

**Due:** June 12, 2019

## Program Supplementals:

The appraisers have conducted a qualitative review of your application for accreditation as an ANCC Accredited Practice Transition Program® and have determined that additional documentation is required.

**Please provide the additional documents and/or explanations outlined below no later than Wednesday, June 12, 2019.**

Additional documentation must be attached in your response to this email as one pdf file with bookmarks.

Additional documents and/or explanations:

PO #	Table of Contents	
Number	Description	Page #
PO 1	<b>PO 1 – Contextual Information</b> Please identify the units included in “Adult Surgical Service.”	<b>2</b>
PL 2	<b>PL 2 – Program Leadership</b> Please explain how the preceptors are trained to support and operationalize the program.	<b>3</b>
DD 1	<b>DD 1 – Design &amp; Development</b> Please provided a completed Class Evaluation.	<b>5</b>
DD 3	<b>DD 3 – Design &amp; Development</b> Please provide an example of how you are evaluating your preceptors.	<b>6</b>
DD 8	<b>DD 8 – Design &amp; Development</b> Please provide an example of the process used to evaluate the residents’ competency.	<b>13</b>
PBL 4	<b>PBL 4 – Practice-Based Learning</b> Please provide an example with a completed performance improvement education plan and scoring key available. The scoring key on the Performance improvement Education Plan submitted in the original self-study is not visible.	<b>16</b>
PBL 15	<b>PBL 15 – Practice-Based Learning</b> Please provide an example of a resident working as a member of the interprofessional team.	<b>21</b>
QO 1	<b>QO 1 – Quality Outcomes</b> Please provide an example of a quality outcome measurement that relates back to the quality outcomes identified in PO20.	<b>22</b>

## **PO 1: SYSTEM CONTEXTUAL INFORMATION - SYSTEM**

### **PO 1: Identify the units included in Adult Surgical Services.**

The adult surgical services track is inclusive of the following units:

- Perioperative Services
- Perianesthesia Services

## PL 2: PROGRAM LEADERSHIP

**PL 2: Please explain how the preceptors are trained to support and operationalize the program.**

Alongside the prescribed hospital required preceptor training ([Refer to PO14, p. 117 in the original document](#)), there are instructor-led training opportunities provided to preceptors on specific functions or duties related to operationalizing the Nurse Residency Program (NRP) in the practice-based learning environment. One example was the rollout of a new NR orientation guide that was implemented for July 2018 nurse residents (NRs). After reviewing the process from the July 2018 cohort, the PD worked with the NRP team to collaborate on what needed to be improved in the preceptor training. Since the documentation contained significant programmatic changes, the NRP team implemented Preceptor training classes, prior to the start of the February 2019 cohort, to review the new documents in a more thorough and in-depth manner, and to ensure appropriate compliance with the new changes ([PL2a. NRP Preceptor Update Orienteer Paperwork](#)). The training included an hour-long overview of the major changes to the training and included appropriate management of the forms and electronic data entry requested on their routine evaluations of the NRs. These sessions also went over the ANCC PTAP criteria, so that preceptors had a good understanding of the implementation of consensus-based competencies and where the NR's align with the Benner's Model in comparison to other precepted team members.

At the start of each new cohort, the clinical nurse educators that cover specific specialties meet with the preceptors to discuss their role with the new NRs and ascertain if they need any assistance or support prior to starting. During this time, the clinical nurse educators do "just in time" training to ensure compliance with the NRP program requirements. These meetings occur throughout the cohort as needed or when the preceptors request additional support.

## PL2a. NRP Preceptor Update Orienteer Paperwork

Preceptor Update:	Week	Session	CUH	Zale
	Week 1	1	Monday, January 28, 2019 0800-0900 10.117	
<ul style="list-style-type: none"> <li>Types of New Hires</li> <li>Orienteer Paperwork</li> <li>Preceptor Resources</li> </ul>		2		Thursday, January 31, 2019 1430-1530 PDR
	Week 2	3	Monday, February 4, 2019 0730-0800 7.422	
		4		Tuesday, February 5, 2019 1430-1530 8 <sup>th</sup> floor Rehab Conference Room
	Week 3	5		Monday, February 11 <sup>th</sup> 0730-0830 8 <sup>th</sup> floor Rehab Conference Room
		6	Thursday, February 14, 2019 0730-0830 7.314	
	Week 4	7		Monday, February 18, 2019 0800-0900 8 <sup>th</sup> floor Rehab Conference Room
		8	Tuesday, February 19, 2019 1330-1430 10.117	

## DD 1: DESIGN AND DEVELOPMENT

## DD 1: Provide a complete Class Evaluation.

The following is a completed class evaluation for Falls & Body Mechanics presented by Shannon Bowling, PT, DPT who works for Clinical Education and Professional Practice.

## DD1a Shannon Bowling Class Evaluation Pages 11-13.pdf

Confidential

Record ID 4

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Name of class and presenter

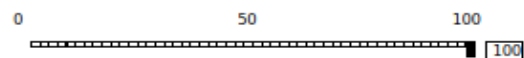
- ☐ 2.27.19 CLABSI - Liffy Cherian  
☒ 2.28.19 Falls & Body Mechanics - Shannon Bowling  
☐ 2.27.19 PPE & Hazardous Meds -Chris Erickson  
☐ 2.28.19 PPE Precautions game - Kathie Waldron

Confidential

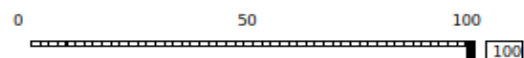
Record ID 4

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What percentage of all class objectives were made clear to you?



Rate the percentage of class content that you find NEW or USEFUL.



What was the MOST meaningful part of the class as it relates to your practice?

How to prevent patient falls using hands on skills e.g. proper gait belt use.

What was the LEAST meaningful part of the class as it relates to your practice?

I've never enjoyed role play as a learning tool, but I can't think of another way to practice education.

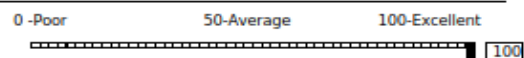
What would you like to see added or changed regarding this class?

More hands-on skills practice.

Please share anything you thought was outstanding from today's class.

Variety of tools: kahoot, demo, practicing, visual aids.

Rate the overall effectiveness of the presenter.



Please share your comments and thoughts regarding the presenter.

I absolutely enjoy every presentation with this presenter!!

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Record ID 5

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## 2019 February Cohort - Class Evaluation

Please complete the survey below.

Thank you!

Response was added on 02/28/2019 4:36pm.

Your Primary Job Role

- ☐ RN  
☒ Resident RN  
☐ Other Clinical

## DD 3: DESIGN & DEVELOPMENT

**DD 3: Provide an example of how you are evaluating your preceptors.**

### EXAMPLE:

During the July 2018 cohort, Catherine Hejl was a nurse resident (NR) in the critical care specialty track and was specifically matched to the Cardiovascular ICU. Catherine had two primary preceptors during the Nurse Residency Program (NRP), Emma Minnis, BSN, RN and Nelly Martinez, BSN, RN. We ask the NRs to conduct a two-week evaluation on their preceptors so we can ascertain early on if there needs to be a change in their preceptor at that time. Catherine had positive things to say about her preceptors during her two-week evaluations so no changes were made to the pairings at this stage in the process (**DD3a.1 Catherine Hejl Preceptor Surveys 2-Week Evaluation**). At the end of the program, the NRs are again asked to provide evaluations of their preceptors and their experience working with them over the course of the precepted period. The goal of this evaluation is to ensure that we continue to provide qualified preceptors to precept new nurse graduates. Catherine's final evaluations reflected a variation from her two-week evaluation. It became apparent that one of her preceptors shined and the other preceptor had not created a successful learning environment for Catherine (**DD3a.2 Catherine Hejl Preceptor Surveys POST Evaluation**). The evaluations spurred conversations with the NRs, preceptors and ultimately nurse leaders on whether the preceptor could be coached to better performance or if they are a good fit for precepting new graduate nurses at all.

## DD3a.1 Catherine Hejl Preceptor Surveys 2-Week Evaluation – Page 1

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## 2018 July Nurse Resident Feedback on Preceptor

Please complete the survey below.

Thank you!

Response was added on 10/06/2018 3:00pm.

1) Your Name	Catherine Hejl
2) Your Track	<input type="radio"/> Acute Medical <input type="radio"/> Acute Surgical <input checked="" type="radio"/> Critical Care <input type="radio"/> Emergency <input type="radio"/> Oncology <input type="radio"/> Progressive Care <input type="radio"/> Psychiatry <input type="radio"/> Rehab
3) Unit	CVICU
4) Preceptor Name	Emma Minnis, Nelly Martinez
5) My preceptor introduced me to team members and peers.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree
6) My preceptor considered my learning needs when taking patient assignments at shift change.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree
7) My preceptor assisted me with my learning experience using various methods.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree
8) Please provide examples of varying methods used by your preceptor to meet your learning needs.	Teach back, hands on learning
9) Preceptor encouraged me to ask questions and express concerns.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree
10) Preceptor expressed immediate feedback on my progress, following direct observation of patient care delivered.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree
11) Preceptor established daily shift goals with me.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree
12) Preceptor asked for my suggestions and comments	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree
13) Preceptor helped me identify problems in patient care, and guided me to establish appropriate interventions.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree

06/11/2019 3:26pm

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## DD3a.1 Catherine Hejl Preceptor Surveys 2-Week Evaluation – Page 2

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- |   |  |
|---|--|
| 14) Preceptor ensured I verified patient medication indications and major side effects prior to administration.                               | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree |
| 15) Preceptor is knowledgeable about patient diagnosis', treatments and care involved   | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree |
| 16) Preceptor communicated instructions clearly.  | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree |
| 17) Preceptor verified my understanding of my patients diagnosis.   | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree |
| 18) Preceptor ensured I read the patient history and physicians notes prior to engaging in patient care.                                      | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree |
| 19) Preceptor verified my documentation was complete and accurate.  | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree |
| 20) Preceptor assisted me in managing my stress level   | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree |
| 21) In what ways did your preceptor assist you with managing your stress?   | Providing feedback and helping me develop checklists                     |
| 22) Preceptor assisted me with time management.   | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree |
| 23) In what ways did preceptor assist you with time management  | Prioritizing care and coaching me in clustering care                     |
| 24) Preceptor represented me positively to my team.   | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree |
| 25) Please provide any additional information you would like to share about this preceptor.   |  |
| <p>Emma and Nelly are great teachers that push me to learn and grow as a new nurse. I know they will help me be a successful CVICU nurse.</p> |  |

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## DD3a.2 Catherine Hejl Preceptor Surveys POST Evaluation – Page 1

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## 2018 July Nurse Resident Feedback on Preceptor

Please complete the survey below.

Thank you!

Response was added on 06/06/2019 1:51am.

1) Your Name	Catherine Hejl
2) Your Track	<input type="radio"/> Acute Medical <input type="radio"/> Acute Surgical <input checked="" type="radio"/> Critical Care <input type="radio"/> Emergency <input type="radio"/> Oncology <input type="radio"/> Progressive Care <input type="radio"/> Psychiatry <input type="radio"/> Rehab
3) Unit	CVICU
4) Preceptor Name	Emma Minnis
5) My preceptor introduced me to team members and peers.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree
6) My preceptor considered my learning needs when taking patient assignments at shift change.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree
7) My preceptor assisted me with my learning experience using various methods.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree
8) Please provide examples of varying methods used by your preceptor to meet your learning needs.	Handouts, providing research articles, hands on experiences
9) Preceptor encouraged me to ask questions and express concerns.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree
10) Preceptor expressed immediate feedback on my progress, following direct observation of patient care delivered.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree
11) Preceptor established daily shift goals with me.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree
12) Preceptor asked for my suggestions and comments	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree
13) Preceptor helped me identify problems in patient care, and guided me to establish appropriate interventions.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree

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## DD3a.2 Catherine Hejl Preceptor Surveys POST Evaluation – Page 2

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- |   |  |
|---|--|
| 14) Preceptor ensured I verified patient medication indications and major side effects prior to administration. | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree       |
| 15) Preceptor is knowledgeable about patient diagnosis', treatments and care involved                           | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree       |
| 16) Preceptor communicated instructions clearly.  | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree       |
| 17) Preceptor verified my understanding of my patients diagnosis.   | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree       |
| 18) Preceptor ensured I read the patient history and physicians notes prior to engaging in patient care.        | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree       |
| 19) Preceptor verified my documentation was complete and accurate.  | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree       |
| 20) Preceptor assisted me in managing my stress level   | <input type="radio"/> Agree<br><input checked="" type="radio"/> Disagree       |
| 21) In what ways did your preceptor assist you with managing your stress?                                       | N/a  |
| 22) Preceptor assisted me with time management.   | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree       |
| 23) In what ways did preceptor assist you with time management  | Helped me think through prioritization of patient care and how to cluster care |
| 24) Preceptor represented me positively to my team.   | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree       |
| 25) Please provide any additional information you would like to share about this preceptor.                     |  |
| Emma was an excellent, very knowledgeable preceptor.  |  |

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## DD3a.2 Catherine Hejl Preceptor Surveys POST Evaluation – Page 3

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## 2018 July Nurse Resident Feedback on Preceptor

Please complete the survey below.

Thank you!

Response was added on 06/06/2019 1:54am.

1) Your Name	Catherine Hejl
2) Your Track	<input type="radio"/> Acute Medical <input type="radio"/> Acute Surgical <input checked="" type="radio"/> Critical Care <input type="radio"/> Emergency <input type="radio"/> Oncology <input type="radio"/> Progressive Care <input type="radio"/> Psychiatry <input type="radio"/> Rehab
3) Unit	CVICU
4) Preceptor Name	Nelly Martinez
5) My preceptor introduced me to team members and peers.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree
6) My preceptor considered my learning needs when taking patient assignments at shift change.	<input type="radio"/> Agree <input checked="" type="radio"/> Disagree
7) My preceptor assisted me with my learning experience using various methods.	<input type="radio"/> Agree <input checked="" type="radio"/> Disagree
8) Please provide examples of varying methods used by your preceptor to meet your learning needs.	Teaching through explanation
9) Preceptor encouraged me to ask questions and express concerns.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree
10) Preceptor expressed immediate feedback on my progress, following direct observation of patient care delivered.	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree
11) Preceptor established daily shift goals with me.	<input type="radio"/> Agree <input checked="" type="radio"/> Disagree
12) Preceptor asked for my suggestions and comments	<input type="radio"/> Agree <input checked="" type="radio"/> Disagree
13) Preceptor helped me identify problems in patient care, and guided me to establish appropriate interventions.	<input type="radio"/> Agree <input checked="" type="radio"/> Disagree

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## DD3a.2 Catherine Hejl Preceptor Surveys POST Evaluation – Page 4

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- |   |  |
|---|--|
| 14) Preceptor ensured I verified patient medication indications and major side effects prior to administration. | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree           |
| 15) Preceptor is knowledgeable about patient diagnosis', treatments and care involved                           | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree           |
| 16) Preceptor communicated instructions clearly.  | <input type="radio"/> Agree<br><input checked="" type="radio"/> Disagree           |
| 17) Preceptor verified my understanding of my patients diagnosis.   | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree           |
| 18) Preceptor ensured I read the patient history and physicians notes prior to engaging in patient care.        | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree           |
| 19) Preceptor verified my documentation was complete and accurate.  | <input checked="" type="radio"/> Agree<br><input type="radio"/> Disagree           |
| 20) Preceptor assisted me in managing my stress level   | <input type="radio"/> Agree<br><input checked="" type="radio"/> Disagree           |
| 21) In what ways did your preceptor assist you with managing your stress?                                       | N/a  |
| 22) Preceptor assisted me with time management.   | <input type="radio"/> Agree<br><input checked="" type="radio"/> Disagree           |
| 23) In what ways did preceptor assist you with time management  | Preceptor provided usually negative, unhelpful feedback regarding time management. |
| 24) Preceptor represented me positively to my team.   | <input type="radio"/> Agree<br><input checked="" type="radio"/> Disagree           |
| 25) Please provide any additional information you would like to share about this preceptor.                     |  |
| I would not recommend this individual as a preceptor for new graduates.   |  |

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## DD 8: DESIGN & DEVELOPMENT

**DD 8: Provide an example of the process used to evaluate the residents' competency.**

### EXAMPLE:

UTSW Medical Center created a new tracheostomy care pathway and changed practices on how patients are suctioned. A system overhaul of the competencies around caring for tracheostomy was incorporated into the Nurse Residency Program (NRP) in 2017. Prior to incorporation into the NRP, the entire hospital nursing staff completed all of the components of the new competencies. All new hires complete the competencies during their hospital orientation. Zechariah Thompson, BSN, RN was a July 2017 cohort nurse resident (NR) and as such participated in the new tracheostomy competency education rollout.

The tracheostomy education plan surrounding this particular rollout involved attending instructor-led training which included a live demonstration of tracheostomy suctioning and tracheostomy care. The second component encompasses a return demonstration of these skills in the training area, where nurses use mannequin simulations and the third component consisted of two additional demonstrations with one of the two requiring a live patient experience.

As a part of the program, the competency verification process is continued in the practice-based learning environment with either a competent nurse or respiratory therapist. Zechariah attended the instructor-led training and first skills demonstration within the NRP purview and then completed the two additional demonstrations on his home unit with live patients (**DD8a. Zechariah Thompson Trach Care and Trach Suctioning**). This specific competency included three skills validations of both tracheostomy suctioning and care after the initial training.

## DD8a. Zechariah Thompson Trach Care and Trach Suctioning – Page 1

UTSouthwestern Medical Center		Tracheostomy Care Pathway Skills Validation Tracheostomy Care		
Name: <u>Zechariah Thompson</u> Unit: <u>12North</u> Date Attended Class: <u>10-25-17</u>				
<b>Tracheostomy Care Skill</b>		Date <u>10-25-17</u>	Date <u>11-9-17</u>	Date <u>12-29-17</u>
		Mannequin	Mannequin / Live Patient	Live Patient
1. Performed hand hygiene & donned gloves, gown, mask, eye protection or face shield as appropriate		S/U	S/U	S/U
2. Removed soiled dressing ( if present) from around stoma & discarded in appropriate receptacle				
3. Observed the skin around the tracheostomy for evidence of irritation or infection				
4. Performed hand hygiene				
5. Prepared the sterile field on the bedside table and arranged equipment				
6. Hyperoxygenated the patient to maintain oxygen saturation levels above 90%.		Validator Initials: <u>[Signature]</u>	Validator Initials: <u>[Signature]</u>	Validator Initials: <u>[Signature]</u>
7. Removed gloves				
8. Performed hand hygiene and donned sterile gloves. Kept the dominant hand clean throughout the procedure				
9. Cleaned or replaced the inner cannula				
10. Cleaned the exposed outer cannula surfaces and stoma under the faceplate				
11. Dried the skin & exposed outer cannula surfaces by patting lightly with a dry 4X4 gauze pad				
12. Secured the tracheostomy tube				
13. Replaced oxygen delivery source				
14. Positioned the patient comfortably & assessed respiratory status				
15. Assessed, treated and reassessed pain				
16. Discarded supplies, removed PPE & performed hand hygiene				
Validator Name/Initials: <u>[Signature]</u>		Validator Name/Initials: <u>[Signature]</u>		
Validator Name/Initials: <u>[Signature]</u>		Validator Name/Initials: <u>[Signature]</u>		
S = Satisfactory U = Unsatisfactory				
I HAVE BEEN ORIENTED TO AND UNDERSTAND THE DEPARTMENTAL INFORMATION, POLICIES/PROCEDURES AND RESPONSIBILITIES LISTED. I CERTIFY THAT I HAVE DEMONSTRATED COMPETENCY TO AN ASSIGNED OBSERVER FOR THE ABOVE LISTED SKILL AND FEEL READY TO PRACTICE INDEPENDENTLY. Please place this document in the Employee's file.				
Employee Signature: <u>[Signature]</u>		Date: <u>1/12/18</u>		

## DD8a. Zechariah Thompson Trach Care and Trach Suctioning – Page 2

UTSouthwestern Medical Center		Tracheostomy Care Pathway Skills Validation Tracheostomy Suctioning		
Name: <u>Zechariah Thompson</u> Unit: <u>12 North</u> Date Attended Class: <u>10/25/17</u>				
<b>Tracheostomy Suctioning Skill</b>		Date <u>10/25/17</u>	Date <u>11/9/17</u>	Date <u>12/29/17</u>
		Mannequin	Mannequin / <del>Live Patient</del>	Live Patient
		<u>S/U</u>	<u>S/U</u>	<u>S/U</u>
		Validator Initials: <u>PS</u>	Validator Initials: <u>PS</u>	Validator Initials: <u>LO</u>
<ol style="list-style-type: none"> <li>1. Performed hand hygiene, donned gloves, gown, eye protection or face shield, as appropriate</li> <li>2. Connected one end of the connecting tubing to the suction machine</li> <li>3. Checked the negative pressure of the suction apparatus by occluding the end of the suction tubing before attaching it to the suction catheter</li> <li>4. If indicated, increased supplemental oxygen to 100% or as prescribed. Encouraged patient to take a few deep breaths</li> <li>5. Prepared the disposable suction catheter</li> <li>6. If fenestrated tracheostomy tube with a fenestrated inner cannula, removed it and replaced it with a nonfenestrated inner cannula</li> <li>7. Removed gloves, performed hand hygiene, and donned sterile gloves</li> <li>8. Connected the suction catheter to the connecting tubing</li> <li>9. With the dominant hand, gently but quickly inserted the catheter into the artificial airway with control vent of the suction catheter open. Used shallow suctioning to minimize trauma.</li> <li>10. Using the dominant thumb, depressed the control vent of the suction catheter to apply continuous suction while completely withdrawing the catheter. Ensured that each suction pass did not last longer than 10 seconds. Did not instill normal saline routinely before suctioning</li> <li>11. Performed one additional pass with suction catheter if secretions remained in the airway and patient tolerating the procedure. Allowed a minimum of 20-30 seconds between passes for the patient to recover before the next pass.</li> <li>12. Consider hyperoxygenating with 100% oxygen between each pass of the suction catheter and upon completion of suctioning for 30 seconds</li> <li>13. Returned supplemental oxygen to the baseline level</li> <li>14. Wrapped the catheter around the dominant hand after the upper airway suctioning complete. Pulled sterile glove off the dominant hand inside out; catheter remained in the glove. Pulled the other glove off in the same fashion</li> <li>15. Removed gloves, performed hand hygiene, and donned gloves</li> <li>16. If fenestrated tracheostomy tube, removed the nonfenestrated inner cannula and replaced it with a fenestrated inner cannula</li> <li>17. Discarded supplies, removed PPE, and performed hand hygiene</li> </ol>				
Validator Name/Initials: <u>AR</u>		Validator Name/Initials: <u>Paul Schmitt</u>		
Validator Name/Initials: <u>PSUR ah7</u>				
S = Satisfactory U = Unsatisfactory				
I HAVE BEEN ORIENTED TO AND UNDERSTAND THE DEPARTMENTAL INFORMATION, POLICIES/PROCEDURES AND RESPONSIBILITIES LISTED. I CERTIFY THAT I HAVE DEMONSTRATED COMPETENCY TO AN ASSIGNED OBSERVER FOR THE ABOVE LISTED SKILL AND FEEL READY TO PRACTICE INDEPENDENTLY. Please place this document in the Employee's file.				
Employee Signature: <u>Zechariah Thompson</u>		Date: <u>1/12/18</u>		



## PBL 4: PRACTICE-BASED LEARNING

**PBL 4: Provide an example with a completed performance improvement education plan and scoring key available. The scoring key on the Performance improvement Education Plan submitted in the original self-study is not visible.**

### EXAMPLE:

The following documents refer to the example of Clare Bauman, BSN, RN (**Refer to PBL4, pg. 417 in the original document**). When the initial meeting occurred related to Clare struggling in the oncology specialty unit, the clinical nurse educator and leadership met to discuss the issues and created the initial Education Performance Improvement Plan which is given to the nurse resident (NR) to review and use as a guide to allow them time to incorporate the feedback into practice (**PBL4a. Clare Bauman Performance Improvement Education Plan for Oncology -- 06.26.18 Pre-meeting**). Each shift the NR and preceptor reviews and updates the education performance improvement plan and discuss the areas where the practice had successfully improved and the areas where there is still room for improvement. This is conducted during the prescribed time period and then reevaluated towards the end of the process to see if there was sufficient progress to move forward (**PBL4b. Clare Bauman Action Plan follow up**). Clare's Education Performance Improvement Plan allowed her to focus on specific areas and she demonstrate that she was willing to make the necessary changes to ensure her own success.



**PBL4a. Clare Bauman Performance Improvement Education Plan for Oncology -- 06.26.18 Pre-meeting – Page 1**

**Performance Improvement Education Plan for Oncology Resident Orientation**
Employee Name: Clare BaumanDate: 06/26/18

Person Number: \_\_\_\_\_

Unit: 11S**Scoring Key**

- 1 – **Not Met\*** - Consistently relies on verbal cues and frequent demonstrations  
 2 – **In Progress** – Seeks occasional supportive cues from resource personnel  
 3 – **Met** – Meets or exceeds standards without supporting cues

**Preceptors:**

- a. Kathryn Wilde

**Observed Reported behaviors:**

- a. Unable to answer simple questions
- b. General lack of Inquiry – Does not verbalize her concerns or asks questions nor assess pertinent findings. Preceptors have prompted multiple times for her to ask questions and still she is very reluctant. They are unable to assess what she doesn't know.
- c. Unable to answer simple questions – Patient admitted after IVC filter placement, asked what she will be assessing patient for initially, she was unable to verbalize and did not take any initiative to ask or look up the content
- d. Safety Concern – Pushed IV Lasix without informing patient or talking about the action and side effect to the patient. Preceptor stopped her and instructed her to explain what she was doing to the patient, for which she said "I'm pushing IV Lasix", then finished the medication and walked out of the room without acknowledging the patient.
- e. Preceptors are concerned that they are having to critique her assessments repeatedly and prompt basic tasks

**Goal**

Clare will set priorities for the day following morning handoff, by 0730. She will verbalize her priorities to her preceptor after handoff and as needed as throughout the shift. The priority list will be revised based on preceptor feedback, as necessary.

Clare will communicate with the preceptor regarding assessment findings and verbalize plan for the day by 0900am

Clare will complete head to toe assessments by 0900 and accurately document findings no later than 1200.

Day 1	Day 2	Day 3	Day 4



**PBL4a. Clare Bauman Performance Improvement Education Plan for Oncology -- 06.26.18 Pre-meeting – Page 2**


Prior to medication administration Clare will review the medications and side effects as well as compatibility of IV medications if applicable with her preceptor. She will explain the procedure/medication/main action and main side effect to her patients and answer questions.				
Clare will demonstrate AIDET with each patient				
Clare will complete care and documentation of patients and will clock out at no later than 7.15 pm each shift (unless patient condition changes drastically)				
Clare will perform procedures with minimal cues and will be compliant with aseptic techniques.				
Clare will read the H&P and progress note on each patient and summarize to the preceptor each shift				
Clare will ask clarification questions to preceptor and will not proceed with a new skill unless directly observed.				

 Due date for required outcomes to be met: 07.10.18

 Date of next follow up: 07.10.18

 \_\_\_\_\_  
 Employee Signature

 \_\_\_\_\_  
 CEPP Manager

 \_\_\_\_\_  
 Liffy Cherian MSN APRN AGCNS-BC OCN

Clinical Educator Signature

 \_\_\_\_\_  
 Unit Manager Signature

 Comments: \_\_\_\_\_  
 \_\_\_\_\_

## PBL4b. Clare Bauman Action Plan follow up – Page 1

**UTSouthwestern**  
Medical Center

Action Plan for Oncology Resident Orientation

Employee Name: Clare Bauman Date: 06/26/18 Person Number: 5174671 Unit: 115

**Scoring Key**

1 – Not Met\* – Consistently relies on verbal cues and frequent demonstrations

2 – In Progress – Seeks occasional supportive cues from resource personnel

3 – Met – Meets or exceeds standards without supporting cues

Goal	Day 1 <u>6/20/18</u>	Day 2 <u>6/21/18</u>	Day 3 <u>6/22/18</u>	Day 4 <u>6/26/18</u>
Clare will set priorities for the day following morning handoff, by 0730. She will verbalize her priorities to her preceptor after handoff and as needed as throughout the shift. The priority list will be revised based on preceptor feedback, as necessary.	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
Clare will communicate with the preceptor regarding assessment findings and verbalize plan for the day by 0900am	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
Clare will complete head to toe assessments by 0900 and accurately document findings no later than 1200.	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>
Prior to medication administration Clare will review the medications and side effects as well as compatibility of IV medications if applicable with her preceptor. She will explain the procedure/medication/route/action and main side effect to her patients and answer questions.	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
Clare will demonstrate AD&T with each patient.	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
Clare will complete care and documentation of patients and will clock out at no later than 7:15 pm each shift (unless patient condition changes drastically)	<u>2</u>	<u>3</u>	<u>3</u>	<u>3</u>
Clare will perform procedures with minimal cues and will be compliant with aseptic techniques.	<u>2</u>	<u>3</u>	<u>2</u>	<u>2</u>
Clare will read the H&P and progress note on each patient and summarize to the preceptor each shift.	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>
Clare will ask clarification questions to preceptor and will not proceed with a new skill unless directly observed.	<u>2</u>	<u>3</u>	<u>2</u>	<u>3</u>

**clinical education & professional practice**

## PBL4b. Clare Bauman Action Plan follow up – Page 2

UTSouthwestern  
Medical Center

## Comments:

6/30 - Clare's progression has improved in this past week. Charting completed in a timely & efficient manner, medications given on time. Seeks / Requires prompting minimally - usually afternoon. Overall, I'm very impressed. I think she will do very well here, as a colleague & nurse. Would like to see a more thorough assessment & communication w/ patients. Will progress to cont. experience.

7/2 Clare had a wonderful shift taking care of 4 BMT pts. Planned her day well. Did ask questions to the preceptor and ~~spoke~~ up documentation and skills well done!

Date of next follow up: \_\_\_\_\_

Employee Signature: Clare Bauman

Preceptor Signature:

Talyn R. Nelson, MD, PhD, RNUnit Manager: Shaf RN ANM

Clinical Educator:

Debra MSN APRN AGCNS-BC

CEPP Manager: \_\_\_\_\_

Clinical Education &  
professional practice

## PBL 15: PRACTICE-BASED LEARNING

**PBL 15: Provide an example of a resident working as a member of the interprofessional team.**

### EXAMPLE:

In April 2019, during the Nurse Residency Program, I had the opportunity to participate in a code simulation as part of my training for the SICU. My team for the day was composed of an anesthesia resident, respiratory therapists, pharmacists and other nurses. We arrived and were assigned certain roles for the simulation. I was the primary nurse, so my main responsibility was to initiate the code and begin Cardiopulmonary Resuscitation (CPR) as I would in a real-life situation. As we went through the simulation, we had nurses working the crash cart/preparing medications, other nurses administering the medications, and people lined up for chest compressions. The doctor who was present led the code according to the Advanced Cardiac Life Support (ACLS) protocol. After the simulation was completed, we participated in a debrief session where the nurses/doctors from the High Reliability Team prompted discussion regarding which parts of the simulation went smoothly and which aspects could have improved.

A few weeks after the simulation, I had a patient who went into cardiac arrest four separate times throughout my shift, and we ran a full code each time. Having had the practice simulation experience, I felt much more prepared and comfortable with the ACLS protocol. I could find medications in the crash cart more easily, anticipated what dosages would need to be drawn up, and communicated more clearly with the doctors and other interprofessional team members who were present. I am grateful for the simulation experience and am confident it will continue to be a valuable part of my job training.

**Makenzie Burnett, BSN, RN**  
Surgical ICU

## QO 1: QUALITY OUTCOMES

**QO1: Provide an example of a quality outcome measurement that relates back to the quality outcomes identified in PO20.**

In 2018, during the bi-annual review, the Program Director (PD) met with the Nurse Residency Program (NRP) team and the Magnet Program Manager to review NRP feedback from the surveys and to determine if there needed to be changes to the NRP goals. An important topic on the organizational agenda, is staffing the ever growing system with qualified and competent nurses and ensuring that the NRP is a direct and continued source to help with nurse staffing.

Previously, the NRP's focus was truly on creating a fully developed and deployed program to ensure that all nurse residents (NRs) had a quality learning experience but little attention was geared toward the individual timelines to the NR competencies. In keeping in line with Benner's Model, the team decided to start evaluating whether the NRP was successful at getting the NRs competent within a six-month timeline of the Texas Board of Nursing. The new program goal was created with the understanding that perioperative services training was a total of nine months. With this in mind, the team chose a goal to attain at least 90% of NRs being competent and independent in practice within six months into the program. This goal would help to ensure that the NRP was consistently creating a common timeline across the organization where the leaders would know they were going to have an influx of qualified nurses for their units.