

IM8: Capstone Appraisal of Student Performance

(preceptor Completes and Review with student)

Student: Nyah Steele

Midterm: _____

Unit: MCU

Finals: ✓

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

| Clinical Learning Outcomes | Below Average Performance Needs Significant Guidance | Satisfactory Performance Needs Average Guidance | Outstanding Performance Needs Minimal Guidance |
|---|--|--|---|
| a. Safety/Quality: Integrate nursing care using evidence-based practice to promote safety and quality for patients, self and others | | | ✓ |
| b. Communication: Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in various healthcare settings. (SBAR, Documentation, patient advocacy) | | | ✓ |
| c. Clinical judgement: Integrate use of current evidence-based practice and clinical competence when making clinical decisions in the provision of patient centered care. (Clinical Judgement model) | | | ✓ |
| d. Patient centered care: Integrate nursing care for patients from diverse backgrounds based on patient age, culture, values, and educational needs. | | | ✓ |
| e. Professionalism: Integrate knowledge, skills, and attitudes required of the professional nurse, embracing lifelong learning to improve the quality of healthcare. | | | ✓ |

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

ABLE TO QUICKLY ADJUST TO FAST-PACED SITUATIONS. ALWAYS EAGER TO LEARN AND IMPROVE. TRULY ENJOYED PRECEPTING YOU. YOU'LL MAKE A VERY GOOD NURSE!

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

GAIN MORE CONFIDENCE WITH YOUR SKILLS

Preceptor Signature: Madison, RN Date: 2/9/24

Student Signature: _____ Date: _____

Record of Precepted Clinical Experiences

| Date | Exact Time Ex.(0645-1915) | Location | Preceptor's Print & Signature |
|-------------------------------|------------------------------|----------|--------------------------------|
| 1/16/20 | 0641-1912 | CICU | APRIL MARPA / <i>rdmgn, RN</i> |
| 1/17/20 | 0630-1901 | CICU | APRIL MARPA / <i>rdmgn, RN</i> |
| 1/19/20 | 0645-1909 | CICU | APRIL MARPA / <i>rdmgn</i> |
| 1/23/20 | 0645-1900 | CICU | APRIL MARPA / <i>rdmgn</i> |
| 1/25/20 | 0636-1910 | CICU | APRIL MARPA / <i>rdmgn</i> |
| 1/26/20 | 0645-1911 | CICU | APRIL MARPA / <i>rdmgn</i> |
| 1/29/20 1/29/20 | 0644-1908 | CICU | APRIL MARPA / <i>rdmgn</i> |
| 2/6/20 | 0630-1911 | CICU | APRIL MARPA / <i>rdmgn</i> |
| 2/8/20 | 0640-1915 | CICU | APRIL MARPA / <i>rdmgn</i> |
| 2/19/20 | 0635-1907 | CICU | APRIL MARPA / <i>rdmgn, RN</i> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REMINDER: Do not pre-fill out, Document your actual time after each shift & have your preceptor sign. The time prior shift starting time & the time after does not count extra, 0645-1915 is simply a 12 hour shift.

Preceptor's Signature APRIL MARPA, RN BSN / *rdmgn, RN*

Preceptor's Signature _____

Instructional Module *: Capstone Precepted Clinical Experience Skills Check list

Critical Care Unit: Adult (MICU,SICU,CICU)

Purpose: This inventory of required skills is to completed : Orientation, Clinical Midterm & Clinical Finals

Introduction: 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.

| Skills | Student's Pre- Assessment | | | Preceptorship Clinical Time | |
|---------------------------------------|---------------------------|-----|----------|-----------------------------|-------------------------|
| | No Experience | CPE | Clinical | Supervised | Performed Independently |
| 1. Assessment | | | X | | 1/18/26 rd |
| a.Vital signs | | | X | | |
| b.Neurological | | | | | |
| c.Respiratory | | | | | |
| d.Cardio-vascular | | | | | |
| e.Gastrointestinal | | | | | |
| f.Neuro-vascular | | | | | |
| 2. Documentation | | | | | 2/29/26 rd |
| a.Assessment | | | | | |
| b.Vital signs | | | | | |
| c.Admission | | | | | |
| d.Discharge | | | | | |
| e.Transfer | | | | | |
| 3. Collaborative Communication | | | | | 1/23/26 rd |
| a.SBAR | | | | | |
| b.Case Mgt. | | | | | |
| c.Physician | | | | | |
| d. Pharmacy | | | | | |
| e. Diagnostic | | | | | |
| f. Respiratory | | | | | |
| g.Pt/OT | | | | | |
| h. Chaplain | | | | | |
| 4. Medication | | | | 2/9/26 Mw | |
| a. PO | | | | | |
| b.IVPB | | | | | |
| c.IM | | | | | |
| d.IV push | | | | | |
| e. Subcutaneous | | | | | |
| f. Intradermal | | | | | |
| g.Tube feeding | | | | | |
| h.Topical | | | | | |
| i. Nasal | | | | | |
| j. Rectal | | | | | |
| 5. Central lines & PICC | | | | | 2/8/26 Mw |
| a. Med.admin. | | | | | |
| b.Blood draw | | | | | |
| c.Dressing change | | | | | |

| | | | | | |
|--|--|--|--|--|-------------|
| d. Clave change | | | | | |
| e. Monitoring | | | | | |
| f. Removal | | | | | |
| 6. Cordis (PA) | | | | | |
| a. Dressing change | | | | | |
| b. Removal | | | | | |
| 7. Drainage (CT, GTube, JP, & Rectal Rubes) | | | | | |
| a. Monitoring | | | | | |
| b. Measure output | | | | | |
| c. Collect output | | | | | |
| d. Dressing change | | | | | |
| e. Removal | | | | | |
| 8. Tube feedings (NGT/DHT/OGT) | | | | | |
| a. Insertion | | | | | |
| b. Removal | | | | | |
| c. Check Residual | | | | | |
| d. Flushing | | | | | 1/26/26 rdw |
| e. Initiate Feeding | | | | | 1/26/26 rdw |
| f. Monitoring | | | | | 1/26/26 rdw |
| 9. Urinary Catheter | | | | | |
| a. Insertion | | | | | |
| b. Removal | | | | | |
| c. Collect specimen | | | | | 1/26/26 rdw |
| d. Monitoring | | | | | |
| 10. Blood sugar test | | | | | |
| a. Use of Glucometer | | | | | 2/9/26 rdw |
| b. Blood draw | | | | | 2/9/26 rdw |
| c. Finger stick | | | | | 2/9/26 rdw |
| d. Heel stick | | | | | |
| 11. Artlines | | | | | |
| a. Blood draw | | | | | 1/18/26 rdw |
| b. Calibration | | | | | 1/18/26 rdw |
| c. Dressing change | | | | | |
| d. Monitor | | | | | 1/18/26 rdw |
| 12. Tracheostomy/ Endotracheal | | | | | |
| a. Suction | | | | | |
| b. Dressing change | | | | | |
| c. Check placement | | | | | |
| d. Monitor | | | | | |
| 13. Isolation | | | | | |
| a. Contact | | | | | 2/6/26 rdw |
| b. Droplet | | | | | 2/6/26 rdw |
| c. Neutropenic | | | | | |

Covenant School of Nursing

IM8 Clinical Experience- Daily Events Record

Student: Nyan Steele UNIT: CICU Preceptor: April Marpa

| | | | |
|--|---|--|--|
| <p>Instructions:</p> <p>I. Student's responsibility:</p> <ul style="list-style-type: none"> - This form must be presented to the preceptor on the first day of clinical. - Write the highlights & Skills observed / performed every each clinical time. - Discuss with the preceptor & write the areas to improve before the end of the shift. <p>2. Preceptor's responsibility:</p> <ul style="list-style-type: none"> - Must give feedback on the areas to improve & instruct the student to write on the allotted space. <p>3. Student & preceptor must sign their Initial every each clinical day.</p> | <p>Highlights: Example (written)</p> <p>1. Team work-Rapid response 2. learning opportunities -Staph infection 3. Post op admission</p> <p>Areas to improve:</p> <p>1. Assessment 2. Anticipation of patient needs 3. working on skills on Blood draw</p> <p>Skills observed & performed:</p> <p>1. NGT insertion 2. Orthostatic vital sign 3. Trach suctioning</p> | | <p>Date/Initial =Student = Preceptor</p> <p>Date: 10/23/2018</p> <p><u>E. Hamilton</u> Student</p> <p><u>A. Santos</u> Preceptor</p> |
| <p>Highlights:</p> <p>1. admission of rapid response patient from the MS unit 2. learning mechanism of ICU drug - Diliazem 3. assisted other staff nurses with their patient care</p> <p>Areas to improve:</p> <p>1. PHLEBOTOMY SKILLS 2. BECOME MORE ACQUAINTED WITH MEDICATIONS 3. Documentation</p> <p>Skills observed & performed:</p> <p>1. FOLEY CATHETER INSERTION 2. PERFORMED ASSESSMENT 3. ADMINISTERED MEDICATIONS - IVP & ORAL</p> | <p>Date/Initial =Student =Preceptor</p> <p><u>11/16/26</u> Date: <u>P. Steele</u> Student</p> | <p>Highlights:</p> <p>1. POST NORTERN CARE 2. TRANSFERRED PATIENT TO ANOTHER unit 3. GAVE REPORT TO RECEIVING NURSE 4. OBSERVED SEVERE PAIN AS GOUT exacerbation</p> <p>Areas to improve:</p> <p>1. PRIMING TUBING 2. REPORTING TO ONCALLING TRCN 3. COLLABORATE E OTHER STAFF</p> <p>Skills observed & performed:</p> <p>1. TRANSFERRED CRITICAL PATIENT TO CT 2. POST NORTERN CARE 3. PLACING PATIENT ON BIPAP MACHINE</p> | <p>Date/Initial =Student =Preceptor</p> <p><u>11/18/26</u> Date: <u>P. L</u> Student</p> <p><u>rdm</u> Preceptor</p> |
| <p>Highlights:</p> <p>1. DRAWING BLOOD → DID GREAT! 2. ASSISTED WITH A CRITICALLY ILL PATIENT 3. PERFORMED BESIDE CARE</p> <p>Areas to improve:</p> <p>1. TIME MANAGEMENT 2. CHARTING 3. MEDICATIONS →</p> <p>Skills observed & performed:</p> <p>1. DRAWING BLOOD → STICK & FROM LUMEN 2. ASSISTING OTHER STAFF WITH CRITICALLY ILL PATIENT 3. ASSUMED CARE OF PATIENT ON A/VAPS/HIGH FLOW</p> | <p>Date/Initial =Student =Preceptor</p> <p><u>11/17/26</u> Date: <u>P. Steele</u> Student</p> <p><u>rdm</u> Preceptor</p> | <p>Highlights:</p> <p>1. BLOOD DRAWS VIA A-LINE 2. ASSESSMENT OF HD ACCESS FOR BRUIT & THRILL 3. ASSIST CARE OF PATIENT WITH SWAN CATHETER</p> <p>Areas to improve:</p> <p>1. CONTINUE TO IMPROVE TIME MANAGEMENT SKILLS 2. KNOWLEDGE OF MEDICATIONS IN THE ICU SETTING 3. THOROUGH ASSESSMENT</p> <p>Skills observed & performed:</p> <p>1. INITIATED PRECEDEX qtt ACCORDING TO PROTOCOL 2. PULL NUMBER FROM CHESTAL MONITOR 3. OBTAINED CONSENT FOR PROCEDURE</p> | <p>Date/Initial =Student =Preceptor</p> <p><u>11/23/26</u> Date: <u>P. Steele</u> Student</p> <p><u>rdm, rd</u> Preceptor</p> |

| | | | |
|--|--|--|---|
| <p>Highlights:</p> <ol style="list-style-type: none"> 1. ASSUMED CARE OF PATIENT WITH SWAN CATHETER 2. PERFORMED CENTRAL LINE DRESSING CHANGED 3. LAB DRAWS VIA ART LINE <p>Areas to Improve:</p> <ol style="list-style-type: none"> 1. WATCH FOR LABS 2. CONTINUE TO WORK ON CLINICAL JUDGEMENT 3. COMMUNICATE / COLLABORATE WITH PHYSICIANS <p>Skills observed & performed:</p> <ol style="list-style-type: none"> 1. BED BATH 2. INITIATE HEPARIN qtt AND TITRATE PER HOSP. PROTOCOL 3. PULSED NUMBIE AND HEMUM CHARTING OF HEMODYNAMICS | <p>Date/Initial =Student =Preceptor 1/25/26</p> <p>Date: <u>J. [Signature]</u> Student</p> <p><u>rdw</u> Preceptor</p> | <p>Highlights:</p> <ol style="list-style-type: none"> 1. OBSERVED PATIENT ON CRT 2. PERFORMED ACCURATE I & D 3. OBSERVED CIRCUIT CHANGED ON CRT MACHINE <p>Areas to Improve:</p> <ol style="list-style-type: none"> 1. CONTINUE IMPROVING CLINICAL JUDGEMENT 2. IMPROVE TIME MANAGEMENT DURING BUSY SHIFTS 3. CONTINUE TO IMPROVE ASSOCIATION <p>Skills observed & performed:</p> <ol style="list-style-type: none"> 1. CHARTED ACCURATE I & D 2. ASSISTED PATIENT W/ FEEDING 3. ADMINISTERED MEDICATIONS BASED ON PROTOCOLS | <p>Date/Initial =Student =Preceptor 2/6/26</p> <p>Date: <u>P. [Signature]</u> Student</p> <p><u>rdw</u> Preceptor</p> |
| <p>Highlights:</p> <ol style="list-style-type: none"> 1. CHANGED A-LINE PRESSURE BAG 2. PERIPHERAL LABS DRAW 3. ASSUMED CARE OF ETOH WITHDRAWAL PATIENT <p>Areas to improve:</p> <ol style="list-style-type: none"> 1. EDUCATING / PT. TEACHING 2. MEDICATIONS 3. SBAR <p>Skills observed & performed:</p> <ol style="list-style-type: none"> 1. ZEROED A-LINE & PA CATH 2. DISCONNECT & RECONNECTED PT. OFF THE CATHETER MACHINE 3. COLLABORATED WELL WITH STAFF | <p>Date/Initial =Student =Preceptor 1/28/26</p> <p>Date: <u>J. [Signature]</u> Student</p> <p><u>rdw</u> Preceptor</p> | <p>Highlights:</p> <ol style="list-style-type: none"> 1. PATIENT ON DOPAMINE & SUPREP qtt 2. TITRATED MEDICATIONS PER PROTOCOL 3. WEARING qttS PER PROTOCOL <p>Areas to improve:</p> <ol style="list-style-type: none"> 1. CONTINUE TO GAIN EXPERIENCE 2. CONTINUE TO GAIN CONFIDENCE 3. SPECIFIC WITH PROTOCOLS <p>Skills observed & performed:</p> <ol style="list-style-type: none"> 1. ACCURATE CHARTING OF qttS 2. TRANSPORTED PATIENT TO DIAGNOSIS 3. PERFORMED LAB DRAW VIA VEIN STICK | <p>Date/Initial =Student =Preceptor 2/8/26</p> <p>Date: <u>J. [Signature]</u> Student</p> <p><u>rdw</u> Preceptor</p> |
| <p>Highlights:</p> <ol style="list-style-type: none"> 1. ASSUMED CARE OF PATIENT ON ARTEMIS qtt - INITIATED & TITRATED qtt 2. ASSUMED CARE OF AN ONCOLOGY PATIENT 3. TRANSITIONED TO FULL PALLIATIVE STATUS <p>Areas to improve:</p> <ol style="list-style-type: none"> 1. CONTINUE TO IMPROVE PALLIATIVE SKILLS 2. CONTINUE TO IMPROVE KNOWLEDGE ON MEDICATIONS 3. CONTINUE TO IMPROVE TIME MANAGEMENT <p>Skills observed & performed:</p> <ol style="list-style-type: none"> 1. PROVIDED EMOTIONAL SUPPORT TO FAMILIES 2. COMFORT MEASURES 3. ASSISTED STAFF W/ POST MORTEM CARE | <p>Date/Initial =Student =Preceptor 1/29/26</p> <p>Date: <u>P. [Signature]</u> Student</p> <p><u>rdw</u> Preceptor</p> | <p>Highlights:</p> <ol style="list-style-type: none"> 1. ASSUMED FULL PATIENT LOAD 2. IDENTIFY ABNORMAL LABS 3. COLLABORATED WITH PHYSICIANS <p>Areas to improve:</p> <ol style="list-style-type: none"> 1. REFINE ASSESSMENTS OF SUBTLE CHANGES 2. FAMILIARIZE HOSPITAL PROTOCOLS 3. ENHANCE TIME MANAGEMENT <p>Skills observed & performed:</p> <ol style="list-style-type: none"> 1. WEARING PATIENT OFF OF O2 2. RECOGNIZE ABNORMAL CHANGES IN ASSESSMENT 3. ACKNOWLEDGE & INITIATE ORDERS | <p>Date/Initial =Student =Preceptor 2/9/26</p> <p>Date: <u>P. [Signature]</u> Student</p> <p><u>rdw</u> Preceptor</p> |

Evaluation of Preceptor by Student

Name of Preceptor: April Marpa Clinical Unit: CICU

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

1. What did you like best about your preceptor?

April gave me the space to grow more confident in my abilities by stepping back, allowing me to take the lead, answer questions independently, and then guiding me by addressing mistakes and providing support when needed.

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

I have no complaints, and this has been a great 10 shifts. I'm truly sad that it's coming to an end.

Student Signature: [Signature]

Date: 2/9/20

IM8 Capstone Preceptorship: Student Self-Evaluation

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 |
|---|-----------------------------|-------------------------|-------------------------|
| a. Safety/Quality: I integrate nursing care using evidence-based practice to promote safety and quality for patients, self and others | | | ✓ |
| b. Communication: I Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in various healthcare settings. (Documentation, Patient advocacy, & SBAR) | | | ✓ |
| c. Clinical judgement: I integrate use of current evidence-based practice and clinical competence when making clinical decisions in the provision of patient centered care. (Clinical judgement model) | | ✓ | |
| d. Patient centered care: I integrate nursing care for patients from diverse backgrounds based on patient age, culture, values, and educational needs. | | | ✓ |
| e. Professionalism: I integrate knowledge, skills, and attitudes required of the professional nurse, embracing lifelong learning to improve the quality of healthcare. | | | ✓ |

2. What do you think are your personal strengths?

Managing my time efficiently while providing safe patient care.

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

Being more confident in my clinical judgment

Student Signature: Samuel

Date: 2/19/26