

Orientee: _____ Primary Preceptor: _____ Job Position: RN Starting Date: _____

The Learning Plan (attach additional pages as needed)

<p>Orientee’s Job Specific Entry Level:</p> <p><input type="checkbox"/> Novice/beginner (minimal job experience in this position, new grad, transfer)</p> <p><input type="checkbox"/> Competent/transitional (has worked in this position before, brings relevant job experience)</p> <p><input type="checkbox"/> Expert (considerable experience, has worked several jobs in this position, teacher/mentor in this field)</p> <p><input type="checkbox"/> Preferred teaching & learning styles reviewed and compared (for a formal learning style assessment access http://www.learning-styles-online.com)</p>	<p>Known strengths from previous experiences:</p> <p>Known skills for further development:</p> <p><input type="checkbox"/> Overall orientation goals have been reviewed and an orientation plan has been mutually agreed upon</p> <p>Orientation Goals/Plan:</p>
<p style="text-align: center;">Preceptor Commitment</p> <p>I commit to designing a positive learning experience for this Orientee. I agree to consistently strive to teach new skills through modeling & guided learning experiences, to provide meaningful & constructive feedback, to validate skill competence and assist the Orientee to set goals for improvement.</p> <p>Signature: _____</p> <p>Additional Preceptors:</p> <p>Name: _____ Initials: _____</p> <p>Name: _____ Initials: _____</p> <p>Name: _____ Initials: _____</p>	<p style="text-align: center;">Orientee Commitment</p> <p>I commit to giving my best each day to increase knowledge & gain confidence in the skills for this job position. I will take responsibility for my own learning and actively participate by asking questions and suggesting ways to meet my own learning goals.</p> <p>Signature: _____</p>

Summary of Experience (attach additional pages as needed)

<p>Preceptor Comments:</p> <p>Signature: _____</p>	<p>Orientee Comments:</p> <p>Signature: _____</p>	<p>Manager Comments/Plan for next 6 months:</p> <p>Signature: _____</p>
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Method of Validation D=demo/simulation V=verbal PT= posttest/policy C=Competency form/checklist
 Final Assess E= Exceptionally Developed F= Fully Developed O= Opportunity for Further Development

General Orientation Competencies:

<p>Ability for human caring/relationships:</p> <ul style="list-style-type: none"> <input type="checkbox"/> demonstrates the CARES values consistently <input type="checkbox"/> adapts into the dept. culture and works positively with others <input type="checkbox"/> arrives to work on time and verbalizes appropriate call-in procedures <input type="checkbox"/> uses a team approach and follows through on tasks that impact others <p>Method of Validation/Date/Initials _____ Final Assess _____</p>	<p>Ability to evaluate the need for a task to be completed and demonstrates initiative to manage daily tasks.</p> <ul style="list-style-type: none"> <input type="checkbox"/> opens Outlook, replies or sends an email message <input type="checkbox"/> verbalizes tasks required for the shift and a plan to complete <input type="checkbox"/> can complete daily tasks within one shift <input type="checkbox"/> asks for help or delegate tasks if unable to finish in one shift <p>Method of Validation/Date/Initials _____ Final Assess _____</p>	<p>As applicable: Demonstrates leadership capability:</p> <ul style="list-style-type: none"> <input type="checkbox"/> respectfully and appropriately delegates tasks to colleagues and support positions <p>Method of Validation/Date/Initials _____ Final Assess _____</p>
<p>As applicable: Demonstrates ability to guide/direct/teach as needed.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Explains POC, treatment and services <input type="checkbox"/> oral health <input type="checkbox"/> basic health practices and safety <input type="checkbox"/> fall reduction strategies <input type="checkbox"/> safe and effective use of medications <input type="checkbox"/> nutrition interventions (i.e., supplements) and modified diets <input type="checkbox"/> how to obtain continuing care, treatment and services <input type="checkbox"/> pain, risk for pain, importance of effective pain management, pain assessment process, methods for pain management <input type="checkbox"/> safe and effective use of medical equipment or supplies provided by the hospital <input type="checkbox"/> how pt./family can voice concerns re: pt. safety issues before/during/after care <p>Method of Validation/Date/Initials _____ Final Assess _____</p>		
<p>Ability for effective multi-disciplinary communication by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> respectful and positive interactions <input type="checkbox"/> ability to resolve conflict/ ask for help <input type="checkbox"/> ability to find, read and mark as read a policy and procedure relevant to job position <input type="checkbox"/> submission of one JDI, DIG, Drop in your bucket or cheer or volunteers to join a council <input type="checkbox"/> ability to access the Thompson Health Marketplace, the System Calendar and the Intranet 	<p>Integration of knowledge for this job position:</p> <ul style="list-style-type: none"> <input type="checkbox"/> verbalizes a solid understanding of the scope of the role and how it impacts Thompson Health <input type="checkbox"/> identifies annual educational responsibilities or growth opportunities to continue in this role <input type="checkbox"/> identifies key resources for guidance <p>Method of Validation/Date/Initials _____ Final Assess _____</p>	<p>Ability for critical thinking:</p> <ul style="list-style-type: none"> <input type="checkbox"/> identifies 1 thing that could go wrong each day and what s/he would do to solve it <input type="checkbox"/> can verbalize what to do in an emergency <input type="checkbox"/> can verbalize what to do if an error occurs <p>Method of Validation/Date/Initials _____ Final Assess _____</p>
<p>Appropriate clinical communication & documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> report/document a change in patient condition promptly (using SBAR or other tool) <input type="checkbox"/> uses complete verbal report & written/typed communication for all parts of record including discharge & transfer documents <input type="checkbox"/> complies with order transcription policy <input type="checkbox"/> processes all orders in a timely way <input type="checkbox"/> takes verbal/telephone orders & documents correctly <input type="checkbox"/> identifies potential barriers to effective communication with patient/care givers (meds, dementia, delirium, hearing/vision) <input type="checkbox"/> ensures patient/family participation in decision making <p>Method of Validation/Date/Initials _____ Final Assess _____</p>	<p>Follows Safety guidelines and ensures patient/resident safety:</p> <ul style="list-style-type: none"> <input type="checkbox"/> maintains an open blame- free, safety- first culture <input type="checkbox"/> follows safety policies for locking computer, fire safety, code responses <input type="checkbox"/> demonstrates safe & proper body mechanics <input type="checkbox"/> knows what unanticipated adverse events are and how to report these events <input type="checkbox"/> can locate policy and procedure/reference materials for disaster plan and infection control <input type="checkbox"/> employs frequent hand washing/disinfection per policy <input type="checkbox"/> complies with infection control precautions <input type="checkbox"/> demonstrates safe & appropriate PPE use <input type="checkbox"/> maintains Bloodborne prevention strategies <input type="checkbox"/> follows appropriate waste disposal for blood & infectious body fluid <input type="checkbox"/> follows appropriate disposal for sharps <input type="checkbox"/> demonstrates infection control measures when using equipment (therm., BP cuff, glucometer) <input type="checkbox"/> Follows fall/injury prevention program by communicating noted risks and implementing prevention program <input type="checkbox"/> Follows restraint/side rail program by describing/implementing safe and appropriate restraints <input type="checkbox"/> Demonstrates appropriate and effective response to patient/resident emergency <input type="checkbox"/> maintains current CPR or ACLS/PALS <input type="checkbox"/> identifies early warning signs of a change in a patient's condition and how to respond & who to contact <input type="checkbox"/> verbalizes how to activate rapid response/code blue or EMS <input type="checkbox"/> follows "Do not Resuscitate" and "Advanced Directives" policy <input type="checkbox"/> demonstrates ability to find MOLST form <p>Method of Validation/Date/Initials _____ Final Assess _____</p>	

Ability to complete tasks/perform skills within the specific job position

SA/LOD/M	<u>General Medical/Surgical Orientation</u>	SA/LOD/M	<u>Medication Policy/Procedures</u>	SA/LOD/M	<u>Medication Policy/Procedures cont.</u>
___/___/___	<u>Date/Initial</u>	___/___/___	Verbalizes 5 R's	___/___/___	<u>Date/Initial</u>
___/___/___	Orient to unit	___/___/___	Oral	___/___/___	Discards single-dose vials
___/___/___	Complete scavenger hunt	___/___/___	Liquids	___/___/___	Rechecks eMAR at completion of med pass to assess that all meds have been given
___/___/___	PYXIS tutorial	___/___/___	Topical	___/___/___	Checks eMAR q hr for new meds
___/___/___	<u>Documentation</u>	___/___/___	Sublingual	___/___/___	Initiates eMAR or first med
___/___/___	<u>Date/Initial</u>	___/___/___	Rectal	___/___/___	Calculates meds correctly
___/___/___	Pt. chart/documentation	___/___/___	Subcutaneous	___/___/___	Properly checks IVs including site, rate, right med, and documents
___/___/___	Forms and processes	___/___/___	I.M.	___/___/___	Verbalizes P&P for labeling & checking IV tubing and solution
___/___/___	Admission Assessment	___/___/___	Eye	___/___/___	Properly labels IV site, bag tubing, and documents
___/___/___	Transfer of patient	___/___/___	Ear	___/___/___	Properly uses PYXIS
___/___/___	Admission 23-hour surg	___/___/___	Sliding Scale Insulin	___/___/___	Takes and records verbal phone orders correctly, date/time/repeating order
___/___/___	Glasgow scale	___/___/___	Spacer	___/___/___	Acknowledges med in eMAR by comparing to written order
___/___/___	24-hour flow sheet	___/___/___	Coumadin/lovenox/arixtra	___/___/___	Uses 2 patient identifiers
___/___/___	Interdisciplinary POC	___/___/___	Insulin nomogram	___/___/___	Documents meds including: stats, prn's, controlled substances and withheld meds
___/___/___	Freq assessment/flowsheet	___/___/___	Heparin nomogram	___/___/___	Review P&Ps CC.13's
___/___/___	Pre Op Checklist	___/___/___	Transdermal	___/___/___	Discharge planning: attends rounds: review role of Social Services and Case Management
___/___/___	Discharge instructions	___/___/___	Meds through G,NG,Peg	___/___/___	Pt/family involved in self-administration (sign-off)
___/___/___	Braden Scale	___/___/___	Meds through G/J tube	___/___/___	
___/___/___	QA monitors	___/___/___	Crushing meds	___/___/___	
___/___/___	PEP form	___/___/___	IV meds:	___/___/___	
___/___/___	Pain management	___/___/___	Add a line	___/___/___	
___/___/___	IVs	___/___/___	IV Dilantin	___/___/___	
___/___/___	I&O	___/___/___	IV Digoxin	___/___/___	
___/___/___	ADRs	___/___/___	IVP Lasix	___/___/___	
___/___/___	eMAR	___/___/___	KCL runs	___/___/___	
___/___/___	Discrepancy form (MAR)	___/___/___	Magnesium runs on IVP	___/___/___	
___/___/___	SBAR	___/___/___	Adding meds to IV solution	___/___/___	
___/___/___	Hourly Rounding	___/___/___	Adding meds to SL	___/___/___	
___/___/___	Restraint Flow sheet	___/___/___	Adding meds to reconstitution device	___/___/___	
___/___/___	SAWS protocol, order sheet, and documentation	___/___/___	Does not leave bedside while administering meds	___/___/___	
___/___/___	Bed check	___/___/___	Initiates pre-mixed bags	___/___/___	
___/___/___	Chair alarm	___/___/___	Documents on eMAR	___/___/___	
___/___/___	Pressure Ulcer Skin assessment	___/___/___	Use of needleless system	___/___/___	
___/___/___	Fall assessment	___/___/___	Dates multi-dose vials	___/___/___	
___/___/___	Documentation post fall (CC.15.002.01)	___/___/___	<u>Anticoagulant therapy:</u>	___/___/___	
___/___/___	Assessment for side rail entrapment	___/___/___	monitoring/compliance	___/___/___	
___/___/___		___/___/___	drug/food/potential interactions	___/___/___	

SA= Orientee's Self-Assessment 0= none 1 = limited 2= indep 3= proficient
 LOD= level of development E=Exceptionally Developed F=Fully Developed O=Opportunity for Further Development
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SA/LOD/M	<u>Core Clinical Activities</u> Date/Initial	SA/LOD/M	<u>Clinical Activities cont.</u> Date/Initial	SA/LOD/M	<u>Clinical Activities cont.</u> Date/Initial
___/___/___	Chest Tubes	___/___/___	<u>PICC-midlines/review proced.</u>	___/___/___	<u>Cognitive Assessment</u>
___/___/___	Straight Cath Male	___/___/___	Access procedure	___/___/___	Assess pt orientation
___/___/___	Straight Cath Female	___/___/___	Flush/Dressing/Documentation	___/___/___	Develops relevant nsg dx
___/___/___	Foley Male	___/___/___	<u>Saline Lock</u>	___/___/___	Develop pt focused goals
___/___/___	Foley Female	___/___/___	Initiation	___/___/___	Develop specific, appropriate plans of care
___/___/___	TWE/SSE	___/___/___	Conversion SL-IV	___/___/___	Evaluates effectiveness of care and review/revise plan accordingly
___/___/___	N/S or oil retention	___/___/___	Conversion IV-SL	___/___/___	Charts in timely manner including relevant data on observation of care
___/___/___	Fleets	___/___/___	Flushing	___/___/___	Provides detailed bedside shift report
___/___/___	G/J Tube	___/___/___	Documentation	___/___/___	Receives shift report
___/___/___	NG Insertion	___/___/___	<u>Heparin</u>	___/___/___	Effectively communicates with pts, families, staff
___/___/___	Use of Gastric Suction	___/___/___	Set-up	___/___/___	Recognizes problems & progress in own performance and acts constructively
___/___/___	PEG tube	___/___/___	Documentation	___/___/___	Organizes work for maximum efficiency
___/___/___	Feedings: bolus	___/___/___	<u>Blood Administration prod:</u>	___/___/___	Completes work on time
___/___/___	Feedings: continuous	___/___/___	Packed cells	___/___/___	Plans work appropriately based on pt needs
___/___/___	Use of enteral pump	___/___/___	Platelets	___/___/___	Creates assignment sheet consistent with pt needs
___/___/___	Colostomy care	___/___/___	Plasma	___/___/___	Communicates effectively with ancillary staff
___/___/___	Ileostomy care	___/___/___	Albumin	___/___/___	Reviews/delegates assignments to NAs
___/___/___	Urostomy care	___/___/___	Documentation	___/___/___	Delegates additional assignments as needed
___/___/___	Nephrostomy care	___/___/___	<u>IV Pump</u>	___/___/___	Evaluates outcome of each activity delegated
___/___/___	<u>Weights:</u>	___/___/___	Drug Dose Pump Library	___/___/___	Communicates changes, problems c staff and physicians properly
___/___/___	Chair	___/___/___	PCA pump-dosage changes	___/___/___	
___/___/___	Bed	___/___/___	<u>Respiratory Treatment</u>	___/___/___	
___/___/___	Standing	___/___/___	Oxygen	___/___/___	
___/___/___	Hoyer Lift	___/___/___	Nebulizer treatment	___/___/___	
___/___/___	Suction Set-up: procedure	___/___/___	Ventimask	___/___/___	
___/___/___	Code Cart check/defib check	___/___/___	Incentive spirometer	___/___/___	
___/___/___	Venipuncture	___/___/___	Albuteral	___/___/___	
___/___/___	Initiation	___/___/___	Metered dose inhaler	___/___/___	
___/___/___	Dressing	___/___/___	Documentation	___/___/___	
___/___/___	Documentation	___/___/___	Isolation Procedures	___/___/___	
___/___/___	<u>Porta Cath/review procedure</u>	___/___/___	Trach care suctioning	___/___/___	
___/___/___	Access procedure	___/___/___	Continuous bladder irrigation	___/___/___	
___/___/___	Flush/Dressing/Documentation	___/___/___	Nurse driven Foley removal	___/___/___	
___/___/___	<u>Central Lines/review proced.</u>	___/___/___	<u>Skin Care</u>	___/___/___	
___/___/___	Access procedure	___/___/___	Air Mattress	___/___/___	
___/___/___	Flush/Dressing/Documentation	___/___/___	Heelbos	___/___/___	
___/___/___	Infection and prevention of	___/___/___	Turn and position	___/___/___	
___/___/___	Pt/family education of infection	___/___/___	Skin care protocol	___/___/___	

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3 East Specific Orientation		Care of the Orthopedic Patient		Educational Components Cont.	
___/___/___	Date/Initial	___/___/___	Date/Initial	___/___/___	Information on oral health
___/___/___	Forms/computer documentation for:	___/___/___	Total joint	___/___/___	Safe and effective use of medical equipment or supplies provided by the hospital
___/___/___	Admission: Peds	___/___/___	Fractured hip	___/___/___	Habilitation or rehab tech. to help pt reach maximum independence
___/___/___	Peds care plan	___/___/___	Shoulder surgery	___/___/___	Fall reduction strategies
___/___/___	Medical protocols (peds)	___/___/___	Back surgery	___/___/___	How pt/family can voice concerns re pt safety issues before/during/after care
___/___/___	<u>Pediatric Medication Administration</u>	___/___/___	Abductor pillow	___/___/___	how to obtain continuing care, treatment, and services pt will need
___/___/___	PO	___/___/___	Positioning of knee and hip pts.	___/___/___	Tissue and eye bank
___/___/___	IM	___/___/___	CPM	___/___/___	Other Competencies Not Listed
___/___/___	Suppository	___/___/___	Traction	___/___/___	_____
___/___/___	EMLA cream	___/___/___	Compression device	___/___/___	_____
___/___/___	<u>Pediatric IV Medications</u>	___/___/___	Autotransfusor	___/___/___	_____
___/___/___	Push	___/___/___	CSM checks	___/___/___	_____
___/___/___	Syringe pump	___/___/___	Heel protection: foot drop stop, booties, eze boot	___/___/___	_____
___/___/___	Buretrol	___/___/___	<u>Educational Components</u>	___/___/___	_____
___/___/___	Calculating doses	___/___/___	Acknowledges cultural diversity based on role	___/___/___	_____
___/___/___	<u>Documentation of IV Skills</u>	___/___/___	Identifies pt rights including ethical aspects and process used to address ethical issues based on job duties	___/___/___	_____
___/___/___	Venipuncture peds	___/___/___	Surgical site infections (SSI) and prevention	___/___/___	_____
___/___/___	Peds armboard/stabilize	___/___/___	Pt/family education of SSI	___/___/___	_____
___/___/___	Buzzy	___/___/___	<u>Patient Education:</u>	___/___/___	_____
___/___/___	<u>Care of the Pediatric Patient</u>	___/___/___	Explanation of POC, treatment and services	___/___/___	_____
___/___/___	Set up croup tent and maintenance	___/___/___	Basic health practices & Safety	___/___/___	_____
___/___/___	Oxyhood	___/___/___	Information on the safe and effective use of medications	___/___/___	_____
___/___/___	Peds O2 sats	___/___/___	Nutrition interventions (ie, supplements) and modified diets	___/___/___	_____
___/___/___	Apnea monitor	___/___/___	Discussion of pain, risk for pain, importance of effective pain management, pain assessment process/ methods of pain management	___/___/___	_____
___/___/___	Apnea policy	___/___/___		___/___/___	_____
___/___/___	Vital signs:	___/___/___		___/___/___	_____
___/___/___	TPR	___/___/___		___/___/___	_____
___/___/___	B/P	___/___/___		___/___/___	_____
___/___/___	Daily weights	___/___/___		___/___/___	_____
___/___/___	Strict I&O	___/___/___		___/___/___	_____
___/___/___	Cast Care	___/___/___		___/___/___	_____
___/___/___	Peds Traction	___/___/___		___/___/___	_____
___/___/___	Review policy on basic guidelines for peds	___/___/___		___/___/___	_____

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