

CCC MXC Health Sciences Assessment Committee
 Department Assessment Plan Progress Reporting Template

Department: Respiratory Care

Date: Fall 2016

If you have any problems filling out this form, or any questions at all, please feel free to contact Jane Reynolds, 312 953 5734.

1) Have you substantially changed the plan? If so, in which areas? Please refer to sections 1-6 in the DAP template.

No significant changes.

2) Have you implemented, or begun to implement, the plan? If so, what steps have been completed as of the date of this report?

Yes, ongoing.

3) Have any results, (i.e. data) been generated? If so, present the data:

Yes, see attached.

4) Please analyze the data. What does the data show about student learning? (Do your departmental meeting minutes reflect all faculty are knowledgeable and involved in the process of assessment of student learning?)

1. **Of the 22 students 9% did better in demonstrating an applied understanding of compliance, elastance and raw. 27% did worse, and 64% were unchanged but still correct. Overall there was a 4% decrease in understanding on these concepts. Those who showed the most significant decrease in scores were among students who perform well and earn the highest grades. The overall performance on the test in which these students did worse on this SLO was also a worse grade than their midterm grade.**

2. **Provide disease management education for pt's with COPD, Asthma and smoking cessation.**

5) What will you do to improve student achievement of these SLOs?

Reinforce, retest. Continue apply in case study scenario. Reinforce with simulation.

SLO Program or Course level	% achieved	Threshold met? Yes or no	Analysis	Plan for improvement
Course	73%	No	Bad day for test performance	Retest at beginning of next semester and reinforce concepts as they will be applied in the framework of mechanical ventilation
Course/ Program	100%	Yes	First exposure to talking with public regarding disease management and screening. Very positive motivating experience.	Continue to build on this as students learn pathology and apply pharmacology in the clinical setting and observe pt understanding and adherence to prescriptions.

6) When will you implement these recommendations and improvements? Please provide specifics of your timeline.

Next week at start of semester. I will incorporate a case study driven oral exam.

JCC MXC Health Sciences Assessment Committee Department Assessment Plan Progress Reporting

Department: **RESPIRATORY CARE**

Date: **SPRING 2017**

If you have any problems filling out this form, or any questions at all, please feel free to contact Jane Reynolds, 312 953 5734.

- 1) Have you substantially changed the plan? If so, in which areas? Please refer to sections 1-6 in the DAP template. **No significant changes**
- 2) Have you implemented, or begun to implement, the plan? If so, what steps have been completed as of the date of this report? **Yes, ongoing**
- 3) Have any results, (i.e. data) been generated? If so, present the data:
See Attached Exhibits
- 4) **Please analyze the data. What does the data show about student learning? (Do your departmental meeting minutes reflect all faculty are knowledgeable and involved in the process of assessment of student learning?)** Of the 23 students in RESP TC 225, 20% were able to pass a clinical simulation exam (CSE) of neonatal meconium aspiration on their first attempt. Students in the past have struggled with the neonatal protocol for treating meconium aspiration syndrome (MAS) as we have few neonatal clinical rotations. A lab was created to address some of the most difficult concepts related to this disease process. After the lab was completed, students were presented with a new clinical simulation exam on MAS. 22 students participated with one being absent. The post-lab CSE pass rate improved to 75% of students passing on their first attempt. Additionally, a pre and post lab Likert scale self-evaluation was given to the 22 students present. Prior to the meconium lab, 24% of the students surveyed felt that they were able to care for a neonate presenting with meconium staining. When surveyed after the meconium lab, 85% of the students felt that they were able to care for a neonate presenting with meconium stained fluid. They felt that they had a much better understanding of the color, consistency, detection of meconium and the potential harmful sequela meconium in a neonatal airway presents. Additionally, on the RESP TC 225 quiz 5 question, question #22 pertaining to a patient presentation with meconium aspiration syndrome, 88% of the students were able to answer correctly.
- 5) **What will you do to improve student achievement of these SLOs?**
Although this data shows an improvement. Next Fall 2017 when the course is offered again, a clinical simulation will be performed in the Virtual Hospital to provide an opportunity for deeper understanding of the neonate with meconium stained amniotic fluid.

**JCC MXC Health Sciences Assessment Committee
Department Assessment Plan Progress Reporting**

Department: **RESPIRATORY CARE**

Date: **SPRING 2017**

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1) Have you substantially changed the plan? If so, in which areas? Please refer to sections 1-6 in the DAP template. **No significant changes**

2) Have you implemented, or begun to implement, the plan? If so, what steps have been completed as of the date of this report? **Yes, ongoing**

3) Have any results, (i.e. data) been generated? If so, present the data:

See Attached Exhibits

4) **Please analyze the data. What does the data show about student learning? (Do your departmental meeting minutes reflect all faculty are knowledgeable and involved in the process of assessment of student learning?)** Review and debriefing of the videotaped Mega Code simulation revealed two students who were unable to reach appropriate depth and rate of chest compressions during CPR. The data was recorded and saved for each MegaCode team and the results were shared with participant student teams. The 2 students who did not meet proper compression ratios were remediated and allowed extra practice with the manikin. Upon completion of the MegaCode, all students were able to pass with 100% accuracy the American Heart Association ACLS and PALS certifications which last 2 years.

5) **What will you do to improve student achievement of these SLOs?**

Although this data shows threshold being met, 2 of the students were unable to perform effective chest compressions in the MegaCode. When CPR is offered to students initially in Semester 2 of the program additional practice and reinforcement will be offered to students in a simulated environment. This will be implemented into RESP TC labs 139, 146 and 200. Students will be encouraged to practice chest compressions during Open Lab days as well.

SLO Program or Course level	% achieved	Threshold met? Yes or no	Analysis	Plan for improvement
Course SLO Resp TC 225	88%	Yes	After participating in the meconium lab activity, students were able to more accurately understand the consequences of early recognition of meconium staining and the potentially harmful consequences to the neonate.	Although this data shows an improvement. Next Fall 2017 when the course is offered again, a clinical simulation will be performed in the Virtual Hospital to provide an opportunity for deeper understanding of the neonate with meconium stained amniotic fluid.
Course SLO Resp TC 230	90%	Yes	During the MegaCode simulation, it was noted that 2 students were unable to perform chest compressions with a depth and rate necessary to achieve an effective cardiac circulation. Students were immediately remediated with extra practice in achieving the proper compression rate and depth. Two weeks post the MegaCode simulation, students went on to complete receive a 2 year certification from the American Heart Association in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS).	Although this data shows threshold being met, 2 of the students were unable to perform effective chest compressions in the MegaCode. When CPR is offered to students initially in Semester 2 of the program, additional practice and reinforcement will be offered to students in a simulated environment. This will be implemented into RESP TC labs 139, 146 and 200. Students will be encouraged to practice chest compressions during Open Lab days as well.

NAME:

Chapter 6 Disease of Full-Term Infants

*Meconium Assessment
Question #22 for
SLO assessment fall 2016.*

Multiple Choice: quiz 5

1. What is the most common underlying diagnosis of persistent pulmonary hypertension of the newborn?
 - A. Meconium aspiration syndrome
 - B. Pneumonia
 - C. Sepsis
 - D. Congenital diaphragmatic hernia

2. What risk factors increase the likelihood of an infant being born with persistent pulmonary hypertension in the newborn?
 - A. Female baby, vaginal delivery, and birth weight greater than 90th percentile
 - B. Male baby, gestational age greater than 41 weeks, and cesarean delivery prior to onset of labor
 - C. Male baby, gestational age less than 41 weeks, and elective cesarean delivery
 - D. Female baby, NSAID drug use, and cesarean delivery prior to onset of labor

3. A change from fetal circulation to adult circulation requires which of the following scenarios to occur?
 - A. An increase in pulmonary vascular resistance and a significant decrease in systemic vascular resistance
 - B. A decrease in pulmonary vascular resistance and a significant increase in systemic vascular resistance
 - C. A decrease in pulmonary vascular resistance and a decrease in systemic vascular resistance
 - D. An increase in pulmonary vascular resistance and a significant increase in systemic vascular resistance

4. What process must occur to stimulate a newborn to breathe?
 - A. Decrease in PaO₂
 - B. Increase in PaCO₂
 - C. Decrease in PaCO₂
 - D. Increase in PaO₂

5. What is an unacceptable oxygenation index that would suggest the need for extracorporeal membrane oxygenation?
 - A. 20
 - B. Greater than 30
 - C. Greater than 40
 - D. 20–35

6. Which cardiopulmonary disease is also associated with pulmonary hypertension?
 - A. Meconium aspiration syndrome
 - B. Pulmonary hypoplasia
 - C. Hypoplastic left heart syndrome
 - D. Bronchopulmonary dysplasia

7. Sedation and paralytics are a reasonable care strategy when patients are unable to effectively ventilate and oxygenate, but its use should be limited. To what amount of time should sedation and paralytics be limited?

- A. 12 hours
- B. 24 hours
- C. 36 hours
- D. 48 hours

8. In cases of persistent pulmonary hypertension of a newborn, what mode of ventilation maintains the same mean airway pressure and improves oxygenation and ventilation the fastest?

- A. Controlled mandatory ventilation
- B. Extracorporeal membrane oxygenation
- C. High-frequency oscillatory ventilation
- D. High-frequency jet ventilation

9. Baby Nolan presents with persistent pulmonary hypertension of the newborn and is failing assist control ventilation. What are the recommended initial high-frequency oscillator settings?

- A. Bias flow 8 Lpm, Hz 8, I-time 25%, Paw 1.5 cm H₂O above controlled mandatory ventilation, and change in pressure for chest wiggle
- B. Bias flow 10 Lpm, Hz 12, I-time 33%, Paw 3 cm H₂O above controlled mandatory ventilation, and change in pressure for chest wiggle
- C. Bias flow 15 Lpm, Hz 15, I-time 33%, Paw 3 cm H₂O above controlled mandatory ventilation, and change in pressure for chest wiggle
- D. Bias flow 18 Lpm, Hz 8, I-time 25%, Paw 3.0 cm H₂O above controlled mandatory ventilation, and change in pressure for chest wiggle

10. What parameter should be changed if PaCO₂ is high during high-frequency oscillatory ventilation?

- A. Increase ΔP
- B. Decrease ΔP
- C. Increase Paw
- D. Decrease Paw

11. During high-frequency jet ventilation, what setting should be changed to correct ventilation issues?

- A. Hz
- B. ΔP
- C. Peak inspiratory pressure
- D. I-time %

12. What is the percentage of full-term neonates with moderate-to-severe respiratory failure who utilize surfactant regiment?

- A. 75%
- B. 80%
- C. 82%
- D. 85%

13. What drug increases systemic pressure and oxygenation in neonates with persistent pulmonary hypertension of the newborn?

- A. Inhaled nitric oxide
- B. Prostacyclin
- C. Norepinephrine
- D. Sildenafil

14. Nitric oxide does all of the following **except**:

- A. Enzyme regulation
- B. Platelet inhibition
- C. Neurotransmission
- D. Has a half-life greater than 30 minutes

15. Which medication is useful for neonates who present with rebound hypoxemia and are not responsive to inhaled nitrous oxide?

- A. Dobutamine
- B. Prostacyclin
- C. Sildenafil
- D. Magnesium sulfate

16. What is a recommended setting for conventional mechanical ventilation for an infant who is born with complications as a result of meconium aspiration syndrome?

- A. Synchronized intermittent mandatory ventilation, respiratory rate less than 50 breaths/minute, 6–8 mL/kg, I-time 0.33 second, and positive end expiratory pressure 8 cm H₂O
- B. Synchronized intermittent mandatory ventilation, respiratory rate less than 60 breaths/minute, 4–10 mL/kg, I-time 0.33 second, and positive end expiratory pressure 8 cm H₂O
- C. Synchronized intermittent mandatory ventilation, respiratory rate less than 50 breaths/minute, 4–7 mL/kg, I-time 0.50 second, and positive end expiratory pressure 5 cm H₂O
- D. Synchronized intermittent mandatory ventilation, respiratory rate less than 50 breaths/minute, 4–6 mL/kg, I-time 0.50 second, and positive end expiratory pressure 3 cm H₂O

17. Risk factors to pulmonary hypertensive crisis include which of the following?

- I. Hypoxemia
- II. Hyperventilation
- III. Inadequate afterload of the left ventricle
- IV. Noxious stimulation
- V. Hypoventilation
- VI. Inadequate preload of the right ventricle
- VII. Hypotension

- A. I, IV, V, VI, and VII
- B. I, II, V, VI, and VII
- C. II, III, IV, V, and VI
- D. I, III, IV, V, and VI

18. Treatment of pulmonary hypertensive crisis includes which of the following options?

- I. Correction of acidosis
- II. Correction of alkalosis
- III. Administer 100% FiO₂
- IV. Anesthesia with fentanyl
- V. Vasoconstrictors
- VI. Vasodilators
- VII. Inotropes

- A. I, III, VI, and VII
- B. II, III, IV, V, and VII
- C. I, II, III, V, and VII
- D. I, III, IV, VI, and VII

19. What is the indication for **immediate** need of extracorporeal membrane oxygenation therapy?

- I. Oxygenation index greater than 25
- II. Oxygenation index greater than 40
- III. A-aO₂ gradients greater than 600 after 4 hours inhaled nitric oxide therapy
- IV. A-aO₂ gradients less than 600 after 4 hours inhaled nitric oxide therapy

- A. I and III
- B. II and III
- C. I and IV
- D. II and IV

20. Neonatal extracorporeal membrane oxygenation selection criteria include which of the following?

- I. Oxygenation index greater than 55
- II. Oxygenation index greater than 40
- III. No major cardiac defect
- IV. Reversible lung disease
- V. Gestation age greater than 30 weeks
- VI. Mechanical ventilation less than 10 days
- VII. No bleeding complications

- A. II, III, IV, and VII
- B. I, III, V, and VII
- C. II, IV, VI, and VII
- D. I, V, VI, and VII

21. Which of the following are complications to extracorporeal life support?

- I. Pneumothorax
 - II. Infection
 - III. Seizures
 - IV. Hypotension
 - V. Tachycardia
 - VI. Hemolysis
- A. I, III, IV, and VI
 - B. I, II, III, and VI
 - C. II, III, VI, and VII
 - D. II, IV, V, and VI

22. How does a patient present with meconium aspiration syndrome?

- I. Tachypnea
 - II. Hypoxemia
 - III. Respiratory alkalosis
 - IV. No apparent respiratory distress
 - V. Grunting
- A. I, II, and V
 - B. II, III, and V
 - C. I, IV, and V
 - D. III, IV, and V

20/23
answered
correctly

23. Which of the following options illustrate risk factors for transient tachypnea?

- I. C-section delivery
 - II. Maternal asthma
 - III. Maternal diabetes
 - IV. Female gender
 - V. Positive phosphatidylglycerol presence test of amniotic fluid
 - VI. Clamping of umbilical cord immediately after birth
 - VII. Birth weight less than 200 grams
 - VIII. Aplastic anemia
- A. IV, V, and VI
 - B. II, III, and VI
 - C. I, II, and III
 - D. I, III, and VI

24. Strategies to manage persistent pulmonary hypertension of the newborn consist of which of the following?

I. Oxygen therapy to maintain SPO_2 90–120 mm Hg

II. Oxygen therapy to maintain SPO_2 80–100 mm Hg

III. Pulmonary vasodilators

IV. HCT 35–45%

V. HCT 45–55%

A. I, III, and IV

B. II and III

C. II, III, and V

D. II, III, and IV



CLINICAL SIMULATION DETAIL SCORES

Name: XXXXXXXXXX Educational Institution: Malcolm X College

Finish Date: 10/18/16 9:54 PM MDT

Status: Incomplete

You have PASSED this examination 

Meconium Aspiration - 2015

Overall Score		Passed
Your Score	Passing Score	Max Score
31	20	34
91%	59%	100%

Information Gathering (IG)		Acceptable	Decision Making (DM)		Acceptable
Your Score	Max Score		Your Score	Max Score	
13	13		18	21	
100%	100%		86%	100%	

Commission %	0	Omission %	100	Time Consumed	00:04
<small>**Errors of Commission are those mistakes made by selecting a wrong answer (receiving negative points). Errors of Omission are those points lost due to not selecting correct options (missing positive points).</small>					

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100

RC 225

October 5, 2016

Meconium Aspiration Lab Exercise ~ Week 5

	Prior to Meconium Lab	Post Meconium Lab
I understand the various colors of meconium		
I understand the various consistencies of meconium		
In the delivery room, I feel confident in detecting meconium stained amniotic fluid		
I understand the pathophysiologic effect of meconium on airways		
I would feel comfortable suctioning a MAS patient		
I understand the possible outcomes of a neonate with MAS		
I understand the relationship between the amount of meconium present and the possible sequela for the patient		
I understand the relationship between the consistency of meconium present and the possible sequela for the patient		
I am confident in my overall understanding of MAS		
I am confident in participating in the care of a neonate with MAS		
I feel I could contribute to an interdisciplinary team in the delivery room when a baby presents with meconium stained fluid		

1 = Strongly disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly agree



Robert Johnson

Age: 60

Weight: 70 kg

Location: Orthopedic Unit

Background

Patient History

Past Medical History: Hypertension well-controlled by medication and hypercholesterolemia

Allergies: No known allergies

Medications: Metoprolol, simvastatin

Code Status: Full code

Social/Family History: Married with two adult children who live locally. Does not smoke, drink or use illicit drugs

Handoff Report

Situation:

The patient is a 60-year-old male on the Orthopedic Unit who is postop day two following a microscopic laminectomy and spinal decompression for lumbar stenosis and neurogenic claudication from L1 through S1. Because he has had an uneventful recovery, the healthcare provider wrote new orders last night to advance him and prepare him for discharge. He is excited to be going home later today after the surgeon sees him. He is alone in his room eating breakfast. His wife will be coming in later.

Background:

He had been experiencing numbness and severe intractable left leg pain secondary to lumbar stenosis and neurogenic claudication from L1 to S1 for more than 3 months. He was treated for these symptoms with conservative measures consisting of pain medications and physical therapy with no improvement of the pain or numbness.

Assessment:

Vital Signs: HR 89, BP 125/80, RR 19, SpO₂ has been 99% on room air, Temperature 37.1C

Cardiovascular: No telemetry, HR regular, bilateral pedal pulses strong and regular

Respiratory: Breath sounds clear in both lung fields

GI: Advanced to full liquid diet and tolerating it well

GU: Voiding clear, yellow urine

Handoff Report Continued

Extremities: Movement is strong in all four extremities (4+), denies any numbness or weakness in legs, ambulating without difficulty

Skin: Warm and dry, no signs of infection at his surgical site

Neurological: Alert and oriented to person, place and time; pupils equal, round, reactive to light and accommodation; no neurological deficits

IVs: 20-gauge IV to saline lock in the right forearm, patent and non-reddened

Labs: Lab has been notified to draw a hemoglobin and hematocrit

Fall Risk: Low-risk

Pain: Well controlled with oxycodone 5 mg/acetaminophen 325 mg

Recommendations:

Provide a complete assessment and continue discharge teaching

Orders

Initial Healthcare Provider's Orders:

Advance diet to regular diet

Progress to ambulating 4 times a day; May be up without assistance

Vital signs every 4 hours while awake

Saline lock peripheral IV

Metoprolol 100 mg PO two times every day

Docusate sodium 100 mg PO daily

Simvastatin 40 mg PO at bedtime

OxyCODONE 5 mg/acetaminophen 325 mg PO every 4 hours prn for pain

Hemoglobin and hematocrit

May shower this morning

Change dressing daily starting today

Instruct family members on performing daily dressing changes

Preparation

Learning Objectives

- Identifies cardiopulmonary arrest, summons help, begins CPR and responds to code leader's orders for interventions (APPLYING)
- Administers cardiovascular medications safely (APPLYING)
- Defibrillates patient using appropriate safety precautions (APPLYING)
- Communicates and functions within a team (APPLYING)
- Documents interventions and the patient's response (APPLYING)
- Analyzes outcomes of team performance and interventions (ANALYZING)

Recommended eDose modules for learners to complete before the SCE:

Medication Dosage Calculation Skills

- X Medication Orders & S. I. Units
 - Tablets & Capsules
 - Liquid Medicines
 - Injections

- X I.V. Infusions

Injectable Medicines Therapy

- X Slow I.V. Injections
 - Intermittent Infusions
- X Continuous Infusions

Pediatrics

This SCE addresses the following QSEN Competencies:

- X Patient-Centered Care
- X Teamwork and Collaboration
- X Evidence-Based Practice
- X Quality Improvement
- X Safety
 - Informatics

Preparation Questions

- What risk factors predispose a patient to sudden cardiac arrest?
- What assessment findings establish a patient is in cardiopulmonary arrest?
- Discuss the steps of BLS and explain why each is necessary in the established order.
- Describe these rhythms and explain what is happening to the heart and cardiac output:
 - Ventricular tachycardia
 - Pulseless ventricular tachycardia
 - Ventricular fibrillation
- What immediate steps must be taken if the patient has pulseless ventricular tachycardia or ventricular fibrillation?
- Describe the safety measures that need to be taken when a patient is defibrillated and explain why they are necessary.
- Identify ACLS medications used to treat pulseless ventricular tachycardia and ventricular fibrillation, providing rationale for the use of each.
- Discuss the interaction between the cardiovascular medications and defibrillation. Why are they often necessary in tandem?
- Why is it necessary to check the patient's pulse even if the monitor shows sinus rhythm?
- Who are the code team members at your current clinical location, and what is the responsibility of each?
- In what ways did you personalize your care for this patient and family members (recognition of culture, concerns, anxiety)?
- Discuss your teamwork. How did you communicate and collaborate? What worked, what didn't work and what will you do differently next time?
- What are you going to take away from this experience?

Simulation Evaluation Collated N=19

Date: March 9, 2017

Course: 230/ Cardiac Arrest

Instructor: Pam Nugent/ Respiratory Care

Please use this Rating scale to evaluate by checking the corresponding number below:

4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree 0 = Not Applicable (NA)

Please complete the following survey regarding your recent simulation experience.

		4	3	2	1	0
1.	I clearly understood the purpose and objectives of the simulation exercise.	14 74%	5 26%			
2.	Learning provided useful information.	12	6	1		
3.	Learning was appropriate for your area.	12	7			
4.	Instructor(s) had a thorough knowledge and understanding of training and equipment.	11	6			
5.	Instructor(s) allotted time for questions and answers.	10	9			
6.	The equipment and physical environment were conducive to learning.	14	4	1		
7.	The debriefing discussion after the simulation was constructive. Immediate Debriefing was not done.	6				
8.	What specifically was helpful? "Watching video, assigning roles, the organization. The roles, communicating clearly. CPR. Just getting to do compressions was helpful. Having us run the code by ourselves instead of with MD's and RN's because it forced us to make sure we knew code blue protocols. Being able to physically participate in the code was very helpful. On hands simulation. On hands simulation. Timely condition with the improvement of the patient with every procedure was done. The pre-briefing helped a lot."					
9.	Was there any aspect of the experience/scenario/program that didn't work? "Couldn't find the Defibrillator cord. Audio part. Audio could have been a bit louder. Couldn't find the Defibrillator cord. The patient manikin started breathing spontaneously but did not have a pulse and his ECG rhythm was reading asystole so we were confused as to what to do with a spontaneously. Couldn't hear the monitor and what was being said. No everything worked perfectly being able to hear the instructors from the booth better on the machine. Delivering shock was not part of the protocol. No except we couldn't use the different view later it was for instructors only."					
10.	What could be added to the experience/scenario/program to enhance the learning? "The audio part. Better sound quality. Being able to hear the instructors from the booth better on the machine. More hands-on scenario would be a good effort to familiarize student with conditions. Louder surround sound."					

Comments: " I would like to repeat this exercise after ACLS training. This moved along much smoother than the previous exercise. I believe it was due to the great explanation we received before practicing the hands-on part. Better than the previous scenario really nice improvement."

Creighton Competency Evaluation Instrument (C-CEI)

Student(s) Name: Scenario: Evaluator:	0= Does not demonstrate competency 1= Demonstrates competency NA= Not applicable	Date: ____/____/____
ASSESSMENT 1. Obtains Pertinent Data 2. Performs Follow-Up Assessments as Needed 3. Assesses the Environment in an Orderly Manner	Circle Appropriate Score for all Applicable Criteria If not applicable, circle NA 0 1 NA 0 1 NA 0 1 NA	COMMENTS:
COMMUNICATION 4. Communicates Effectively with Intra/Interprofessional Team (TeamSTEPPS, SBAR, Written Read Back Order) 5. Communicates Effectively with Patient and Significant Other (verbal, nonverbal, teaching) 6. Documents Clearly, Concisely, & Accurately 7. Responds to Abnormal Findings Appropriately 8. Promotes Professionalism	0 1 NA 0 1 NA 0 1 NA 0 1 NA 0 1 NA	
CLINICAL JUDGMENT 9. Interprets Vital Signs (T, P, R, BP, Pain) 10. Interprets Lab Results 11. Interprets Subjective/Objective Data (recognizes relevant from irrelevant data) 12. Prioritizes Appropriately 13. Performs Evidence Based Interventions 14. Provides Evidence Based Rationale for Interventions 15. Evaluates Evidence Based Interventions and Outcomes 16. Reflects on Clinical Experience 17. Delegates Appropriately	0 1 NA 0 1 NA 0 1 NA 0 1 NA 0 1 NA 0 1 NA 0 1 NA 0 1 NA	
PATIENT SAFETY 18. Uses Patient Identifiers 19. Utilizes Standardized Practices and Precautions Including Hand Washing 20. Administers Medications Safely 21. Manages Technology and Equipment 22. Performs Procedures Correctly 23. Reflects on Potential Hazards and Errors	0 1 NA 0 1 NA 0 1 NA 0 1 NA 0 1 NA 0 1 NA	
COMMENTS 		
Total: _____ Total Applicable Items: _____		