experiences come in the form of direct and indirect care experiences in which licensed nursing students engage in learning within the context of their hospital organization, their specific care discipline and their local communities.

This activity is intended to foster demonstration of skills related to leadership and management.

Share your written proposal with your manager, supervisor or other colleague in a formal leadership position within a health care organization. Request their feedback using the following questions as prompts:

1. Do you believe the proposal would be approved if formally proposed?
 - Yes, this proposal would be approved for a quality improvement project
2. What are some strengths and weaknesses of the proposal?
 - Strengths- identified educational need for RN and PCA, great job identifying patients at risk and interventions that prevent hospital acquired Pneumonia
 - Weakness- how will you educate or make the staff aware with the proposed interventions



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Executive Summary Feedback Form

Darla Croley
Signature of Individual Providing Feedback

05/25/2021
Date Signed

NOTE:

Acknowledgement form is to be returned to the student for electronic submission to the faculty member via the learning management system (LoudCloud).