**Clinical and Simulation Competency Assessment Tool (ClinSimCAT)**

**Phase 1: PROGRESS**

**Phase 2: FINAL**

**STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_CLINICAL INSTRUCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOCATION:** SIMULATION/CLINICAL **(Include Unit): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ABSENCES: \_\_\_\_\_\_\_\_\_\_\_\_\_Make-up Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ FINAL GRADE: PASS/FAIL (phase 2 only)**

**Circle one: Self or Faculty Circle one: Traditional Sophomore/Junior/Senior or SDNU**

Interpretive Guidelines: The purpose of this tool is to evaluate the extent to which the student has accomplished the objectives. This form will be used for evaluation of clinical in all settings (phase 1/phase 2). To successfully pass clinical, students must score 2 or higher for each sub-objective for the phase 2 final evaluation.

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| **QSEN/AACN Essential**  **Competencies** | **Level 1: The student has *not met* the objectives.** | **Level 2: The student has met the objectives. The behavior is primarily carried out independently and/or in response to occasional external guidance.** | **Level 3: The student has met the objective. The behavior occurs independently, competently, and consistently.** |
| **1**  **Patient Centered Care** | Requires repeated assistance or prompting to provide holistic patient centered nursing care and to recognize assessment results requiring intervention, and/or additional assessments/interventions (i.e. examination, history, or lab/diagnostic tests) | Provides holistic patient centered nursing care, recognizes, and verbalizes assessment results requiring intervention, and/or additional assessments/interventions (i.e. examination, history, or lab/diagnostic tests) | Provides holistic patient centered nursing care, including prioritizing, and intervening appropriately when recognizing assessment results requiring intervention, and/or additional assessments/interventions (i.e. examination, history, or lab/diagnostic tests) |

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| **2**  **Patient centered care** | Does not engage patient and family in care. | Occasionally engages patient and family in care and answer questions appropriately (which may require occasional assistance), and translates medical jargon into layperson speech. | Consistently engages patient and family in care, answers questions, translates medical jargon into layperson speech, and elicits feedback from patient and family to assess understanding of care. |
| **3**  **Patient Centered Care** | Does not demonstrate an awareness of patients/families’ spiritual, cultural, ethnic and/or social values. | Demonstrates an awareness of patients/families’ spiritual, cultural, ethnic and/or social values. | Demonstrates an awareness of and provides nursing care that incorporates patients/families’ spiritual, cultural, ethnic, and/or social values. |
| **4**  **Patient centered care** | Unable to identify relevant changes in patient condition. | Identifies relevant changes in patient condition. | Identifies relevant changes in patient condition and takes appropriate action to intervene (e.g. contacting provider using SBAR, implements independent nursing actions, etc.). |
| **5**  **Patient centered care** | Does not prioritize nursing care. | Safely prioritizes nursing care, but may require occasional guidance. | Independently and safely prioritizes nursing care. |
| **6**  **Patient Centered Care** | Does not use therapeutic and developmentally appropriate communication when interacting with patients and families. | Uses therapeutic and developmentally appropriate communication when interacting with patients and families but requires occasional prompting. | Consistently uses therapeutic and developmentally appropriate communication when interacting with patient and families. |
| **Note:** Therapeutic communication is defined as the process of interacting with the patient in a manner that focuses on the patient’s physical, mental, emotional, and spiritual well-being while maintaining a professional boundary. Examples of therapeutic communication techniques include: using silence, active listening, summarizing, etc. | | |
| **7**  **Teamwork and collaboration** | Does not engage with and incorporate the healthcare team in the care of patients/families. | Occasionally engages with and incorporates the healthcare team in the care of patients/families. | Consistently engages with and incorporates the healthcare team in the care of patients/families and incorporates the healthcare team into the care plan of patients/families. |
| **Note:** Healthcare team can include but is not limited to nurses, doctors, social workers, therapists, peers during pre and post conference/debrief, etc. | | |
| **8**  **Teamwork and collaboration** | Does not provide patient information in an organized manner and/or does not make recommendations for patient care (e.g. SBAR). | Provides patient information in an organized manner and makes recommendations for care (e.g. SBAR) with occasional assistance. | Independently provides patient information in an organized manner and makes recommendations for care (e.g. SBAR). |
| **Note:** Providing patient information can refer to discussing patients in post-conference or debrief, sharing information with the interprofessional healthcare team, providing handoff communication, etc. | | |
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| **9**  **Teamwork and collaboration** | Does not participate in group discussions. | Participates in group discussions, occasionally demonstrating integration of course content into clinical practice | Participates in group discussions, consistently demonstrating integration of course content into clinical practice. |
| **Note:** Group can refer to pre/post conference or debrief with peers, interdisciplinary groups such as Huddles, or healthcare team meetings, etc. | | |
| **10**  **Teamwork and collaboration** | Verbal and nonverbal cues show disengagement with the group. | Verbal and nonverbal cues show engagement with the group. | Verbal and nonverbal cues show engagement with the group demonstrating respect and contributing to positive group dynamics. |
| **Note:** Group can refer to pre/post conference or debrief with peers, interdisciplinary groups such as huddles, healthcare team meetings, etc. | | |
| **11**  **Evidence based practice** | Does not incorporate appropriate clinical evidence into nursing practice. | Occasionally, incorporates appropriate clinical evidence into nursing practice. | Consistently, incorporates appropriate clinical evidence into nursing practice. |
| Example: clinical practice guidelines, read research related to area of practice | | |
| **12**  **Quality Improvement** | Does not identify opportunities for quality improvement. | Identifies opportunities for quality improvement. | Identifies opportunities for quality improvement and describes ways to address the issues. |
| **Note:** Quality improvement means refers to finding ways to provide better patient care and services; it can also refer to improving the work environment | | |
| **13**  **Safety** | Does not or inconsistently follows universal safety precautions and established protocols of the agency and the nursing program (e.g. patient identification, hand sanitation, universal precautions). | Follows universal safety precautions and established protocols of the agency and the nursing program (e.g. patient identification, hand sanitation, universal precautions). | Follows universal safety precautions and established protocols of the agency and the nursing program (e.g.  patient identification, hand sanitation, universal precautions) and identifies potential safety issues/situations. |
| **14**  **Informatics** | Has difficulty navigating an electronic health record or other sources of information technology if authorized by clinical agency or available in simulation. | Occasionally uses an electronic health record and other sources of information technology if authorized by clinical agency or available in simulation. | Consistently uses electronic health record or other sources of information technology if authorized by clinical agency or available in simulation. |
| **Note:** Electronic health record and other sources of information technology may include but is not limited to: navigating patient information, medication reconciliation/administration, diagnostic information, care planning, or charting. | | |
| **15**  **Professionalism** | Does not conduct self in professional manner. | Conducts self in a professional manner. | Conducts self in professional manner while incorporating constructive feedback into nursing practice. |
| **Note:** Professional manner refers to their communication, hygiene, clothing, and interactions with others. | | |
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| **16**  **Professionalism** | Is not prepared for clinical/simulation. | Is prepared for clinical/simulation. | Is prepared for clinical/simulation beyond course expectations (e.g. has done extra background reading/research, arrives with list of questions, assists peers who are not as competent, serves as a role model for others). |
| **Note:** Prepared for clinical/simulation can include, but is not limited to: knowledge, clothing/dress, on-time, and/or arrives with required materials (stethoscope, ID badge, etc.). | | |
| **17**  **Professionalism** | Lacks insight and/or self-awareness. | Occasionally demonstrates insight and/or self-awareness. | Consistently demonstrates insight and/or self-awareness that lead to self-improvement in nursing skills. |
| **Note:** This may be demonstrated as, but not limited to, an insight and/or awareness of personal values/beliefs and their affects on patient care/interactions, and/or regulations of ones’ own emotional state. insight and/or self-awareness may be noted in students comments, clinical journals, and/or interactions with others during clinical/simulation. | | |
| **18**  **Professionalism** | Does not comply with the Standards of Practice and policies and procedures of the nursing program and/or clinical agency. | Complies with the Standards of Practice and policies and procedures of nursing program and/or clinical agency. | Complies with the Standards of Practice and policies and procedures of the nursing program and/or clinical agency and demonstrate an understanding of the rationale for the policies and procedures. |
| **Note:** Rationale may be demonstrated in clinical logs, pre/post conference/debrief discussion, individual interaction, etc. | | |
| **19**  **Professionalism** | Does not demonstrate professional boundaries necessary for care giving relationships. | Demonstrates professional boundaries necessary for care giving relationships. | Demonstrates professional boundaries necessary for care giving relationships and addresses situations that may challenge professional values and integrity. |
| **20**  **System-based practice** | Does not consider resources available on the work unit when contributing to the plan of care for a patient or group of patients. | Occasionally considers resources available on the work unit when contributing to the plan of care for a patient or group of patients. | Consistently considers resources available on the work unit and in the health system when contributing to the plan of care for the patient or group of patients. |
| **Note:** Resources may include supplies, medication, equipment, information as well as human resources such as staffing. | | |

Form Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HANDOFF BETWEEN CLINICAL INSTRUCTORS**

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| **SBAR FORMAT:** | |
| **S**ITUATION: | Student, (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has completed (either: xx hours of on campus clinical or yy hours of in-patient clinical). |
| **B**ACKGROUND: | Student completed (write the number of simulations, or the clinical days on zz (name of unit), caring for patients with \_\_\_\_\_\_\_\_\_\_\_\_\_diagnoses, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(state range of ages) and developmental stages. |
| **A**SSESSMENT: | Student, (name)\_\_\_\_\_\_\_\_\_\_\_, has strengths in the following areas:  Opportunities for growth include:  Concerns include: \_\_\_\_\_\_\_\_\_\_  **OR** I do not have any concerns at this time. |
| **R**ECOMMENDATIONS: | I recommend that this student continue to build towards: independence, competency, and consistency in patient care.  **OR:**  Remediation is advised. Referral has been made to the Learning Resource Center. Remediation work is to be completed by: (date) |

Faculty comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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