

Covenant School of Nursing

IM8 Clinical Experience- Daily Events Record

Student: LDS ANN SITOY UNIT: 1105 Preceptor: Gianna Millares - Rosiles

| <p>Instructions:</p> <p>1. Student's responsibility:</p> <ul style="list-style-type: none"> <li>- This form must be presented to the preceptor on the first day of clinical.</li> <li>- Write the highlights &amp; Skills observed / performed every each clinical time.</li> <li>- Discuss with the preceptor &amp; write the areas to improve before the end of the shift.</li> </ul> <p>2. Preceptor's responsibility:</p> <ul style="list-style-type: none"> <li>- Must give feedback on the areas to improve &amp; instruct the student to write on the allotted space.</li> </ul> <p>3. Student &amp; preceptor must sign their Initial every each clinical day.</p> | <p>Highlights: Example ( written )</p> <p>1. Team work-Rapid response</p> <p>2. learning opportunities –Staph infection</p> <p>3. Post op admission</p> <p>Areas to improve:</p> <p>1. Assessment</p> <p>2. Anticipation of patient needs</p> <p>3. working on skills on Blood draw</p> <p>Skills observed &amp; performed:</p> <p>1. NGT insertion</p> <p>2. Orthostatic vital sign</p> <p>3. Trach suctioning</p> |   | <p>Date/Initial</p> <p>=Student</p> <p>= Preceptor</p> <p>Date:</p> <p>10/23/2018</p> <p><u>E.Hamilton</u></p> <p>Student</p> <p><u>A. Santos</u></p> <p>Preceptor</p> |
|--|---|---|--|
| <p>Highlights:</p> <p>1. Admission teaching</p> <p>2. discharge teaching</p> <p>3. patient education</p> <p>Areas to improve:</p> <p>1. communication w the doctor</p> <p>2. Review sterile procedure</p> <p>3.</p> <p>Skills observed &amp; performed:</p> <p>1. Removal of the urinary cath.</p> <p>2. straight cath procedure</p> <p>3. Medication administration</p>   | <p>Date/Initial</p> <p>=Student</p> <p>=Preceptor</p> <p>Date: 01/18/24</p> <p><u>L. SITOY</u></p> <p>Student</p> <p><u>G. Millares</u></p> <p>Preceptor</p>  | <p>Highlights:</p> <p>1. IV piggyback</p> <p>2. Neuro checks</p> <p>3. Assessments</p> <p>Areas to improve:</p> <p>1. Review IV pump</p> <p>2. Review common meds on floor</p> <p>3.</p> <p>Skills observed &amp; performed:</p> <p>1. Bubble procedure/strategy</p> <p>2. Med admin for the heart</p> <p>3. Iron sucrose admin</p> | <p>Date/Initial</p> <p>=Student</p> <p>=Preceptor</p> <p>Date: 01/19/24</p> <p><u>L. SITOY</u></p> <p>Student</p> <p><u>G. Millares</u></p> <p>Preceptor</p>           |
| <p>Highlights:</p> <p>1. Patient advocate regarding</p> <p>2. Post op admission pt concerns</p> <p>3. Assessments</p> <p>Areas to improve:</p> <p>1. Review MAR</p> <p>2. patient needs</p> <p>3.</p> <p>Skills observed &amp; performed:</p> <p>1. Med administration</p> <p>2. Med pull + washing (vitavidia)</p> <p>3. Blood draw (Labs)</p>  | <p>Date/Initial</p> <p>=Student</p> <p>=Preceptor</p> <p>Date: 01/20/24</p> <p><u>L. SITOY</u></p> <p>Student</p> <p><u>G. Millares</u></p> <p>Preceptor</p>  | <p>Highlights:</p> <p>1. Patient teaching</p> <p>2. Patient reorientation</p> <p>3. Assessments</p> <p>Areas to improve:</p> <p>1. Review cath (F) removal</p> <p>2. Review IV PB</p> <p>3. Assessments (charts)</p> <p>Skills observed &amp; performed:</p> <p>1. JP drain removal</p> <p>2. Foley removal</p> <p>3. Med admin</p> | <p>Date/Initial</p> <p>=Student</p> <p>=Preceptor</p> <p>Date: 01/25/24</p> <p><u>L. SITOY</u></p> <p>Student</p> <p><u>G. Millares</u></p> <p>Preceptor</p>           |

|   |  |  |  |
|---|--|--|--|
| <p><b>Highlights:</b></p> <ol style="list-style-type: none"> <li>1. Peg tube care</li> <li>2. Discharge assessment</li> <li>3. Neuro checks</li> </ol> <p><b>Areas to improve:</b></p> <ol style="list-style-type: none"> <li>1. Review peg tube care</li> <li>2. Review common med edu.</li> <li>3.</li> </ol> <p><b>Skills observed &amp; performed:</b></p> <ol style="list-style-type: none"> <li>1. Peg tube med admin.</li> <li>2. Assessments</li> <li>3. Med administration</li> </ol>                            | <p>Date/Initial<br/>=Student<br/>=Preceptor</p> <p>Date: 01/27/24</p> <p><u>L. Siboy</u><br/>Student</p> <p><u>G. Millares</u><br/>Preceptor</p> | <p><b>Highlights:</b></p> <ol style="list-style-type: none"> <li>1. Patient education</li> <li>2. Assessments</li> <li>3. Discharge documentation</li> </ol> <p><b>Areas to improve:</b></p> <ol style="list-style-type: none"> <li>1. documentation</li> <li>2. time management</li> <li>3. Review IV insertion</li> </ol> <p><b>Skills observed &amp; performed:</b></p> <ol style="list-style-type: none"> <li>1. IV placement</li> <li>2. Foley cath insertion</li> <li>3. Assessment</li> </ol> | <p>Date/Initial<br/>=Student<br/>=Preceptor</p> <p>Date: 01/29/24</p> <p><u>L. Siboy</u><br/>Student</p> <p><u>G. Millares</u><br/>Preceptor</p> |
| <p><b>Highlights:</b></p> <ol style="list-style-type: none"> <li>1. Patient education</li> <li>2. Discharge education</li> <li>3. Foley cath insertion &amp; removal</li> </ol> <p><b>Areas to improve:</b></p> <ol style="list-style-type: none"> <li>1. Review documents (MAR)</li> <li>2.</li> <li>3.</li> </ol> <p><b>Skills observed &amp; performed:</b></p> <ol style="list-style-type: none"> <li>1. Foley cath insertion &amp; removal</li> <li>2. Med administration</li> <li>3. Blood draw for labs</li> </ol> | <p>Date/Initial<br/>=Student<br/>=Preceptor</p> <p>Date: 02/01</p> <p><u>L. Siboy</u><br/>Student</p> <p><u>G. Millares</u><br/>Preceptor</p>    | <p><b>Highlights:</b></p> <ol style="list-style-type: none"> <li>1. Patient education</li> <li>2. Assessment</li> <li>3. Post op angiogram</li> </ol> <p><b>Areas to improve:</b></p> <ol style="list-style-type: none"> <li>1. IV placement</li> <li>2. Review DC IV placement</li> <li>3.</li> </ol> <p><b>Skills observed &amp; performed:</b></p> <ol style="list-style-type: none"> <li>1. IV placement</li> <li>2. Med administration</li> <li>3. Assessment</li> </ol>                        | <p>Date/Initial<br/>=Student<br/>=Preceptor</p> <p>Date: 02/08</p> <p><u>L. Siboy</u><br/>Student</p> <p><u>G. Millares</u><br/>Preceptor</p>    |
| <p><b>Highlights:</b></p> <ol style="list-style-type: none"> <li>1. Discharge education</li> <li>2. Assessments</li> <li>3. Peg tube med. admin</li> </ol> <p><b>Areas to improve:</b></p> <ol style="list-style-type: none"> <li>1. Patient teaching</li> <li>2.</li> <li>3.</li> </ol> <p><b>Skills observed &amp; performed:</b></p> <ol style="list-style-type: none"> <li>1. Med administration</li> <li>2. Assessments</li> <li>3. Peg tube med. admin</li> </ol>   | <p>Date/Initial<br/>=Student<br/>=Preceptor</p> <p>Date: 02/09</p> <p><u>L. Siboy</u><br/>Student</p> <p><u>G. Millares</u><br/>Preceptor</p>    | <p><b>Highlights:</b></p> <ol style="list-style-type: none"> <li>1. Admission education</li> <li>2. Assessments</li> <li>3. CVAD dressing removal</li> </ol> <p><b>Areas to improve:</b></p> <ol style="list-style-type: none"> <li>1. Review CVAD</li> <li>2.</li> <li>3.</li> </ol> <p><b>Skills observed &amp; performed:</b></p> <ol style="list-style-type: none"> <li>1. CVAD removal</li> <li>2. IV insertion</li> <li>3. Med administration</li> </ol>                                       | <p>Date/Initial<br/>=Student<br/>=Preceptor</p> <p>Date: 02/10</p> <p><u>L. Siboy</u><br/>Student</p> <p><u>G. Millares</u><br/>Preceptor</p>    |

**IM 8 Capstone Precepted Clinical Experience Skills Checklist**

**Med/Surg, Pediatric, Mom/Baby, Staffing**

**Purpose:** This inventory of required nursing skills is to be following:

Orientation, Midterm & Finals

**Instructions:** Pre-Assessment = Mark an X on each skills that describes your experience

**Preceptorship- Clinical time = Write the date & preceptor's initial that describes your experience.**

| Medical<br>List of                    | Surgical<br>Skills | Student's skills Pre assessment |     |          | Preceptorship clinical time |               |
|---------------------------------------|--------------------|---------------------------------|-----|----------|-----------------------------|---------------|
|                                       |                    | No exp.                         | CPE | Clinical | Supervised                  | Independently |
| <b>1. Assessment</b>                  |                    |                                 |     | X        |                             | X ✓           |
| a. Vital signs                        |                    |                                 |     | X        |                             | X 01/18 GM    |
| b. Neurological                       |                    |                                 |     | X        |                             | X 01/18 GM    |
| c. Respiratory                        |                    |                                 |     | X        |                             | X 01/18 GM    |
| d. Cardiovascular                     |                    |                                 |     | X        |                             | X 01/18 GM    |
| e. Gasrtointestinal                   |                    |                                 |     | X        |                             | X 01/18 GM    |
| F. Neuro-vascular                     |                    |                                 |     | X        |                             | X 01/18 GM    |
| <b>2. Documentation</b>               |                    |                                 |     |          |                             | ✓             |
| a. Assessment                         |                    |                                 |     | X        | X                           | 01/19 GM      |
| b. Vital signs                        |                    |                                 |     | X        |                             | X 01/20 GM    |
| c. Admission                          |                    | X                               |     |          | X                           | 01/19 GM      |
| d. Discharge                          |                    | X                               |     |          | X                           | 01/20 GM      |
| e. Transfer                           |                    |                                 |     | X        |                             |               |
| <b>3. Collaborative communication</b> |                    |                                 |     |          |                             | ✓             |
| a. SBAR reporting                     |                    |                                 | X   | X        | X                           | 01/25 GM      |
| b. Case Management                    |                    |                                 |     | X        | X                           | 01/27 GM      |
| c. Physician                          |                    |                                 | X   |          |                             |               |
| d. Pharmacy                           |                    |                                 |     | X        |                             |               |
| e. Diagnostic                         |                    | X                               |     |          |                             |               |
| f. respiratory                        |                    |                                 |     | X        |                             |               |
| g. Physical Therapist                 |                    | X                               |     |          | X                           | 01/27 GM      |
| h. wound nurse                        |                    | X                               |     |          |                             |               |
| <b>4. Medication</b>                  |                    |                                 |     |          |                             | ✓             |
| a. Per Orem -PO                       |                    |                                 |     |          |                             | X 01/19 GM    |
| b. IVPB-Pump                          |                    |                                 | X   | X        |                             | X 01/20 GM    |
| c. IV push-CVL/Perip                  |                    |                                 | X   | X        |                             | X 01/19 GM    |
| d. Topical                            |                    |                                 | X   | X        | X                           | 01/25 GM      |
| e. tube feeding                       |                    |                                 |     | X        |                             | 01/27 GM      |
| f. Intramuscular                      |                    |                                 |     | X        |                             | X 01/18 GM    |
| g. Subcutaneous                       |                    |                                 |     | X        |                             | X 01/19 GM    |
| h. Intradermal                        |                    |                                 |     | X        |                             | X 01/19 GM    |
| i. Nasal spray                        |                    |                                 |     | X        |                             | X 01/25 GM    |
| j. Rectal suppository                 |                    | X                               |     |          | X                           | 01/25 GM      |
| <b>5. Isolation Precat'n</b>          |                    |                                 |     |          |                             | ✓             |
| a. Contact                            |                    |                                 |     | X        |                             | 02/01 GM      |
| b. Airborne                           |                    | X                               |     |          |                             | X 01/18 GM    |
| c. Neutropenic                        |                    |                                 |     | X        |                             |               |
| d. Positive pressure                  |                    | X                               |     |          |                             |               |

| 5. Oxygen Mangement |  | NO EXP | CPE | Clinical | Sup. | Insp. |
|---------------------|--|--------|-----|----------|------|-------|
| a. Nasal Cannula    |  |        | X   | X        |      | X     |
| b. Venturi          |  | X      |     |          |      |       |
| c. High flow        |  | X      |     |          |      |       |
| d. CPAP/BIPAP       |  | X      |     |          |      | X     |
| 6.. Others          |  |        |     |          |      |       |
|                     |  |        |     |          |      |       |
|                     |  |        |     |          |      |       |
|                     |  |        |     |          |      |       |
|                     |  |        |     |          |      |       |

01/18 GM

02/09 GM

Student Name; LOIS ANN SITON  
 Student signature; *Lois Ann Siton*  
 Preceptor: *Diana M. Hesse*  
 Unit:  
 Date:

Capstone Preceptor Appraisal of Student Performance  
Preceptor Completes and Reviews with Student

Student: LOIS ANN SITOY

Midterm: \_\_\_\_\_

Final: 02/10/24

Unit: HC5

1. Please reflect on the student's clinical performance during the capstone preceptorship and rate the following:

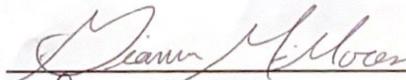
|  | Below Average Performance<br>Needs Significant Guidance | Satisfactory Performance<br>Needs Average Guidance | Outstanding Performance<br>Needs Minimal Guidance |
|--|---|--|---|
| Student uses the Nursing Process to provide comprehensive, evidence-based nursing practice. (Graduate Competency (GC) 1) | <input type="radio"/>                                   | <input type="radio"/>                              | <input checked="" type="radio"/>                  |
| Student coordinates and develops a plan of care using time management and prioritization. (GC 1 & 3)                     | <input type="radio"/>                                   | <input type="radio"/>                              | <input checked="" type="radio"/>                  |
| Student makes safe clinical decisions. (GC 3)  | <input type="radio"/>                                   | <input type="radio"/>                              | <input checked="" type="radio"/>                  |
| Student advocates for patient/family rights and quality nursing practice. (GC 4)   | <input type="radio"/>                                   | <input type="radio"/>                              | <input checked="" type="radio"/>                  |
| Student uses professional, assertive, and collaborative communication. (GC 2, 5, & 6)                                    | <input type="radio"/>                                   | <input type="radio"/>                              | <input checked="" type="radio"/>                  |
| Student documents according to agency/unit standards. (GC 2)   | <input type="radio"/>                                   | <input type="radio"/>                              | <input checked="" type="radio"/>                  |
| Student develops teaching/learning strategies to meet patient/family needs. (GC 3 & 7).                                  | <input type="radio"/>                                   | <input type="radio"/>                              | <input checked="" type="radio"/>                  |
| Student assumes a leadership role in clinical practice. (GC 6)   | <input type="radio"/>                                   | <input type="radio"/>                              | <input checked="" type="radio"/>                  |
| Student is self-directed and demonstrates an interest in learning. (GC 8)  | <input type="radio"/>                                   | <input type="radio"/>                              | <input checked="" type="radio"/>                  |

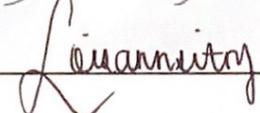
2. What do you think are the student's personal strengths?

Compassion, Clinical Knowledge, Attention to detail, Teamwork, Professionalism, Lab collections.

3. What have you identified as an opportunity for improvement for the student?

Prioritization, Delegation, Pt & family education.

Preceptor Signature:  Date: 2/10/24

Student Signature:  Date: 02/10/24

### Evaluation of Preceptor by Student

Name of Preceptor: Gianna Millaro Clinical Unit: HCS

| Please rate your preceptor on each question<br>1=Never/Poor 2=Seldom/Mediocre 3=Sometimes/Good 4=Often/Very Good 5=Always/Superb | Rating<br>Please circle |
|--|-------------------------|
| Establishes a good learning environment (approachable, nonthreatening, enthusiastic, etc.)                                       | 1 2 3 4 (5)             |
| Stimulates me to learn independently   | 1 2 3 (4) 5             |
| Allows me autonomy appropriate to my level/ experience/ competence   | 1 2 3 (4) 5             |
| Organizes time to allow for both teaching and care giving  | 1 2 3 (4) 5             |
| Offers regular feedback (both positive and negative)   | 1 2 3 (4) 5             |
| Clearly specifies what I am expected to know and do during the training period   | 1 2 3 4 (5)             |
| Adjusts teaching to my needs (experience, competence, interest, etc.)  | 1 2 3 4 (5)             |
| Asks questions that promote learning (clarifications, probes, Socratic questions, reflective questions, etc.)                    | 1 2 3 (4) 5             |
| Gives clear explanations/reasons for opinions, advice, or actions  | 1 2 3 (4) 5             |
| Adjusts teaching to divers settings (bedside, charting, nurses station, etc.)  | 1 2 3 (4) 5             |
| Coaches me on my clinical/ technical skills (patient history, assessment, procedural, charting)                                  | 1 2 3 4 (5)             |
| Incorporates research data and/or practice guidelines into teaching  | 1 2 3 (4) 5             |
| Teaches diagnostic skills (clinical reasoning, selection/interpretation of tests, etc.)  | 1 2 3 (4) 5             |
| Teaches effective patient and/or family communication skills   | 1 2 3 4 (5)             |
| Teaches principles of cost-appropriate care (resource utilization, etc.)   | 1 2 3 (4) 5             |

1. What did you like best about your preceptor?

I like her time management, she can work well with hectic environment, a great team player & gives holistic care to her patients.

2. Do you have any suggestions for your preceptor to consider when working with future students?

Help the student to be more independent \* towards nurses role / delegation but overall she did an awesome job!

Student Signature: Loannina Date: 02/10/24

1. Please reflect on your performance during the capstone preceptorship and rate yourself on the following:

|   | I need significant guidance. | I need average guidance.         | I need minimal guidance.         |
|---|------------------------------|----------------------------------|----------------------------------|
| I use the Nursing Process to provide comprehensive, evidence-based nursing practice. (Graduate Competency (GC) 1) | <input type="radio"/>        | <input checked="" type="radio"/> | <input type="radio"/>            |
| I coordinate and develop a plan of care using time management and prioritization. (GC 1 & 3)                      | <input type="radio"/>        | <input type="radio"/>            | <input checked="" type="radio"/> |
| I make safe clinical decisions. (GC 3)  | <input type="radio"/>        | <input type="radio"/>            | <input checked="" type="radio"/> |
| I advocate for patient/family rights and quality nursing practice. (GC 4)   | <input type="radio"/>        | <input type="radio"/>            | <input checked="" type="radio"/> |
| I use professional, assertive, and collaborative communication. (GC 2, 5, & 6)                                    | <input type="radio"/>        | <input checked="" type="radio"/> | <input type="radio"/>            |
| I document according to agency/unit standards. (GC 2)   | <input type="radio"/>        | <input type="radio"/>            | <input checked="" type="radio"/> |
| I develop teaching/learning strategies to meet patient/family needs. (GC 3 & 7).                                  | <input type="radio"/>        | <input type="radio"/>            | <input checked="" type="radio"/> |
| I assume a leadership role in clinical practice. (GC 6)   | <input type="radio"/>        | <input checked="" type="radio"/> | <input type="radio"/>            |
| I am self-directed and demonstrate an interest in learning. (GC 8)  | <input type="radio"/>        | <input type="radio"/>            | <input checked="" type="radio"/> |

2. What do you think are your personal strengths?

I am able to develop a holistic plan of care with the help of teamwork on the unit. I have helped patients and families understand some of the medication teaching or discharge teaching.

3. What have you identified as a personal opportunity for improvement?

I need to be able to be assertive sometimes with patients who needs my assistance and be confident with the knowledge that I know and not doubt myself too much.

Student Signature: \_\_\_\_\_

*Leann...*

Date: 02/10/24

Name LOIS ANN SITOU

Record of Precepted Clinical Experiences

5th shift →

10th shift →

| Date     | Exact Time<br>Ex.(0645-1915) | Location | Preceptor's Signature  |
|----------|------------------------------|----------|------------------------|
| 01/18/24 | 0645 - 1917                  | HCS      | <i>Diane Millice</i>   |
| 01/19/24 | 0645 - 1916                  | HCS      | <i>Diane Millice</i>   |
| 01/20/24 | 0645 - 1921                  | HCS      | <i>Diane Millice</i>   |
| 01/25/24 | 0645 - 1915                  | HCS      | <i>Diane Millice</i>   |
| 01/27/24 | 0645 - 1950                  | HCS      | <i>Diane Millice</i>   |
| 01/29/24 | 0645 - 1915                  | HCS      | <i>Andrea Quinonez</i> |
| 02/02/24 | 0645 - 1915                  | HCS      | <i>Diane Millice</i>   |
| 02/08/24 | 0645 - 1916                  | HCS      | <i>Diane Millice</i>   |
| 02/09/24 | 0645 - 1915                  | HCS      | <i>Diane Millice</i>   |
| 02/10/24 | 0645 - 1915                  | HCS      | <i>Diane Millice</i>   |
|          |                              |          |                        |
|          |                              |          |                        |
|          |                              |          |                        |
|          |                              |          |                        |
|          |                              |          |                        |
|          |                              |          |                        |

Preceptor's Signature *Diane Millice*

Preceptor's Signature *Diane Millice*