Competencies of the Associate Degree Nurse:

Valid Definers of Entry-Level Nursing Practice

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COMPETENCIES OF THE ASSOCIATE DEGREE NURSE: VALID DEFINERS OF ENTRY-LEVEL NURSING PRACTICE

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The authors express great thanks to Gail Swann, MS, RN, for her assistance with this manuscript.

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INTRODUCTION

The persistence of the questions, "What do associate degree nurses (ADNs) do?" and "What should they do?" has sparked a goodly number of projects and reports on the competencies of the ADN graduate, many of which include comparative lists of competencies for BSNs, LPNs, and others. Despite the studies, reports, and lists comparing competencies, controversy and charges of ambiguity in the ADN role continue to challenge nursing's success in resolving entry-into-practice issues.

It is surprising that nursing has failed to generate satisfying answers to these questions in the more than thirty years since the questions and the associate degree nursing program itself were first put forth. However, in a field with several levels of educational programs and more than one job classification, questions of just how much a practitioner needs to know and be able to do are extremely practical.

The associate degree nurse was conceived to work in a defined, circumscribed, middle-range nursing role, somewhere between the roles of the hospital attendant and the professional nurse. The intent of the program was to prepare graduates for the responsibilities commonly associated with registered nurses. It was assumed that in addition to associate degree nurses, hospitals would employ a number of professional nurses who would perform at a level beyond that of the technical, middle-range associate degree nurse. Actually, the assumption was incorrect, in part because the number of ADN programs (and number of graduates) increased more rapidly than BSN programs and because no substantive differentiation of work roles between ADN and BSN graduates developed in hospitals, where most nurses work.

Compounding the ambiguity about what exactly graduates of the shorter community college program do, the conception of the ADN competency level has expanded since it was initially described by Montag. Functions that were not included in the original description are patient teaching; management of nursing care; and limited responsibilities in critical care or other special care units. "Problem-solving" has been replaced by
"nursing process" and the use of a nursing diagnosis classification is now common in the ADN curriculum. These additions to the original range of ADN skills are, from one point of view, only expected and necessary changes in the curriculum that keep pace with the expanding functions of the registered nurse. For some critics, however, the expansion of the ADN curriculum is a confusing violation of the original differentiating principles which should separate ADN and BSN functions.

ADN education in the state of California dates back to 1953, when Pasadena City College inaugurated a pilot program and became part of Montag's cooperative research study group of eight schools; in 1980, there were 69 programs graduating two-thirds of the state's new registered nurses each year. By the end of the 1970s, ADN directors in the state had initiated a project to clarify and validate the competency level of these associate degree graduates. The project was funded by a grant from the W. K. Kellogg Foundation of Battle Creek, Michigan, and intended to generate grass-roots answers to questions about ADN competencies. To answer the question of what the level and roles of associate degree nursing in the state of California are, one of the several existing descriptions of associate degree competencies had to be selected for use as a yardstick or frame of reference. The Competencies of the Associate Degree Nurse on Entry into Practice of the National League for Nursing, Council of Associate Degree Programs seemed the best and most logical choice. These competency statements were developed and ratified by associate degree educators and nursing service representatives across the country over a two- to three-year period, and therefore represent the experience and judgment of a large population. The criticisms raised about the NLN competency statements—that they are too general and overstate the associate degree level—suggested the need for specific activities or studies to evaluate their accuracy. It also seemed important to investigate whether educators and employers agree on what the competency statements mean. The project, which extended over the three-year period from 1982 to 1985, was entitled "California Statewide Project For Service-Education Consensus On ADN Competency."

Six miniprojects or demonstration sites, which represent a range of California's diverse geography and demography, were selected. Under the leadership of project administrative staff at Ohlone College in Fremont, California, the miniprojects approached, each in a different way, the challenge of validating the NLN statements as accurate descriptors of associate degree nursing competencies. Each miniproject was obliged to seek consensus between nursing service and nursing education on the question of ADN competency level in its community.

The NLN Competencies of the Associate Degree Nurse on Entry into Practice defines five interrelated roles for the ADN graduate:
• Provider of care.
• Client teacher.
• Communicator.
• Manager of client care.
• Member within the profession of nursing.

Some of the miniprojects directed attention to one, two, or three of the five roles; others designed project activities to validate competency statements for all roles.
THE SIX PROJECTS

Rideout Hospital/Yuba College/Shasta College

Three northern California ADN programs (Yuba, Shasta, and Butte Community Colleges) and 13 acute- and extended-care hospitals and nursing homes participated in this project. A task force comprised of 69 members from various agencies supported and directed project activities. The geography of this region is vast and formidable, covering approximately 60,000 square miles of rural, mountainous terrain. It required "as much as a full eight hours away from one's facility in order for those out-of-area collaborators to participate in face-to-face task force meetings."

Two co-directors, a nursing service administrator and an ADN program coordinator, headed the project. The ADN programs at Yuba, Shasta, and Butte enroll 26, 99, and 18 ADN students respectively. The clinical facilities hire an average of 66 recently graduated nurses per year; half of them are ADN graduates.

The primary goal of the Rideout/Yuba/Shasta project was to delineate and validate local clinical performance expectations of entry-level ADN graduates in relation to the NLN statement of competencies. A secondary goal was to establish a pattern of collaborative problem solving between nursing educators and nursing service practitioners that would continue to be used to resolve education and service issues after the end of the project.

The task force addressed all five of the roles described by the NLN statements, shaping and modifying them to conform to beginning ADN practice in their region. The members of the task force defined entry into practice as the end of six months of employment. The work setting for ADN practice was limited to acute- or long-term medical-surgical patient care areas. The NLN concept of manager of client care was modified to reflect the task force’s opinion that in their region, graduates "would be expected to care for a small group of clients under immediate supervi-
The NLN "Assumptions Basic to the Scope of Practice" were amended by the task force to limit the practice of associate degree nursing to noncritical clients only, reflecting a "more realistic scope of practice."

The task force found the competencies inconsistent in that only the provider of care role competencies were organized around the steps of the nursing process. (This was a common problem identified by other projects, and will be discussed later in more detail.) For their purposes, therefore, they made revisions and additions to address all steps of the nursing process within each role.

The Rideout/Shasta/Yuba group developed an evaluation form based on existing local job descriptions and the NLN competencies. The form was to be used in hospitals and long-term care organizations to assess the entry-level performance of new graduates. The task force concluded that with minor changes, the NLN statements were valid definers of competencies expected by employers of associate degree graduates. As a final step, the task force determined, by a review of curriculum objectives, that the three ADN programs in the area prepare nurses who can perform these essential behaviors. The project was extended to assist Butte College faculty in incorporating the job description and evaluation as clinical evaluation tools for use by faculty with ADN students. (See samples I and II.)

Santa Barbara City College

The Santa Barbara City College ADN program began in 1968, the same year that the area's only three-year diploma program closed. Although a cooperative working relationship between the college and the hospital which sponsored the three-year program was established, there had not been a true sense of collaboration between the two organizations until the project activities described here were developed.

A committee composed of four Santa Barbara City College ADN faculty members and seven registered nurses from the three area hospitals was created to validate and test the NLN competency statements. Nursing faculty and nursing service staff in area institutions collaborated on developing and testing an objective performance evaluation tool. The NLN competency statements for all five roles were reviewed, and nursing interventions and their required behaviors were developed. The behaviors were those required for safe nursing practice and were observable and measurable. A student guide, evaluator guide, and hospital staff guide also were developed to orient and direct the various participants in the evaluative process. The study involved the clinical evaluation of 31 associate degree nursing students who were within five weeks of completing the program at Santa Barbara City College.
A clinical performance evaluation tool and a "Statement of Expectations of the Associate Degree Nurse on Entry into Practice" were developed by the committee. These are used for final evaluation of Santa Barbara City College graduates and for developing entry-level job descriptions. The document was presented to and ratified by all nursing management groups in each participating agency. (See samples III and IV.)

Los Angeles Valley College

The largest ADN program in the state of California, Los Angeles Valley College graduates 135 nursing students yearly. Licensed vocational nurses, enrolled in a special career ladder program, make up approximately one-fourth of each graduating class.

The first goal of the Los Angeles Valley College project was to validate and test three ADN roles and their competency statements in relation to job-entry requirements and actual performance. The three roles selected for study were: provider of care, communicator, and manager of client care. The second goal was to clarify the range of clinical performance skills which characterize the education presented at Los Angeles Valley College. A third goal was to establish a model for collaboration between nursing service and education in accepting and using common definitions of ADN competency.

Project participants included three hospital directors of nursing, three nurses representing the target hospitals, a representative of the Nursing Education Inservice Council of the San Fernando Valley, two representatives from local ADN programs, and two Los Angeles Valley College faculty members.

The overall plan was to determine if the graduates from Los Angeles Valley College demonstrated competency in the three identified roles upon entry into practice as operationally defined and measured by a project-devised instrument (POI). An extension of the plan was to investigate if the graduates perform differently due to prior employment as licensed vocational nurses.

The POI was developed using the NLN competency statements, employee appraisal forms from the three hospitals, terminal objectives of the Los Angeles Valley ADN program, and related statements from the Schwirian six-dimension scale of nursing performance.

These were grouped under the three roles chosen for study, according to the four parts of the nursing process (assessment, plan, implementation, evaluation). The POI was used as the basis for a series of studies, including the performance of practicing ADN graduates, of fourth-semester nursing students, and the extent to which the Los Angeles Valley College
nursing instructors incorporate the teaching of the behaviors listed in the PDI.

To study the performance of practicing ADN graduates, task force members reviewed job appraisal forms from the years 1980, 1981, and 1982 in three hospitals. The PDI listed performance abilities in greater detail than the hospital employee evaluation forms, so the hospital rating scale could not be translated directly into the PDI competency list. As a result, new graduate performance was categorized as excellent, satisfactory, or unsatisfactory. In addition, a comparison of generic and licensed vocational nurse career ladder graduates was made to determine whether previous vocational nurse experience influenced the performance of an associate degree nurse upon entry into practice.

As a result of this study, Los Angeles Valley project participants concluded that NLN competency statements do define the level of performance expected of new registered nurses and that ADN graduates meet those performance expectations. Career ladder graduates from Los Angeles Valley College received a higher initial appraisal rating in hospital employee evaluation than did generic graduates.

The steering committee concluded that the roles of communicator and manager of client care have the same performance value (are as important) as provider of client care. The study fostered greater collaboration between education and service and produced an appraisal tool that can be used by both to evaluate the practicing registered nurse and the student registered nurse.

Cerritos College/Rio Hondo Community College

Cerritos College and Rio Hondo Community College are neighboring districts in Los Angeles County. Cerritos graduates approximately 80 associate degree nurses per year, and Rio Hondo, 65.

The faculty at these two schools questioned whether all performance behaviors listed for communicator and member of the profession in the NLN competency statements were achieved by the associate degree graduate. To answer their own questions, they designed a project to validate the NLN competencies that comprise those roles.

The steering committee developed a questionnaire which included applicable parts of the Schwirian six-dimension scale, a communication index, and tools to collect information about professional activities, nonverbal communication skills, and demographics. New graduates and their supervisors were surveyed six months after graduation.

Data was collected from 382 graduates, of which 245 were ADN graduates, 97 were LVN-RN ladder graduates, and 40 were nondegree graduates of the 30-unit option program. (A California legislative act
permits LVNs to sit for the NCLEX exam after completing a specified course of study which consists of 30 units in nursing and biological and social sciences, but does not qualify them for an associate degree.) The sample of graduates having obtained licensure under different routes allowed the results of the study to be reported in terms of these various distinctions.

The project activities and studies led participants to conclude that the NLN competency statements, with some qualifications, represent what ADN graduates are prepared to do and expected to do on entry into practice. Seventy-one percent of graduates and fifty-one percent of supervisors in the study did not belong to a professional organization, which raised the question of whether the competency statement, "Assumes responsibility for self-development and uses resources for continued learning," implies membership in a professional organization. Nursing graduates rated themselves better communicators than did their supervisors. In general, the generic, ladder, and 30-unit option graduates were deemed equal in communications and professionalism, but supervisors rated the new associate degree nurses with an LVN background slightly higher in communication skills.

Solano Community College

Located in northern California, just outside the San Francisco area, Solano Community College chose to review the nursing curriculum for its success in preparing graduates for the role of manager of client care.

A steering committee composed of Solano Community College staff and nursing service staff from three area hospitals developed the clinical competencies necessary for entry-into-practice nurses in the role of manager of client care. A clinical performance examination was developed for use by a preceptor at the end of four weeks of a clinical perceptorship. The committee operationalized the competency statements by identifying 20 functions which the ADN graduate should be expected to be able to perform upon entry into practice. Preceptors evaluated students' performance to determine the congruity between curriculum and practice.

California Board of Registered Nursing

The California Board of Registered Nursing became a miniproject participant, offering to validate the role and functions of the ADN graduate as one component of a job analysis for entry-level registered nurses in California. The board was required to conduct a statewide job analysis to establish an accurate and detailed description of the practice of reg-
istered nursing and to differentiate between entry-level and experienced nursing practice.

The board selected a 13-member advisory committee that was geographically representative as well as representative of major segments of nursing service and nursing education.

A survey form (developed with input from over 500 practicing nurses) listed 598 nursing functions and 360 knowledge and abilities items. These were distributed to 7,000 registered nurses who had recently passed the California RN licensing examination and 357 health care facilities employing registered nurses. An analysis of the 4,060 completed questionnaires indicated that the respondent pool was representative of the registered nurse population in the state as a whole, and that an entry-level nurse (for whom the job analysis was being developed) was one with 17 months or less experience.

A final job analysis document for associate degree nursing was developed, using the data from 655 entry-level associate degree nurses (17 months experience or less) and 1,141 experienced (18 months experience or more) associate degree nurses. Data include the percentages of each group that had performed each of the surveyed functions in a current job, the frequency it was performed, and how critical the function is to patient welfare. As a final step, each item in the list of surveyed functions was classified under one of the five roles described in the NLN competencies.

Of the 598 functions, 501 fall into the role of provider of care, while communicator, manager, professional member, and teacher have 50, 36, 43, and 28 respectively. Frequency (how often a function is performed) and criticality (whether the function can be omitted or not) ratings for functions performed by entry-level associate degree nurses did not differ from ratings of graduates of other types of registered nurse programs.

In percentage terms, the associate degree registered nurse divides his or her work among the five roles in the following pattern:

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider of Care</td>
<td>84%</td>
</tr>
<tr>
<td>Communicator</td>
<td>8%</td>
</tr>
<tr>
<td>Manager</td>
<td>6%</td>
</tr>
<tr>
<td>Professional Member</td>
<td>7%</td>
</tr>
<tr>
<td>Teacher</td>
<td>5%</td>
</tr>
</tbody>
</table>

(Total is greater than 100 because some functions were counted in two roles.)

In summary, the six miniprojects each selected an approach to evaluating the accuracy of the NLN competencies as a description of ADN performance. Each project was influenced by its setting, and suited to
the interests and needs of the faculty members and key personnel in affiliated clinical agencies.

Generally, there was agreement that Competencies of the Associate Degree Nurse on Entry into Practice describes the range of roles and lists performance behaviors of ADN graduates realistically. Looking at each of the roles separately, small differences appear in the conclusions drawn by different miniproject groups.
THE FIVE ROLES

Provider of Care

The *provider of care* role was studied by four projects: The Board of Registered Nursing, Santa Barbara, Los Angeles Valley, and Rideout/Yuba/Shasta.

The Board of Nursing identified 501 functions that fall within the *provider of care* category. Most functions are performed by more than 50 percent of entry-level registered nurses, with many performed regularly by over 90 percent. For example, the basic task, "Auscultate lungs with stethoscope and identify presence of normal and abnormal breath sounds," was reported as being performed by 99 percent of experienced and entry-level nurses. "Formulate a nursing diagnosis by assessing patients' physical and emotional condition, evaluating information from other health care providers, and interviewing patient and family," was reported as being done by 98 percent of the experienced associate degree nurses and 97 percent of those at entry level.

A number of the 501 functions in the *provider of care* category which associate degree nurses report performing are specific components of the general competency in the NLN document: "Intervenes in situations where: basic life support systems are threatened (e.g., cardiopulmonary resuscitation, obstructive airway maneuver)." These include ACLS (advanced cardiac life support), BCLS (basic cardiac life support), starting an IV, inserting an endotracheal tube, and administering appropriate drugs, countershock, and oxygen. Seventy percent of experienced associate degree nurses and thirty-two percent of entry-level nurses reported performing ACLS in their work settings.

The Santa Barbara project, on the other hand, focused only on tasks expected of an entry-level associate degree nurse on a medical-surgical unit, where students in the last few weeks of their program were tested by a clinical performance examination. The results of the exam, based on part on the NLN competencies, led the Santa Barbara group to state
that graduates are prepared to take on the roles and perform them as described in the NLN document.

In the Los Angeles Valley study, project participants attempted to operationalize the NLN competency statements by making them more concrete and observable. They concluded that the NLN competency statements for ADN entry are congruent with the curriculum at Los Angeles Valley. That is, graduating students report they are performing most of the functions and employers find associate degree nurses able to perform them. Despite their effort to make the statements more clear and applicable to practice, some functions are still ambiguous, such as "Provides a safe, comfortable, therapeutic and optimal stress level environment," or "Uses electrical and mechanical equipment in nursing care."

The Rideout/Yuba/Shasta project defined entry-level ADN practice as being performed in acute-care medical-surgical settings or extended-care facilities for small groups of noncritical patients. They accepted the NLN competency statements as their basic description of ADN competencies (with some minor changes in wording) and for each competency statement, added one or two examples from a medical-surgical setting. One sample:

**PLANNING:** Carries out individualized plans of care according to priority of needs and established nursing protocols: Cares for client according to prioritized needs, such as $O_2$ first, H.S. care last.

Generally, the Rideout/Yuba/Shasta project education and service representatives expected somewhat less of new graduates in this rural, northern California area than their counterparts in urban-center projects. (See sample V.)

**Communicator**

This role was evaluated by five projects. The Cerritos/Rio Hondo project evaluated this role because of its faculty’s concern of whether ADN graduates achieve the competencies described for this role. They found graduates to be moderately skillful communicators. Overall, Cerritos/Rio Hondo graduates rated themselves as effective communicators, while their supervisors rated them as having moderate skill. Project members felt that the NLN competency statements for the role of *communicator* were valid.

The Santa Barbara project developed a list of 20 behaviors making up the role of *communicator*; all were performed by a high percentage of graduates. Los Angeles Valley listed 22 behaviors and arranged them into the four steps of the nursing process. Project members at Los Angeles
Valley believe that ADN graduates actually perform more functions than those included in the NLN roles of communicator and manager. The project also concluded that the communicator role is as important as other nursing roles.

The Rideout/Yuba/Shasta project reorganized the NLN competencies listed under the communicator role, placing them in four categories representing steps of the nursing process. They elaborated the competency statements by adding more detail. For example, the following was added to the planning step:

Develops a plan for improving own communication practices and the flow of communication to/between others. Example: Chooses appropriate setting to enhance/facilitate communication.

The Board of Registered Nursing survey listed 50 functions which describe the communicator role, approximately 8 percent of the total number (598) of behaviors. The communication function, "Convey patients' concerns or needs to the physician when patient is unable or unwilling to do so," a specific example of the more general NLN competency statement, "Establishes and maintains effective communication with clients, families, significant others and health team members," was performed by 97 percent of experienced associate degree nurses and 95 percent of entry-level associate degree nurses. A second function in the Board of Registered Nursing survey is a higher level communications skill: "Conducts or facilitates therapeutic counseling for groups of patients or family members (daily)." The survey revealed that 46 percent of experienced associate degree nurses and 26 percent of entry-level associate degree nurses had performed this skill.

The findings of this project indicate that entry-level associate degree nurses are performing the skills as listed in the NLN competency statements and that higher order communication functions have a lower level of participation by the entry-level associate degree nurse.

Client Teacher

Three projects addressed this role. The client-teacher role was included in the Santa Barbara clinical performance evaluation form and had 12 required behaviors for the examination related to client teaching. This is also consistent with the way the Board identified many of the teaching functions (for example, "Performs and teaches patient perineal care."). It is important to note that many health care facilities have already formalized teaching plans which serve to remind nursing staff of the importance of this role.
Associate degree nursing graduates will teach an individual client more often than they will teach a family or group of patients. In part, this is probably a function of the setting in which the respondents worked.

Twenty-eight specific functions in the BRN survey were classified in the teacher role, 4.7 percent of all nursing functions in the survey.

The role as teacher is one which the ADN graduate seems to be well prepared for and completes successfully on the job.

Manager of Client Care

This role was evaluated by all five projects, including the Board of Registered Nursing survey, where the role, but not the competencies, was identified. Only the role of communicator received as much attention; and yet, the NLN statements for the manager role are the briefest of the five competency statements. This interest undoubtedly reflects the long-standing controversy about the appropriateness of this role for ADN graduates.

The Los Angeles Valley project steering committee concluded that there was a disparity between what was in the NLN statements and what was really expected by local agencies. Their study suggested that work requirements for the graduate exceed the level or scope of competency indicated in the NLN document. The committee also concluded that this role was of equal value to that of provider of care or any other role.

The Santa Barbara study included the competencies, "Assesses and sets nursing care priorities" and "With guidance, provides client care utilizing resources with other nursing personnel commensurate with their educational preparation and experience" in their clinical evaluation instrument. They find their graduates competent in these performance areas.

Rideout limited the responsibility and accountability of the graduate six months post licensure to a small group of noncritical care patients while under supervision.

Thirty-six functions in the Board of Registered Nursing job analysis were identified as part of the role of manager. They included such functions as serving as preceptor, designing or revising forms, and formally evaluating nursing staff job performance. However, these functions are not common in the practice of an ADN graduate on entry.

While it appears from these studies that the graduate is certainly able to perform the role of manager competencies identified in the NLN document on entry into practice, it is also clear that this role expands after employment, that the expectations are for more experienced staff and not for the entry-level nurse.
Member within the Profession

This role was studied by three schools with Cerritos/Rio Hondo doing an in-depth study. The State Board also identified 43 of the 598 nursing functions as being in this classification.

While the results of each study confirmed that the competencies expected were being met by the ADN graduate, there were some competencies which were deemed valid, but with reservations.

The competency, "Assumes responsibility for self-development and uses resources for continued responsibility," was operationalized in part, by determining if the nurse subscribed to professional journals, belonged to professional organizations, or attended classes or workshops. The Cerritos/Rio Hondo project determined that only 29 percent of the nurses studied were members of a professional organization. Likewise, the state study determined that only 24 percent of nurses with less than 18 months experience had joined any organization.

This seeming lack of interest in professional organizations may be due to the short time the graduate has been in the profession, as well as the possibility that it is not a required behavior for employment. The Board of Registered Nursing study did indicate that the percentage almost doubles for the experienced associate degree nurse.

A very low percentage of respondents in two of the studies indicated that they had participated in any research project.

Many of the functions identified for this role are site-specific and are thus learned on the job. For example, what constitutes a "good emergency plan," what is "quality assurance," or what is involved in the "hiring of staff"? A thorough review of all such functions might reveal some implications for educators. With the exception of participating in organizations and research, the ADN graduate meets or exceeds the competencies identified in this role.
Collaboration between Nursing Service and Education

A major goal for each project was to develop and conduct all studies and activities as a joint undertaking of nursing service and nursing education. This goal was a necessary condition of participation in the statewide project. In every miniproject, nursing service and nursing education agreed upon and used common definitions and perspectives to clarify and confirm the level of ADN competency. Studies varied in complexity and rigor, depending upon their purpose and the interest and expertise of their directors. The five college-affiliated projects began with the NLN competency statements and operationalized them by identifying nursing behaviors that were relevant to the indicated competencies and could be observed and measured. Developing consensus on the list of nursing behaviors expected of graduates was the major activity for each project. The agreed upon competencies were then validated by clinical performance evaluators or nursing service personnel.

A common means of collaboration in each project was the development of a steering committee comprised of both service and education members (e.g., faculty members, nursing administrators, agency inservice coordinators, and staff nurses). The committees ranged in size from 11 to 40 members. Each project utilized the resources of local hospitals or health agencies, ranging from as few as 3 to as many as 357 in the BRN project. Staff nurses and supervisors were asked whether the evaluation instrument reflected actual work functions. Summaries demonstrate the valuable input of those service members.

Another effective means of achieving collaboration was maintaining good communications with the project participants. This was especially true in those projects where contact was to be made with an agency or individual more than once. When staff nurses and supervisors were involved, hospital administrators’ and inservice directors’ cooperation was paramount to the success of the activity; their feedback on the results of
the staff nurses’ and supervisors’ input was important when second or third efforts were needed to complete the project. Collaboration began slowly and gained impetus only after good communication was established.

As a result of this collaboration, four of the projects have established ongoing education-service committees to conduct inservice programs related to their projects and to continue to review and provide input into the ADN curriculum and agency orientation programs. The collaborative efforts of the California State Board project were unique only in scope. Board members established a steering committee of 13 service educators, agency administrators and nurses, as well as two non-service education personnel. The 31 workshops, which were held at universities, colleges, and hospitals, were attended by 500 registered nurses. Over 4,000 registered nurses responded to a sample job analysis questionnaire. Subject matter committees, whose members were representative of both service and education, were used at various stages in the job analysis development and data evaluation.

Conclusions

The overall findings of the miniprojects supported the contention that the NLN competency statements describe the current entry-level performance of associate degree nurses in California. Individual projects expressed some variety in levels or types of competency achieved by their graduates in specific role behaviors. Some examples included:

1. **Cerritos/Rio Hondo.** The associate degree graduates’ behaviors in the role of communicator validated seven of the role behaviors; however, five were validated with reservations. Overall scores reflected moderate to adequate skill in using lines of authority, recording nursing care plans, and communication with clients, families, and health team members. Curriculum measures to improve communication skills particularly in the areas of the client referral process and contact sources have been strongly recommended as well as evaluation and revision of the communication evaluation instrument.

2. **Los Angeles Valley.** This miniproject, like others, noted that NLN competency statements of the manager role were fewer in number and less complex than the project-devised instrument. Findings validated the NLN statements and indicated that manager role behaviors were met only after a hospital orientation not exceeding four months. This miniproject and others found that employing
agencies expect new graduates to perform in the manager role at a level which exceeds that described by the NLN statement. The Los Angeles Valley group recommended that new, innovative approaches to orientation are needed.

In spite of these variables among miniprojects, the findings indicate that the associate degree nurse is prepared for and meets the expectations of new registered nurses in the communities in which they were educated and practice.

**Recommendations for Future Study**

It is equally clear that the variables have raised some questions that have sparked interest and have generated recommendations for future study. Some of these recommendations suggest that committees:

1. Specify and define expected behaviors to promote better understanding of performance expectations of associate degree nursing graduates and to facilitate the role transition from student to staff nurse.

2. Determine if entry-level expectations vary geographically and what effect they will have on curricula and entry-level job descriptions.

3. Encourage the delineation of functions of ADNs and BSNs at entry level across the nation by developing guidelines for general and leveled nursing behaviors comparing ADN and BSN behaviors identified for each NLN competency statement.

4. Develop competency-based career ladders within and among hospital agencies.

5. Discuss whether educational preparation is applicable to practice in order to produce, both in theory and practice, a job-related experience for nursing students.

The experiences with these six miniprojects strongly support the continuation of service-education collaborative committees. The process of developing consensus between these two groups was the most rewarding aspect of the six projects' work and has set the stage by creating a mutually satisfying work relationship to address future competency issues locally and nationally.
REFERENCES


APPENDIX

Sample I
• Job Analysis Questionnaire

Sample II
• Generic Job Description and Evaluation Tool
• Performance Standards

Sample III
• Clinical Evaluation Form

Sample IV
• Community Statement on Entry into Practice

Sample V
• Performance Behaviors
This section includes tools developed by select miniprojects; these tools can be used by other clinicians and educators designing evaluation instruments based on the NLN competency statements. These samples are organized around the five NLN identified roles; the specific practice behaviors have been operationalized by service-education committees in the specific settings.
Sample I: Job Analysis Questionnaire (Yuba/Rideout/Shasta)

This instrument was designed to identify specific nursing behaviors performed by nurses in local hospitals. The intention was to translate the more general NLN competency statements into an empirically-based job-relevant description of local RN performance behaviors.
Registered Professional Nursing Practice is made up of a highly complex and ever changing set of performance behaviors. This Job Analysis Questionnaire represents beginning efforts by a local Task Force of Nursing Service and Nursing Education representatives to develop a descriptive set of nursing behaviors that realistically describe beginning nursing practice expectations for new graduates in this "rural" Northern California area. This questionnaire is designed to explore the role of the beginning Registered Nurse according to a model formulated by a Task Force Sub Group of the Council of Associate Degree Nursing of the National League for Nursing. According to that group, upon ENTRY INTO PRACTICE, an Associate Degree/Registered Nurse should be competent in five professional dimensions... as a

1. Direct Provider of Care  
2. Communicator  
3. Client Teacher  
4. Manager of Client Care  
5. Member within the Profession of Nursing

The four steps of the nursing process are used as a way of organizing the expected performance within each of these professional dimensions.

As a recent graduate, or as a supervisor of new graduates, you are invited to participate in this project. We ask you to read the following Job Analysis Questionnaire as follows: (1) Read the NLN prescriptive statement (a broad guideline) and (2) then Read the behavioral example developed by the Local Task Force; (3) and then Write in an example of your own from your personal experience in the actual work role of the entry level Registered Nurse. The question is: As a new graduate, what performance behaviors (tasks) do I (they) actually perform in my (their) job? Each of your examples should help us to identify those behaviors essential to beginning nursing practice as you experience it in your particular work role.

The purposes then of this "stage" of this Job Analysis Questionnaire are (1) to define what IS entry level practice for the new ADN/RN in the Northern California area and (2) to validate the official NLN Statement about what that group sees as entry level practice. Our ultimate goal is to arrive at a local definition of what the real world of the entry level ADN/RN is in our area.
This is an important opportunity for you to influence this definition. Please share your real world of nursing with your Northern California nursing counterparts. We believe the results of our combined efforts will be an important contribution to all of nursing.

If you have any questions regarding the purposes of this study or if you are uncertain how to respond to this questionnaire, please feel free to call Diana Baldyga at 916 742-7381, ext. 541. Please return your questionnaire in the enclosed envelope within 7 days from receipt.

Thank you for your participation.

Please note below if you would like a copy of the final results of this study along with your mailing address.

( ) Yes  ( ) No

Mailing Address: __________________________________________
_________________________________________________________

As a new graduate, please give below the name of your immediate nursing supervisor so that we may ask him/her to participate in this questionnaire:
ROLE AS A PROVIDER OF CARE

As a provider of nursing care, the associate degree nursing graduate uses the nursing process to formulate and maintain individualized nursing care plans by:

N.L.N. Statements & Graduate Examples
A. ASSESSING

Collects and contributes to a data base (physiological, emotional, sociological, cultural, psychological, and spiritual needs) from available resources (e.g., client, family, medical records, and other health team members).

Your example:

Identifies and documents changes in health status which interfere with the client's ability to meet basic needs (e.g., oxygen, nutrition, elimination, activity, safety, rest and sleep, and psychological well-being).

Your example:

Establishes a nursing diagnosis based on client needs.

Your example:

B. PLANNING

Develops individualized nursing care plans based upon the nursing diagnosis and plans intervention that follows established nursing protocols.

Your example:

Local Task Force Examples

Performs an initial assessment of the patient upon admission through interview and physical exam.

Makes on-going assessments:

1. Physiological (e.g., skin condition)
2. Emotional/psychological (e.g., pre-op behavior)
3. Sociological (e.g., family relationship)
4. Cultural (e.g., diet needs of Punjabi)
5. Spiritual (e.g., religious preference)

Recognizes changes in vital signs associated with impending shock.

Observes when medication creates confusion and identifies patient need for accident prevention.

Identifies client needs (e.g., immobility, respiratory depression).

Based upon client needs, establishes nursing diagnosis (e.g., potential skin breakdown, ineffective breathing patterns).

Based upon nursing diagnosis of potential skin breakdown, plans to turn patient q 2°, monitor diet and keep skin clean and dry, etc.

Based upon nursing diagnosis of pre-op anxiety, plans to encourage patient ques-
Identifies needs and establishes priorities for care with recognition of client's level of development and needs, and with consideration of client's relationship within a family group, and community.

Your example:

Participates with clients, families, significant others, and members of the nursing team to establish long and short range client goals.

Your example:

Identifies criteria for evaluation of individualized nursing care plans.

Your example:

C. IMPLEMENTING

Carries out individualized plans of care according to priority of needs and established nursing protocols.

Your example:

Participates in the prescribed medical regime by preparing, assisting, and providing follow-up care to clients undergoing diagnostic and/or therapeutic procedures.

Your example:

Sets priorities after identifying specific needs for a patient with, for example, potential post-op infection and pre-op anxiety; notes priority of 2nd over 1st.

Plans care with patient and his family while in hospital, including follow-up home care (e.g., for post-CVA patient, 1) short-term goal: Walk length of hallway with walker prior to discharge. 2) long-term: Demonstrate ability to bathe self).

Plans patient care with co-workers.

Writes outcome criteria on Patient Care Plan (e.g., indicates amount and frequency of increased intake needed for patient with diet alteration).

Cares for patient according to prioritized needs (e.g., oxygen first, HS care last).

Uses isolation techniques correctly.

Applies Op-site or other dressing per MD order.

Administers sedative per MD order.
Uses nursing knowledge and skills and protocols to assure an environment conducive to optimum restoration and maintenance of the client's normal abilities to meet basic needs.

Your example:

| Uses nursing knowledge and skills and protocols to assure an environment conducive to optimum restoration and maintenance of the client's normal abilities to meet basic needs. Your example: |
| Maintains comfortable/restorative environment (e.g., promotes quiet on unit at HS for rest pre-op). Reports unsafe environment (e.g., missing 3-pronged ground from electrical plug) and removes unsafe equipment to ensure patient safety. |

Intervenes in situations where:
- Basic life support systems are threatened (e.g., CPR)
- Untoward physiological or psychological reactions are probable.
- Changes in normal behavior patterns have occurred.

Your example:

| Intervenes in situations where: |
| Recognizes impending respiratory arrest and notifies Respiratory Therapy and physician. |
| Protects patient in process of having seizures. |

Participates in established institutional emergency plans.

Your example:

| Participates in established institutional emergency plans. Your example: |
| Describes fire/disaster plan and participates knowledgeably in drills. |
| Performs appropriate measures in emergency situation (e.g., cites location of fire extinguisher and describes how and when to use it). |

D. EVALUATING

Uses established criteria for evaluation of individualized nursing care.

Your example:

| D. EVALUATING Uses established criteria for evaluation of individualized nursing care. Your example: |
| Compares patient response to a PRN medication with expected responses to ensure that patient is not under-medicated or over-medicated. |
| Evaluates condition of skin in relation to Care Plan's statement of expected improvement by measuring skin lesion each shift. |

Participates with clients, families, significant others, and members of the nursing team in the evaluation of established long- and short-range client goals.

Your example:

| Participates with clients, families, significant others, and members of the nursing team in the evaluation of established long- and short-range client goals. Your example: |
| Participates in patient discharge conferences and contributes knowledge of patient progress. |
| Asks patient or family member to demonstrate and/or verbalize understanding of long- and short-range goals. |
Identifies *alternate methods* of meeting client's needs, modifies plans of care as necessary, and documents changes. Your example:

For a patient whose intake has not improved, enters alternative nursing approach on Patient Care Plan (e.g., allow patient's family to provide meals). Revises Patient Care Plan to meet specific patient needs/requests (e.g., give bath in P.M. instead of A.M.).

**ROLE AS A COMMUNICATOR**

As a communicator, the associate degree nursing graduate:

*N.L.N. Statements & Graduate Examples*

**A. ASSESSING**

Assesses *verbal and non-verbal communication* of clients, families, and significant others based upon knowledge and techniques of interpersonal communication. Your example:

**B. PLANNING**

*Uses communication skills to plan for data collection, nursing intervention, and evaluation of care.* Your example:

**C. IMPLEMENTING**

Uses *lines of authority* and communication within the work setting. Your example:

Local Task Force Examples

Listens to patients, families, and significant others to identify reactions to specific diagnoses/conditions (e.g., terminal illness).

Observes patient and family interactions to determine whether the relationship is a supportive one for the patient.

During care planning conference, communicates the patient's decisions and desires concerning his care to other team members.

Confers with staff regarding changes in plan of care.

Notifies appropriate individual of changes in patient's condition affecting staffing needs.

Informs appropriate physician of significant changes in patient's condition.
Communicates and records assessments, nursing care plans, interventions, and evaluations accurately and promptly. Your example:

Establishes and maintains effective communication with clients, families, significant other, and health team members. Your example:

Communicates client's needs through the appropriate use of referrals. Your example:

D. EVALUATING
Evaluates effectiveness of one's own communication with client's, colleagues, and others. Your example:

ROLE AS A CLIENT TEACHER
As a teacher of clients who need information or support to maintain health, the associate degree nursing graduate:

N.L.N. Statements & Graduate Examples
A. ASSESSING
Assesses situations in which clients need information or support to maintain health. Your example:

Interviews and assesses learning needs concerning:
1. diagnosis
2. skills
3. treatment modalities
4. rehabilitation
5. specific problem

Local Task Force Examples
Documents on Patient Care Plan/Nursing Record when short-term goal is accomplished.

Develops a written Patient Care Plan based upon initial interview.

Prepares and gives appropriate change of shift report.

Introduces self when first meeting patient and family.

Identifies self when using telephone.

Notifies other team member (e.g., Discharge Planner or Head Nurse) of any patient needing follow-up care.

Contacts other departments to report patient needs (e.g., Dietary Department to communicate patient's desire for dietary discussion or notifies patient's clergyman upon request of patient).

Seeks feedback from peers and supervisors regarding skill communicating patient information at shift report.

Clarifies/modifies own communication based on feedback from patient.
B. PLANNING
Develops short-range teaching plans based upon long- and short-range goals for individual clients.
Your example:

Formulates realistic goals for patient teaching based upon an assessment of the patient's learning needs.
Confers with other health care personnel regarding methods by which patient is to be instructed.

C. IMPLEMENTING
*Implements and/or supports/reinforces teaching plans that are specific to the client's level of development and knowledge.
Your example:

In addition to verbal instruction, provides patient, family, and/or significant others with prepared audio-visual material (tapes, books, etc.).
Follows up patient's teaching program, supporting and reinforcing teaching plans of other health professionals (e.g., walking according to plan of Physical Therapist).

D. EVALUATING
Evaluates the effectiveness of client's learning.
Your example:

Requests patient to demonstrate knowledge/understanding of information just received either by verbal feedback or completion of written posttest.
Observes return demonstration of skills performance and provides "on the spot" feedback to patient/family.

ROLE AS A MANAGER OF CLIENT CARE

As a manager of nursing care for a group of clients with common well-defined health problems in structured settings, the associate degree nursing graduate:

N.L.N. Statements & Graduate Examples
A. ASSESSING
*Assesses nursing care needs of patients and abilities and limitations of available health care personnel.

Local Task Force Examples
Makes initial assessment of needs of all assigned patients.
Assesses personnel and equipment re-
B. PLANNING

**Plans nursing care and sets care priorities.**

Your example:

| Identifies and sets priorities based upon initial and ongoing assessments. |
| Plans assignments of team members based upon patient's needs and abilities and interests of staff. |

C. IMPLEMENTING

With guidance, provides client care utilizing resources and other nursing personnel commensurate with their educational preparation and experience.

Your example:

| Uses policies, procedures, and unit references. |
| In collaboration with nursing supervisor, interprets policies, procedures, and standards to co-workers. |
| Guides staff in delivery of care. |
| Coordinates the delivery of care with other departments. |
| Follows agency procedures and uses materials and equipment correctly and economically. |
| *Seeks guidance to assist other nursing personnel to develop/refine skills in giving nursing care (e.g., consults Staff Development for tape on breath sounds to improve staff's skills in auscultation).* |

D. EVALUATING

**Evaluates the effectiveness of the nursing staff in delivering patient care.**

Your example:

| Observes and provides feedback to staff regarding correct use of policies, procedures, and standards. |
| Conducts review of patient charts for documentation of care using pre-established criteria. |

ROLE AS A MEMBER WITHIN THE PROFESSION OF NURSING

As a member within the profession of nursing, the associate degree nursing graduate:

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<tr>
<th>N.L.N. Statements &amp; Graduate Examples</th>
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**A. ASSESSING**

**Assesses role as a member of the profession of nursing.**

Your example:

---

**Assesses areas within community and work setting needing participation/intervention by professional RN.**

Your example:

---

**Assesses own role as member of nursing profession according to state Nurse Practice Act, including legal and ethical scope of practice.**

---

**B. PLANNING**

**Develops plan for ongoing professional development.**

Your example:

---

**Based upon self-assessment, writes goals for coming year to guide and/or improve professional performance.**

**Develops a written plan for attendance/participation in professional organizations and continuing education programs.**

---

**C. IMPLEMENTING**

Assumes responsibility for self-development and uses resources for continued learning.

Your example:

---

**Attends continuing education programs to update knowledge/skills and maintain clinical competence.**

**Attends work-related meetings (e.g., unit meetings, special committees, quality assurance).**

---

Practices within the profession's ethical and legal framework.

Your example:

---

**Maintains patient confidentiality (e.g., avoids discussion of patients outside work setting).**

---

Participates within a structured role in research (e.g., data collection).

Your example:

---

**Adds comments/observations to data collection sheets on nursing unit.**

**Answers questions posed by researchers and quality assurance staff.**

---
Works within the policies of the employer or employing institution.
Your example:

- Initiates a mini-investigation of a recurring nursing problem (e.g., IV site infections).
- Follows hospital policies/procedures (e.g., medications, charting).
- Participates in emergency drills and classes as required by employing agency.

D. EVALUATING
Consults with a more experienced registered nurse when client’s problems are not within the scope of practice.
Your example:

- Checks with team leader or head nurse when unable to identify cause of adverse reactions of patient.
- Asks for assistance in providing instruction/care to complex patients.

Recognizes policies and nursing protocols that may impede client care and works within the organizational framework to initiate change.
Your example:

- Notes when agency procedures are not up to current professional standards and suggests appropriate changes to designated persons.
- Identifies policies that waste time or money or interfere with patient care and assists in changing them (e.g., visiting privileges, scheduling).

Is accountable for his or her nursing practice.
Your example:

- Evaluates patient response to nursing action and initiates prompt corrective action in the event of nursing error (e.g., calls Supervisor/MD to report error, monitors patient, and records incident).
- Evaluates and clarifies with Supervisor any personal ethical conflicts that arise out of specific nursing care situation (e.g., termination of life support, induced abortions).

*N.L.N. Statement as modified by Task Force.
**Not on original N.L.N. Statement; added by Task Force.
Sample II: Generic Job Description (Yuba/Rideout/Shasta)

Consensually agreed upon practice behaviors categorized in terms of the five NLN roles were used to design the generic job description and accompanying evaluation tool. This instrument is currently used for evaluation of entry-level RN graduates through their first six months of employment.

At the project’s end, the RN curriculum at the three participating community colleges was reviewed to determine if teaching objectives addressed each of the five roles and the consensually agreed upon behaviors under each role. All three colleges address each behavior that is required for entry-into-nursing practice in rural northern California. Future work includes development of course evaluation tools that specifically address those behaviors identified in the generic job description and evaluation tool. For more information contact: Yuba College, 2088 N. Beale Road, Marysville, California 95901.
PERFORMANCE STANDARD

GENERIC JOB DESCRIPTION

TITLE
ENTRY-LEVEL STAFF RN

RESPONSIBILITY
RENDERS PROFESSIONAL, TOTAL NURSING CARE TO PATIENTS UNDER THE DIRECTION OF THE CHARGE NURSE.

QUALIFICATIONS
POSSESSION OF VALID LICENSE ISSUED BY THE CALIFORNIA BOARD OF REGISTERED NURSING.

PHYSICAL REQUIREMENTS

A. WORK IS OF MEDIUM DEMAND; WALKING AND STANDING MOST OF TIME ON DUTY.

B. REACHES FOR, HANDLES, AND FINGERS REPORTS AND CHARTS, INSTRUMENTS, AND EQUIPMENT.

C. TALKING AND HEARING ESSENTIAL IN INSTRUCTING AND SUPERVISING NURSING PERSONNEL AND IN RECEIVING PHYSICIANS' ORDERS AND PATIENTS' REQUESTS.

D. NEAR-VISUAL ACUITY REQUIRED TO WORK WITH CHARTS AND RECORDS AND TO OBSERVE PATIENTS.

E. COLOR VISION TO PERCEIVE CHANGES IN PATIENTS' SKIN COLOR AND COLORS OF MEDICINES AND SOLUTIONS.

F. WORKS INSIDE.
EVALUATION TOOL

PERFORMANCE STANDARDS

Provider of Care.

1a. Performs and documents in the chart initial assessments of the client through observation, interview, and physical exam. Frequency according to hospital policy. Initial assessment includes:
- Physiological (Total systems review)
- Emotional/Psychological
- Sociological
- Cultural
- Spiritual

b. Assesses and documents all variables on an ongoing basis including those related to specific diagnosis.

2a. Recognizes and documents alterations in cardiovascular status by monitoring vital signs and urine output.

b. Notices and documents changes in client’s respiratory status (e.g., increased SOB, difficulty moving secretions, CHEYNE-STOKES respirators).

3a. Based on assessment of client with reduced capability, establishes related nursing diagnosis and adds to Care Plan (e.g., potential skin breakdown due to immobility, respiratory compromise due to inactivity).

b. Establishes and documents on Care Plan nursing diagnosis of alteration in daily nutritional habits of less than body requirements, in assessing ethnic client who is not eating.

c. Identifies and documents on Care Plan immobility as a major nursing diagnosis in client with muscle weakness and advanced disease.

d. Establishes and documents on Care Plan lack of communication as nursing diagnosis for intubated client on respirator.

4a. For client with nursing diagnosis of potential skin breakdown, plans to turn client every 2 hours, monitor diet and keep skin clean and dry, and so forth.

b. For client with nursing diagnosis of alteration of ventilation and post-op respiratory complications, plans to have client DB & C q 2 hours.

5a. Sets priorities after identifying needs of client with a head injury and shock: (1) management of shock, then (2) treatment of head injury.

b. Sets priorities after identifying specific needs of a comatose CVA
client: (1) airway patency and handling secretions first, (2) then q 2 hours repositioning for skin integrity.

6a. Plans care with client and his family while in hospital, including follow-up home care (e.g., for post-CVA client, (1) short-term goals: walk length of hallway with walker prior to discharge, (2) long-term: demonstrate ability to bathe self).
b. Plans client care with co-workers.
c. Plans and documents with family/staff input for post MI client to include: short-term goal—limit area of ischemia and facilitate healing, and long-term goal is to return home with regular activity program to facilitate rehab.
d. Plans care for suicidal client in collaboration with client and family to include short-term goal, crisis intervention, and long-term goal, arrange for outpatient therapy.

7a. Notes on the care plan the degree of activity independence to be achieved (i.e., client will be able to ambulate unassisted in room 2nd day post-op and in hallway 3rd day post-op).
b. Indicates times for potential insulin reaction based on insulin prescribed, indicates on care plan when client should be checked, and what intervention needed if reaction occurs, and how to prevent.

8a. Prioritizes care of client according to Maslow's Hierarchy of Needs with life continuance needs first within the time limits of her shift and with aseptic, accurate technique as need indicates (e.g., administers \( \text{O}_2 \) to dyspneic patient as ordered by MD within one minute of patient's onset of dyspnea).
b. Observes MI with correct interpretation of life-threatening arrhythmias 100% of the time and non life-threatening 50% of the time. Medicates for pain within one minute of onset as rx by MD.

9a. Give medications within 15 minutes of prescribed time with aseptic technique and 100% accuracy in dosing 100% of the time for all patients and as set out in facilities P/P manual.
b. Cares for post-op client by having patient deep breathe and cough at least q 2 hours, instruct and aid him with using pillow for splinting, giving pain med before painful procedures and within five minutes of patient request or c/o pain. ROM possibly q shift until patient able to increase activity.

10a. Maintains comfort/restorative environment at all times by maintaining cleanliness standards. No liners or trash on floor or articles of furniture.
b. Reports unsafe environment whenever discovered (100% of the time). Labels faulty equipment as such clearly and removes from patient care area within 10 minutes of discovery 70% of the time.
c. Anticipates client’s needs (e.g., orients new client to room, nursing unit and hospital rules & regulations, keeps night light on in elderly client’s room to reduce potential disorientation).

11a. Initiates pulmonary resuscitation in instances of client apnea and calls for help. Will do this 100% of time (except in cases when doctor present or request no such measure) and according to standards set by AHA, correct airway opening, ventilators of at least 800 cc in adult.

b. Initiates CPR 100% of time when indicated per standards of AHA.

12a. Responds calmly and readily to fire, CPR, and disaster drills within one minute according to P/P protocol.

b. Performs appropriate measures in emergency situation, and so forth, 100% of time per P/P and safely.

13a. Through use of available reference material: compares client response to a PRN medication with expected responses to ensure that client is not under-medicated or over-medicated.

b. Checks client’s lab results and compares to normal values (e.g., Na depletion in client post TURP).

c. Evaluates effectiveness of pain control measures by monitoring client’s report of pain in relation to known parameters for diagnosis.

14a. Participates in conference with client’s family and nursing staff to evaluate client’s progress (e.g., progress of client with CVA toward reestablishing speech).

b. In conference with terminally ill client and his family, validates that desired pain-free status is being maintained.

15a. Revises plan of care to meet specific client requests (e.g., gives bath in PM instead of AM).

b. Modifies plan of care to include family member when client observed to be more responsive when family present.

c. Adjusts client’s medication schedule for client convenience (and later compliance) to parallel his routine at home.

Communicator

1a. Documentation on care plan and in medical record reflects assessment of patients’, families’, and significant others’ reactions to specific diagnosis/conditions; and discrepancies between verbal and non-verbal communication.

2a. Identifies needs, problems, and/or goals to be accomplished prior to initiating communication with others as evidenced by appropriate communication with other personnel.

b. Organizes setting to enhance/facilitate communication as evidenced by appropriate setting for meeting.
3a. Uses communication skills to plan for data collection, nursing intervention, and evaluation of care as evidenced by participation in care planning conferences, and development of written patient care plan based upon initial interview.

4a. Thoroughly interviews client and significant other to gather baseline information on admission or discharge pertinent to specifics of patient's needs as evidenced by nursing documentation in patient care plan and/or medical record.

b. Elicits information by asking the client purposeful questions 70% of the time (e.g., how (s)he feels about getting better while in one-to-one situation during bath or HS care as evidenced by direct quotes in medical record).

c. Always allows patient to verbalize concerns about care, communicates this information to staff, and incorporates into Patient Care Plan 70% of the time.

d. Regularly uses therapeutic communication skills to identify and reduce anxiety in the patient, family, and/or significant others as evidenced by documentation on patient care plan and in medical record.

5a. Informs appropriate physician of significant changes in client condition 100% of the time by documentation in the medical record.

b. Communicates information about client to co-workers, physicians, and appropriate nursing management personnel as evidenced by documentation.

6a. Develops a written patient care plan based upon initial interview/baseline data and updates as client condition changes on all clients in nurse's care daily as evidenced by documentation in medical record and appropriately dating of information.

b. Documents pertinent client information on Patient Care Plan and nursing records clearly, concisely, and accurately based upon employing agency guidelines.

7a. Always introduces self (and other team members) when first meeting patient and/or family as observed by supervisor and feedback from patient.

b. Prepares and supports family of patient attached to external life support devices before they see the patient for first time 100% of the time as observed by supervisor.

c. Regularly uses eye contact, attentive body posture and verbal sounds to acknowledge communication when talking with others as observed by supervisor and peers.

8a. Always notifies other team members of any patient needing follow-up care as evidenced by documentation on the patient care plan and medical record or leaving note for supervisor.
b. Regularly contacts other departments to report client needs within their scope of practice (e.g., dietary department to communicate client's desire for dietary discussion; or appropriate clergyman upon client request as evidenced by documentation on patient care plan and in medical record).

9a. Seeks feedback from peers and supervisors regarding skill in communicating information at shift report by having conference with peers and supervisors.

b. Clarifies/modifies own communication based on feedback from client(s) and others as evidenced by feedback to supervisor from client and peers.

**Client Teacher**

1a. Interviews and observes client, family, or significant other(s) to assess understanding of client's diagnosis, current readiness to learn, and/or ability to perform skills.

b. Interviews and assesses learning needs of client, family, or significant other(s) concerning diagnosis, skills treatment modalities, rehabilitation, and/or specific problems.

2a. Develops short-range teaching plan with realistic goals for client based upon an assessment of his/her values/learning needs and a plan that is prioritized with approach appropriate to learner.

3a. Assists client to clarify and understand health care information about therapy 50% of the time as evidenced by client interview.

b. Is observed to explain nursing care/therapeutic procedures prior to implementing them 100% of the time.

c. Regularly instructs family/significant others in how they may participate in care; particularly if client is infant or unable to do self-care as evidenced by documentation on PCP and in medical record.

**Manager of Patient Care**

1a. Makes initial assessment of needs of all assigned clients as evidenced by observation by supervisor.

b. Assesses personnel and equipment resources (e.g., clarifies that NA has had experience giving enemas and LVN is experienced in team meds, checks status of crash cart and stock supplies as evidenced by supervisor's review at assignment sheets and checkoff sheets.

2a. Identifies and sets priorities based upon initial and ongoing assessments of needs of assigned clients as evidenced by updated PCP and observation by supervisor.

b. Plans assignments of team members based upon client's needs and abilities of staff as evidenced by staff assignment sheets.
3a. Assigns personnel according to level of ability and job description when in charge role within framework of agency policies and procedures.

b. Delegates responsibility for care to others based on assessment of priorities of nursing care needs as evidenced by the adapting of assignment to meet special needs.

c. Coordinates delivery of nursing care by various members of the nursing team with care by physician and staff of other departments.

4a. Observes and provides feedback to staff or regular supervisor regarding correct use of policies, procedures and standards, and/or performance deficiencies as evidenced by report to supervisor.

b. Conducts review of patient charts for documentation of care using pre-established criteria.

**Member Within The Profession**

1a. Identifies role as member of the profession of nursing within a selected area of practice by doing an accurate and objective self-assessment of own professional performance behaviors, identifying both strengths and weaknesses in relation to job description and local standard of practice.

2a. Develops a written plan for continual, professional development as evidenced by goals set for coming year to improve professional performance.

3a. Assumes responsibility for self-development as evidenced by attending continuing education programs and work-related meetings, and utilizing information presented in the work setting.

4a. Practices within the profession's ethical and legal framework as evidenced by consistently following standardized procedures, meeting local standards of practice and demonstrating ethical behavior, and maintaining currency of critical performance skills.

b. Maintains client confidentiality by always limiting discussion of clients to appropriate situations with staff in work setting.

5a. Participates within a structured role in research as evidenced by adding comments and observations to data collection sheets, and reports recurring nursing problems.

b. Always reports recurring nursing problems (e.g., IV site infections with use of particular dressing protocol).

6a. Works within the policies of the employer as evidenced by following written policies and procedures of the institution.

7a. Recognizes areas outside expertise and consults appropriate resource as evidenced by no documentation of observed behavior that does not meet identified performance standards.
8a. Recognizes policies and nursing protocols that impede client care and works within the organizational framework to initiate change as evidenced by volunteering for or participation on policy-making committees.

b. Identifies policies that waste time or money or interfere with client care, suggests appropriate changes to designated persons evidenced by documentation in personnel file.

9a. Evidences accountability for own nursing practice by promptly reporting errors and initiating appropriate action as well as taking a proactive stance in bio-ethical issues.
**PERFORMANCE SUMMARY**

**AREAS OF ACHIEVEMENT:**

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>ACTIONS</th>
<th>TARGET DATES</th>
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<tbody>
<tr>
<td>Includes data nursing diagnoses.</td>
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<td>Includes all required socioeconomic data.</td>
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<tr>
<td>Identifies long- and short-range goals.</td>
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<td>States criterion to be used for evaluation of short-range goal.</td>
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<td>Modifies Plan of Care (Evaluation).</td>
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<tr>
<td>Writes alternative interventions for identified nursing diagnosis (problemas) when present interventions have been unsuccessful.</td>
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**AREAS NEEDING FURTHER DEVELOPMENT:**

- Performs Clinical Calculations (Form/Five Department) College.

**COMMENTS:**

- Completes written care plan within 2 hours after completion of evaluation.
- Writes newly assessed nursing diagnoses on patient record.
- Writes nursing interventions for newly identified nursing diagnoses on patient record.
- Uses criterion listed on care plan to evaluate achievement of short-range goals.

<table>
<thead>
<tr>
<th>Evaluator Date</th>
<th>Employee Date</th>
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Sample III: Clinical Evaluation Form (Santa Barbara City College)

This instrument is used for clinical examinations of associate degree nursing (ADN) students at increasingly complex units in the program. In identifying entry-level practice behaviors for ADN graduates, the examination development committee, with representation from both nursing service and education, stated as goals: 1) identify those behaviors essential to entry-level practice, and 2) succinctly state behaviors in observable, measurable terms.
CLINICAL EVALUATION FORM

Collects Data (Assessing)
Develops worksheet during report which includes I.V.'s, pre-op patients, procedures schedule, shift, unusual changes.
Assesses condition of following within one hour after report:
   a) dressings, b) I.V.'s, c) drainage tubes.

Develops Care Plan (Planning)
Completes written care plan within 2 hours after completion of report.
Includes three nursing diagnoses.
Lists interventions.
Includes all required socioeconomic data.
Identifies long- and short-range goals.
States criterion to be used for evaluation of short-range goal.

Modifies Plan of Care (Evaluation)
Writes alternate interventions for identified nursing diagnosis (patient problems) when present interventions have been unsuccessful.
Writes newly assessed nursing diagnoses on patient record.
Writes nursing interventions for newly identified nursing diagnoses on patient record.

Evaluates Nursing Care (Evaluating)
Indicates on nurse's notes, progress toward short-range goals.
   (Using criterion listed on care plan to evaluate achievement of short-range goal.)

Assists With Respiratory Exercises (Implementing)
Provides appropriate instruction.
Positions for therapeutic results.
Insures coughing and deep breathing q 4 hours when appropriate.
Utilizes spirometer or other respiratory devices as ordered.

Tracheostomy Care (Implementing)
Selects appropriate equipment.
Wears sterile gloves during care.
Removes inner cannula for cleansing if present.
Cleanses skin and exposed portion of outer cannula.
Changes dressing and neck ties as necessary.
Secures outer cannula to prevent accidental expulsion.

Prevents Falls (Implementing)
Secures brakes on mobile equipment before transfer.
Maintains siderails in UP position on all physically or mentally compromised patients or on all patients for whom bed is in elevated position (except when at bedside).
Keeps bed in DOWN position except when in room.
Provides adequate assistance to debilitated patients with transfer or ambulation activities.
Reports wet floor areas to housekeeping.
Keeps floor free of items that predispose to falls.

Relieves Pain (Implementing)
Determines type of pain felt by patient.
Determines location of pain.
Administers pain medication according to prescribed orders.
Evaluates effect of pain medication within one hour of administration.

Promotes Mobility—Body Mechanics (Implementing)
Gets patient out of bed and/or ambulates patient according to prescribed orders.
Ensures the exercise of each major joint unless contraindicated.
Provides rest periods after periods of fatiguing activity.
Supports dependent or weak body parts during transfer.
Uses effective body mechanics to reduce risk of injury to patient and self.

Establishes and Uses Effective Communication With Patients (Communicator)
Introduces self to patient and family members on first encounter.
Includes title and time limit of relationship in introduction to patient.
Calls patient by name s/he prefers.
Informs patient of procedures prior to intervention.
Informs patient of patient-related activities expected to occur during the shift.
Acts on verbal cues made by patient within appropriate period of time.
Responds to questions asked by patient.
Elicits feedback from patient about effects of nursing care procedures or treatments.
Encourages patient to verbalize feelings when appropriate.
Clarifies problems verbalized by patient.
Explores with patient possible approaches to problems verbalized.
Records verbal comments and/or non-verbal behaviors that communicate significant feelings experienced by patient.

Uses Effective Communication Within Work Setting (Communicator)

Communicates with supervising RN prior to initiating contacts with other health care services according to hospital protocol.
Informs supervising RN of patient’s needs for referral.
Communicates appropriate patient-related information to other members of health team who visit patient.
Refains from taking verbal orders from physicians.
Informs supervising RN whenever leaving the patient care unit for more than five minutes or taking a break.
Reports to supervising RN at end of test period.

Documents Changes in Health Status (Assessing and Communicator)

Documents and reports abnormal findings and/or significant changes to supervising RN regarding:

a. TPR and B.P.
b. weight
c. I & O
d. food tolerance
e. color, consistency, and amount of stool
f. color, amount, concentration and odor of urine
g. level of or response to activity
h. need for safety measures
i. sleep and rest patterns
j. mood and/or mentation
k. any other observations that indicate significant risk to any body system (e.g., lung sounds, bowel sounds, neuro checks, peripheral circ.).

Implements Teaching (Teacher)

Ensures optimum hearing.
Ensures optimum vision when vision is an integral part of the learning process.
Ensures optimum physical comfort when teaching extends for 10 minutes or longer.
Uses vocabulary consistent with patient’s level of understanding.
Uses same equipment for teaching as will be utilized in hospital and/or after discharge.
Offers informal instruction in those situations where the patient’s cooperation and understanding is required to promote health and/or prevent illness.

Completes teaching portion of Kellogg care plan by 12:00 p.m.

Evaluates Effectiveness of Teaching (Teacher)

Asks questions to determine the patient’s understanding of concepts taught.

Obtains return demonstration of skills taught.

Documents content of and response to formal teaching sessions.

Sets Priorities—Carries Out Plan (Manager-Implementing)

Within five minutes of receiving report, lists (on worksheet) five nursing actions that must be initiated within one hour of receiving report.

Makes rounds in an order that reflects priority of patient needs.

In the course of the day, administers care that reflects priority of needs.

Completes nursing interventions within the established time parameters.

Verifies Completion of Consent Form (Member Within the Profession)

Verifies presence of consent form on chart.

Reports inaccuracies or incompleteness consent form to supervising RN.

Confers with supervising RN if patient verbalizes lack of understanding re: procedure.

Consults with Experienced RN (Member Within the Profession)

Reports to supervising RN all patient care situations which require either that authority and/or professional background for intervention.

Directs questions to the supervising RN which require a professional judgment for an answer.

Protects Confidentiality (Member Within the Profession)

Relates information about patient only to significant others and/or other members of health care team involved in patient’s care.

Clarifies Written Orders (Member Within the Profession)

Consults with supervising RN prior to implementing order when order is unclear.

Informs supervising RN of rationale when choosing not to implement an order.
Sample IV: Community Statement on Entry into Practice (Santa Barbara City College)

Following the development of the clinical evaluation tool, the committee, with input from nurse managers, developed a community statement. The statement encompasses the behaviors utilized by the College in the clinical evaluation form, but is presented in broader behavioral terms. The purpose of this document is to describe entry-level RN practice in the community and provide a base for the development of hospital new graduate evaluation tools. The sample that follows has been condensed from the original statement. For more information contact: Santa Barbara City College, 721 Cliff Drive, Santa Barbara, California 93109.
Role as Provider of Care. As a provider of nursing care, the associate degree nursing graduate uses the nursing process to formulate and provide individualized nursing care and performs common nursing skills knowledgeably and proficiently.

A. Assesses patient problems and needs by interview, physical examination, review of records, and/or consultation.
   1. Performs initial nursing assessment according to hospital protocol.
   2. Obtains a nursing history within 24 hours of admission.
   3. Collects data necessary to provide safe care.
   5. Identifies goals that are patient centered.
   6. Assesses assigned patients on an ongoing basis.
   7. Uses knowledge of pathophysiology as a basis for making appropriate nursing assessments.

B. Formulates a plan for patient care which describes a systematic method to achieve identified goals.
   1. Plan of patient care includes priorities for nursing interventions.
   2. Plan reflects measurable and achievable goals consistent with the patient’s needs and abilities.

C. Evaluates patient care according to objective data and patient response.
   1. Responds to results of diagnostic tests and/or changes in patient condition that warrant physician intervention.
   2. Evaluates effectiveness of nursing care given to assigned patients.
   3. Revises the plan for patient care as needed according to patient’s status.

Role as Communicator. As a communicator, the associate degree nursing graduate communicates effectively with patients, significant others, and other members of the health team, both verbally and in writing.
A. Demonstrates effective communication with health team members.
   1. Communicates the patient care plan to other health team members.
   2. Uses appropriate lines of authority when communicating.
   3. Communicates clearly with other departments.
   4. Communicates changes in physician orders.
   5. Informs physician and supervising RN of changes in patient condition.
   7. Participates in unit meetings.

Role as Patient Teacher. As a teacher of patients, the associate degree nursing graduate provides information to promote, maintain, and/or restore health.

A. Uses the nursing process to meet learning needs related to current and continuing health care needs of each patient.
   1. Identifies patient's (and/or significant others) need for health teaching.
   2. Utilizes an individualized approach.
   3. Involves family and significant others.
   4. Supports and reinforces the teaching plans of other health professionals.
   5. Documents content of and response to teaching.

Role as Manager of Client Care. As a manager of patient care, the associate degree nursing graduate plans, organizes, and delivers nursing care to a group of patients on medical/surgical units.

A. Sets priorities.
   1. Assesses overall responsibilities at the beginning of each shift.
   2. Sets priorities for patient care.
   3. Delivers nursing care according to priorities that take into consideration all assigned responsibilities.
   4. Responds appropriately to stressful situations and/or events.
   5. Completes patient care assignment within the established time parameters.

Role as Member Within The Profession of Nursing. The associate degree nursing graduate practices nursing within the professional, ethical, and legal framework, in a manner consistent with the policies of the employing institution.

A. Seeks assistance appropriately.
   1. Consults with supervising RN regarding unclear orders, untoward reactions, non-compliance with orders, or other situations requiring more experienced judgment.
   2. Informs supervising RN of rationale when choosing not to implement an order.
Sample V: Performance Behaviors (Los Angeles Valley, Board of Registered Nursing, Cerritos/Rio Hondo)

This sample includes ADN performance behaviors described by the remaining miniprojects. Because each miniproject sought to operationalize the NLN competency statements, an extraordinary number of specific practice behaviors emerged from these projects. Despite the varying length of the evaluative instruments, their development and use confirm that nursing practice in California is consistent from north to south. Variation in length seemed merely to reflect variation in a committee’s need to be more or less specific in describing nursing practice behaviors.

Los Angeles Valley—Addressed three NLN roles.
Total behaviors developed: 129
For more information: Los Angeles Valley College; 5800 Fulton Ave.; Van Nuys, CA 91401

Board of Registered Nursing—Job analysis addressed five NLN roles.
Total behaviors developed:
  598 function
  360 knowledge
For more information: Board of Registered Nursing; 1020 “N” St.; Sacramento, CA 95814

Cerritos/Rio Hondo—Evaluative instrument addressed two NLN roles.
Total behaviors developed: 14
For more information: Rio Hondo College; 3600 Workman Mill Rd.; Whittier, CA 90608

Solano—Clinical objective instrument addressed one NLN role.
For more information: Solano Community College; P.O. Box 246; Suisun, CA 94585
PERFORMANCE BEHAVIORS

Role As A Provider Of Care

1. Assesses psychological, physiological, and socio-cultural needs of patient. (Los Angeles Valley)

2. Exercises independent judgment in making nursing assessments. (Los Angeles Valley)

3. Utilizes nursing diagnosis to develop the nursing care plan. (Los Angeles Valley)

4. Establishes nursing priorities based on patient needs. (Los Angeles Valley)

5. Utilizes concepts and principles in the performance of nursing skills and treatments. (Los Angeles Valley)

6. Administers medications according to established protocol. (Los Angeles Valley)

7. Uses established criteria for evaluation of individualized nursing care. (Los Angeles Valley)

8. Evaluates problems and needs based on patient behavioral response. (Los Angeles Valley)

9. Based on your assessment of patient (changed condition, allergy history) and evaluation of order for medication, withhold medication and consult with appropriate nursing or medical personnel. (BRN)

10. Initiate nursing intervention for fluid or electrolyte imbalance (for example: evaluate appropriateness of intravenous solution, adjust intravenous solution, force fluids, provide mouth and skin care). (BRN)

11. Anticipate situations or conditions which are likely to trigger a self-injury or suicide attempt and determine that patient should be closely observed. (BRN)

12. Administer intramuscular injection of medication such as iron preparation, using Z-track procedure. (BRN)
Role As A Communicator

1. Assesses the effect of communication on the interpersonal process. (Los Angeles Valley)
2. Promotes patient's right to privacy. (Los Angeles Valley)
3. Communicates patient care and progress to appropriate personnel. (Los Angeles Valley)
4. Evaluates effectiveness of one's own communication with patient, staff, and others. (Los Angeles Valley)
5. Contact physician to discuss, sign, and/or clarify unclear, unsigned, or inappropriate order. (BRN)
6. Prepare and deliver report for oncoming shift regarding care given and patient response. (BRN)
7. Assesses verbal and non-verbal communication of clients, families, and significant others based upon knowledge and techniques of interpersonal communication by responding to situational cues using therapeutic techniques and by using nursing procedures as opportunities for interaction with clients and client families. (Cerritos/Rio Hondo)
8. Uses communication skills as a method of data collection, nursing intervention, and evaluation of care by participating in patient assessment, by initiating clinical team planning and evaluation meetings and by developing nursing care plans. (Cerritos/Rio Hondo)
9. Communicates and records assessments, nursing care plans, interventions, and evaluations accurately and promptly by participating in initial patient assessment and initiating the plan of nursing care. (Cerritos/Rio Hondo)
10. Evaluates the effectiveness of one's own communication with clients, colleagues, and others by clarifying interactions with clients and colleagues and by requesting feedback from peers. (Cerritos/Rio Hondo)

Role As A Manager Of Client Care

1. Assesses needs of co-workers and is able to guide them toward their work goals. (Los Angeles Valley)
2. Plans patient care to conserve time, energy, and resources. (Los Angeles Valley)
3. Coordinates the planning, performance, and evaluation of nursing care by self or others. (Los Angeles Valley)
4. Interview and hire nursing staff (nursing assistants, LVNs, and/or RNs). (BRN)
5. Plan and conduct inservice education for nursing staff. (BRN)
6. Delegate patient care assignments to nursing staff, taking into consideration such factors as acuity of patients' care needs and capabilities of staff. (BRN)
7. Assist in emergency situation by covering those patients whose assigned nurse is participating in the emergency. (BRN)
8. Assesses and sets nursing care priorities. (Solano)
9. With guidance, provides client care utilizing resources and other nursing personnel commensurate with their educational preparation and experience. (Solano)

Role As A Client Teacher
1. Assesses patient for barriers to understanding and learning. (Los Angeles Valley)
2. Identifies and uses community resources in developing teaching objectives and plans. (Los Angeles Valley)
3. Demonstrates procedures and techniques to patient and/or family where appropriate and seeks return demonstrations. (Los Angeles Valley)
4. Modifies teaching activities to meet changing needs of patient/family. (Los Angeles Valley)
5. Prior to teaching, evaluate patient's or family's level of knowledge regarding diagnosis and treatment and readiness and ability to learn. (BRN)
6. Instruct patient or family regarding meeting patient's basic human needs: rest, exercise, ambulation, personal hygiene, nutrition, and elimination; signs and symptoms of infection; signs and symptoms that may require medical attention; disease process and implications for patient. (BRN)
7. Evaluate effectiveness of instruction and revise teaching plan in terms of patient or family's progress in learning. (BRN)

Role As A Member Within The Profession Of Nursing
1. Assesses and accepts new responsibilities within the limits of capabilities. (Los Angeles Valley)
2. Arranges to attend inservice classes and staff meetings. (Los Angeles Valley)
3. Volunteers information about own errors and follows through with corrective procedures. (Los Angeles Valley)
4. Evaluates own role and works within the organizational framework to initiate change. (Los Angeles Valley)
5. Participate in drills such as disaster drill, cardiopulmonary arrest drill, and/or fire drill. (BRN)

6. Incorporate quality assurance recommendations into future standards of care by changing procedures, attitudes, and/or equipment. (BRN)

7. Research resource literature and translate significant findings into nursing practice. (BRN)

8. Participate in activities of one or more professional nursing organizations. (BRN)

9. Demonstrates an awareness of the need for consultation with a more experienced registered nurse when clients' problems are not within the scope of practice by asking for assistance/guidance as needed. (Cerritos/Rio Hondo)

10. Recognizes policies and nursing protocols that may impede client care and works within the organizational framework to initiate change by participating in peer review, hospital committee work, and dissemination of new information to peers. (Cerritos/Rio Hondo)

11. Participates within a structured role in research by collecting data, attending planning committees, initiating his/her own research, submitting questionnaires, or applying an experimental idea or approach. (Cerritos/Rio Hondo)
5. Participate in drills such as disaster drill, cardiopulmonary arrest drill, and/or fire drill. (BRN)

6. Incorporate quality-assurance recommendations into future standards of care by changing procedures, attitudes, and/or equipment. (BRN)

7. Research resources literate and translate significant findings into nursing practice. (BRN)

8. Participate in activities of one or more professional nursing organizations. (BRN)

9. Demonstrates an awareness of the need for consultation with a more experienced registered nurse when clients' problems are not within the scope of practice by asking for assistance, guidance, and advice. (Centros Rio Hondo)

10. Recognizes policies and nursing protocol that may impede client care and works within the organizational framework to initiate change by participating in peer review, hospital committee work, and the dissemination of new information to peers. (Centros Rio Hondo)

11. Participates within a structured role in research by collating data, attending planning committees, initiating and/or research, submitting questionnaires, or applying an experimental idea or approach. (Centros Rio Hondo)