Photos of Pinning Ceremonies
Sample Pinning Thank You

- Thank you Mom and Dad and Sisters and Brothers and Kids and Grandparents and Nino and Ninas and Classmates and Spouses or Significant Others and Cousins and Friends and Scholarship people and whoever else.
- Memories forever and the fun and the not so fun times over the past two years and so on.
- Keep it limited to less than 75 words or 2/3 of the page so everyone can read it from the back of the room.
Virtual ATI – NCLEX prep

Cost  $250

Results  98% pass rate (not the chance of passing)
Must do what you are told
Stay with you if you do not pass

Why do this?
• #1 reason – the difficulty to pass the test was increased this year!
• #2 reason – every time they have done this, the pass rates drop!

Who is at risk of not passing on 1st attempt?
• Wait for more than 45-60 days to take the exam
• Average 75%-83% or a “C to B-”
• Repeated a semester for any reason
• Test taking difficulties for any reason

So if you are none of the above, why bother
• Job market – will not hire unless you are licensed
• 3-5 years of hard work at stake on one test
Assignments Clarification

- **Written Personal Plan:** NCLEX Plan, Lifelong Learning, CEU
  - Due May 24
  - 1 page

- **Class Participation**
  - Every Class

- **Group Lead (stimulate) Class Discussions**
  - Assigned Class

- **Group Persuasive Paper & 5 min Presentation**
  - Due May 3
  - 3 pages, APA format, w/ citations

- **Resume**
  - Due April 26
  - 1-2 pages depending on personal history

- **Journals**
  - Due #2 on April 12, #3 on April 26, #4 on May 10, and #5 on May 24

- **Final**
  - Due June 7
Career Opportunities
Employment Variety

What type of nursing will you practice?

What education is necessary?

- Critical Care - ER, SICU, MICU, NICU, PICU, PACU
- Medical/Surgical - Acute, Renal, Oncology, etc
- Psychiatric
- Pediatric
- Women’s Services or Perinatal
- Neonatal
- Hospice
- Industrial
- Informatics
- Military
Location Variety

Where will your choice of nursing take you?

- **Acute**
  - hospitals, traveling nurse, psychiatric, military
- **Long-term acute**
  - ventilator support, rehab, wound, military
- **Subacute**
  - within a hospital or specialize facility
- **Skilled nursing**
  - convalescent, psychiatric
- **Custodial**
  - assisted living, adult day out, group home
- **Hospice**
  - home or hospital
- **Ambulatory**
  - home health, clinic, dialysis, office, psychiatric
- **Community**
  - public health, MRC, home visits, clinics, school
- **Informatics**
  - office and travel
- **Research**
  - hospital, government, other
- **Insurance/HMO**
  - office, home, call center
- **Politics**
  - office, community
Variety of Competency Expectations

- **Quality and Safety Education for Nurses**
  - Knowledge, Skill, and Attitude.

- **National Council State Boards of Nursing:**
  - The ability to effectively and safely perform specific nursing skills, including the application of critical thinking

- **The Advisory Board (2009) Bridging the Gap.**

- **Ellis & Hartley (2008) Nursing in Today’s World. 9th Ed.**
Patient-Centered Care
(recognizing the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs)

- **Knowledge:** Integrate understanding of multiple dimensions of patient centered care:

- **Skill:** Elicit values, preferences & needs as part interview, implementation of care plan and evaluation of care

- **Attitude:** Value seeing health care situations "through patients' eyes"
Teamwork and Collaboration
(function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care)

- **Knowledge:** Describe own strengths, limitations, and values in functioning as a member of a team
- **Skill:** Demonstrate awareness of own strengths and limitations as a team member
- **Attitude:** Acknowledge own potential to contribute to effective team functioning
Evidence-based Practice (EBP)
(integrate best current evidence with clinical expertise & patient /family preferences & values for delivery of optimal health care)

- **Knowledge:** Demonstrate knowledge of basic scientific methods and processes
- **Skill:** Participate effectively in appropriate data collection and other research activities
- **Attitude:** Appreciate strengths and weaknesses of scientific bases for practice
Quality Improvement (QI)
(use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems)

• **Knowledge:** Describe strategies for learning about the outcomes of care in your setting
• **Skill:** Seek information about outcomes of care for populations served
• **Attitude:** Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals
Quality & Safety Education for Nurses
http://www.qsen.org/ksas_prelicensure.php

Safety
(minimizes risk of harm to patients and providers through both system effectiveness and individual performance)

- **Knowledge:** Examine human factors and other basic safety design principles as well as commonly used unsafe practices (such as, work-arounds and dangerous abbreviations)

- **Skill:** Demonstrate effective use of technology and standardized practices supporting safety

- **Attitude:** Value the contributions of standardization and reliability to safety
Informatics
(use information and technology to communicate, manage knowledge, mitigate error, and support decision making)

• **Knowledge:** Explain why information and technology skills are essential for safe patient care

• **Skill:** Seek education about how information is managed in care settings before providing care

• **Attitude:** Appreciate the necessity for all health professionals to seek lifelong, continuous learning of information technology skills
The Advisory Board: Bridging the Gap 2008

- Ability to anticipate risk
- Ability to work as part of a team
- Accept constructive criticism
- Accountability
- Communicate w/ inter-professional team
- Communication with physicians
- Completion of tasks within timeframe
- Conducting clinical procedures
- Conflict resolution
- Customer services
- Decision making (independently)
- Delegation
- Documentation
- Follow-up
- Initiative
- Interpretation of assessment data
- Legal / regulatory compliance
- Medication administration
- Order interpretation
- Pathophysiology
- Patient advocacy
- Patient assessments
- Patient education
- Patient rapport
- Pharmacological implications of meds
- Prioritization
- Recognition of changes in patient status
- Recognition of unsafe practice
- Recognition of when to ask for assistance
- Respect for diverse perspectives
- Track multiple responsibilities
- Understanding evidence-based practice
- Understanding of quality improvement
- Utilization of clinical technologies
- Utilization of information technologies
- Work independently
Critical to standard of care & prevention of complications

- Use appropriate infection-control measures
- Report significant changes in condition
- CPR & Heimlich procedures
- Emergency care for wound disruption
- Recognize a hemorrhage
- Manage medical emergency until a MD can arrive
- Implement measures to prevent embolus, shock, hemorrhage
- Respond to symptoms of fetal distress
Other Expected Activities

- Coordinate care through collaboration
- Supervision of assistive personnel
- Preserve the quality of care
  - Advocating needed changes
  - Documenting errors or problems
  - Intervening in situations of unsafe or inadequate care
- Maintain client safety by verifying, identifying, reporting ...
- Prepare clients and families for care, procedures, treatments, and expected outcomes
- Carry out procedures in a safe, effective manner
NCSBN’s 2009 Post-Entry Competence Study

Attention to competence **beyond diagnostic and therapeutic skills**.
- strategies for time management and efficiency development
- interpersonal and communication skills (patients, families, coworkers, and physicians)

Delegation, collaborative practice, and resource management
- team communication
- when is it appropriate to ask for help or delegate a task to a subordinate?
- do other shifts or team members not pulling their weight increase frustration/burnout?

Support of competence development includes
- Exposure to full scope of the unit/agency; i.e. other depts and the individuals who staff them.
Site-specific orientation with training in specialty pathophysiology and treatment. Relying on basic education to provide specialty-level knowledge is clearly insufficient.

Extended preceptorships as the extreme diversity of practice settings and acuity requires detailed orientation.

Judgment, making graded qualitative distinctions and using interpersonal connections to leverage support services, which simply cannot be learned from classes, journals or the web.
Self-reflection. Revisit actions and decisions and reflect on alternative pathways. Reflect not only on the actual care delivered, but on how time was used. Guided debriefing

Role clarification of VNPs and PCAs. Tendency to delegate or let go of what is traditionally thought of as RN responsibility for assessment and care planning for patients.

- Clarify the roles and accountability, with specific rules and examples of responsibilities.
- Follow through to insure legal scope of practice is adhered.