CARDIAC MEDICINE AND

TELEMETRY UNIT

COMPETENCY BASED ORIENTATION
Welcome to C5

Competency Based Orientation

Competency based orientation
- Defines skills and expectations required to perform the job safely and effectively
- Provides a “blueprint” for performance excellence
- Evaluates performance and identifies skill and competency gaps
- Defines resources available to aid new staff in meeting expectations
- Provides a “map” for ongoing direction and support
- Describes expectations of preceptor for teaching and validation
- Outputs of the learning experience

What is Competence

Competence is ability of a nurse to integrate & apply the knowledge, skills, judgments, attitudes, values and beliefs required to practice safely and ethically in a designated role or setting. (CNO 2008)

Competencies can be defined as a set of statements about the knowledge, skills, attitudes and judgments required to perform safely within the scope of an individual’s nursing practice or in a designated role or setting. (CNO 2008)

Continuing competence is the ongoing ability to integrate & apply knowledge, skills & judgment required to practice safely and ethically. It involves a continual process of linking the code of ethics, standards of practice & lifelong learning. Reflection and continued practice improvement is an ongoing process.
Scope of practice defines activities that nurses are educated and authorized to perform as set out in jurisdictional legislation. (CNO 2008)

Self Assessment is defined as learners taking initiative to assess their own education needs, set goals and objectives, plan and identify appropriate educational activities, implement these activities and evaluate the outcomes.

BENEFITS, BELIEFS AND GUIDING PRINCIPLES OF A COMPETENCY BASED ORIENTATION PROGRAM

1. Provides safe practice & identifies expectations of competence per codes of ethics & standards of practice.
2. Defines a required behavior within a job role.
3. Provides consistency in the orientation process.
4. Links individual performance to goals of the organization.
5. Individualizes the orientation process to meet individual needs.
6. Provides ongoing direction and support to staff.
7. Encourages individuals to take responsibility for their own educational needs.
8. Monitors performance & identifies when an individual does not meet expectations.
9. Provides justification for an extension of the orientation process & identifying goals to be met.
Summary
This section has identified the College’s expectations of entry-level RNs and practice settings with regard to practice decision-making. The framework and elements to support decision-making have been described. Practice experience will further contribute to the development of skills and confidence in making nursing practice decisions that promote quality client care.

Decision Tree: A Guide to Practice Decision Making for the Entry-Level Registered Nurse

Assessment
Gather the data.

Analyze the data
Determine if help needed to analyze data:
• Can I make sense of the data?
• Do I have appropriate assessment skills

YES
NO Consult/collaborate.

Identify options of care
• Can Identify:
  • A range of care options?
  • The indications and contraindications for each?
  • The client’s preferences?

YES
NO Consult/collaborate.

Choose the care option
• I am satisfied that the option chosen is the best, Most appropriate?*

YES
NO Consult/collaborate.

• Do I have the authority to provide the care?

YES
NO Can I get it (physician’s order)?

YES

• I am competent to perform the care?
• Can Manage the potential outcomes?

YES
NO

Perform care Seek assistance

Evaluate care
• Has care achieved the desired outcome?

NO
YES

Reassess. End.

*The nurse’s advocacy efforts may be required in situations where efforts to obtain a physician’s order for the care option identified by the nurse as “the best and most appropriate” have been unsuccessful.
A guide to practice decision-making for the entry-level RPN

**Has the acuity of the client been established?**
- NO → Consult to determine if this is an appropriate client assignment.
- YES

**Complete assessment and analyze the data**
- Do I have a complete understanding of the data?
- Is the assessment complete?
- Have I met the consultation requirements?
- NO → Consult/collaborate.
- YES

**Identify options of care**
- Can I identify:
  - A range of care options?
  - The indications and contraindications for each?
  - The client’s preferences?
- NO → Consult/collaborate.
- YES

**Choose the care option(s) (in consultation)**
- Am I satisfied that the option chosen is the best, most appropriate?*
- NO → Consult/collaborate.
- YES

**Do I have the authority to provide the care?**
- NO → Can I get it (e.g., physician’s order)?
- YES

**Does the competency require consultation?**
- NO
- YES → Am I competent to perform the care? Can I manage the potential outcomes?
- NO → Seek assistance.
- YES

**Evaluate care**
- NO → Reassess.
- YES → End.

* The nurse’s advocacy efforts may be required in situations where efforts to obtain a physician’s order for the care option identified by the nurse as “the best and most appropriate” have been unsuccessful.
Learning is a process that should continue along the continuum of novice to expert. Competency must be assessed at 3 levels:

1. Technical
2. Critical Thinking
3. Interpersonal Skills

Traditionally, the technical component has been focused on during orientation; however, most performance issues arise due to critical thinking or relational components.

Methods of assessing competence should be varied, & include

- Self – assessment
- Preceptor assessment
- Written Tests
- Return Demonstrations
- Mock scenarios
- Observation of care given / tasks performed
- Medworxx

**Cardiac Medicine Unit Competence Program Components**

1. Inter-professional Communication
2. Teamwork
3. Knowledge Based Practice
GREAT PLACE TO WORK

INTERPROFESSIONAL COMMUNICATION

TEAMWORK

PATIENTS FIRST

GOAL
Performance Excellence within The Organization

USING RESOURCES WISELY

KNOWLEDGE BASED PRACTICE
The Orientation Process

Initial Meeting with Role Model/Mentor

Once hired you will meet with the Clinical Manager and your Role Model/Mentor on the unit you will be reporting to. You will receive the orientation folder.

- Role Model/Mentor explains the orientation program and answers questions
- Role Model/Mentor will provide you with an orientation of the unit and hospital way finding.
- You will be asked to complete the clinical experience rating of the Competency based assessment tool.

The new staff member, Role Model/Mentor will establish a plan for orientation based on the identified learning needs.

Mid-Orientaiton Evaluation

- New staff are accountable for identifying their learning needs and seeking out opportunities to meet them
- The Role Model/Mentor will meet with the new staff member to review the competency based assessment to identify strategies to meet learning needs

End of Orientation

The Role Model/Mentor will meet with the new staff member to:

- Review the competency based assessment for incomplete items & establishes a learning plan for meeting learning needs.
- Evaluate the need for further orientation
- Suggest ongoing resources based on continuing learning needs
Orientee: 
Preceptors: 

**Important Phone Extensions**

<table>
<thead>
<tr>
<th>Phone Numbers</th>
<th>Extensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Scheduling</td>
<td>2527</td>
</tr>
<tr>
<td>Hospital Numbers</td>
<td>Switchboard 519-7527871 Auto-attendant 519-7515544</td>
</tr>
<tr>
<td>Patient Registration</td>
<td>2253</td>
</tr>
<tr>
<td>C5 Desk</td>
<td>2566</td>
</tr>
<tr>
<td>Clinical Manager – Mila Rozhko</td>
<td>2654</td>
</tr>
<tr>
<td>Clinical director – Lori Petrie-Mulrain</td>
<td>2991</td>
</tr>
<tr>
<td>Clinician</td>
<td>2678</td>
</tr>
<tr>
<td><strong>SICK CALLS</strong></td>
<td></td>
</tr>
<tr>
<td>For days – call the night before if possible or by 0530 am</td>
<td>519 751 5544 EXT 2566</td>
</tr>
<tr>
<td>For Nights – Call by 1400</td>
<td></td>
</tr>
<tr>
<td>If an extended sick leave call Org health @2248</td>
<td></td>
</tr>
<tr>
<td>Human Resources</td>
<td>5526</td>
</tr>
<tr>
<td>Payroll</td>
<td>2428</td>
</tr>
<tr>
<td>Risk Pro Assistance Christina Andrews</td>
<td>2435</td>
</tr>
<tr>
<td>IT Help Desk</td>
<td>HELP - 4357</td>
</tr>
<tr>
<td>BCHS Website</td>
<td><a href="http://www.bchsys.org">www.bchsys.org</a></td>
</tr>
</tbody>
</table>


**Scavenger Hunt**

<table>
<thead>
<tr>
<th>Out and About on the Unit</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Manager’s Office</td>
<td>Ext........</td>
</tr>
<tr>
<td>Nurse Clinician’s Office</td>
<td>Ext........</td>
</tr>
<tr>
<td>Main desk/communication station</td>
<td>Ext........</td>
</tr>
<tr>
<td>Nurse Call Bell system – demonstrate use</td>
<td></td>
</tr>
<tr>
<td>Fax Machine/Photocopier, Printer</td>
<td></td>
</tr>
<tr>
<td>Schedule: S drive, staff scheduling, c5, RN or RPN then date</td>
<td></td>
</tr>
<tr>
<td>Sign in sheets, request process, how to indicate availability, call in procedure for illness/absence</td>
<td></td>
</tr>
<tr>
<td>Staff Phone numbers</td>
<td></td>
</tr>
<tr>
<td>Daily assignment sheets, review and understand break times</td>
<td></td>
</tr>
<tr>
<td>Discharge Action Round Board</td>
<td></td>
</tr>
<tr>
<td>Phone lists for hospital and Physicians</td>
<td></td>
</tr>
<tr>
<td>Locate Unit Manuals: BCHS manual, Patient Services, IV, WHIMS, Emergency, Infection Control</td>
<td>S:drive</td>
</tr>
<tr>
<td>Locate medication room (pharmacy drop box), med fridge, COWS, Narcotic Keys</td>
<td></td>
</tr>
<tr>
<td>Locate Tube system</td>
<td></td>
</tr>
<tr>
<td>Locate Dumb Waiter</td>
<td></td>
</tr>
<tr>
<td>Lab labeler, lab label box</td>
<td></td>
</tr>
<tr>
<td>Locate Glucometer Equipment</td>
<td></td>
</tr>
<tr>
<td>Find the Staff room / Staff Fridge</td>
<td></td>
</tr>
<tr>
<td>Locker area</td>
<td></td>
</tr>
<tr>
<td>Staff Washroom</td>
<td></td>
</tr>
<tr>
<td>Visitor Washroom</td>
<td></td>
</tr>
<tr>
<td>Patient Fridge, ice machine, microwave</td>
<td></td>
</tr>
<tr>
<td>- Cups, utensils, snacks</td>
<td></td>
</tr>
<tr>
<td>Procedure for items in Patient Fridge</td>
<td></td>
</tr>
<tr>
<td>Public Phone</td>
<td></td>
</tr>
<tr>
<td>Companion Phones and Procedures – how to operate (not for patient use)</td>
<td></td>
</tr>
<tr>
<td>Find the dirty core – biohazard, garbage / battery disposal</td>
<td></td>
</tr>
</tbody>
</table>
**Scavenger Hunt**

<table>
<thead>
<tr>
<th>Isolation gowns, isolation signs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Find Patient shower areas – understand rules ie infection control and patients alone in shower</td>
<td></td>
</tr>
<tr>
<td>Flashlights for night shift</td>
<td></td>
</tr>
<tr>
<td>Find Supply Cart in Clean Core</td>
<td></td>
</tr>
<tr>
<td><strong>Look around</strong></td>
<td></td>
</tr>
<tr>
<td>▪ IV Fluids</td>
<td></td>
</tr>
<tr>
<td>▪ O2 Supplies</td>
<td></td>
</tr>
<tr>
<td>▪ Batteries</td>
<td></td>
</tr>
<tr>
<td>▪ Syringes</td>
<td></td>
</tr>
<tr>
<td>▪ Dressing supplies</td>
<td></td>
</tr>
<tr>
<td>▪ Ostomy supplies</td>
<td></td>
</tr>
<tr>
<td><strong>Equipment</strong></td>
<td></td>
</tr>
<tr>
<td>IV pumps, Enteral Feeding Pumps</td>
<td></td>
</tr>
<tr>
<td>Telemetry monitors</td>
<td></td>
</tr>
<tr>
<td>Wheelchairs, Stretchers, walkers</td>
<td></td>
</tr>
<tr>
<td>Locate fire extinguishers, pull stations and exits</td>
<td></td>
</tr>
<tr>
<td>Locate O2 / Air shut off valves (at nurses station)</td>
<td></td>
</tr>
</tbody>
</table>

**Locate Code Blue equipment**

| Find the staff mail slots |  |
| Patient education materials – review what’s available, check out BCHSYS web site as well |  |
| **Patient’s room:** |  |
| ▪ Emergency call bell in bathroom |  |
| ▪ Bedside call bell |  |
| ▪ Code blue button |  |
| ▪ O2 set up |  |
| ▪ Suction setup |  |
| ▪ Pocket masks |  |
| ▪ Review standard instructions for call bells and bed alarms |  |
| **Locate Unit Huddle Board** |  |
## STANDARDS OF CARE

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Physical And History</td>
<td>On admission</td>
</tr>
<tr>
<td>Admission Part One</td>
<td>On admission</td>
</tr>
<tr>
<td>Admission Part Two</td>
<td>On admission</td>
</tr>
<tr>
<td>Teaching assessment</td>
<td>On admission and Q shift</td>
</tr>
<tr>
<td>Hendrich II Falls Risk Assessment</td>
<td>On admission and PRN</td>
</tr>
<tr>
<td>ARI screening tool if not completed</td>
<td>On admission and with status change</td>
</tr>
<tr>
<td>Admission swabs if required</td>
<td>On admission and PRN</td>
</tr>
<tr>
<td>Tobacco use record</td>
<td>On admission</td>
</tr>
<tr>
<td>Wound assessment</td>
<td>On admission</td>
</tr>
<tr>
<td>Teaching record</td>
<td>On admission and PRN</td>
</tr>
<tr>
<td>Physical assessment</td>
<td>Q shift</td>
</tr>
<tr>
<td>VS</td>
<td>Q4h x 24 then Q6h for the next 24 then Qshift when stable</td>
</tr>
<tr>
<td>Telemetry assessment by Internist</td>
<td>Q 24hrs</td>
</tr>
<tr>
<td>Rhythm review</td>
<td>Q shift and PRN</td>
</tr>
<tr>
<td>Pain assessment</td>
<td>Q shift</td>
</tr>
<tr>
<td>Teach back</td>
<td>Q shift</td>
</tr>
<tr>
<td>CAM Assessment</td>
<td>Q shift</td>
</tr>
<tr>
<td>Daily activity assessment</td>
<td>Q 4hrs</td>
</tr>
<tr>
<td>IV Peripheral Line Assessment</td>
<td>Q shift</td>
</tr>
<tr>
<td>In/Out</td>
<td>Q shift</td>
</tr>
<tr>
<td>TOA</td>
<td>Q shift</td>
</tr>
<tr>
<td>Review and update text bubbles in kardex</td>
<td>Q shift</td>
</tr>
<tr>
<td>Care plan review</td>
<td>Q shift</td>
</tr>
<tr>
<td>48 hour conversation</td>
<td>Day 2 post admission</td>
</tr>
<tr>
<td>Braden Skin Risk Scale</td>
<td>Q Monday and with change in status</td>
</tr>
<tr>
<td>Turn and position</td>
<td>Q 2 hrs as needed</td>
</tr>
<tr>
<td>Teaching record</td>
<td>Q shift</td>
</tr>
<tr>
<td>Trillium Gift of Life</td>
<td>On patients 79 yrs or younger before or after death</td>
</tr>
</tbody>
</table>

Review: lab results, diagnostic test results, physician progress notes, physician orders on ongoing bases thought out the shift, communicate with physicians report abnormal findings to physician, communicate with other members of multidisciplinary team throughout the shift.
<table>
<thead>
<tr>
<th>Elements of Care</th>
<th>Goal</th>
<th>Actions &amp; Patient Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiovascular</strong></td>
<td>• Within defined limits&lt;br&gt;• Regular rhythm&lt;br&gt;• Peripheral pulses palpable&lt;br&gt;• No visible edema on feet ankles hands&lt;br&gt;• Extremities pink and warm</td>
<td>• Vital signs Q4h for first 24 hrs minimum&lt;br&gt;• Q6h for next 24 then Qshift when stable&lt;br&gt;• Assess orthostatic BP’s as needed&lt;br&gt;• Chest assessment q shift&lt;br&gt;• Review cardiac rhythm, monitor for any change or deviation from baseline&lt;br&gt;• Assess patients for signs of angina document under chest pain assessment&lt;br&gt;• Provide health teaching to patients on cardiac medications</td>
</tr>
<tr>
<td><strong>Circulatory</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Respiratory</strong></td>
<td>• Breath sounds clear and equal bilaterally&lt;br&gt;• Sputum absent or clear&lt;br&gt;• Normal breathing pattern with no use of accessory muscles&lt;br&gt;• Respirations less that 20 BPM at rest, quiet and regular&lt;br&gt;• Takes several deep breaths followed by effective cough</td>
<td>• Chest assessment q shift&lt;br&gt;• DB&amp;C prn for patients on bed rest&lt;br&gt;• O2 supplementation as per physician orders&lt;br&gt;• Provide health teaching to patients who require inhalers</td>
</tr>
<tr>
<td><strong>Integumentary</strong></td>
<td>Skin intact with normal hydration,&lt;br&gt;• color, appearance and temperature</td>
<td>• Braden scale completed on admission and with change in status&lt;br&gt;• Dressing – as ordered collaborate with wound team as required ext. 2018&lt;br&gt;• Inspect heels &amp; all other pressure points q shift&lt;br&gt;• Utilize pressure reducing and relieving surface prn&lt;br&gt;• <strong>Ostomy pts:</strong>&lt;br&gt;• Change ostomy appliance q 5 days &amp; prn&lt;br&gt;• Document appliance size &amp; date to change on care plan</td>
</tr>
<tr>
<td><strong>Musculoskeletal</strong></td>
<td>• Maintain patients baseline in functional abilities</td>
<td>• Ambulate patient as per plan of care&lt;br&gt;• Collaborate with PT, OT re: safe ambulation and required equipment&lt;br&gt;• Use caution with patients admitted with syncope or cardiac arrhythmias follow doctor’s orders closely</td>
</tr>
</tbody>
</table>
| **Neuro/ Sensory** | • Alert and oriented to person place and time  
• Pupils equal and reactive to light  
• Intact memory and comprehension ability and clear speech pattern  
• Active range of motion equal strength to extremities bilaterally  
• Absence of sensory deficits  
• No numbness or tingling to extremities | • Monitor LOC q shift and PRN  
• Monitor sedation level / potential side effects of any administered narcotics and controlled substances  
• For orthopedic patients and patients with impaired circulation: Monitor color, sensation, cap refill, temp, pedal pulses, edema and movement q shift |
| --- | --- | --- |
| **GI/GU – Nutrition** | • Maintain/optimize nutritional status | • Monitor dietary intake and ensure appropriate dietary texture  
• Collaborate with Dietitians and Speech Language Pathologists as required  
• Ensure adequate oropharyngeal health and proper fitting dentures if required |
| **GI /GU – elimination** | • Urine clear yellow to amber, continent of urine, urinary drainage system patent if present, absence of discomfort with voiding, no indication of decreased urinary output | **GU**  
• Record I &O q shift or as ordered  
• Ensure urine output remains >30cc/hr and notify physician if output insufficient  
• Encourage adequate fluid intake  
• Record urine amount, colour, presence of clots q shift & prn for patients with catheters |
| **GI/GU - elimination** | • Patient will maintain their normal bowel pattern while in hospital  
• Abdomen soft, bowel sounds present, absence of nausea and vomiting, bowel elimination within patient’s normal pattern, continent of stool | **GI**  
• Abdominal assessment q shift & prn  
• Record bowel movements and notify Infection Control if patient has more than 2 loose, watery stool stools  
• Encourage ambulation  
**NG pts:**  
• Abdominal assessment q shift (distention, rigidity, bowel sounds, pain)  
• Record amt. of drainage on container & on I&O assessment q4h. Record colour & characteristic of drainage on progress notes  
• Monitor patency & irrigate prn  
• Monitor lab values (K+, NA+, HCO3) |
<table>
<thead>
<tr>
<th>Psychosocial</th>
<th>Ostomy pts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patient will demonstrate effective coping, reduced anxiety</td>
<td>• Record amount, colour, consistency of ostomy contents q shift &amp; prn</td>
</tr>
<tr>
<td>• Patient &amp; or family will understand &amp; participate in their plan of care</td>
<td>Assess colour, size, shape of stoma</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discharge</th>
<th>• Assess pt. / family knowledge &amp; understanding of illness / disease process</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide pt. with optimal tools to maintain optimal health &amp; a healthy lifestyle</td>
<td>Review plan of care with patient / family</td>
</tr>
<tr>
<td>Patient / family will verbalize understanding of pertinent subjects</td>
<td>Provide emotional support as needed</td>
</tr>
<tr>
<td>• Wound care</td>
<td>Be aware of ethnic / cultural beliefs</td>
</tr>
<tr>
<td>• Activity level, diet</td>
<td>Provide ongoing health teaching &amp; reinforcement of new learning as needed</td>
</tr>
<tr>
<td>• S&amp;S to report to physician</td>
<td></td>
</tr>
<tr>
<td>• Follow up appointments</td>
<td></td>
</tr>
<tr>
<td>• Medications</td>
<td></td>
</tr>
<tr>
<td>• Ensure that health teaching is complete upon discharge</td>
<td></td>
</tr>
<tr>
<td>• Review d/c instructions with pt. / family</td>
<td></td>
</tr>
<tr>
<td>• Review medications with pt. /family</td>
<td></td>
</tr>
<tr>
<td>• Ensure that special health teaching / learning needs have been initiated during hospital stay &amp; have been met before d/c.</td>
<td></td>
</tr>
<tr>
<td>• Ongoing documentation of health teaching in teaching intervention. Ex. Ostomy care, diabetes, catheters.</td>
<td></td>
</tr>
</tbody>
</table>

**Benner’s Novice to Expert Frame work**

*Please refer to the following definitions and examples to further assist you in the self-assessment process*

<table>
<thead>
<tr>
<th>Novice</th>
<th>The novice nurse has not been taught how to insert a foley catheter or discussed the expected care standards in a classroom setting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has yet to receive the theory component and has never performed the skill</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Advanced Beginner</th>
<th>This level practitioner has learned how to insert a foley catheter and the expected care standards, but has not practiced these skills in a clinical setting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has received the theory Component and performed the skill in a lab setting only.</td>
<td></td>
</tr>
<tr>
<td>Competent</td>
<td>Has performed the skill in clinical practice but would prefer to have a clinical preceptor or peer nearby.</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Proficient</td>
<td>Has achieved independence in performing the skill. Recognizes relevant clinical changes and organizes/implements skilled responses to these changes. Frequently assumes preceptor role.</td>
</tr>
<tr>
<td>Expert</td>
<td>Consistently demonstrates competence in selected skills. Multiple experiences in the clinical setting. Has an intuitive grasp of situations. Anticipates situations/complications. Masterful in solving problems. Acts as a preceptor.</td>
</tr>
</tbody>
</table>

*Complete the self-assessment on the following pages, and based on your evaluation, assign yourself a level, from Novice to Expert. This will enable you to focus on your present and future learning needs.*
How to Complete the Competency Model

Criteria
This column lists general and specific knowledge, technical skills, communication/leadership and critical thinking skills that need to be covered during orientation. This knowledge provides a foundation for professional nursing in the surgical unit. The professional nurse practices according to this knowledge, and builds upon it in order to develop and progress along the continuum from novice to expert within the identified core competencies.

Learning Resources/Strategies
This column provides suggested resources i.e.: videos, learning packages, articles, policy numbers, texts, & personnel that you may utilize to achieve the required knowledge or skill.

Evidence of Competence
This column suggests ways for you to demonstrate that you have achieved the knowledge, skill and judgment in this area of practice.

Self-Assessment Rating
This provides an opportunity for you to evaluate and document your current learning needs. Review each skill and rate your ability according to the Novice to Expert continuum. If you rate yourself as an expert in an area, you should still review the unit’s current policy on that subject.
★ The self-assessment is important because it provides the foundation for your orientation needs. You and your preceptor will review this information and devise an orientation plan based on your learning needs.

Completed by date & Is a Learning Plan Required?
When you have performed a skill independently, you and your preceptor will initial the column to indicate this. If you have not completed all items, a learning plan will be established to meet your learning needs. Mark a “P” (for plan) in this column to identify areas where further assistance is required.
<table>
<thead>
<tr>
<th>Performance Criteria</th>
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<th>Self Assessment Rating</th>
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<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discusses the model of care utilized in the Medical Cardiology Program</td>
<td>Manager/Clinician/Preceptor Or CNO Professional Standards for RN’s &amp; RPN’s</td>
<td>Discusses the main concepts of Collaborative Care Model</td>
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<tr>
<td>Responds to changing workloads &amp; patient acuity to maximize resources</td>
<td>As above</td>
<td>Discusses the decision making process &amp; collaboration expectations</td>
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<tr>
<td>Clearly &amp; concisely report to oncoming shift. TOA</td>
<td>Observe preceptor. Discussion with Nurse Clinician/Preceptor</td>
<td>Transfer of Accountability to oncoming staff. Is able to give a detailed history &amp; overview of the shift.</td>
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</tr>
<tr>
<td>Accurately initiates &amp; documents of the following</td>
<td>Documentation with Clinician Observe Preceptor Information Technology Laboratory Staff</td>
<td>Charting is accurate and complete. Demonstrates the importance of documenting response to treatment. Documents referral of problems appropriately Completes Order entry requisitions appropriately</td>
<td></td>
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<tr>
<td>Recognizes &amp; develops strategies to resolve interpersonal conflict</td>
<td>Discuss communication and conflict resolution with nurse clinician Policy IV 67, IV70, IV69 Complete medworx assignments</td>
<td>Describes disruptive behaviour. Passing grade on medworx assignment</td>
<td></td>
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</tr>
<tr>
<td>Understands Bill 168</td>
<td>Discussion with clinician/preceptor Policy IV180 Standards of Nursing Practice Guidelines for Professional Behavior (CNO)</td>
<td>Discusses the Nurse’s prof. responsibility to the patient, family &amp; health care team. Maintains confidentiality &amp; privacy</td>
<td></td>
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<tr>
<td>Collaborates with patients, families &amp; multidisciplinary team to implement and evaluate individualized care/services to enhance health outcomes. Ensures confidentiality.</td>
<td>View teaching videos Review items available on B5 for teaching</td>
<td>Client can verbalize and demonstrate teach back</td>
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<tr>
<td>Updates Halogen and completes self-assessment by probationary period. Continues to update Halogen performance appraisal system ongoing.</td>
<td>View teaching videos Review items available on B5 for teaching</td>
<td>Client can verbalize and demonstrate teach back</td>
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</tbody>
</table>
**TEAMWORK**
Individuals can work more effectively within a team and achieve their potential.

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<tbody>
<tr>
<td>Understands principles of team dynamics &amp; multidisciplinary collaboration.</td>
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<tr>
<td>Able to describe individual role and that of others</td>
<td>CNO Multidisciplinary team members</td>
<td>Discusses with preceptor</td>
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<tr>
<td>Participates in collaborative decision making</td>
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<tr>
<td>Considers roles of others in determining own professional &amp; inter-professional roles.</td>
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<tr>
<td>Demonstrates ability to access other team members skills &amp; knowledge when required</td>
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<tr>
<td>Attends multidisciplinary action rounds &amp; effectively facilitates discussions &amp; interactions among team members. Participates &amp; is respectful of all team members.</td>
<td>Preceptor Team members</td>
<td>Demonstrated during daily rounds.</td>
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<tr>
<td>Demonstrates a willingness to support other team members.</td>
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</table>
## TEAMWORK

### Initiate Action in an Emergency Situation

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Has up to date CPR certificate &amp; maintains certificate.</td>
<td>Education resources for Recertification. Brant CPR – classes on site</td>
<td>Current BCLS certification card</td>
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<tr>
<td>Discusses the role of the nurse during Code Blue</td>
<td>Hospital orientation Policy N-IV-235 Mock Code Blue</td>
<td>Demonstrates oropharyngeal airway insertion, use of pocket mask, bag valve mask</td>
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<td></td>
<td></td>
<td>Verbalizes when to activate code blue</td>
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<tr>
<td>Demonstrates ability to locate Code Blue equipment</td>
<td>Preceptor Clinician</td>
<td>Evidence of location demonstrated</td>
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<tr>
<td>➢ Code Blue call button</td>
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<tr>
<td>➢ Pocket mask</td>
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<tr>
<td>➢ Code blue record</td>
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<tr>
<td>➢ Code blue cart on unit</td>
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### Infection Prevention and Control

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<tr>
<th>Performance Criteria</th>
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</thead>
<tbody>
<tr>
<td>Demonstrates understanding of Nosocomial Infection Control</td>
<td>S:drive – Infection Control folder Policy M-IV-185 Infection control nurse Clinician/Preceptor</td>
<td>Locates appropriate policy Practices routine &amp; added precautions Communicates concerns to appropriate member of the multidisciplinary team</td>
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<tr>
<td>➢ Routine precautions</td>
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<td>➢ Droplet, contact, airborne, enteric, etc.</td>
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<td>➢ MRSA/VRE/ESBL</td>
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<tr>
<td>➢ Febrile Respiratory Illness tool (FRI)</td>
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<td>➢ Hand washing</td>
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<tr>
<td>Locates patient/visitor handouts &amp; educates re: specific nosocomial isolation</td>
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<tr>
<td>Appropriate Infection Control signage on doors</td>
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### KNOWLEDGE BASED PRACTICE
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| Defines individual level of skill functioning & individual scope of practice – knowledge, skill, & judgment | Benners Framework  
CNO Guidelines                                      | Completion of competency based orientation and ongoing self-assessment.                  |                        |               |          |

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</table>
| **Preparation of the Surgical Patient:**  
Prepares patient for OR per physician orders and pre-op medical directives  
- NPO at ________  
- Informed Consent by surgeon  
- Chest X-ray  
- ECG  
- Required Lab work  
- Initiates appropriate IV (site, size, & solution)  
- Up to date Nursing history  | Clinician/Preceptor, Unit Clerk  
Surgical Nursing Staff  
Policy N-IV 1550, N-IV 1530 | Locates pre-op lab results, Understands when chest x-ray, ECG are necessary  
Completes Pre-op checklist |                        |               |          |

| Follows hospital safety protocols  
- Use of 2 patient identifiers prior to transfer to OR  
- Completes pre-op surgical checklist  | Policy N-IV 802                                        | Demonstrated Evidence                                                                  |                        |               |          |

| Demonstrates Understanding of Antibiotic Prophylaxis  
Ordered antibiotics hung and clamped for administration in OR  | Pharmacy Manual                                      |                                                                                        |                        |               |          |
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<tbody>
<tr>
<td><strong>CARE OF THE POST – OP PATIENT</strong></td>
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</table>
| Participates in post-op TOA  
  ➢ Receives timely report from PACU  
  ➢ Acquires accurate & precise information | SBAR | Demonstrated by knowledge of clients history & current situation | | | |
| Monitors for acute post-op problems  
  ➢ Vitals  
  ➢ Physical assessment falls within patients norm | Post-operative learning package  
  Standards of Post – op care  
  PACU course  
  Clinician / Preceptor / Team Lead  
  Epidural Learning package | Demonstrated through accurate documentation | | | |
| Monitors for & provides adequate pain management.  
  Monitors for complications with pain management.  
  Understands the use of Narcan for itching & narcotic reversal. | Pain management learning package  
  Internet CPS | Demonstrated through adequate & appropriate medication administration | | | |
| Demonstrates principles of aseptic wound care. | As Above  
  CNO Best Practice Guidelines – Wound Care | Evidenced by appropriate post – op wound care | | | |
| Understands reasons for drain insertion  
  ➢ Types of drains  
  ➢ Care required for post-op drains  
  ➢ Output monitoring | | Demonstrated through appropriate documentation | | | |
| Knowledge of progression of care from acute post-op phase to discharge. | | Discussion with preceptor / Team Lead | | | |
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<tr>
<td><strong>CARDIOVASCULAR NURSING MANAGEMENT</strong></td>
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<tr>
<td>Knowledge of the Anatomy &amp; Physiology of the Heart</td>
<td>Cardiac Med/Surg textbooks C5 – “Recovery Road” binder Internet &amp; Librarian Orientation skills binder</td>
<td>Demonstrates application of knowledge</td>
<td></td>
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<tr>
<td>Performs Cardiac Assessment</td>
<td></td>
<td>Performs assessment and completes documentation in appropriate screen in meditech</td>
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<tr>
<td>Demonstrates ability to perform accurate CSM checks (circ., sensation, movement)</td>
<td></td>
<td>Anticipates &amp; treats conditions quickly Contacts multidisciplinary team member when appropriate</td>
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<tr>
<td>➢ Palpates pulses (radial, dorsalis pedis, posterior tibia, popliteal, femoral</td>
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<td>➢ Assess capillary refill</td>
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<td>➢ Assess for peripheral edema</td>
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<tr>
<td>➢ S&amp;S of altered cardiac output</td>
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<tr>
<td>Demonstrates ability to recognize and treat the S&amp;S of</td>
<td>As above</td>
<td>Demonstrates ability to anticipate &amp; treat conditions quickly Contacts MD in timely and appropriate situations with adequate information Collaborates with multidisciplinary team as appropriate Accurate &amp; timely documentation</td>
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<tr>
<td>➢ Unstable angina / chest pain management</td>
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<td>➢ Myocardial Infarction, immediate management</td>
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<tr>
<td>➢ CHF – acute and chronic management</td>
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<td>➢ A fib</td>
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<tr>
<td>➢ Syncope – potential causes</td>
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<tr>
<td>Demonstrates knowledge of cardiac labs / tests ordered to identify myocardial damage</td>
<td>Role Model/Mentor Lippincott /MD Pharmacist Lippincott</td>
<td>Discusses tests used at the BGH site &amp; labs to be monitored</td>
<td></td>
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<tr>
<td>Demonstrates understanding of cardiac drug therapy</td>
<td>Current drug manual Pharmacist</td>
<td>By anticipating hemodynamic effects</td>
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<tr>
<td>IV THERAPY</td>
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<tr>
<td>Understands indications for IV therapy &amp; solutions used.</td>
<td>IV learning package IV nurse, clinician, team members BCHS IV therapy policies</td>
<td>Evidenced by discussion with team members</td>
<td></td>
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<tr>
<td>Reviews MD orders before initiating IV therapy.</td>
<td>Review of chart</td>
<td>Demonstrates application of knowledge</td>
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<tr>
<td>Understands adverse, therapeutic effects &amp; interventions &amp; precautions.</td>
<td>As above, Up to date On-line</td>
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<tr>
<td>Understanding of appropriate IV cannula sites for solutions &amp; medications.</td>
<td>IV learning package</td>
<td>Demonstrated during IV insertion training</td>
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<tr>
<td>Able to program &amp; run infusion pumps. Able to set up appropriate IV tubing.</td>
<td>Baxter College learning package</td>
<td>Discussion/demonstration previous experience.</td>
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<tr>
<td>Understands steps for &amp; indications for flushing saline lock.</td>
<td>Clinician, IV nurse</td>
<td>Demonstration during IV insertion training</td>
<td></td>
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<tr>
<td>Documents appropriate fluids, volume, procedure &amp; medication in appropriate area in meditech documentation.</td>
<td>Meditech, Role Model/Mentor Lippincott, clinician</td>
<td>Demonstrated by appropriate documentation</td>
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<tr>
<td><strong>CENTRAL VENOUS ACCESS DEVICES</strong></td>
<td>CVAD Learning Package</td>
<td>Discussion with IV nurse, preceptor, team lead</td>
<td></td>
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<tr>
<td>Able to state the indications for use of Central Venous Access Devices.</td>
<td>IV Team</td>
<td>As above</td>
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<tr>
<td>Outlines vascular anatomy and recommended insertion sites for CVAD.</td>
<td>Role Model/Mentor</td>
<td>Performs individual skills for assessment</td>
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<tr>
<td>Identify types of CVAD’s available and indications for use.</td>
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<tr>
<td>Understands the general principles of post insertion care.</td>
<td>Performed individual skills for assessment</td>
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<tr>
<td>Performs and identifies specific nursing interventions for each type of CVAD</td>
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<tr>
<td>➢ Blood sampling</td>
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<tr>
<td>➢ Dressing change</td>
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<td>➢ Flushing</td>
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<td>➢ Intermittent cap change</td>
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<td>Recognizes potential complications &amp; nursing interventions for each of the complications</td>
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<tr>
<td>Able to provide appropriate health teaching related to CVAD</td>
<td>Discussion with IV nurse, preceptor, team lead</td>
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<tr>
<td>Documents appropriate nursing care in meditech.</td>
<td>Demonstrates documentation</td>
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<tr>
<td>Able to locate polices</td>
<td>B-NET - Document Source – Clinical - Patient Services Manual</td>
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<td>➢ NIV-829 Central Line Fever Protocol</td>
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<tr>
<td>➢ NIV-881 PICC Blood Sampling</td>
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<tr>
<td>➢ NIV-882 PICC Declotting with tPA</td>
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<td>➢ NIV-883 PICC Dressing Change</td>
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<tr>
<td>➢ NIV-884 PICC Flushing</td>
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<td>➢ NIV-885 PICC Cap Change</td>
<td></td>
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</table>
**KNOWLEDGE BASED PRACTICE**
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<table>
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<th>Evidence of Competence</th>
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<th>Comments</th>
</tr>
</thead>
</table>
| BLOOD PRODUCT ADMINISTRATION | BCHS Policy N-IV- 845 Blood Product Table  
BCHS Blood Administration Learning Package  
Bloody Easy 2 published by Canadian Blood Services | Evidence of Knowledge, Skill and Judgment  
Completion of Blood Administration Package & competencies listed | | | |
| Demonstrates understanding of the patients diagnosis and the purpose for the blood product. Knowledge of the 8 rights of Transfusion (patient, product, amount, rate, time, reason, site, frequency) | Patients history  
Multidisciplinary team members | Lists the lab values that need to be monitored. Follows accepted BCHS guidelines | | | |
| Ensure physician’s order is written and informed consent obtained. Knowledge of who can obtain and witness consent. | | | | | |
| Demonstrates understanding and ability to administer blood product per blood product administration checklist after, completing BCHS Blood Administration package. | | Demonstrates safe administration the blood product safely. | | | |
| Identifies and understands signs and symptoms of transfusion reaction. Able to identify actions if transfusion reaction occurs. | | | | | |
| Demonstrates knowledge of proper disposal of blood tubing and blood bags. | | | | | |
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<tbody>
<tr>
<td><strong>ARTERIAL BLOOD GAS ANALYSIS</strong></td>
<td></td>
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</tr>
<tr>
<td>Demonstrates an understanding of Acid Base physiology</td>
<td>Role Model/Mentor, Lippincott, Clinician, Surgical skills binder</td>
<td>Discusses with preceptor</td>
<td></td>
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<tr>
<td>➢ Acid</td>
<td></td>
<td></td>
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<tr>
<td>➢ Base</td>
<td></td>
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<tr>
<td>➢ Buffer</td>
<td></td>
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<tr>
<td>➢ ph, PaCO2, HCO3, PaO2, O2</td>
<td></td>
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<tr>
<td>Knowledge of causes &amp; S&amp;S of</td>
<td></td>
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<tr>
<td>➢ Respiratory/Metabolic Acidosis</td>
<td></td>
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<tr>
<td>➢ Respiratory/Metabolic Alkalosis</td>
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<tr>
<td>➢ Hypoxemia</td>
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<tr>
<td>As Above</td>
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<tr>
<td>Discusses with preceptor</td>
<td></td>
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<tr>
<td>Able to identify Steps for arterial blood gas interpretation</td>
<td>Discussion with preceptor</td>
<td></td>
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<tr>
<td>Able to identify normal</td>
<td></td>
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<tr>
<td>➢ ph</td>
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<tr>
<td>➢ PCO2</td>
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<tr>
<td>➢ HCO3</td>
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<tr>
<td>➢ SaO2</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Analysis of test results</td>
<td></td>
<td></td>
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<tr>
<td>Demonstrates knowledge of when Arterial Blood gases may be a necessary to measure</td>
<td>As above</td>
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<tr>
<td>Demonstrates basic knowledge of ABG interpretation &amp; when to notify Physician of abnormal results</td>
<td>Discusses test results with preceptor</td>
<td></td>
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</tbody>
</table>
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<tbody>
<tr>
<td><strong>RESPIRATORY NURSING MANAGEMENT</strong></td>
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</tbody>
</table>
| Knowledge of the Anatomy & Physiology of the Respiratory System Performs a Respiratory Assessment  
  ➢ Auscultates Chest, recognizes normal & abnormal breath sounds  
  ➢ Assess skin colour in relation to oxygenation                                       | In house Respiratory Therapist  
  Role Model/Mentor Lippincott                                                        | Demonstrates application of knowledge  
  Demonstrates ability to collect data using non-invasive & invasive techniques  
  Documents findings appropriately                                                    |                        |                |          |
| Demonstrates ability to recognize & treat the S&S of  
  ➢ CHF/Pulmonary Edema  
  ➢ Pneumothorax  
  ➢ Acute & long term issues                                                            |                                                                  | Anticipates & treats conditions quickly                          |                        |                |          |
| Demonstrates knowledge & ability to set up  
  ➢ Face mask, trach mask, nasal prongs, venti-mask, non-rebreather, ambubag, portable O2 tanks, SpO2 monitor | Role Model/Mentor, Lippincott, Clinician Respiratory therapist   | Demonstrates correct O2 set up for patients current state     |                        |                |          |
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<tbody>
<tr>
<td><strong>CARE OF PATIENT WITH A CHEST TUBE</strong></td>
<td></td>
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</tr>
<tr>
<td>Demonstrates understanding &amp; indications for chest tube insertion</td>
<td>Atrium “managing chest drainage guide” &lt;br&gt;BCHSYS chest tubes skills package – Surgical skills binder &lt;br&gt;Standard of Care for Chest Drainage System with Dry Seal System</td>
<td>Able to discuss disease processes requiring chest tube insertion</td>
<td></td>
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<tr>
<td>Able to locate equipment and supplies for care of chest tube.</td>
<td></td>
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<tr>
<td>- Atrium chest tube drainage system</td>
<td>Team members, Role Model/Mentor, Lippincott</td>
<td>Locates equipment and prepares to set up drainage system</td>
<td></td>
<td></td>
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<tr>
<td>- Kelly forceps</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Wall suction setup</td>
<td></td>
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<tr>
<td>- Dressing supplies, Elastoplast tape</td>
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<tr>
<td>Demonstrates ability to set up drainage system.</td>
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<tr>
<td>- Connects patient’s chest tube to collection chamber. Ensures connections and dressing are taped securely</td>
<td>Atrium “managing chest drainage guide” &lt;br&gt;BCHSYS chest tubes skills package – Surgical skills binder</td>
<td>Demonstrates application of knowledge</td>
<td></td>
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<tr>
<th>Task</th>
<th>Standard of care</th>
<th>Evidence</th>
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</thead>
<tbody>
<tr>
<td>Drainage system if ordered.</td>
<td>Standard of care for chest tube drainage system</td>
<td>Demonstrated evidence</td>
</tr>
<tr>
<td>➢ Adjusts suction regulator on drainage system as ordered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ Adjusts suction source to appropriate level</td>
<td></td>
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<tr>
<td>➢ Injects sterile H2O into the air leak meter injection port until fluid reaches fill line</td>
<td></td>
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</tr>
<tr>
<td>Demonstrates understanding of patient monitoring</td>
<td>Standard of care for chest tube drainage system Role Model/Mentor, Lippincott, Team members</td>
<td>Demonstrated evidence</td>
</tr>
<tr>
<td>➢ Monitors for air leaks q 15 min until stable then q4h &amp; prn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ Monitors for kinks loops q4h &amp; prn</td>
<td></td>
<td></td>
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<tr>
<td>➢ Evaluates vital signs, respiratory status, skin colour comfort level and emotional state initially then q4h &amp; prn</td>
<td></td>
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<tr>
<td>Provides appropriate patient education</td>
<td>Demonstrated evidence</td>
<td></td>
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<tr>
<td>➢ Encourages deep breathing &amp; coughing</td>
<td></td>
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<tr>
<td>➢ Encourages appropriate use of pain medications</td>
<td></td>
<td></td>
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<tr>
<td>Demonstrates ability to document appropriate interventions, assessments &amp; health teaching in meditech</td>
<td>Demonstrated evidence</td>
<td></td>
</tr>
<tr>
<td>Responds appropriately to complications and unexpected events.</td>
<td>BCHSYS chest tubes skill package</td>
<td>Discusses and demonstrates evidence</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
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<th>Evidence</th>
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<tr>
<td>GASTROINTESTINAL NURSING MANAGEMENT</td>
<td></td>
<td>As observed through accurate documentation in meditech</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates knowledge of the Anatomy &amp; Physiology of the GI system through an accurate abdominal assessment</td>
<td>Role Model/Mentor, Lippincott, Surgical Skills Binder</td>
<td></td>
<td></td>
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<tr>
<td>➢ Recognizes normal &amp; abnormal bowel sounds</td>
<td></td>
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<tr>
<td>➢ Recognizes abnormal or excessive tympany</td>
<td></td>
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<tr>
<td>➢ Accurate monitoring &amp; documentation of elimination patterns</td>
<td></td>
<td></td>
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<tr>
<td>➢ Accurate monitoring &amp; documentation of nutritional intake</td>
<td></td>
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<tr>
<td>Demonstrates knowledge &amp; ability to care for a patient with an ostomy</td>
<td>Wound care team, team members, Convatec patient handouts Surgical Skills Binder</td>
<td>Ability to demonstrate application of appliance and provide patient with appropriate teaching</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ Appliance application</td>
<td></td>
<td>As observed through accurate documentation in meditech</td>
<td></td>
<td></td>
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<tr>
<td>➢ Skin care</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>➢ teaching</td>
<td></td>
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<tr>
<td>Demonstrates knowledge &amp; ability to care for a patient with a nasogastric tube</td>
<td>Policy &amp; Procedure N-IV-1310 N-IV- 401</td>
<td>Return Demonstration</td>
<td></td>
<td></td>
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<tr>
<td>➢ NG insertion</td>
<td></td>
<td>As observed through accurate documentation</td>
<td></td>
<td></td>
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<tr>
<td>➢ Determine accurate</td>
<td></td>
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<thead>
<tr>
<th>Placement</th>
<th>Monitor &amp; assess NG drainage</th>
<th>Assembly &amp; monitoring of Gomco Sump suction unit</th>
<th>Assembly &amp; monitoring of feeding pump</th>
<th>Normal / abnormal lab values</th>
</tr>
</thead>
</table>

Assessment & Care of a patient with a gastrostomy/jejunostomy tube
- Managing feed pump
- Delivering nutrients & water flushes
- Care of tube site

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</table>

**GENITOURINARY NURSING MANAGEMENT**

Demonstrates knowledge & ability to perform accurate genitourinary assessment
- Measures accurate outputs according to policies and physician orders
- Assesses for renal failure
- Recognizes & monitors abnormal lab values

<table>
<thead>
<tr>
<th>Role Model/Mentor, Lippincott</th>
<th>Research articles Role Model/Mentor, Lippincott</th>
<th>Assessments validated by preceptor / clinician</th>
</tr>
</thead>
</table>

Recognizes changes that require Physician notification
Anticipates new orders from physician

Demonstrates an understanding of Catheter Care including Catheter insertion & removal
- In & out catheterization
- Foley catheter
- Suprapubic catheters
- Nephrostomy Tubes

<table>
<thead>
<tr>
<th>Role Model/Mentor, Lippincott, Clinician P&amp;P N-IV-208, NIV-209, N-IV-214</th>
<th>Insertion of foley following policies &amp; procedures</th>
</tr>
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Lists the S&S of infection
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<tbody>
<tr>
<td>Continuous Bladder Irrigation (CBI)/Intermittent Bladder Irrigation</td>
<td>Role Model/Mentor, Lippincott, Electronic Lab manual</td>
<td>Demonstration of bladder scanner &amp; accurate documentation, appropriate intervention post bladder scan</td>
</tr>
<tr>
<td>Urostomy care &amp; maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care &amp; maintenance of urinary drainage equipment</td>
<td></td>
<td></td>
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<tr>
<td>Demonstrates knowledge of</td>
<td></td>
<td></td>
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<tr>
<td>➢ S&amp;S of urinary infection</td>
<td></td>
<td></td>
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<tr>
<td>➢ Accurate testing to determine UTI</td>
<td></td>
<td></td>
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<tr>
<td>Demonstrates Accurate use of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder Scanner &amp; Bladder Scan Protocol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates understanding of post-op Mitomycin procedures &amp; policies.</td>
<td>P&amp;P N-IV-1215 P&amp;P N-IV-1280</td>
<td>Evidenced by the ability to locate the policy &amp; discuss procedure with preceptor</td>
</tr>
</tbody>
</table>

**P&P**

**P&N-IV-1215**

**P&N-IV-1280**
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<tr>
<td><strong>TOTAL PARENTAL NUTRITION</strong></td>
<td></td>
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</tbody>
</table>
| Demonstrates understanding of indications for TPN  
Knows adverse, therapeutic effects and expected outcomes. | TPN learning package  
Dietician, Pharmacist  
Clinician, Surgeon  
Policy manual, Up to date online | Demonstrates application of knowledge  
Discussion with support staff | | | |
| Recognizes the differences between peripheral and central TPN. | | Discussion | | | |
| Understands TPN orders and daily responsibilities surrounding acquiring TPN orders. | | Discussion with team members & evidenced by obtaining accurate orders | | | |
| Performs nursing responsibilities & understands rationale.  
- Demonstrates understanding of TPN set up with appropriate tubing & rationale for tubing use.  
- Performs appropriate documentation in meditech. | Learning package, co-workers, policy, Clinician | Demonstration of TPN set up  
Evidenced by accurate documentation | | | |
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<tr>
<td><strong>NEUROLOGICAL NURSING</strong></td>
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<tr>
<td>Demonstrates knowledge of the Nervous System</td>
<td>Role Model/Mentor</td>
<td>Able to identify motor &amp; sensory pathway &amp; their significance</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>➢ Sensory – CSM checks post-op</td>
<td>Lippincott/Surgical Skills binder Internet</td>
<td>Identifies the effect of the ANS &amp; the significance</td>
<td></td>
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<tr>
<td>➢ Motor</td>
<td>Physiotherapist</td>
<td></td>
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<tr>
<td>Knowledge of the autonomic nervous system</td>
<td>Occupational therapist</td>
<td></td>
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<tr>
<td>Performs thorough neuro assessment, implementation, &amp; evaluation of care</td>
<td></td>
<td>Able to perform a neurological assessment using the</td>
<td></td>
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<tr>
<td>➢ Glasgow Coma Scale</td>
<td></td>
<td>➢ Glasgow coma scale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ Canadian Neurological Scale</td>
<td></td>
<td>➢ Canadian Neurological scale</td>
<td></td>
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</tr>
<tr>
<td>Expresses the difference between delirium, dementia, and depression</td>
<td>As above</td>
<td>Discusses difference between dementia &amp; delirium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ CAM observation record</td>
<td>Least restraint policy</td>
<td>Verbalizes techniques to manage patients behaviour</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>➢ Manages challenging behavior using non-pharmacological techniques</td>
<td></td>
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<tr>
<td>➢ Able to assess delirium using the CAM tool</td>
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<tbody>
<tr>
<td>COMPARTMENT SYNDROME</td>
<td>Role Model/Mentor, Lippincott, Clinician Surgical Skills Binder</td>
<td>Discussion with preceptor As evidenced by appropriate CSM checks and accurate documentation</td>
<td>As above Demonstrates application of knowledge when applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates an understanding of compartment syndrome, anatomy &amp; disease process</td>
<td>Role Model/Mentor, Lippincott, Clinician Surgical Skills Binder</td>
<td></td>
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<tr>
<td>➢ Defines compartment syndrome &amp; potential causes</td>
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<tr>
<td>Recognizes S&amp;S of compartment syndrome &amp; resulting medical emergency</td>
<td>Acute compartment syndrome learning package</td>
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</tr>
<tr>
<td>➢ Pain</td>
<td></td>
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<tr>
<td>➢ Palpably tense</td>
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<tr>
<td>➢ Pain with passive stretch</td>
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<tr>
<td>➢ Paresthesia</td>
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<tr>
<td>➢ Paralysis</td>
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<tr>
<td>➢ Pulselessness /pallor</td>
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<tr>
<td>Performs frequent &amp; appropriate CSM checks per policy on high risk patients</td>
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</tr>
<tr>
<td>Demonstrates urgency to react to S&amp;S of compartment syndrome</td>
<td>Role Model/Mentor, Lippincott, Team members Pre op medical directives Fracture Clinic</td>
<td>Timely calls to physician Ability to react in urgent situations</td>
<td></td>
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<tr>
<td>➢ Calls physician immediately</td>
<td></td>
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<tr>
<td>➢ Loosens splints if able</td>
<td></td>
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<tr>
<td>➢ Contact fracture clinic for cast splitting if necessary</td>
<td></td>
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</tr>
<tr>
<td>➢ Maintains elevation of affected limbs</td>
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<tr>
<td>➢ Applies O2</td>
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<tr>
<td>➢ Prepares patient for OR</td>
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</tbody>
</table>

### Knowledge Based Practice

Locates & adheres to relevant medical directive & unit specific policies and procedures.
**KNOWLEDGE BASED PRACTICE**
Locates & adheres to relevant medical directives & unit specific policies and procedures.

<table>
<thead>
<tr>
<th>Performance Criteria</th>
<th>Strategies &amp; Resources</th>
<th>Evidence of Competence</th>
<th>Self Assessment Rating</th>
<th>Date Completed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DELIRIUM</strong></td>
<td>Delirium learning package Clinician, Role Model/Mentor, Lippincott</td>
<td>Discussion with preceptor / Team Lead</td>
<td>As above</td>
<td>As above</td>
<td>As above</td>
</tr>
<tr>
<td>Demonstrates knowledge &amp; understanding of predisposing risk factors &amp; precipitating risk factors</td>
<td>As above</td>
<td>As above</td>
<td>As above</td>
<td>As evidenced by recognition of delirium and discussion with MD</td>
<td>As above</td>
</tr>
<tr>
<td>Utilizes confusion assessment for assessing 5 criteria for diagnosing delirium</td>
<td>As above</td>
<td>As above</td>
<td>As above</td>
<td>As above</td>
<td>As above</td>
</tr>
<tr>
<td>Documents on CAM tool appropriately in meditech</td>
<td>As above</td>
<td>Documentation in CAM tool</td>
<td>As above</td>
<td>As above</td>
<td>As above</td>
</tr>
<tr>
<td>Liaise with MD for appropriate orders when patient has a positive CAM tool result</td>
<td>As above</td>
<td>As above</td>
<td>As above</td>
<td>As above</td>
<td>As above</td>
</tr>
</tbody>
</table>
**KNOWLEDGE BASED PRACTICE**
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</tr>
</thead>
<tbody>
<tr>
<td><strong>MUSCULOSKELETAL NURSING</strong></td>
<td></td>
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</tr>
<tr>
<td>Describes the anatomy and physiology of the Musculoskeletal System</td>
<td>Role Model/Mentor, Lippincott</td>
<td>As evidenced by appropriate care of the orthopedic patient</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Care of the patient with a</td>
<td>Role Model/Mentor, Lippincott, Nursing staff Allied Therapy Staff</td>
<td>Documented Care Plan follows care guidelines Care plan includes monitoring of potential complications</td>
<td></td>
<td></td>
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<tr>
<td>➢ Bone fracture</td>
<td></td>
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<tr>
<td>➢ Osteomyelitis</td>
<td></td>
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<tr>
<td>➢ Total Joint Replacement</td>
<td></td>
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<tr>
<td>➢ External immobilizing device</td>
<td></td>
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<tr>
<td>➢ Arthritis</td>
<td></td>
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<tr>
<td>Performs thorough musculoskeletal &amp; neuromuscular assessment, implementation &amp; evaluation of care</td>
<td></td>
<td>As evidenced by accurate and thorough documentation</td>
<td></td>
<td></td>
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<tr>
<td>Promotes</td>
<td></td>
<td>Demonstrates Application of knowledge</td>
<td></td>
<td></td>
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<tr>
<td>➢ safe lifts and transfers</td>
<td></td>
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<tr>
<td>➢ early mobilization</td>
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<tr>
<td>➢ ROM</td>
<td></td>
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<tr>
<td>➢ Positioning</td>
<td></td>
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</table>
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</thead>
<tbody>
<tr>
<td><strong>INTEGUMENTARY</strong></td>
<td></td>
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</tr>
<tr>
<td>Demonstrates knowledge &amp; ability of head to toe integumentary assessment</td>
<td>Wound Team Clinician Attend wound care Textbooks Co-workers</td>
<td>As evidenced by accurate &amp; appropriate charting</td>
<td></td>
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<tr>
<td>Assess with</td>
<td></td>
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<tr>
<td>➢ Braden Scale weekly &amp; prn</td>
<td></td>
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<tr>
<td>➢ 5 levels of wound staging</td>
<td></td>
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<tr>
<td>➢ Prevention of pressure ulcers</td>
<td></td>
<td></td>
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<tr>
<td>➢ Order &amp; apply special surfaces as appropriate</td>
<td></td>
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<tr>
<td>➢ Utilizes best practice wound protocols</td>
<td></td>
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<tr>
<td><strong>Wound Care</strong></td>
<td>CNO Best Practice Guidelines Learning Packages</td>
<td>As evidenced by demonstration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ consults wound team as needed</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>➢ follow CNO best practice guidelines as appropriate</td>
<td></td>
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<tr>
<td>➢ checks MD orders for specific wound care orders</td>
<td></td>
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<tr>
<td>➢ maintains aseptic technique</td>
<td></td>
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<tr>
<td><strong>VAC Dressings</strong></td>
<td>Learning package Internet Clinician KCI VAC Representative Wound Team</td>
<td>As evidenced by demonstration</td>
<td></td>
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<tr>
<td>➢ What is a vac dressing</td>
<td></td>
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<tr>
<td>➢ Proper application of dressing</td>
<td></td>
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<tr>
<td>➢ Maintains aseptic technique</td>
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<tr>
<td>➢ Operation of pump &amp; VAC dressing settings</td>
<td></td>
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<tr>
<td>➢ Assessment of wound to meet goals &amp; objectives</td>
<td></td>
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</tbody>
</table>
**KNOWLEDGE BASED PRACTICE**
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</thead>
<tbody>
<tr>
<td>LEAST RESTRAINTS</td>
<td></td>
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<tr>
<td>Understanding of common terminology surrounding least restraints.</td>
<td>Learning Package</td>
<td>Discussion with Team Lead, Clinician</td>
<td></td>
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</tr>
<tr>
<td>Demonstrates awareness of the key factors that influence the safe, effective &amp; ethical choices to minimize the use of restraints.</td>
<td>Learning package “Least Restraints” Policy N-IV-1760, CNO Guidelines, Bill 85 Clinician, Team Lead</td>
<td>Evidenced by appropriate choices when potential restraints required</td>
<td></td>
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</tr>
</tbody>
</table>
| Understanding of  | ➢ Policy of least restraints – Patient Services Manual N-IV-1760  
                   ➢ Bill 85  
                   ➢ CNO restraint standards | As above |                |                |          |
| Able to identify & implement  | ➢ Consent requirements  
                   ➢ Alternative to restraints | As above |                |                |          |
| Demonstrates familiarity with the decision tree when considering restraint use | As above |                |                |                |          |
| Demonstrates appropriate & correct procedure for applying physical restraints to prevent injury to patient. | Learning package “Least Restraints” Learning package “Pinel Basic Instructions” | Demonstration of application of Pinel Restraints |                |                |          |
| Reviews “code white” procedures. |                         |                        |                        |                |          |
| Appropriate documentation in meditech under correct interventions. Completes & documents appropriate patient checks. |                         |                        |                        |                |          |
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<tbody>
<tr>
<td><strong>ACUTE &amp; PALLIATIVE PAIN MANAGEMENT</strong></td>
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<tr>
<td>Demonstrates awareness of pain in the older adult</td>
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<tr>
<td>➢ Presentation of pain in patients &amp; cognitively impaired older adult</td>
<td></td>
<td>Demonstrates application of knowledge</td>
<td></td>
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<tr>
<td>➢ Describes goals of adequate pain control</td>
<td></td>
<td>Discussion with preceptor</td>
<td></td>
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</tr>
<tr>
<td>Able to describe the difference between acute &amp; chronic pain</td>
<td>Role Model/Mentor, Lippincott, Clinician Pharmacist</td>
<td>Demonstrates application of knowledge</td>
<td></td>
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<tr>
<td>Identifies &amp; overcomes the barriers to effective pain management</td>
<td>Surgical Skills Binder</td>
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<tr>
<td>Utilizes Pain Assessment tools</td>
<td></td>
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<tr>
<td>➢ Uses systematic pain assessment (PQRST U)</td>
<td>As above</td>
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<tr>
<td>➢ Uses specific pain assessment timelines</td>
<td>Internet</td>
<td></td>
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<tr>
<td>➢ Reassesses pain control post medication administration</td>
<td>Pain management articles / texts</td>
<td></td>
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<tr>
<td>Understands differences between long &amp; short acting narcotics</td>
<td></td>
<td></td>
<td>As evidenced by discussion with preceptor</td>
<td></td>
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<tr>
<td>Considers various pain management options</td>
<td></td>
<td></td>
<td>Approach &amp; correct medication administration</td>
<td></td>
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</tr>
<tr>
<td>➢ Demonstrates skills of various pain management administration options</td>
<td></td>
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<tr>
<td>Understands the myths and truths of providing appropriate &amp; adequate pain medication</td>
<td>As above</td>
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<tr>
<td>Demonstrates appropriate documentation in meditech</td>
<td></td>
<td></td>
<td>As observed by preceptor</td>
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</tbody>
</table>
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<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CARE OF CADD PUMP</strong></td>
<td>CADD pump Training Guide – Smiths Medical located in Surgical Unit Skills Book</td>
<td>Evidence of Knowledge, Skill &amp; Judgment Completion of CADD Pump Package &amp; Competencies listed</td>
<td></td>
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</tr>
<tr>
<td>Demonstrates understanding of the patient’s diagnosis &amp; the purpose for using a CADD pump.</td>
<td>Patients history Multidisciplinary team members</td>
<td>Reviews patients history and physicians orders</td>
<td></td>
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<tr>
<td>Demonstrates ability to install batteries</td>
<td></td>
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<tr>
<td>Demonstrates ability to lock and &amp; unlock pump using code for pump.</td>
<td>BCHSYS CADD Pump Learning Package</td>
<td>Demonstrates the process with a mentor.</td>
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<tr>
<td>Demonstrates ability to set values as ordered by physician.</td>
<td>BCHSYS CADD Pump Learning Package</td>
<td>Completes competency checklist for initiating a CADD Pump</td>
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<tr>
<td>Demonstrates understanding of patients need for dosage increase.</td>
<td></td>
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<tr>
<td>Understands rationale for independent double check of pump.</td>
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<tr>
<td>Demonstrates ability to perform health teaching and proper usage of pump with patient and family.</td>
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<tr>
<td>Demonstrates use of aseptic technique.</td>
<td>CNO best practice – aseptic techniques</td>
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<tr>
<td>Demonstrates accurate &amp; appropriate charting in meditech system.</td>
<td>Meditech CADD pump intervention</td>
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</table>
Learning Plans

The learning plan is an important part of orientation as well as nursing practice in general. The process of developing a learning plan is part of the College of Nurses of Ontario’s Quality Assurance program. The following will guide you to develop your own learning plan.

What is a learning plan?
- A document to help identify learning needs, and help to track and evaluate your learning.

Why do I need one?
- Helps to clearly define learning objectives.
- Co-ordinates learning needs with strategies and resources to meet goals and objectives.
- Assists with the evaluation of learning

The learning plan is required for halogen performance appraisal. It is important to review and revise your learning plan on a regular basis. You are involved in learning every day. The learning plan simply formalizes and keeps track of your learning.
Developing a Learning Plan

Reviewing your orientation tool is a starting point for developing a learning plan. In the orientation tool are all the competencies that the surgical Nurse must demonstrate. It is expected that all surgical RN/RPNs will meet the minimum standards as demonstrated by the core competencies.

The new staff member identifies areas in which she/he requires further learning. These become the **learning objectives**. You do not have to limit yourself to objectives found within these documents.

Common questions: What area do I want to focus on? What do I need/want to learn?

Make your learning goals “smart goals” (**Specific, Measurable, Attainable, Realistic, and Timely)**

Next utilize the strategies and resources to help you learn what you want/need to learn. This will guide you in attaining your learning objectives.

Next, how will you demonstrate what you have learned? These are your **evidence of competence**. This is the evidence you must show to demonstrate that learning goals have been met. It is also important to consider who will evaluate my learning?

Last, you must set a **target date** for completing your goals. The target date will vary depending on the complexity and urgency of your goals. Some goals will be easily met in a short time period, whereas learning for other goals may be ongoing.
<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Strategies and Resources</th>
<th>Evidence of Competence</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do I need/want to learn?</td>
<td>Where can I find the information I need to learn?</td>
<td>How will I demonstrate what I have learned?</td>
<td></td>
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<tr>
<td>S-M-A-R-T Goals</td>
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</tr>
</tbody>
</table>

Next Steps/Future Learning: ____________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
REFERENCES

www.cihc.ca/files/CIHC.IPCompetencies_Feb1210.pdf

CNO, “National Competencies in the context of entry-level Registered Nurse Practice” Revised June 2008

Brant Community Health Care System – Policies and Procedures, OR Competency Orientation package, General Hospital Orientation package, Skill Packages, Previous Surgical Orientation package